Derbyshire Healthcare
NHS Foundation Trust

Derbyshire Healthcare NHS Foundation Trust
Meeting of the Board of Directors

To be held digitally via MS Teams and livestreamed to members of the public

5 July 2022 09:30 - 5 July 2022 12:15

INDEX

Derbyshire Healthcare NHS Foundation Trust

PUBLIC BOARD MEETING
TUESDAY 5 JULY 2022 TO COMMENCE AT 9:30am
Following national guidance on keeping people safe during COVID-19 this will be a virtual meeting conducted via MS Teams

	TIME	AGENDA	LED BY
1.	9:30	Chair's welcome, opening remarks and apologies, declarations of interest	Selina Ullah
2.	9:35	Patient Story	Carolyn Green
3.		Minutes of Board of Directors meeting held on 10 May 2022	Selina Ullah
4.		Matters arising – Actions Matrix	Selina Ullah
5.		Questions from members of the public	Selina Ullah
6.	10:00	Chair's update	Selina Ullah
7.	10:10	Chief Executive's update and refreshed Trust Strategy	Ifti Majid
STRATEGY, OPERATIONAL PERFORMANCE AND QUALITY ASSURANCE			
8.	10:25	Integrated Performance report	C Wright/R Oakley / C Green/A Odunlade
9.	10:40	Annual Medical Appraisal sign off prior to NHSE return	John Sykes
10.	10:50	Learning from Deaths Mortality Report	John Sykes
11:00 B R E A K			
11.	11:15	Guardian of Safe Working Report	John Sykes
GOVERNANCE			
12.	11:25	Corporate Governance Update: - Position Statement Well Led - Governance guidance documents - consultation	Justine Fitzjohn
13.	11:35	Committee in Common proposal	Ade Odunlade
14.	11:45	Fit and Proper Person Test Chair's Declaration	Selina Ullah
15.	11:55	Board Committee Assurance Summaries of meetings of the Board Committees held during May and June 2022	Committee Chairs
CLOSING MATTERS			
16.	12:10	- Identification of any issues arising from the meeting for inclusion or updating in the Board Assurance Framework - Meeting effectiveness	Selina Ullah
FOR INFORMATION			
Summary Report from the Council of Governors meeting held 10 May 2022 Glossary of NHS Acronyms and 2022/23 Forward Plan			

Questions that are applicable to the agenda, and at the Chair's discretion, can be sent by email to the Board Secretary up to 48 hours prior to the meeting for a response provided by the Board at the meeting. Email: sue.turner17@nhs.net
The Trust Chair may, under the Foundation Trust's Constitution, request members of the public to withdraw for the Board to conduct its remaining business in confidence as special reasons apply or because of information which is likely to reveal the identities of an individual or commercial bodies.

The next meeting will be held at 9.30am on 6 September 2022. It is anticipated that this meeting will be held digitally via MS Teams
Users of the Trust's services and other members of the public are welcome to attend the meetings of the Board.
Participation in meetings is at the Chair's discretion

Derbyshire Healthcare
NHS Foundation Trust

Our vision

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

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.

Our Trust values are:

People first – We focus on our colleagues, in the knowledge that a well-supported, engaged and empowered workforce results in good patient care.
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.

NHS
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DECLARATION OF INTERESTS REGISTER 2022/23		
NAME	**INTEREST DISCLOSED**	**TYPE**
Deborah Good Non-Executive Director	• Trustee of Artcore - Derby	(e)
Carolyn Green Director of Nursing and Patient Experience	• Midlands and East Regional Director, National Mental Health Nurse Directors Forum	(e)
Ralph Knibbs Non-Executive Director	• Vice Chair, RFU Diversity & Inclusion Implementation Group, England Rugby Football Unio	(e)
Geoff Lewins Non-Executive Director	• Director, Arkwright Society Ltd • Director, Cromford Mill Limited (wholly owned trading subsidiary of Arkwright Society)	(a) (a)
Jaki Lowe Director of People and Inclusion	• General Medical Council Associate	(e)
Ifti Majid Chief Executive	• Co-Chair of NHS Confederation BME leaders Network • Chair of the NHS Confederation Mental Health Network • Trustee of the NHS Confederation • Spouse is Managing Director (North) Priory Healthcare	(d) (d) (d) (e)
Ade Odunlade Chief Operating Officer	• Trusteeship African Council for Nursing & Midwifery • Research Lead on Observations for Ox e-Health • Chair, NHS Providers Chief Operating Officer Network	(d) (e) (e)
Dr John Sykes Medical Director	• Undertakes paid assessments of patients at the request of the local authorities under the Mental Health Act and Mental Capacity Act and acts likewise for solicitors representing patients	(e)
Selina Ullah Trust Chair	• Non-Executive Director, Solicitors Regulation Authority • Director/Trustee, Manchester Central Library Development Trust • Non-Executive Director, General Pharmaceutical Council • Non-Executive Director, Locala Community Partnerships CIC • Non-Executive Director, Accent Housing Group • Director, Muslim Women's Council • Trustee and Board member of NHS Providers representing Mental Health Providers	(a) (e) (e) (e) (e) (e) (e)

(a) Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those dormant companies).
(b) Ownership or part ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.
(c) Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.
(d) A position of authority in a charity or voluntary organisation in the field of health and social care.
(e) Any connection with a voluntary or other organisation contracting for National Health Services or hold a position of authority in another NHS organisation or commercial, charity, voluntary, professional, statutory or any other body which could be seen to influence decisions you take in your NHS role (see conflict of interest policy -loyalty interests).

Derbyshire Healthcare NHS Foundation Trust

MINUTES OF A VIRTUAL MEETING OF THE BOARD OF DIRECTORS TUESDAY 10 MAY 2022

VIRTUAL MEETING VIA MS TEAMS

Commenced: 09.30 Closed: 12.20

PRESENT	Selina Ullah	Trust Chair
	Richard Wright	Deputy Trust Chair and Non-Executive Director
	Margaret Gildea	Senior Independent Director
	Dr Sheila Newport	Non-Executive Director
	Deborah Good	Non-Executive Director
	Ifti Majid	Chief Executive
	Claire Wright	Deputy Chief Executive and Director of Finance
	Ade Odunlade	Chief Operating Officer
	Dr John Sykes	Medical Director
	Carolyn Green	Director of Nursing and Patient Experience
	Gareth Harry	Director of Business Improvement and Transformation
	Justine Fitzjohn	Trust Secretary
IN ATTENDANCE	Rebecca Oakley	Deputy Director of Organisational Development
	Richard Eaton	Communications Manager
	Sue Turner	Board Secretary
DHCFT2022/037	Kyri Gregoriou	Deputy Director of Nursing and Quality Governance
DHCFT2022/037	Georgie Lazzari	Peer Support Worker
DHCFT2022/037	Joe Thompson	Head of Nursing - Children's & Specialist Services
DHCFT2022/048	Kel Sims	Risk and Assurance Manager
APOLOGIES	Geoff Lewins	Non-Executive Director
	Ashiedu Joel	Non-Executive Director
	Jaki Lowe	Director of People and Inclusion
OBSERVERS*	Andrew Beaumont	Public Governor, Erewash
	Jo Foster	Staff Governor (Nursing)
	Nicola Spriggs	Deputy Performance Manager
	Susan Ryan	Public Governor, Amber Valley
	Denise Baxendale	Membership and Involvement Manager
	Ian Strange	Technical Analyst
	Rachel Leyland	Deputy Finance Director
	Raj Purewal	Member of the public
	Joanna Miatt	Consultant Clinical Psychologist
	Rubina Reza	Head of Research & Development
	Pete Henson	Head of Performance
	Martyn Ford	Appointed Governor - Derbyshire County Council
	Julie Lowe	Member of the public

The Board meetings are broadcast via a MS Teams Live event. The names of some observers might not be identifiable from email addresses and may not be recorded as attendees

DHCFT 2022/035	**CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND DECLARATION OF INTERESTS** Following national guidance on keeping people safe during the COVID-19 pandemic this meeting was conducted via Microsoft Teams and livestreamed to the public. Trust Chair, Selina Ullah opened the meeting and thanked all colleagues for their ongoing support and contribution to the continued delivery of quality services within the Trust while responding to the pandemic. The Trust is moving forward in the right direction especially regarding the Omicron variant of COVID-19 restrictions and is waiting to receive guidance that Board meetings can resume on a face to face basis at some point in the near future. The Trust continues to support colleagues with its health and wellbeing initiative that encourages staff to take up the vaccination and prepare for the future. Selina gave thanks to three outgoing Board Members, for whom this was their last Board meeting. Deputy Trust Chair, Richard Wright and Senior Independent Director, Margaret Gildea are leaving the Trust in June to take up their appointments on the Integrated Care Board (ICB) when it is established in July. Director of Business Improvement and Transformation, Gareth Harry is taking up his appointment with NHS England in June. Selina is grateful that all three have a great understanding of mental health and will continue to engage with the Trust in System arena. Apologies were noted as listed. Assistant Director of Organisational Development, Rebecca Oakley was welcomed as the nominated deputy of Director of People and Inclusion, Jaki Lowe.
DHCFT 2022/036	**REGISTER OF DIRECTORS' INTERESTS ANNUAL REPORT 2021/22** This report set out the year-end 2021/22 Register of Directors' interests that will be listed in the Trust's Annual Report for 2021/22. The register is updated with each new interest declared/removed and the revised version is then reported to each Public Board. Trust Secretary, Justine Fitzjohn mentioned that an additional interest to the register had been disclosed in the last few days. Chief Operating Officer, Ade Odunlade now holds the Chair role for NHS Providers Chief Operating Officer Network. This disclosure will be recorded in the Register of Interests for 2022/23 submitted to the Board at the next meeting on 5 July. **RESOLVED: The Board of Directors approved the declarations as disclosed. These are recorded in the Register of Interests which is accessible to the public at the Trust Head Office and will be listed in the Trust's Annual Report for 2021/22.**
DHCFT 2022/037	**PATIENT STORY** Deputy Director of Nursing and Quality Governance, Kyri Gregoriou introduced Georgie Lazzari, an expert by experience who shared her experience of the Trust's Eating Disorders service and also talked about her transition from a service user to a Peer Support Worker. Georgie first entered the Child and Adolescent Mental Health Service (CAMHS) service at the age of 16 and was referred to the Eating Disorders service in 2018. Her referral was very smooth and was assisted very quickly. Georgie described the support and care she received from the Eating Disorders service as outstanding where she was gently challenged and greatly benefitted from advice from a dietician and psychiatrist. Alongside treatment within the Trust, Georgie used First Steps, a charity in Derby providing therapy to individuals aged 16 and above with eating disorders. This led her to attend a two-day workshop in 2019 run by First Steps and the Trust's Eating Disorders

	team when she was inspired and determined to be more involved and to work for the Trust so she could help people. Shortly after Christmas 2020 Georgie saw an advertisement for a Peer Support Worker/Expert by Experience role within the Trust. She was successful in interview and became a member of staff within DHCFT. Georgie voiced her passion for her role and described how she is leading training support to other experts by experience into work and education through Implementing Recovery through Organisational Change (ImROC). Georgie expressed her deep belief that this work had helped her to heal and kept her focused on staying well. She is now fulfilled and doing well mentally. Members of the Board found it inspiring that Peer Support Work had helped Georgie turn the difficulties she previously experienced into positive outcomes. On behalf of the Board, Chief Executive, Ifti Majid thanked the Eating Disorder service's multi-disciplinary team (MDT) approach and the involvement of dietitians, psychiatrists and partners at First Steps. Georgie's story epitomised how people within the Trust's care want rapid entry into services that are kind and compassionate. Involving people with a lived experience working alongside MDTs and within the general inclusion agenda is extremely valuable as it enables the voice of everybody to be heard. The Living Well team in the High Peak have already adopted this method and have framed their MDT approach around talking about people as if they were with them in the room which has transformed the tone of their conversations. Ifti asked Georgie what her advice would be to improve the support given to Peer Support Workers in the organisation. Georgie said she found the Trust to be so welcoming and was delighted that her supervision is supportive and regularly includes conversations about her wellbeing rather than just focussing on her work performance. She found the HR processes and completion of forms difficult to work through which is not unusual for people who are prone to mental health problems. She thought that the language used by clinicians about certain conditions is not always kind and suggested that this ethos is changed to be more inclusive and that the number of people with lived experience vacancies within the Trust increases. Non-Executive Director, Sheila Newport referred to Georgie's speed of access to the Eating Disorders service and how the pandemic has altered how people are treated in Primary Care. Sheila believes that the ICB can work to assist the pathways to ease referrals and that the ICB should address the interface between GP services and physical and mental healthcare. Director of Nursing and Patient Experience, Carolyn Green acknowledged the benefits gained from Peer Support Workers and highlighted that this was one of the priority areas featured within the refreshed Trust Strategy. She hoped that Peer Support Work would also be a priority for the ICB and suggested that Peer Support Workers like Georgie support the patient experience and safety partnerships within the ICB. On behalf of the Board Selina thanked all Eating Disorders colleagues involved in Georgie's story and pledged to continue to share the positive experience of people like her and develop a workforce strategy that has Peer Support Workers within it for growth and development. **RESOLVED: The Board of Directors recognised the benefits of Peer Support Workers and their role within general inclusion.**
DHCFT 2022/038	**<u>MINUTES OF THE BOARD OF DIRECTORS MEETING HELD ON 1 MARCH 2022</u>** The minutes of the previous meeting held on 1 March 2022 were accepted as a correct record of the meeting.

DHCFT 2022/039	**ACTION MATRIX AND MATTERS ARISING** The Board agreed to close all completed actions. Updates were provided by members of the Board and noted on the action matrix. **DHCFT2022/020 Outcome of Patient Stories:** At the previous meeting it was proposed that Richard Wright and Margaret Gildea as designated NEDs of the ICB help to develop a clinically driven Integrated Care System (ICS) co-led with experts by experience and include this within the ICB terms of reference. Richard wanted the Board to be aware that he is already involved in data driven, clinically led quality improvement work that will be looked at further when the ICB is established in July.
DHCFT 2022/040	**QUESTIONS FROM MEMBERS OF THE PUBLIC** No questions had been submitted for a response ahead of today's meeting. The Board was assured by the Chair that the Trust's Governors are very active in their communities and that engagement with the wider public takes place through the Council of Governors.
DHCFT 2022/041	**CHAIR'S UPDATE** Selina Ullah's report summarising her activity in her role as Trust Chair since the previous meeting held on 1 March was noted. The report included details of service visits, staff engagement and conversations held with the staff networks. Despite still not being able to visit services due to the impact of the pandemic this has been a busy period. Selina drew attention to the Board's development work that ensures that Derbyshire Healthcare is truly inclusive and has equality diversity and inclusion (EDI) at the heart of everything it does. The Board is committed to ensuring that the Trust is an anti-racist organisation and is progressing this work through its Board Development Programme. A number of new governors have been elected and Selina began meeting them on a one to one basis to get to know them better. A new Non-Executive Director, Ralph Knibbs has been appointed who will replace Margaret Gildea in July. The process for the recruitment of the remaining NED role to replace Richard Wright is underway. Selina reported that the Board had also considered in confidential session matters relating to the development of the Trust's estate and approved some key dormitory eradication and Psychiatric Intensive Care Unit (PICU) project stages as well as the business cases for the Northern Derbyshire Older Adults Service relocation. Selina reported that a key achievement was the final sign off of 2022/23 plan submission to NHS England. For the first time a deficit plan was submitted which is indicative of the deficits that are System wide. It also highlights the responsibilities that the Board will be managing to ensure the Trust delivers quality services to the people of Derbyshire. **RESOLVED: The Board of Directors noted the content of the Chair's update.**
DHCFT 2022/042	**CHIEF EXECUTIVE'S REPORT** Ifti Majid's CEO report provided the Board with an update on local and national developments within the national and local Derbyshire health and social care sector over the last two months. **The NHS ten year plan** The government's commitment to develop a new cross-government, ten-year plan for mental health and wellbeing for England was discussed. Although there are many questions still to be answered about funding and the further ten year strategy, Ifti welcomed the opportunity for the Board to make representations to the consultation

	document on behalf of the Trust as it will drive the focus on prevention and population health management. **East Midlands Perinatal Mental Health Provider Collaborative** Good progress is being made with the planning and development of the East Midlands Perinatal Mental Health Provider Collaborative for which the Trust has established the role as aspiring Lead Provider across its stakeholders. This is a significant opportunity for the organisation to lead a very important initiative. The programme team is working on all elements of the process and with experts by experience to agree the expectations of the clinical model ready to go live from 1 October 2022 with the formal contract and finances from 1 April 2023. **Integrated Care System (ICS) Green Plan** A System Green Plan has been developed by Joined Up Care Derbyshire (JUCD) In 2020 the NHS launched the campaign "For a Greener NHS " and an Expert Panel, chaired by Sir Simon Stevens which set out the path to a 'Net Zero' NHS. The integrated plan presents the regional level carbon footprint data and outlines the national drivers, local drivers and targets and the ICS's commitment to sustainability. The Board formally agreed to support the plan that will be owned and implemented through the Derby and Derbyshire Integrated Care Board (ICB) post-July. **Trust Strategy** The Trust launched its strategy review in March. During the last few months, the draft strategy has been shared widely in the Trust, with all other health and care organisations in Derbyshire and with members of Place via the Place Executive Chair. A significant amount of feedback has been received from colleagues and partners that will be factored into the refreshed strategy and submitted to the Board at the next meeting in July. **Within the Trust** As well as marking International Women's Day on 8 May, this was also the launch of the Trust's new Women's Network which aims to make gender equality a key priority within the organisation. This now means the Trust has one of the largest number of networks across the region. As both a BME colleague with lived experience, and as the BME network executive sponsor, Ifti was delighted to hear about the vital research project that is being facilitated by the Trust's BME Network about understanding more about people's lived experience of discrimination within the Trust. The final research report will come to the Board for discussion. One of the themes arising from Ifti's visits across the organisations is the innovation amongst colleagues across all services. This, at a time when COVID-19 has remained a major challenge, was commended by Ifti and echoed by the Board. The Board also praised colleagues' strong compliance with Infection Prevention and Control (IPC) guidelines both inside and outside of work which has enabled outbreaks of COVID-19 to be kept to minimum. **RESOLVED: The Board of Directors:** **1) Scrutinised the report, noting the risks and actions being taken.** **2) Received significant assurance from the key issues raised.** **3) Agreed to support the JUCD Green Plan.**
DHCFT 2022/043	**<u>PERFORMANCE AND ACTIVITY REPORT</u>** The Board of Directors was updated on key finance, performance and workforce measures at the end at the end of March 2022. **Operations** Chief Operating Officer, Ade Odunlade echoed Ifti's thanks and gratitude to staff as despite the challenges experienced over the last few months, performance has remained good. Although COVID-19 has significantly impacted the utilisation of beds, the number

of patients needing to be placed out of area has reduced to single figures which is a tremendous achievement of the clinical workforce.

A particular theme throughout the report referred to waiting lists. Ade assured the Board that people on a waiting list are supported and screened while they are waiting and are regularly communicated with through letters and telephone calls. Funding has been received to train additional staff to support individuals and this is helping to improve the waiting process, particularly with regard to people waiting for autistic spectrum disorder (ASD) assessment.

Finance
Deputy Chief Executive and Director of Finance, Claire Wright reported a break even financial position at year-end which is subject to audit in the normal way. The Audit and Risk Committee has scrutinised the year-end position. Draft financial plans for 2022/23 have also been scrutinised by Board members.

There was a considerable amount of financial risk to be managed within the JUCD system for this Trust, one of these is the temporary staffing and agency costs which was above the ceiling by £2.7m which equates to 89% for the year. The highest areas of agency spend relates to Medical staff, Qualified Nursing and Ancillary staff (mainly domestics). COVID-19 related funding will be significantly reduced for the new financial year and ongoing expenditure against this will be closely scrutinised by the Executives and the Finance and Performance Committee. Claire duly summarised the key financial risk areas for the new year flowing from the old year which included agency expenditure, out of area costs and COVID-19 related costs. She also updated that the JUCD system is awaiting feedback on the recent financial plan submissions.

People performance
Deputy Director of Organisational Development, Rebecca Oakley highlighted that COVID-19 was the main reason for sickness absence in March. The People and Inclusion team is working closely with managers to ensure teams are supported when colleagues are absent through sickness. Turnover remains high and above the Trust target range of 8-12% for the last six months. Two areas of commissioned work are focussing on understanding more about why colleagues are leaving the Trust. A STAY survey is being piloted in key areas along with an exit interview system that has been developed to capture a much higher percentage of leavers.

Recruitment fill rates continue to improve with the time to recruit at 55 days, which is below the national NHS benchmark of 60 days. There has also been a steady improvement in the vacancy rate as improvements to recruitment practices and fast track recruitment have helped to reduce delays.

Training compliance is moving in a better direction. Senior managers have been equipped with compliance data to help reduce non-attendance and make sure the right support in place to support colleagues when attending their training. Work is also taking place to review training requirements in all services.

Quality
Carolyn Green reported on quality metrics. Child and Adolescent Mental Health Services (CAMHS), Children's and Paediatric waiting times have increased but services are being redesigned to improve momentum. In Autism Services there are new roles supporting a collective strategy for assessment that will help reduce the waiting time for diagnosis and provide communication support.

Falls on inpatient wards appear to have increased with an abnormal spike in March 2022. Prevention work is an ongoing project, working alongside teams to reduce incidents of falls. It is expected that falls will considerably reduce when the older adult inpatient wards can locate to the new build facility. There has been a reduction in seclusion and violence towards staff, even where restraint and seclusion has increased. The use of prone restraint has continued to remain below the expected amount.

	Margaret Gildea assured the Board that although it has been difficult to maintain business as usual because of pressures felt during the pandemic, the Trust is now in a better position to address concerns relating to turnover, retention, training and supervision through the People and Culture Committee. Sheila Newport saw that despite the level of challenge performance is being maintained. Sheila was conscious of the various reasons why ASD waiting times are challenging. Ways of improving waiting times will be discussed in detail at the Quality and Safeguarding Committee as well as taking a different approach to make improvements in partnership across the system to reduce waiting times. Non-Executive Director, Deborah Good felt reassured by the responses from Executives concerning the scale of increase in the treatment of ASD and challenged the organisation's performance against other trusts. Ade Odunlade responded that prior to the current flow of work the Trust was operating at 100% occupancy rate. Over the last three months this reduced to 85%. By the end of the financial year it is expected that the target of 85% will be sustained. Ade is confident that over the next few months the Finance and Performance Committee will see improvements sooner than expected. Improvement work is also taking place with partners to manage the increase in demand and ensure people who need intervention get the help they need. Richard Wright asked whether the accommodation status recorded for patients was a true reflection of the population that the Trust serves and if this mirrored declining health inequalities. Carolyn and Ade highlighted how there are some practices that mean that a number of people within the Trust's services remain homeless or have no settled status. Wider stakeholder involvement addressed by the system is needed to combat homelessness as many people stepping down from social care residential settings end up having to have emergency referral to our services. Discussion concluded that although limited assurance was taken from current performance, despite the challenges being experienced across the Trust's services performance overall was considered to be good. **RESOLVED: The Board of Directors received limited assurance from current performance across the areas presented.**
DHCFT 2022/044	**<u>Workforce Standards Formal Submission 2022</u>** The purpose of this report was for the Board to receive assurance that the Trust is formally assessing its compliance against required standards and outlines the work undertaken for 2021/22. Carolyn Green presented the standards set to ensure the Trust provides high-quality care. Despite making good headway there are still some areas of compliance that are being navigated that are hoped to be achieved by the end of May. These gaps in control include the workforce plan for 2021/22 which is in final draft and is scheduled to be brought to the next appropriate Board meeting. The achievement of retaining suitably qualified and trained staff has areas of deficit due to gaps in full compliance of safety and mandatory training. Carolyn therefore proposed submitting a further update to the Board at a future meeting that will provide a higher level of assurance of workforce safeguards. Having reviewed the self-assessment the Board received limited assurance from the assessment against workforce safety standards and acknowledged that a further update report will provide a higher level of assurance moving forward. **ACTION: An update assurance report on the assessment Workforce Standards to be submitted to the Board.**

	RESOLVED: The Board of Directors: **1) Received and accepted the Safe Staffing Report and self-assessment for the financial year 2021/22.** **2) Received limited assurance that processes are in place to monitor inpatient and community staffing levels.** **3) Accepted that actions are in place to mitigate the risks to patient safety and care quality.** **4) Agreed to receive an update report that will provide a higher level of assurance of workforce safeguards.**
DHCFT 2022/045	**LEARNING FROM DEATHS MORTALITY ANNUAL REPORT** This annual report covering the period 1 April 2021 to 25 March 2022 was presented by Medical Director, John Sykes. The report detailed the work undertaken using the Royal College of Psychiatrists Care Review Tool. These reviews were undertaken by a multi-disciplinary team and it was established that of the 77 deaths reviewed, none were due to problems in care. Claire Wright referred to the tables where no recorded information is available regarding people's sexual orientation or assigned disability and asked what needed to be done differently to be able to include this data. The Board discussed how clinicians can be supported to include this data and agreed this process would form part of the strategy for 'getting the basics right'. Selina Ullah asked John about deaths relating to patients diagnosed with a Learning Disability and asked if there were any gaps in care in relation to these deaths. John assured Selina that no gaps in care were identified relating to these patients. The Trust reviews all deaths relating to patients diagnosed with a Learning Disability and also sends all Learning Disability deaths that have been reported through the Datix system to the Learning Disabilities Mortality Review (LeDeR) programme. The Trust receives quarterly updates from LeDeR which highlights national good practice and identified learning which is shared at the Mortality monthly meeting. The report assured the Board that the Trust is following recommendations outlined in the National Guidance on Learning from Deaths. It was agreed that the report is to be published on the Trust's website. **RESOLVED: The Board of Directors accepted this Mortality Report as assurance of the Trust's approach and agreed for the report to published on the Trust's website as per national guidance.**
DHCFT 2022/046	**STAFF SURVEY RESULTS** This report contained results for themes and questions from the 2021 NHS Staff Survey. Selina Ullah was proud that while responding to the pandemic the Trust has been ranked through the Annual NHS England Staff Survey results as one of the top five mental health trusts in the country. The survey received the Trust's highest ever response rate of 62%. This compares extremely well against comparator organisations (51 other mental health trusts), where the median response rate was 52%. The Trust is rated above average in all nine themes compared to other similar trusts and is top in three of the themes across all the 51 other trusts. Rebecca Oakley highlighted areas that have seen a decline which are mainly to do with conflicting demand. Engagement work will take place to understand more about these areas to establish why these areas are significantly higher. The Board saw this as a great result that will be celebrated and the results will be built within the Trust's recruitment campaign. The Board thanked all colleagues for their outstanding response. It was noted that further reports are awaited that will allow a

	deeper focus on key themes, trends and team level analysis that will be reported to the People and Culture Committee. **RESOLVED: The Board of Directors** **1) Received and reviewed the 2021 NHS Staff Survey – NHS England results.** **2) Received significant assurance based on:** • **the consistent response rate, during another challenging year** • **we are above average in all themes and top in three** **3) Agreed that once all reports are received, including free text comments the final focus areas will be confirmed and reported via the People and Culture Committee with ongoing tracking of delivery against focus areas.**
DHCFT 2022/047	**<u>QUALITY POSITION STATEMENT - CARING</u>** The Board considered an updated quality position statement on Caring within the Trust as part of the wider expanded quality reporting relating to CQC (Care Quality Commission) domains and NHS Improvement (NHSI) requirements. The report confirmed that the Trust has achieved strong compliance and internal and external assurance. This is demonstrated by the retention of the Trust's wide overall 'good' rating in this area. The aspiration to offer good services as defined by the Trust and by the Health Regulator in this domain of caring has been achieved and maintained. The solid performance in Acute Mental Health care CQC Mental Health visits and above average performance was noted in the very recent acute care inpatient survey and was commended. Areas of concern have been noted to take into account within the Trust strategy and in future planning. Although excellent feedback was received concerning food, disturbance while sleeping at night is a significant issue and cannot be improved until the dormitory eradication work has been completed that will replace out-of-date mental health dormitories with single en-suite rooms. The Board considered that the report contained positive outcomes that have been achieved during the COVID-19 pandemic. The feedback obtained from patients and carers was considered a gift that will enable the Trust to move forward. **RESOLVED: The Board of Directors received significant assurance on the areas presented. A gap in control was specifically noted with regard to dormitory accommodation.**
DHCFT 2022/048	**<u>BOARD ASSURANCE FRAMEWORK 2022/23 ISSUE 1</u>** Justine Fitzjohn presented the Board with the first issue of the BAF for 2022/23. Each Director Lead has thoroughly reviewed the risks allocated to them and has also considered any new risks to the strategic directives of the Trust for 2022/23. The same nine risks identified in 2021/22 have been carried forward into issue 1 of the BAF for 2022/23. The BAF continues to be scrutinised within each of the Board Committees. There remain six Trust-wide operational risks rated as high or extreme linked to the Trust strategic objectives. The ratings have not changed on these risks since Issue 4 2021. The BAF now references the system which will naturally evolve when the ICB is established from 1 July and mitigated by multiple system organisations "*There is a risk to safe, effective clinical care across Derbyshire impacting upon patients, due to not achieving national standards and variation of clinical practice and service commissioning in the Learning Disability (LD) Transforming Care Partnership and in ICS in-patient LD bedded care."* The Board approved this first issue of the BAF for 2022/23 and agreed to receive updates as scheduled within the Board forward plan.

	RESOLVED: The Board of Directors: **1) Approved this first issue of the BAF for 2022/23 and received the 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 continue to receive updates as scheduled within the Board forward plan.**
DHCFT 2022/049	**CORPORATE GOVERNANCE REPORT** The Board was presented with a number of governance related documents for approval. These included the NHS Improvement Year-End Self-Certification, Terms of Reference (ToRs) for Board Committees and the Modern Slavery Statement for 2021/22. The Trust Sealings register report was included for information. The Board received assurance from the Audit and Risk Committee on year-end reporting from Board Committees that the Committees are working effectively and meeting the requirements of their ToR. It was noted that all ToRs remained consistent to provide flexibility for them to act under emergency measures agreed in response to the COVID-19 pandemic. Minor revisions to the ToRs were noted as well as the additional paragraph included in the ToRs for the Finance and Performance and the Quality and Safeguarding Committees to reflect the Trust's ambition as Lead Provider of the East Midlands Perinatal Mental Health Provider Collaborative. All the Board Committees approved their ToRs during their 2021/22 year-end effectiveness review. The Board approved all the documents and acknowledged the significant amount of work involved in producing the year-end effectiveness reports of the Board Committees. **RESOLVED: The Board of Directors:** **1) Approved the NHS Improvement Year-end Self-Certification (Appendix 1).** **2) Approved the Modern Slavery Statement for 2021/22 (Appendix 2).** **3) Approved the suite of Terms of Reference for Board Committees (Appendix 3).** **4) Noted the assurance received by the Audit and Risk Committee that all Board Committees have effectively carried out their role and responsibilities as defined by their Terms of Reference during 2021/22.** **5) Noted the Trust seal report (Appendix 4).**
DHCFT 2022/050	**BOARD COMMITTEE ASSURANCE SUMMARIES** The Board Committee Assurance Summaries demonstrated the work of the committees since their last update to the Board and were accepted as a clear representation of the priorities that were discussed and will be taken forward in forthcoming meetings. Discussions held within the committees during recent weeks were summarised by the Committee Chairs. **Mental Health Act Committee:** The Mental Health Act (MHA) report provided significant assurance that the safeguards of the MHA have been appropriately applied within the Trust. Although the code of practice is yet to be issued, Liberty Protection Safeguards (LPS) are expected to be introduced in June and assurance was received that preparation for the introduction of LPS is on track. **Finance and Performance Committee:** Key finance and performance measures discussed by the Committee were covered during today's performance review. The Committee is monitoring the dormitory eradication capital investments programme. Although good progress is being made this is being impacted by hyperinflation which is a real concern. The Board commended the work of the Finance team in putting together the 2022/23 System and Operational Planning submission which forms a challenging environment from a finance perspective.

	People and Culture Committee: A number of workforce issues covered by the Committee had been discussed earlier during the performance review and in respect of the staff survey. Although appraisals were stood down during the pandemic teams have continued to be supported. The Trust's model of the approach to developing leaders over the next 12 months provided a good stimulus of ideas in the approach to developing leaders. **Audit and Risk Committee:** During March and April the Committee spent a significant amount of time monitoring the production of the 2021/22 Annual Report and Accounts (Including Annual Governance Statement) ready for sign off on 14 June. A review of the revised BAF was also carried out especially in terms of reacting to the new system risk covered today in the BAF item. The year-end reporting demonstrated the breadth of the matters covered by the Board Committees and evidenced that the Audit and Risk Committee as well as the Board Committees had worked effectively in the last twelve months. **Quality and Safeguarding Committee**: During the March meeting the Committee received significant assurance with Safeguarding Children and Adults activity, systems and controls within the Trust. A worthwhile Getting It Right First Time (GIRFT) virtual deep dive evidenced that key points into existing operational and transformational plans are already underway across the Trust. In April significant assurance was received from the achievements, preventative clinical practice through vaccination and working practices of the Health Protection Unit (HPU). The draft Quality Account for 2021/22 containing feedback from Executive Directors and Non-Executive Directors was reviewed. The Quality Account detailed the Trust's approach to quality over 2021/22 and how the Trust has continued to drive through quality improvements, delivering high quality and innovative care during the most difficult year the NHS has ever faced. The Board gave its consent for the Quality Account 2021/22 to be signed off by Quality and Safeguarding Committee at its next meeting in May. **RESOLVED: The Board of Directors noted the Board Assurance Summaries.**
DHCFT 2022/051	**IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK (BAF)** None.
DHCFT 2022/052	**2022/23 BOARD FORWARD PLAN** The 2022/23 forward plan outlining the programme for the remainder of the year was noted and will be reviewed further by all Board members for the financial year ahead.
DHCFT 2022/053	**MEETING EFFECTIVENESS** The Board agreed that the meeting had been successfully conducted as a live streamed meeting. Today's patient story was truly inspirational and the results of the staff survey showed the great progress that is being made in the Trust. Thanks were extended to Richard Wright and Margaret Gildea as this was the last meeting they would be attending before taking up their appointments on the ICB. They were thanked for their support during pivotal times of the Trust's improvements around sustainability and governance and quality improvement and for taking forward their people first approach. Thanks were also extended to Gareth Harry for his development of system level work and was wished well in his new role at NHS England.

The next meeting to be held in public session will be held at 9.30am on 5 July 2022. Owing to the current rate of infection during the coronavirus pandemic this meeting will be held digitally and will be live streamed via MS Live Events.

				BOARD OF DIRECTORS (PUBLIC) ACTION MATRIX - JULY 2022			
Date	**Minute Ref**	**Item**	**Lead**	**Action**	**Completion Date**	**Current Position**	
10.5.2022	DHCFT 2022/044	Workforce Standards Formal Submission 2022	Director of People and Inclusion	An update assurance report on the assessment Workforce Standards to be submitted to the Board	6.9.2022	Update report providing a higher level of assurance of workforce safeguards will be submitted to the Board on 6 September.	Yellow

Key:

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

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 10 May 2022. The structure of this report reflects the role that I have as Trust Chair.

Our Trust and Staff

1. With the improving situation with the pandemic, I am doing more visits to services to meet staff and patients. On 17 May, I visited Tissington House where I was able to speak to staff, patients and the family members of one the patients. I later visited Cherry Tree Bungalows where I observed a handover and saw the preparations for the Jubilee celebrations. I also visited our Liaison Team based in the Royal Derby Hospital. My thanks to Jill Smith, Karen Doorga and Paul Hayman respectively for making me feel so welcome and showing me around their services. I have enjoyed connecting with staff, services and patients through this process and seeing the great work and care that is being delivered by our colleagues.

2. In addition to the visits, I have been attending many of the team live engagement events being hosted via MS Teams. These meetings are very useful to me in terms of understanding how staff are feeling and engaging with the Trust. I am pleased to note that several of the Non-Executive Directors (NEDs) also join these calls.

3. On 12 May I attended The Medical Advisory Committee (TMAC), chaired by Dr Rais Ahmed. I met some of our consultants and I was pleased to share my vision for the Trust, our services, Trust priorities and the role of clinical leadership. I found the meeting very stimulating and look forward to further discussions with the TMAC group. I have found it very useful to attend and hear from clinicians directly about their work and the challenges they face day to day.

4. On 21 May, together with Ifti Majid, I judged the celebratory decorations and displays for the Queen's Platinum Jubilee. The entries from ten services were of an exceptional standard celebrating the Queen, her reign and what is quintessentially British. We were very impressed by the standard of the entries, the creativity, and the great efforts staff and patients had gone to. I am sure we had as much fun judging as they had making the decorations and displays. Well done to all the services, staff and patients who went to such efforts and for the energy and enthusiasm that was so evident in the submissions.

5. I met with Ade Odunlade, Chief Operating Officer on 21 May to learn more about the Trust Estate's Strategy, Sustainability and Transformation programmes. I was impressed with the progress and intent to integrate sustainability within our

major transformation programmes with a programme board being established which will be chaired by Deborah Good, NED.

6. On 28 June the NED interviews for the replacement of Richard Wright took place. The focus of this role being Finance and Performance.

Council of Governors

7. I met with Susan Ryan and Julie Boardman on 24 May, in their capacity as Lead Governor and Deputy Lead Governor. The purpose of the meeting between the Trust Chair and the Lead Governors is to ensure that we are open and transparent around the challenges and issues that the Trust is dealing with. Regular meetings between the Lead Governors and Chair are an important way of building a relationship and understanding of the working of both the Board and the Council of Governors. I am very much looking forward to building my relationship with both Susan and Julie and working with them as the Trust navigates a changing landscape with new challenges.

8. On 8 June the Governance Committee met, chaired by Ruth Grice. Richard Wright, Deputy Trust Chair attended in my place and provided an update on the Board and Council of Governors development session on 5 July.

9. I met with Appointed Governors, David Charnock and Stephen Wordsworth from Nottingham University and University of Derby respectively and Rob Poole, Public Governor for Bolsover and North East Derbyshire, as part of my ongoing one to ones with Governors. These meetings have helped me to better understand the context, challenges and potential opportunities in their respective areas.

10. On 17 June I met with Governors to shortlist for the Finance and Performance NED role and on 23 June to longlist for the Clinical NED role. I am grateful to the governors for all their support and involvement in this important area of responsibility.

11. On 5 July there will be a Council of Governors to Board joint meeting, following the Public Board meeting. Extraordinary Council of Governors meetings are also expected to take place on 5 July and 26 July to confirm the new NED appointments. The next Council of Governors meeting will then be on 6 September. The next Governance Committee takes place on 9 August.

Board of Directors

12. All meetings continue to be held as virtual meetings using MS Teams, enabling Board members to keep connected whilst working remotely. We have continued to live stream our Public Board meetings to enable members of public and our staff to observe the Board meeting.

13. The Audit and Risk Committee met on 26 May to deal with the year-end matters around the Annual Report and Accounts and to receive the reports from the external auditors, Mazars, and internal auditors, 360 Assurance. The Annual Report and financial statements were approved on 16 June by the Committee on behalf of the Board. Mazars requested the Committee to note the exceptional performance and co-operation given by the Trust's Finance team. My thanks go to all the Finance team for the efficient and speedy preparation of the financial accounts for audit and to others who contributed to the Annual Report. My thanks also to Kyri Gregoriou, Interim Assistant Director of Clinical

Professional Practice for leading the preparation of the Annual Quality Account which was approved by the Quality and Safeguarding Committee in May and is now available on the Trust's website. The Annual Report and Accounts will be published later in the year. I am very proud at how well this process continues to be delivered despite all the challenges of the remote working of so many staff. Deepest thank you to all of you.

14. On 13 June I met with Sandie Dunne from ILDBO (Inclusive Leadership Development of Board and Organisation) team as part of the preparation of a twelve month board development programme to strengthen the Board's focus on inclusion and becoming an anti-racist organisation. The programme gives the Board the tools to mainstream inclusion in all aspects of the Trust's business.

15. On 18 May an Extraordinary Confidential Board meeting was held to discuss the East Midlands Perinatal Mental Health Provider Collaborative draft business case led by Gareth Harry, Director of Business Improvement and Transformation. It was a very useful meeting and the Board was able to contribute diverse perspectives for further consideration and development of the business case.

16. On 7 June the Board continued its development programme on Cultural Intelligence for Boards with a masterclass on Leading Inclusively with Cultural Intelligence. This is part of a development programme for the Board that was commissioned by the previous Trust Chair, Caroline Maley with the aim for the Board to work towards a shared understanding of Inclusion and our personal journeys and commitment to developing an inclusive culture in the Trust.

17. A Confidential Board meeting was held on 7 June to consider matters related to the development of our estate and approval for the full business cases in relation to the dormitory eradication programme which is now renamed as Making Room for Dignity. My thanks go to Richard Wright for chairing the meeting and to everyone who has been involved in this key priority of the Trust.

    The other matter of business was concerning the arrangements for the submission of our Financial Plan.

18. The NEDs have met regularly with Ifti Majid and me to ensure we have been fully briefed on developments as needed. I have also continued to meet with all NEDs individually and in the informal NED meetings and Cross Committee Chair meeting, the last one taking place on 22 June. I am meeting monthly with new NEDs Deborah Good and Ralph Knibbs as well as our NExT Director Jas Khatkar. Quarterly meetings with NEDs individually also take place and since my last report I have met with all of them. We use these quarterly meetings to review their progress against their objectives and to discuss any issues of mutual interest.

19. Sadly, we said goodbye to Richard Wright, Deputy Chair and Margaret Gildea, Senior Independent Director as their terms with the Trust came to an end on 30 June. They have been exceptional NEDs and NED colleagues who have provided strong leadership to the committees. They will be very missed by the Board, Governors and staff as well as our stakeholders. I want to thank Richard and Margaret for their unstinting service to the Trust during their tenure. I, and the Trust look forward to continuing to work with Margaret and Richard in their new roles as Integrated Care Board Non-Executive Members.

System Collaboration and Working

20. On 28 May I attended the NHS Confederation Chair and CEO meeting. The cost of living and its impact on our colleagues and our patients, service users and carers was high on the agenda. The Trust has been responding to this issue with urgency and continues to look for ways to mitigate risks arising from the cost of living crisis.

21. On 21 June the Provider Trust Chairs met with John McDonald, Chair designate of the Integrated Care Board (ICB). We explored some of the challenges we face as a system.

22. The Chairs and Chief Executives met via MS Teams on 22 June to discuss future working arrangements when the ICB becomes a statutory entity on 1 July. It was good to reaffirm our priorities for working together and acknowledge the progress made through mutual co-operation in Joined Up Care Derbyshire (JUCD).

23. A Board to Board meeting between the Trust and University Hospital Derby and Burton (UHDB) is planned for July. Kathy Mclean, UHDB Chair and I had a one to one on 24 June to further discuss this.

24. I have continued to meet regularly with the chairs of the East Midlands Alliance of Mental Health Trusts, which has been a very useful source of sharing best practise and peer advice.

Regulators, NHS Providers and NHS Confederation and others

25. The NHS Confederation held the first NHS Confed Expo in Liverpool on 15 and 16 June. Ifti Majid, CEO and I attended along with Carolyn Green, Director of Nursing and Patient Experience and Geoff Lewins, NED. It was a well-attended event with 6,000 attendees. It was my first experience of such an event and I found it extremely informative and useful with the opportunity to meet many NHS England/Improvement (NHSE/I) colleagues both national and regional as well as other NHS colleagues, Trust Chairs and policy makers.

26. I attend fortnightly briefings from NHSE/I for the Midlands region, which has been essential to understand the changing picture of the pandemic, the management and plans for recovery and regional developments.

27. I have also joined when possible the weekly calls established for Chairs of Mental Health Trusts hosted by the NHS Confederation Mental Health Network in collaboration with the Good Governance Institute where support and guidance on the Board through the pandemic has been a theme. A number of the NEDs have also attended weekly calls for NEDs on a range of useful topics.

28. On 21 June I attended a virtual Chief Executive and Chairs meeting hosted by NHS Providers. On the agenda was a strategic policy update from Saffron Cordery, Interim Chief Executive, NHS Providers, and a session with Secretary of State, Sajid Javid, who reiterated his gratitude to NHS staff for their hard work, the public finance challenges and subsequently the challenges and expectations of the NHS.

29. Finally, I am pleased to inform that I am now a Trustee and Board member of NHS Providers representing Mental Health Providers . My first meeting of the Board will be on 6 July in London.

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 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 a wide range of activities across the Trust, and consideration relating to ensuring inclusion is embedded in operational work of the Trust. I have also continued to develop my own awareness and understanding of the inclusion challenges faced by many of our staff.

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

As a board member I have ensured that I am visible in my support and leadership on all matters relating to Diversity and Inclusion. I attend meetings to join in the debates and conversation and to challenge where appropriate, and to learn more about the challenges of staff from groups who are likely to be or seem to be disadvantaged. I

ensure that the NEDs are also engaged and involved in supporting inclusive leadership within the Trust.

New recruitment for NEDs and board members has proactively sought 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: **Selina Ullah**
Trust Chair

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 5 July 2022

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 should be used to support strategic discussion on the delivery of the Trust strategy. The Board should note that the report reflects a wider view of the Trust's operating environment and serves to horizon scan for risks that may affect the organisation. Risks identified are highlighted in the report and taken forward to assess their operational and strategic impact, and recorded on operational risk registers, or the Board Assurance Framework, as appropriate.

National Context

1. On 8 June, General Sir Gordon Messenger and Dame Linda Pollard published their final report on the review of leadership and management in the health and social care sector, as commissioned by the Secretary of State for Health and Social Care in October 2021 (known as the *Messenger Review*). The report acknowledges the complexity of the emerging system and its structure, as well as the pressures all parts of the NHS currently faces in tackling a backlog in care against the backdrop of significant staff shortages. It also recognises the important relationship between driving improvement in leadership and the positive effects on productivity and efficiency.

   I was fortunate to meet Gordon Messenger and Linda Pollard to contribute to the review. I would note the very significant engagement with leadership colleagues across all sectors and at many different levels of management and leadership responsibility.

   The report points out the gaps in support for leaders and what more can be done to ensure we deliver a consistent approach to leadership development at all levels within the NHS. This includes the need for a more consistent and substantive career development pathway from recruitment through to mid-career and beyond. It also talks about the value that needs to be placed on leaders and managers and the rewarding of collaborative behaviour as we move to system working, something we have discussed previously as a Board.

   The report acknowledges and is rightly critical that we have much still to do to create a more diverse leadership in the NHS, and the need for tangible, purposeful action and change to ensure this happens. The report is clear that all too often, staff from ethnic minority backgrounds are still not being provided with the support they need to progress to leadership roles. We need to see a greater commitment to act on improving diversity in senior leadership, including making EDI a core aspect of the CQC inspection regime.

The review makes the seven following recommendations:

- Targeted interventions on collaborative leadership and organisational values
    - A new, national entry-level induction for all who join health and social care.
    - A new, national mid-career programme for managers across health and social care.

- Positive equality, diversity and inclusion (EDI) action
    - Embed inclusive leadership practice as the responsibility of all leaders.
    - Commit to promoting equal opportunity and fairness standards.
    - More stringently enforce existing measures to improve equal opportunities and fairness.
    - Enhance the Care Quality Commission's role in ensuring improvement in EDI outcomes.

- Consistent management standards delivered through accredited training
    - A single set of unified, core leadership and management standards for managers.
    - Training and development bundles to meet these standards.

- A simplified, standard appraisal system for the NHS
    - A more effective, consistent and behaviour-based appraisal system, of value to both the individual and the system.

- A new career and talent management function for managers
    - Creation of a new career and talent management function at regional level, which oversees and provides structure to NHS management careers.

- More effective recruitment and development of non-executive directors
    - Establishment of an expanded, specialist non-executive talent and appointments team.

- Encouraging top talent into challenged parts of the system.
    - Improve the package of support and incentives in place to enable the best leaders and managers to take on some of the most difficult roles.

As CEO I welcome the recommendations and am pleased that the incredible efforts, that NHS leaders have put in to manage during a very difficult environment over the last two years, have been recognised. This is very pertinent to our Organisation as we have publicly recognised our own Trust managers and leaders for demonstrating incredible resilience, skill and dedication. I also recognise the areas of development as will the Board and welcome the recommendations to help improvement.

While many of the recommendations will be linked to national initiatives, our People and Culture Committee should consider the recommendations and any areas, which we need to act on more quickly.

2. In June the Equality and Human Rights Commission (EHRC) published the final report on its inquiry into the experiences of lower-paid ethnic minority workers in health and social care in England, Scotland and Wales. The inquiry was launched in 2020 due to the disproportionate impact of COVID-19 on ethnic minority and lower paid staff in frontline roles. The report finds evidence, as seen in the recent NHS staff survey and Workforce Race Equality Standard (WRES) reports, that there is still much work to be done to tackle workplace bullying, harassment and discrimination and to address race inequalities.

   The report contains three recommendations for Trusts, Local Authority partners and integrated care systems:

   - Trusts must 'take account' of racial inequalities experienced by lower-paid ethnic minority staff, including those who are working in outsourced roles. This should include improving data collection and working with staff to increase disclosure rates while ensuring there is psychological safety to do so.
   - Trusts must take ownership of public sector equality duties (PSED) when making decisions on workforce outsourcing. This should involve completing and making publicly available equality impact assessments (EIAs) that consider the impact of outsourcing decisions on staff with protected characteristics. This recommendation also calls for Trusts to work with contractors to ensure the provision of required workforce data and to create a procurement strategy that is equality impact assessed. As part of this, Trusts should also work to assess how existing procurement policies and duties can be utilised to improve compliance with the general duty of the PSED.
   - Trusts, and specifically Trust leaders, should create working cultures that instil confidence in staff to speak up about their concerns. This includes making EDI a priority. The report also calls on Trusts to work with trade unions and employer bodies to ensure lower-paid staff (including outsourced roles) are able to share concerns and feedback, take part in workplace surveys and join staff networks, if not already in place. The review also recommends that Trusts remove any barriers that may prevent lower-paid ethnic minority and migrant staff from openly speaking up.

   The report is a difficult read and chimes with issues we are aware of in our Organisation about the importance of data capture and the need to improve. The issues of standards relating to outsourced employees and contractors is also relevant in relation to the significant contracts we have let around our Making Room for Dignity Programme.

   Our EDI (Equality Diversity and Inclusion) Delivery Group will review the recommendations in full and develop relevant actions to ensure we comply with the recommendations.

Local Context

3. We have worked with our partners in the provider collaborative to develop a draft business case outlining our plans to implement the East Midlands

Perinatal Mental Health Provider Collaborative. This has been discussed and supported by DHCFT Trust Board and the Perinatal Partnership Board prior to submission to NHSE/I by the 6 June deadline. The business case will be considered and we will receive feedback to incorporate into our planning. NHSE/I are to publish details of specific criteria to include in all perinatal provider collaborative proposals in late June/July and so we are considering with NHSE/I and our partners that the timeframe for the Gateway Assurance Process be delayed to ensure that we can incorporate this. We aim to reach a final decision on this by the next Partnership Board meeting on 14 July. We would still aim for full contractual "go live" in April 2023, but there is an option that clinical "go live" be delayed until late November/December. We will work with partners and NHSE/I to reach a consensus on this.

Finance and Activity due diligence has been completed and will be reported back to the DHCFT Trust Board, along with the outcome of our quality due diligence work. This will ensure that we as Lead Provider and the wider provider collaborative partners are fully sighted on the finance/activity and quality position of current provision in patient perinatal services in the East Midlands.

Following a competitive recruitment process, we are pleased to announce that Dr Rahul Gandhi, Consultant Psychiatrist at DHCFT, has been appointed to the role of Lead Clinician for the collaborative. This is a joint role with that of Clinical Lead of the East Midlands Perinatal Clinical Network, which will bring great synergies to our work going forwards. The Clinical and Professional Reference Group has also begun its regular meetings and has made great progress in identifying clinical priorities and clinical objectives for the provider collaborative. We are working closely with NHSE/I regional colleagues and national teams to develop arrangements for Experts by Experience input to the collaborative and continue to work closely with East Midlands colleagues to build upon and learn from implementation of established provider collaboratives in the region.

4. As Joined Up Care Derbyshire (JUCD) has continued its journey as an Integrated Care System (ICS), partners involved in Mental Health, Neurodiversity and Learning Disabilities services collectively agreed a need to explore opportunities of developing a more structured Alliance. The intention was for the Alliance to have a wider remit than previous partnership arrangements, which focused on delivery of the NHS Plan delivery, to now incorporate the wider needs of the Derby and Derbyshire population, and not just health.

   DHCFT have taken a facilitative rather than a leadership approach in supporting the evolution of the Alliance, with invitations sent across a broad range of statutory, independent sector and 3rd sector providers, who have a focus on improving mental health and supporting people who are neurodiverse or have a learning disability within Derby and Derbyshire, to come together and co-produce an Alliance Partnership.

   It was clear from the start that all participants felt there was benefit in coming together more formally, wanted to have an equal power balance in the partnership and break down the organisational ego's. It was accepted that to achieve that, required trust and new ways of working, which would take time.

The group worked together to co-produce a shared purpose, shared vision, shared principles and to describe Derby and Derbyshire's population health management approach. Discussions were captured and shared with the group regularly to ensure everyone was on the same page. In addition, information was regularly shared with VCSE organisations, who didn't have the capacity to attend, to ensure they had an opportunity to feed in and influence the discussions.

As a result of this collaborative way of working, and genuine approach to co-production, an Alliance Partnership Agreement has been co-authored (Appendix 1) and reflects both the emergence of the Alliance and the direction of travel, which partners want to develop further. All partners have confirmed their support for the Partnership Agreement. Formal signature support will be gained at a planned Open Day to promote the work of the Alliance, due to take place in September 2022. Partners are now working on co-producing a 10 year vision and drafting the priorities and a work plan for the first 12 months, which will be launched in September.

5. At June's Integrated Care Board (ICB), on which I am a partner member, we discussed the following areas:

   - The System Quality Group has been established within the ICB Governance Structures. As part of the work of the Group, a Quality Strategy has been drafted. This sets out the requirements for quality as directed by the National Quality Board NHSE/I, how this will be delivered through the local priorities and the governance structures to provide assurance on the delivery.
   - We defined the responsibilities of the Integrated Care Board (ICB) Population Health and Strategic Commissioning Committee and reviewed the essential membership requirements for a Secondary Care Doctor and Primary Care Clinician as formal members of the committee. We agreed the process for the recruitment and appointment of these roles.
   - We discussed the requirement to resubmit system finance, operational delivery and workforce plans by a deadline of 20 June, the environmental factors which need to be taken into account in the production of those plans, and the process by which the system will produce the plans. As part of the discussion, we discussed the meeting with the national team about system finance.
   - The next steps on transitioning from COVID-19 response to recovery, including the decision to reclassify the incident from a Level 4 (National) to a Level 3 (Regional) Incident.
   - We received the final draft ICB constitution and governance handbook ahead of ICB "go live" on 1 July 2022.

Within our Trust

6. I am delighted to present the final version of our revised three year strategy to the Board for final sign off - see Appendix 2.

   Board members will recall at the last Board we delayed final sign off to update the strategy, following extensive consultation and as part of that, we held a

Board Development session on the 18 May. We discussed simplification of the strategy and the addition of eight clear organisational priorities that will be a focus throughout the Organisation during 2022/23.

The final strategy retains the vision and values with small rewording around the 'do your best' value. In addition, we agreed to add in a fourth strategic objective around being a best partner, given the collaborative environment within both the Joined up Care Derbyshire System and the East Midlands System we are in.

The foundation of building blocks to improvement is retained but we have simplified the approach so, rather than prioritising actions against each separate building block, we have identified eight essential actions that by delivering those improvement actions will make a difference by improving multiple building blocks.

We have also refreshed the DHcFT Roadmap that colleagues commented so favourably on and will issue a roadmap every six months so colleagues are familiar with priorities in that part of the year.

The Board are asked to formally sign off the strategy refresh.

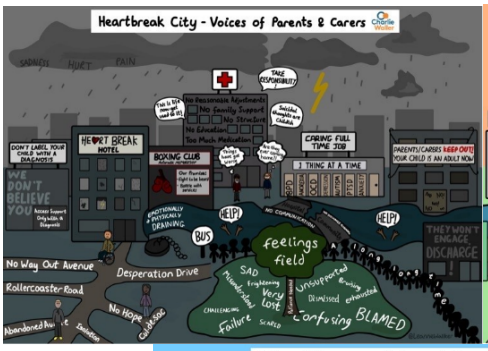
7. Trust Staff Forum was held on 17 May and I would like to thank all colleagues for their attendance. This month we discussed key areas of concern for colleagues that included:

   - The cost of living crisis and impact on colleagues
   - Meeting overload and etiquette
   - Gifts rewards and colleague recognition

8. June saw changes and impending changes to our Executive Team. After four years working with the Trust, Gareth Harry left to join NHS England and Improvement and Vikki Ashton Taylor joined us as our new Director of Strategy, Partnerships and Transformation. Our Executive Medical Director, Dr John Sykes, announced his plan to retire after the summer, though he won't be lost to us in Derbyshire Healthcare, as he will continue to work as an Old Age Psychiatrist. John is one of the longest serving Medical Directors in the country and will be greatly missed from our Board. A recruitment process is underway.

9. In May I was fortunate to be invited as a 'key note listener' to the 'Tale of Three Cities Goes Global' finale event at Manchester Cathedral. Tale of 3 Cities was a series of national and international events during May 2022 (International Borderline Personality Disorder Awareness Month) to highlight and challenge the discrimination facing young people with a 'borderline personality disorder' diagnosis. Tale of 3 Cities sought very successfully to put young people's views and experiences at the heart of the conversation. Each of the events explored the potential of early intervention and was co-chaired by an expert by experience and an expert by occupation.

   It was great to see artwork by our colleague, Leanne Walker, on display to help share the voices and experience of parents and carers. The art works are called: Heartbreak City, Supportive City and the City of Dreams



10. During May and June, we continued our all-staff question and answer sessions. These sessions have been well attended throughout the pandemic, with more than 200 colleagues attending the May session, which was a focussed discussion about how as an Organisation we responded to the changing infection prevention and control guidelines and the stepping down from a level 4 NHS Emergency Preparedness level.

    As always, there was much support for the cautious and measured approach we took, and colleagues were pleased to have the opportunity to discuss concerns. By the beginning of June, we were in a position of being able to cease the wearing of masks, apart from areas of outbreak or when nursing COVID-positive patients in line with national guidelines. At the time of writing this report, we were seeing a slight up-tick in the number of colleagues reporting being positive and we had a couple of positive patients who came in with COVID. We continue to watch closely the current transmission rates.

11. In June, myself and our Chair, Selina Ullah, judged the Queen's Platinum Jubilee decoration competition. All of the entries received were of an exceptionally high standard and Selina and I were really impressed at the lengths colleagues went to, to ensure patients on our inpatient wards were able to join in the celebrations at the start of the month.

Particular highlights included the 'Queen' and one of her corgis making an appearance in the Hub at the Hartington Unit and the Radbourne Unit Pantry being transformed into Buckingham Pantry! Congratulations to these two teams who were our very close runners up and deserve a special mention.

I'm delighted to announce that the winners were **Ward 33** for their various decorations and service user activities over the Jubilee weekend. The team had a life

size model of the Queen, a photo display of the Queen, her corgis and various activities through the years, alongside a party and karaoke for those on the ward during the special Bank Holiday. Congratulations to the team, who will receive £70 to contribute to something the team want or need.

12. In May and June, I was able to make site visits to the Dementia Rapid Response Team and Intensive Treatment Team at their new base in Bakewell. I was very impressed with the new space and how it embraced COVID secure principles and provided an opportunity to be used by other teams as well, thinking about our estate and green strategies. It was also good to hear first-hand how the teams were coping with increased and different demand.

    In June, I met with colleagues on our Enhanced Care Ward at the Radbourne Unit and discussed both the Making Room for Dignity campaign, and the current cost of living crisis, which is something that is being discussed in all engagement sessions with colleagues and we should not underestimate the impact it is having on colleagues.

    I also met our Paediatric Therapy Team at St Pauls House, where I heard about some of the challenges with estates and access to suitable rooms for therapy and the need for a 'hub' to be developed. I was so impressed with the enthusiasm and innovation colleagues shared - things like the CP strengthening group. It was also concerning to hear about the impact of the cost of living and how some colleagues had left simply to get employment nearer to home. This really emphasised for me the need for our ongoing response to the cost of living crisis.

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

Assurances

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

Consultation

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

Governance or Legal Issues

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

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 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.

Both national policy documents focus on experiences of BME colleagues and colleagues from other diverse communities and the key to the success is implementation and robust action planning at a local level, looking to see how to integrate recommendations into existing workstreams.

The EHRC report focusses our attention on the issues linked to intersectionality i.e. BME colleagues are often in low paid groups and this further enhances health inequalities, so something we must consider when developing our people response to our new strategy.

The development of a mental health, learning disability and autism partnership is a great opportunity to integrate the views and leadership of people with lived experience into the development and review of services at a system level.

Recommendations

The Board of Directors is requested to:

1) Scrutinise the report, noting the risks and actions being taken.

2) Seek further assurance around any key issues raised.
3) Sign off the Trust Strategy.

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

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

Joined Up Care Derbyshire

Derby & Derbyshire All Age Mental Health, Neurodiversity and Learning Disability

Alliance Partnership Agreement

Note: This document has been co-produced and co-authored by representatives from the following organisations and represents a willingness and desire to work in true partnership with the focus on supporting the people of Derby & Derbyshire.

Action for Children
Alzheimer's Society
Citizens Advice Mid Mercia
Chesterfield Royal Hospital NHS FT
Cygnet Healthcare
Derbyshire Community Health Services NHS FT
Deby City LA
Derbyshire Autism Services
Derbyshire County LA
Derbyshire Federation for Mental Health
Derbyshire Healthwatch
Derbyshire Mind
Deventio Housing
Derbyshire Healthcare NHS FT
Derbyshire Voluntary Action
Expert by Experience
Elysium Healthcare
East Midlands Ambulance Service NHS Trust
Erewash CVS
Ingeus
Insight
Joined Up Care Derbyshire
JUCD
NHS Derby & Derbyshire CCG
P3
Derbyshire Constabulary
Primary Care
Richmond Fellowship
Trent PTS
Vita Health

June 2022

1. Purpose of the document

This document details the formal framework within which partners to the agreement will work. It has been developed through close co-production with commissioners and providers from the NHS, Local Authorities, Derbyshire Constabulary, VCSE and Independent sector organisations with advice and support from people with expertise and understanding of service provision and access from professional and personal perspective as well as an expert by experience who has provided healthy challenge, input, and advice.

It is intended that the Alliance Partnership will be further developed over time and all the work of the Alliance (for example development and agreement of priorities and plans) will be coproduced with experts by experience and all Alliance members. Alliance members acknowledge that this agreement captures the relationship of partners at the starting point of the Alliance development and the agreement document will be reviewed at regular stages as the partnership develops.

The Alliance partnership is a vehicle for partners to deliver on our shared purpose of supporting the people of Derby & Derbyshire to achieve their health and wellbeing potential. This Alliance Partnership could be used to enable joint planning, joint delivery, provision of mutual aid, pooled budgets, and shared workforce / career pathway. It is acknowledged that this will be a journey that will take time, trust, and commitment from the Alliance partners.

2. Alliance Shared Purpose

2.1 **How we want the people we work alongside and represent to feel…..**

- Valued and able to add value
- Treated with dignity and respect
- Comfortable and Independent
- Part of our community
- Safe and listened to
- In control of their mental and emotional health

2.2 **How we want our services to be delivered…..**

- Right support at the right time, by the right people and in the right place.
- In collaboration
- Wrap support around the individual and family
- Focus on the need not the condition
- Easily Accessible
- Consistent response
- Outcome focussed
- Alliance of people and organisations with a common purpose driven by continuous improvement in both the services and support we provide and the outcomes for people in our communities.
- Wider prevention is embedded in service delivery

2.3 **How we hope this will impact on lives…..**

- Remove or reduce the barriers preventing equity, equality and fairness in achieving health and wellbeing, early in life and throughout life, with the aim of enabling people to:
    - Live your best life
    - Live long, happy and fulfilling lives
    - Achieve aspirations
    - Improve Quality of Life

3 Shared Agreements

Agreement One: No one person owns the truth. The wisdom and power resides in the collective.

Agreement Two: We are all experts and our experience and input is valued equally.

Agreement Three: We focus on the group purpose using a strengths-based approach.

Agreement Four: All stakeholders (including experts by experience) are afforded every opportunity to input into determining priorities, planning, shaping, designing and reviewing services.

Agreement Five: We will all use inclusive communication tools, techniques and methods.

4 Principles

4.1 Co-production & Co-Design

- We agree that to deliver the greatest benefit we will all adopt co-production as our standard way of working from design, through delivery and learning. This means people with lived experience, strategic planners and service providers working together to create a decision or service which works well for all involved and to regularly review those decisions or services.
- We accept that to achieve this we need to encourage, enable and sustain an equal power balance across all relationships

4.2 Co-Accountability & Co-Responsibility

- We value independence and seek inter-dependence.
- We appreciate and understand that each organisation has different legal/core duties and different levels of risk that they can work within. We will work to understand and share responsibility for our risks, using the assets we have to support each other.
- We agree that we will work within these parameters to work together to deliver what is required for our population and manage the associated risks.
- We accept that trust and honesty are key principles which are fundamental to culture change, contributing to genuine impact for our population.
- We accept that we won't always agree, and healthy challenge is a foundation on which our alliance is built.
- We agree to embed review and feedback processes across all our interactions.
- As members of the Alliance we all agree to embed these principles and ways of working within our own organisations.

5 Population Health Management Approach

The Alliance Partnership will: -

- **Take actions that enable a focus on mental health and wellbeing at a population level**, not just the individual, whilst recognising that the two impact on each other.
- Acknowledge the **role we all must play in supporting our own and others mental health, and in particular ensuring support for those with neurodiversity and Learning Disabilities**.
- Ensuring we make **every contact count** to promote the role of good mental health in helping people achieve their health and well-being potential, challenging assumptions and breaking down barriers which may prevent people accessing the support they need.

- Recognise the potential **impacts of the wider determinants of health** on mental health, neurodiversity and learning disabilities, and that issues will affect and impact some groups in our population differently.
- Acknowledge that **identifying and intervening early**, individually and at population level, will have a positive impact on the lifetime experience of mental health.

6 How the Vision will be delivered (partnership arrangements/governance/decision making etc)

6.3 Membership principles/process

6.3.1 Membership requirements

The Alliance partnership will be open to any organisation who signs up to the shared purpose, principles, and ways of working of the alliance. An organisation does not require a physical presence in Derby & Derbyshire but must have a named lead and be fully committed to representing the best interests of the Derby & Derbyshire population.
Membership principles will be reviewed as the Alliance develops.

6.3.2 Leaving the Alliance

Any partner may withdraw from this Alliance at any time. In doing so they recognise that they will cease to benefit from any collective agreement or treatment established whilst acting under the agreement.

6.3.3 Obligations / expectations of members

Partners are expected to work within the principles and agreed ways of working within the Alliance. Partners will be required to share details of the Alliance, the annual workplan and regular communications across their organisation, with membership groups and local communities.

6.4 Information sharing

Partners will be required to sign up to a separate information sharing agreement and expected to share information to enable the planning and delivery of integrated care.

6.5 Decision making processes

The Alliance partnership may choose to establish formal governance arrangements to discharge its duties. The Alliance will be governed by a partnership board will meet at least once a quarter, where all partners will be able to attend.
Governance arrangements will be established to ensure that every partner member has a fair opportunity to involved in decision making.
The Alliance partnership will as a minimum agree an annual workplan detailing priority areas for joint work and shared benefits confirming resource implications for each organisation.

6.6 Alliance Partnership Development Options

As the Alliance partnership develops the Alliance may need to develop an annual financial and workforce plan.
The Alliance Partnership may choose to formalise the relationship through establishing a legal entity, agreeing lead provider relationships, leading, or responding to procurement exercises.
The Alliance partnership will work together to maintain essential service provision in terms of service disruption or major incident, alongside statutory service mutual aid agreements.

6.7 **Administration / Co-ordination of the Partnership Board**

The Alliance Partnership will be co-chaired by a Senior Leader from one of the Partner organisations and an Expert(s) by Experience. These will be selected through a fair and transparent process and each role will serve for a maximum of 24 months and will be compensated and supported appropriately for their input.

The role of the co-chairs will be to: -

- Lead the development of the Alliance as a vehicle to deliver the shared purpose and the national, regional, and local strategies and priorities
- Represent the Alliance Partnership within Derbyshire ICS and ICP forums and committees as appropriate
- Act as an ambassador for Derby and Derbyshire in regional and national forums

The administration of the meeting will be supported by a statutory organisation, this will be reviewed as the Alliance partnership progresses.

The board will hold general meeting once a quarter and hold an annual general meeting. All members will be invited to these meetings and will be provided with the opportunity to feed in.

7 Relationship Derbyshire ICS / ICP

Derby and Derbyshire Integrated Care System will be formed on 1st July 2022 following Royal Assent of proposed amendments to the NHS Act.

The Alliance partnership will work within the governance arrangements as agreed within the Derbyshire Integrated Care System.

8 Dispute resolution

Alliance partners will attempt to resolve any dispute between them in respect of this agreement by negotiation in good faith.

Where the partners are unable to agree, proposals for dispute resolution will be set out by the Alliance Board Chair and Co-chair according to the circumstances of the dispute, such that any mediation/arbitration is conducted by one or more of the partners neutral to the dispute.

9 Status of this agreement

The Alliance will formally be established on [date].

This partnership agreement will be reviewed at least annually to ensure that it remains fit for purpose and meets the needs of the partners. The Alliance Board will agree whether to extend or amend this agreement according to prevailing circumstances.

The Alliance does not replace Statutory Organisations Duties to meet legal requirement.

Our Shared Purpose

Our Shared Agreements

Agreement One:
No one person owns the truth. The wisdom and power resides in the collective

Agreement Two:
We are all experts and our experience and input is valued equally

Agreement Three:
We focus on the group purpose using a strengths-based approach.

Agreement Four:
All stakeholders (including experts by experience) are afforded every opportunity to input into determining priorities, planning, shaping, designing and reviewing services.

Agreement Five:
We will all use inclusive communication tools, techniques and methods.

Our Principles

Co-production & Co-Design

We agree that to deliver the greatest benefit we will all adopt co-production as our standard way of working. This means people with lived experience, decision makers and service providers working together to create a decision or service which works well for all involved and to regularly review those decisions or services.

We accept that to achieve this we need to encourage, enable and sustain an equal power balance across all relationships

Co-Accountability & Co-Responsibility

We value independence and seek inter-dependence.

We appreciate and understand that each organisation has different legal/core duties and different levels of risk that they can work within

We agree that we will work within these parameters to work together to deliver what is required for our population and manage the associated risks

We accept that trust and honesty are key principles which are fundamental to culture change, contributing to genuine impact for our population

We accept that we won't always agree and healthy challenge is a foundation on which our alliance is built.

We agree to embed review and feedback processes across all our interactions.

Our Population health Management Approach

1. Take actions that enable a focus on mental health and wellbeing at a **population level**, not just the individual, whilst recognising that the two impact on each other.
2. Acknowledge the **role we all must play in mental health**, together as partners and in synergy with other work themes.
3. Recognise the potential **impacts of the wider determinants of health** on mental health, and that mental health issues will affect and impact some groups in our population differently.
4. Acknowledge that **identifying and intervening early**, individually and at population level, will have a positive impact on the lifetime experience of mental health

NHS
Derbyshire Healthcare
NHS Foundation Trust

Trust Strategy

2022 - 2025

Foreword by Chief Executive: Welcome to our Trust Strategy

Our Trust Strategy is being refreshed at a pivotal time, as we progress our COVID recovery work, focusing on improving access, outcomes and experiences for our patients. Alongside this we are at an important point for our services, with investment to improve the buildings from which we offer our acute mental health services, and investment to expand our service offer. Our Derbyshire Integrated Care Service is about to be formally launched, and from both a service and a leadership perspective we are at the heart of this exciting development.

This is a time of great change and great opportunity. It is important that our strategy clearly sets out the priorities we want to achieve during this time, and to ensure we are clear about *how* we will respond to current challenges and ensure we move forwards and meet our strategic objectives.

This strategy covers a three year period (2022 – 2025) and this document focuses on what we will achieve during the first year. However, it is important to set the context of this strategy and the approach that sits behind it.

Culture is very important in Derbyshire Healthcare, and we have a clear approach and way of working that will be important to the delivery of this strategy. We have focused on our culture over recent years and have started to embed new ways of working where our values and 'people first' approach are central to all we do.

Over the life of this strategy we will continue to deliver our commitment to inclusion – for our patients, our colleagues and our communities. We will continue to focus on reducing health inequalities and improving people's experiences of our services. We will continue our 'people first' approach. These things are at the very core of our approach.

As we prepare this strategy, this is the first time that the Trust starts the financial year with an identified financial deficit. This makes our ambition more challenging but we know it means we need to work better with our partners, by actively seeking new ways of doing things. We are committed to do this and to achieve the priorities outlined.

Ifti Majid
Chief Executive

Introduction: Background

Who we are, and why we have a Trust strategy

Derbyshire Healthcare NHS Foundation Trust is a specialist provider of mental health, learning disability, substance misuse and children's services across Derbyshire

Derbyshire is a county that covers 1000 square miles with a population of about 1million people. The rural, semi-rural and urban landscape gives rise to a mixture of affluent and seriously deprived areas. The city of Derby is a vibrant place where over 300 languages are spoken.

Our strategy is a way of setting out our shared ambition over a period of several years. It simply defines the main improvements and changes we together aim to make, how we will go about doing that and how we will measure the success of those actions.

Our strategy is not a static document but one that together we regularly review to make sure it remains relevant to our challenges and opportunities.

Some of the key things we have taken into account when developing and continuing to evaluate our strategy include:

- The NHS is at a point of change with a number of major policy changes including the NHS Long Term Plan and changes to the Mental Health Act
- Best practice is continuing to evolve and develop
- Within Derbyshire our Integrated Care System brings organisations together to work in a joined up way. In Derbyshire this is called Joined up Care Derbyshire (JUCD). The purpose of JUCD is:
  - Improve health and wellbeing
  - Improve care and quality of services
  - Improve financial efficiency and sustainability
- We are working closely with other mental health providers through the East Midlands Alliance, to ensure a regional approach to specialist services
- Demand for all our services is growing and we are seeing people with more complex needs living longer.

This strategy is set in the following context...

NHS
Derbyshire Healthcare
NHS Foundation Trust

Delivery of the NHS Long Term Plan

Continuing to refine our well led governance

Preparation for learning from CQC Inspections

Ongoing response and learning from COVID-19

Emerging integrated care systems

Changes to the Health and Social Care Act

NHS people plan

Developing East Midlands Alliance

Making a positive difference

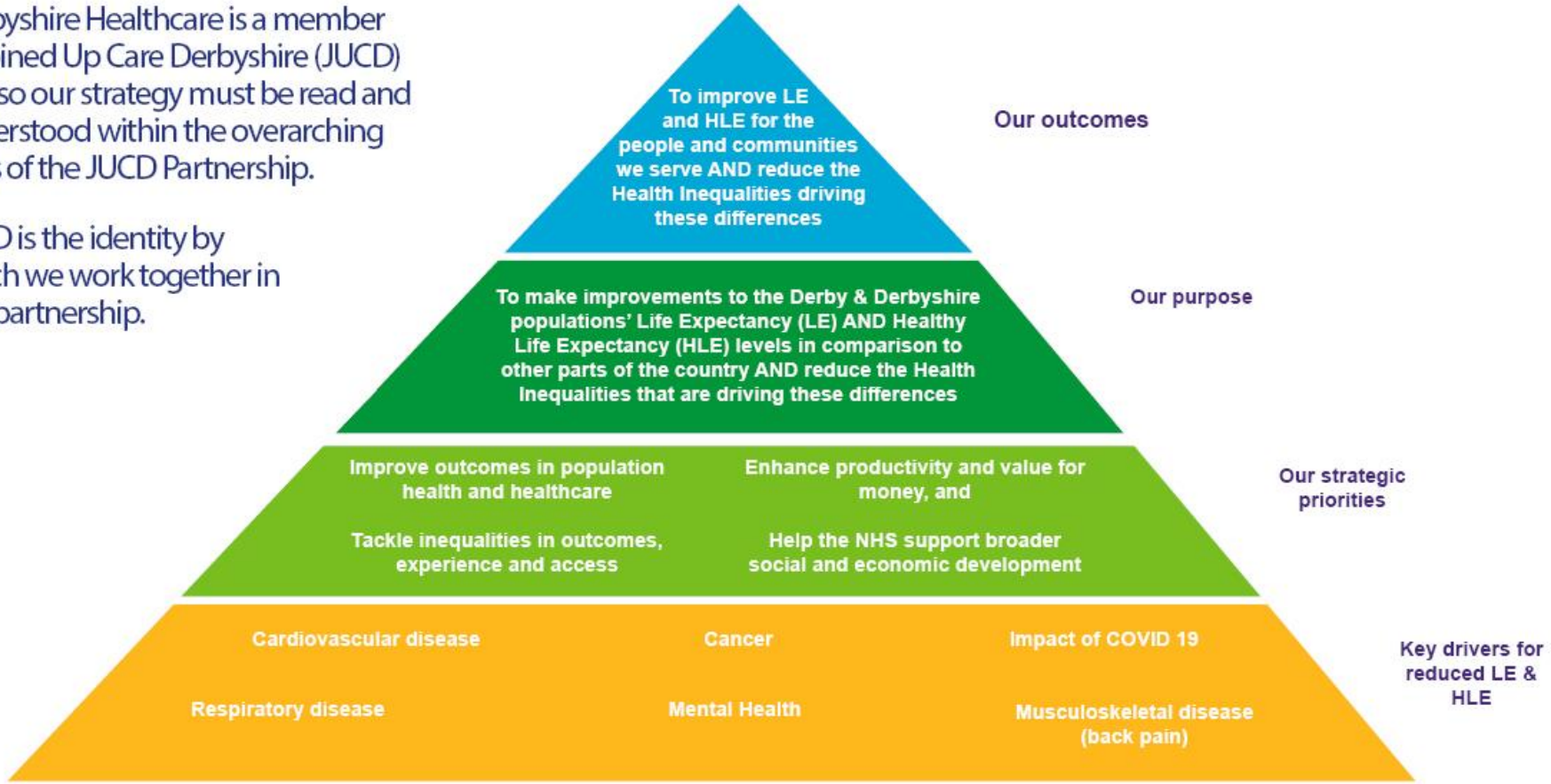
Icons attributed to GOWI, Freepik, Vectors Market, Wildhawaty

Joined Up Care Derbyshire (JUCD) is the Derby and Derbyshire Health and Social Care Partnership for adults and children; it is made up of providers (NHS, Local Authority and Voluntary Sector) and commissioners.

Joined Up Care Derbyshire

Derbyshire Healthcare is a member of Joined Up Care Derbyshire (JUCD) and so our strategy must be read and understood within the overarching aims of the JUCD Partnership.

JUCD is the identity by which we work together in this partnership.



Underpinned by our JUCD quadruple aim…

Improving the health of the population	Improving the experience of care	Improving staff experience	Reducing the per capita cost of healthcare

The role of Derbyshire Healthcare as a system partner

What does it mean to our services?

We will contribute to this partnership by:

- Jointly planning for the health and social care needs of the population; moving from treatment to enabling wellness through the **Integrated Care Board** and **Integrated Care Partnership** resulting in a system wide Integrated Care Strategy
- Jointly developing, with partner organisations, pathways that are easier for people to access and lead to better outcomes
- Increasingly move to integrating the way we provide and deliver services through:
  Place partnerships and communities: a collaboration of community services providers, local authorities, primary care, the voluntary and community sector, and the public working together to meet the needs of local people at the neighbourhood level, and
  Provider collaboration at scale: We will move towards at-scale integrated care collaboratives being at the heart of care pathway delivery to meet the local needs of individuals including establishing our Derby and Derbyshire Mental Health, Learning Disabilities and Autism Alliance and further developing our Derbyshire Alliances including East Midlands Alliance and perinatal mental health provider collaborative
- Having a positive impact on the financial and social sustainability of our communities by promoting employment of local people in our role as an **anchor institution** (an organisation effectively anchored in their local communities with sizeable assets that can be used to build wealth in and develop their local community through: procurement and spending power; workforce and training; and buildings and land).

What will it look like?

- I may work as part of a collaborative team with colleagues from other organisations in Local Place Alliances
- I can use my employment passport to more easily move between jobs across health and social care organisations
- I might get my day-to-day managerial or clinical direction from someone outside Derbyshire Healthcare
- I can get my training and development from another organisation if more convenient for me
- I may have joint ownership of care, and joint accountabilities for patients
- I may be part of the ND/LDA harmonisation of operational delivery with Derbyshire Community Health Services (DCHS)
- I will be able to see electronic clinical notes made by Joined Up Care Derbyshire (JUCD) professionals outside of DHCFT as a result of us moving to OneEPR

HEALTH INEQUALITIES

DERBYSHIRE

EDUCATION

46.3% of children aged 15-16 in Derbyshire reach average attainment 8 score (achievement across 8 different subjects) compared with 46.9% in England.

38.8% of the population in Derbyshire have higher qualifications (NVQ level 4 and above), compared with 42.8% in England.

DEPRIVATION

Derbyshire is ranked the 103rd most deprived out of 151 upper tier local authorities in England. Chesterfield and Bolsover Districts are more deprived than other parts of Derbyshire.

POPULATION DIVERSITY

2.5% of the population of Derbyshire are from Black and Minority Ethnic (BME) groups, compared to 14.6% in England.

CHILD HEALTH

15.3% of children (under 16 years) live in low income families in Derbyshire, compared to 17% in England. Bolsover and Chesterfield have a higher percentage (19%).

42.7% of 5-16 year olds are physically active, compared to 46.8% in England.

Hospital admissions for substance misuse amongst those aged 15-24 are 110 per 100,000, higher than England's average of 83.1 per 100,000.

CARERS

12.1% of the population in Derbyshire provide inpaid care, compared with 10.2% in England.

67% of unpaid carers in Derbyshire are female.

29.4% of adult upaid carers in Derbyshire reported they had enough social contact, compred to 32.5% England.

LIFE EXPECTANCY

The female life expectancy at birth is 83.0 years in Derbyshire, compared to 83.4 years in England.

The male life expectancy at birth is 79.6 years in Derbyshire compared to 79.8 years in England.

LONG TERM CONDITIONS

20.4% of the population in Derbyshire have a limiting long term illness or disability, higher than 17.6% in England.

COMMUNITY HEALTH

64.2% of adults are classified as overweight or obese in Derbyshire, compared to 62.3% in England.

The rate of admission episodes for alcohol- related conditions in Derbyshire is 775 compared to England's rate of 664 per 100,000 population.

29.4% of adult upaid carers in Derbyshire reported they had enough social contact, compared to 32.5% England.

HEALTH INEQUALITIES

DERBY

EDUCATION

43.2% of children aged 15-16 in Derby reach average attainment 8 score (achievement across 8 different subjects) compared with 46.9% in England.

4.8% of people aged 16-64 in Derby have no qualifications compared with 6.4% in Great Britain.

DEPRIVATION

Derbyshire is ranked the 90th most deprived out of 317 lower tier local authorities in England.

The rate for family homelessness is more than double the England average at 3.8 per 1,000, compared to 1.7 per 1,000 for England.

POPULATION DIVERSITY

19.7% of the population of Derbyshire are from Black and Minority Ethnic (BME) groups, compared to 14.6% in England.

LONG TERM CONDITIONS

18.7% of the population in Derbyshire have a limiting long term illness or disability, higher than 17.6% in England.

LIFE EXPECTANCY

The female life expectancy at birth is 82.1 years in Derbyshire, compared to 83.4 years in England.

The male life expectancy at birth is 78.6 years in Derbyshire compared to 79.8 years in England.

CARERS

10.2 % of Derby's population provide unpaid care.

29.4% of adult upaid carers in Derbyshire reported they had enough social contact, compared to 32.5% England.

COMMUNITY HEALTH

Emergency hospital admission rates for intentional self-harm in Derby is 274.4, compared to England's rate of 196.0 per 100,000 population.

The rate of admission episodes for alcohol-related conditions in Derby is 878 compared to England's rate of 664 per 100,000 population.

CHILD HEALTH

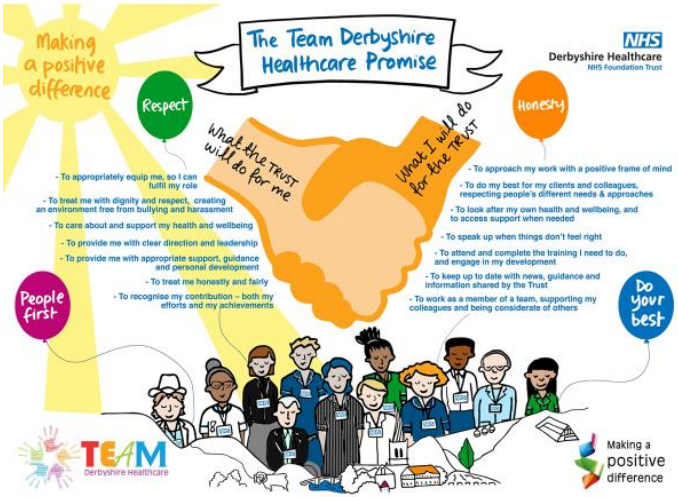
21.0% of children (under 16 years) live in low income families in Derby, compared to 17% in England.

The rate of conceptions in women aged under 18 (per 1,000 females aged 15-17) in Derby is 19.5 compared to 16.7 in England.

The prevalence of obesity among children in Year 6 is 23.9% in Derby, compared to 21.0% in England.

Infant mortality is higher at 5.4 per 1,000, compared to 3.9 per 1,000 in England.

Our approach



Trust vision

4 Trust values

4 Strategic objectives

Building blocks

The Derbyshire Healthcare eight essentials

Priority actions

Our vision and values

Our vision

‘To make a positive difference in people’s lives by improving health and wellbeing’

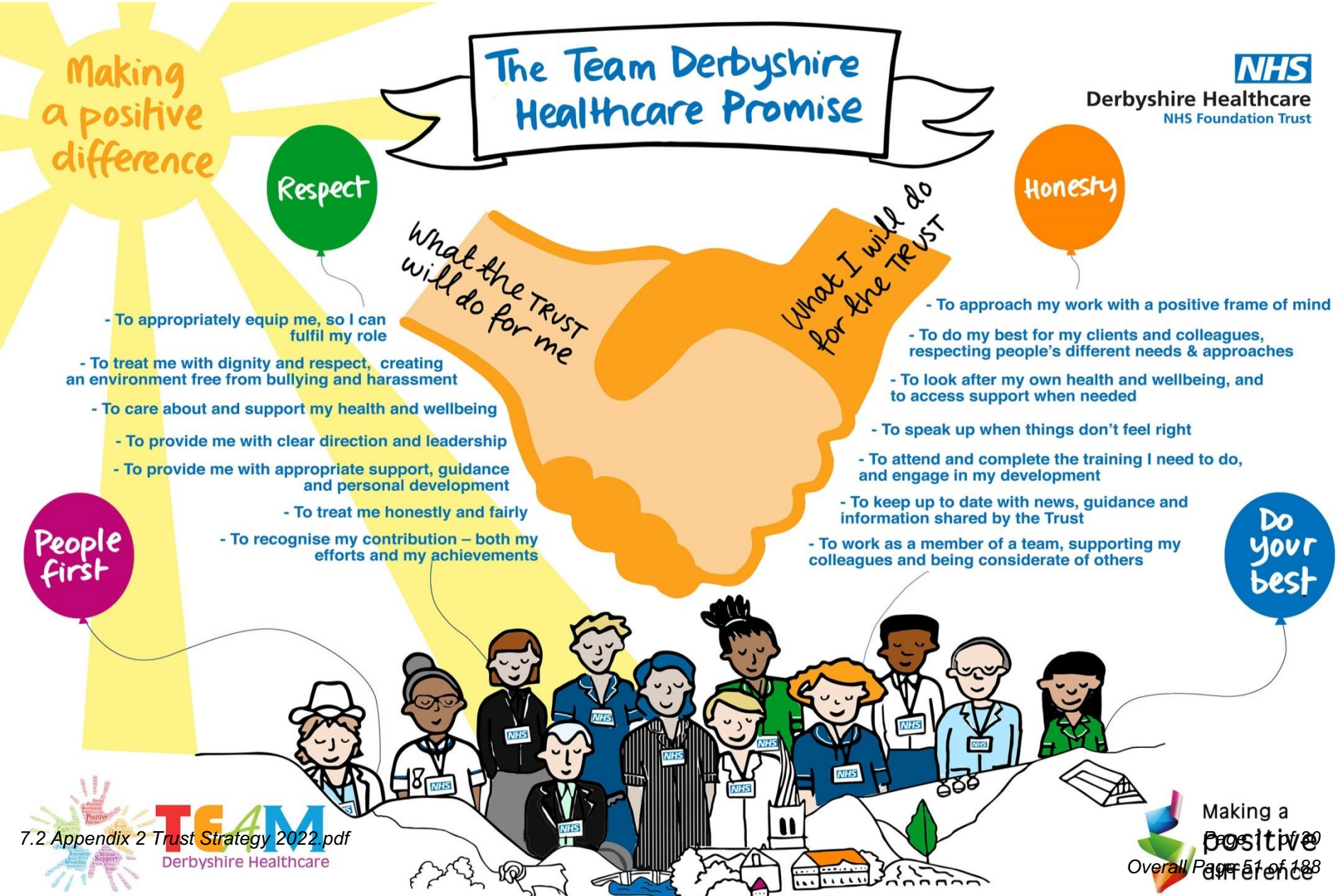
Reconfirmed following Board discussion in December 2021.

Our values

Our vision is underpinned by four key values, which were developed in partnership with our patients, carers, colleagues and wider partners.

- **People first** – we work compassionately and supportively with each other and those who use our services. We recognise a well-supported, engaged and empowered workforce is vital to good patient care
- **Respect** – we respect and value the diversity of our patients, colleagues and partners and for them to feel they belong within our respectful and inclusive environment
- **Honesty** – we are open and transparent in all we do
- **Do your best** – we recognise how hard colleagues work and together we want to work smarter, striving to support continuous improvement in all aspects of our work.

Delivering GREAT care, GREAT place to work, BEST use of money, GREAT partner - together



TEAM Derbyshire Healthcare

Making a positive difference

Strategic Objectives…

GREAT care

Delivering compassionate, person-centred, innovative and safe care. Choice, empowerment and shared decision making is the norm.

BEST use of resources

Making financially-wise decisions every day and avoiding wasting resources. Working together to ensure financial recovery and long term sustainability.

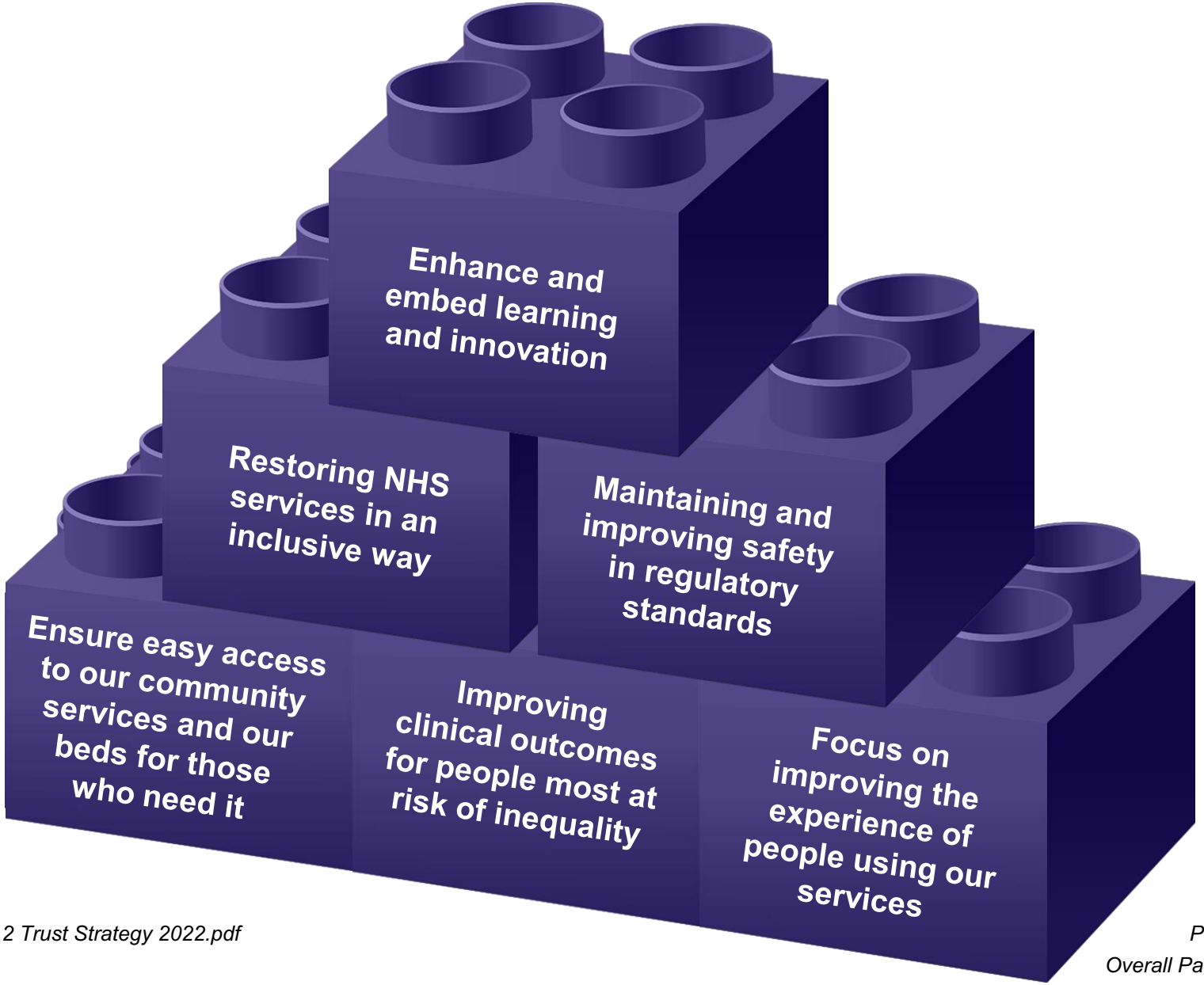
GREAT place to work

Creating a vibrant culture where colleagues feel they belong, thrive and are valued. Enhancing the reputation of the Trust to ensure people are proud and want to work for the organisation. Creating a compassionate, skilled and empowered leadership, with informed and engaged teams.

GREAT partner

Actively embracing collaboration as our way of working, seeing beyond our organisational boundaries both within and outside of Derbyshire. Working together with the citizens of Derbyshire to ensure they have the best start in life, stay well, age well and die well.

What we need to achieve – to deliver GREAT care



What we need to achieve – to be a GREAT place to work

What we need to achieve – to be a GREAT partner

What we need to achieve – to make BEST use of our resources

Our building blocks for the next three years

Leadership that is inclusive, compassionate & people focused	Enhance and embed learning & innovation	Develop a sense of inclusion & 'belonging'	Align our services with our local communities	Improve the design & delivery of our people processes
Together achieve new ways of working & new models of care	Restoring NHS services in an inclusive way	Work with partners to reduce health inequalities	Enhance delivery of sustainable solutions and our green plan	Maintaining & improving safety in regulatory standards
Improving clinical outcomes for people most at risk of inequality	Enable a healthy workforce	Provide active leadership within the Derbyshire ICS	Ensure easy access to our community services & our beds for those who need it	Improve outcomes by working with partners in our local & regional Alliances
Augment & embed continuous improvement to enable our focus on quality & productivity	Enhance co-production & the involvement of people with lived experience in planning	Embrace new inclusive digital technology in the context of JUCD	A focus on development, career & our unique talents	Focus on improving the experience of people using our services

GREAT place to work ● GREAT care ● Best use of resources ● GREAT partner

The Derbyshire Healthcare eight essentials

NHS
Derbyshire Healthcare
NHS Foundation Trust

We are going to focus on these areas in 2022/23

Improve recruitment and retention

Continue to develop our formal partnerships

The five quality areas focus on solid assessment, risk/ safety planning, effective planning, outcome measurement and/ or service specific improvement

Making Room for Dignity programme

Embed and develop our electronic patient record

Maximise colleague wellbeing and attendance

Achieving our Long Term Plan performance requirements

Spending smarter, reducing waste and saving money

This slide has been designed using resources from flaticon.com

Focusing our actions

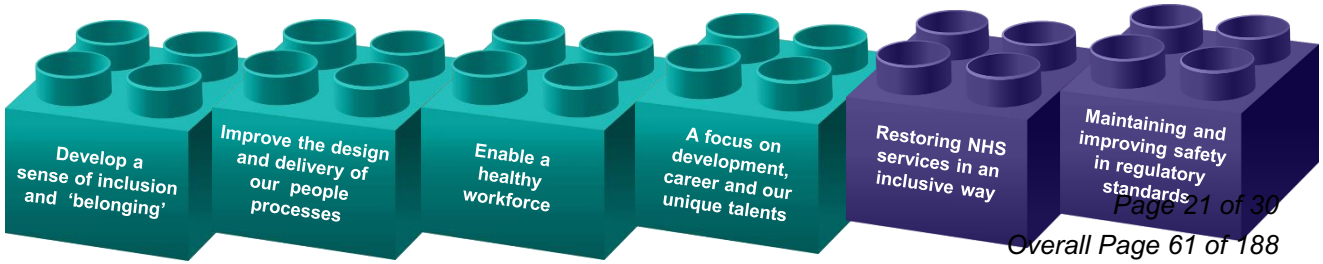
There are three components to improvement associated with our four strategic objectives. There are a focused group of priorities under each strategic objective that support bringing about an improvement in 'the basics'. Our priority actions sitting under each building block then focus on either continuous improvement approaches or larger scale transformation.

Priority actions and outcomes

Improve recruitment and retention

Annual Priority 22/23	Improve recruitment and retention			
Priority action	**Category**	**Action owner**	**Expected completion date**	**Outcomes**
Develop a workforce plan that delivers the operational plan, workforce and service transformations and creates a sustainable approach to volume and hard-to-recruit posts	B	Director of People and Inclusion	Q3 2022	Increased efficiency in recruitment processes for high-volume recruitment through cohorted processes Reduced vacancy rate as reducing reliance on posts where there are supply issues
Review recruitment processes and training to build in inclusive recruitment and selection practice	B	Director of People and Inclusion	Q4 2022	Increased diversity in all applications and shortlists Reduce race disparity in Bands 7 and above Increased confidence from networks WRES and WDES data improves
Develop a consistent approach across the Trust to people-centred leadership embedding feedback, effective supervision, career progression, development and support	B	Director of People and Inclusion	Q1 2023	We maximise development of DHCFT people and careers and make the most of people's unique talents Reduce turnover of key professions and individuals Increased progression of BME staff into managerial positions

Category
A. Getting the basics right
B. Continuous improvement
C. Specific transformation programme



Maximise colleague wellbeing and attendance

Annual Priority 22/23	Maximise colleague wellbeing and attendance			
Priority action	**Category**	**Action owner**	**Expected completion date**	**Outcomes**
Improve the health and wellbeing and risk assessment processes so that they are being used dynamically and systematically across the Trust and meet the unique needs of all our people	A & B	Chief Operating Officer, Director of People and Inclusion, and Director of Nursing and Patient Experience	Q4 2022	Reduction in stress-related absence Culturally sensitive and appropriate conversations and support is in place Maintain staff survey results on health and wellbeing We are supporting people to be safe and well
Improve processes and support for people who are experiencing matters that could cause stress reactions inside and outside of work	B	Director of People and Inclusion and Chief Operating Officer	Q4 2022	Reduction in stress-related absence Reduced average length of stress-related absence Improved staff survey on staffing levels Reduction in agency and bank expenditure

Category
A. Getting the basics right
B. Continuous improvement
C. Specific transformation programme

Achieving our Long Term Plan performance requirements

Annual Priority 22/23	Achieving our Long Term Plan performance requirements			
Priority action	**Category**	**Action owner**	**Expected completion date**	**Outcomes**
Deliver a <32 days average length of stay on our acute MH wards through maintaining occupancy levels at <85%. Adult Crisis and Home Treatment Services provided in line with fidelity model	C	Chief Operating Officer	Q1 23	Zero inappropriate out of area acute placements Improved care planning and smoother discharge arrangements Improved continuity of care Admissions avoided
Deliver perinatal community mental health access standard of 10% of prevalence	C	Director of Strategy, Partnerships and Transformation	Q1 23	Improved access to mothers and partners to specialist perinatal mental health services
Recover dementia diagnosis rates to national target of 67%	C	Director of Strategy, Partnerships and Transformation	Q1 23	Shorter waiting times Backlog clearance COVID 'missed referrals' found and services accessed

Category
A. Getting the basics right
B. Continuous improvement
C. Specific transformation programme

Continue to develop our formal partnerships

Annual Priority 22/23	Continue to develop our formal partnerships			
Priority action	**Category**	**Action owner**	**Expected completion date**	**Outcomes**
With colleagues from the statutory and voluntary sector, establish a formal Mental Health and Learning Disabilities Alliance in Derbyshire with a formal partnership agreement in place	C	Director of Strategy, Partnerships and Transformation	Q3 22	Collaborative infrastructure established to support future cross-system work in co-production with experts by experience (EbE)
Successfully implement the provider collaborative for Perinatal inpatient services across the East Midlands with DCHFT as the lead provider	C	Director of Strategy, Partnerships and Transformation	Q4 22 for model implementation Q2 23 for finance	Collaborative infrastructure in place to enable provider-led collaboration over improvements in Perinatal inpatient services and joining up inpatient and community pathways
Work in partnership with DCHS to progress the harmonisation of Learning Disabilities and Autism services across the city and county	C	Chief Operating Officer		Single clinical and leadership responsibility for all services across Derbyshire. Improved quality of inpatient and community services

Category
A. Getting the basics right
B. Continuous improvement
C. Specific transformation programme

The five quality areas

Annual Priority 22/23	The five quality areas: a focus on solid assessment, risk or safety planning, effective planning, outcome measurement and or service specific improvement			
Priority action	**Category**	**Action owner**	**Expected completion date**	**Outcomes**
Each division will have its own specific quality requirement standards. The Clinical Director, Head of Nursing/Practice and lead AHP/ Psychologist/Therapist will lead the achievement of these core clinical practice standards	A	Director of Nursing and Patient Experience	Annual with quarterly achievement requirements	Recovering our clinical practice standards, ensures we provide safer care to our people An example would be in Substance Misuse: Assessment Plan of care Safety assessment Outcome measure Implementing the drug strategy
Focusing on the safety domain of practice and preparing for new changes in mental health legislation – Liberty Protection Safeguards and a new emergent Mental Health Act	C	Medical Director	Annual with quarterly achievement requirements	Improvements in the safety domain of our CQC registration Advance preparation for legislative changes for DHCFT and to support the ICS

Category
A. Getting the basics right
B. Continuous improvement
C. Specific transformation programme

Embed and develop our electronic patient care record

One team
One approach
One Derbyshire

Annual Priority 22/23	Embed and develop our Electronic Patient Record			
Priority action	**Category**	**Action owner**	**Expected completion date**	**Outcomes**
Finalise the Phase 3 and 4 implementation of the move to SystmOne electronic patient record (EPR) system	C	Director of Strategy, Partnerships and Transformation	Q2 22	All secondary care services across the Trust on SystmOne
Deliver electronic prescribing and the electronic transfer of prescriptions element of the OnEPR programme	C	Director of Strategy, Partnerships and Transformation	Q2 23	All services and prescribers able to write and transfer prescriptions electronically. Improved accuracy of prescribing and adherence to formulary
Optimise the use of SystmOne across the Trust, realising the benefits identified in the original business case	C	Director of Strategy, Partnerships and Transformation	Q2 23	Quicker access for staff to the records they need Improved communication with other system partners, either directly through records or via the Derbyshire shared care record.

Category
A. Getting the basics right
B. Continuous improvement
C. Specific transformation programme

Spending smarter, reducing waste and saving money

Annual Priority 22/23	Spending smarter, reducing waste and saving money			
Priority action	**Category**	**Action owner**	**Expected completion date**	**Outcomes**
Reduce waste and reduce budget for agreed in-year cost savings	A & B	Director of Strategy, Partnerships and Transformation	Q1	Delivery of first part of 3% efficiency plan assumed in 22/23 overall financial plan
Transformation and continuous improvement – spend smarter and contain costs to affordable levels	B & C	Chief Operating Officer	Q2	Delivery of remainder of 3% efficiency plan assumed in 22/23 overall financial plan
Using 22/23 as year one, agree our 3-5 year financial plan	B & C	Executive Finance Director	Q2- Q4 22/23 (in stages)	Clear multi-year financial plan creating the return to break even/ sustainability (ditto system financial plan)

Category
A. Getting the basics right
B. Continuous improvement
C. Specific transformation programme

Making Room for Dignity Programme

Annual Priority 22/23	Making Room for Dignity programme			
Priority action	**Category**	**Action owner**	**Expected completion date**	**Outcomes**
Seek national approval of both Adult Acute Unit full business cases	C	Senior Responsible Officer (SRO) Acute Care Capital Programme	Q3 2022	Commence construction of Adult Acute Units at Kingsway Hospital and Chesterfield Royal Hospital
Seek JUCD approval of full business cases for Older Adult Service relocation, Radbourne refurbishment, PICU and Acute-Plus unit	C	Senior Responsible Officer (SRO) Acute Care Capital Programme	Q3 2022	Enable construction to commence immediately capital funds secured
Prioritisation of local business cases within remaining local capital funding available currently		Senior Responsible Officer (SRO) Acute Care Capital Programme		Schedule construction and recruitment to prioritised schemes with capital available
Seek additional national capital funding sources to complete programme	C	Senior Responsible Officer (SRO) Acute Care Capital Programme	Q1 2023	Schedule construction and recruitment of remaining schemes when capital available
Schedule recruitment to additional staff required for each scheme within programme	C	Senior Responsible Officer (SRO) Acute Care Capital Programme	Q1 2023	Additional staff recruited, trained and familiarised with buildings by service commencement dates.

Category

A. Getting the basics right
B. Continuous improvement
C. Specific transformation programme

Our Roadmap for 2022/23

NHS
Derbyshire Healthcare
NHS Foundation Trust

Recruitment & Retention

The five quality areas

Making Room for Dignity programme

Embed and develop our electronic patient record

Colleague wellbeing and reducing absence

Achieving our long term plan performance requirements

Continue to develop our formal partnerships

Spending smarter, reducing waste and saving money

Our Roadmap April - September 2022

Transformation and continuous improvement – spend smarter and contain costs to affordable levels

Develop a workforce plan that delivers the operational plan, workforce and service transformations and creates a sustainable approach to volume and hard to recruit posts

Seek JUCD approval of full business cases for Older Adult Service Relocation, Radbourne Refurbishment, PICU and Acute-Plus

Reduce waste and reduce budget for agreed in-year cost savings

With colleagues from the statutory and voluntary sector, establish a formal Mental Health and Learning Disabilities Alliance in Derbyshire with a formal partnership agreement in place

Seek national approval of both Adult Acute Unit full business cases

Finalise the Phase 3 and 4 implementation of the move to SystmOne

Performance Report

Purpose of Report

The purpose of this report is to provide the Board of Directors with an update of how the Trust was performing at the end of May 2022. The report focuses on key finance, performance and workforce measures.

Executive Summary

The report provides the Board of Directors with information that demonstrates how the Trust is performing against a suite 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. The charts have been generated using an adaptation of a tool created by Karen Hayllar, NHS England and NHS Improvement (NHSEI), which enables much easier interpretation of how each process is performing. The main areas to draw the Board's attention to are as follows:

Operations

The transition to SystmOne in May 2022 has resulted in a large number of recording errors which have affected some of the performance measures. Where possible to do so, the May position has been manually calculated through auditing each individual record, however in some cases, such as early intervention, the sheer volume of records concerned has meant it has not been possible to audit them, and so those charts contain no data for May. The SystmOne project team are working to address these issues.

<u>Three-day follow-up of all discharged inpatients</u>
The national standard for follow-up has been exceeded throughout the 24-month period.

<u>Data quality maturity index</u>
The level of data quality has returned to common cause variation for the last 2 months and we would expect to consistently exceed the national target.

<u>Early intervention 14-day referral to treatment</u>
Patients with early onset psychosis are continuing to receive very timely access to the treatment they need. Data for May 2022 is not currently available owing to the SystmOne transition issues.

<u>Early intervention 14-day referral to treatment – incomplete (people currently waiting to be seen)</u>
The service has exceeded the national 14-day referral to treatment standard of 60% or more people on the waiting list to be have been waiting no more than 2 weeks to be seen in all but one month.

IAPT 18-week referral to treatment
This is an example of a very tightly controlled process and we would expect to consistently exceed the 95% standard.

IAPT 6-week referral to treatment
Following a period of special cause concerning variation as a result of staff being redeployed to support other services as the pandemic progressed, in September 2020 the staff returned to their posts in IAPT and from that point onwards the national standard has consistently been exceeded.

IAPT patients completing treatment who move to recovery
This is an annual target and year to date we are exceeding target. For the past 22 months the national standard has been achieved, with common cause variation seen throughout the data period.

Patients placed out of area per day – adult acute
The significant reduction in in appropriate out of area placements has been difficult to maintain during the most recent spike in the COVID-19 pandemic. A number of actions have been put in place which have been effective and at the time of writing there are no patients in inappropriate out of area adult acute beds.

Patients placed out of area per day– Psychiatric Intensive Care Units
Out of area PICU usage has remained within common cause variation throughout the period. There is no local PICU provision, so anyone needing psychiatric intensive care needs to be placed out of area, however, work is in progress towards a new build PICU provision in Derbyshire.

Waiting list for care coordination – average wait
The average wait to be seen had been significantly low for 11 months but returned to common cause variation in April. Data for May 2022 is not currently available owing to the SystmOne transition issues.

Waiting list for care coordination
The number of people waiting for care coordination has been high for 5 months. Data for May 2022 is not currently available owing to the SystmOne transition issues.

Waiting list for adult autistic spectrum disorder (ASD) assessment
The average wait is currently 68 weeks and the longest wait is over 3½ years. The situation is likely to continue to worsen until there is an increase to investment in the service, as demand for the service far outstrips commissioned capacity: referrals have increased from 66 per month to 86 per month this financial year to date, but the team is commissioned to undertake 26 assessments per month. There has been a significant reduction (40%) in capacity to undertake assessments in the last 6 months owing to long term staff absence, meaning the contracted level of assessments has not been achieved. One of the team has recently returned on a slow phased return to work. Once they are back fully in role, this will increase the number of assessments undertaken. The service model has been developed through the introduction of an Assistant Psychologist. It is also planned to further develop the service through merging the ASD diagnostic team with the Specialist Autism Team, with the aim of providing the ASD diagnostic team with more operational support and a broader team around them. It is hoped that the SAT team staff will be able to complete a small number of assessments. This will not resolve the issue of referral numbers but will help support the staff currently working in those teams.

Waiting list for psychology
Last month the average wait to be seen reduced to 36 weeks. Over the last 10 months, the number of people waiting has continued to gradually reduce and the reduction is statistically significant. Recruitment to a number of vacant and part-time posts across adult services is progressing. We are reviewing the structure of psychological service to create a division to better utilise the skills we have in supporting people across the Derbyshire landscape. Discussions are now taking place in different forums about how best to deliver this structural change.

Waiting list for Child and Adolescent Mental Health Services (CAMHS)
The waiting list initiative in September and October 2021 resulted in a significant reduction in waiting times, however since then there has been a month-on-month increase, with the current average wait being 19 weeks. There are ongoing issues around the sheer number of referrals received and the team's ability to assess them in a timely manner. To address this a review of the operating model of the service is progressing and initial proposals have been worked up.

Waiting list for community paediatrics
We continue to see a steady rise in waiting times for referral to treatment in community paediatrics. The longest wait time is now in excess of 56 weeks and currently sits on the risk register as a high risk. We are carrying 2 vacancies which have been redesigned to a more generic post. Recruitment is progressing. Sickness and COVID-19 absences are still having an impact on clinics. The neuro-developmental pathway development is ongoing, and we have recently advertised the Speciality Doctor post into a full-time substantive post. The business case also includes a second fixed term Speciality Doctor to focus on the autistic spectrum disorder pathway. Securing these posts will have a significant impact on the waiting list. This is a really positive development for the service line.

Outpatient appointments cancelled by the Trust
The level of cancellations has been within common cause variation for the last 6 months. Data for May 2022 is not currently available owing to the transition to SystmOne.

Outpatient appointment "did not attends"
The level of defaulted appointments has remained within common cause variation for the last 24 months and in the current process the trust target of 15% or lower is likely to be consistently achieved. Data for May 2022 is not currently available owing to the transition to SystmOne.

Finance

Outturn Performance at May 2022	**Plan £m**	**Actual £m**	**Variance £m**
Income	30.147	30.190	0.043
Expenditure	(30.733)	(31.257)	(0.524)
Surplus/(Deficit)	**(0.586)**	**(1.067)**	**(0.481)**

At the end of May, the overall year to date position is a deficit of £1.1m compared to the plan deficit of £0.6m, an adverse variance to plan of £0.5m. The main drivers for the adverse variance to plan are related to undelivered CIP and additional cost pressures which are partially offset by additional inflationary income not included in the current financial plan (version submitted at the end of April).

However, there are significant areas of risk in and outside of that plan driven by the planning assumptions that have been followed.

Efficiencies
The full year plan includes an efficiency requirement of £6.0m phased equally across the financial year. At the end of May there remains an unidentified gap to plan of £3.0m. Work continues with senior leaders across the organisation to identify further efficiencies to close this gap, with a focus on recurrent delivery.

Agency
Agency expenditure YTD totals £1.5m against a plan of £0.5m, an adverse variance to plan of £1.0m. The two highest areas of agency usage relate to Consultants mainly in CAMHS and Nursing staff. Following an internal review of the financial risks additional agency controls have been put in place. Agency expenditure in May is £0.4m lower than in April.

COVID-19 costs
The Trust has an income allocation of £0.3m a month for the financial year for COVID19-related expenditure. The financial plan assumes no expenditure after the end of May. In May there was £0.7m of expenditure related to covid which is £0.3m lower than the previous month. This is mainly driven by agency and bank expenditure along with out of area placements. Staffing levels on some of the wards and the peripatetic bubble have been reviewed and expenditure is expected to return to normal levels.

Out of Area Placements
Expenditure for adult acute out of area placements and stepdown placements is above plan by £0.1m at the end of May.

Financial Plan resubmission
The Trust's financial plan and the system financial plan has been resubmitted to NHSEI on 20 June 2022, for both revenue and capital expenditure.

The System plan and the Trust plan has moved from a deficit position to a breakeven position. This improvement has mainly been driven by additional income allocations and a reduction in costs for new commitments.

The revised capital plan now reflects a balanced plan in each of the 5 financial years. However, this does include a 5% planning variance which will need to be mitigated in year to achieve the system capital allocation.

People

Annual appraisals
Appraisal levels continue to be below our expectations with Operational Services currently at 83% and Corporate Services at 48%. We continue to work closely with divisions through our Divisional People Leads who offer support and challenge to leaders on appraisal compliance. Training is now being promoted.

Annual turnover
Turnover remains high and above the Trust target range of 8-12%. We commissioned two areas of focused work to support us to understand more about why colleagues are leaving the Trust. We have also completed a new starter survey about the experience of recruitment and onboarding. This will support the ongoing development of our people processes. In the latest national NHS staff

turnover benchmarking data, the Trust was ranked tenth highest mental health trust for stability of the workforce.

Compulsory training
Mandatory training continues to be a key focus and an ongoing recovery position for the Trust. The removal of COVID-19 restrictions on room numbers and social distancing will support the increase in availability of places for positive and safe and resuscitation training. The development team continue to work closely with operational colleagues to ensure training is provided to best suit the needs of teams.

Staff absence
Sickness absence saw a reduction in May, however, remains high and above target. There has been a significant reduction in COVID-19 absences however a 6% increase in stress/anxiety absence is reflected in the data. Stress/anxiety absence is now being managed more proactively by the Employee Relations team.

Clinical supervision
The levels of compliance with the clinical and management supervision targets have been below target since the start of the pandemic.

Proportion of posts filled
Funded full time equivalent for service development is included in this data. In April 2022, as per April 2021 further investment is added in line with any local, system and national service initiatives and investments we have secured. However, some of these posts will not be realised until key agreed points in the year, but the impact is seen in the data presented. In May we had 60 new starters join the Trust (43 in April) and 81 offers of employment issued (89 in April.) We had a small reduction in vacancy levels.

Bank staff
Bank shift requests remains high and above levels seen at the start of 2022 as we entered into the Omicron wave of the pandemic. An overall fill rate of 76% has been maintained over the past 12 months and the active bank staff continue to support the substantive workforce. May saw a reduction of agency filled requests and there is now a conscious move to rapidly reduce reliance on agency in line with pre COVID-19 levels.

Quality

Compliments
A Head of Nursing has now been allocated to lead on the roll out of the electronic patient survey which will provide a further method of receiving compliments, complaints, and concerns. Work is also underway to ensure staff are recording compliments when they are received.

Complaints
A large number of complaints are in relation to reduced face to face contact and reduced access to services. As services continue to stand back up and the electronic patient survey is implemented the number of complaints is expected to continue to decrease.

Delayed transfers of care
Numbers of delayed transfers of care have reduced. Work continues within the rapid review processes and clinical meetings.

Care plan reviews
The proportion of patients whose care plans have been reviewed continues to be lower than usual. A new system of clinical quality audits is being implemented across trust divisions which will help to identify those patients whose care plans require review.

Patients in employment
The Individual Placement Support (IPS) Service continues to have success in supporting people into employment even during the pandemic and the service is currently expanding.

Patients in settled accommodation
Around one third of patients have no accommodation status recorded.

Medication incidents
The medicines management operational subgroup is currently revising the medications error procedure, taking into account Trust values, and the Acute Inpatient Matrons and Head of Nursing are in the process of updating the relevant policies which will reduce the number of insignificant incidents. A report on incidents is also reviewed within the Monthly COAT meeting for each division.

Incidents of moderate to catastrophic actual harm
The number of reported incidents of moderate to catastrophic harm have remained within common cause variation throughout the reporting period.

Duty of Candour
There have been no instances of Duty of Candour in the last 3 months.

Prone restraint
There are ongoing work streams to support the continuing need to reduce restrictive practice, including the introduction of body worn cameras and monitoring of restrictive practice within forums.

Physical restraint
A working group has been created to put together a working procedure for assessing closed cultures and what needs to be done where closed cultures are identified. This work aims to improve patient feedback along with reducing restrictive practice both in inpatient services and community services.

Seclusion
Further auditing and investigation will be carried out by the Head of Nursing for Acute and Assessment Services and will also include the links to Psychiatric Intensive Care Unit use.

Falls on inpatient wards
After an increase above the mean line in September incidents have continued to increase with an abnormal spike in March 2022. A biweekly “falls review meeting” chaired by the Matron for older adult services has been started to identify any specific needs for those patients falling regularly. Over the next quarter we would expect to see a decline in the total number of falls on inpatient wards.

Care Hours Per Patient Day (CHPPD)
Work is in progress to implement processes relating to staffing levels and how they are recorded in line with CHPPD and patient acuity. This will be in the form of the MHOST reporting system and SafeCare module within E-Roster. In the most recent national data, the trust was slightly below average.

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 should be considered in relation to the relevant risks in the Board Assurance Framework (BAF). The content provides assurance across several BAF risks related to workforce, operational performance and regulatory compliance. The use of run charts provides 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 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 Board of Directors is requested to:

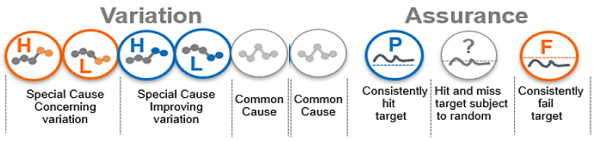
1) Confirm the level of assurance obtained on current performance across the areas presented. The proposed level is limited assurance.
2) Formally agree that this report incorporates the key elements of assurance to the Trust Board that would otherwise have come from Finance and Performance Committee and People and Culture Committee reporting.
3) Determine whether further assurance is required.

Report presented by:	**Ade Odunlade** **Chief Operating Officer**
Report prepared by:	**Pete Henson** **Head of Performance (Operations)**
	Rachel Leyland **Deputy Director of Finance**
	Rebecca Oakley **Head of Organisational Effectiveness**
	Joseph Thompson **Assistant Director of Clinical Professional Practice**

Assurance Summary

	Metric Name	Variation	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	3 day follow-up			97%	80%	78%	101%	90%
2	Data quality maturity index			98%	95%	97%	98%	97%
3	Early intervention 14 day referral to treatment - complete				60%	71%	108%	90%
4	Early intervention 14 day referral to treatment - incomplete				60%	62%	111%	87%
5	IAPT 18 week referral to treatment			100%	95%	100%	100%	100%
6	IAPT 6 week referral to treatment			87%	75%	81%	95%	88%
7	IAPT patients completing treatment who move to recovery			51%	50%	46%	63%	54%
8a	Average patients out of area per day - adult acute			0		-2	14	6
8b	Patients placed out of area - adult acute			1		-1	22	11
9a	Average patients out of area per day - PICU			19		9	22	16
9b	Patients placed out of area - PICU			14		18	32	25
10a	Waiting list - care coordination - average wait to be seen					10	29	20
10b	Waiting list - care coordination - number waiting at month end					15	56	36
11a	Waiting list - ASD assessment - average wait to be seen			68		60	66	63
11b	Waiting list - ASD assessment - number waiting at month end			1,856		1195	1399	1297
11c	ASD assessments			17	26	3	31	17
12a	Waiting list - psychology - average wait to be seen			36		35	45	40
12b	Waiting list - psychology - number waiting at month end			600		720	915	818
13a	Waiting list - CAMHS - average wait to be seen			19		13	20	17
13b	Waiting list - CAMHS - number waiting at month end			507		338	489	414
14a	Waiting list - community paediatrics - average wait to be seen			19		10	15	13
14b	Waiting list - community paediatrics - number waiting at month end			1,295		644	936	790
15	Outpatient appointments cancelled by the Trust				5%	4%	12%	8%
16	Outpatient appointment "did not attends"				15%	10%	14%	12%
17	Annual appraisals			77%	85%	70%	76%	73%
18	Annual turnover			14%	8-12%	11%	13%	12%
19	Compulsory training			86%	85%	82%	87%	85%
20	Staff absence			6%	5%	5%	8%	6%
21	Clinical supervision			69%	95%	70%	78%	74%
22	Management supervision			72%	95%	73%	78%	75%
23	Filled posts			88%	100%	87%	92%	90%
24	Bank staff use			5%	5%	5%	7%	6%
25	Compliments received			89	119	63	127	95
26	Formal complaints received			12	13	5	28	17
27	Delayed transfers of care			0%	3.5%	-0.3%	1.3%	0.5%
28	CPA reviews			92%	95%	89%	94%	92%
29	Patients in employment			14%		12%	14%	13%
30	Patients in settled accommodation			55%		58%	62%	60%

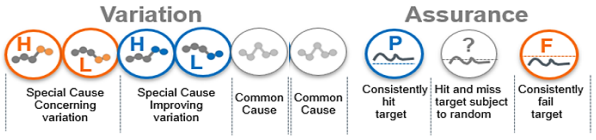
Key to symbols[1]:	Blue dots indicate special cause variation, better than expected. Orange dots indicate special cause variation, worse than expected.



[1]The rating symbols were designed by NHS Improvement

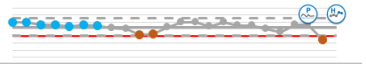
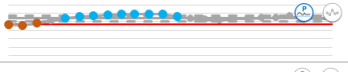
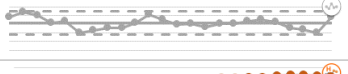
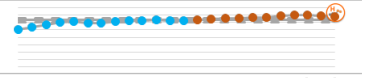
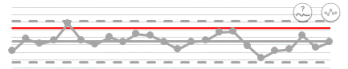
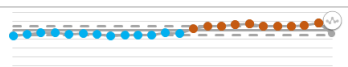
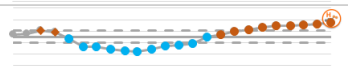
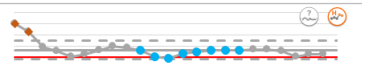
	Metric Name	Variance	Assurance	Latest Value	Target	Lower process limit	Upper process limit	Mean
31	Number of medication incidents			56		24	83	54
32	No. of incidents of moderate to catastrophic actual harm			59	48	23	75	49
33	No. of incidents requiring Duty of Candour			0	1	-2	3	1
34	No. of incidents involving prone restraint			11	12	-1	17	8
35	No. of incidents involving physical restraint			44	46	-2	90	44
36	No. of new episodes of patients held in seclusion			17	14	3	27	15
37	No. of falls on inpatient wards			40	30	18	43	31

Key to symbols[1]:	Blue dots indicate special cause variation, better than expected. Orange dots indicate special cause variation, worse than expected.



[1]The rating symbols were designed by NHS Improvement

Operational Services Performance Summary

Indicator	Target	Position Apr*/May 2022	National benchmark	Divisional Breakdown[1] AA	AC	Ch	F&R	OP	Psy	SC	Run Chart
● 3-day follow-up	80%	97%	75%	98%			100%	92%		100%	
● Data quality maturity index	95%	98%	80%	97%	97%	87%	97%	99%	99%	98%	
● Early intervention 2-week referral to treatment	60%	83%*	68%		83%						
● Early intervention current waits under 2 weeks	60%	50%*	27%		50%						
● IAPT 18-week referral to treatment	95%	100%	98%							100%	
● IAPT 6-week referral to treatment	75%	87%	89%							87%	
● IAPT recovery rate	50%	51%	51%							51%	
● Adult acute out of area placements – daily average	0	6	0	0							
● PICU out of area placements – daily average	0	19	3	19							
● Adult ASD assessment average wait (weeks)	n/a	68	n/a							68	
● Adult ASD assessments	26	17	n/a							17	
● Psychology average wait to be seen (weeks)	n/a	36	n/a							36	
● CAMHS average wait to be seen (weeks)	4[2]	19	n/a			19					
● Paediatrics average wait to be seen (weeks)	18	19	10			19					
● Outpatient appointment Trust cancellations	5%	6%*	n/a		10%	3%	0%	2%		3%	
● Outpatient appointments not attended (DNAs)	15%	12%*	n/a		18%	7%	0%	5%		6%	

[1] Key: AA Adult Acute Care, AC Adult Community Care, Ch Children's Services, F&R Forensic & Mental Health Rehabilitation, Psy Psychology and SC Specialist Care Services
[2] Proposed access standard (NHSE)

Performance Summary

3-day follow up
The national standard for follow-up exceeded the national average by 22% and has been achieved by all Divisions apart from Older People's Services. This process is tightly monitored by the Trust's Performance Analyst, who routinely chases up the relevant teams prior to any potential breaches to ensure patients get timely support post discharge. Investigation into the reported breaches has highlighted issues with recording on SystmOne rather than actual breaches. This should improve as people become more adept at using the new system.

Early intervention and talking therapy (IAPT)
Data for early intervention performance in May is not currently available owing to SystmOne transition issues. The services continue to perform consistently highly in terms of patients accessing services in a timely manner. People currently waiting longer than 2 weeks was under target for the first time in April, which was mainly as a result of initial difficulties in making contact and then people subsequently not attending their planned appointments.

Improving access to psychological therapies (IAPT)
The quality of care provided by IAPT is evident as all 3 national standards have been exceeded.

Data quality maturity index
Overall, we continue to perform consistently highly against this standard.

Adult acute inappropriate out of area placements
The significant reduction in in appropriate out of area placements has been difficult to maintain during the most recent spike in the COVID-19 pandemic. Given our significant dormitory bed base and the requirement to ensure social distancing and effective and safe cohorting arrangements, it has resulted in a temporary increase in inappropriate out of area bed use. A number of actions have been put in place which have been effective.

PICU inappropriate out of area placements
Although these placements are classed as inappropriate according to the national definition, we are currently one of the few Trusts in the country without a PICU and so have no choice. However, work is in progress towards a new build PICU provision in Derbyshire.

Adult ASD assessment
The Assistant Psychologist settled in well and is supporting throughout of assessment. One of the team has recently returned on a slow phased return to work. Once they are back fully in role, this will again increase the number of assessments undertaken. Referrals have increased from 66 per month to 86 per month this financial year to date but the team is commissioned to undertake only 26 assessments per month.

Waiting times for psychology
Over the last 10 months, the number of people waiting continues to gradually reduce and the reduction is statistically significant. Investment has been made into the service equating to an increase by 18% of funded whole time equivalent posts since December 2020. Recruitment to a number of vacant and part-time posts across adult services is progressing however, around 24% of posts are currently vacant across all of psychological services.

Waiting list for Child and Adolescent Mental Health Services (CAMHS)
There are ongoing issues around the sheer number of referrals received and the team's ability to assess them in a timely manner. To address this a review of the operating model of the service is progressing and initial proposals have been worked up.

Waiting list for community paediatrics
We continue to see a steady rise in waiting times for referral to treatment in community paediatrics. The longest wait time is now in excess of 56 weeks and currently sits on the risk register as a high risk. We are carrying two vacancies which have been advertised and redesigned to a more generic post. We do now have two shortlisted applicants. COVID-19 absences are still having an impact on clinics and overall wellbeing and health issues are and will continue to impact on the availability of new appointment and follow up clinic slots. To Mitigate we have a locum in post 4 days per week until end of July 2022. We recognise that flow is an issue for the service and are working to review the Core offer and what we could do differently to help manage the increasing waiting list.

Outpatient appointments cancelled by the Trust
The level of cancellations has been within common cause variation for the last 6 months. Data for May 2022 is not currently available owing to the transition to SystmOne.

Outpatient appointment "did not attends"
The level of defaulted appointments has remained within common cause variation for the last 24 months and in the current process the trust target of 15% or lower is likely to be consistently achieved. Data for May 2022 is not currently available owing to the transition to SystmOne.

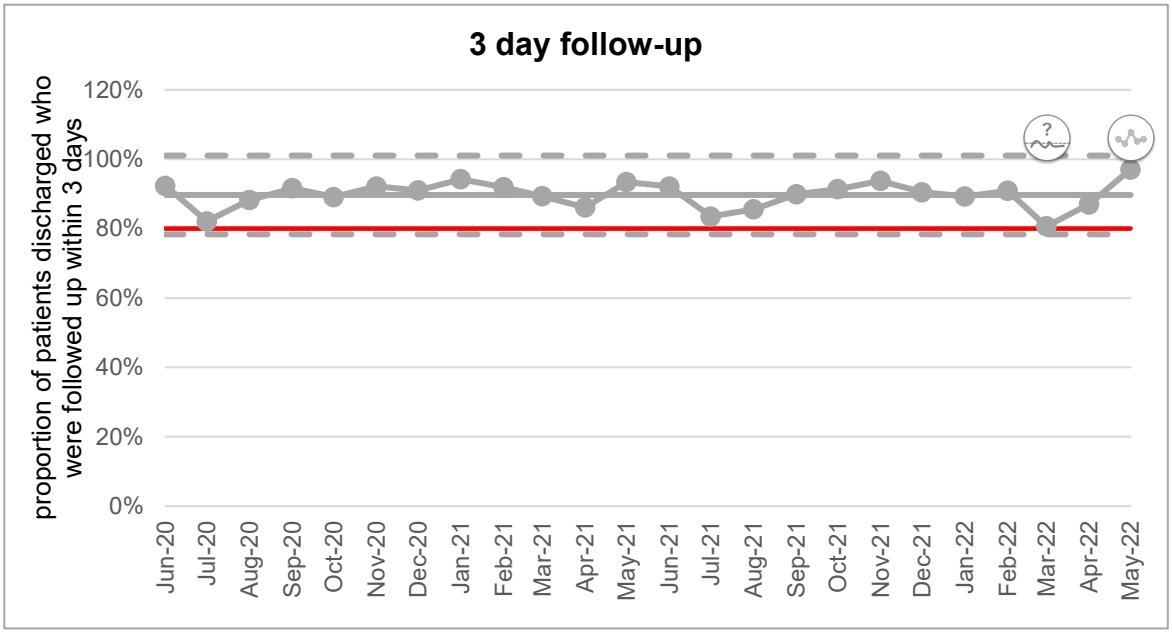
Benchmarking Sources

Measure	Data source	Date
3-day follow-up	Mental Health Statistics	Mar 22
Data quality maturity index	Data quality - NHS Digital	Feb 22
Early intervention 2-week referral to treatment	MHSDS Monthly Statistics	Mar 22
Early intervention current waits under 2 weeks	MHSDS Monthly Statistics	Mar 22
IAPT 18-week referral to treatment	Psychological Therapies: reports	Mar 22
IAPT 6-week referral to treatment	Psychological Therapies: reports	Mar 22
IAPT recovery rate	Psychological Therapies: reports	Mar 22
Adult acute out of area placements – daily average	Out of Area Placements	Mar 22
PICU out of area placements – daily average	Out of Area Placements	Mar 22
Paediatrics average wait to be seen (weeks)	Referral to Treatment Waiting	Mar 22

Detailed Narrative

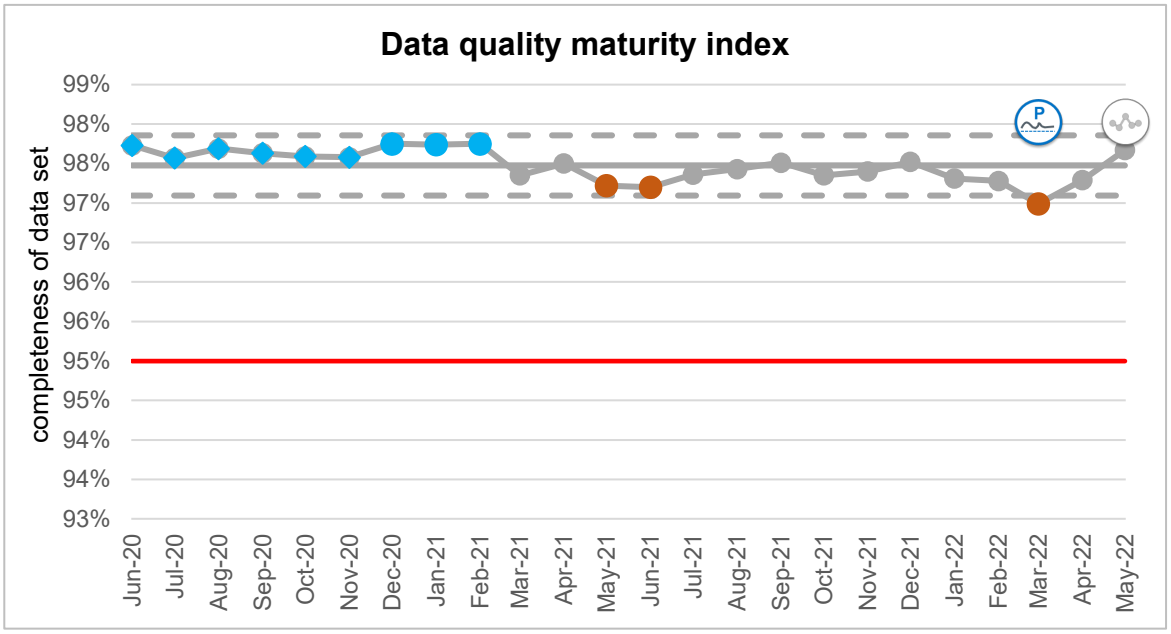
Operations

1. Three-day follow-up of all discharged inpatients



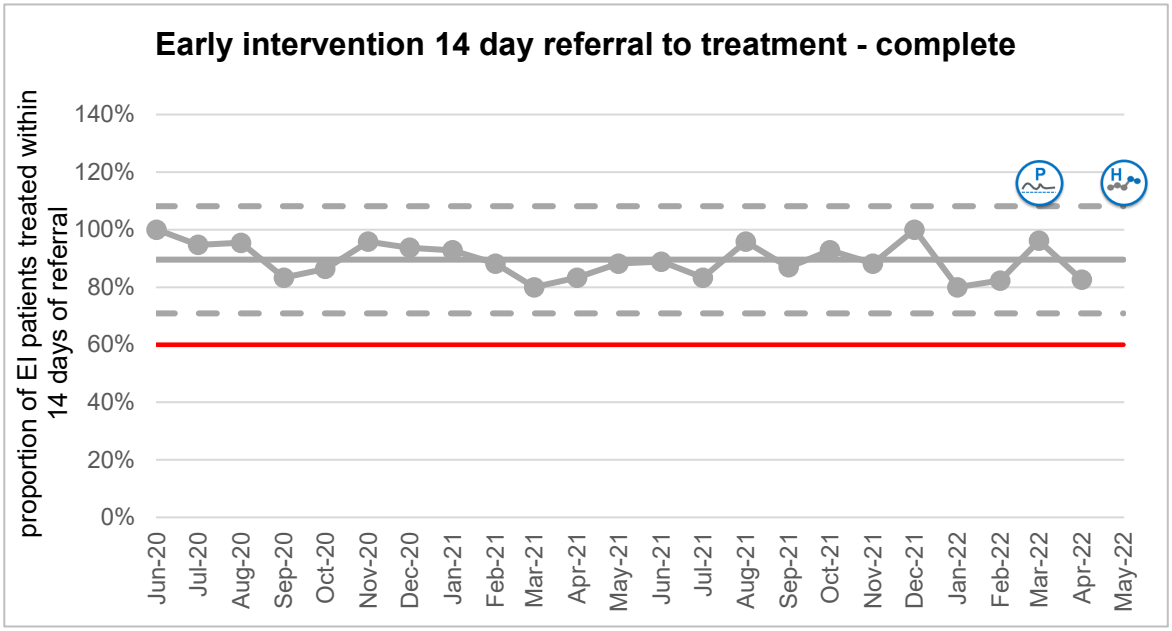
Patients are followed up in the days following discharge from mental health inpatient wards to provide support and ensure their wellbeing during the period when they are potentially at their most vulnerable. The national standard for follow-up has been exceeded throughout the 24-month period. The position in May has been manually calculated by auditing all of the reported breaches. Of the 22 reported, only 3 were actual breaches. 2 were contacts made with health professionals to ascertain the patients' wellbeing. The 3rd person did not engage with services despite several attempts to make contact but were reported to be safe and well by their residence manager.

2. Data quality maturity index



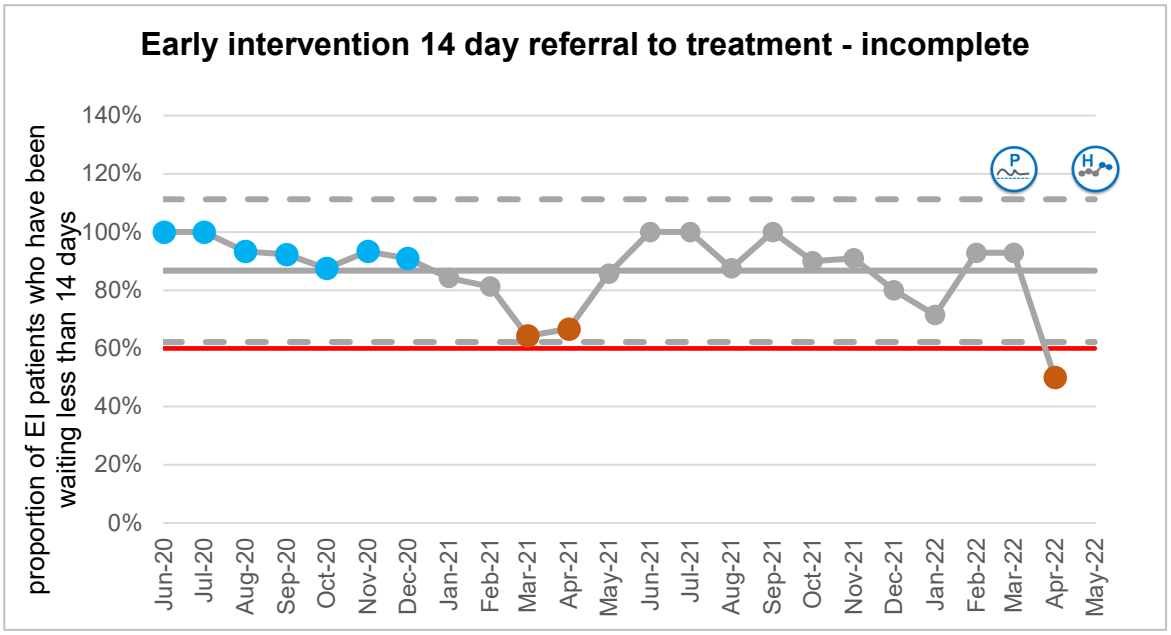
The level of data quality has returned to common cause variation for the last 2 months and we would expect to consistently exceed the national target.

3. Early intervention 14-day referral to treatment



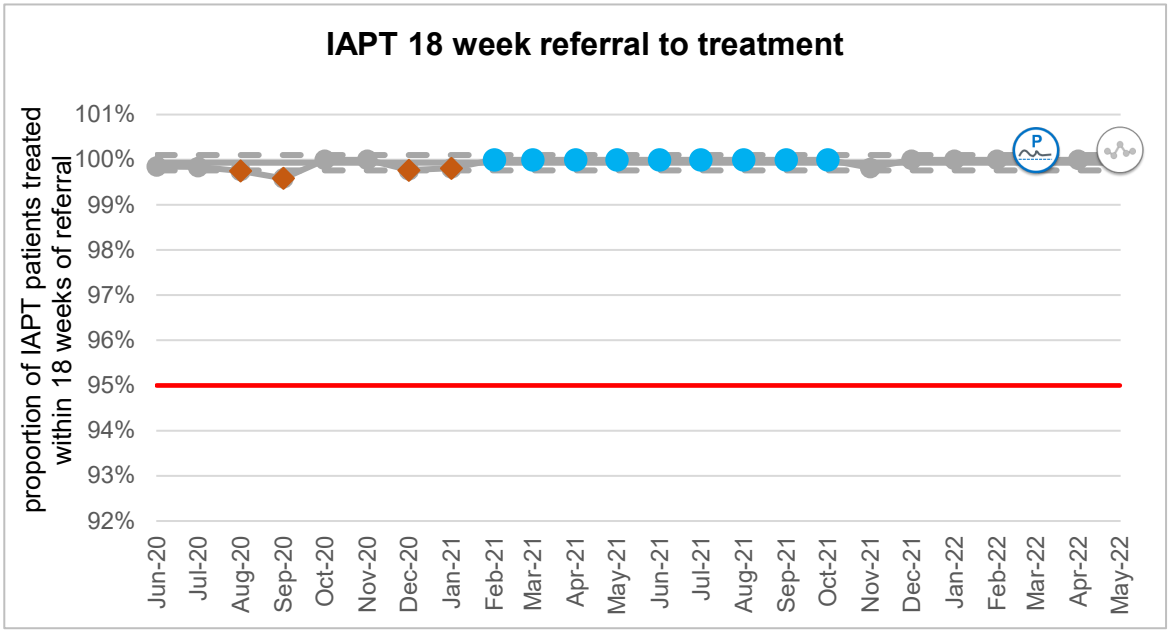
Patients with early onset psychosis are continuing to receive very timely access to the treatment they need. Data for May 2022 is not currently available owing to the SystmOne transition issues.

4. Early intervention 14-day referral to treatment – incomplete (people currently waiting to be seen)



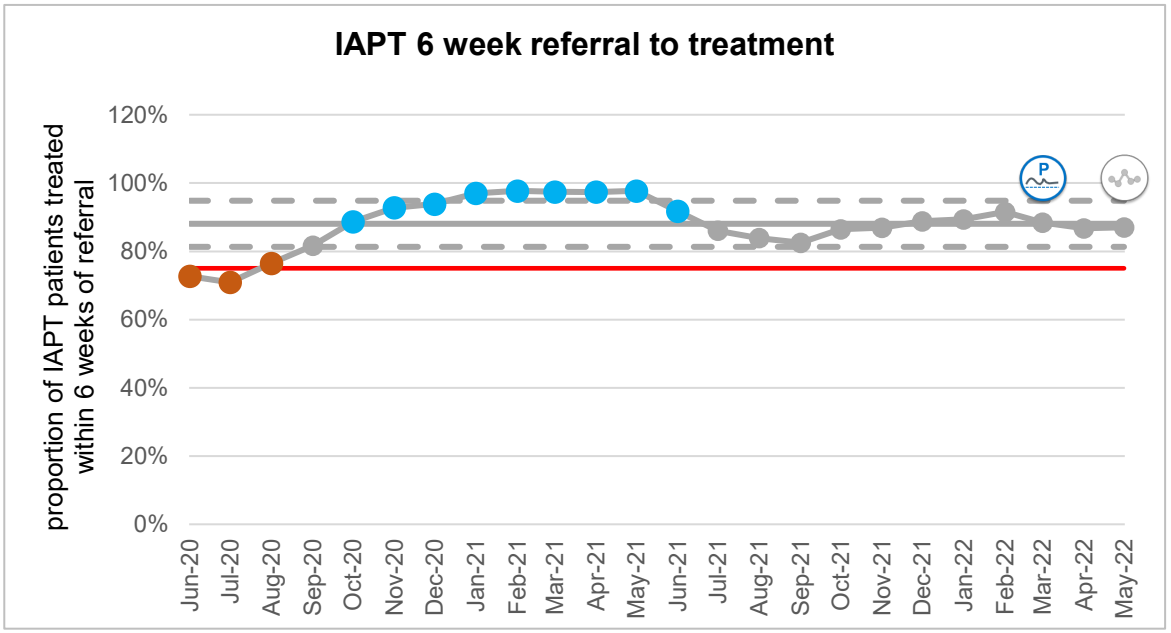
The service has exceeded the national 14-day referral to treatment standard of 60% or more people on the waiting list to be have been waiting no more than 2 weeks to be seen in all but one month. In April 2022 there were 7 people waiting longer than 14 days to be treated. This was mainly as a result of difficulty making contact owing to wrong numbers being provided by GPs, people not answering the phone, and people not being at home when cold-called. Then after having eventually made contact, people did not attend their agreed appointments. Data for May 2022 is not currently available owing to the SystmOne transition issues.

5. IAPT 18-week referral to treatment



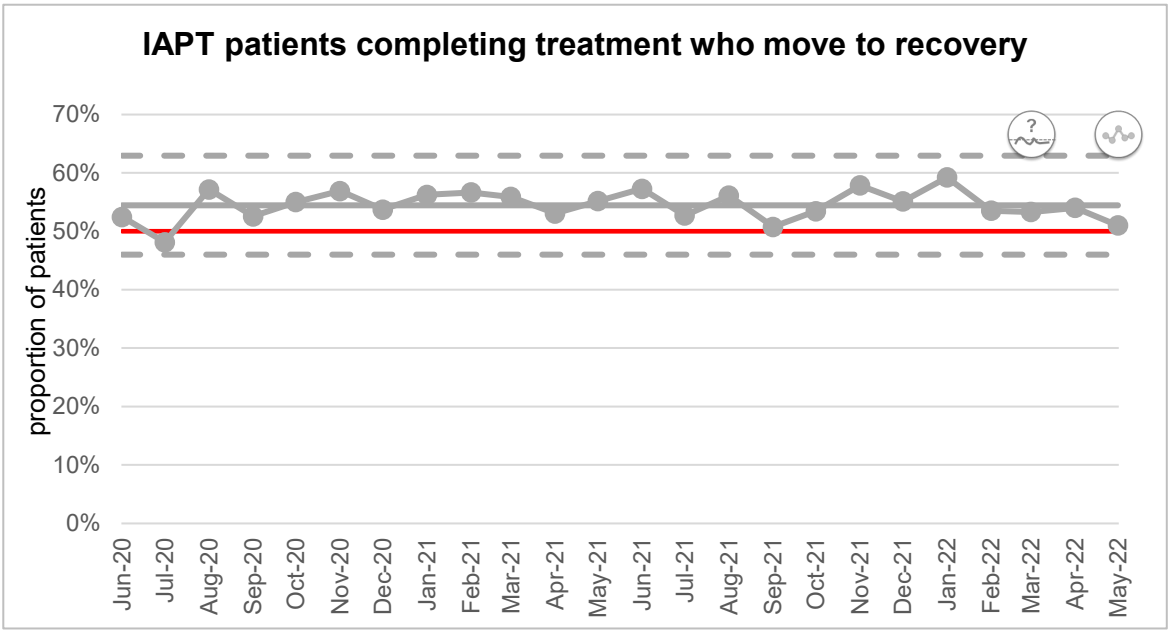
This is an example of a very tightly controlled process and we would expect to consistently exceed the 95% standard.

6. IAPT 6-week referral to treatment



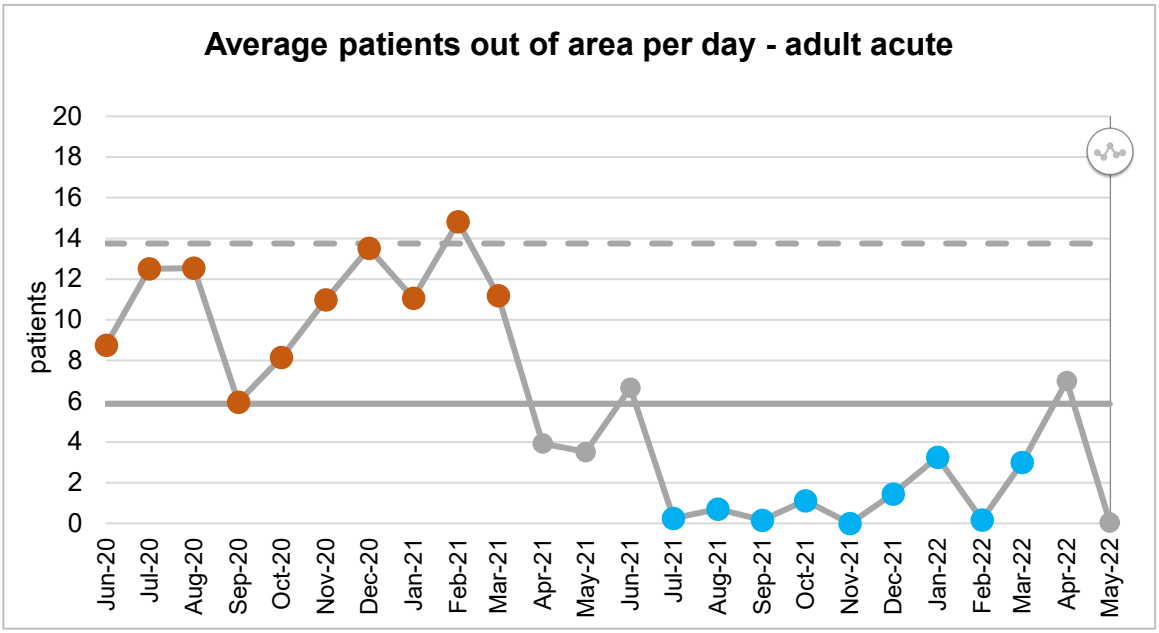
Following a period of special cause concerning variation as a result of staff being redeployed to support other services as the pandemic progressed, in September 2020 the staff returned to their posts in IAPT and from that point onwards the national standard has consistently been exceeded.

7. IAPT patients completing treatment who move to recovery



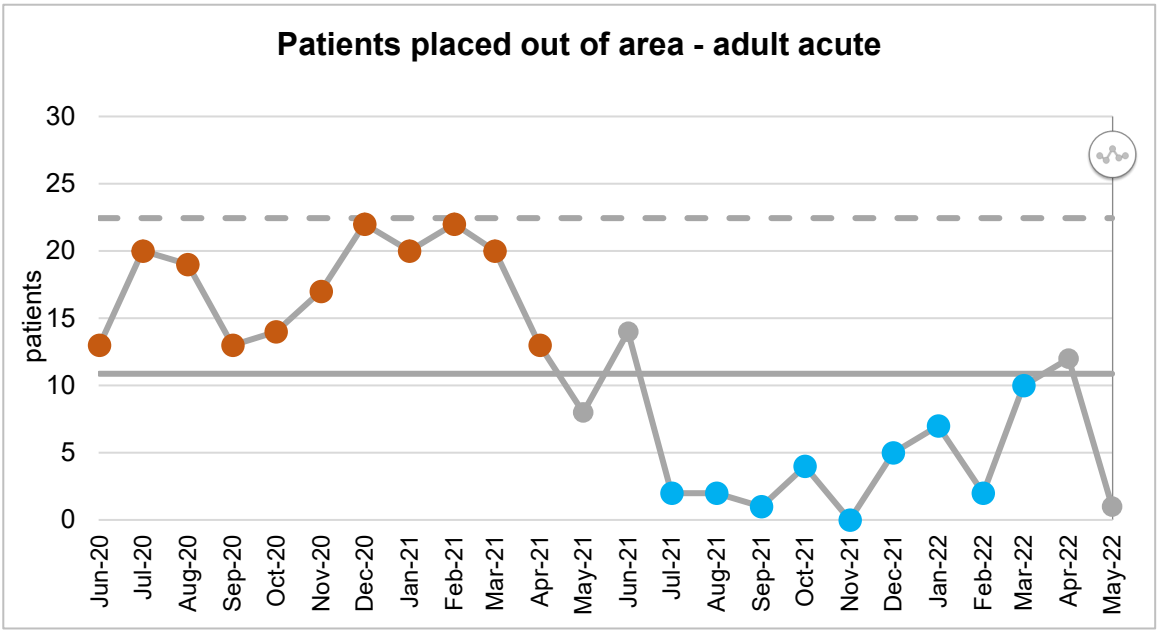
This is an annual target and year to date we are exceeding target. For the past 22 months the national standard has been achieved, with common cause variation seen throughout the data period.

8a. Average number of patients placed out of area per day – adult acute

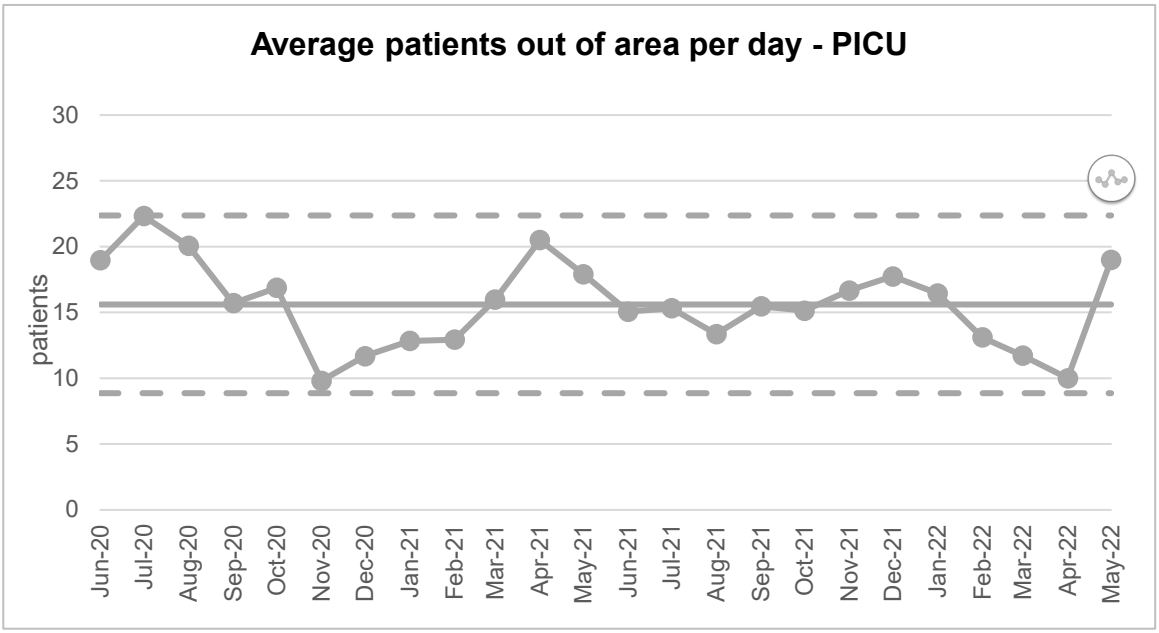


The significant reduction in in appropriate out of area placements has been difficult to maintain during the most recent spike in the COVID-19 pandemic. Given our significant dormitory bed base and the requirement to ensure social distancing and effective and safe cohorting arrangements, it has resulted in a temporary increase in inappropriate out of area bed use in March and April. A number of actions have been put in place which have been effective and at the time of writing (10/6/22) there are no patients in inappropriate out of area adult acute beds.

8b. Patients placed out of area per month – adult acute

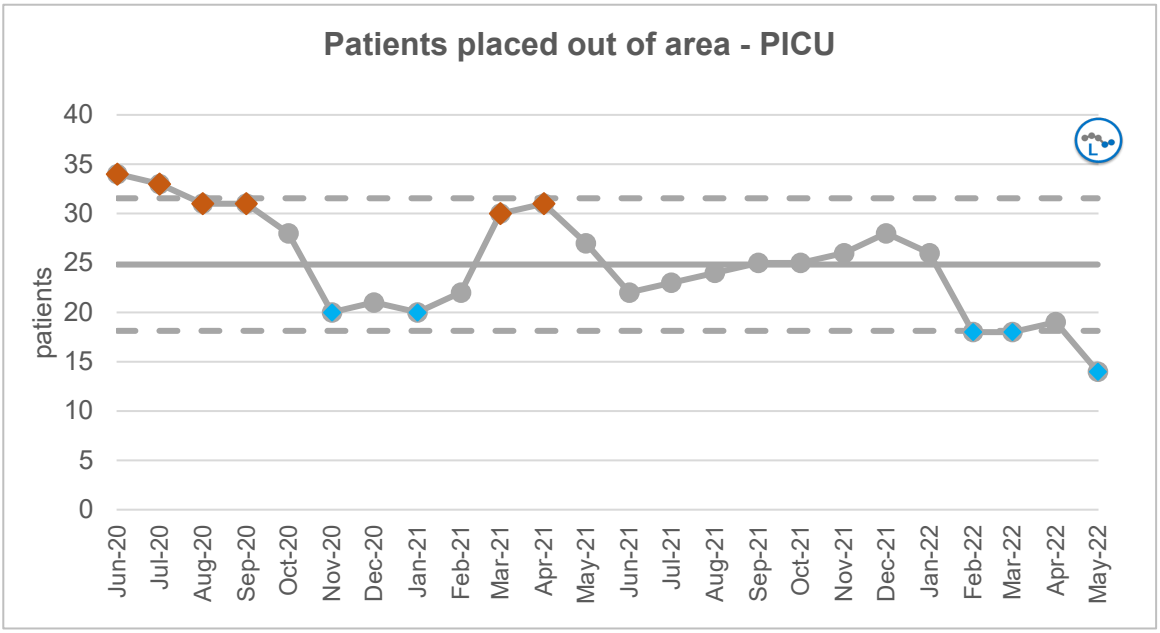


9a. Average number of patients placed out of area per day– Psychiatric Intensive Care Units



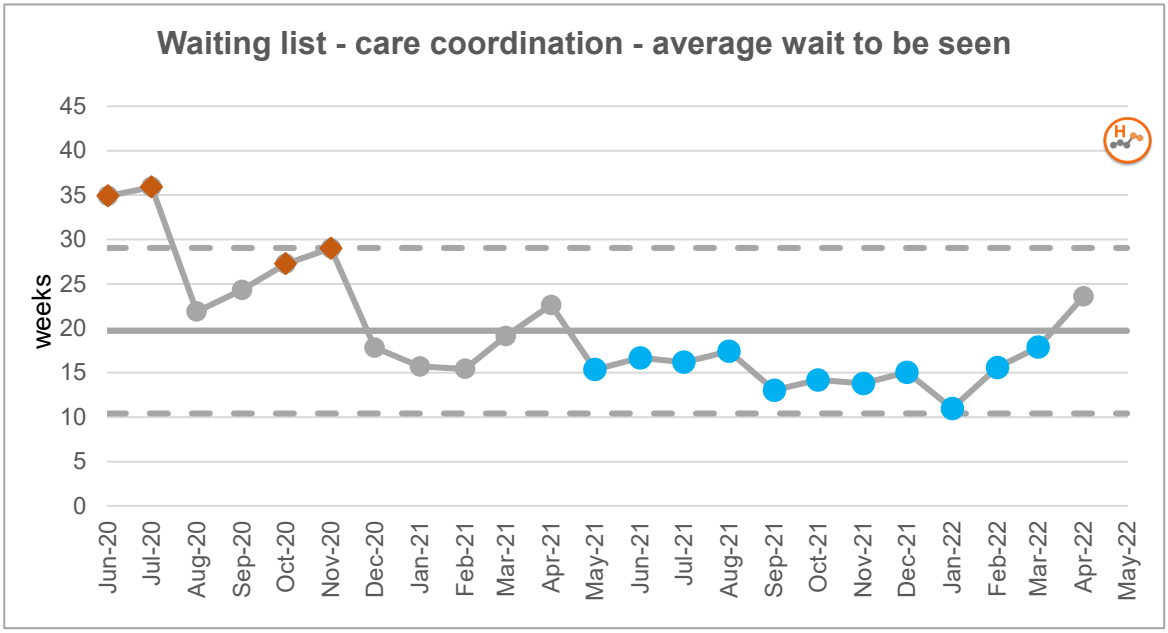
Out of area PICU usage has remained within common cause variation throughout the period. There is no local PICU provision, so anyone needing psychiatric intensive care needs to be placed out of area, however, work is in progress towards a new build PICU provision in Derbyshire.

9b. Patients placed out of area per month – Psychiatric Intensive Care Units (PICU)



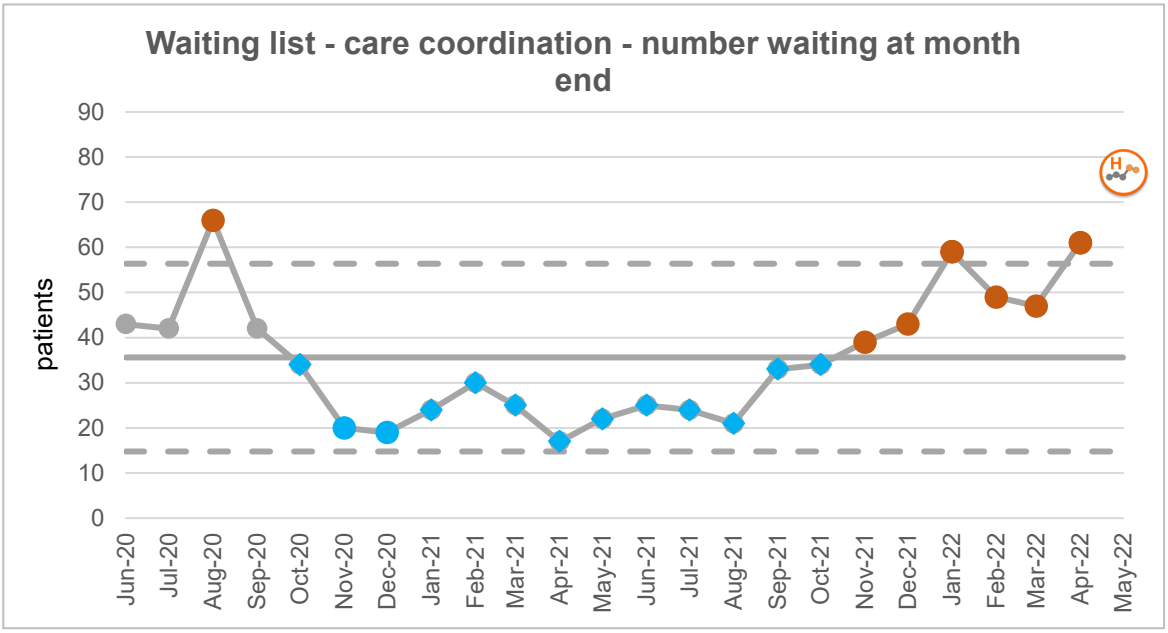
The last 4 months has seen a significant reduction in PICU placements.

10a. Waiting list for care coordination – average wait



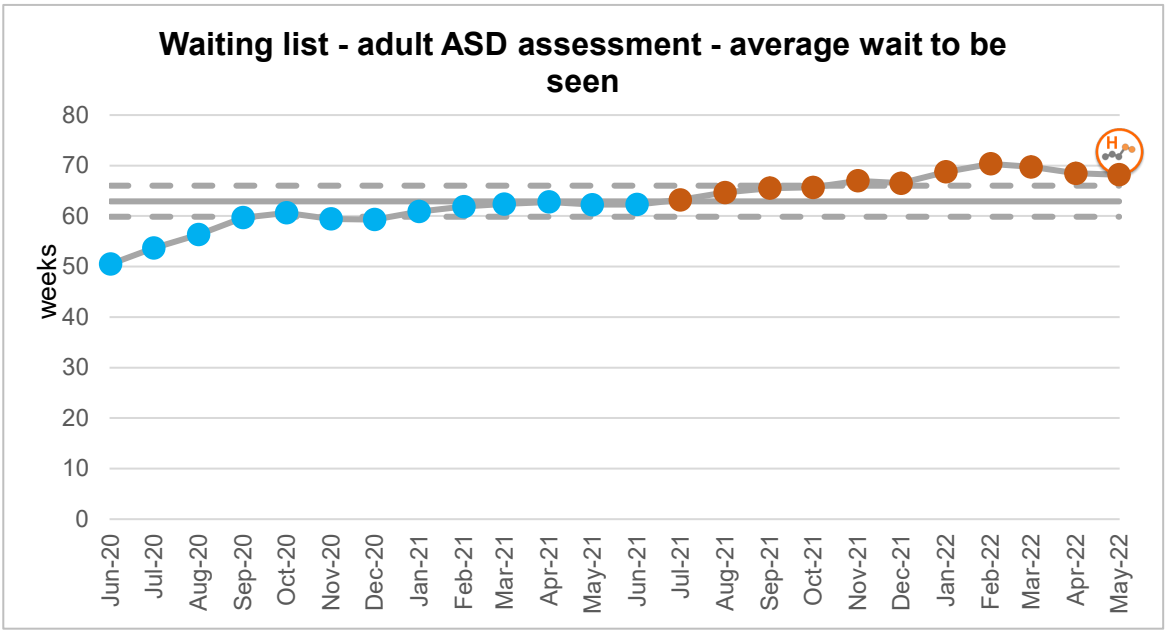
The average wait to be seen had been significantly low for 11 months but returned to common cause variation in April. Data for May 2022 is not currently available owing to the SystmOne transition issues.

10b. Waiting list for care coordination – number waiting



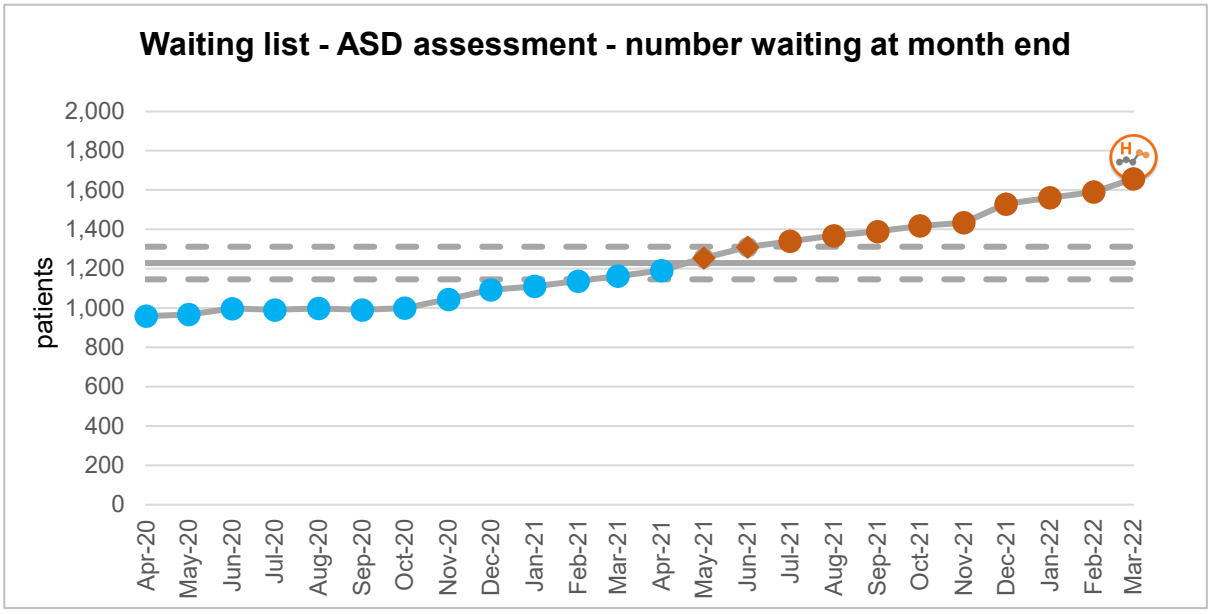
The number of people waiting for care coordination has been high for 5 months. Data for May 2022 is not currently available owing to the SystmOne transition issues.

11a. Waiting list for adult autistic spectrum disorder (ASD) assessment – average wait



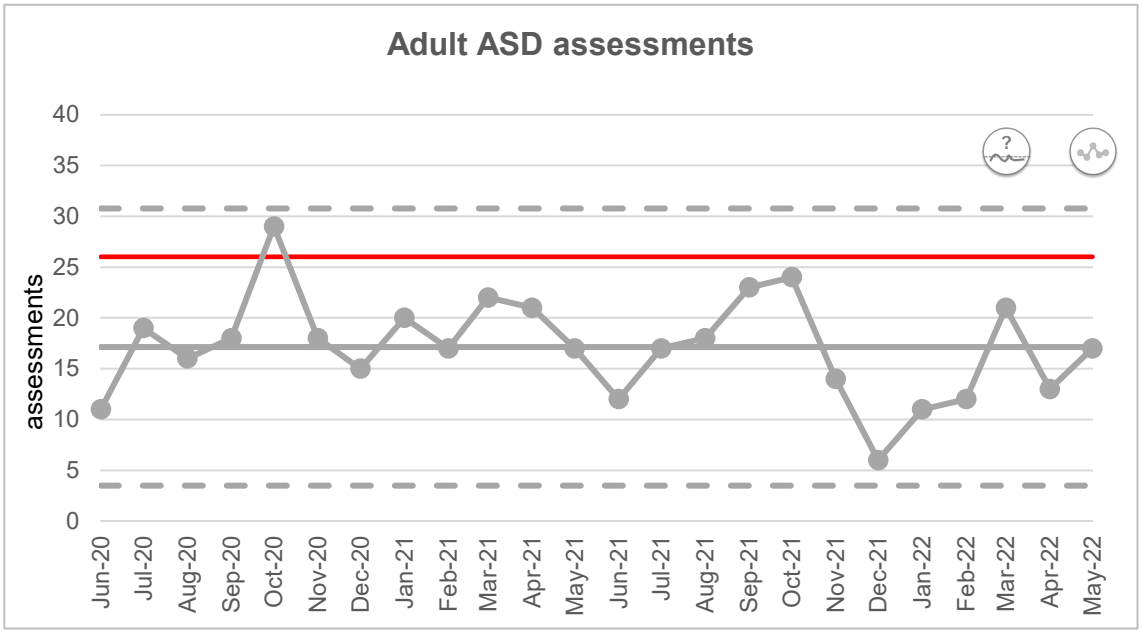
The average wait is currently 68 weeks and the longest wait is over 3½ years. The situation is likely to continue to worsen until there is an increase to investment in the service, as demand for the service far outstrips commissioned capacity: referrals have increased from 66 per month to 86 per month this financial year to date, but the team is commissioned to undertake 26 assessments per month.

11b. Waiting list for adult autistic spectrum disorder assessment – number waiting



At the end of May there were 1,856 people waiting for adult ASD assessment, which is an increase of almost 200 since the last report and an increase of 86% over the 2-year period.

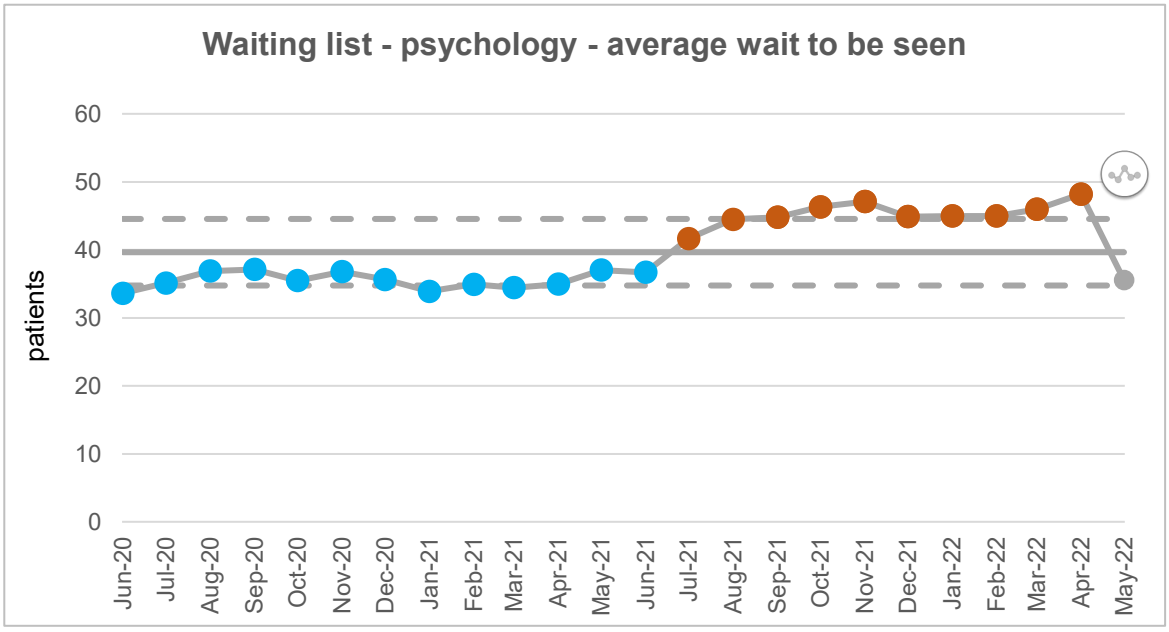
11c. Adult autistic spectrum disorder assessments per month



There has been a significant reduction (40%) in capacity to undertake assessments in the last 6 months owing to long term staff absence, meaning the contracted level of assessments has not been achieved. One of the team has recently returned on a slow phased return to work. Once they are back fully in role, this will increase the number of assessments undertaken.

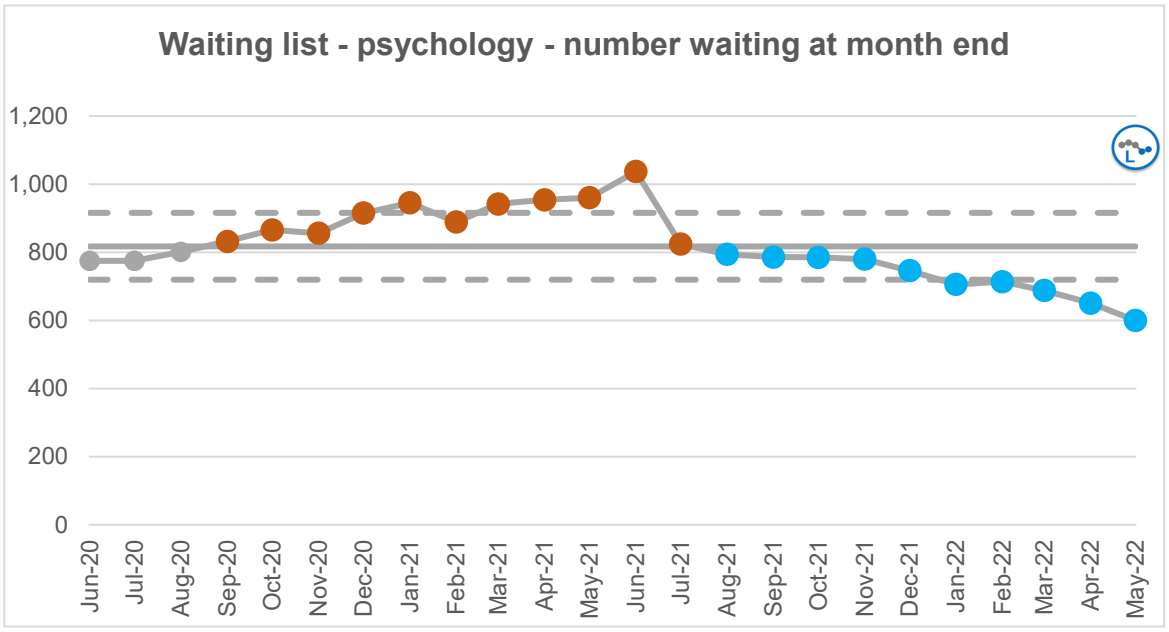
The service model has been developed through the introduction of an Assistant Psychologist. It is also planned to further develop the service through merging the ASD diagnostic team with the Specialist Autism Team, with the aim of providing the ASD diagnostic team with more operational support and a broader team around them. It is hoped that the SAT team staff will be able to complete a small number of assessments. This will not resolve the issue of referral numbers but will help support the staff currently working in those teams.

12a. Waiting list for psychology – average wait



Last month the average wait to be seen reduced to 36 weeks. Many patients are still waiting owing to the pandemic and a personal preference to be seen face to face as opposed to by video call.

12b. Waiting list for psychology – number waiting



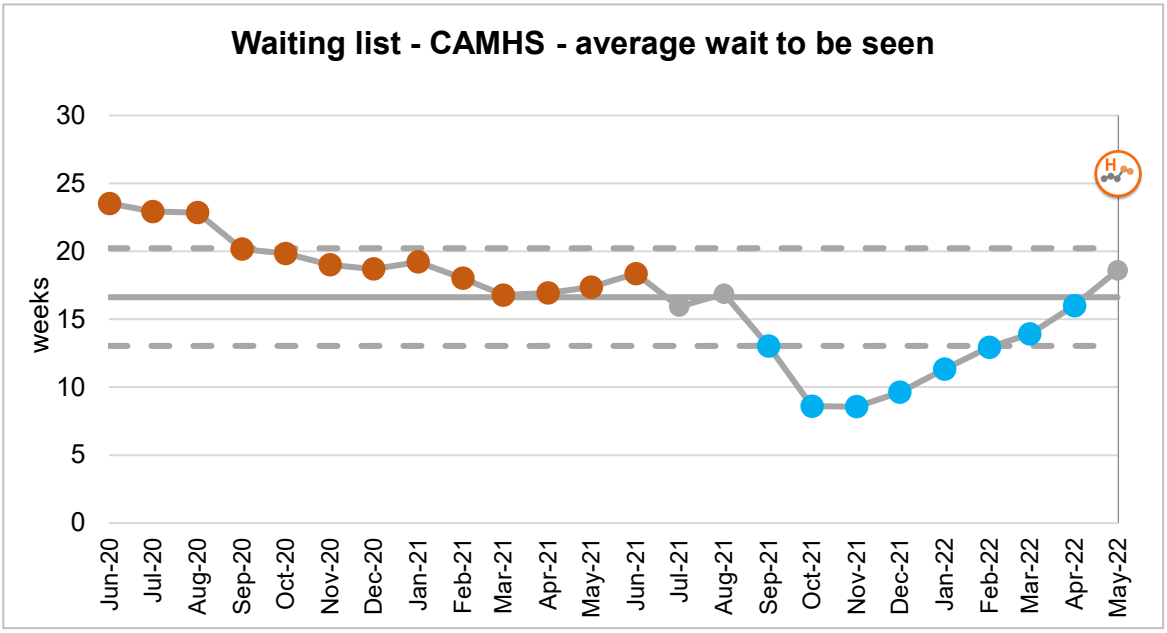
Over the last 10 months, the number of people waiting continues to gradually reduce and the reduction is statistically significant. Investment has been made into the service equating to an increase by 18% of funded whole time equivalent posts since December 2020. Recruitment to a number of vacant and part-time posts across adult services is progressing however, around 24% of posts are currently vacant across all of psychological services, with the biggest gaps seen in the community mental health teams (CMHTs).

As reported last time, there is a national shortage of qualified psychologists, with all Trusts struggling to recruit. We remain in line with our regional colleagues with this figure. Providing support for these staff whilst they continue to deliver high quality care is paramount.

After some delay in getting the new psychology recruitment website up and running this will go live on Friday 17 June. This aims to engage better with potential candidates through videos and sharing experiences of working for DHCFT. Further we are looking at other models of delivery such as digital and remote working and creating flexible roles.

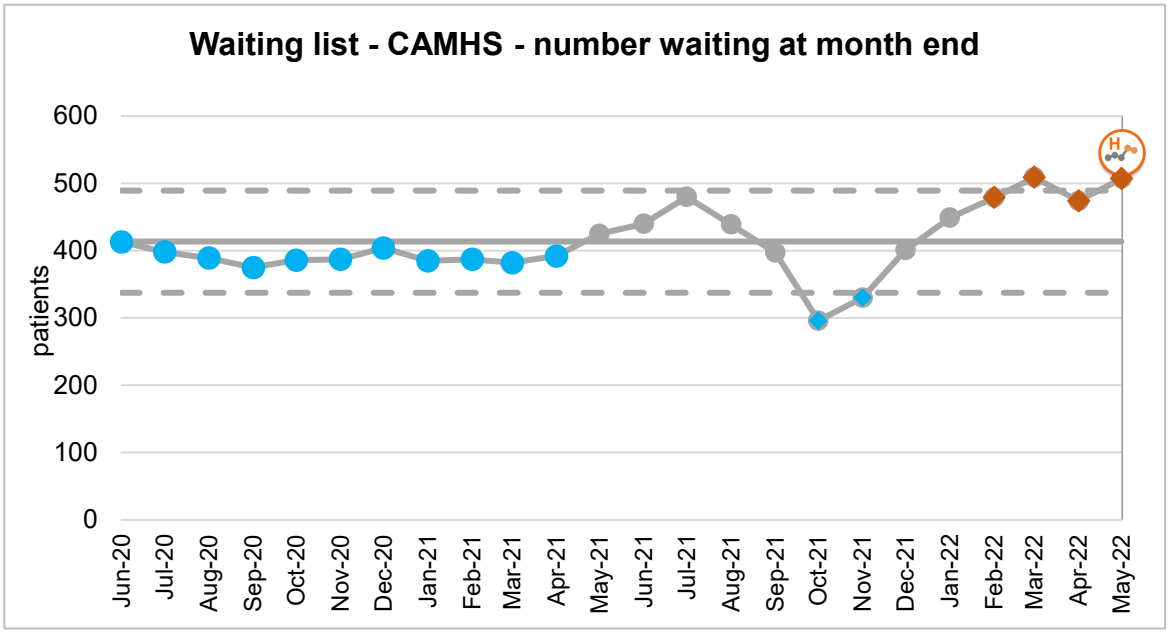
We continue to review the waiting lists in line with trauma sensitive working in considering how we manage people on a waiting list and we are developing a new waiting well guide for those service users. Barriers of movement between services remain high priority to remove. This work continues to develop as the Living Well transformation takes place. We are reviewing the structure of psychological service to create a division to try and better utilise the skills we have in supporting people across the Derbyshire landscape. Discussions are now taking place in different forums about how best to deliver this structural change.

13a. Waiting list for Child and Adolescent Mental Health Services (CAMHS) – average wait



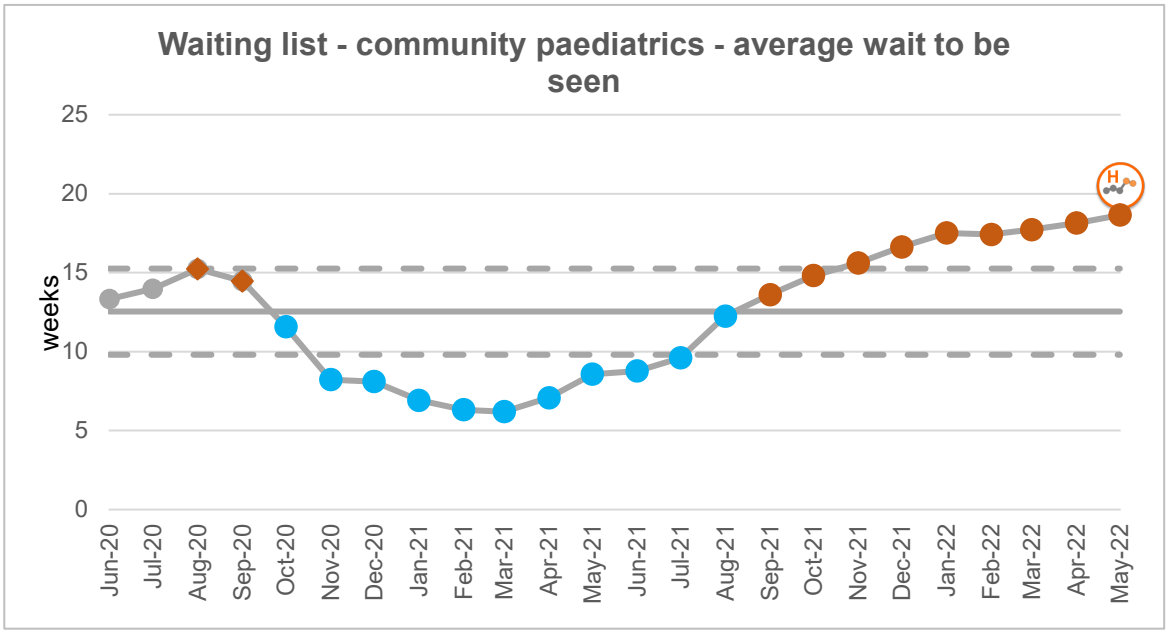
The waiting list initiative in September and October 2021 resulted in a significant reduction in waiting times, however since then there has been a month-on-month increase, with the current average wait being 19 weeks. The waiting list has been gradually increasing and remains significantly high at 507 children and young people. Owing to the service focusing solely on initial assessments for a concentrated period of time, much of the routine caseload work was put on hold. This meant that although a significant amount of the waiting list was addressed (roughly 50% of the total), after the initiative was completed the service faced a large backlog of work. In addition, the nursing capacity of this small team of 6 nurses was reduced by 50% owing to long term sickness and a vacant post. No staff are currently absent, however the team still has a vacancy.

13b. Waiting list for Child and Adolescent Mental Health Services – number waiting



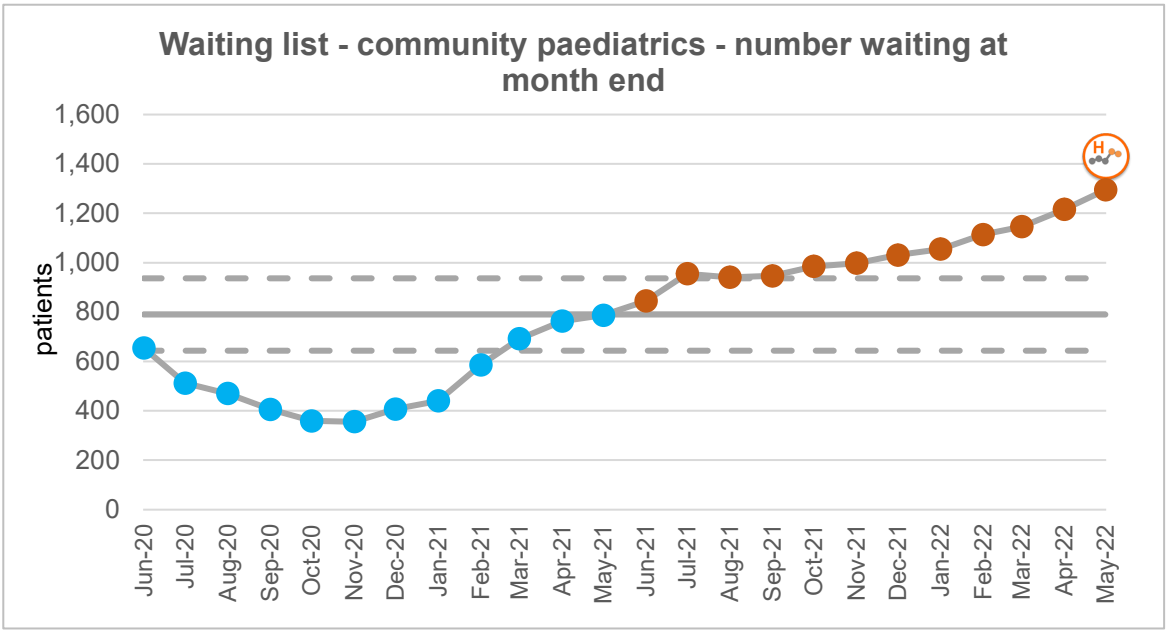
There are ongoing issues around the sheer number of referrals received and the team's ability to assess them in a timely manner. To address this a review of the operating model of the service is progressing and initial proposals have been worked up.

14a. Waiting list for community paediatrics – average wait



We continue to see a steady rise in waiting times for referral to treatment in community paediatrics. The longest wait time is now in excess of 56 weeks and currently sits on the risk register as a high risk. We are carrying two vacancies which have been advertised and redesigned to a more generic post. We do now have two shortlisted applicants with an interview date of the 26th July if both are appointable the hope is they will fit in to both our vacant posts. Sickness and COVID-19 absences are still having an impact on clinics and overall wellbeing and health issues are and will continue to impact on the availability of new appointment and follow up clinic slots. To Mitigate we have a locum in post 4 days per week until end of July 2022. We recognise that flow is an issue for the service and are working to review the Core offer and what we could do differently to help manage the increasing waiting list.

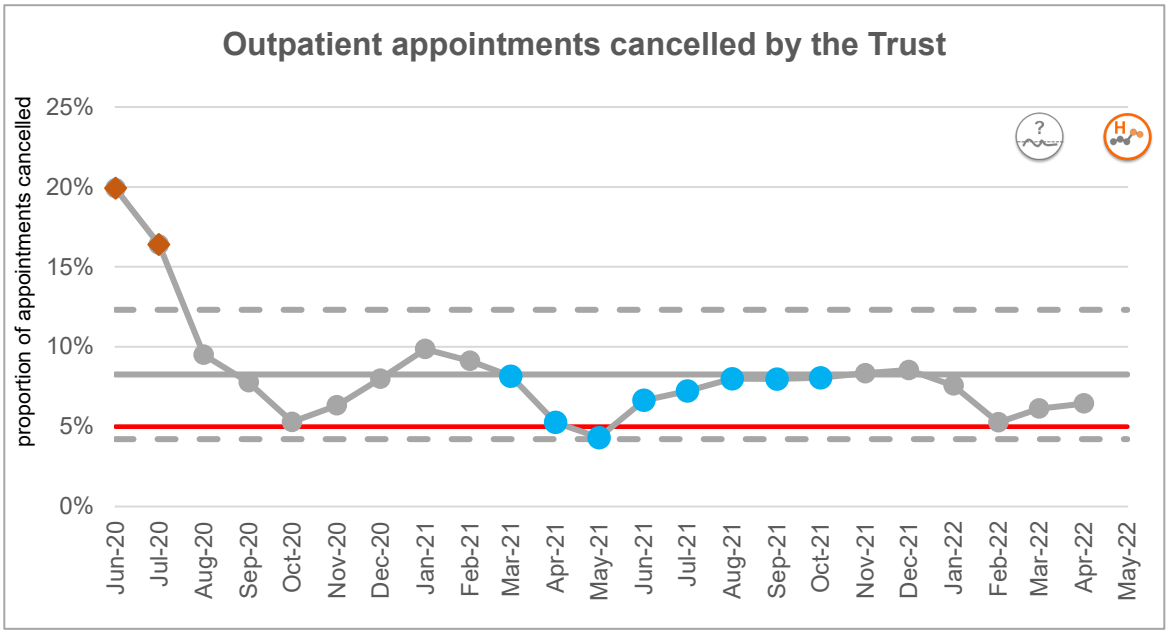
14b. Waiting list for community paediatrics – number waiting



The neuro-developmental pathway development is ongoing, and we have recently advertised the Speciality Doctor post into a full-time substantive post. The business case also includes a second fixed term Speciality Doctor to focus on the autistic spectrum disorder pathway. Securing these posts will have a significant impact on the waiting list. This is a really positive development for the service line.

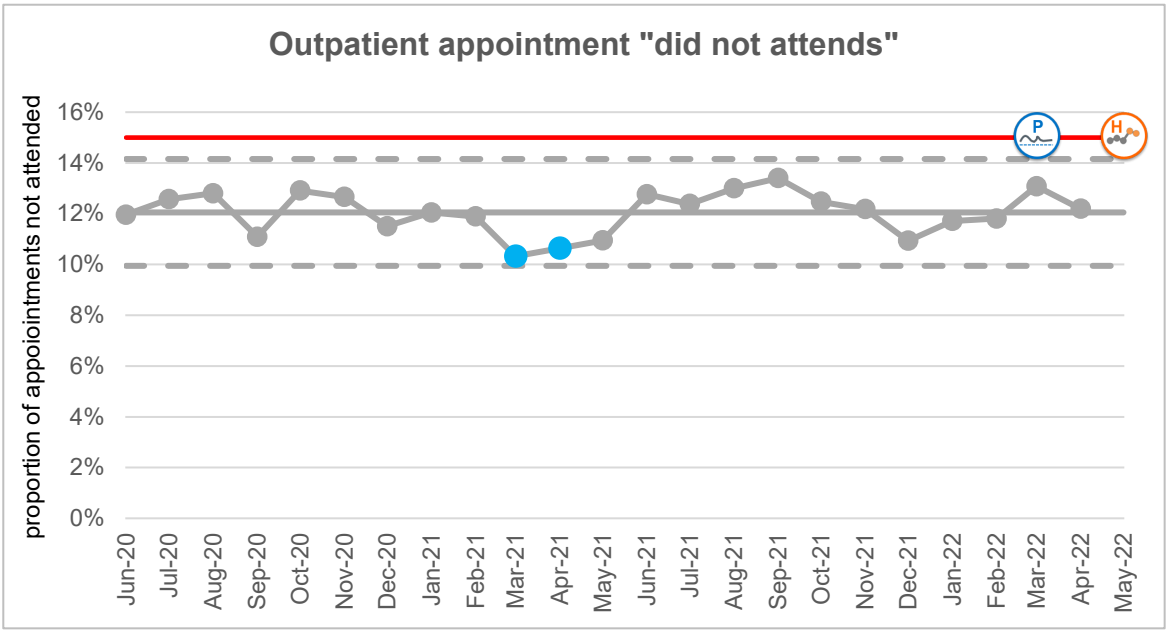
We have plans to further review the whole medical structure: what is working well, where the gaps are and where we need more support. Review of the referral pathways and website is ongoing. We hope to improve the experience for children, families, carers, and professionals who access our services.

15. Outpatient appointments cancelled by the Trust



The level of cancellations has been within common cause variation for the last 6 months. Data for May 2022 is not currently available owing to the transition to SystmOne.

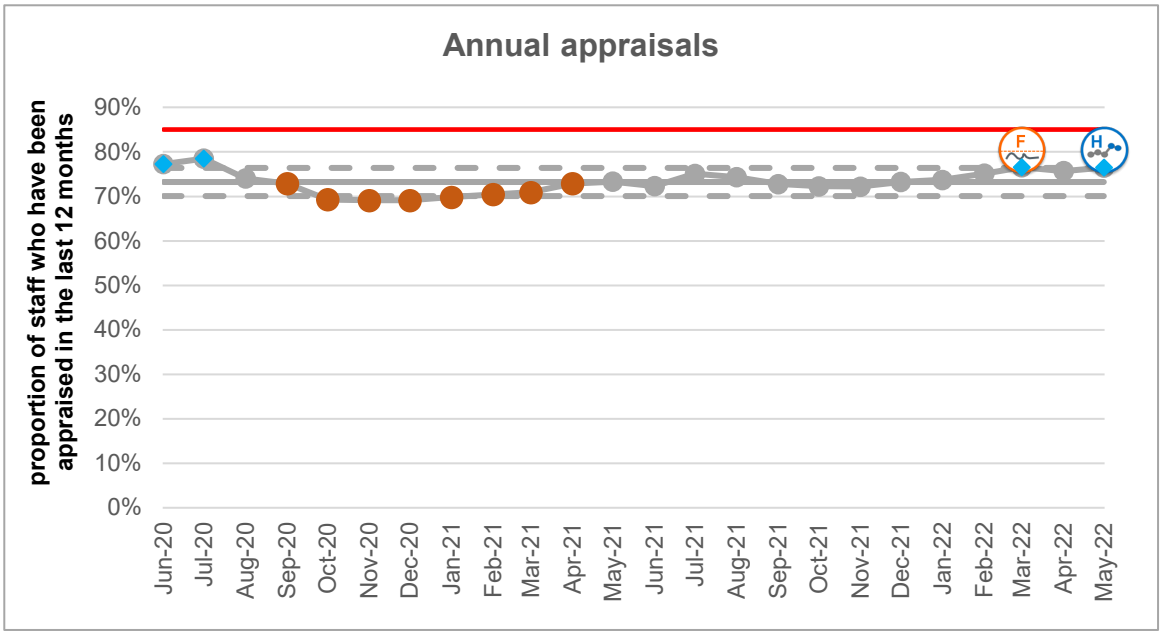
16. Outpatient appointment “did not attends”



The level of defaulted appointments has remained within common cause variation for the last 24 months and in the current process the trust target of 15% or lower is likely to be consistently achieved. Data for May 2022 is not currently available owing to the transition to SystmOne.

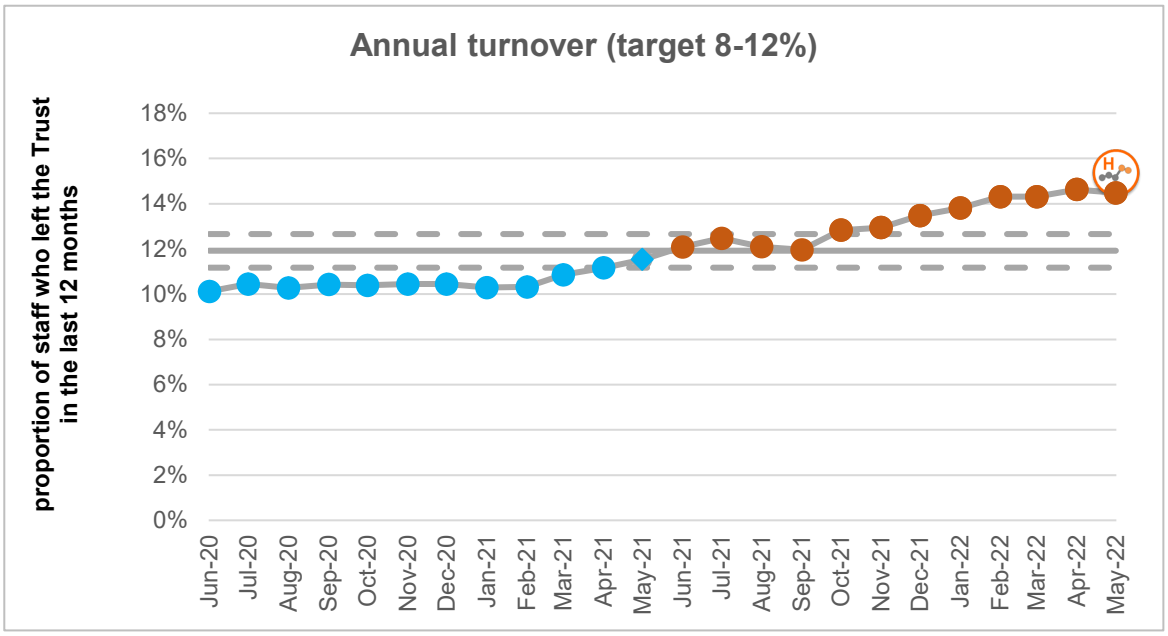
People

17. Annual appraisals



Appraisal levels continue to be below our expectations with Operational Services currently at 83% and Corporate Services at 48%. We continue to work closely with divisions through our Divisional People Leads who offer support and challenge to leaders on appraisal compliance. Data is now being fed into the Trust Operational Oversight Leadership group on a monthly basis and is presented at divisional and team level to allow senior leaders the opportunity to work together on compliance issues and to present a level of transparent accountability. Training is now being promoted and a how to guide on entering appraisals on ESR has been shared with leaders.

18. Annual turnover

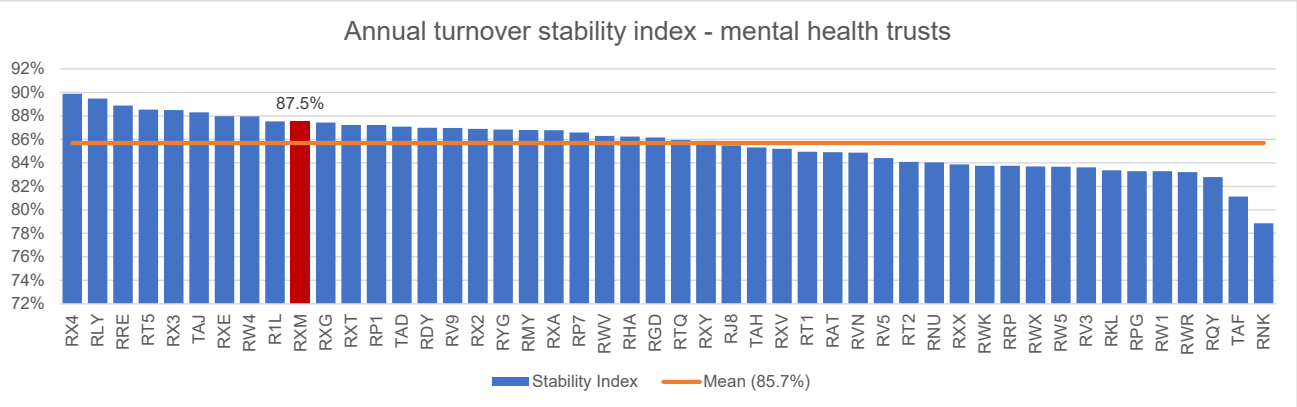


Turnover remains high and above the Trust target range of 8-12%. We commissioned two areas of focused work to support us to understand more about why colleagues are leaving the Trust. The STAY survey is now live and has been targeted at two key areas where we know we are losing more colleagues. We have recognised that the current exit interview process is not working as we

have low numbers of leavers completing an exit interview. We are now live with our own system that will allow us to capture a much higher percentage of leavers in order for this intelligence to be used to develop the areas and actions needed to support retention. We have also completed a new starter survey where colleagues who joined in the last 6 months have shared feedback about their experience of recruitment and onboarding. This will support the ongoing development of our people processes.

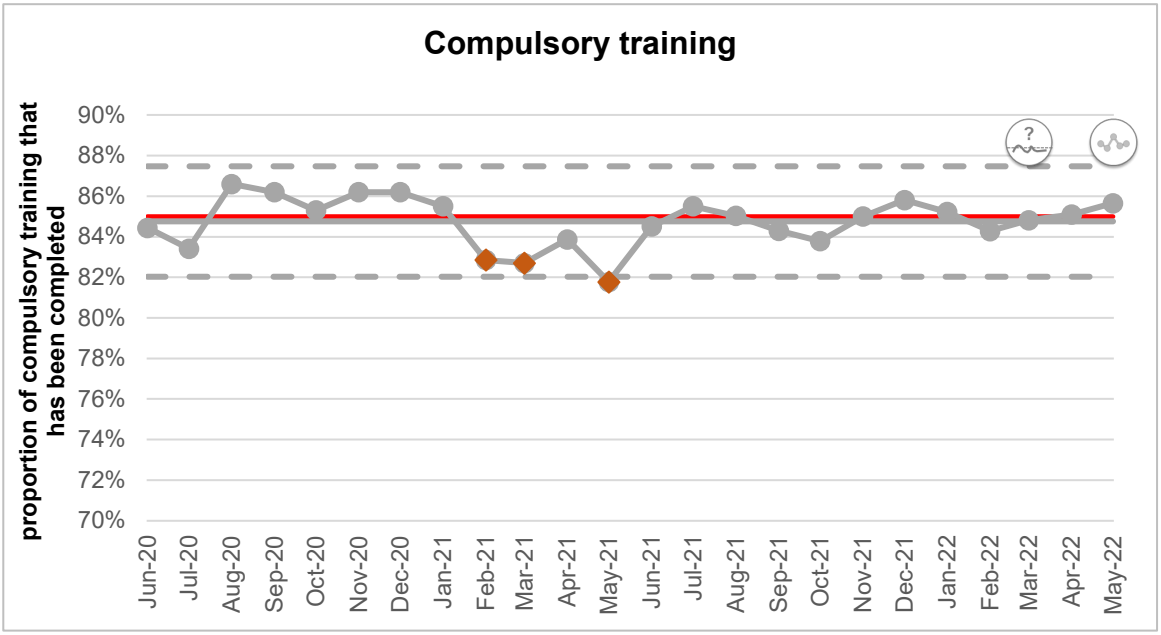
Benchmarking

In the latest national NHS staff turnover benchmarking data, the Trust was ranked 10th highest mental health trust for stability of the workforce



(https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/february-2022)

19. Compulsory training

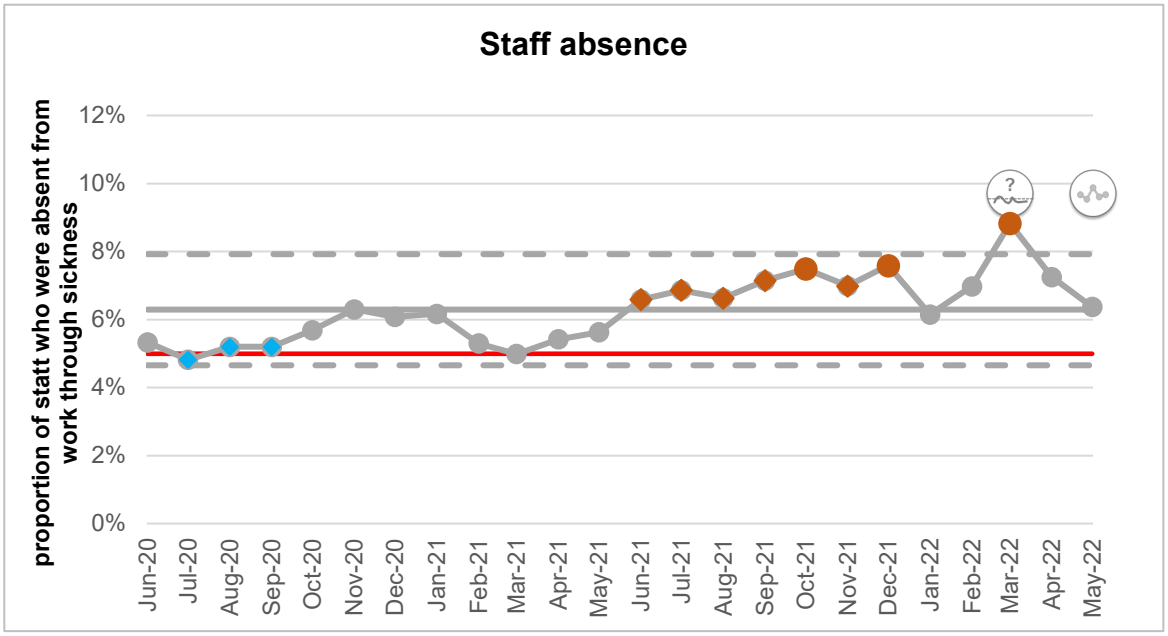


Mandatory training continues to be a key focus and an ongoing recovery position for the Trust. Operational Services are currently above target at 88% compliant with compulsory training, and Corporate Services slightly lower at 76%.

Our key area of compliance remains with Positive and Safe Training and Resuscitation, where colleagues are required to attend face to face for this training. The removal of COVID restrictions on rooms numbers and social distancing will support the increase in availability of places to ensure we can address the lower compliance in these areas.

The development team continue to work closely with operational colleagues to ensure training is provided to best suit the needs of teams, this has included developing block training schedules and removing non-compliance against key medics who have previously attended this training elsewhere.

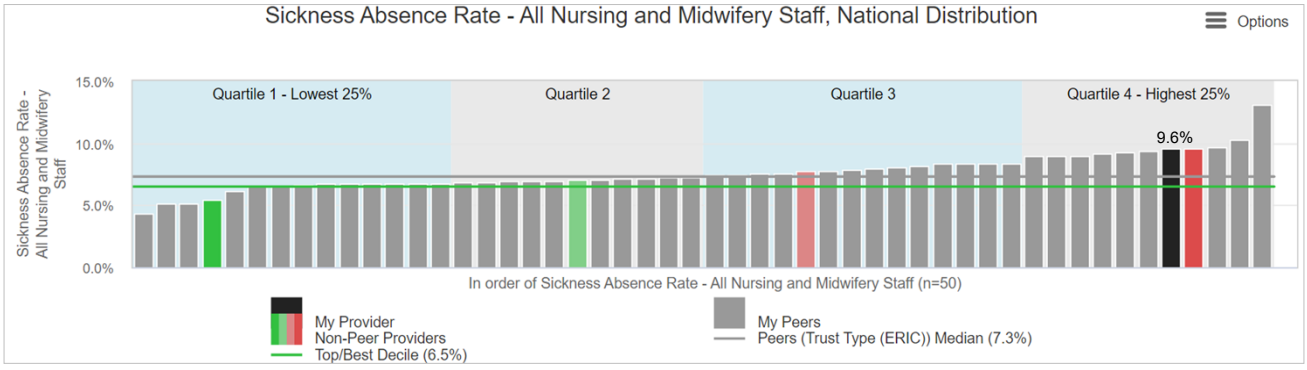
20. Staff absence

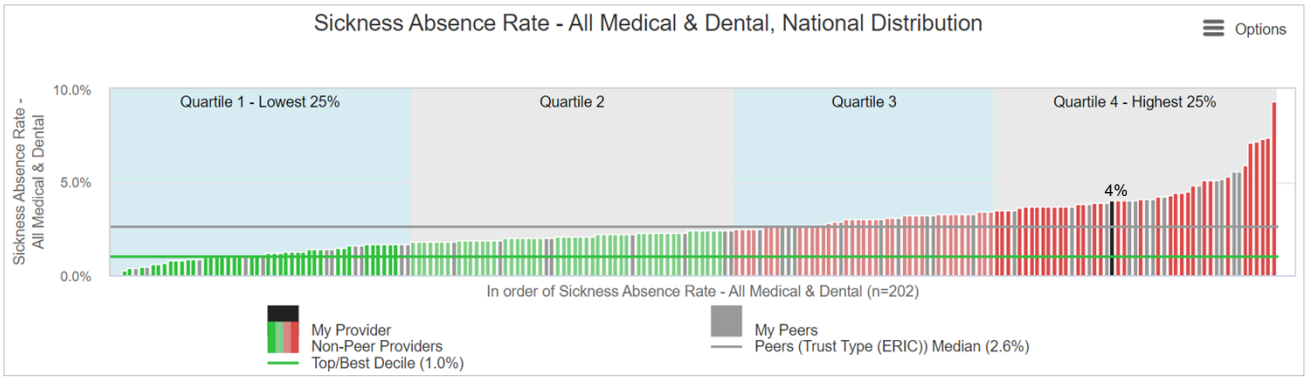


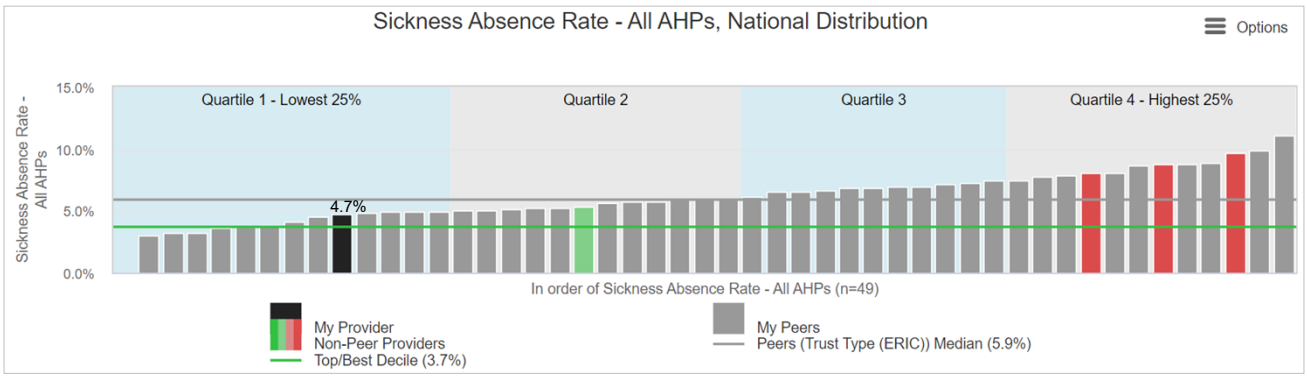
Sickness absence saw a reduction in May, however, remains high and above target. There has been a significant reduction in COVID absences however a 6% increase in stress/anxiety absence is reflected in the data. Stress/anxiety absence is now being managed more proactively by the Employee Relations team, with all work-related stress absences, once confirmed being followed up with manager support. Return to work interviews have been reviewed and are now online to allow managers to use in line with the Goodshape support available to them.

Benchmarking

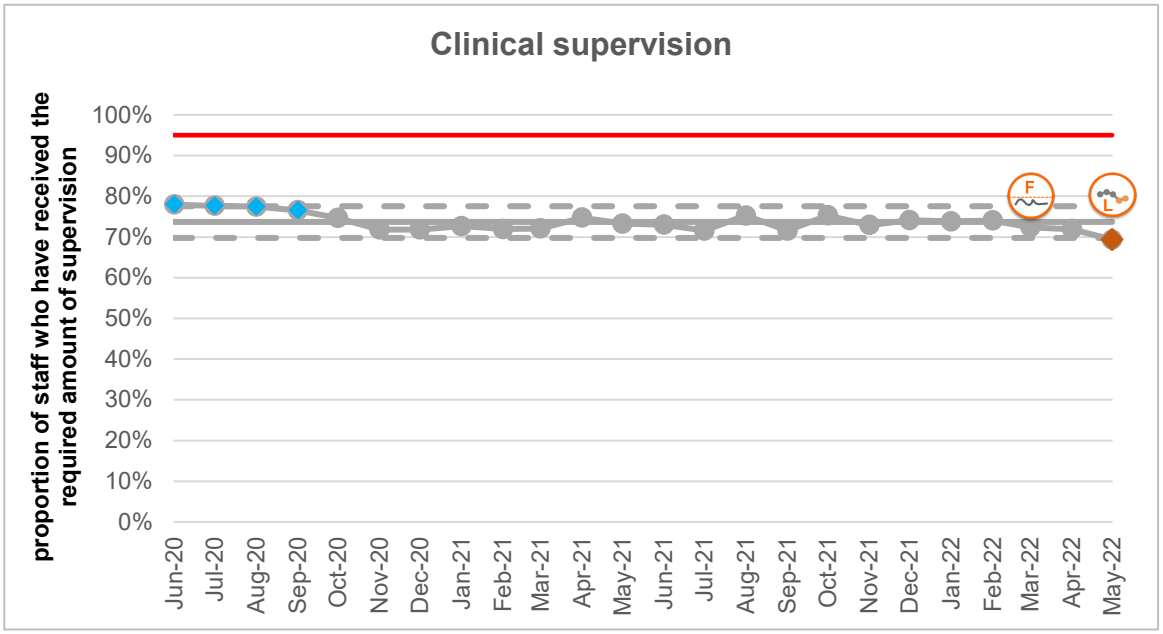
In the latest data (February 2022) our absence rate was in the highest 25% for the nursing and midwifery and medical and dental staff groups but was in the lowest 25% for the allied health professionals staff group (https://model.nhs.uk/). In the charts below we are the black columns.







21. Clinical supervision

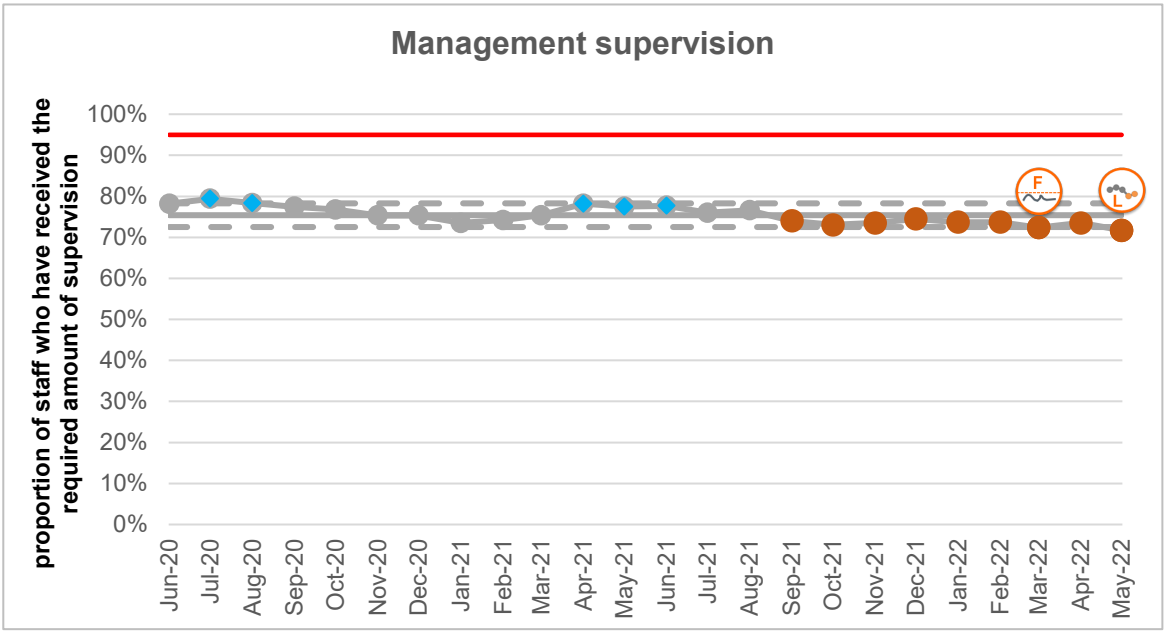


The required amounts of supervision per 12 months - in line with the Trust's Supervision Policy - are as follows:

- Management supervision – a minimum of 5 hours per 12 months, adjusted for part-time staff
- Clinical supervision – a minimum of 6 hours per 12 months, adjusted for part-time staff

Compliance is the percentage of staff who have completed the amount of supervision required over the 12-month period. Data is adjusted to allow for staff who are not at work and the appropriate levels of supervision required are also flexed if returning to work following a period of absence. Staff who are unable to be supervised based on their assignment status or owing to long term sickness are excluded.

22. Management supervision

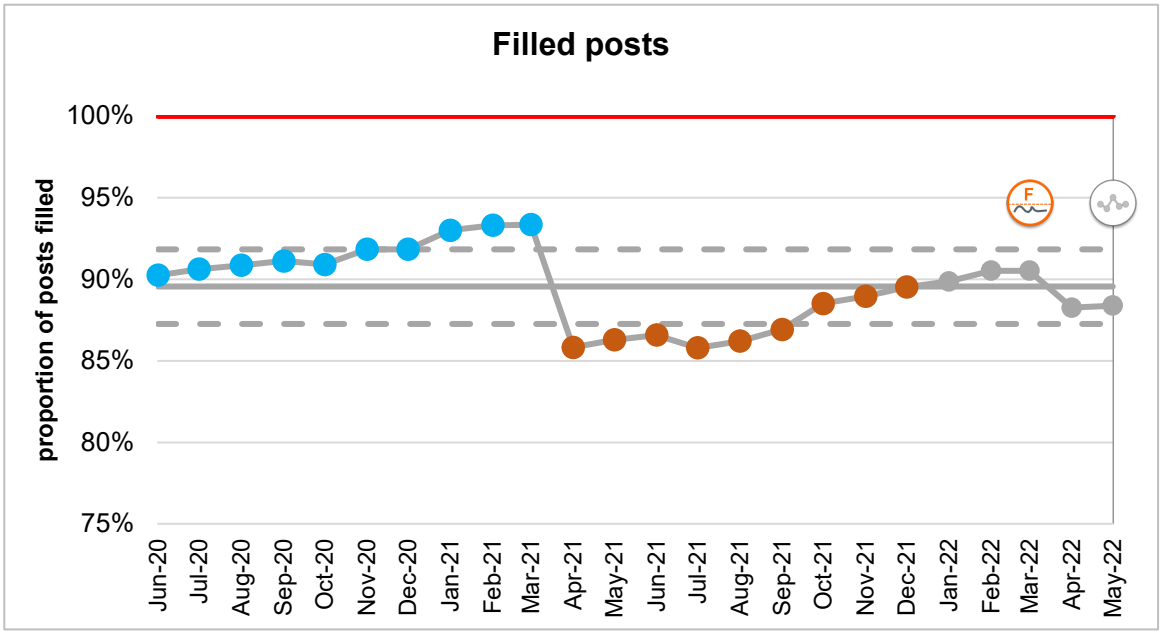


The levels of compliance with the clinical and management supervision targets have remained low since the start of the pandemic. As seen with compulsory training and appraisals, Operational Services continue to perform at a considerably higher level than Corporate Services for both types of supervision (management: 77% versus 59% and clinical: 77% versus 26%).

Compliance with the 12-month supervision targets by Division:

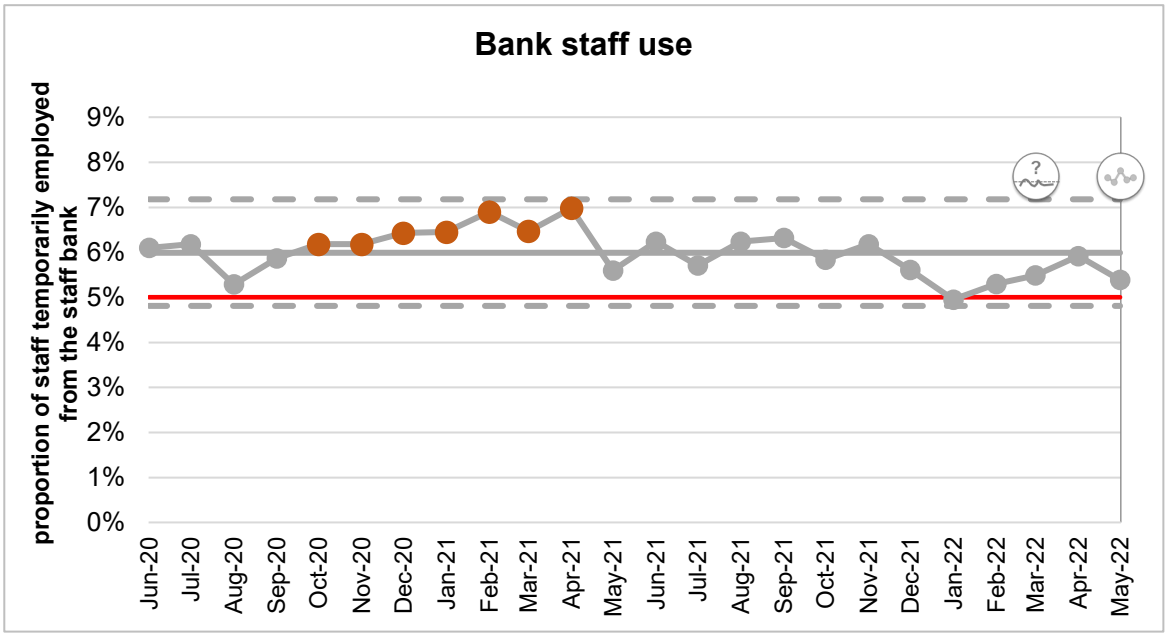
Division	Service Line	People	Management Supervision	Clinical Supervision
Corporate Services	Business Improvement + Transformation	9	100%	N/A
	Corporate Central	69	58%	14%
	Estates + Facilities	173	72%	N/A
	Finance Services	20	80%	N/A
	Med Education & CRD	118	28%	37%
	Nursing + Quality	52	60%	27%
	Ops Support	59	90%	33%
	People + Inclusion	36	22%	0%
	Total	536	59%	26%
Operational Services	Adult Care Acute	481	72%	68%
	Adult Care Community	345	75%	85%
	Children's Services	469	80%	76%
	Clinical Serv Management	15	87%	33%
	Forensic + MH Rehab	138	86%	80%
	Neuro Developmental	110	75%	67%
	Older Peoples Care	399	88%	87%
	Performance Delivery Clustering	4	100%	N/A
	Psychology	110	66%	79%
	Specialist Care Services	212	66%	71%
	Total	2283	77%	77%
Total		2819	74%	74%

23. Proportion of posts filled



Funded full time equivalent posts for service development are included in this data. In April 2022, as per April 2021, further investment is added in line with any local, system and national service initiatives and investments we have secured. However, some of these posts will not be realised until key agreed points in the year, but the impact is seen on staffing key performance indicators as reflected in the data presented. In May 2022 we had 60 new starters join the Trust (43 in April) and 81 offers of employment issued (89 in April.) We had a small reduction in vacancy levels. We continue to make improvements to recruitment practices and approaches.

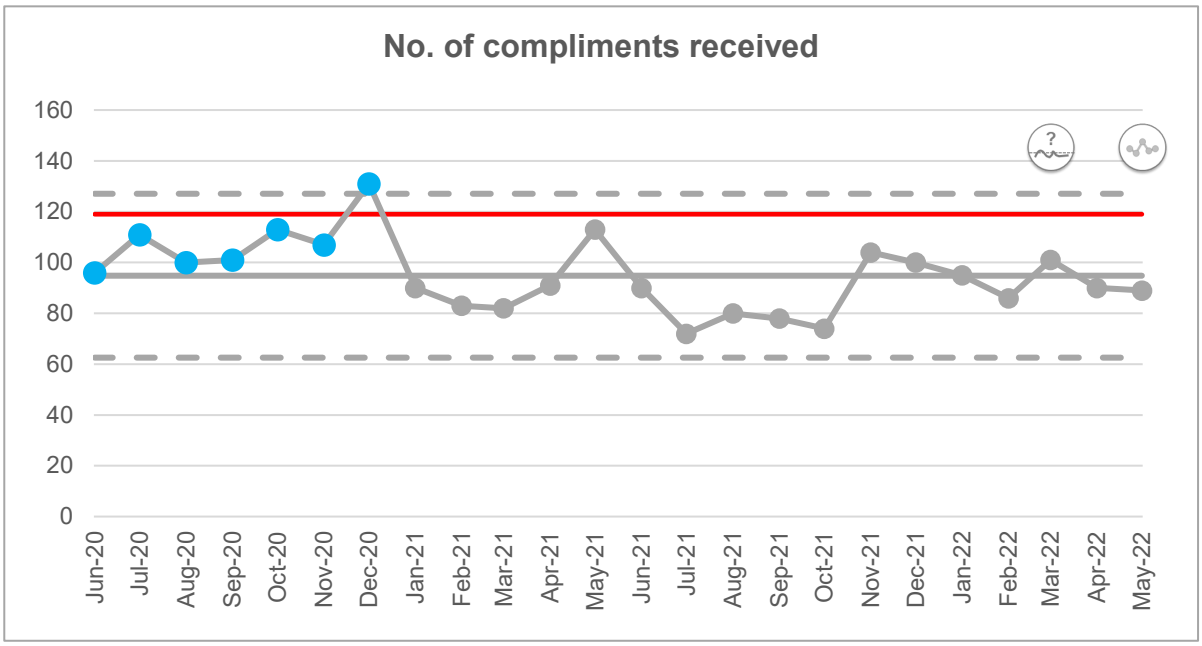
24. Bank staff



Bank shift requests remain high and above levels seen at the start of 2022 as we entered into the Omicron wave of the pandemic. An overall fill rate of 76% has been maintained over the past 12 months and the active bank staff continue to support the substantive workforce. May 2022 saw a reduction of agency filled requests and there is now a conscious move to rapidly reduce reliance on agency in line with pre COVID levels.

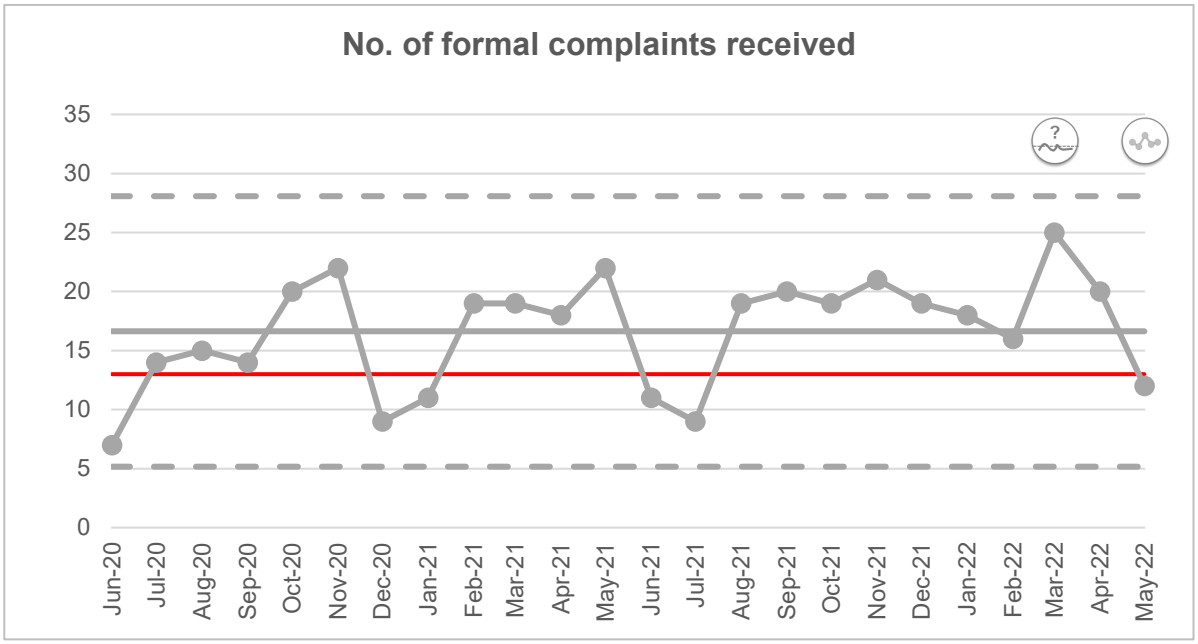
Quality

25. Compliments



The number of compliments continues to remain below the expected level however, as face to face contact increases, so does the number of compliments received. This is due to compliments mostly being received verbally and then staff recording them. A Head of Nursing has now been allocated to lead on Trust-wide projects and their first project is the roll out of the electronic patient survey which will provide a further method of receiving compliments, complaints, and concerns. Work is also underway to ensure staff are recording compliments when they are received. With an increase in accessibility, it is expected that a natural increase in compliments, complaints and concerns will occur.

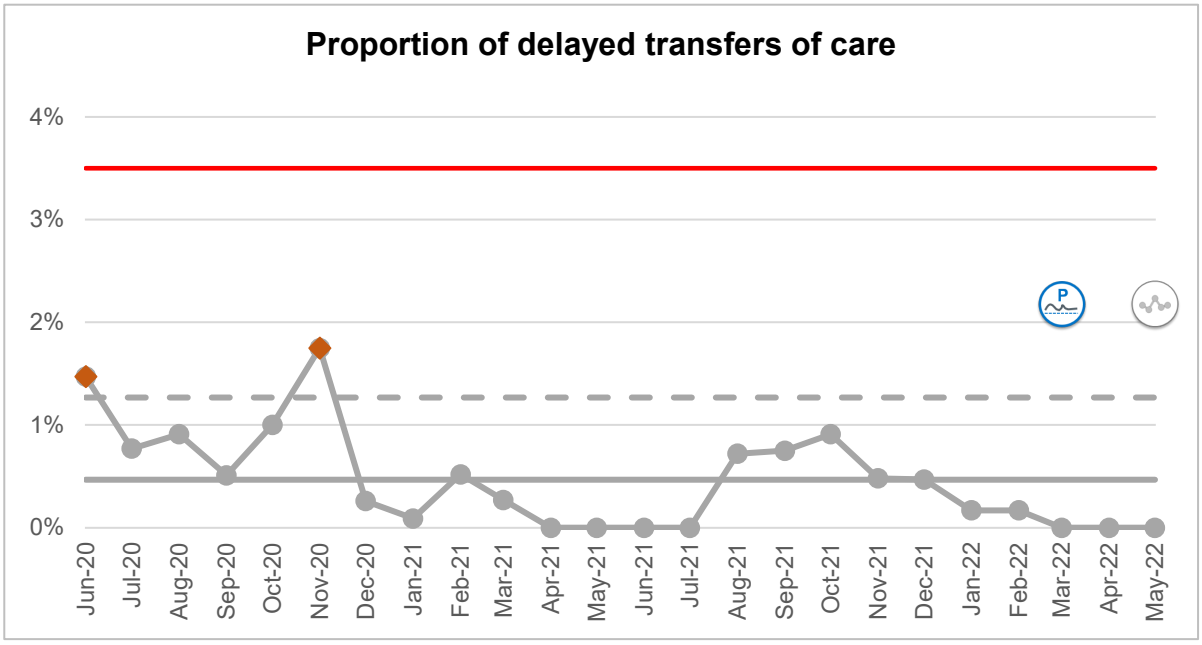
26. Complaints



As face-to-face contact increases and services begin to stand back up, the number of complaints initially increased. However, they are now on a downward trend and Currently sit below the Trust

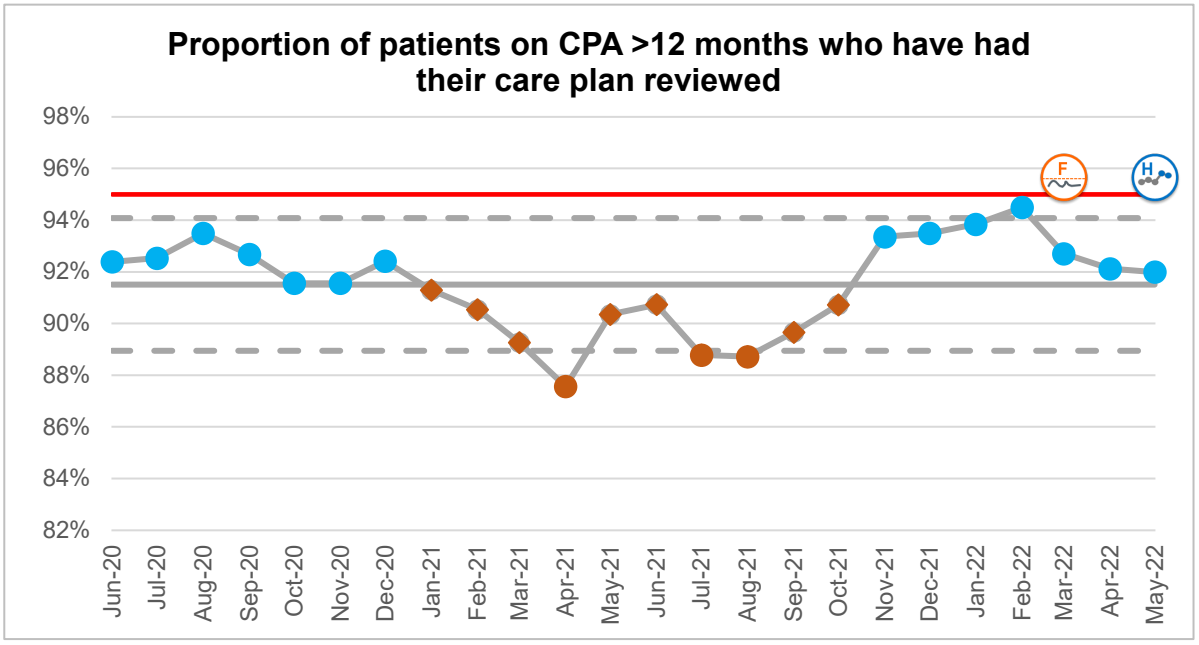
target. In reviewing data, a large number of complaints are in relation to reduced face to face contact and reduced access to services. As services continue to stand back up and the electronic patient survey is implemented the number of complaints is expected to continue to decrease.

27. Delayed transfers of care



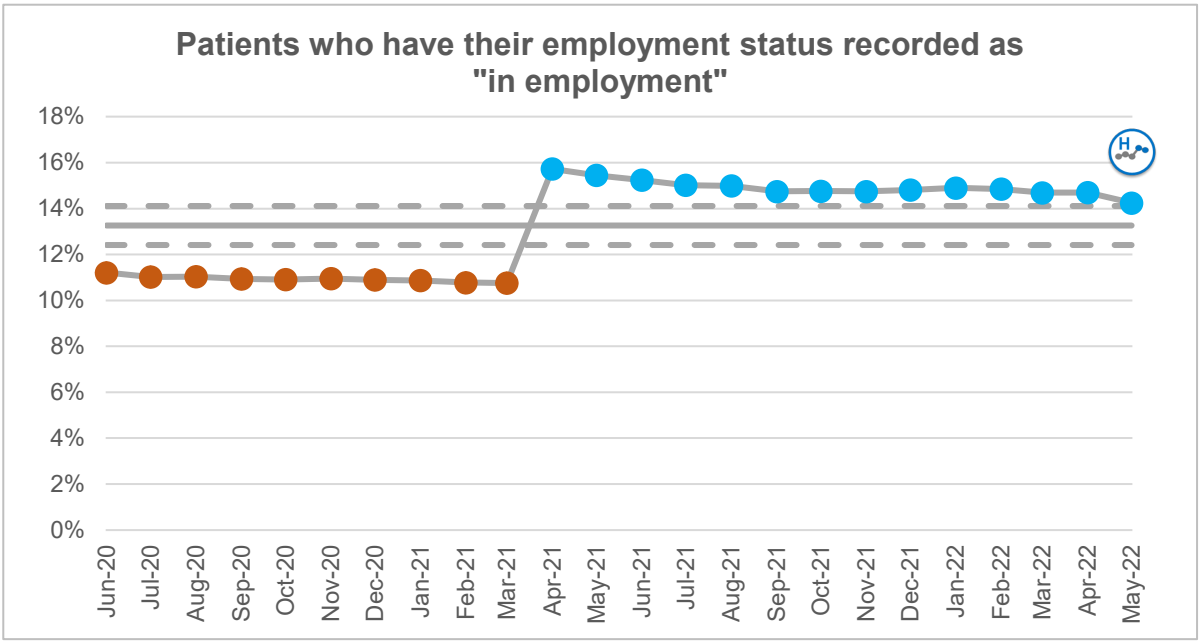
Since the multi-agency discharge events (MADE) were held, numbers of delayed transfers of care have reduced and now sit below the mean line. Work continues within the rapid review processes and clinical meetings.

28. Care plan reviews



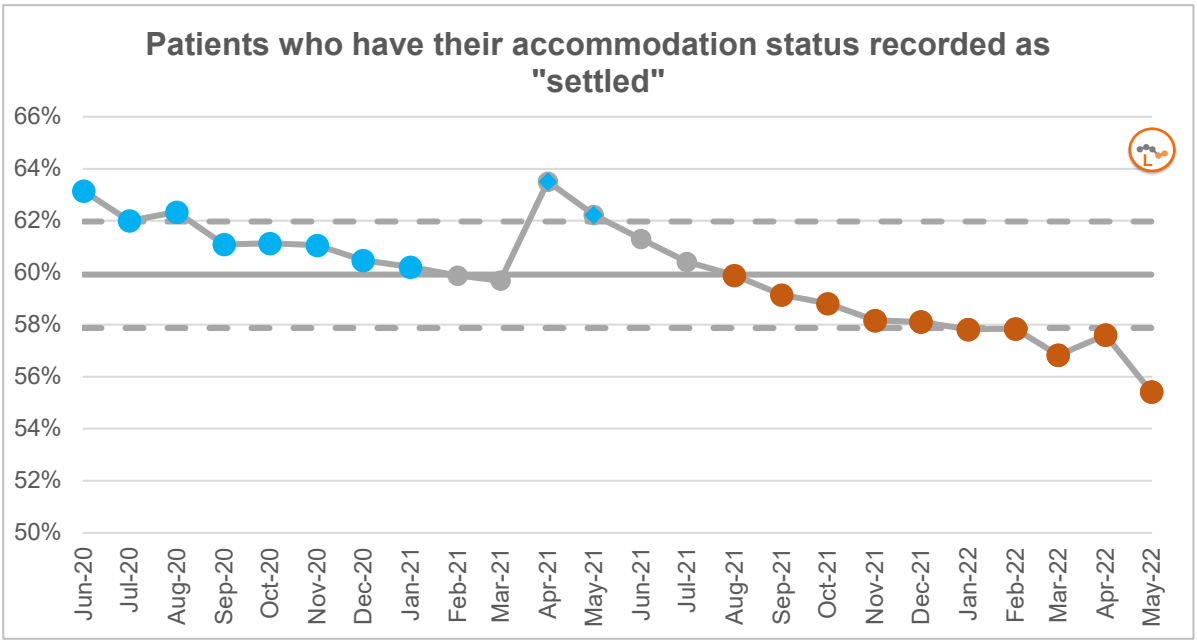
The proportion of patients whose care plans have been reviewed continues to be lower than usual. A new system of clinical quality audits is being implemented across trust divisions which will help to identify those patients whose care plans require review. This work is being led by the Heads of Nursing. Over the next quarter we would expect the trajectory to improve. As we move over to SystmOne, processes are expected to improve further still.

29. Patients in employment



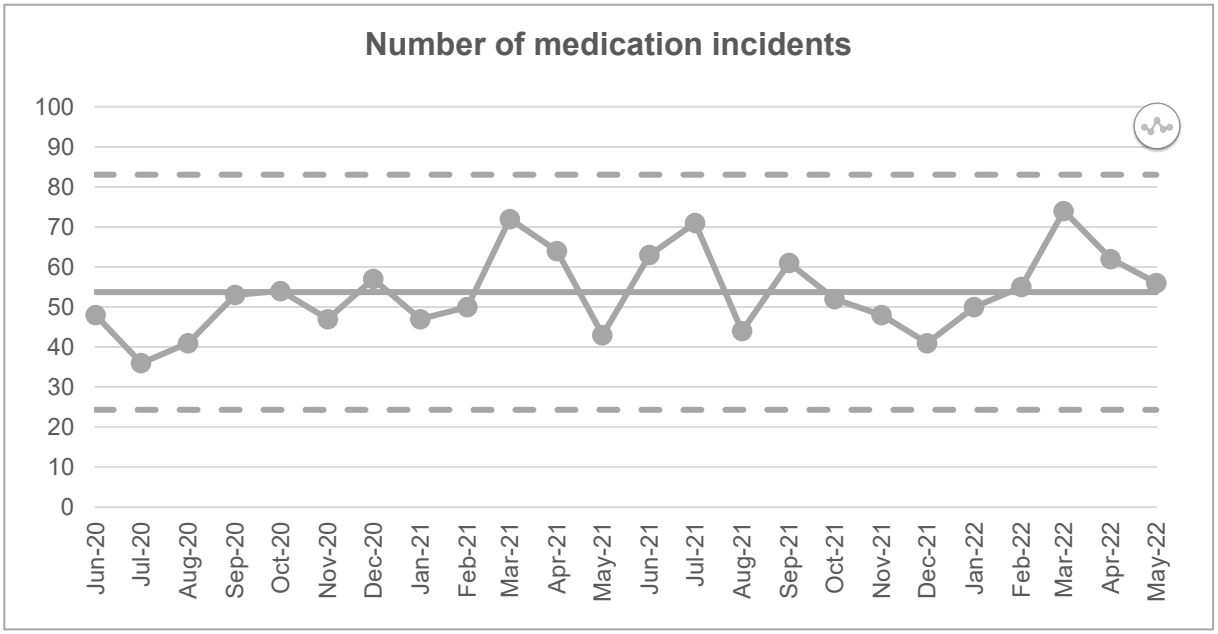
Around one third of patients have no employment status recorded. The Individual Placement Support (IPS) Service continues to have success in supporting people into employment even during the pandemic and the service is currently expanding. They currently have 11 employment support workers, and this is planned to expand to 22. The Trust has recently employed two experts by experience to focus on the implementation and management of Health Education England training in relation to peer support working and apprentices. As a result, those in employment or education is expected to improve in time. This aims to support people into employment, apprentice, or education. Therefore, over the next quarter we would expect the numbers of patients in employment to rise.

30. Patients in settled accommodation



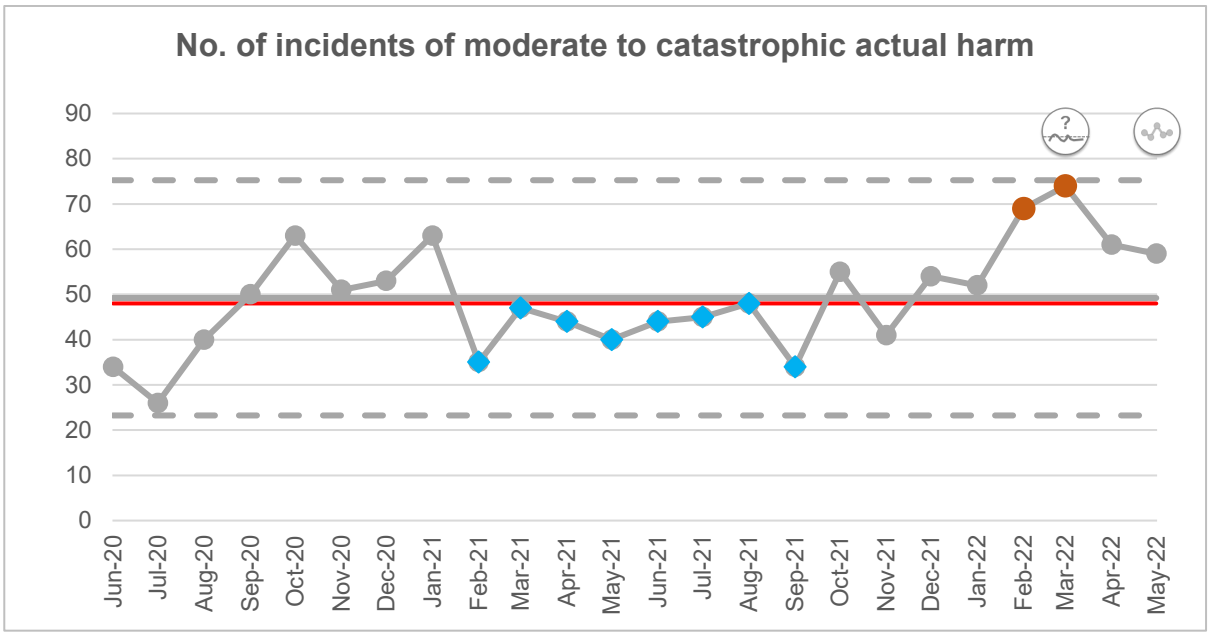
Around one third of patients have no accommodation status recorded.

31. Medication incidents



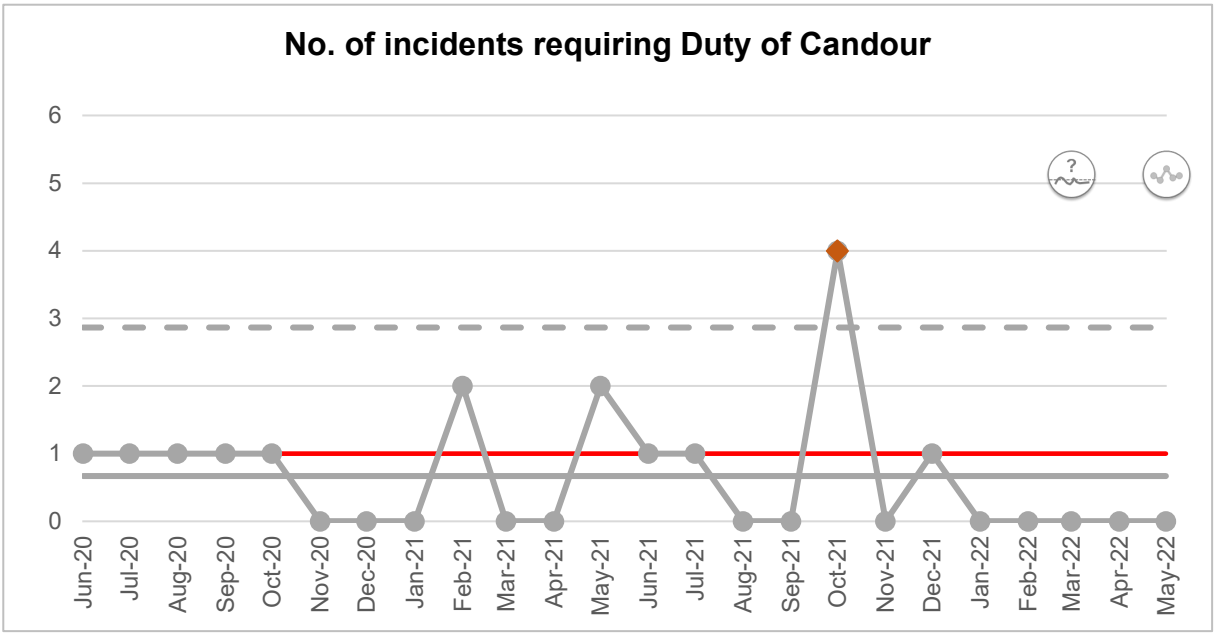
Although there is fluctuation with the number of medication incidents recorded, they are within the common cause variation in relation to the mean. When looking into medication incidents, they take a variety of forms, from missed doses, wrong medication administration, missed fridge temperature recording, prescription error and documenting errors. The medicines management operational subgroup is currently revising the medications error procedure, taking into account Trust values, and the Acute Inpatient Matrons and Head of Nursing are in the process of updating the relevant policies which will reduce the number of insignificant incidents. A report on incidents is also reviewed within the Monthly COAT meeting for each division.

32. Incidents of moderate to catastrophic actual harm



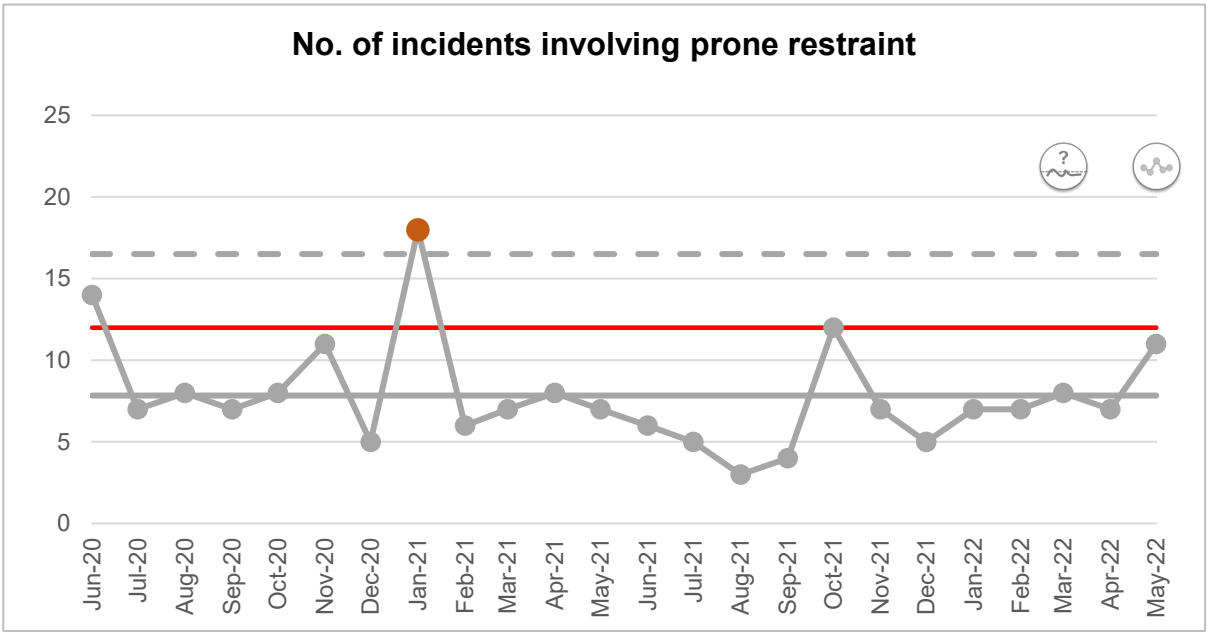
The number of reported incidents of moderate to catastrophic harm have remained within common cause variation throughout the reporting period. Although the total number of incidents are still above the mean line, the trajectory is decreasing. This will continue to be monitored by the Heads of Nursing team on a quarterly basis and fed into the relevant COAT meetings.

33. Duty of Candour



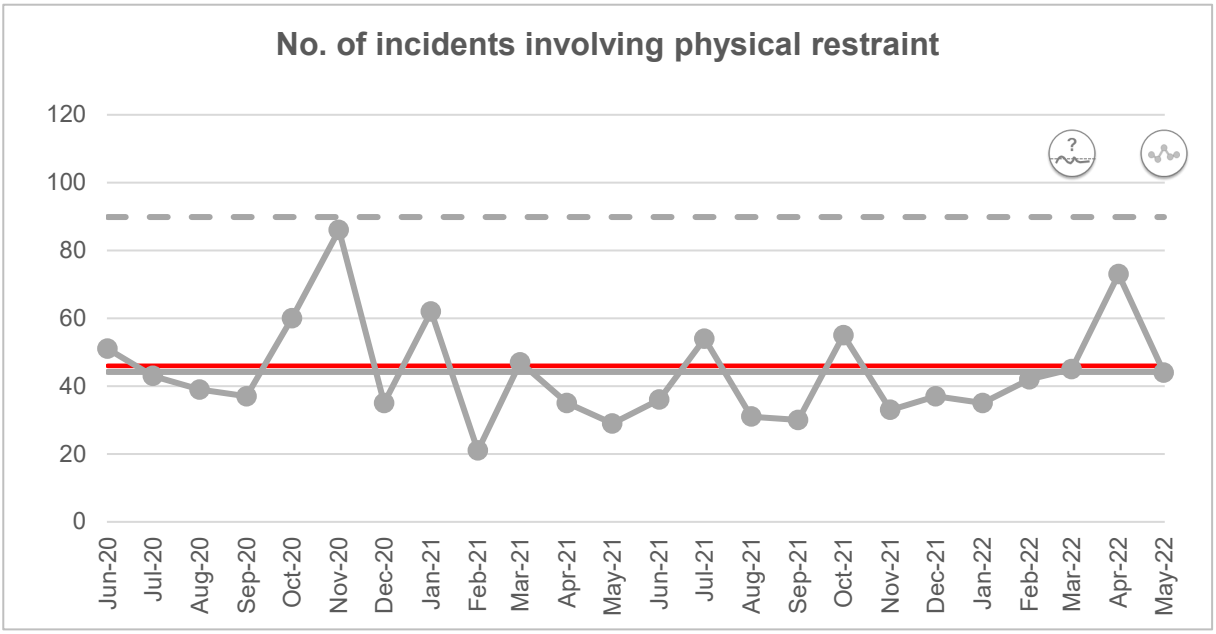
There have been zero instances of Duty of Candour in the last 3 months. This Is due to reports being finished and signed off by the Executive Serious Incident Group and Duty of candour being raised in batches, resulting in spikes of Incidents being reported at one time. Processes have been reviewed with the Patient Safety team and the Head of Nursing team and training is being implemented to support staff in accurately reporting Duty of Candour in real time. This will likely mean an increase in reported incidents will be seen going forward and a more accurate mean established. This will continue to be monitored by the Patient Safety and Head of Nursing teams

34. Prone restraint



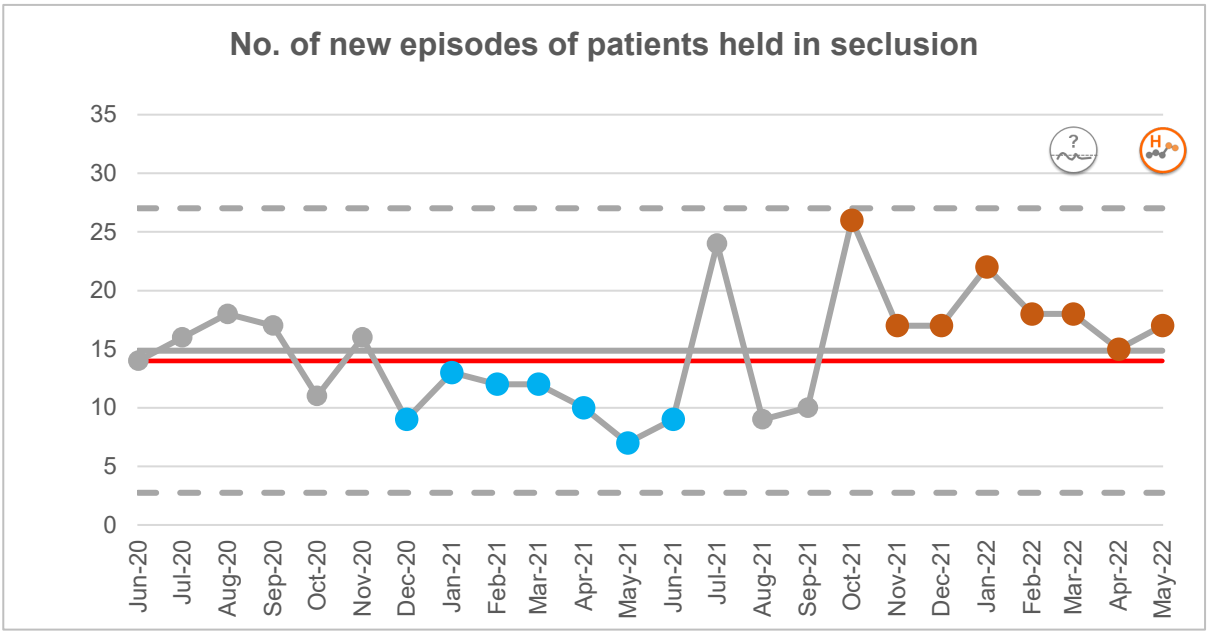
There are ongoing work streams to support the continuing need to reduce restrictive practice, including the introduction of body worn cameras, monitoring of restrictive practice within forums. Data analysis and review has shown that even where restraint and seclusion has increased, the use of prone restraint has continued to remain below the expected amount. Although some spikes in data have occurred in the last 6 months, the overall numbers of prone restraint are much lower than the regional average per bed numbers.

35. Physical restraint



The number of reported incidents involving restraint have remained within common cause variation throughout the reporting period. The changes in numbers are linked to the data above relating to prone restraint and below relating to seclusion. It is important to highlight that a common impacting factor to restrictive practice is increased use of bank staff, vacancies, increased sickness, staffing challenges and concerns relating to closed culture. A working group has been created to put together a working procedure for assessing closed cultures and what needs to be done where closed cultures are identified. This work aims to improve patient feedback along with reducing restrictive practice both in inpatient services and community services.

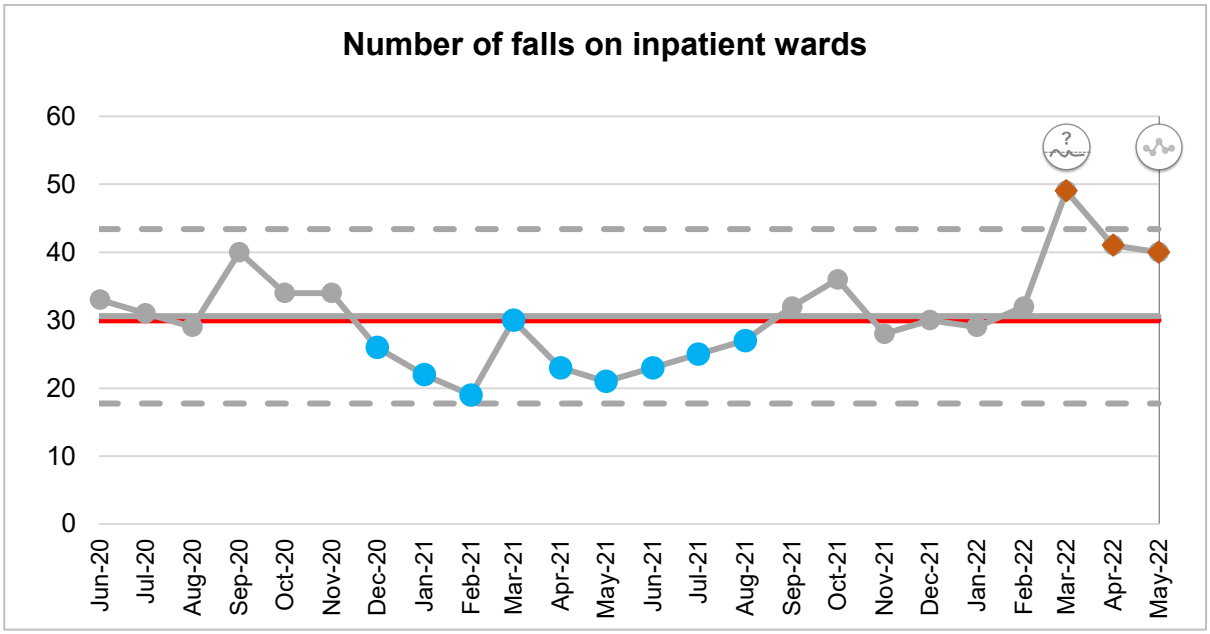
36. Seclusion



The use of seclusion has been above the mean common cause variation from October 2021. In further investigating this trend, there appears to be a link to a small number of patients who have been placed in seclusion on more than one occasion. This data will be monitored for patterns and further support needs for individual areas. Further auditing and investigation will be carried out by

the Head of Nursing for Acute and Assessment Services and will also include the links to Psychiatric Intensive Care Unit use.

37. Falls on inpatient wards

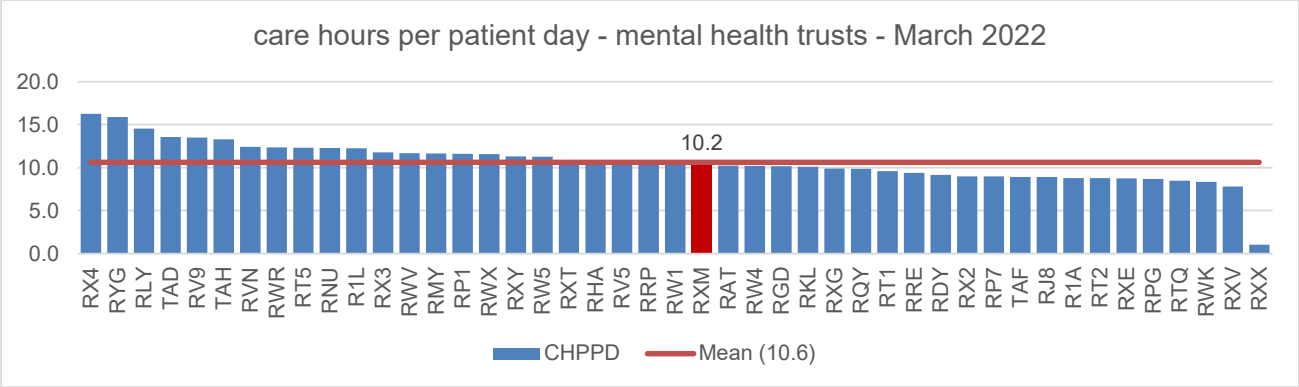


After an increase above the mean line in September incidents have continued to increase with an abnormal spike in March 2022. A review of Falls was commissioned and identified that a high number of falls were related to the same small number of patients. From this review a biweekly “falls review meeting” chaired by the Matron for older adult services has been started to identify any specific needs for those patients falling regularly. Over the next quarter we would expect to see a decline in the total number of falls on inpatient wards.

Care Hours Per Patient Day (CHPPD)

CHPPD is rolling data updated monthly, to show staffing levels in relation to patient numbers on an inpatient ward. Every month, the hours worked during day shifts and night shifts by registered nurses and midwives and by healthcare assistants are added together. Each day, the number of patients occupying beds at midnight is recorded. These figures are added up for the whole month and divided by the number of days in the month to calculate a daily average. Then the figure for total hours worked is divided by the daily average number of patients to produce the rate of care hours per patient day. Work is underway to implement processes relating to staffing levels and how they are recorded in line with CHPPD and patient acuity. This will be in the form of the MHOST reporting system and SafeCare module within E-Roster.

The chart below shows how we compared in the latest published national data when benchmarked against other mental health trusts. We were very slightly below average:

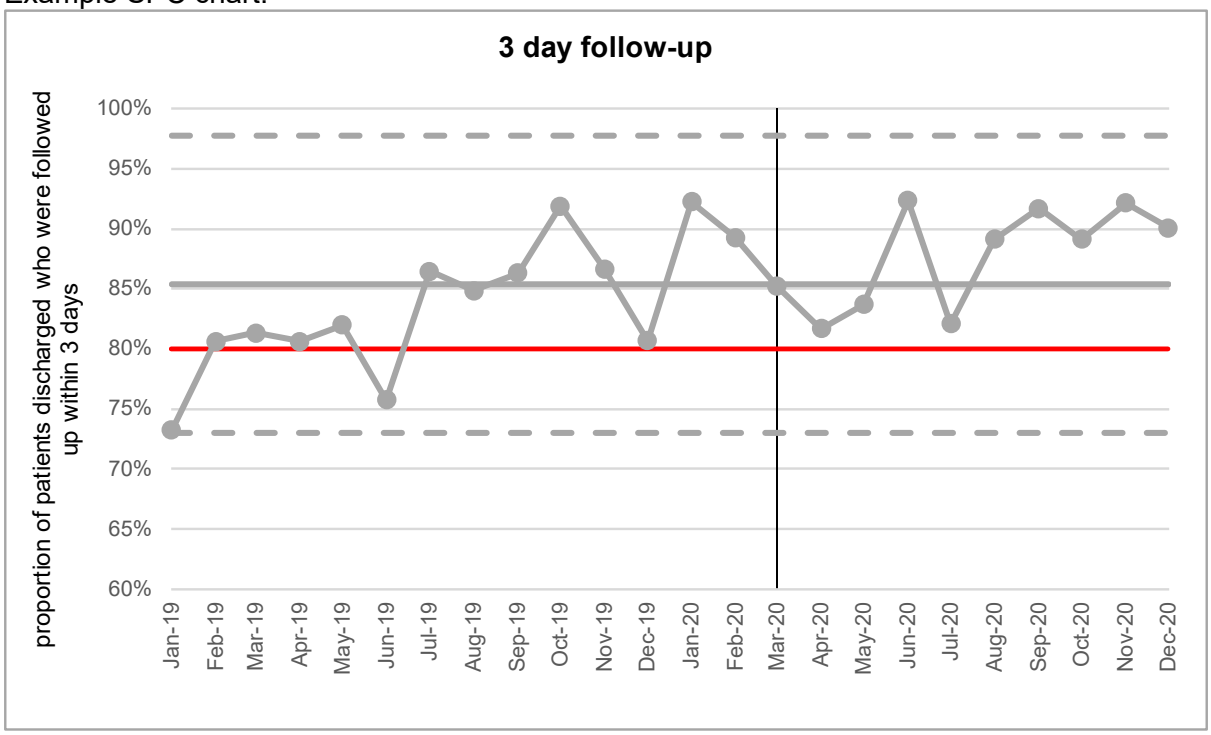


Data source: NHS England » Care hours per patient day (CHPPD) data

Appendix 1

Statistical Process Control Chart (SPC) Guidance

Example SPC chart:



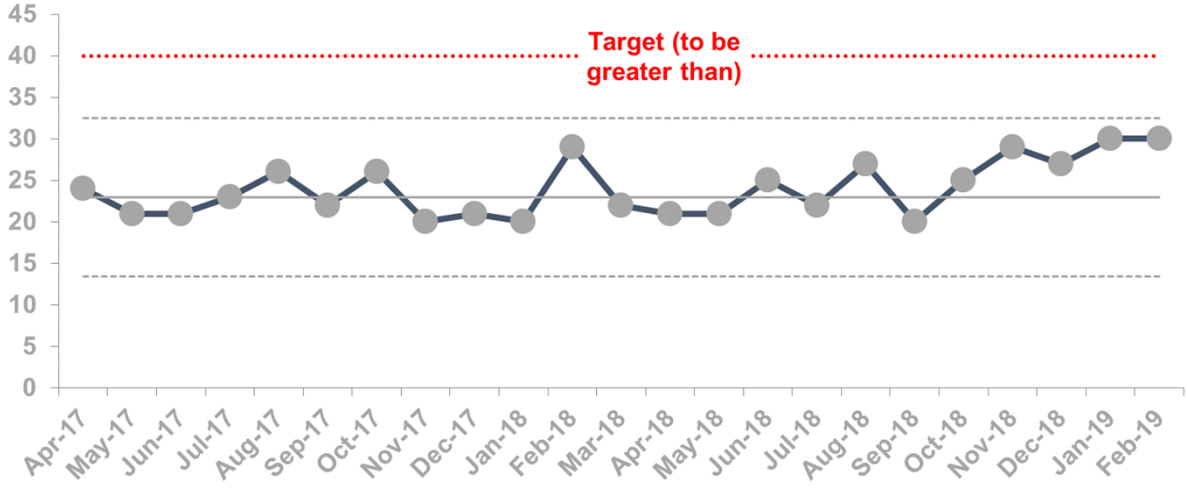
- The red line is the target.
- The grey dots are the actual performance each month. They are coloured grey as performance each month is normal in this example.
- The solid grey line is the average (mean) of all the grey dots.
- The grey dotted lines are called process limits, or control limits.

Very simply, any grey dots sitting between the upper and lower grey dotted lines is normal performance for the process and is known as “common cause variation”.

The closer the two grey dotted lines are together, the less variation there is and therefore the more tightly controlled is the process.

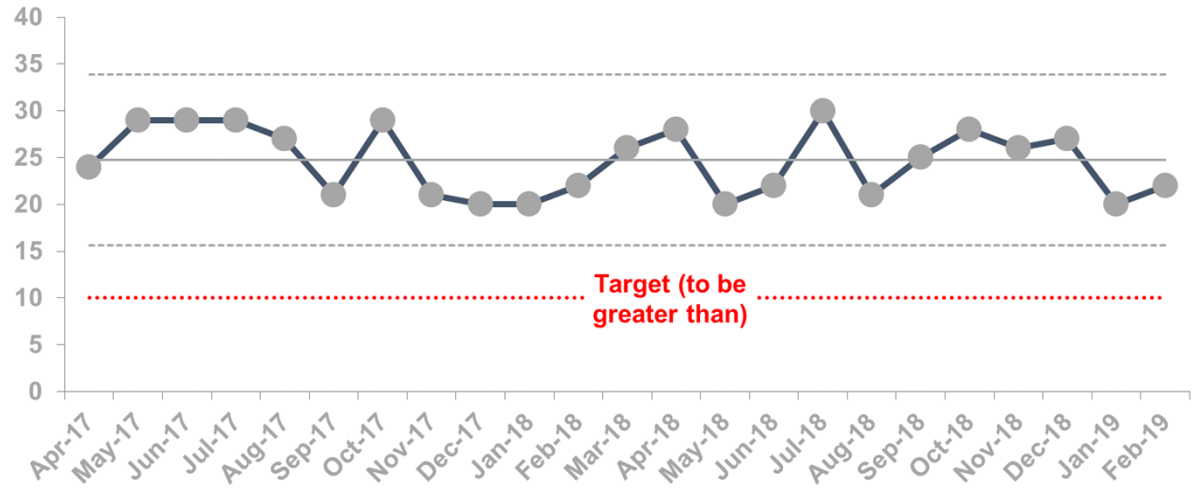
Things to look out for:

1. A process that is not working



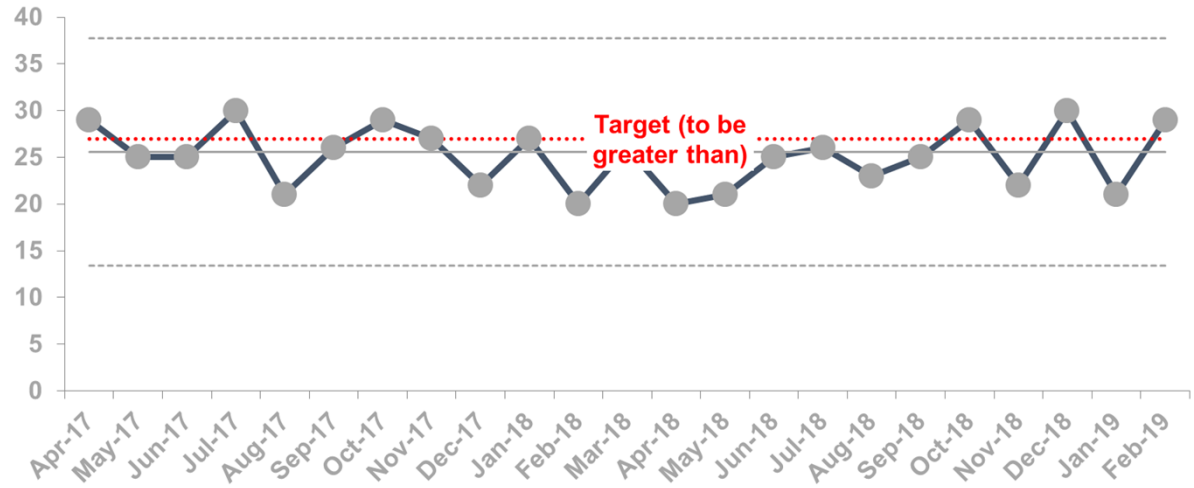
In this example the target is higher than the upper dotted grey line. This means that the target will never be achieved. To achieve the target, we need to change how we do things.

2. A capable process



The lower grey dotted line is above the target line. This gives assurance that the target will consistently be achieved, and that the system is effective.

3. An unreliable system

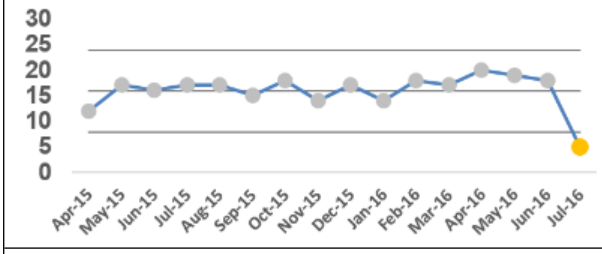
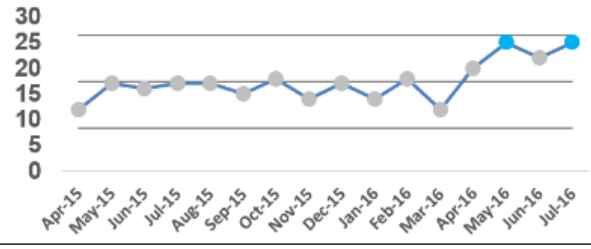


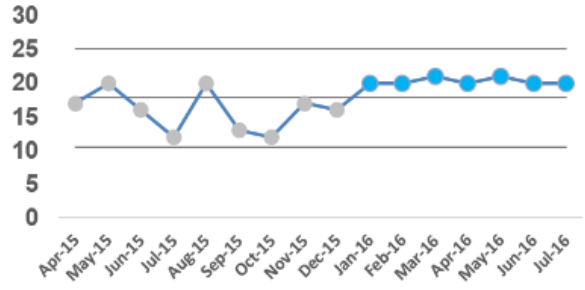
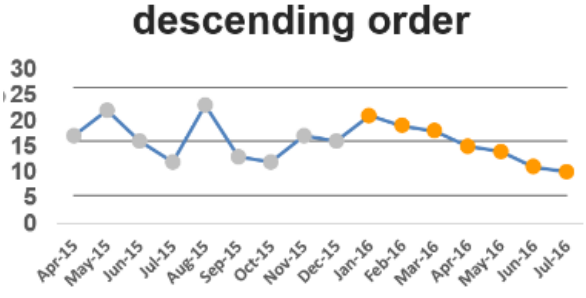
In this example the target line sits between the 2 grey dotted lines. As it is normal for the grey dots to fall anywhere between the 2 dotted grey lines, this means that it is entirely random as to whether or not the target will be achieved. So, this system is unreliable and needs to be redesigned if the target is to be consistently achieved.

4. Unusual patterns in the data

If there is anything unusual in the data, the grey dots will change colour. Orange means it is unusually worse than expected and blue means it is unusually better than expected. These unusual patterns should be looked into to establish why it is happening.

There are four scenarios where this can happen:

	
In this example the July 16 perfomance is significantly lower than expected and falls beneath the lower grey dotted line.	2 out of 3 points close to one of the grey dotted lines is statistically significant, in this case they are blue, indicating better than expected performance.

	
A run of 7 points above or below the average line is significant. In this example it might indicate that an improvement was made to the process in Jan 16 that has proven to be effective.	A run of 7 points in consecutive ascending or descending order is significant. In this example things are getting worse over time.

(Adapted from guidance kindly provided by Karen Hayllar, NHS England & NHS Improvement)

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 5 July 2022

Medical Appraisal in DHCFT 2021/22

Purpose of Report

To provide the Board with an update on medical appraisal within the Trust and data from the 2021/22 medical appraisal cycle.

Executive Summary

The purpose of medical revalidation and appraisal is to support and develop our medical workforce through reflection on clinical practice, whilst complying with General Medical Council (GMC) frameworks to protect patients.

DHCFT continues to carry out high quality medical appraisals. The process has been adapted in keeping with national guidance in light of the pandemic. Medical staff are well engaged with the appraisal process despite challenges due to the pandemic. 96 doctors had a connection with DHCFT for appraisal as at 31 March 2022. Of these, 75 have completed appraisals within the required timeframe. One has an extension due to long term sickness. Of the 20 who have not completed appraisals 11 have a plan in place to complete their appraisal within one month. The other 9 received a letter from the Responsible Officer Dr Sykes. Of these 9, 7 have responded and 2 require further follow up.

Recent training for new appraisers and refresher training for existing appraisers has taken place which was high quality and valued by attendees. Peer support forums are planned for appraisers to attend over the next 12 months.

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	

Assurances

- DHCFT continues to carry out high quality medical appraisals
- Medical staff are engaged in the process of appraisal and have adapted to challenges posed by COVID-19

Consultation

The Medical director attended a Responsible Officer (RO) Network event on 26 June 2022 which launched the new Medical Appraisal Guide. The Medical Appraisal Guide: Model Appraisal Form (MAG Form) we currently use for appraisals will be phased out and we will need to choose a web-based system at extra cost. A simplified standard appraisal for all NHS staff is to be introduced but it is not clear whether this will be instead of or additional to the present medical system.

Governance or Legal Issues

Clinical Governance - Medical Appraisal forms part of the GMC revalidation process.

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:

1. There is national concern that doctors from ethnic minorities are overrepresented in referrals rates to the GMC. Doctors are highly unlikely to be referred to the GMC as an appraisal outcome unless they absolutely disengage from the process.

2. Revalidation (every 5 years) is dependent on successful appraisal for individual doctors although revalidation can be deferred without prejudice to allow appraisals to be completed. There have been no deferrals to date for 2021-2022.

3. Disciplinary procedures are often discussed in the same governance discussion as appraisal/revalidation, but the processes are distinct and should be considered separately.

Recommendations

The Board of Directors is requested to:

1) Note the contents of this report
2) Confirm the report gives assurance that the Trust is compliant with the Medical Profession (Responsible Officer Regulation) 2010 as amended in 2013.
3) Agree sign off arrangements and submission to NHS England.

Report presented by: **Dr John Sykes, Medical Director**

Report prepared by: **Dr Wendy Brown, Medical Appraisal Lead**

Classification: Official

Publications approval reference: B0614

A framework of quality assurance for responsible officers and revalidation

Annex D – annual board report and statement of compliance

Version 1, July 2021

Contents

Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and seven annexes A – G.

In 2019 a review of the Annual Organisational Audit (AOA), Board Report template and the Statement of Compliance concluded with a slimmed down version of the AOA (Annex C) and a revised Board Report template (Annex D), which was combined with the Statement of Compliance (previously listed as Annex E) for efficiency and simplicity.

Annual Organisational Audit (AOA):

At the end of April 2021, Professor Stephen Powis wrote to Responsible Officers and Medical Directors in England letting them know that although the 2020/2021 AOA exercise had been stood down, organisations will still be able to report on their appraisal data and the impact of adopting the Appraisal 2020 model, for those organisations who have, in their annual Board report and Statement of Compliance.

Board Report template:

Following the revision of the Board Report template in June 2019 to include the qualitative questions previously contained in the AOA, the template has been further updated this year to provide organisations with an opportunity to report on their appraisal data as described in the letter from Professor Stephen Powis.

A link to the letter is below:

https://www.england.nhs.uk/coronavirus/publication/covid-19-and-professional-standards-activities-letter-from-professor-stephen-powis/

The changes made to this year's template are as follows:

Section 2a – Effective Appraisal

Organisations can use this section to provide their appraisal information, including the challenges faced through either pausing or continuing appraisals throughout and the experience of using the Appraisal 2020 model if adopted as the default model.

Section 2b – Appraisal Data

Organisations can provide high level appraisal data for the period 1 April 2020 – 31 March 2021 in the table provided. Whilst a designated body with significant groups of doctors (e.g. consultants, SAS and locum doctors) will find it useful to maintain internal audit data of the appraisal rates in each group, the high-level overall rate requested is enough information to demonstrate compliance.

With these additional changes, the purpose of the Board Report template is to help the designated body review this area and demonstrate compliance with the responsible officer regulations. It simultaneously helps designated bodies assess their effectiveness in supporting medical governance in keeping with the General Medical Council (GMC) handbook on medical governance.[1] This publication describes a four-point checklist for organisations in respect of good medical governance, signed up to by the national UK systems regulators including the Care Quality Commission (CQC). The intention is therefore to help designated bodies meet the requirements of the system regulator as well as those of the professional regulator. Bringing these two quality strands together has the benefits of avoiding duplication of recording and harnessing them into one overall approach.

The over-riding intention is to create a Board Report template that guides organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time. Completion of the template will therefore:

a) help the designated body in its pursuit of quality improvement,

b) provide the necessary assurance to the higher-level responsible officer, and

c) act as evidence for CQC inspections.

[1] Effective clinical governance for the medical profession: a handbook for organisations employing, contracting or overseeing the practice of doctors GMC (2018) [https://www.gmc-uk.org/-/media/documents/governance-handbook-2018_pdf-76395284.pdf]

Statement of Compliance:

The Statement Compliance (in Section 8) has been combined with the Board Report for efficiency and simplicity.

Designated Body Annual Board Report

Section 1 – General:

The board of Derbyshire Healthcare NHS Foundation Trust can confirm that:

1. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year: The DHCFT Medical Director (Dr J R Sykes) continues in his role as Responsible Officer Comments: The DHCFT RO maintains his role and responsibilities effectively Action for next year: Dr J R Sykes is retiring from his Medical Director and RO role. On appointment, the new Medical Director will take on the RO role. The DHCFT RO will continue to discharge the role and responsibilities on behalf of the medical staff and will provide appropriate support to the Medical Appraisal Lead.

1. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes Action from last year: Maintain adequate numbers of trained appraisers and offer training to encourage new appraisers. Comments: Externally delivered high quality training was provided in June 2022 for new and existing appraisers. Newly trained appraisers will be able to take up the role, with support, over the next 6 months. Action for next year: Peer support forums to be set up to support appraisers.

2. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

Action from last year: To continue to maintain up to date information.

Comments: A spreadsheet is maintained of all medical practitioners through the efforts of the medical appraisal lead, HR and the personal assistant to the RO.

Action for next year: To continue to maintain this up to date information.

3. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year: The policy will continue to be reviewed in line with DHCFT timeframes.

Comments: The medical appraisal policy was reviewed in 2021 and is available for staff on the DHCFT intranet.

Action for next year: The policy will continue to be reviewed in line with DHCFT timeframes.

4. A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

Actions from last year: Confirmatory external peer review to be considered during future appraisal cycles. Comments: A peer review has not yet taken place due to impact of COVID 19 on working arrangements and added clinical pressures. Internal measures such as appraiser and appraisee feedback are in place and demonstrate a high standard of appraisal. Action for next year: consideration to be given to peer review during future appraisal cycles.

5. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Action from last year: As per present functioning, ensuring locum doctors of all grades have, where appropriate, the offer of participation within the DHCFT processes of CPD, appraisal, revalidation and governance. Comments: Locum and short term placement doctors are contacted by the medical appraisal lead and arrangements put in place for their appraisal as required. Agency locums may carry out their appraisal through their agency. All have access to CPD, appraisal, revalidation and governance. Action for next year: to continue with this arrangement

Section 2a – Effective Appraisal

1. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes. For organisations that have adopted the Appraisal 2020 model, there is a reduced requirement for preparation by the doctor and a greater emphasis on verbal reflection and discussion in appraisal meetings. Organisations might therefore choose to reflect on the impact of this change.

Those organisations that have not yet used the Appraisal 2020 model may want to consider whether to adopt the model and how they will do so.

Action from last year: To ensure 100% of eligible doctors have a completed appraisal during the 2020/2021 cycle, that there are no missed or incomplete appraisals and if possible, that the number of deferred appraisals is reduced. Comments: Covid 19 has impacted significantly on doctor's ability to focus on appraisal. This has been due to increased work pressures as well as the personal impact of Covid. However, we have entered a phase whereby the majority of doctors are now up to date, or will shortly be up to date, with appraisal requirements. Action for next year: to continue to ensure compliance with appraisal timeframes.

2. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year: to continue to ensure compliance with appraisal timeframes. Comments: Doctors whose appraisals have been delayed are aware of the requirements and have a plan in place to complete their appraisal. Action for next year: to continue to ensure compliance with appraisal timeframes.

3. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year: Policy will be reviewed according to DHCFT timeframes. Comments: Medical Appraisal Policy has been reviewed in 2021. Action for next year: Policy will be reviewed according to DHCFT timeframes.

4. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year: To encourage further medical staff to take on appraisal training to accommodate potential future retirements or resignations. Comments: Despite impact of Covid we have maintained adequate numbers of appraisers to carry out our medical appraisals. Recent training for new

appraisers was well attended and these doctors will be able to take on the appraiser role over the next 6 months.

Action for next year: to continue to maintain adequate trained appraisers through training new appraisers to account for retirements and resignations..

5. Medical appraisers participate in ongoing performance review and training/ development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers[2] or equivalent).

Action from last year: New Lead Appraiser to attend relevant regional appraiser network/development events and provide feedback. Appraiser refresher session to be arranged. Updating of appraiser dashboards as appraisal cycles progress.

Comments: Progress continues to be impacted by Covid 19 as appraisal was put on hold for 6 months and development events and activities have not taken place as usual. However, appraisee feedback shows that appraisals continue to be of a high quality. Appraiser training has taken place within DHCFT.

Action for next year: We will continue to seek opportunities for feedback and peer review within the appraiser group as well as periodic refresher training.

[2] http://www.england.nhs.uk/revalidation/ro/app-syst/

6. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year: The Lead Appraiser conducts QA audits on returned appraisal MAG forms determining –

1. The rate of successfully completed entries
2. The acceptability of completed entries
3. Evidence of successful reflection within the MAG form
4. A determination of the quality of MAG form entries

Comments: A full audit has not been completed this year due to the impact of Covid19 on national guidance, workload and clinical pressures.

Action for next year: Audit to be carried out and comparison of audit results.

Section 2b – Appraisal Data

1. The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

Name of organisation:	Derbyshire Healthcare NHS Foundation Trust
Total number of doctors with a prescribed connection as at 31 March 2021	96
Total number of appraisals undertaken between 1 April 2020 and 31 March 2021	75
Total number of appraisals not undertaken between 1 April 2020 and 31 March 2021	20
Total number of agreed exceptions	1

Section 3 – Recommendations to the GMC

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Action from last year: The medical director has regular documented meetings with the GMC Employment Liaison Officer.

Comments: Fitness to practice issues and thresholds of referral are discussed and noted.

Action for next year: To continue with regular liaison meetings.

1. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Action from last year: To continue with high levels of compliance.

Comments: All revalidation recommendations have been made within appropriate timeframes.

Action for next year: To continue with high levels of compliance.

Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year: to develop our approach to improving patient safety

Comments: quality improvement activity is undertaken across services and by individuals to look at their own practice. Feedback is given about complaints and serious incidents.

Action for next year: To continue with and develop this approach.

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Action from last year: to develop below approach

Comments: Individual doctors and the appraisal lead are able to link in with the patient experience team for details of any complaints or serious incidents involving them.

Action for next year: to continue and develop this approach

3. There is a process established for responding to concerns about any licensed medical practitioner's[1] fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year: to include information on protected characteristics Comments: Processes are in place involving the patient experience team to review concerns. The RO is in regular contact with the GMC liaison officer to discuss any concerns. The Medical Disciplinary Policy has been extensively revised and ratified by the People and Culture Committee. Action for next year: to continue and develop this approach

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.[3]

Action from last year: to include information on protected characteristics. Comments: previous detailed report to Trust Quality Committee Action for next year: review timing for updated report

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.[4]

Action from last year: maintain process in place. Comments: There is a process in place for the prompt sharing of information between responsible officers. Action for next year: to continue with this.

[3] This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.
[4] The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Action from last year: to further develop "just culture" principles. Comments: DHCFT uses "Just culture" principles. Governance arrangements are subject to an equality impact analysis. Medical Disciplinary Policy has been revised to embrace Just Culture principles and decision making. Action for next year: to continue development of these principles.

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Action from last year: All pre-employment checks are completed before contracts are confirmed. If required DBS waivers are scrutinised and signed off by the Medical Director. Comments: Action for next year: To continue with pre-employment checks as currently practised.

Section 6 – Summary of comments, and overall conclusion

Please use the Comments Box to detail the following: - **General review of actions since last Board report:** DHCFT has maintained high levels of compliance with medical appraisal. Feedback shows we have maintained our high standard of appraisals. This is despite the ongoing challenges of Covid. Training has been provided for new and existing appraisers. - **Actions still outstanding:** Re -audit to be carried out by appraisal lead on the quality of appraisals - **Current Issues:**

Continued work to reduce the impact of Covid 19 on appraisal timeframes

Develop newly trained appraisers

- **New Actions:**

  To ensure all doctors are working within appraisal timeframes following Covid impact on appraisal.

  Establish peer support forums for appraisers

Overall conclusion:

Medical appraisal continues to be impacted by the pressures of the pandemic. However, within DHCFT we have maintained high standards for the quality of our medical appraisals and recruited new appraisers to the role. We continue to work on reducing the number of doctors whose appraisal timeframes are falling outside of the required standard.

Section 7 – Statement of Compliance:

The Board / executive management team – [*delete as applicable*] of [*insert official name of DB*] has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists)]

Official name of designated body: _ _ _ _ _ _ _ _ _ _ _ _

Name: _ _ _ _ _ _ _ _ _ _ _ _ Signed: _ _ _ _ _ _ _ _ _ _ _

Role: _ _ _ _ _ _ _ _ _ _ _ _

Date: _ _ _ _ _ _ _ _ _ _

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

This publication can be made available in a number of other formats on request.

Publication approval reference: PAR614

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 5 July 2022

Learning from Deaths - Mortality Report

Purpose of Report

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 26 March to 30 May 2022.

Executive Summary

Due to recent sickness within the mortality team, there is a backlog of non Datix reportable deaths that require reviewing against the red flags outlined in the Royal College of Psychiatrists Care Review Tool and the internal Trust red flags. All deaths reported through the Incident Reporting and Investigation Policy and Procedure (Datix) continue to be reviewed.

All deaths directly relating to COVID-19 are reviewed through the Learning from Deaths procedure unless they also meet a Datix red flag, in which case they are reviewed under the Incident Reporting and Investigation Policy and Procedure.

- From 26 March to 30 May 2022 there have been 0 deaths reported where the patient tested positive for COVID-19.
- The Trust received 353 death notifications of patients who had been in contact with our service in the last six months There is very little variation between male and female deaths; 169 male deaths were reported compared to 183 females.
- Two Inpatient deaths were recorded.
- The Mortality Review Group reviewed 9 deaths through a Stage 2 Royal College of Psychiatrists Care Review Tool. These reviews were undertaken by a multi-disciplinary team and it was established that of the 9 deaths reviewed, none were due to problems in care.
- The Trust has reported 6 Learning Disability deaths in the reporting timeframe and 1 patient with a diagnosis of Autism Spectrum Disorder (ASD).

Good practice identified through case note reviews is fed back to clinicians involved as part of our appreciative learning.

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	
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	

Assurances

This report provides assurance that the Trust is following recommendations outlined in the National Guidance on Learning from Deaths.

Consultation

Quality and Safeguarding Committee 14 June 2022.

Governance or Legal Issues

There are no legal issues arising from this report.

The Care Quality Commission Regulations - this report provides assurance as follows:

- Outcome 4 (Regulation 9) Care and welfare of people who use services
- Outcome 14 (Regulation 23) Supporting staff
- Outcome 16 (Regulation 10) Assessing and monitoring the quality of service provision
- Duty of Candour (Regulation 20).

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:

- 26 March 2022 to 30 May 2022 There is very little variation between male and female deaths; 169 male deaths were reported compared to 183 females.
- No unexpected trends were identified according to ethnic origin or religion.

Recommendations

The Board of Directors is requested to accept this Mortality Report as assurance of the Trust's approach and agree for the report to be published on the Trust's website as per national guidance.

Report presented by: **Dr John R Sykes**
Medical Director

Report prepared by: **Rachel Williams**
Lead Professional for Patient Safety and Experience

Louise Hamilton
Mortality Technician

Learning from Deaths - Mortality Report

1. Background

In line with the CQC's recommendations in its review of how the NHS investigates patient deaths, the National Quality Board published a framework for NHS Trusts - 'National Guidance on Learning from Deaths[1]'. The purpose of the framework is to introduce a more standardised approach to the way NHS Trusts report, investigate and learn from patient deaths, which should lead to better quality investigations and improved embedded learning.

To date the Trust has met all of the required guidelines. The report presents the data for 26 March to 30 May 2022.

2. Current Position and Progress (including COVID-19 related reviews)

- The Trust is still waiting to ascertain if cause of death (COD) will be available through NHS digital. Currently COD is been ascertained through the coroner officers in Chesterfield and Derby but only a very small number of COD have been made available.

- Eight Case Note Review sessions were undertaken, where nine incidents were reviewed. Unfortunately, five sessions did not take place due to lack of medic availability and five sessions did not take place due to the availability of an Investigation Facilitator.

- Regular audits continue to be undertaken to ensure compliance with policy and procedure and any necessary amendments made. This has included auditing complaint data against names of deceased patients to ensure this meets the requirements specified in the National guidance. The last audit was completed 18 March 2022.

- The monthly mortality review group meetings resumed in November 2020. These were put on hold during the COVID pandemic but have now resumed. During this period one meeting took place and one was cancelled due to the Medical Director been unavailable.

3. Data Summary of all Deaths

Note that inpatients and learning disability (LD) data is based upon whether the patient has an open inpatient or LD referral at time of death. The table below outlines information for 26 March to 30 May 2022.

	26 – 31 March	April	May
Total Deaths Per Month	22	176	155
LD Referral Deaths	0	4	2
ASD referral to LeDeR			1
Inpatient Deaths	0	1	1

Correct as of 1 June 2022

[1] National Guidance on Learning from Deaths. National Quality Board. March 2017

169 patients were male, 183 were female, 271 were white British and 3 Asian/Asian British Pakistani. The youngest age was 0 years, the eldest age was 99.

From 26 March to 30 May 2022, the Trust received 353 death notifications of patients who have been in contact with our services.

4. Review of Deaths

Total number of Deaths from 26 March to 30 May 2022 reported on Datix	29 “Unexpected deaths” 0 COVID-19 deaths 4 “Suspected deaths” 5 “Expected - end of life pathway” NB some expected deaths have been rejected so these incidents are not included in the above figure 2 Inpatient deaths
Incidents assigned for a review	37 incidents assigned to the operational incident group 0 did not meet the requirement 1 incident is to be confirmed

Only deaths which meet the criteria below are reported through the Trust incident reporting system (Datix) and these are also reviewed using the process of the *Untoward Incident Reporting and Investigation Policy and Procedure*; any patient open to services within the last six months who has died, and meets the following:

- Homicide – perpetrator or victim
- Domestic homicide - perpetrator or victim
- Suicide/self-inflicted death, or suspected suicide
- Death following overdose
- Death whilst an inpatient
- Death of an inpatient who died within 30 days of discharge from a DHCFT hospital
- Death following an inpatient transfer to acute hospital
- Death of patient on a Section of the Mental Health Act or Deprivation of Liberty Safeguards (DoLs) authorisation
- Death of patient following absconsion from an inpatient unit
- Death following a physical restraint
- Death of a patient with a learning disability
- Death of a patient where there has been a complaint by family / carer / the Ombudsman, or where staff have raised a significant concern about the quality-of-care provision
- Death of a child (this will also be subject to scrutiny by the Child Death Overview Panel)
- Death of a patient open to safeguarding procedures at the time of death, which could be related to the death
- Death of a patient with historical safeguarding concerns, which could be related to the death
- Death where a previous Coroners Regulation 28 has been issued
- Death of a staff member whilst on duty

- Death of a child under the age of 18 of a current or previous service user who has died in suspicious circumstances
- Where an external organisation has highlighted concerns following the death of a patient whether they were open to the Trust at time of death or not.

5. Learning from Deaths Procedure

The mortality team, as well as reviewing identified deaths against the 'red flags' outlined in the Royal College of Psychiatrists Care Review Tool also review deaths against locally defined red flags**.**

From 5 August 2021 these locally defined red flags were:

- Patient diagnosed with a severe mental illness
- Patient only seen as outpatient
- Patient with long term physical condition
- Patient with long term chronic pain

Over the last 12 months the Patient Safety Team with support from NHSE Patient Safety team have been considering current Trust identified Mortality red flags against the red flags identified in the Royal College of Psychiatrists Care Review Tool for mortality reviews. This tool was developed following the publication of the Learning from Deaths Guidance for Mental Health Trusts to use when undertaking mortality reviews It has become clear that the Trust has overcommitted its resources in this area and a redesign of the Mortality (learning from deaths) process is required.

The red flags identified within the care review tool are met under the Trust Incident review process with the exception of psychosis within the last episode of care which has now been added as a Datix red flag.

The mandatory Flags for review under the Royal College of Psychiatrists Care Review Tool for mortality reviews are:

- All patients where family, carers or staff have raised concerns about the care provided.

- All patients with a diagnosis of psychosis or eating disorders during their last episode of care, who were under the care of services at the time of their death or have been discharged within 6 months prior to their death.

- All patients who were an in-patient in a mental health unit at the time of death or who had been discharged from in-patient care within the last month.

- All patients who were under a Crisis Resolution and Home Treatment Team (or equivalent) at the time of death.

Those patient deaths which meet these 'red flag' criteria above should be subject to a review process if they are not already under the Incident process. At the stage of determining if a death meets the criteria for reporting as an incident, teams are required to review all deaths against the Trust Incident 'Red Flags'.

The form based on section 1 of the Royal College of Psychiatrists Care Review Tool for mortality reviews still remains under development, the intention is that this form will be added to the Electronic Patient Record . It is important to note that clinical teams already assess each death when determining if a DATIX incident is required.

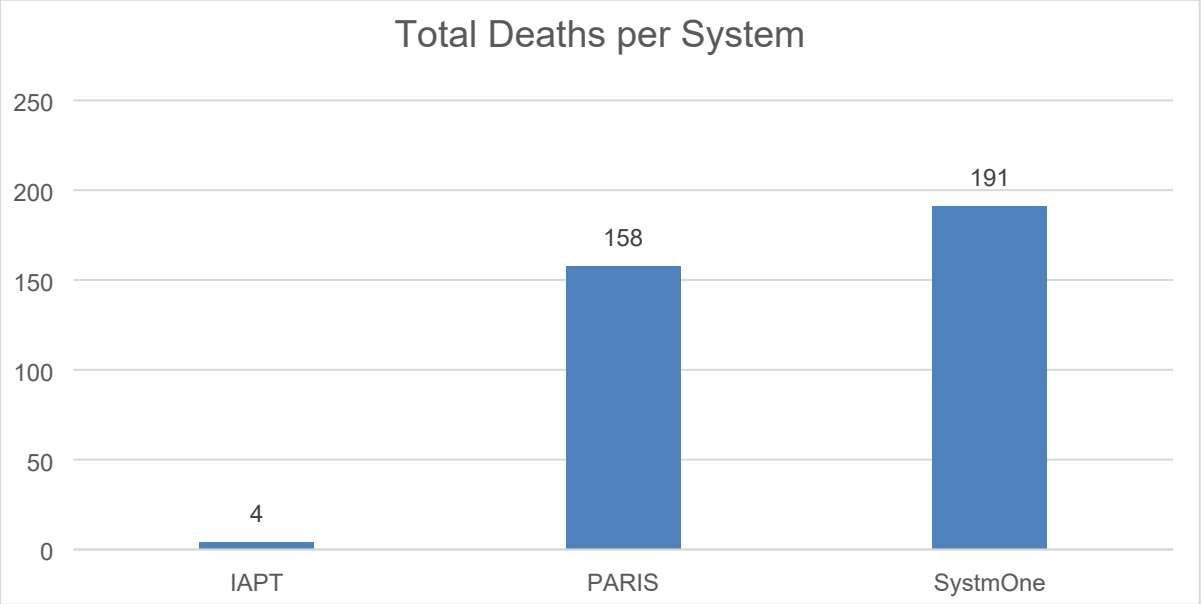
This will release capacity within the Patient Safety team and allow for greater return on the Case Record Review process.

For the period 26 March to 30 May 2022, the Mortality Review Group reviewed 9 deaths through a Stage 2 Case Note Review. These reviews were undertaken by a multi-disciplinary team and it was established that of the 9 deaths reviewed, none were due to problems in care.

From the 26 March to 30 May 2022 there have been no deaths reported where the patient tested positive for COVID-19. Of these deaths all patients were male and were from a White British background.

6. Analysis of Data

6.1 Analysis of deaths per notification system since 26 March to 30 May 2022

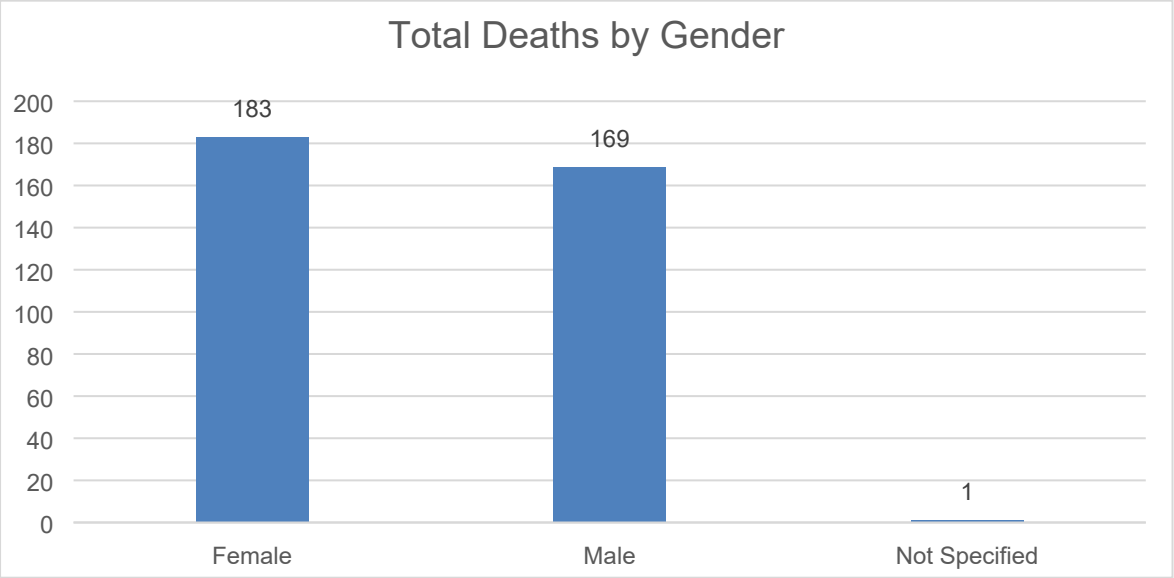


System	Number of Deaths
IAPT	4
SystmOne	158
PARIS	191
Grand Total	**353**

The data above shows the total number of deaths reported by each notification system. The majority of death notifications were predominately pulled from PARIS. This clinical record system is aligned to our largest population of patients and a population at greatest risk of death due to the proportion of older people in our care.

6.2 Deaths by Gender

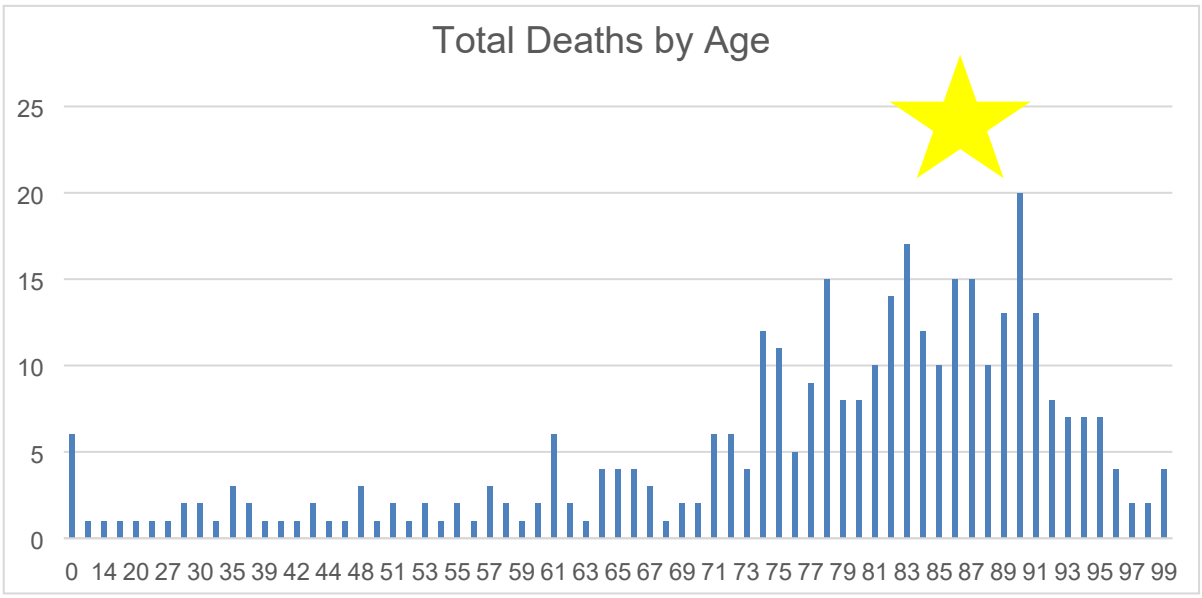
The data below shows the total number of deaths by gender 26 March to 30 May 2022. There is very little variation between male and female deaths; 169 male deaths were reported compared to 183 females and 1 not specified.



Gender	Number of Deaths
Female	183
Male	169
Not Specified	1
Grand Total	**353**

6.3 Death by Age Group

The youngest age was classed as 0, and the oldest age was 99 years. Most deaths occurred within the 81 to 91 age groups (indicated by the star).



6.4 Learning Disability Deaths (LD)

	26 – 31 March	April	May
LD Deaths	0	4	2
Autism Spectrum Disorder	0	0	1

The Trust reviews all deaths relating to patients diagnosed with a Learning Disability. The Trust also currently sends all Learning Disability deaths that have been reported through the Datix system to the Learning Disabilities Mortality Review (LeDeR) programme. Due to challenges in reporting out from the LeDeR programme, we are unable to ascertain how many of our Trust's deaths have been reviewed through the LeDeR process. The Trust continues to share relevant information with LeDeR when requested which is used to inform their reviews.

During 26 March to 30 May 2022, the Trust has recorded 6 Learning Disability deaths. The Trust now receives a quarterly update from LeDeR which highlights national good practice and identified learning; this is shared in the Mortality monthly meeting.

The Trust also is required from 1 January 2022 to report deaths of patients who have a diagnosis of Autism Spectrum Disorder (ASD) for this reporting period the Trust has reported 1 death.

6.5 Death by Ethnicity

White British is the highest recorded ethnicity group with 271 recorded deaths, 26 deaths had no recorded ethnicity assigned, and 4 people did not state their ethnicity. The chart below outlines all ethnicity groups.

Ethnicity	Number
Mixed - White and Black Caribbean	1
Black or Black British - Caribbean	1
Black or Black British - any other Black background	1
Asian or Asian British - Pakistani	3
White - Irish	4
Not stated	4
White - any other White background	7
Not known	26
Other Ethnic Groups - any other ethnic group	35
White - British	271
Total	**353**

6.6 Death by Religion

Christianity is the highest recorded religion group with 105 recorded deaths, 188 deaths had no recorded religion assigned and one person refused to state their religion. The chart below outlines all religious groups.

Rellgion	Number
(blank)	162
Jehovah's Witness	1
Nonconformist	1
Not Given Patient Refused	1
None	2
Christian religion	2
Muslim	3
Methodist	3
Roman Catholic	5
Not Religious	10
Church of England, follower of	11
Church of England	23
Unknown	24
Christian	105
Total	**353**

6.7 Death by Sexual Orientation

Heterosexual or straight is the highest recorded sexual orientation group with 113 recorded deaths. 226 have no recorded information available. The chart below outlines all sexual orientation groups.

Sexual Orientation	Number
(blank)	223
Patient unsure	1
Gay Or Lesbian	1
Sexual orientation unknown	1
Unknown	3
Sexual orientation not given - patient refused	11
Heterosexual Or Straight	32
Heterosexual	81
Total	**353**

6.8 Death by Disability

The table below details the top 5 categories by disability. Gross motor disability was the highest recorded disability group with 24 recorded deaths.

Disability	Number
Emotional behaviour disability	5
HEARING	5
Hearing disability	7
Intellectual functioning disability	12
Gross motor disability	24

There was a total of 76 deaths with a disability assigned and the remainder 277 were blank (had no assigned disability).

7. Recommendations and Learning

Below are examples of the recommendations that have been undertaken following the review of deaths. These recommendations are monitored by the Patient Safety Team and are allocated to a specific team, and individuals to be completed. This is not an exhaustive list.

- There have been a number of EPR developments made to enhance the documentation used. The clinicians involved in the Local Implementation Groups (LIG's) designed a new structure for safety planning, completing a Risk screening tool, to identify the need for a formal risk assessment and then to use this information with the people we care for to co-produce the safety plan. The Care plan has also changed, moving to a single care plan that follows the patient on their journey through the Trust. Each professional area will contribute to this single care plan. The care plan has also been developed by the clinicians that volunteered in the LIGs and has been shared with relevant patient and carers forums. All future developments and projects for Digital health care will follow a redesigned governance process, ensuring changes are clinical lead, clinical driven, and for the interest of the people we work for and with.

- The forensic team was launched in 2019, further investment was secured in 2021/22 to continue to grow the team to the NHSE Community Forensic Model. The team works both from a relational security standard and a recovery focus. The team has undertaken advanced risk assessment training and utilise the HCR20. There is an access criteria which follows the 4 stages of the Royal College of Psychiatry Guidance for a Forensic Community Team. The team have enhanced clinical supervision, there are also drop in sessions for staff members within the Trust should they want advice and guidance on a patient they are seeing and there is supervision from the community forensic team for staff who are carrying or may have a forensic patient on their caseload There is an annual 37/41 MHA audit to ensure compliance with record keeping and MOJ standards .

- There is a multi-agency forensic meeting established for networking , building relationships, and identifying best practice and challenges within the forensic cohort. There is a strong relationship with MAPPA with clinical support to level 3 and guidance at level 2.

- Older Adult Services to lead on an educational session with medics in relation to the treatment and management of hyponatraemia, this should include specialist input from an Endocrinologist.

- The Trust's Medical Director to work with neighbouring providers to develop and implement a standard agreement in relation to information sharing, assessment and handover of patients being transferred into mental health settings.

- Review of Crisis House operational policy

- A quality improvement project to be undertaken in relation to record keeping standards and multi-disciplinary team meetings within acute inpatient services

- To advise of the importance of collaborative safety assessment formulation within the electronic patient record to enable risk information, risk management and risk mitigation to be conveyed in an easily accessible way; risk information to include current risk and where available historical risks.

- Further exploration of the need for a Trust wide approach via policy in relation to sickness/emergency and follow up for cancelled appointments. This may provide a 'fail safe' so service users do not "fall through the net" and miss appointments.

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 5 July 2022

Guardian of Safe Working Quarterly Report (May 2022)

Purpose of Report

This is an extended report from the DHCFT Guardian of Safe Working (GOSW) which provides data about the number of junior doctors in training in the Trust, full transition to the 2016 Junior Doctor contract and any issues arising therefrom.

Executive Summary

The report details arrangements made to ensure safe working within the Junior Doctors contract and arrangements in place to identify, quantify and remedy any risks to the organisation.

The Board is requested to note:

1) There is an issue with ongoing vacancies in higher trainee posts that reflect the national issue with recruitment in psychiatry. Trainees are being supported with exception reporting and these have been resolved in a timely fashion. There have been no exception reports during the last quarter.
2) The BMA fatigue and facilities charter for junior doctors is regularly discussed in the Junior Doctors Forum (JDF) and changes have been implemented with view to improve the junior doctors mess and rest areas. We have nominated one junior doctor each from north and south to explore with other juniors about the use of allocated funds for this purpose. We have recently spent money on improving the mess facility in the south and are currently reviewing remaining budget, if any.
3) There have been fewer issues with Allocate, the software, however we are still running in to minor problems with logging exception reports (ER) or closing them which causes slight delay in the process.
4) During the COVID crisis, the junior doctors had previously raised issues about their work environment, situation with PPE and some training issues. The JDF has continued to provide them with a neutral platform to raise any such issues. They have felt supported and have been able to express their concerns freely. Some of the previous issues raised at JDF have been discussed with Director Medical Education (DME), Associate Director Medical Education (ADME), Nursing Matron from Hartington unit and Freedom to speak up Guardian or signposted elsewhere. There have been no new concerns raised recently at JDF.
5) The junior doctors have agreed to a back up rota to support the out hours work during covid. This is a stepping down guidance which follows consultation through the Medical Workforce Group, Junior Doctor Forum, MSC and Joint Local Negotiating Committee (JLNC). It conforms to the relevant national terms of conditions for service for Consultants, SAS (specialty doctors and specialist grade doctors with at least four years of postgraduate training, two of which are in a relevant specialty) and junior doctors. This procedure is to serve its purpose during exceptional circumstances, is expected to support the out of

hours rota for any last minute absences which can cause difficulties. The Trust has kindly offered its support and empowered decision making through the out of hours medical and managerial staff, and it is hoped that this guidance provides a structure on how to approach such circumstances.

6) Junior doctors have been successfully completing their virtual induction and have given a positive feedback.

7) The Freedom to Speak up Guardian (FTSUG) continues to meet with junior doctors to explain her role to them. The FTSUG attends the JDF and meets up with the champions for Freedom to Speak Up on a regular basis. Two of these champions are junior doctors.

8) The junior doctor's representatives have been working on developing and recently presented to the JDF The Wellbeing Charter for trainees in keeping with the BMA guidance.

9) The junior doctors' representative delivered a presentation on exception reporting during the weekly teaching recently, with a view to increasing awareness about exception reporting and also to improve understanding of the process.

10) The on call rota can be quite busy for the higher trainees, usually this is to do with Mental Health Act related work during out of hours. There has been one incident in this quarter where the out of hours work has breached the rest requirements for the higher trainee. This has unfortunately led to a situation where we have had to consider a fine due to breach of rest requirements.

11) Following on from this we have alerted the Mental Health Act Lead for the Trust who has been speaking to consultants at the MSC and has agreed to discuss this with out of hours AMHPS (Approved Mental Health Professionals) to look at ways to prevent this from happening again.

12) Following discussion at the Quality and Safeguarding Committee the Medical Director has proposed a 3 tier approach to the requirements for out of hours MHA assessments to the medical Local Negotiating Committee which is due to meet on 30 June 2022.

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 extended report from the DHCFT Guardian of Safe Working provides data about the number of junior doctors in training in the Trust, full transition to the 2016 Junior Doctor contract and any issues arising therefrom. The report details arrangements made to ensure safe working within the new

contract and arrangements in place to identify, quantify and remedy any risks to the organisation.

Consultation

- At the Junior Doctor Forum about relevant issues discussed in the report
- At the local negotiating committees (LNC) discussions take place regarding the smooth running of consultant on call rota while we have so many vacancies on the higher trainee rota
- Discussions with DME, ADME regarding the concerns raised by Junior doctors
- Quality and Safeguarding Committee.

Governance or Legal Issues

- As the Guardian, I have been attending the local and national conferences to gain more knowledge and experience through discussions with other Guardians. More recently the meetings have been virtual, but the discussions have been helpful as a lot of similar issues affecting juniors elsewhere have been discussed
- I am also undertaking the role of a FTSU (Freedom to Speak up) Champion as I feel this will encourage juniors to use the Freedom to speak guardian whose role currently seems to be less understood by junior doctors.

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:

The report clearly addresses the impact of COVID on BAME group amongst the junior doctors. NO other equality issues have been raised during this period.

Recommendations

The Board of Directors is requested to note the contents of the report as assurance of the Trust's approach in discharging its statutory duties regarding safe working for medical trainees.

Report presented by: **Dr John Sykes**
Medical Director

Report prepared by: **Dr Smita Saxena**
Guardian of Safe Working

GUARDIAN OF SAFE WORKING QUARTERLY REPORT
(May 2022)

1. Trainee data

Number of posts for doctors in training (numbers in post)

Grade	Number of posts for doctors in training (total)			
	NORTH		SOUTH	
CT1-3	8		11	
ST4-7	3		7	
GP Trainees	4		7	
Foundation	5		9	

2. Exception Reports (with regard to working hours)

There have been reports during this period. No fines were levied.

Exception Reports				
Location	**No of exceptions carried over from last report**	**No of exceptions raised**	**No of exceptions closed**	**No of exceptions outstanding**
North	0	4	3	1
South	0	10	10	0
Total	0	14	13	1

Exception Reports by Grade				
Location	**No of exceptions carried over from last report**	**No of exceptions raised**	**No of exceptions closed**	**No of exceptions outstanding**
CT1-3	0	0	0	0
ST4-7	0	3	3	0
GPVTS	0	0	0	0
Foundation	0	11	10	1
Total	0	14	13	1

Exception Reports by action				
	Payment	**TOIL**	**Not agreed**	**No action required**
North	0	2	1	1
South	0	9	0	0
Total	0	11	1	1

Response time				
Grade	**48 hours**	**7 days**	**Longer than 7 days**	**Open**
CT1-3	0	0	0	0
Foundation	0	10	1	1
ST4-6	0	2	1	0

1. Two of three exception reports by the ST in south were during out of hours on call, when they were called for mental health act related work. This breached the recommended rest period. They were all agreed as time off in lieu (TOIL).

2. There is one exception report by a Specialty Trainee (ST) in south where they did not get the adequate rest due to a continuous disruption by staggered phone calls which could have been avoided. This is in breach of the junior doctors' contract rest requirements hence this is to be a fine levied by the guardian. This has been discussed with the Medical Director, DME and mental health lead for the trust to consider ways in which Mental Health Act assessments can be streamlined so as to avoid this situation in future.

3. The exception reports by Foundation Trainees in the south were over a period of week due to urgent clinical situations requiring medical input. There were a few situations where this was due to sickness amongst staff which resulted in the trainee staying on longer. These exception reports are for a difference in working hours varying between 30 min to 45 min. This is expected to be temporary as staff have now returned back from sickness. This was agreed as a TOIL.

4. The exception report by Foundation trainee in the north was due to lack of qualified staff available for example phlebotomist not being available or other staff being on leave. This has been deemed as temporary situation likely to improve as new staff have been recruited. This has been agreed as TOIL.

5. It has taken longer than seven days to resolve some exception reports due to Allocate related issues – logging in problems, non -visibility of exception reports on the Guardian dashboard, problems with e mail generation informing the guardian when Exception reports are logged in. We continue to discuss these issues with responsible persons at Allocate but this seems to be a national issue. We have asked the trainees to individually let the Guardian know about the Exception Reports through an email.

6. One exception report in North remains open and we have asked the trainee and Clinical Supervisor to address this immediately.

3.Work schedule reviews

No formal work schedule reviews needed during this period.

4. Fines

One fine has been levied and this is being currently calculated by the medical staffing.

5. Locum/Bank Shifts covered

North – 27 shifts totalling £9,688.09
South –30 shifts totalling £14,706.85

The locum spend remains high during this period due to a vacancy, COVID-19 related absence and general sickness. Two junior doctors have not been able to undertake their out of hours duties on health grounds.

6. Agency Locum

South – nine shifts totalling £5368.34

All attempts are made to cover the shifts by our own doctors when this has not been successful agency cover is used.

7. Vacancies

	North	South
CT1-CT3	0	0
ST4-7	4.4	0.6
GP Trainees	0	0
Foundation	0	1

The ST vacancies are a reflection of national issue with recruitment. The DME at local level and the Royal College of Psychiatry , at a national level are working towards improving this situation.

8. Qualitative information

The Junior Doctor Forum (JDF) has been meeting 6-8 weekly during COVID and this has been held virtually. As always, active representation is sought with each changeover of new doctors in accordance with the Forum JDF constitution.

This has been well attended by the juniors both in north and south. A representative from British Medical Association (BMA) has also been present on all occasions. The Freedom to Speak up Guardian was also present at the last meeting.

9. Issues arising

9.1 Compliance of Rota

Some trainees had previously raised concerns that the rest requirements for the on call rota were still not in line with the recent recommendations i.e. trainees to have 48 hours of rest after seven consecutive days of work.

Action completed: current rota is fully compliant since August 2020

9.2 PPE availability.

The trainees have not reported any concerns. Currently there is adequate PPE availability.

9.3 Vacancies

As described above , DME and ADME are addressing the issues around higher trainee recruitment.

9.4 Induction for August 2022

Induction is being held virtually during COVID and the junior doctors have given a positive feedback.

9.5 Fatigue and facilities

This is regularly visited at JDF. The trainee reps have asked for assurance that the budgets for fatigue and facilities (F&F) are ring fenced and kept rolling onwards for time being.

The GOSW has encouraged trainees to find a representative each from North and South to take the initiative to liaise with other trainees about the budget spend in future.

Action completed: One trainee each from North and South have volunteered to have a discussion regarding F&F spend with other trainees.

9.4 Exception reports

Exception Reports are encouraged as usual so we can highlight areas of increased demand and impact of response during this period. No face to face contact needed unless we identify a risk that would benefit from this. A telephone discussion with educational supervisor is mandatory with usual information to be submitted on ALLOCATE (the software for logging exception reports) by the trainees and supervisors.

As usual we propose a timely resolution of exception reports with either time off in lieu or where time off in lieu is not possible an overtime payment will be arranged as usual at some point in future as circumstances permit.

The timescales for taking action for junior doctors' exception reports have been relaxed by NHS employers.

Action complete: Trainees are encouraged at induction and JDF to use Exception Reporting

The junior doctor rep has requested for a presentation by the BMA regarding process of ER for the junior doctors and the consultants.

10. Other concerns raised with the GOSW

Following concerns raised by the trainees at previous JDF about issues relating to their relationships with nursing staff, the trainees have discussing these at other meetings such as – ADME meetings, with the tutors, within peer group/ reps. More recently the FTSU Guardian has spoken to the trainees about her role with such issues.

There have been no recent such issues brought forwards to the JDF.

Action completed:

- **The Clinical Matron, Hartington Unit is meeting with trainees and works closely with nurses to address such issues**
- **Meeting held between the trainee reps and FTSU Guardian. Feedback will be given at next JDF**.
- **We continue to encourage trainees to speak up at the Junior doctors forum about any issues at place of work**
- **Junior doctors' reps along with the BMA have presented at the JDF about the well -being checklist for juniors. There has been recent discussion about availability of food for them while they are on call out of hours.**

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 5 July 2022

Corporate Governance Report

Purpose of Report

To give a position statement on Board Well Led and to highlight the publication of three key draft pieces of governance guidance for Trusts recently issued by NHS England and NHS Improvement (NHSEI).

Executive Summary

Board Well Led

Work is on-going to prepare for the Board Well Led element of the expected CQC inspection. Regular updates have been reported to the Audit and Risk Committee and an initial Board Development session was held on 18 May to further plan the approach. A comprehensive Board Leaders pack has been created which is supported by an evidence library. There is an Executive lead for each of the eight Well Led Key Lines of Enquiry (KLOE) who will be ensuring that the sections of the Leaders pack are regular updated in preparation for the inspection, the timing of which is yet to be announced. The Board is holding a joint session with the Council of Governors on 5 July that will cover the Trust's plans for preparing for an inspection and to support our Council of Governors is a key component of the Trust's leadership.

The preparation will complement the wider preparation of the CQC core services inspection, which also includes a well led domain. The narrative and evidence will be able to be used for any preparation for a future external review. The Board will recall that the preparation for the external review has been paused to enable any findings around areas of development for the Board from the CQC Well Led report to be included as an area of focus.

Governance guidance for trusts - consultation

NHSEI have recently issued the following draft documents;

1. An updated Code of governance for NHS provider trusts
2. A new Addendum to the guide to the duties of NHS foundation trust governors
3. New guidance on good governance and collaboration under the NHS provider licence.

The consultation on these drafts closes on 8 July. NHSEI's summary of the documents is included at Appendix 1. NHS Providers have also issued briefings on each of the documents that reflect their concerns on behalf of Providers. The links to these have also been included in Appendix 1 for further reading.
The new Code includes revisions around culture and wellbeing and has a new focus on equality, diversity and inclusion. The draft also suggests potentially greater involvement for NHSE in recruitment and appointment processes but statutory duties on appointments remain. All three documents are revised in the context of system working. Document 3. sets out to formalise the collaborative ways of working that the Trust and our partners within the Derbyshire system have been implementing for some time.

The Trust will review its governance processes to ensure appropriate compliance, reporting back to the Board and its Committees and the Council of Governors as necessary.

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

Thorough preparation of the Leaders' Pack will provide the Board with assurance of the Trust's key messages and position ready for the CQC inspection. The Trust will review its governance processes to ensure appropriate compliance, reporting back to the Board and its Committees and the Council of Governors as necessary.

Consultation

The draft governance documents have been circulated to Board members. There are no additional comments that the Trust would want to specifically raise as part of the consultation that haven't already been highlighted by NHS Providers.

Governance or Legal Issues

CQC inspection framework for all registrants includes an assessment of current performance of well-led, which is explicitly linked to the well-led framework. Failure to demonstrate that we are well-led and have robust governance processes in place may lead to enforcement and regulatory actions.

The Trust must comply with its licence and the statutory framework referred to in these governance documents. The Code of Governance sets out the provisions that Trusts should comply with or explain how alternative arrangements comply.

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:

Well Led KLOEs 3 and 7 include prompts relating to Equality, Diversity and Inclusion. The Leaders' Pack narrative will address those questions with relevant

evidence to support them. Governance of the Trust includes broad consideration of equality and diversity issues for example as a key part of Board Committee business, and as an important element of governor training and development to ensure that decision making encompasses equality impact considerations. Each Board Committee has a specific objective around equality.

Recommendations

The Board of Directors is requested to:

1. Note the update on Board Well Led
2. Note the overview of the three draft governance documents

Report presented by: **Justine Fitzjohn, Trust Secretary**

Report prepared by: **Justine Fitzjohn, Trust Secretary**

NHSEI's summary of draft documents

Updated Code of governance for NHS provider trusts

- The updated Code will apply to both NHS foundation trusts and NHS trusts – previous versions of the Code (last updated 2014 by Monitor) only applied to NHS foundation trusts.
- The Code sets out an overarching framework for the corporate governance of trusts, drawing on the latest best practice from the latest UK Corporate Governance Code.
- We have strengthened the priority of collaboration, the triple aim duty, and the need for trust boards to ensure their organisations contribute to the objectives of the ICS, including new considerations regarding board diversity and health inequalities.
- The Code complements the upcoming "The role of an NHS board member: a framework for development" – the key distinction is that the Code focuses on overall corporate governance, whereas the board member framework focuses on the skills, values and behaviours we expect individual directors to bring to their board roles.

New Addendum to the guide to the duties of foundation trust governors

- The Addendum supplements the existing guide for governors and explains how the duties of NHS foundation trust councils of governors' support system working and collaboration, along with examples of how councils of governors and boards can work together well.
- We set out further considerations (on top of those in the existing guide) for councils of governors in fulfilling their duties to hold non-executive directors to account, represent the interests of members and the public, and approve significant transactions
- We make clear that, in carrying out their duties, councils of governors should not restrict "the public" to a narrow section of the public served by the NHS foundation trust but rather should consider "the public at large" which includes the population of the ICS and wider.
- The addendum only applies to a council of governors' role within its own NHS foundation trust's governance. It does not relate to the governance of the boards of integrated care boards or integrated care partnerships.

New Guidance on good governance and collaboration under the NHS provider licence

- The Guidance applies to NHS foundation trusts and NHS trusts and establishes that not collaborating effectively could be seen as a governance failure and a potential breach of the NHS provider licence.
- Drawing on the ICS Design Framework, we emphasise that the success of individual trusts and foundation trusts will increasingly be judged against their contribution to the objectives of the ICS, in addition to their existing duties to deliver safe and effective care.
- We set clear expectations of collaboration in key areas such as consistently taking collective responsibility with partners for delivery of services across the footprints of ICSs or any other relevant forums.

We describe five characteristics of governance necessary to support effective collaboration such as setting out a clear and system-minded rationale for decisions.

NHS Provider Briefings

Briefing: Our briefing provides an overview of NHS England and NHS Improvement's *Draft code of governance for NHS provider trusts* and its requirements, as well as a brief summary of its general provisions.

Briefing: Our briefing summarises NHS England and NHS Improvement's consultation of *Draft guidance on good governance and collaboration*, and includes NHS Providers' view.

Briefing: NHS England and NHS Improvement issued the *Draft Addendum to your statutory duties – reference guide for NHS foundation trust governors*. Our briefing summaries the proposed addendum and includes NHS Providers' view.

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 5 July 2022

Neurodevelopmental Services Committee in Common (CiC) Terms of Reference

Purpose of Report

To present the draft Terms of Reference for the Neurodevelopmental Services Committee in Common (CiC) for discussion and approval.

Executive Summary

Derbyshire Healthcare NHS Foundation Trust (DHCFT) and Derbyshire Community Health Services NHS Foundation Trust (DCHS) have been working together to develop an integrated, clinically led model of care that is able to support the people of Derbyshire who access Neurodevelopmental Services.

As part of the work, it has been agreed to set up a Committee in Common (CiC) to provide assurance to both Boards as the work progresses. The CiC approach is where two (or more) organisations have a meeting at the same time with agreed agenda items.

Due to this there are actually two versions of the Terms of Reference which mirror one another, one for DHCFT and one for DCHS. There are two areas where the Terms of Reference differ; in the membership and deputies of the Committee which are organisation specific and in the frequency of reporting back to the Confidential Board; all other areas are the same within both documents.

DCHS will be taking their version of the Terms of Reference to their Board for approval on the 5 July 2022. Following approval at both Boards it is proposed to set up a first meeting at the end of July 2022.

The Terms of Reference deliberately have a short review on them so that they can be further developed as the work evolves. In addition, an overarching Memorandum of Understanding (MoU) is in development, and it is proposed that a draft is presented to the first Committee in Common meeting. Once the MoU is approved the Terms of Reference will be updated.

The Board is asked to approve the Terms of Reference which are attached at Appendix 1.

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 CiC model is supported by the operational group as the governance model for the integrated service.

Consultation

The draft terms of reference have been developed in consultation with both Trusts.

Governance or Legal Issues

Each CiC must act in compliance with their own constitution.

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:

The Board has a responsibility to ensure that Equality, Diversity and Inclusion is embedded within our governance processes.

Recommendations

The Board of Directors is requested to discuss and approve the Neurodevelopmental Services Committee in Common (CiC) Terms of Reference.

Report presented by: **Ade Odunlade, Chief Operating Officer and Justine Fitzjohn, Trust Secretary**

Report prepared by: **DHCFT and DCHS Trust Secretaries**

Appendix 1

DRAFT

DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST (DHCFT)

TERMS OF REFERENCE FOR A COMMITTEE OF THE BOARD TO MEET IN COMMON WITH A COMMITTEE OF DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST

TERMS OF REFERENCE

1 Introduction

1.1 In this terms of reference, the following words bear the following meanings:

	Derbyshire Healthcare NHS Foundation Trust (DHCFT)
Neurodevelopmental Services Committee in Common (CiC)	the committee established by DHCFT pursuant to these Terms of Reference, to work alongside Derbyshire Community Health Services NHS Foundation Trust (DHCS) Neurodevelopmental Services Committee in accordance with these Terms of Reference;
Neurodevelopmental Services CiC Chair	the Neurodevelopmental Services CiC Member nominated (in accordance with paragraph 6.4 of these Terms of Reference) to chair the Neurodevelopmental Services CiC meetings;
Neurodevelopmental Services CiCs	the committees established by each of the Trusts to work alongside each other and "**Neurodevelopmental Services CiC**" shall be interpreted accordingly;
Memorandum of Understanding	the bi-lateral agreement signed by each of the Trusts in relation to their joint working and the operation of the Neurodevelopmental Services CiC together with the other Neurodevelopmental Services CiC;
Meeting Lead	The Neurodevelopmental Services CiC Member nominated (from time to time) in accordance with paragraph 6.5 of these Terms of Reference, to preside over and run the Neurodevelopmental Services CiC meetings when they meet in common;
Member	a person nominated as a member of Neurodevelopmental Services CiC in accordance with their Trust's Terms of Reference, and Members shall be interpreted accordingly;
Trusts	**DCHS** and **DHCFT**, and "**Trust**" shall be interpreted accordingly;
Working Day	a day other than a Saturday, Sunday or public holiday when banks in London are open for business;

1.2 The Trusts are putting in place a governance structure which will enable them to work together to implement change.

1.3 Each Trust has agreed to establish a committee which shall work in common with the other Neurodevelopmental Services CiC, but which will each take its decisions separately on behalf of its own Trust.

1.4 Each Trust has decided to adopt terms of reference in substantially the same form to the other Trust, except that the membership of each Neurodevelopmental Services CiC will be different.

1.5 The Trusts have entered into the Memorandum of Understanding on **[DATE]** and agreed to operate their Neurodevelopmental Services CiC in accordance with the Memorandum of Understanding.

2 Aims and Objectives of the Neurodevelopmental Services CiC

2.1 The aims and objectives of the Neurodevelopmental Services CiC are to work with the Neurodevelopmental Services to:

2.1.1 [Insert from MoU].

3 Establishment

3.1 DHCFT's board of directors has agreed to establish and constitute a committee with these terms of reference, to be known as the Neurodevelopmental Services CiC. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Neurodevelopmental Services CiC.

3.2 The Neurodevelopmental Services CiC shall work cooperatively with DCHS's Neurodevelopmental Services CiC and in accordance with the terms of the Memorandum of Understanding.

4 Functions of the Committee

4.1 Paragraph 15(2) and (3) of Schedule 7 of the National Health Service Act 2006 allows for any of the functions of a Foundation Trust to be delegated to a committee of directors of the Foundation Trust.

4.2 The Neurodevelopmental Services CiC shall have the following function:

4.2.1 decision making in respect of the decisions set out in Appendix A to these Terms of Reference.

5 Decisions reserved to the Board of the Foundation Trust

5.1 The following functions are reserved to the Board of DHCFT (albeit that this shall not fetter the ability of DHCFT to delegate such functions to another committee or person):

5.1.1 operational and day to day financial management of DHCFT Trust;

5.1.2 Matters reserved for the Board within the DHCFT Scheme of Delegation

5.2 Notwithstanding paragraph 5.1 above, any functions not delegated to the Neurodevelopmental Services CiC in paragraph 4 of these Terms of Reference shall be retained by DHCFT's Board or Governors, as applicable.

5.3 **Reporting requirements**

6.1 The Neurodevelopmental Services CiC shall send the minutes of Neurodevelopmental Services CiC meetings to the DHCFT's Board, on a regular basis, for inclusion on the agenda of DHCFT's Confidential Board meeting.

6.2 The Neurodevelopmental Services CiC shall provide such reports and communications briefings as reasonably requested by DHCFT's Board for inclusion on the agenda of DHCFT's Confidential Board meeting.

6 Membership

6.1 The Neurodevelopmental Services CiC shall be constituted of directors of DHCFT. Namely:

6.1.1 Non-Executive Director (Chair)

6.1.2 Non-Executive Director

6.1.3 Chief Operating Officer (COO); and

6.1.4 Director of Nursing and Patient Experience

6.1.5 Director of Finance

and each shall be referred to as a "Member".

6.2 Each Neurodevelopmental Services CiC Member shall nominate a deputy to attend Joint Neurodevelopmental Services CiC meetings on their behalf when necessary ("**Nominated Deputy"**). The Nominated Deputy for DHCFT NED Chair shall be a Non- Executive Director of DHCFT and the Nominated Deputy for DHCFT's COO shall be the Director of People and Inclusion. The Nominated Deputy for DHCFT's Director of Nursing and Patient Experience shall be the Medical Director.

6.3 The Nominated Deputy shall be entitled to:

6.3.1 attend Neurodevelopmental Services CiC meetings;

6.3.2 be counted towards the quorum of a meeting of Neurodevelopmental Services CiC's; and

6.3.3 exercise Member voting rights.

6.4 The chair of the Neurodevelopmental Services CiC shall be nominated by the Neurodevelopmental Services CiC. In the absence of the Neurodevelopmental Services CiC Chair, another Non-Executive Member shall chair the meeting.

6.5 When the Neurodevelopmental Services CiC meet in common, one person nominated from the Members of the Neurodevelopmental Services CiC shall be the Meeting Lead and preside over and run the meetings on a rotational basis for a period of six months.

7 Non-voting attendees

7.1 The Members of the DHCFT Neurodevelopmental Services CiC shall have the right to attend the meetings of the Neurodevelopmental Services CiC.

7.2 The Trust Secretary shall have the right to attend the meetings of Neurodevelopmental Services CiC to support the provision of governance advice and ensure that the working arrangements comply with the accountability and reporting arrangements of the Neurodevelopmental Services CiC.

7.3 The Meeting Lead may at his or her discretion invite and permit other persons relevant to any agenda item to attend any of the Neurodevelopmental Services CiC meetings, but for the avoidance of doubt, any such persons in attendance at any meeting of the Neurodevelopmental Services CiC shall not count towards the quorum or have the right to vote at such meetings.

7.4 The attendees detailed in paragraphs 7.1 to 7.33 (inclusive) above, shall not have any voting rights, nor shall they be counted towards the quorum for the meetings of Neurodevelopmental Services CiC.

8 Meetings

8.1 Subject to paragraph 8.2 below, Neurodevelopmental Services CiC meetings shall take place monthly.

8.2 Either Trust may request an extraordinary meeting of the Neurodevelopmental Services CiC (working in common) on the basis of [urgency etc.] by informing the Meeting Lead. In the event it is identified that an extraordinary meeting is required the Meeting Lead shall give five (5) Working Days' notice to the Trusts.

8.3 Meetings of the Neurodevelopmental Services CiC shall be held in private.

8.4 Matters to be dealt with at the meetings of the Neurodevelopmental Services CiC shall be confidential to the Neurodevelopmental Services CiC Members and their Nominated Deputies, others in attendance at the meeting and the members of the DHCFT Board.

9 Quorum and Voting

9.1 Members of the Neurodevelopmental Services CiC have a collective responsibility for the operation of the Neurodevelopmental Services CiC. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

9.2 Each Member of the Neurodevelopmental Services CiC shall have one vote. The Neurodevelopmental Services CiC shall reach decisions by consensus of the Members present.

9.3 The quorum shall be two (2) Members (from each Trust).

9.4 If any Member is disqualified from voting due to a conflict of interest, they shall not count towards the quorum for the purposes of that agenda item.

10 Conflicts of Interest

10.1 Members of the Neurodevelopmental Services CiC shall comply with the provisions on conflicts of interest contained in the DHCFT Constitution. For the avoidance of doubt, reference to conflicts of interest in the DHCFT Constitution also apply to conflicts which may arise in their position as a Member of the Neurodevelopmental Services CiC.

10.2 All Members of the Neurodevelopmental Services CiC shall declare any new interest at the beginning of any Neurodevelopmental Services CiC meeting.

11 Attendance at meetings

11.1 DHCFT shall ensure that, except for urgent or unavoidable reasons, its CiC Members (or their Nominated Deputy) shall attend and fully participate in all Neurodevelopmental Services CiC meetings.

11.2 Subject to paragraph 11.1 above, meetings of the Neurodevelopmental Services CiC may consist of a conference between Members who are not all in one place, but each of whom is able directly or by telephonic or video communication to speak to the other or others, and be heard by the other or others simultaneously.

12 Administrative

12.1 Administrative support for the Neurodevelopmental Services CiC will be provided by such person as the Trusts may agree in writing. The administrative support will:

12.1.1 draw up an annual schedule of Neurodevelopmental Services CiC meeting dates and circulate it to the Neurodevelopmental Services CiC;

12.1.2 circulate the agenda and papers three (3) Working Days prior to Neurodevelopmental Services CiC meetings; and

12.1.3 take minutes of each Neurodevelopmental Services CiC meeting and, following approval by the Meeting Lead, circulate them to the Trusts and action notes to all Members within ten (10) Working Days of the relevant Neurodevelopmental Services CiC meeting.

12.2 The agenda for the Neurodevelopmental Services CiC meetings shall be determined by the Meeting Lead prior to circulation.

13 Review

The Terms of Reference will be reviewed six monthly during its first year of operation, then annually after that.

APPENDIX A – DECISIONS OF THE NEURODEVELOPMENTAL SERVICES CIC

The Neurodevelopmental Services Committee has delegated authority to decide on:

1. The most effective and efficient way to implement the Integrated Service Plan
2. The most appropriate systems and processes to develop and deliver high quality, safe care for patients and clients
3. How to engage with the service user ensuring their views and experts by experience views are taken forward in the planning of services
4. The appropriate recruitment and training to enable staff to do their roles
5. The most appropriate workforce plan and staffing for quality to the deliver the Integrated Service Plan

In addition, the Neurodevelopmental Services CiC will provide monitor and provide assurance to the Trust Board on:

6. The performance of the service, highlighting any areas of underperformance and the trajectory for improvement
7. All risks associated with the service, to ensure there is a risk based prioritisation and that actions are taken to mitigate identified risk, with leads identified and that risks are addressed in a timely manner. To review a risk report provided to each committee meeting
8. All relevant visits to the service by external bodies and assuring that external reports and their recommendations are being implemented and performance managed.
9. The triangulation of incidents, complaints and other governance issues to provide assurance on the quality of the service and lessons learned where things have gone wrong
10. Understanding the costs of the new service model, the gap and where investment needs to be prioritised. To review the total spend for Neurodevelopmental Services between DCHS and DHCFT but also more widely with system partners including Local Authorities and NHSE&I

Derbyshire Healthcare NHS Foundation Trust
Report to Board of Directors - 5 July 2022

Fit and Proper Persons Test Chair's Declaration

Purpose of Report

To present the Chair's declaration that all Trust Board Directors meet the fitness test and do not meet any of the 'unfit' criteria as per the Fit and Person's Test regulations (Health and Social Care Act 2008 Regulation 2014).

Executive Summary

Under the Fit and Person's Test regulations (Health and Social Care Act 2008 Regulation 2014) all provider organisations must ensure that Director level appointments meet the 'Fit and Proper Persons Test' and the regulations place a duty on NHS providers not to appoint a person or allow a person to continue to be an Executive Director or equivalent or Non-Executive Director under given circumstances. The regulations have been integrated into the CQC registration requirements and fall within the remit of their regulatory inspection approach.

It is the responsibility of the Chair to discharge the requirement placed on the Trust to ensure that all Board Directors meet the fitness test and do not meet any of the 'unfit' criteria. The Chair is required to present an annual declaration to this effect which is set out in Appendix 1.

The Trust has processes in place to ensure that the appropriate checks are made on appointment of Board Director level posts and that relevant checks and supporting information relating to existing post holders have been provided and there are proactive processes set in place to ensure the ongoing review and monitoring of the filing system for all Board Directors.

These have been carried out for all new Board Directors who have joined the Trust since the last annual declaration. Comprehensive files containing evidence to support the elements of the fitness test are retained and regularly reviewed to ensure contents are updated as required. The Chair's annual declaration covers 2021/22 and up to present to include the recent appointments and appraisals. Each Board Director has completed an annual self declaration under the Fit and Proper Persons Policy and each new Board Director has completed one on commencement with the Trust.

The CQC commented as part of their report following the comprehensive inspection in January 2020 that we had satisfactory procedures in place relating to applying the Fit and Proper Persons Test for Trust Directors.

The Trust Secretary is keeping a close watch for any impact on the Fit and Proper Persons requirement within the new Code of Governance for NHS Provider Trusts, the draft of which is currently out for consultation. The draft proposes strengthening the requirement from "abide by Care Quality Commission (CQC) guidance" to "have a policy for ensuring compliance". The Board has previously been made aware of the recommendations from the KARK Review 2019, and the acceptance by then Secretary of State for Health and Social Care of the first two of the recommendations; 1 - Standard of Compliance and 2 – A Central Database of Directors. Implementation is still paused but may be addressed within the current review of NHS Leadership with publication anticipated in later in 2022.

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	

Assurances

- The Board can receive assurance that due process has been followed in line with the Trust's Fit and Proper Persons Policy to ensure that all relevant post holders meet the fitness test and do not meet any of the 'unfit' criteria.
- That comprehensive files have been established and maintained for each relevant post, evidencing compliance and that proactive processes have been set in place to monitor the filing system.

Consultation

This report has not been considered by other groups/committees. However, confirmation of Fit and Proper Person Test compliance for Non-Executive roles is reviewed by the governor Nomination and Remuneration Committee, and confirmation of compliance with Fit and Proper Persons Test requirements have been overseen by the Remuneration and Appointments Committee for Executive Director appointments made in year.

Governance or Legal Issues

- It is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that NHS bodies undertake a 'fit and proper person test'
- The regulations have been integrated into the CQC's registration requirements and falls within the remit of their regulatory inspection approach.

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.

There is no direct impact on those with protected characteristics arising from this report.

Recommendation

The Board of Directors is requested to receive full assurance from the Chair's declaration that that all Directors meet the fitness test and do not meet any of the 'unfit' criteria.

Report presented by: **Selina Ullah**
Trust Chair

Report prepared by: **Justine Fitzjohn**
Trust Secretary

Appendix 1

Fit and Proper Persons Test Chair's Declaration

DECLARATION:

I hereby declare that appropriate checks have been undertaken in reaching my judgment that I am satisfied that all Directors of the Trust, including Non-Executive Directors, and Executive Directors (including voting, non-voting and Acting) are deemed to be fit and that none meet any of the 'unfit' criteria. Specified information about Board Directors is available to regulators on request.

Signed

Selina Ullah – Trust Chair – June 2022

Derbyshire Healthcare NHS Foundation Trust

Board Committee Assurance Summary Reports to Trust Board – 5 July 2022

The following summaries cover the meetings that have been held since the last public Board meeting held on 10 May 2022:

- People and Culture Committee 17 May
- Finance and Performance Committee 24 May
- Audit and Risk Committee 26 May and 14 June
- Quality and Safeguarding Committee 12 May and 14 June

Finance and Performance (F&P) Committee - key items discussed 24 May 2022
Making Room for Dignity (MRfD) assurance on Estate Strategy National funded elements - pricing received for two full business cases (FBCs) are significantly affected by hyperinflation. Early construction enabling work is progressing. The Trust Board and System have had to reallocate local funding to augment national funding in the FBCs. Consequent significant negative impact on remaining schemes in the programme. Additional source(s) of funding is required in order to be able to deliver the remaining elements of the programme. Discussions at System meetings were outlined. As a result, the Committee wished to consider revisiting the rating of the Board Assurance Framework (BAF) risk relating for this programme and consider it likely to be extreme. MRfD itself: Rebrand of programmes, appointment of P22 contract supervisor, hyperinflation affordability and mitigations value engineering etc risks of programme and other key risks. Limited assurance.
OnEPR assurance update Go live date 9 May achieved. Successful mitigation of pre-go-live risks related to training requirements with some lessons to learn. Bank staff training remains high priority and now in strong position with Brigid observations app. Summary of calls and issues post-go live, calls being in proportion of previous phases with similar themes to previous roll-outs. Physical floor walking and wide range of trained superusers contributed to success. Now operating to normal office hours with safe transfer of transition to business-as-usual IMT team being on track, with formal review point imminent. Implementation (foundation) stage is nearing end and moving into optimisation and benefits realisation phases. Derbyshire Shared Care Record participation and upcoming Paris hard end-date are also key next events/considerations.
Operational Performance Update on divisional breakdown on operational performance against targets. Out of area placements are improving as COVID pressures subside. 85% occupancy and flow work and pathway to step down work a focus area e.g. medically fit for discharge into community working with social care as key piece of work. Waiting lists – people are waiting with support and regular review. Post-pandemic elements e.g. Child and Adolescent Mental Health Services (CAMHS) and Autism Spectrum Disorder (ASD) referrals are now increasing. Did not attends (DNA) rates are an area of focus with review actions such as reminders and flexibility for early appointment times. Numbers of longest waiters and level of acuity analysis in future. CAMHS review of operating model and benchmarking. Productivity levels are not yet recovered compared to pre-COVID and variations within services being analysed. Limited assurance.

Business Environments update

Key areas of investment and pre-commitments and financial risk management in mental health, learning disability and autism in line with NHS Long Term Plan. East Midlands regional provider collaboratives updates for perinatal (lead provider business case progress), forensic, CAMHS and Eating Disorders. Of note; escalations for operational and clinical issues in CAMHS collaborative and outstanding/ongoing contract and financial issues for IMPACT forensic collaborative.

Financial plan update

Month 1 position and key risks including temporary staffing costs, efficiency delivery, COVID costs, out of area costs, capital constraints. Update from Trust Operational Oversight Leadership (TOOL) meeting provided with urgent actions outlined including recruitment activity reviews and agency reduction with changes to decision-making and authorisation protocols. Sustainability programme – flexible use of staff and waste reduction. Review of medical staffing pressure areas. Nursing staff expansion related to covid response and sickness cover needs – area for reduction. Progress with efficiency planning for this year with recurrent outcomes as well as long term transformation.

System planning and plan resubmission discussions on what is known to date.

Possible need for extraordinary meeting if DHCFT resubmission is required as part of the 20 June resubmissions for system

Extreme risk rating for finance BAF risk confirmed as appropriate.

Continuous Improvement update

Progress of Quality Improvement (QI) capability training procurement for training of 1000+ staff during 2022/23. Embed QI during 2022/23. Resourcing discussed and the invest to improve and impact and expectation being the in-kind contribution of staff within current work. Importance of the links across Multi Agency Discharge Events (MADE) and productivity/flow work with QI.

Board Assurance Framework 2022/23 overview

Ratings for the F&P risks are agreed as described with exception of risk 1b. The Committee noted the exceptionally high quality of programme leadership but due to circumstances outside of control that have resulted in potential for non-delivery of a local Psychiatric Intensive Care Unit (PICU) and partial dormitory eradication. Therefore, the Committee wished Executives to consider and uplift of risk 1b risk rating to extreme.

Prior Year BAF risk 3b close off

Final position against risk that *'learning from the response to the Covid-19 outbreak and transformation plans developed prior, does not lead to sustainable embedded transformation'*. Estates and hybrid working, use of digital meetings and consultations, communication routes to colleagues delivered. Future priority actions for ongoing improvements for patient flow in acute pathway learning including from MADE. Discussion of virtual and face to face ratio and the evolution of that over time.

Agreed to close risk 3b and remove from 2022/23 BAF

Health and Safety Annual Report

The April 2021 to March 2022 report covered compliance across relevant acts and regulations covering areas such as health and safety at work, fire, first aid, manual handling, planned preventative maintenance and security management operating well in ongoing pandemic response. Confirmation that all fire procedures and exit signage uses pictorial reference commonly used and does not rely on understanding English language across all buildings we operate from. Fire training is an area of focus with good progress since the report was written. Close involvement of health and safety in the capital programme for acute. Abuse and aggression incident levels and related factors such as the impact of COVID restrictions, acuity and levels of positive and safe training. Information relating to racial motivation within assaults numbers to be shared following the meeting. Significant assurance.

Escalations to Board or other committees	
Escalation to Executive Directors to consider upgrading the BAF risk for dorms/PICU risk to extreme. Executives agreed to upgrade the risk rating to extreme.	
Next scheduled meeting – 19 July 2022	
Committee Chair: Richard Wright	**Executive Lead: Claire Wright, Director of Finance and Deputy Chief Executive**

People and Culture Committee - key items discussed 17 May 2022

Summary of BAF Risks

The Committee considered the BAF Risk 2a it is responsible for "*There is a risk that we do not sustain a healthy vibrant culture and conditions to make Derbyshire Healthcare Foundation Trust (DHCFT) a place where people want to work, thrive and to grow their careers*" in the context of subsequent committee discussions and work programme.

People and Inclusion Assurance Dashboard

The Dashboard provided a status update on people performance.

Annual Appraisals have formed part of Divisional Achievement Reviews to support divisions in achieving their appraisal targets.

Staff turnover remains high and above the Trust target range of 8-12%. Two areas of work have been commissioned to understand more about why colleagues are leaving the Trust. This includes a survey targeted at key areas and improved exit interview system.

Recruitment fill rates continue to improve with the time to recruit now at 55 days, which is below the national NHS benchmark of 60 days. There has been a steady improvement in the vacancy rate due to improvements made to recruitment practices. innovative ideas that will improve the time it takes to shortlist and recruit are receiving a Quality Improvement (QI) approach.

Sickness absence increased significantly in March with COVID-19 absence being the top reason for absence. The external absence management provider GoodShape is working to maximise opportunities to support managers and colleagues over a period of absence.

Update on Annual Medical Appraisal

Appraisal and revalidation are a statutory requirement for all doctors who are registered with the General Medical Council (GMC) and have a licence to practise. The Committee was verbally updated and assured by the Medical Director on the processes the Trust has in place for the carrying out of and the monitoring of medical appraisals.

Training compliance

The training compliance update and the positive steps that are being undertaken to support staff to achieve and maintain training compliance received limited assurance. It was accepted that progress is being made against the plans in place to increase compliance for key training.

Verbal update on the status of the improved Disciplinary Policy and procedure for Medical Staff

The policy is in the process of being strengthened to include actions to be taken when a concern about a doctor first arises so it can be dealt with compassionately through the Trust's 'Just Culture' process.

Staff population across the workforce

Following discussion at the Quality and Safeguarding Committee regarding how people from minority groups utilise services at levels that are in line with what would be expected from population, it was decided that PCC would identify and address inequalities across the workforce. The Committee discussed the data and commissioned a piece of work to understand staff awareness of services and opportunities that are open to them.

Escalations to Board or other committees

None

Board Assurance Framework – key risks identified

None

Next Meeting – 26 July 2022

Committee Chair: Ralph Knibbs	**Executive Lead: Jaki Lowe, Director of People and Inclusion**

Audit and Risk Committee - key items discussed 26 May 2022

Annual Report and Accounts 2021/22 and Annual Governance Statement

Having received a significant first draft of the Annual Report and Annual Governance Statement (AGS) for 2021/22 at the April meeting, further revisions were discussed and noted. The Committee was satisfied that the annual accounts audit was progressing well,

Internal Audit Progress

Internal Auditor, 360 Assurance gave an account of internal audit progress work that will complete their work for the current year. A client-wide project covering the introduction of Liberty Protection Safeguards is in progress. The 2022/23 Internal Audit Plan has commenced and the review of Data Security Protection Toolkit is progress.

External Audit progress

External Auditor, Mazars confirmed that all areas are progressing well with regard to completing their external audit.

Key risks identified

None

Next Meeting – 14 June2022

Committee Chair: Geoff Lewins	**Executive Lead: Justine Fitzjohn, Trust Secretary**

Audit and Risk Committee - key items discussed 14 June 2022

Review and approval of audited Annual Report and Accounts 2021/22 (including Annual Governance Statement)

The Annual Report 2021/22 and Annual Governance Statement were prepared and presented in line with the requirements outlined in the Annual Reporting Manual (ARM). The accounts had been audited and were presented in their final state.

Members of the Committee confirmed they were content to approve and adopt the Annual Accounts and Report for 2021/22 under delegated authority from the Trust Board.

Final Head of Internal Audit Opinion and Annual Internal Audit Report

The Committee received a significant assurance outturn from the final Head of Internal Audit Opinion that there is a sound framework of governance, risk management and control designed to meet the organisation's objectives, and that controls are being applied consistently based on a review of the Board Assurance Framework (BAF) and strategic risk management, internal audit plan outturn and follow up of internal audit actions and third party assurances.

External Audit

The Audit Completion Report 2021/22 confirmed that the financial statements and Value for Money statement gave a true and fair view of the financial position of the Trust as 31 March 2022 and of the Trust's income and expenditure for the year.

Sign off of Annual Report and Accounts 2021/22

Due to this being a virtual meeting, electronic signatures of the Trust Chair, Chief Executive, , Committee Chair, and Deputy Chief Executive and Director of Finance, Claire Wright were used to formally sign the documentation.

Key risks identified

None

Next Meeting – 7 July 2022

Committee Chair: Geoff Lewins	**Executive Lead: Justine Fitzjohn, Trust Secretary**

Quality and Safeguarding Committee - key items discussed 12 May 2022

Summary of Board Assurance Framework (BAF) Risks

The Committee reviewed BAF risk 1a *"There is a risk that the Trust will fail to provide standards for safety and effectiveness as required by our patients and our Board"* it has oversight of in the context of discussions and the current work programmes.

The Committee also considered that the system risk for which the Committee is responsible for that has an effect on and is mitigated by multiple organisations has also impacted bed pressures and quality of care. *'There is a risk to safe, effective clinical care across Derbyshire impacting upon patients, due to not achieving national standards and variation of clinical practice and service commissioning in the Learning Disability (LD) Transforming Care Partnership and in ICS inpatient LD bedded care".*

Risk Register Escalation Assurance Quarterly Report

The report showed there are currently six risks rated as high/extreme on the Trust-wide risk register. The number of high/extreme risks identified by operational services remains stable. The process for addressing these risks is being improved and will help reduce the number of risks.

CQC Action Plan delivery status

As of April 2022 there were 11 outstanding actions with one overdue. It was recognised that the main theme of non-compliance is training and this is improving and will soon be more stable. The approach being taken to establish compliance with the outstanding recommendations was accepted.

Quality Account 2021/22

The Quality Account for 2021/22 detailing the Trust's approach to quality over 2021/22 was approved under delegated authority from the Trust Board.

Harmonisation of Learning Disability and Autism Services

A position statement on the harmonisation of Learning Disabilities and Autism (LD&A) services in Derbyshire, working across DCHFT and Derbyshire Community Health Services (DCHS) reported a great improvement in the stability of LD&A inpatient services.

Analysis of inquest activity 2020/21

The report showed there has been an exponential growth in the number of statement requests from the previous financial year which is due to the catch up from COVID-19.

Significant assurance was received from the preparatory work and support given to Trust staff in preparation for inquests.

Ethnicity of patients accessing service user groups

This report gave a breakdown by ethnicity of patients accessing services and an analysis of how this compares with the ethnic breakdown of the population served by each service. Generally, people from minority groups are utilising Trust services at levels that are in line with what would be expected from the population. The few notable exceptions are the proportions of children accessing CAMHS and of people accessing Learning Disability (LD) services from Asian or Asian British backgrounds which are much lower than expected compared to the size of the population.

The proportion of people from white backgrounds accessing universal Children's services is much lower than would be expected from the population. This may be linked to birth rates over the last few years, which have seen births to non-UK-born mothers increasing and births to UK-born mothers decreasing.

It was agreed that the People and Culture Committee would also receive this paper at its next meeting on 17 May to commission a similar exercise for Trust staff to identify and address inequalities across the workforce.

Patient Experience Strategy

The update on the current Patient Experience Strategy Workplan demonstrated that even though the COVID-19 pandemic has slowed down processes and created challenges, there has still been an ability to continue make progress.

The report received limited assurance due to the amount of developmental work that still needs to be completed.

Ligature Risk Reduction

A gap analysis, with recommended actions from the CQC against the Trust's Ligature Risk Reduction Policy showed that although some recovery has been seen from ligature audits, there is still a high level of risk. Having compared the number of incidents with two outstanding organisations, the Trust is seeing an average number of incidents. These incidents are continuously monitored in order to focus on learning and prevention. Significant assurance was received on procedures and completion of this review.

Board Assurance Framework – key risks identified

A potential new risk relates to closed beds in the CAMHS provider collaborative. This risk would remain on the risk register for monitoring and will be included in the BAF if the level of closed beds continues.

Escalations to Board or other committees

None

Next Meeting – 14 June 2022

Committee Chair: Dr Sheila Newport	**Executive Lead: Carolyn Green, Director of Nursing and Patient Experience**

Quality and Safeguarding Committee - key items discussed 14 June 2022

Summary of BAF Risks

BAF risks were considered within the Committee's current work programme. Updates were discussed and agreed for Risk 1a "*There is a risk that the Trust will fail to provide standards for safety and effectiveness as required by our patients and our Board"*. Risks are compounded by the absence of a Psychiatric Care Unit (PICU) in Derbyshire and elevated incidents of violence towards staff.

The Committee also considered the risk for which the Committee is responsible for that impacts on and is mitigated by multiple organisations *'There is a risk to safe, effective clinical care across Derbyshire impacting upon patients, due to not achieving national standards and variation of clinical practice and service commissioning in the Learning Disability (LD) Transforming Care Partnership and in ICS inpatient LD bedded care"*.

Safeguarding Children Assurance Report

Safeguarding activity has continued to increase due to the demand and challenges of sustained high levels of domestic violence in both the city and the county. Domestic abuse remains a Trust and safeguarding partnership priority. Significant assurance was received with Safeguarding Children activity, systems and controls within the Trust.

Safeguarding Adults Assurance Report

This report updated the Committee on Adult Safeguarding performance, including, training, Mental Capacity Act performance, Person in Position of Trust (PiPoT) and Multi-Agency Safeguarding Hub (MASH) performance.

The report provided significant assurance that statutory duties are being met despite the one gap in control that relates to safeguarding training levels dipping just below 85%. Significant assurance was also obtained from the progress and completion of actions of significant incidents.

Quality Performance Dashboard

The high level quality metrics showed a stable position despite increased admissions and services being under pressure.

CQC action plan delivery

Although good headway is being made the completion of outstanding actions lacks pace which is due to difficulty in completing actions. CQC actions that concern mandatory training compliance will be addressed by People and Culture Committee on 26 July.

The issue of front line staff becoming reliant on working under a command and controlled leadership while responding to the pandemic was discussed and will be escalated to the People and Culture Committee to receive insight into how this can be resolved through medical leadership while supporting and developing the workforce.

Quality Performance Dashboard

There have been some considerable Serious Incidents (SIs) recently. This has been a particularly difficult time for staff as there are some quite acutely unwell individuals in services currently. The Police have been called on site to deal with a number of incidents who have been attacked. Analysis of learning is being carried out and will feature in the Serious Incident report due to be received at the next meeting in July.

Levels of increased length of stay and controlled discharges are due to complex placements as people who are medically fit for discharge do not fit into mainstream placements and are staying in bedded care longer than they need to. Social services are restricted when finding appropriate placements for people and local authorities cannot provide the housing stock or support.

Getting it right first time (GIRFT) Mental Health Psychiatric Rehabilitation Review

GIRFT is a national programme and there is now a mental health psychiatric rehabilitation programme transformation plan that will ensure that the p rehabilitation model can be more progressive. This work is being taken forward within the Quality Improvement (QI) programme.

Oversight of divisional progress and achievement

An update on the recovery of services and the standardisation of divisional full oversight through the Divisional Achievement review model and Clinical Operational Assurance Teams (COATs provided a good insight into the clinical and operational performance of the Trust and the cultural leadership of the organisation and the management and leadership style of appreciative enquiry.

Neurodevelopmental services update

The Committee was updated on the Neurodevelopmental services including the harmonisation of Learning Disabilities and Autism (LD&A) services in Derbyshire, working across the Trust and Derbyshire Community Health Services (DCHS) showed improving stability of services. The focus has been on discharging people who have been in hospital for a considerable length of time. Admissions have significantly improved and the number of days stay has reduced.

Patient and carer experience report

The themes and changes made to Trust services as a result of feedback on incidents and complaints made to the Patient and Carer Experience Committee were reviewed. No undue concerns were raised with data for Quarter 4 of the financial year 2021/22. The report was considered to be positive overall considering the impact that Covid has had on services. Although limited assurance was obtained from the report the Committee anticipate that the level of assurance will increase as actions are completed.

Care Planning/Person Centred Care

The Committee reviewed the progress made regarding person centred care and care planning delivery across the Trust over the last six months. Work has continued to focus on developing processes that improve the quality of care plans and safety planning and move towards more person-centred practice and trauma informed care planning.

Although good progress is being made regarding person centred care and care planning, limited assurance was obtained due to the need for more headway within the trajectory for older adults. This is being addressed through additional training to improve clinical practice around safety planning, including utilisation of models such as the Care Plan Guide for staff.

Report from the Guardian of Safe Working (GOSW)

The report showed that out of hours work breached the rest requirements for a higher trainee and resulted in a fine. This is the Trust's first fine for a breach in rest periods for a higher trainee. The Mental Health Act lead is looking at solutions to prevent this from happening again.

Significant assurance was obtained from the progress made by the GOSW with limited assurance regarding the outcomes due to breach of rest requirements and the resulting fine. The report has since been updated to include the solution to ensure safe working for higher trainees and submitted to the Board on 5 July.

Clinical Audit Annual Report

The report provided an update on the review of the effectiveness of the 2021/22 Clinical Audit Programme and set out the Clinical Audit Programme for 2022/23.

The Committee was pleased to note that Quality Improvement (QI) methodology will be included in the programme to maximise impact and effectiveness of Clinical Audit. Significant assurance was received from the process and effectiveness of Clinical Audit but limited assurance was received due to uncompleted projects.

Learning from Deaths Mortality Report The report was reassuring in terms of findings from the reviews and has been updated to include the longitudinal learning taken from a spate of forensic cases prior to being submitted to the Board on 5 July.	
Escalations to Board or other committees The issue of front line staff becoming used to working under a command and controlled leadership while responding to the pandemic is escalated to the People and Culture Committee.	
Board Assurance Framework – key risks identified • Themes arising from services not achieving required quality standards • Difficulties arising from OnEPR roll out	
Next Meeting – 12 May 2022	
Committee Chair: Dr Sheila Newport	**Executive Lead: Carolyn Green, Director of Nursing and Patient Experience**

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 5 July 2022

Report from the Council of Governors meeting

The Council of Governors has met one since the last report, on 10 May 2022. Following national guidance on keeping people safe during COVID-19 and the need for social distance, the meetings were conducted digitally via Microsoft Teams.

Chief Executive update

The Deputy Chief Executive provided governors with an update on the current situation regarding the COVID-19 pandemic; NHS Staff Survey 2021 results; roll out of the Trust's new patient electronic record; Care Quality Commission's impending visit; and infection, prevention and control.

Perinatal Mental Health Provider Collaborative Update

Sam Harrison, Programme Lead, East Midlands Perinatal Provider Collaborative gave an update on the work by the Trust as Lead Provider in the East Midlands Perinatal Mental Health Provider Collaborative.

Report from Governors' Nominations and Remuneration Committee

Justine Fitzjohn, Trust Secretary provided governors with a summary of the report which included: an outline of the Trust Chair and Non-Executive Directors (NEDs) appraisals; and several year-end governance reports. The Committee's Terms of Reference had also been reviewed and no changes were proposed.

Council of Governors Annual Effectiveness Survey

The Council of Governors approved that the survey is undertaken, as previously, in September 2022.

Staff Survey Results

Rebecca Oakley, Acting Deputy Director of People and Inclusion presented the report which shows the current position of the Trust for the 2021 NHS Staff Survey. It was noted that 62% of colleagues had completed the survey. Further reports are awaited that will allow a deeper focus on key themes, trends and team level analysis that will be reported to the People and Culture Committee.

Escalation of items to the Council of Governors

One item of escalation was received from the Governance Committee meeting held 10 May:

Regarding the Trust's autism service, governors seek assurance that once people have been assessed there are provisions in place to keep people waiting well whilst they wait for treatment provided by other organisations.
The response was tabled at the meeting.

Verbal Summary Integrated Performance Report

The Integrated Performance Report (IPR) was presented to the Council of Governors to provide an overview of the performance of the Trust. The NEDs reported on how the report had been used to hold Executive Directors to account in their respective Board Committees for areas with regards to workforce, finance, operational delivery and quality performance.

Governance Committee Report

Ruth Grice, Chair of the Governance Committee presented a report of the meeting held on 5 April 2022 which included: the Committee's approval of the draft governors and membership section of the Annual Report 2021/22; development of a government engagement tool kit; update on the Annual Members Meeting; annual review of governors' declarations of interest; training and development opportunities; and governors draft statement for the 2021/22 Quality Account.

Governors ratified the recommended governors' response to the 2021/22 Quality Account.

Review of The Governor Membership Engagement Action Plan

The Membership and Involvement Manager provided an update on the governors Membership Engagement Action Plan. It was noted that governors are elected to represent their local communities and the Action Plan has been developed to increase engagement with members and to promote the governor role.

Election update

The Membership and Involvement Manager provided the Council of Governors with an update on the recent public and staff governor elections and confirmed that all 11 seats had been filled; the majority of which had been contested.

RECOMMENDATION

The Trust Board is asked to note the summary report from the Council of Governors meeting held on 10 May 2022.

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

NHS Term / Abbreviation	Terms in Full
A	
A&E	Accident & Emergency
ACCT	Assessment, Care in Custody & Teamwork
ACE	Adverse Childhood Experiences
ADHD	Attention Deficit Hyperactivity Disorder
AfC	Agenda for Change
AHP	Allied Health Professional
AIMS	Royal College of Psychiatrists Accreditation for Inpatient Mental Health Services Standards
ALB	Arms-length body such as NHS Improvement (NHSI) and NHS England (NHSE)
AMM	Annual Members' Meeting
AMHP	Approved Mental Health Professional
ANP	Advanced Nurse Practitioner
AO	Accountable Officer
ASD	Autism Spectrum Disorder
ASM	Area Service Manager
B	
BAF	Board Assurance Framework
BLS	Basic Life Support (ILS Immediate Life Support)
BMA	British Medical Association
BME	Black,& Minority Ethnic group
BoD	Board of Directors
C	
CAMHS	Child and Adolescent Mental Health Services
CASSH	Care and Support Specialised Housing
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Group (defunct from 1 July 2022)
CCT	Community Care Team
CDMI	Clinical Digital Maturity Index
CE	Chief Executive
CEO	Chief Executive Officer
CGA	Comprehensive Geriatric Assessment
CHPPD	Care Hours Per Patient Day
CIP	Cost Improvement Programme
CMDG	Contract Management Delivery Group
CMHF	Community Mental Health Framework
CMHT	Community Mental Health Team
CNST	Clinical Negligence Scheme for Trusts
COAT	Clinical Operational Assurance Team
COF	Commissioning Outcomes Framework
CoG	Council of Governors
COO	Chief Operating Officer
CPA	Care Programme Approach
CPD	Continuing Professional Development
CPN	Community Psychiatric Nurse
CPR	Child Protection Register

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
CQC	Care Quality Commission
CQI	Clinical Quality Indicator
CQUIN	Commissioning for Quality and Innovation
CRG	Clinical Reference Group
CRH	Chesterfield Royal Hospital
CRHT	Crisis resolution and home treatment
CRS	(NHS) Care Records Service
CRS	Commissioner Requested Services
CSF	Commissioner Sustainability Fund
CTO	Community Treatment Order
CTR	Care and Treatment Review
D	
DAT	Drug Action Team
DBS	Disclosure and Barring Service
DBT	Dialectical Behavioural Therapy
DfE	Department for Education
DCHS	Derbyshire Community Health Services NHS Foundation Trust
DDCCG	Derby and Derbyshire Clinical Commissioning Group
DHCFT	Derbyshire Healthcare NHS Foundation Trust
DIT	Dynamic Interpersonal Therapy
DNA	Did Not Attend
DH	Department of Health
DoLS	Deprivation of Liberty Safeguards
DSPT	Director of Strategy, Partnerships and Transformation
DOF	Director of Finance
DON	Director of Nursing
DPI	Director of People and Inclusion
DPS	Date Protection and Security
DNA	Did not attend
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
EIP	Early Intervention In Psychosis
ELT	Executive Leadership Team
EMDR	Eye Movement Desensitising & Reprocessing Therapy
EMR	Electronic Medical Record
EPR	Electronic Patient Record

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
ERIC	Estates Return Information Collection
ESR	Electronic Staff Record
EUPD	Emotionally Unstable Personality Disorder
EWTD	European Working Time Directive
F	
FBC	Full Business Case
FFT	Friends and Family Test
FOI	Freedom of Information
FSR	Full Service Record
FT	Foundation Trust
FTE	Full-time Equivalent
FTN	Foundation Trust Network
FTSU	Freedom to Speak Up
FTSUG	Freedom to Speak Up Guardian
F&P	Finance and Performance
5YFV	Five Year Forward View
G	
GDPR	General Data Protection Regulation
GGI	Good Governance Institute
GIRFT	Getting it Right First Time
GMC	General Medical Council
GP	General Practitioner
GPFV	General Practice Forward View
H	
HCA	Healthcare Assistant
H1	First half of a fiscal year (April through September)
H2	Second half of a fiscal year (October through the following March)
HEE	Health Education England
HES	Hospital Episode Statistics
HoNOS	Health of the Nation Outcome Scores
HSCIC	Health and Social Care Information Centre
HSE	Health and Safety Executive
HWB	Health and Wellbeing Board
I	
IAPT	Improving Access to Psychological Therapies
ICB	Integrated Care Board
ICM	Insertable Cardiac Monitor
ICS	Integrated Care System
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IDVAs	Independent Domestic Violence Advisors
IG	Information Governance
ILS	Immediate Life Support (BLS – Basic Life Support)
IMT	Incident Management Team
IM&T	Information Management and Technology
OOA	Outside of Area
IPP	Imprisonment for Public Protection
IPR	Integrated Performance Report

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
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	
KLOE	Key Lines of Enquiry (CQC)
KPI	Key Performance Indicator
KSF	Knowledge and Skills Framework
L	
LA	Local Authority
LCFS	Local Counter Fraud Specialist
LD	Learning Disabilities
LD/A	Learning Disability and Autism
LHP	Local Health Plan
LHWB	Local Health and Wellbeing Board
LOS	Length of Stay
LPS	Liberty Protection Safeguards
LTP	Long Term Plan
M	
MADE	Multi-agency Discharge Event
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 from the statutory and voluntary sectors.
MASH	Multi-Agency Safeguarding Hub
MCA	Mental Capacity Act
MD	Medical Director
MDA	Medical Device Alert
MDM	Multi-Disciplinary Meeting
MDT	Multi-Disciplinary Team
MFF	Market Forces Factor
MHA	Mental Health Act
MHAC	Mental Health Act Committee
MHIN	Mental Health Intelligence Network
MHIS	Mental Health Investment Standard
MHLT	Mental Health Liaison Team
MHRT	Mental Health Review Tribunal
MSC	Medical Staff Committee
MSK	Musculoskeletal (conditions)
MSU	Medium secure unit

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
N	
NCRS	National Cancer Registration Service
NED	Non-Executive Director
NICE	National Institute for Health and Care Excellence
NHS	National Health Service
NHSE	National Health Service England
NHSI	National Health Service Improvement
NHSEI	NHS England and NHS Improvement
NIHR	National Institute for Health Research
O	
OBC	Outline Business Case
ODG	Operational Delivery Group
OPMO	Older People's Mental Health Services
OP	Outpatient
OSC	Overview and Scrutiny Committee
OT	Occupational therapy
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
PCC	People and Culture Committee
PCN	Primary Care Networks
PDSA	Plan, Do, Study, Act
PHE	Public Health England
PICU	Psychiatric Intensive Care Unit
PID	Project Initiation Document
PiPoT	People in Positions of Trust
PLIC	Patient Level Information Costs
PMLD	Profound and Multiple Disability
PPE	Personal Protection Equipment
PPI	Patient and Public Involvement
PPT	Partnership and Pathway Team
PREM	Patient Reported Experience Measure
PROMS	Patient Reported Outcome Measure
PSF	Provider Sustainability Fund
PSIRF	Patient Safety Incident Review Framework
Q	
QAG	Quality Assurance Group
Q&SC	Quality and Safeguarding Committee
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Productivity Programme
R	
RAID	Rapid Assessment, Interface and Discharge

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
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
SFI	Standing Financial Instructions
SI	Serious Incidents
SID	Senior Independent Director
SIRI	Serious Incident Requiring Investigation
SLA	Service Level Agreement
SLR	Service Line Reporting
SMI	Severe Mental Illness
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
SUI	Serious (Untoward) Incident
SystmOne	Electronic patient record system
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
TOOL	Trust Operational Oversight Leadership (replaced IMT)
U	
UDBH	University Hospitals of Derby and Burton
UEC	Urgent and emergency care
V	
VARM)	Vulnerable Adult Risk Management
VO	Vertical Observatory
W	
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
Y	
YTD	Year to Date

(updated 14 June 2022)

2022-23 Board Annual Forward Plan

Exec Lead	Meeting date	10 May 22	5 Jul 22	6 Sep 22	1 Nov 22	17 Jan 23	7 Mar 23
	Paper deadline	**25 Apr**	**27 Jun**	**29 Aug**	**24 Oct**	**9 Jan**	**27 Feb**
Trust Sec	Declaration of Interests	X	X	X	X	X	X
DON	Patient/Staff Story	X	X	X	X	X	X
CHAIR	Minutes/Matters arising/Action Matrix	X	X	X	X	X	X
CHAIR	Board review of effectiveness of meeting	X	X	X	X	X	X
CHAIR	Board Forward Plan (for information)	X	X	X	X	X	X
CHAIR	Summary of Council of Governors meeting (for information)	X	X		X	X	X
CHAIR	Chair's Update	X	X	X	X	X	X
CEO	Chief Executive's Update - Green Plan sign off (November each year)	X	X	X	X Green Plan	X	X
STRATEGIC PLANNING AND CORPORATE GOVERNANCE							
COO/DOF	NHSI Financial Annual Plan Month 7-12 2022/23				X		
DPI	Staff Survey Results	X					
DPI	Annual Gender Pay Gap Report for approval						X
DPI	Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) request for Board delegated authority for People and Culture Committee meeting on 20 September to approve the October submissions			X			
DPI	Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Strategic implications/retrospective sign off after PCC in Sep				X		
DPI	Workforce Plan for 2022/23			X			
DPI	2022/23 Flu Campaign			X			
Trust Sec	NHS Improvement Year-End Self-Certification	X					
Trust Sec	Year-end governance reporting from Board Committees and approval of ToRs	X					
Trust Sec	Corporate Governance Report	X					
Trust Sec	Review SOs, SFIs, SoD plus review/ratify SFI Policy (as Policy Review section below)						Amendment SFI
Trust Sec	Trust Sealings (six monthly - for information)	X			X		
Trust Sec	Annual Review of Register of Interests	X					
Trust Sec	Board Assurance Framework Update	X		X	X		X
Trust Sec	Freedom to Speak Up Guardian Report (six monthly)			X			X
Trust Chair	Fit and Proper Person Declaration		X				
Trust Sec	Neurodevelopmental Services Committee in Common (CiC) Terms of Reference		X				
Trust Sec	Annual Approval of Modern Slavery Statement	X					
Committee Chairs	Board Committee Assurance Summaries	X	X	X	X	X	X
OPERATIONAL PERFORMANCE							
DON/DOF/ DPI/COO	Integrated performance and activity report to include Finance, People, performance and Quality Dashboard	X	X	X	X	X	X
DPI	Equality Diversity and Inclusion (EDI) update				X		
DON/COO/ DPI	Workforce Standards Formal Submission/Safer Staffing (prior to publishing on website)	X					

Exec Lead	Meeting date	10 May 22	5 Jul 22	6 Sep 22	1 Nov 22	17 Jan 23	7 Mar 23
QUALITY GOVERNANCE							
EXEC	Quality Position Statement Report - focus on CQC domains (Well Led CQC & NHSI) as per schedule	Caring DON	Well Led Trust Sec	Safe MD	Responsive COO	Effective DON & DPI	Use of Resources (DOF)
MD	Learning from Deaths Mortality report (quarterly publication) (Jul/Nov/Jan/Mar)	AR	X		X	X	X
MD	Guardian of Safe Working Report		X		X	AR	X
DON	Infection Prevention and Control Annual Report and BAF				AR		
MD	Re-validation of Doctors Compliance Statement			X			
MD	Draft Mental Health Bill			X			
DON	Receipt of Annual Reports: - Annual Looked After Children - Safeguarding Children and Adults at Risk				AR AR		
DON	Outcome of Patient Stories - every two years - next due March 2024						
POLICY REVIEW							
DOF/ Trust Sec	Standing Finance Instructions Policy and Procedures Review SOs, SFIs, SoD plus review/ratify SFI Policy (next SFI review July 2022)		X				
Trust Sec	Fit and Proper Person Policy due 31/03/2023						X
Trust Sec	Engagement between the Board of Directors and the CoG due pror to expiry 31/10/2022			X			