Derbyshire Healthcare NHS Foundation Trust

PUBLIC BOARD MEETING
TUESDAY 4 JULY 2023 TO COMMENCE AT 09:30
CONFERENCE ROOMS A & B, CENTRE FOR RESEARCH AND DEVELOPMENT, KINGSWAY, DERBY

	TIME	AGENDA	LED BY
1.	9:30	Chair's welcome, opening remarks and apologies - 2023/24 Register of Interests	Selina Ullah
PATIENT STORY			
2.	9.35	Patient Story: *"Tolerate, educate. Here I am, see me. Say hello, learn, change the world"*	Carolyn Green
STANDING ITEMS			
3.	10.00	Minutes of Board of Directors meeting held on 9 May 2023	Selina Ullah
4.		Matters arising – Actions Matrix	Selina Ullah
5.		Questions from members of the public	Selina Ullah
6.	10:05	Chair's update	Selina Ullah
7.	10:15	Chief Executive's update	Mark Powell
STRATEGY, PERFORMANCE AND RISK			
8.	10:30	Integrated Performance report	A Odunlade/R Leyland/ R Oakley/C Green
11:00 B R E A K			
GOVERNANCE AND COMPLIANCE			
9.	11:10	Re-validation of Doctors Compliance Statement	Arun Chidambaram
10.	11:25	Position Statement - Well Led	Carolyn Green
BOARD COMMITTEE ASSURANCE			
11.	11:40	Board Committee Assurance Summaries	Committee Chairs
REPORTS FOR APPROVAL ON ASSURANCE FROM BOARD COMMITTEES			
12.	11:55	Quality and Safeguarding Committee: - Guardian of Safe Working Annual Report 2022/23	Arun Chidambaram
CLOSING BUSINESS			
13.	12:05	Identification of issues arising from discussions for inclusion or updating in the BAF Meeting effectiveness	Selina Ullah
FOR INFORMATION			
Glossary of NHS Acronyms 2023/24 Forward Plan			

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

The next meeting will be held at 09.30 on 5 September 2023. It is anticipated that this meeting will be held in Conference Rooms A&B, Centre for Research and Development, Kingsway. The exact arrangements will be notified on the Trust website 7 days in advance of the meeting

Users of the Trust's services and other members of the public are welcome to observe meetings of the Board.

Participation in meetings is at the Chair's discretion.

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 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.

DECLARATION OF INTERESTS REGISTER 2023/24		
NAME	**INTEREST DISCLOSED**	**TYPE**
Lynn Andrews Non-Executive Director	• Trustee for Ashgate Hospice in Chesterfield	(e)
Vikki Ashton Taylor Director of Strategy, Partnerships and Transformation	• Magistrate covering mainly Derbyshire and Nottinghamshire Courts	(e)
Tumi Banda *(until May 2023)* Interim Director of Nursing and Patient Experience	• Jabali Men's Network	(d)
Tony Edwards Deputy Trust Chair	• Independent Member of Governing Council, University of Derby	(a)
Deborah Good Non-Executive Director	• Trustee of Artcore – Derby • Director of Craftcore Derby	(e) (e)
Carolyn Green Director of Nursing and Patient Experience	• Midlands and East Regional Director, National Mental Health Nurse Directors Forum	(e)
Ashiedu Joel Non-Executive Director	• Director, Ashioma Consults Ltd • Director, Peter Joel & Associates Ltd • Director, The Bridge East Midlands • Director, Together Leicester • Lay Member, University of Sheffield Governing Council • Fellow, Society for Leadership Fellows Windsor Castle • Elected Member, Leicester City Council	(a) (a) (a) (a) (a) (a) (a)
Ralph Knibbs Senior Independent Director	• Vice Chair, RFU Diversity & Inclusion Implementation Group, England Rugby Football Union	(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)
Ade Odunlade Chief Operating Officer	• Society of African Nurses and Midwives • Research Lead on Observations for Ox e-Health • Chair, NHS Providers Chief Operating Officers Network • Governor of Eden Park High School, Beckenham, Kent • Member of the Advisory Board of XRT Therapeutics (digital organisation helping people to overcome phobia and anxiety) • Advisory Board Member – Healthcare Strategy Forum • Deputy Chair CAD Charity Foundation – Education funding for Girls from poor background in Africa	(d) (e) (e) (e) (e) (e) (e)
Mark Powell Chief Executive	• Treasurer, Derby Athletic Club	(d) (e)
Becki Priest *(until May 2023)* Interim Director of Quality and Allied Health Professionals	• Has a consultancy called IPS support assisting health and care organisations to implement employment support or to review their practice. Regularly undertakes contracted work with IPS Grow which is part of social finance.	(b)
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 9 MAY 2023

VIRTUAL MEETING VIA MS TEAMS WEBINAR

Commenced: 09.30 Closed: 12:57

PRESENT	Selina Ullah	Trust Chair
	Ralph Knibbs	Senior Independent Director
	Lynn Andrews	Non-Executive Director
	Deborah Good	Non-Executive Director
	Ashiedu Joel	Non-Executive Director
	Geoff Lewins	Non-Executive Director
	Mark Powell	Chief Executive
	Carolyn Green	Interim Chief Executive
	Ade Odunlade	Chief Operating Officer and Interim Deputy Chief Executive
	Dr Arun Chidambaram	Medical Director
	Rachel Leyland	Interim Director of Finance
	Tumi Banda	Deputy Director of Nursing and Patient Experience
	Vikki Ashton Taylor	Director of Strategy, Partnerships and Transformation
	Justine Fitzjohn	Trust Secretary
	Becki Priest	Interim Director of Quality and Allied Health Professionals
IN ATTENDANCE	Anna Shaw	Deputy Director of Communications and Engagement
	Rebecca Oakley	Deputy Director of People and Inclusion
For DHCFT2023/0	Tony	Guest for Patient Story
For DHCFT2023/0	Lynn Dunham	Care Standards Co-ordinator
	Joe Thompson	Assistant Director of Clinical Professional Practice
	Geoff Neild	Programme Director - Dormitory Eradication
	Memona Khalid	Speciality Doctor
	Sue Turner	Board Secretary
APOLOGIES	Jaki Lowe	Director of People and Inclusion
	Tony Edwards	Deputy Trust Chair
OBSERVERS	Susan Ryan	Lead Governor, Public Governor, Amber Valley
	Joanne Foster	Staff Governor, Nursing
	Marie Hickman	Staff Governor,
	Pete Henson	Head of Performance
	Suzie Goodburn	IT Project Manager
	Moosa Patel	Office of Modern Governance
	Sarah Boulton	Healthy Board Ltd
	Jane Landick	Office of Modern Governance

The Board meetings are broadcast via a MS Teams webinar event. The names of observers might not be identifiable or able to be recorded

DHCFT 2023/041	**CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND DECLARATION OF INTERESTS** Trust Chair, Selina Ullah welcomed Board colleagues, Governors, members of staff and the public who were observing the meeting via Microsoft Teams public webinar. Mark Powell received a special welcome to his first meeting with the Board as the Trust's new Chief Executive. Apologies were noted as listed. Deputy Director of People and Inclusion, Rebecca Oakley deputised for Director of People and Inclusion, Jaki Lowe. The Register of Directors' Interest for 2023/24 was noted with no declarations of interest raised with any of today's agenda items.
DHCFT 2023/042	**REGISTER OF DIRECTORS' INTERESTS ANNUAL REPORT 2022/23** This report set out the year-end 2022/23 Register of Directors' interests that will be published in the Annual Report for 2022/23. To ensure openness and transparency during Trust business, the Register is updated with each new interest declared/removed and included at the next meeting in the papers that are considered by the Board of Directors at each meeting. Missing in the Register was Non-Executive Director, Ashiedu Joel's appointment as an Elected Member of Leicester City Council and would be added. Board members were reminded that they should make a continual declaration of any interests they have to the Board Secretary as they arise. **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 2022/23.**
DHCFT 2023/043	**PATIENT STORY** Today's patient story was heard from Tony who shared his experience of being a carer supporting his wife who met with sudden mental ill-health in September 2020. Tony was supported by Care Standards Co-ordinator Lynn Dunham and Assistant Director of Clinical Professional Practice, Joe Thompson who had both worked closely with Tony while his wife was receiving our services. Tony's wife's illness occurred without warning and the realisation that Tony had become a carer was life changing for him. The main theme of Tony's story was his desperation to develop coping strategies and his difficulty in locating tangible support as there was no communication or signposting to any support groups. He also found it difficult navigating primary and secondary care as his wife's carer. Tony wished that support and guidance for carers had been promoted at the start of his wife's treatment as it would have prevented him experiencing high levels of stress and feelings of isolation and loneliness especially during COVID. During an outpatient appointment Tony discovered a "Carers Engagement Meeting" led by Lead Support Worker, Lynn Dunham which focusses on how the service and partner organisations can better support carers in Derby and Derbyshire. Tony felt it has been a privilege to be part of this group and praised Lynn for her commitment to making things better for future carers in Derbyshire. The eventual formation of a carer group by Derbyshire Early Intervention in Psychosis Service (DEIPS) was another lifeline which enabled Tony and other carers to gain an insight into pharmacy, family support and psychology, looking after yourself and looking to the future. Lynn Durham outlined how promoting services so carers and patients have the full benefit of services is an important part of her work. She also talked about her work to the Triangle of Care standards that supports the therapeutic relationship between the

	patient, staff member and carer promoting safety, supporting communication and sustaining wellbeing. Lynn is also connected to a network of carer champions who meet with partners within the community to build good networks for carers, family members, professionals and local authorities. Despite the challenges Tony experienced he praised a number of Trust staff he had dealt with who he felt were without exception, kind, focused and professional. A Cognitive Behavioural Therapist invested considerable time treating his wife and helped Tony gain an understanding of how his wife was feeling which also allowed Tony to be open about the challenges he was facing. The Board gave thanks to Trust colleagues for their delivery of quality care and asked that individual staff mentioned by Tony be thanked personally for their compassion and empathy. The Board acknowledged Tony's important role as a carer and discussed the various ways that learning would be taken from his feedback. Medical Director, Arun Chidambaram gave his assurance that the interface between primary and secondary care and how this helps a carer will be made known to clinicians to ensure clear communication is at the heart of our services. Director of Strategy, Partnerships and Transformation, Vikki Ashton Taylor added that better signposting of links to services that are available is an area the Trust has started developing within an alliance that brings together voluntary sector partners and local authorities to support carers. Vicki undertook to ensure the voice of the carer is heard to influence areas of partnership within the alliance. Tony was thanked for sharing his experience and providing an insight into the importance of carers and the value of working together with compassion, approachability and empathy. Although his wife's journey remains uncertain, having support networks to turn to as a carer has been invaluable to Tony. **RESOLVED: The Board of Directors committed to take the learning from Tony's observations across the Trust's services to ensure carers are aware of the help and support that is available.**
DHCFT 2023/044	**MINUTES OF THE PREVIOUS BOARD OF DIRECTORS MEETING** The draft minutes of the previous meeting held on 7 March 2023 were accepted as a correct record of the meeting.
DHCFT 2023/045	**ACTION MATRIX** The Board reviewed and closed the completed actions. No actions remained outstanding.
DHCFT 2023/046	**QUESTIONS FROM MEMBERS OF THE PUBLIC** No questions had been directly submitted for a response ahead of the meeting. Governors represent the population of Derbyshire and any questions raised with them by members of the public are taken to the Council of Governors.
DHCFT 2023/047	**CHAIR'S UPDATE** The Chair's update summarised Selina's activity since the previous Board meeting held on 7 March. Selina was thrilled to report on progress with the Trust's new mental health facilities under the Making Room for Dignity programme. This has been a much awaited development and one that will make a real difference in the quality of care and experience for patients and their carers. A progress update on the new facilities is captured in minute item DHCFT2023/052 below.

	Selina acknowledged that the two periods of industrial action have been a challenging time for colleagues. Thanks were given to everyone who worked together to ensure patients remained safe and minimised any adverse impact on services and supported colleagues and their right to take industrial action. Selina has continued to visit a number of services interacting with frontline staff, patients and carers which has given her an understanding how they are feeling. She has also joined live engagement events being hosted via MS Teams and has attended various meetings of the different Staff Networks. The sad announcement was made of the death of Gillian Lemmon, PA to Jaki Lowe, Director of People and Inclusion, who passed away suddenly last week. A one minute's silence will be held in memory of Gill tomorrow. A one minute silence has also recently been held for Lauren Smith a respected health visitor. Selina extended her deepest condolences to both Gill's and Lauren's families, friends and colleagues. Over the last few weeks new members of the Council of Governors have been welcomed to the Trust following the recent elections. Susan Ryan has been elected as the Lead Governor and Selina looked forward to continuing to work with her. In terms of her activity within the system, Selina has continued to engage with peers and fellow chairs to look for areas of synergy with targeted areas of work that will develop and continue to grow. **RESOLVED: The Board of Directors noted the content of the Chair's update.**
DHCFT 2023/048	**<u>CHIEF EXECUTIVE'S REPORT</u>** This was Chief Executive, Mark Powell's first report on current local issues and national policy developments since he took up his role at the beginning of April. The report reflects a wider view of the Trust's operating environment and serves to horizon scan for risks and opportunities that may affect the organisation. Reference was made to the following points. **The Hewitt Review** Patricia Hewitt's independent review of Integrated Care Systems (ICSs) was published on 4 April. A number of helpful recommendations have emerged from the report in terms of national targets and funding plans. The Board will consider the findings of the report and its recommendations once they have been adopted during a future Board Development session. **2023/24 Operational Planning Round** The Trust submitted its operational and financial plan on 30 March. This formed part of the overall plan submitted by the Derbyshire system. The submission is underpinned with significant risks in terms of financial balance to deliver within resources allocated by NHS England and these will be reported to the Board and the various Board Committees over the coming months. More detail on the operational plan is provided in a separate item DHCFT2023/051covered below. **Within our Trust** Mark held his first all staff engagement event on 4 April to introduce himself and outlined the approach he, with the Executive Team will take through the next few months. Mark will present this approach to the Council of Governors to support governors in their key role of representing communities within Derby and Derbyshire. Mark also shared his experience of meeting colleagues and services and was pleased to hear about the positive work they are taking forward. Colleagues also shared their views and frustration with a number of issues. Mark intends to collate this feedback to understand any themes arising and will include this detail in his report to July's Trust Board meeting.

	Joined up Care Derbyshire (JUCD) Developments - Update Reference was also made to the Provider Collaborative Leadership Board Partnership (PCLB). The Board has continued to receive progress updates through previous CEO reports. A detailed set of slides appended to Mark's report summarised the Collaborative's vision, purpose, strategic priorities and progress to date, in the form of a joint presentation given with Patient-Led Assessments of the Care Environment (PLACE) leads to the ICB Board in March. A Board development session is being held in June to further develop the Trust's collective understanding of PLACE and Provider Collaborative development. Also appended to Mark's report were updated PCLB Terms of Reference (ToR). The ToR set out the principles of the Provider Collaborative which are being reviewed by all the provider boards. Having previously approved the PCLB ToR in March 2022, the Board noted that the ToR have been updated to reflect the maturing relationship between partner organisations and formally approved the ToR. Mark was pleased to announce that he has agreed to take on the role of Deputy Chair of the PCLB. Non-Executive Director, Geoff Lewins welcomed the substantial level of engagement within the provider collaborative and asked if there was an equal level of engagement in PLACE as this will have an impact on the Trust's strategy for the future. Mark assured Geoff that the Trust is engaged in the PLACE operating model. He expects that the Board development session on 6 June will provide the opportunity to see how PLACE based partnerships are developing, what they are focusing on and achieving and key areas of focus for 2023/24. Non-Executive Director, Lynn Andrews noted that the PCLB ToR mention the growing risks and mitigations for the provider partnership and hoped this was written in the context of the work the Trust is undertaking as a collaborative and challenged that it is the responsibility of the system to mitigate these risks. Mark responded that although he understood Lynn's challenge, there are risks that the Trust owns collaboratively as well as individually. Non-Executive Director, Deborah Good raised two questions on behalf of Deputy Trust Chair, Tony Edwards who could not attend today's meeting that she understood would be taken forward within Board development on 17 May. The first was regarding the direction of the PCLB and its implications and how the Trust would develop its own policies and strategy going forward. The second concerned leadership and resources to deliver the current Trust/system challenges and leadership and whether this would be using existing roles or whether additional resource would be required to give this the attention it deserves. Mark drew attention to the Board development meeting on 17 May when the Trust's alliance with the PCLB would be discussed in detail. **RESOLVED: The Board of Directors** **1) Scrutinised the report and appendices, noting the risks and actions being taken** **2) Discussed key issues raised** **3) Approved in principle the PCLB ToR.**
DHCFT 2023/049	**<u>INTEGRATED PERFORMANCE REPORT (IPR)</u>** The Board was updated on key finance, performance and workforce measures at the end of March 2023 **Operations** Chief Operating Officer, Ade Odunlade gave an overview of critical areas where demand has increased and are being further impacted as a result of limited funding. These include waiting times for Adult Autistic Spectrum Disorder assessment, Child and Adolescent Mental Health Services (CAMHS) and Paediatric outpatients 18-week referral to treatment. The most improved areas are Psychological services waiting list

	which has continued to reduce over the last 11 months with the Division of Psychology and Psychological Therapies now formed. The target achieved for community mental health access 2 plus contacts is also positively reflected in the latest national data. **Finance** Interim Executive Director of Finance, Rachel Leyland reported that at the end of March a surplus of £2.8m was delivered in line with the forecast. Agency costs produced an adverse variance to plan of £5.2m. The two highest areas of agency usage continue to be driven by consultants mainly in CAMHS and nursing staff. An agency summit is planned to take place this week to look at areas to help manage agency expenditure and reduce planned levels. The requirement to deliver £6m efficiencies has been met, 68% of which has been through non-recurrent savings and benefits which is driving the underlying deficit into 2023/24. The area of focus within the 2023/24 plan is to deliver efficiencies on a recurrent basis to produce sustainability. Rachel acknowledged the significant achievement of the good financial position for 2022/23. Cash remains high at £54m at the end of March due to the receipt of additional central funding for the Making Room for Dignity capital schemes. Due to the timing of these cashflows this has impacted on the movements in the liquidity ratio during 2022/23. The financial plans for 2023/24 from a revenue perspective are still in the progress of being agreed as a Derbyshire system. The final submission was made on 4 May 2023. The draft accounts for 2022/23 are going through the audit process ahead of the final sign off by the Trust Chair and CEO through the Audit and Risk Committee in June. The Board acknowledged that this has been a very challenging period for the Finance team and commended them for producing the operational and financial submission as well as the annual accounts in such a timely fashion. Selina asked to know more about agency expenditure for consultants and if this position is unique to the Trust. She also wanted to know if there were any system solutions for agency spend. Rachel responded that a workforce group is looking at agency roles and spend to meet the ceiling that needs to be managed. These issues will be managed within the agency summit and taken across the East Midlands Alliance to ensure continuity. **People performance** Deputy Director of People and Inclusion, Rebecca Oakley reported on the ongoing priorities for recruitment and retention of colleagues. Staffing levels continue to improve with March seeing another increase. Intelligence taken from the staff survey and exit interviews has revealed that the main reason staff are leaving is to achieve a better work life balance which aligns to what the staff survey has revealed. A piece of work has commenced to engage with colleagues so a new flexible working approach can be co-produced which will support colleagues and leaders to achieve the right balance. Rebecca was pleased to report that on Friday, 5 May over 200 NHS colleagues and NHS charities were involved in an event which took place at Pride Park focussing on trauma informed approach to staff and patients. Lessons from this event will be taken forward to support staff who have experienced past trauma that is impacting their working lives. Geoff Lewins sought clarification on the reasons behind the high level of absence relating to stress, anxiety and depression. He was advised that a fifth of stress, anxiety and depression related absences are work related and the remainder are home related or due to personal trauma. Work related stress in the staff population reflects the complex issues they are dealing with on the wards and within the community. Rebecca was pleased to announce that funding from the NHS Charities Together Foundation has been received to appoint a clinical psychologist who will support staff who are experiencing stress and anxiety, be that home or work related and equip them with coping skills and will guide managers so they are equipped to provide the right support.

Quality
Director of Nursing and Patient Experience, Carolyn Green reported on consistency in practice. An area of improvement work is taking place on care planning and the Care Programme Approach (CPA). The Quality and Safeguarding Committee is receiving detailed breakdowns of care plan practice to improve compliance.

Carolyn reported on the upward spikes being seen in instances of restraint and seclusion in Older Adult and Acute Inpatient services. Over recent weeks there have been increases in length of stay for significant clinical complexity. Funding has been made available to carry out simulation training to ensure staff use the least restrictive interventions to ensure a focus is maintained to meet improvement.

In response to Selina querying the upward spike in February and March in a number of indicators and wondered what this data was revealing. Carolyn explained that this is not just within our Trust, people tend to become unwell in the winter period. Reporting on trends in restraint and seclusion is triangulated between the Quality and Safeguarding and Mental Health Act Committees. Restraint and seclusion are often reviewed together as they are sometimes interconnected.

Lynn Andrews, Chair of Quality and Safeguarding Committee assured the Board that the Committee is closely monitoring care planning compliance to ensure the right focus is maintained. Lynn noticed in Mark's Chief Executive's update that a mental health street triage had been commissioned and wanted to know if the quality aspects of reducing admissions and the time period when people are detained would be reported through the IPR. Her second question concerned the low response received from the Family and Friends Test and asked how an increase in response could be achieved to understand how many people are satisfied with the Trust's services.

Carolyn responded that there is significant evidence that previous trials of regional street triage work resulted in a reduction in Section 136 instances which led to funding being made available for the current street triage programme. Performance will be reported through Divisional reviews for the crisis of care pathway and to the Quality and Safeguarding Committee.

With regard to the low response to the Friends and Family Test the report focussing on the Caring domain featured later in the agenda under minute item DHCFT2023/053 shows that the response to the Family and Friends questionnaire is below the standard and we would have expected although some areas have received an above average response. Quality improvements are going through the Mental Healthcare and Learning Disabilities and Substance Misuse services to ensure higher standards can be achieved and this will be reported through to the divisions.

Mark considered that questions arising from the performance report had prompted helpful discussion. He asked for assurance from Chairs of the Board Committees and the Executive Leads that assurance around incremental improved delivery and future ambitions is sought through the Board Committees. Deputy Director of Nursing, Tumi Banda assured Mark that reporting to the Quality and Safeguarding Committee provides an insight across the whole of the organisation. Benchmarking is regularly made with other trusts with learning taken from best practice performed within other organisations. Reporting is triangulated with Mental Health Act CQC visits to services and engagement is improving to mitigate risk areas.

Ralph Knibbs as Chair of People and Culture Committee and a member of the Quality and Safeguarding Committee assured Mark that he gains assurance from observing the Executive Directors working as a collective across all areas in quality, operations and workforce.

	Mark found Tumi's and Ralph's responses useful and emphasised the importance of ensuring the right level of scrutiny and forward looking being applied within the Committees. **RESOLVED: The Board of Directors:** **1) Confirmed that limited assurance had been obtained on current performance across the areas presented** **2) Formally agreed 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**
DHCFT 2023/050	**<u>TRUST STRATEGY UPDATE</u>** This report presented by Vikki Ashton Taylor provided the Board with an update on progress in delivering the priority actions identified in the organisational strategy. The Board noted the overall progress made with the Derbyshire Healthcare Eight Essentials delivery position, and progress against each of the contributing priority actions as at the end of March (quarter 4 (Q4) 2022/23. There are still three incomplete priority actions, these include the development of the divisional workforce plans which have been delayed as a result of the 2023/24 planning round which will be completed once the system wide financial position is confirmed. There has been a significant improvement seen in recruitment processes and health and wellbeing support for staff which has resulted in improved recruitment. Discussion involved the need to see progress made with performance targets that are yet to be met beyond Q1. Vikki assured the Board that she intends providing a quarterly progress update to the Board on the delivery of actions for 2023/24. The one action she wished to flag as a significant risk in achieving the Trust's strategic objectives was the recovery of dementia diagnosis rates to a national target of 67%. Whilst current performance is at 65% we are not yet in a position to reach the 67% target at the end of Q1. Vikki confirmed that all risks and mitigations associated with not completing priority actions are reflected in the Board Assurance Framework (BAF). Carolyn Green referred to Mark's challenge to the Executive Leads and Board Committee Chairs that they have a clear vision of delivering future priorities and suggested that as there are some objectives that will cross over, agreement should be reached as to which Board Committees would lead each priority. The Board agreed that to avoid duplication the quarterly progress updates are to indicate the lead committee for each priority action and make reference to where they are linked in the BAF. **ACTION: Trust Strategy progress updates are to be featured in the forward plan on a quarterly basis and are to indicate the lead Committee for each priority action and make reference to where the action is linked in the BAF.** **RESOLVED: The Board of Directors:** **1) Noted the 2022/23 quarter 4 progress in delivering the priority actions as set out in the Trust's 2022 – 2025 organisational strategy** **2) Agreed that reporting will progress in a quarterly basis** **3) Requested that updates indicate the lead Committee for each priority action and make reference to where they are linked in the BAF.**
DHCFT 2023/051	**<u>TRUST OPERATIONAL PLAN UPDATE 2023/24</u>** The Board received a progress update on the development of the 2023/24 operational plan made in response the national publication of the 2023/24 National Planning guidance which sets out the requirements for NHS organisations and partner organisations within integrated care system, (ICS) to deliver on.

	Vikki took the Board through the progress being made both as a Trust and as a partner within Joined up Care Derbyshire (JUCD) to making an improvement based on a collective performance within activity and performance, workforce, and finances. A number of the priority actions for the current year will directly contribute to enabling delivery of the Trust Operational Plan. There are three targets where the Trust and system partners have agreed that improvements on last year's performance can be made but are not yet possible to achieve within the 2023/24 target. These are the need to improve performance in diagnosing dementia, reducing the number of adults who are autistic, have a learning disability or both who are in beds and reducing out of area placements. The headway made as a system in these areas will be monitored within the Board Committees who have oversight of performance in these areas. Lynn Andrews recognised the financial and performance challenges and was mindful that the IPR shows a retrospective view of key finance, performance and workforce measures and asked if the IPR could in future reflect the current position. Vikki outlined how the information reported through the IPR undergoes various processes to ensure information shown in the public domain is accurate and undertook to establish whether the current financial position can be shared in the public domain with a caveat as to assurance processes. The Board concluded that the Operational Plan supports the priorities of the Trust Strategy and describes the Trust's focus for the coming year in respect of workforce, activity and finance whilst continuing to deliver quality services underpinned by our People First approach. It was agreed that progress updates will be reported to the Board and provide assurance on the development, delivery and monitoring of the efficiency and transformation programme. Consideration will be made as to how scrutiny will take place within the Board Committees who have oversight of areas of performance. Board members recognised the challenges involved in developing an internal and system operational and financial plan have been quite significant and thanked the colleagues involved in bringing the plan together. **ACTION: The Board will consider how the Board Committees will monitor delivery the Trust's and the system's ambitions for activity and performance, workforce, and finances and how this is captured in reporting** **RESOLVED: The Board of Directors noted the progress report on the 2023/24 Planning Process.**
DHCFT 2023/052	**<u>MAKING ROOM FOR DIGNITY PROGRAMME UPDATE</u>** Geoff Neild, Programme Director of the Making Room for Dignity (MRfD) Programme an update on progress and assurance on delivery of the Trust's plans to create specialist mental health facilities, with new facilities scheduled to open between 2024/25. The MRfD Programme aims to eradicate dormitory wards for adult inpatients, eradicate mixed age group wards, and eradicate the use of inappropriate Out of Area Psychiatric Intensive Care Unit (PICU) beds through delivery of six interdependent projects, phased over the next three years. The refurbishment of Audrey House has commenced and is on target for a November 2023 go-live as a decant unit, enabling the refurbishment of the Radbourne Unit to commence. The Older Adult ward refurbishment commences August 2023 with a go-live date in April 2024. Construction of the new build units progresses well, with both sites up to first floor concrete frame, and on target for the adult acute units to go-live November 2024, and PICU March 2025. Arun Chidambaram considered this programme to be an opportunity to build on existing strengths that will set up a very positive culture. He had observed excitement and equally some anxiety from staff about how this programme of transformation will affect

	them and emphasised the importance of supporting colleagues throughout the transition to the new facilities. Having discussed the positive aspects of the new build of the new environments, Carolyn Green requested that the next MRfD update sets out the financial implications and depreciation of the new build as this will need to feature within financial planning and the impact it will have on quality. Discussion concluded that the timeframe for MRfD reporting to the Board would be decided , bearing in mind progress is monitored by both the Finance and Performance Committee, the Quality and Safeguarding Committee and the Executive Leadership Team. **ACTION: MRfD Programme updates to include financial implications and timing of further reporting to Public Board to be decided** **RESOLVED: The Board of Directors note the progress to date and assurance on delivery of the MRfD Programme**
DHCFT 2023/053	**POSITION STATEMENT - FOCUS ON "CARING" DOMAIN** A report into the Care Quality Commission (CQC) Caring domain and NHS Improvement requirements. The report covered the importance of the patient and carer voice and how improvements can be made into people's experiences of our care. Carolyn was pleased to report that the Trust has achieved strong compliance and internal and external assurance in this area which is demonstrated by the retention of the Trust's wide overall 'good' rating. Since the last Caring report was submitted to the Board in June 2022, the Trust's strategy has been revisited; this now includes a more specific focus on patient experience and the introduction of a shared governance model for patients with the Carers Forum as a mirror image to the Staff Forum, which has been very well received and is growing. The 'EQUAL' forum is also fully operational and implementing the best practice evidence in co-production and emerging models of shared governance. The organisation Trust additionally made solid progress headway in the Family and Friends Test Trust wide feedback. However, there are some areas, which require further additional attention to ensure completion of this survey, particular focus on care planning consistency and performance in the standards we have grown to expect from Derbyshire Healthcare services. The aspiration to offer good services, as defined by the Trust and by our Health Regulator in this domain of Caring, has been achieved and maintained. Carolyn offered the report with significant assurance although she highlighted that there are gaps associated with care planning featured in the BAF and there are improvements required relating with regard to privacy and dignity while the elimination of dormitory accommodation progresses. Lynn concurred with Carolyn's comments and reported that the Quality and Safeguarding Committee regularly oversees elements associated with caring. There are some areas that require improvement these include training and compliance with care planning. Ralph Knibbs supported Lynn by adding that these areas are cross referenced though reporting to the People and Culture Committees, especially in terms of training and supervision. It was concluded that the report provided a good level of assurance despite the risks associated with the dormitory eradication and patient experience. The Board agreed that significant assurance could be obtained from the report with the caveat that the areas referenced in the BAF improve. **RESOLVED: The Board of Directors** **1) Confirmed the level of assurance as rated by the CQC as 'good** **2) Agreed that significant assurance continues to be achieved**

	3) The gap in control was specifically relating to dormitory accommodation with regard to privacy and dignity.
DHCFT 2023/054	**BOARD ASSURANCE FRAMEWORK (BAF) 2023/24 ISSUE 1** This report details the first issue of the BAF for 2023/24. Trust Secretary, Justine Fitzjohn summarised the updates made to Issue of the 2023/24 BAF and confirmed that it had been reviewed by the Executive Leadership Team (ELT) on 11 April 2023 and approved by Audit and Risk Committee on 27 April. The BAF continues to be reviewed by the Board Committees at each meeting. There is an addition of a new risk 1D recognising the regulatory action if mitigation to improve safety does not occur "*There is a risk that the organisation is in breach of essential standards for privacy and dignity in its acute bedded care facility as it has not fully completed its dormitory eradication programme."* This risk has been added under strategic objective 1, to provide great care in all our services due to the slippages of the dormitory eradication programme. The risk rating for the financial risk 3A has increased from moderate to extreme and is linked to financial planning "*There is a risk that the Trust fails to deliver its revenue and capital financial plans".* The Board agreed that assurance had been obtained from 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 and approved the BAF for 2023/24. **RESOLVED: The Board of Directors:** **1) Reviewed and approved this first issue of the BAF for 2023/24** **2) Agreed to continue to receive updates in line with the forward plan.**
DHCFT 2023/055	**CORPORATE GOVERNANCE REPORT:** The Corporate Governance report sought approval of a number of Governance documents and requested that the Board note the assurance on Board Committee year end reporting and receive the Trust sealings report **NHS England Year-End Self-Certification** NHS Foundation Trusts are currently required to annually self-certify whether or not they have complied with the conditions of the NHS provider licence, have the required resources available if providing commissioner requested services, and have complied with governance requirements. There is no longer a requirement to submit the results to NHS England (NHSE) these are published on the Trust website and are subject to audit by NHSE on request. Having noted the key evidence and narrative to support the declaration, the Board approved the NHS Improvement Year-end Self-Certification. **Audit and Risk Committee year-end report and approval of Board Committee Terms of Reference** Assurance was provided from the Audit and Risk Committee on the year-end governance reporting from Board Committees. All the Board Committees reviewed their Terms of Reference during their 2022/23 year-end effectiveness reviews and were attached for the Board's approval with minor changes proposed, mainly to ensure consistency across the Committees. Of note is the removal of the paragraphs relating to the emergency provisions around attendance and reporting adopted in response to the COVID-19 pandemic. The year-end report for the Audit and Risk Committee was also presented to the Board which summarises how the Committee has discharged its remit during 2022/23 and is in

	addition to the assurance summary reports which have been presented to Board meetings throughout the year. **Trust Sealings (six monthly report for information)** The Trust Sealings register was attached for information. **RESOLVED: The Board of Directors:** **1) Approved the NHS England Year-end Self-Certification** **2) Approved the suite of Terms of Reference for Board** **3) 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 2022/23 and received the year-end report of the Audit and Risk Committee** **4) Noted the Trust seal report**
DHCFT 2023/056	**REVIEW AND RATIFICATION OF STANDING FINANCIAL INSTRUCTIONS** Standing Financial Instructions Policy and Procedure (SFIs) detail the financial responsibilities, policies and procedures adopted by the Trust. They were last updated in November 2021 and were due for review. The Board ratified the SFIs having received assurance that the proposed changes had gone through robust consultation and scrutiny by the Executive Leadership Team and the Audit and Risk Committee. **RESOLVED: The Board of Directors reviewed and agreed the proposed changes and ratified the Standing Financial Instructions Policy and Procedure.**
DHCFT 2023/057	**BOARD COMMITTEE ASSURANCE SUMMARIES** The Board Assurance summaries from recent meetings of the Trust Board Committees were accepted as a clear representation of the priorities that were discussed and will be taken forward in forthcoming meetings. The following points were brought to the attention of the Board by Committee Chairs: • **Mental Health Act Committee:** The anticipated amendments to the Mental Health Act have not yet been introduced. The Committee continues to ensure safeguards of the Mental Health Act are appropriately applied within the Trust. • **People and Culture Committee:** In addition the reports itemised in DHCFT 2023/059 below a high level summary of the lessons learnt from the 2022/23 Flu Campaign saw a lower uptake than the previous year. However, the Trust appears to have performed well, when compared to other mental health organisations. • **Finance and Performance Committee:** Much of the Committee's focus has been on the current position of the financial plan for 2023/24. The Committee acknowledged the excellent response in relation to the incidents and the planning and approach to the recent strikes. • **Quality and Safeguarding Committee:** The continued focus being applied to improving care plan performance is providing a valuable opportunity to understand the issues impacting compliance with some issues being linked to the migration of care plans from Paris EPR to SystmOne. This is being monitored through the divisional Clinical Operational Assurance Teams (COATs). The Board was satisfied that it is within the Board Committees where much of the scrutiny and challenge takes place which is an important part of the Trust's governance requirements. **RESOLVED: The Board of Directors noted the Board Assurance Summaries.**
DHCFT 2023/058	**REPORTS FROM THE QUALITY AND SAFEGUARDING COMMITTEE**

	The following reports were received for information and noting by the Board having previously provided good levels of assurance to the Quality and Safeguarding Committee on 18 April. **Learning From Deaths/Mortality Annual Report 2022/23** Having noted that the Quality and Safeguarding Committee had no concerns with the report's findings, the Board accepted the Annual Mortality Report as assurance of the Trust's approach and agreed for the report to be published on the Trust's website as per national guidance. **Workforce Standards Formal Submission/Safer Staffing** A workforce Standards Formal Submission, reviewing all workforce information, systems and processes is monitored by the Quality and Safeguarding in terms of safer staffing. The People and Culture Committee is responsible for workforce standards and the workforce plan. Health and wellbeing and staff engagement continue to be a top priority for the Trust, with a focus on ensuring easy and efficient access for all staff to support. The submission was offered with significant assurance and concluded that the Trust continues to closely monitor staffing levels and comply with the recommendations outlined in the Developing Workforce Safeguards Guidance. The staffing information provided evidence that the Trust has in place sufficient processes and oversight of its staffing arrangements to ensure safe staffing is prioritised as part of its routine activities. **RESOLVED: The Board of Directors received and noted the high level of scrutiny and assurance received by the Quality and Safeguarding Committee from the Annual Mortality Report and Workforce Standards Formal Submission.**
DHCFT 2023/059	**REPORTS FROM THE PEOPLE AND CULTURE COMMITTEE** These reports were received for information and noting having previously provided assurance to the People and Culture Committee on 28 March. **Public Sector Equality and Gender Pay Gap Report** Public Sector Equality Duty reports, including progress on monitoring equality in the workplace. improving service standards and outcomes for local people and staff. The Gender Pay Gap Report provided information based on the six calculations an organisation is required to publish. Overall the report shows a variable picture that will be looked at further next year to ensure there is a focus on improving the gender mix as well as flexible working options. **Modern Slavery Statement** This statement was considered and supported by the People and Culture Committee as evidence that the Trust has met the criteria for the preceding financial year. The Board approved the Annual Modern Slavery Statement for sign off by the Chair and Chief Executive and will be uploaded to the Trust's website, replacing the previous version. **2022 Staff Survey Results** A summary of the 2022 national NHS Staff Survey result showed positive feedback from colleagues, with better than average scores received in each domain. There was a lower than usual response to the National 2022 Staff Survey which was thought to be caused by staff uncertainty as changes were being made within the Trust Board when the survey was released. Despite the low response rate one of the most improved areas as concerned with bullying and harassment. The Trust is recognised nationally as an outstanding trust in terms of the improvements that have been made. Significant improvement has also been seen with regard to the support from managers having time and spending time with colleagues to understand issues and valuing work. There is also a growing confidence from staff that the Trust would address concerns around unsafe clinical practice raised by patients or service users. One of the most declined scores was staff satisfaction with the level of pay which is reflected nationally.

	Carolyn Green was concerned that the report only compared 2022 to 2021 and highlighted the significant decline in scores concerned with workload and capacity. She asked that capacity and workload is included in the improvement plan being developed as a result of the learning taken from the staff survey results. Carolyn was assured that this action will be taken forward and reported to the People and Culture Committee. **ACTION: Staffing levels and workload capacity to be included in the improvement plan and being monitored by the People and Culture Committee.** **RESOLVED: The Board of Directors received:** **1) Received and noted the good levels of scrutiny and assurance received by the People and Culture Committee from the Public Sector Equality Duty and Gender Pay Gap report and with the 2022 Staff Survey results** **2) Approved the Annual Modern Slavery Statement for sign off by the Chair and Chief Executive.**
DHCFT 2023/060	**IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK (BAF)** No additional items were identified for inclusion in the BAF.
DHCFT 2023/061	**2022/23 BOARD FORWARD PLAN** The forward plan outlining the programme for 2023/24 was noted and would be reviewed further by all Board members for the financial year ahead.
DHCFT 2023/062	**MEETING EFFECTIVENESS** The Board agreed that despite the meeting overrunning it had been successfully conducted as a virtual meeting. Discussion focussed on the need to spend less time presenting papers to allow more time for discussion. Today's agenda included a number of reports that had already been scrutinised by Board Committees. It was suggested that in future these reports should be noted for information rather than discussion unless significant action has taken place since they were first reviewed for assurance.
The next meeting to be held in public session will be held in person at 09:30 on 4 July 2023 in Conference Rooms A and B, Centre for Research and Development, Kingsway, Derby.	

				BOARD OF DIRECTORS (PUBLIC) ACTION MATRIX - JULY 2023			
Date	**Minute Ref**	**Item**	**Lead**	**Action**	**Completion Date**	**Current Position**	
9.5.2023	DHCFT 2023/050	Trust Strategy Update	Vikki Ashton Taylor	Trust Strategy progress updates are to be featured in the forward plan on a quarterly basis and are to indicate the lead Committee for each priority action and make reference to where the action is linked in the BAF	4.7.2023	Quarterly Trust Strategy progress updates now featured in Board forward plan. Updates will indicate lead Committee ownershp of actions linked to the BAF.	Green
9.5.2023	DHCFT 2023/051	Trust Operational Plan Update 2023/24	Vikki Ashton Taylor	Consideration to be given to how the Board Committees will monitor delivery of the Trust's and the system's ambitions for activity and performance, workforce, and finances and how this is captured in reporting	4.7.2023	Currently under consideration	Amber
9.5.2023	DHCFT 2023/052	Making Room for Dignity Programme	Andy Harrison	MRfD Programme updates to include financial implications and timing of further reporting to Public Board to be decided	4.7.2023	Next MRfD Programme update scheduled September 2023	Green
9.5.2023	DHCFT 2023/058	2022 Staff Survey Results	Jaki Lowe	Staffing levels and workload capacity to be included in the improvement plan being monitored by the People and Culture Committee	4.7.2023	Factored into the workplan of the People and Culture Committee	Green

Key:

Resolved	**GREEN**	**3**	**75%**
Action Ongoing/Update Required	**AMBER**	**1**	**25%**
Action Overdue	**RED**	**0**	**0%**
Agenda item for future meeting	**YELLOW**	**0**	**0%**
		4	**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 9 May 2023. The structure of this report reflects the role that I have as Trust Chair.

Our Trust and Staff

1. It is always a great pleasure for me to visit services and it was a double pleasure for me to do these visits with our CEO, Mark Powell. On 22 May we visited the Amber Valley Child and Adolescent Mental Health Service (CAMHS) Community Mental Health Team (CMHT), Amber Valley Intellectual Disability Team, Amber Valley Older Adults CMHT, Derbyshire Recovery Partnership (Drug and Alcohol Support), Amber Valley Working Age Adult CMHT and the Mental Health Helpline. My thanks to Dominic Pitter, Hayley Turner, Beckie Richardson, Tracy Holtom, Laura Mcara and Ellie Brett respectively for making Mark and I feel so welcome and for showing us around their services. I was struck by the passion and desire to provide quality services for our patients and service users despite the challenge of increased demand and capacity. They showed tenacity and creativity and I left feeling both proud and energised by their commitment to the Trust and our patients. We will be visiting Killamarsh CMHT on 29 June, hosted by Rebecca Mace.

2. In addition to the visits, I have been attending several live engagement events for teams being hosted via MS Teams. These meetings are very useful to me in terms of understanding how staff are feeling and how engaged they are with the Trust. I joined the sessions for Forensic and Rehabilitation Services, Admin and Clerical, Corporate Services and the All Staff live engagement session with Mark Powell. I am pleased to note that several of the Non-Executive Directors (NEDs) also joined these calls.

3. On 10 May the Staff Network Conference took place; it was very well attended. Attendees including Board Directors reported how informative and inspiring they found the conference. The Trust has nine staff networks, probably the largest number of any Trust. They are an invaluable means of engaging with our colleagues and hearing about their experience of working for the Trust and ways in which we can improve their experience, promote inclusion of difference and use their lived experience to improve services.

4. On 5 June I attended the Armed Forces Network (AFN) which has been very active in working with other NHS Trust networks. Currently our network chair, Gemma Saunders is supporting the Derbyshire Community Health Services (DCHS) AFN network as their chair is on maternity leave. I have found it very useful to attend and hear from members about the work of the network and their future plans.

5. As the Making Room for Dignity capital build programme is ever more visible and the progress of the newbuilds is tangible, so is the excitement about them. On 6 June, I was involved in compiling a shortlist of names for our new facilities and wards from the long list of names suggested by colleagues and patients. The

competition certainly captured the imagination and there were many suggestions for the naming of the new units and wards. After considerable deliberations a shortlist of the most popular suggestions has been compiled and shared with colleagues and patients. They have been invited to vote for their preferred names for the wards and units. We hope to announce the new names soon.

6. On 5 June I attended the Mental Health Carers Forum, it was a well-attended meeting. A number of issues were raised by members and it was useful for me to report back on the progress made on the issues they had asked me to look into from my previous attendance. This mainly concerned having a board champion for Carers and their request for the voice of carers to be heard at a board level. Deborah Good, NED, now attends the Carers Forum meetings as the nominated Board lead for Carers and we regularly hear from Carers and their experience of navigating the care of their loved ones at our Public Trust Board meetings . These experiences are always profound and deeply moving but also offer invaluable insight in how we can improve our services.

7. On 7 June I attended the EQUAL Forum and listened to some of the concerns raised by members. It was heartening for me to see the openness and willingness by all to understand the issues and seek resolution of the issues.

8. On 21 June I along with Mark Powell and Justine Fitzjohn, Trust Secretary and Executive Sponsor for the Armed Forces Network, attended an event at the University of Derby to celebrate Reserves Day, where the flag was raised to celebrate our Armed Forces and their commitment past and present. This was part of a series of events for Armed Forces Week.

9. Finally on 31 May, very sadly along with a number of colleagues, I attended the funeral of our colleague Gillian Lemon who passed away unexpectedly. Our deepest condolences go to Gill's family, friends and colleagues. She will be missed greatly by us all.

Council of Governors

10. I met with Susan Ryan 5 June and 3 July, in her capacity as Lead Governor. The purpose of the meetings between the Trust Chair and the Lead Governor is to ensure that we are open and transparent around the challenges and issues that the Trust is dealing with. They are also an important way of building a relationship and understanding of the workings of the Board and the Council of Governors. We spoke about Governors attending the Service Quality Visits with the NEDs and service users/representative and NEDs, the Well Led Review and engaging with diverse communities.

11. On 6 June the Governors met with Moosa Patel and Sarah Boulton from the Office of Modern Governance. They are leading the independent development review which assesses us against the Well Led Framework for leadership and governance. All trusts are expected commission one of these reviews every three to five years. My thanks to all the Governors who took part, their perspective is an important component of the review.

12. On 8 June the Governance Committee met, chaired by Marie Hickman, Staff Governor. Tony Edwards, Deputy Chair attended in my place.

13. The next Council of Governors meeting will then be on 5 September. The next Governance Committee takes place on 8 August.

Board of Directors

14. The Board has looked forward to this first face to face Public Trust Board meeting since the Pandemic. While working remotely was essential and has many benefits, a blended approach is now favoured to ensure connectivity on a human level whilst also holding meetings online. We open our doors to the public to come and observe our Board meetings when we meet face to face. When we meet virtually as part of the rota we will continue to live stream these meetings.

15. The Audit and Risk Committee met on 20 June to approve the Annual Report and Accounts on behalf of the Board. The year-end reports are received from the external auditors, Mazars, and internal auditors, 360 Assurance. Mazars, commended the Trust's Finance Team for their grip and co-operation. My thanks go to all the Finance team for the efficient and speedy preparation of the financial accounts for audit. My thanks to Justine Fitzjohn for pulling the content of the Annual Report together and to all involved in contributing to all its constituent parts. I am very proud at how well this process continues to be delivered despite all the challenges. My thanks to you all.

16. On 3 May the Board engaged in its third session of the Board Leadership for Inclusion Initiative (BLFII). This was held face to face and continues to be an important means for building Board understanding and confidence in becoming an anti-racist organisation. Board members are all having one to one coaching with the facilitators as a further tool for development. The aim of this programme is to strengthen the Board's focus on inclusion. The programme gives the Board the tools to mainstream inclusion in all aspects of the Trusts' business.

17. On 17 May a Board Development session took place to explore the Trust Strategy and Financial Sustainability including a closer look at the Trust's operational plans. The Board noted good progress in delivering the priority actions that sit underneath the Trust Strategy. The majority of the 24 priority actions have either been completed or are on track to be completed. Three were undelivered and these would be carried forward. These are the development of a workforce plan at a divisional level; improving processes and support for people experiencing matters that could cause stress reactions; and implementation of the East Midlands Perinatal Provider Collaborative, this was due to national decision to delay the go live date.

18. On 6 June the Board had a presentation and workshop on PLACE and partnership working which was very useful. The discussions highlighted the considerable involvement of the Trust at PLACE level and how the Living Well programme was a key opportunity to providing more joined up care at this local PLACE level.

19. I have mentioned the Well led development review above and on 13 June, I had my meeting with Moosa Patel and his colleague Sarah Boulton. They are speaking to all the Board members, Governors, system partners, staff and networks as part of the review. Moosa has conveyed to me that he has been impressed by the level of engagement by all throughout. My thanks to everyone for their input and engagement.

20. On 13 June, I attended the Quality and Safety Committee, chaired by Lynn Andrews. I was able to listen to the discussions and the assurances that

were provided by the Executive Directors and hear about the progress being made.

21. On 21 June an Extraordinary Confidential Board meeting was held to discuss the East Midlands Perinatal Mental Health Provider Collaborative Final Business Case led by Vikki Ashton Taylor, Director of Strategy and Transformation. It was a very useful opportunity for the Board to consider the additional information and approve the business case for submission to NHS England. Also at this meeting, the Board had a helpful discussion on strategy and received a briefing on the Joint Forward Plan (JFP). A number of suggested amendments to the JFP have been sent to the Integrated Care Board for inclusion in the final version.

22. The NEDs meet regularly and the Chief Executive attends the first part of these meetings to give a brief on latest developments. These informal NED meetings are combined with the Committee Chairs meeting, the last one taking place on 21 June. I have also continued to meet with all NEDs individually on a quarterly basis. In the last quarter I have met with Lynn Andrews and Geoff Lewins. We use these quarterly meetings to review progress against their objectives and to discuss any issues of mutual interest.

23. On 30 June I met with the facilitators of the BLFII programme to review and discuss the programme and plan the final module with the aim to have a clear plan of action for the Board to embed our learning.

System Collaboration and Working

24. On 26 May I attended the Joined Up Care Derbyshire (JUCD) Provider Chairs and CEO meeting with Mark to discuss the Leadership Compact that is being developed. It was a useful meeting and it was evident that the leadership would like to grapple with some tangible initiatives and actions at pace.

25. On 19 June the Provider Trust Chairs met with John MacDonald, Chair of the JUCD Integrated Care Board (ICB). We explored some of the challenges we face as a system.

26. Julie Holder, DCHS Chair and I had a one to one on 7June to discuss areas of concern and synergy between our two organisations.

27. Tony Edwards, Deputy Chair attended on my behalf a meeting of the Chairs of the East Midlands Alliance of Mental Health Trusts held on 8 June, which has been a very useful source of sharing best practise and peer advice.

Regulators, NHS Providers and NHS Confederation and others

28. I attend fortnightly briefings from NHS England for the Midlands region, which has been essential to understand the challenges and expectations of provider Trusts, for example the industrial action being taken by junior doctors.

29. 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 continues to be a theme. A number of the NEDs have also attended weekly calls for NEDs on a range of useful topics.

30. As a Trustee of NHS Providers I attend the NHS Providers Board meeting. The meeting held on 7 June focussed on the impact of the industrial action that is being taken by junior doctors and potentially the consultants too.

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 creating a compassionate, skilled and empowered leadership, creating a vibrant culture where colleagues feel they belong, thrive and are valued.	X
3) The Trust is a **great partner** and actively embraces collaboration as our way of working.	X
4) We will make the **best use of resources** by making financially wise decisions and avoiding wasting resources to ensure financial recovery and long term sustainability.	X

Assurances

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

Consultation

This report has not been to other groups or committees.

Governance or Legal Issues

None

Public Sector Equality Duty 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 – 4 July 2023

Chief Executive's Report

Purpose of Report

This report provides an update on current local issues and national policy developments since the last Board meeting. The detail within the report is drawn from a variety of sources, including Trust internal communications, local meetings and information published by NHS England, Health Education England, NHS Providers, the NHS Confederation and Care Quality Commission (CQC).

The report is intended to be used by the Board of Directors to inform and support strategic discussion. The Board should note that the report reflects a wider view of the Trust's operating environment and serves to horizon scan for risks and opportunities that may affect the organisation.

National Context

Stepping down of COVID 19 response

I received notification on 18 May informing me that NHS England's Board had agreed to step down the COVID-19 incident. This is a significant milestone for the NHS and our Trust. It brings a formal close to over three years of focusing on responding to the pandemic and the beginning of the recovery from it.

I know it has been said before, but I would like to personally thank everyone at DHcFT for their commitment and dedication throughout this difficult and challenging period.

NHS England (NHSE) Equality, Diversity and Inclusion (EDI) Improvement Plan

NHSE has published its first equality, diversity, and inclusion (EDI) improvement plan. This plan has been developed in consultation with staff, their networks, and a range of stakeholders.

The plan centres on six intersectional high impact actions (HIAs), underpinned by success metrics, the six areas of focus are;

1. Measurable objectives on EDI for chairs, CEO's and Board members
2. Recruitment and talent management processes
3. Eliminating race, disability and gender total pay gaps
4. Addressing health inequalities within the workforce
5. Induction and onboarding for internationally recruited staff
6. Bullying and harassment

The document also outlines targeted interventions by protected characteristic, which align with the HIAs and their goals.

The document also sets out the accountability framework that accompanies the plan, with NHSE delivering a national EDI repository of resources, toolkits and case studies to support trust leaders and partners with implementation. This

repository is available via the Future NHS platform. As part of this, NHSE is working to develop and deliver a national EDI data dashboard.

The plan is timely and provides us with an opportunity to review our own EDI plans in line with this. I will be asking the People and Culture Committee to undertake this work on behalf of the Board.

National Oversight Framework

Following the publication of the 2022/23 NHS Oversight Framework (NOF) Integrated Care Boards (ICBs) now have a formal role in reviewing the segmentation rating of NHS providers within their system. ICBs then submit the ratings for moderation to NHSE which retains the statutory accountability for oversight of NHS providers and the ratings are then published nationally.

Dr Chris Clayton, Chief Executive of NHS Derby and Derbyshire recently wrote to me confirming that, following the Quarter 4 review, the Trust should remain in NOF segment 2. The ICB will continue to assess the Trust's performance against the framework metrics and as part of the ICB's system oversight role, arranges six monthly meetings between our respective executive teams to provide an opportunity to discuss Trust perspective issues.

The rating is based on a quantitative and qualitative assessment of the five national themes that reflect the ambitions of the NHS Long Term Plan and apply across trusts and ICBs: quality of care, access and outcomes; preventing ill-health and reducing inequalities; people; finance and use of resources; and leadership and capability. The NOF description for a provider in Segment 2 is:

- Plans that have the support of system partners in place to address areas of challenge
- Targeted support may be required for specific issues.

We have our next scheduled review meeting at the end of July.

Within the Trust

Industrial Action

Thank you to colleagues who supported the recent industrial action involving junior doctors, which took place between 14 – 17 June. Whilst a number of patient appointments were rescheduled, colleagues worked together to ensure that patient safety was maintained throughout the industrial action. Colleagues are working to ensure all appointments are rescheduled and take place as soon as possible.

Remembering our colleagues

In May colleagues came together for a minute's silence in memory of Gillian Lemmon. Gill was one of the Trust's corporate Executive PAs and is very much missed. In July we will hold a special event in our memorial garden, in memory of Gill and other colleagues who we have sadly lost in recent months – Marie White, Duncan McNiven and Lauren Smyth.

New services

On 20 June, we were proud to launch the East Midlands Gambling Harms Service, which has been established to offer specialist treatment and support to people across the region struggling with a gambling problem. The service, which is based in Derby and funded by NHSE, will provide specialist therapies, treatment and recovery to those affected by gambling addiction and gambling problems in Derbyshire, Leicestershire, Lincolnshire, Northamptonshire, Nottinghamshire and Rutland.

The Gambling Harms team will include clinical psychologists, therapists, mental health practitioners and psychiatrists as well as experts-by-experience – people who have recovered from a gambling addiction themselves. Most of the service's support will be provided through virtual treatment programmes and group workshops. Further support and advice will be available to family members and carers, with the support of other agencies to help with problems such as mental health, debt management and housing.

The service is now accepting referrals and individuals who are concerned about their gambling can refer themselves or ask a health professional to make a referral for them.

Achievements and celebrations

I would like to congratulate our Specialist Community Public Health Nursing team who support asylum seeking families in Derby – the team have been successfully shortlisted in the Health Equalities category of the NHS Parliamentary Awards, following nominations received from local MPs. The national winners will be announced in a special awards ceremony at the House of Commons on 5 July, the 75th birthday of the NHS.

Earlier this month I was pleased to confirm that the Trust had successfully retained our two-star award Triangle of Care status from the Carers Trust, for our efforts to involve carers in the treatment of their loved ones. The Trust received positive feedback following a thorough review, including the clear thread of carer involvement, participation and co-production through the Triangle of Care standards that is embedded in activities across the Trust.

I was delighted that Nick Richards, Programme Support and Lived Patient Experience colleague, was the winner of the ‘Personal Development’ category in the recent Health Estates and Facilities Management Association (HEFMA) awards. Geoff Neild, Programme Director was also shortlisted in the ‘Leader of the Year’ category. Both colleagues were nominated for their role in the Trust’s Making Room for Dignity programme.

In May we welcomed author, Adam Kay, to Kingsway Hospital where we hosted a tree planting ceremony on behalf of Doctors in Distress, talking about the importance of positive mental health and wellbeing for healthcare colleagues. A tree is planted in the Trust’s memorial garden, remembering colleagues lost to suicide across the NHS.

Leanne Walker, a Derbyshire Healthcare mental health and expert by experience worker has shared her knowledge for a book on the challenges surrounding

children and young people's participation in shaping mental health services, which is being published by an international publisher. The book is a ground-breaking text supported by contributors from leading experts, including a mixture of lived experience and academic perspectives to explore topics from how to conceptualise participation to more practical advice and guidance on how to do participation.

Wider developments:

Colleagues continue to promote the Trust as a great place to work at both Derbyshire Healthcare specific events and alongside Derbyshire Community Health Service. Most recently, colleagues visited Sheffield Hallam University to talk to the MSc Mental Health Nursing students and held an informal open evening to promote six opportunities with the Living Well Derbyshire service in Erewash, in partnership with Mind Derbyshire.

Colleagues supporting the Making Room for Dignity programme also successfully interviewed and appointed to several vacancies at our recruitment open day at Walton Hospital in Chesterfield. The promotion of the event, the first of its kind within the programme, was fundamental in sharing our current vacancies, as well as the future opportunities soon to be available at our brand-new healthcare facilities.

We have recently been talking to colleagues, patients, carers and partners about what we should call our new healthcare facilities, which are being developed as part of the Making Room for Dignity programme. Following a high number of suggestions, a small panel (including representatives from our EQUAL Forum) agreed a shortlist which has been open to a public vote. I look forward to confirming the names for our new facilities on the 75th birthday of the NHS on 5 July.

A number of engagement events have taken place in celebration of NHS 75 including a five-a-side football tournament, won by our Estates team a few weeks ago. Over recent weeks people came together for an NHS Big Tea at Holmebrook Valley Country Park in Chesterfield and also at the League of Friends Summer Fayre. Thank you to Moortown and IHP who sponsored these events. All proceeds raised will go to the League of Friends.

Five colleagues (Stacey Rach, Dr Vinita Kapoor, Amany Rashwan, Susie Scales and Al Munnien) will be representing the Trust at a special service at Westminster Abbey on 5 July.

We have provided information on a wide range of different awareness days and weeks since the Board last met including Maternal Mental Health Awareness Week, Mental Health Awareness Week, International Nurses Day, International Day Against Homophobia, Transphobia and Biphobia, Pride Month, Volunteers Week, Carers Week, Windrush Day and most recently Learning Disability Week and Armed Forces Week. The Trust promotes these days in order to raise awareness, provide information and signpost people to further support.

We continue to receive compliments and thanks for our services, with 25 DEED nominations being received in May.

Service and Team Visits

As part of my ongoing induction, I have continued to visit our services and teams during May and June. I am very grateful for the warm welcome I have received everywhere I have been. The discussions continue to help broaden my understanding of Trust services and more importantly key issues colleagues are responding to day to day. During May and June, I have had the opportunity to visit and speak to the following teams:

- Kedleston Unit
- The Beeches Mother and Baby Unit
- Radbourne Unit wards
- Undergraduate Medical Education Team
- St Andrew's House – Criminal Justice MH Liaison Team, Derby City CMHTs, Derby Drug and Alcohol Service, Early Intervention South and City Teams and Neuro-developmental Services
- Cubley Court – Male and Female wards
- Amber Valley CAMHS, CMHTs, Intellectual Disabilities Teams, Derbyshire Recovery Partnership (Drug and Alcohol Support) and the Mental Health Helpline
- Ronnie MacKeith Child Development Centre (Complex Special Needs)
- Criminal Justice Liaison and Diversion Team
- Bolsover CMHTs and Memory Assessment service
- St Mary's Gate, Chesterfield – Substance Misuse, Recovery Partnership
- Bayheath House, Chesterfield – CMHTs and Early Intervention North Team
- Scarsdale – Perinatal community service
- Dale Bank View, Swadlincote – CMHTs and community Learning Disability team
- Hartington unit wards and 136 service
- Hartington unit bed management team
- Belper - Community Learning disability team, CAMHS Eating disorder team and adult eating disorder team
- The Ritz, Matlock – CMHTs
- Midway Day Hospital/Ilkeston Resource Centre - Specialist Day Service, Erewash CMHT's, Community Learning disability team, talking mental health Derbyshire and CAMHS Team
- Dovedale Specialist Day Service, Psychology Team and Memory Assessment Service
- Cherry Tree Close Rehabilitation service
- Killamarsh CMHTs

I have also continued to hold drop-in sessions and live engagement events.

I said in my first CEO report that I'd provide an update in July on any emerging themes from my first three months in post. A large proportion of the feedback I have received is very positive and there is clear ambition across our services, with colleagues keen on undertaking quality improvements and enhancing patient care.

There are areas which people would like to improve, as well as some common themes that have emerged across services, which is useful in ensuring we can

make improvements in the areas that will have a positive impact on people using our services and our colleagues.

I have set some of these themes out briefly below:

Positives:

- People enjoy working for the Trust and are excited about future developments taking place across our services. Colleagues feel a strong level of commitment to the Trust and want to stay, to be part of our future growth and developments. Our values remain relevant, and people relate to these and have a sense of ownership of our values. Our People First value and culture remain very important to people.
- There is good team cohesion and positivity across our services and I observed this first hand
- Many teams are involved in innovation and there is a clear appetite for quality improvement

Trust-wide issues:

- We are experiencing an increase in demand for all our services, which is resulting in longer waiting times
- Challenging financial position of the Trust
- We are experiencing workforce supply issues (for some services)
- Estate and environment challenges (for some services)
- Senior leadership visibility

There is a desire to have more clarity on a number of issues, including:

- Trust priorities
- The role and purpose of Trust meetings and associated levels of decision making
- Hybrid working
- Operational restructure
- Alliances, collaborations, and partnerships
- Community Mental Health Transformation and the Living Well programme
- Communication and connection within and between services post-COVID.

Good staff engagement and internal communication is a central component of Derbyshire Healthcare's approach and way of working, with a commitment to regular honest, two-way communication. As part of the ongoing Trust communications and engagement plan myself and the executive team intend to introduce a focus on the areas that have been raised through this feedback, ensuring that we continue to build some of the positives of working for Team Derbyshire Healthcare whilst also addressing and discussing the areas where we need to improve or provide more clarity and work together to improve people's experiences of our services.

We will start to open these discussions through our established internal communication and engagement routes, with focused conversations on each area that has been raised. This will allow wider feedback from colleagues, together with a collective approach to making any changes and a clear plan of action. A new

programme of Board visits will be explored, with the intention to increase visibility of Executive Directors and wider members of the Board, identifying key themes or issues raised on an ongoing basis.

I would also like to discuss these issues with our patient and carer groups and partners, to understand if there are additional themes to be considered. I anticipate these conversations will take us to the point of a reset, where we clarify our short, medium and longer-term priorities.

Joined up Care Derbyshire Developments

Joint Forward 5 Year Plan

The Joint Forward Plan (JFP) is an NHS plan that seeks to convey how the Joined Up Care Derbyshire (JUCD) Integrated Care System (ICS) will meet the health needs of the Derby and Derbyshire populations over the next five years, aligned with national policy requirements and the strategic aims and priorities of the ICS.

The JFP describes a medium-term plan for the delivery of JUCD's strategic aims and priorities in line with the requirements set out national guidance. It aims to set the principles which will guide how we organise our healthcare services over the next five years. The JFP will be reviewed and updated or confirmed annually before the start of each financial year. The JUCD JFP will be published in early July and will be the starting point for the Plan, further development of the content will continue throughout 2023/24 to inform the annual update in March 2024 and beyond. This first version of the JFP focuses on:

1. Defining the challenges that the health system faces and the critical issues that we have to resolve
2. Establishing an approach, or guiding policy, for overcoming these issues and guide the action we take
3. Setting out coherent actions to carry out the guiding policy, with a set of improvement aims accompanied by enabling actions

The JFP sets out ambitions to increase General Practice and Community Health Team investment, reallocate primary and community care resource between places – so people with the poorest health outcomes have greater access to services, direct more resource to secondary and tertiary prevention for circulatory, cancer, respiratory, musculoskeletal and mental disorders, and give all patients the ability to arrange all of their care appointment online – across all areas of provision.

The intentions included in the plan, accompanied by the initial planning assumptions and enabling actions, will support changes to the way in which health services will be commissioned and delivered by the Integrated Care Board and its partners. The published document will be shared at September’s Trust Board meeting.

Regional Update

East Midlands Alliance

Tony Roberts and I met with East Midlands Alliance CEO's and Chairs on 9 June in Northampton. At the meeting we reviewed the Alliance's strategic themes and discussed future strategic priorities for the work of the Alliance, these included.

- Quality improvement
- Safety
- Workforce development
- Population health and inequalities

The group also discussed the need for a set of underpinning values and considered potential underpinning principles including subsidiarity (taking decisions as locally as possible), collaboration by consent and not acting to the detriment of others in the Alliance. The group have asked our Strategy Directors to work up a more detailed plan for the Chair and CEO group to consider prior to sharing with Boards for further comment.

A paper that sets out the recent work of the alliance is appended to my report.

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 creating a compassionate, skilled and empowered leadership, creating a vibrant culture where colleagues feel they belong, thrive and are valued.	X
3) The Trust is a **great partner** and actively embraces collaboration as our way of working.	X
4) We will make the **best use of resources** by making financially wise decisions and avoiding wasting resources to ensure financial recovery and long-term sustainability.	X

Risks and Assurances

Our strategic thinking includes an assessment of the national issues that will impact on the organisation and the community that we serve.

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 report describes emerging issues 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.

Recommendations

The Board of Directors is requested to:

1) Scrutinise the report.
2) Seek further assurance around any key issues raised.

Report presented by: **Mark Powell**
Chief Executive Officer

Report prepared by: **Mark Powell**
Chief Executive Officer

Common Board paper

June 2023

Summary

This common Board paper provides an update on the activity of the Alliance and is presented to the Boards of the six members of the East Midlands Alliance for Mental Health, Learning Disabilities and Autism:

- Derbyshire Healthcare
- Leicestershire Partnership
- Lincolnshire Partnership
- Northamptonshire Healthcare
- Nottinghamshire Healthcare
- St Andrew's Healthcare

Strategic themes

The Alliance has delivered joint work under six strategic themes. The Chair and Chief Executive group will meet in early June to review the strategic direction of the Alliance and to begin to develop a refreshed set of strategic themes to share with provider Boards for comment.

1. Safety
2. Quality Improvement
3. Workforce development
4. Innovation
5. Collaboratives and population health
6. A stronger collective voice

The common Board paper is structured under these six strategic themes and the summarises the work of the professional networks.

Safety

Mental Health Patient Safety programme

The East Midlands Mental Health Patient Safety programme is delivered in partnership with the East Midlands Academic Health Science Network (AHSN). The programme is sponsored by the Alliance Medical and Nurse Directors and the Programme Board is chaired by Sanjith Kamath, Medical Director at St Andrew's Healthcare.

The programme is based around three Communities of Practice through which the Alliance providers share issues, learning and best practice on:

- Restrictive practice
- Sexual safety
- Suicide and self-harm

National funding for the programme ends in 2023. The Alliance has secured regional funding of £400,000 to continue the programme in the East Midlands for the next two years. The three Communities of Practice will continue, and the restrictive practice element of the programme will be expanded to cover chemical and mechanical restraint in high secure settings. A draft work programme for 2023/24 was presented to the next joint meeting of the Alliance Medical and Nurse Directors in April.

The Patient Safety programme has gained excellent traction and there has been a strong exchange of best practice and learning. The Alliance was asked to present to the national AHSN group to explain how the programme has gained such senior engagement.

Patient Safety learning events

The Patient Safety programme ran a large learning event in Northampton in 2022 and another in Nottingham in March 2023.

The keynote speaker was Sean Duggan, Chief Executive of the Mental Health Network at the NHS Confederation. The morning session focused on identifying and addressing closed cultures. The afternoon table sessions covered:

- Suicide prevention
- Patients on Leave
- Service user involvement
- Shearwater- Ligature Assessment
- Co-production
- Reducing restrictive practice
- Sexual safety
- Aintree Project

Restrictive practice – external review

A second region-wide restrictive practice review was completed in March 2023. Each Chief Executives of the Alliance providers received confidential restrictive practice reports for their organisations. A themed Alliance wide learning report was shared in April 2023.

The review of restrictive practice provides a comparative view across the Alliance providers and with the previous review that took place two years ago. The review shows significant overall progress and suggests further areas for development.

Quality Improvement

Alliance buddy support to St Andrew's

The buddy support to St Andrew's from Alliance partners concluded in March. St Andrew's have developed a new Quality Strategy and are developing a more proactive predictive quality management system. The Alliance CEO Board in February discussed the exit criteria and the national interest in the model of support from NHS England including the Intensive Support programme.

Alliance Patient and Carer Race Equality Framework network

A group made up the Patient and Carer Race Equality Framework (PCREF) leads from the Alliance providers has met three times in six months to share learning, issues and to hear from pilot PCREF sites. The national PCREF leads, Husnara Malik and Jacqui Dyer, have joined the East Midlands meetings.

In December the group was joined by the PCREF lead from Birmingham and Solihull who shared their experience of being a pilot PCREF site and their priority areas. In February, the group was joined by the PCREF lead from Essex. He focused on establishing governance for a PCREF programme, leadership and integrating PCREF with other Trust priorities.

The Alliance PCREF group met on 5 May and received feedback from the national leads on changes to the PCREF following the closure of the national consultation and a briefing on expected next steps.

Workforce development

Workforce dashboard

The HR Director forum has developed a new Alliance Workforce dashboard which compares a small number of basic workforce indicators across the Alliance:

- Sickness rate (long and short term)
- Turnover rate
- Vacancy rate

The dashboard will be expanded to include:

- Time to hire
- Agency use
- Supervision

Nottinghamshire Healthcare have agreed to produce the dashboard on a monthly basis.

Clinical Support Worker retention programme

The Alliance secured funding of £1,355,640 over two years from Health Education England to improve the retention, development and recruitment of Clinical Support Workers. This programme is sponsored by the HR Director network.

The core element of the programme is a personal development programme for Clinical Support Workers. Over one hundred CSWs have been through the Developing Healthcare Talent programme which is aimed at improving retention and encouraging career development. The programme focuses on developing the individuals through a series of sessions with cohorts of CSWs from across the Alliance, individual development sessions and networking groups. Eight cohorts have completed the programme. A further six cohorts will take place in the spring and summer of 2023.

Two cohorts of a CSW line manager programme are now fully subscribed. The first of the two cohorts have begun the leadership development programme and the second cohort will begin at Easter.

The approach to CSW retention has been shared with colleagues in the West Midlands who plan to establish a similar programme.

The HR Directors agreed to review a proposal for an Equality and Diversity review of the Clinical Support Worker workforce, retention and development at their May meeting. The HR Directors will also be asked to agree the use of the remaining funds from this programme.

Each provider in the Alliance received £133,000 from the programme to employ a CSW lead and to develop CSW skills training locally. The HR Directors agreed that it was better to expand local skills development training for CSWs rather than take an Alliance wide approach.

The HR Directors reviewed a case study on the CSW retention programme which was also shared with the Alliance Board. Leads from Northamptonshire Healthcare presented a proposal to use the £300,000 recruitment element of the CSW funding. An external partner will now be identified to support the implementation of this part of the programme.

The King's Fund are gathering case studies on retention support and career development for more junior and unqualified staff. The CSW case study will be shared with the King's Fund.

Therapy Supervision programme

The Alliance secured funding of £150,000 in 2021/22 and £177,000 in 2022/23 to develop a regional approach to expanding Therapy Supervision. The Alliance will receive a further £177,000 in 2023/24. The majority of the funding will be used to directly support an expansion in Therapy Supervision.

The programme is led by St Andrew's, managed by a project group made up of Therapy leads and sponsored by the HR Director network. The programme was paused in 2021/22 while Alliance members focused on the Covid pandemic and recovery programmes. The Alliance, through St Andrew's, has worked with Booking Lab to develop a booking system to be used for the programme across the East Midlands.

The programme lead from St Andrew's presented an update to the HR Director forum. A project manager will be recruited on a part-time basis to manage the vetting, booking and payment process.

A gap analysis has been carried out with each provider identifying areas of need in terms of Therapy Supervision.

The HR Directors nominated leads to support the promotion of supervision opportunities and to write to former staff who may wish to retire and return to supervise. A second communication will seek to sign up external supervisors. The expectation is that much of the supervision will take place virtually.

Launch sessions have taken place with Lincolnshire, Leicestershire, St Andrew's and Derbyshire.

Mental Health Act funding

The Alliance secured funding of £66,000 to develop training materials linked to the new Mental Health Act. Leicestershire Partnership are taking a lead in developing the material based on their experience and skills in developing e-learning packages.

Progress in developing new e-learning material was paused in winter 2022/23 as the new Mental Health Act was further delayed. The HR Directors discussed how the funds could be used focusing on the existing Mental Health Act with a focus on cultural competences which could also be used as pre-work for the new Act. The CEO group supported this suggestion. An updated draft specification will be shared with the Nurse Director group for comment to take forward this programme of work.

Innovation

Embedded Mental Health Innovation role

The Alliance has agreed to receive funding from the East Midlands AHSN to cover the salary of an embedded Mental Health Innovation role for two years. Recruitment has taken place through the spring with the intention to have the postholder in place by the end of June.

National Provider Collaborative Innovator status

Northamptonshire Healthcare and Leicestershire Partnership have become one of nine national collaboration innovators. The two initial areas of focus are on sharing clinical staff across multiple organisations and delegation. The focus on sharing clinical staff will be undertaken on a cross Alliance basis. The leads presented an introduction on the programme to the Strategy Director and HR Director forums. The HR Director forum agreed nominations to join a task and finish group to work with national leads to begin to develop and implement a model in the East Midlands.

Sustainable staffing models for mental health Inpatient services

The Alliance has agreed to work with the regional and national NHS England teams to consider models of sustainable staffing of Inpatient services. The CEOs agreed that this should be done with Nurse Director and Directors of AHPs. A date will be set for a workshop in the summer.

Open Dialogue pilot

The Alliance secured £100,000 of funding to run an Open Dialogue pilot on two wards. The pilot will take place in Lincolnshire Partnership with the learning shared across the Alliance. The lead role has now been advertised and the project will commence in Spring 2023.

Collaboratives and population health

Regional collaboratives and service developments

CAMHS

The CAMHS collaborative has undertaken a bed review and has a focus on waiting list reduction. The collaborative has introduced new Family Ambassador roles. The CAMHS Collaborative Board will review how to reinvest the surplus from 2022/23. The CEO group have agreed to a future focus on the transition between CAMHS and Adult services for 16 to 25 year olds. There is an evaluation underway of the CAMHS 3.5 service. The CAMHS collaborative has been successful in reducing the size of the waiting list across the region.

A project to review delayed discharges across the collaborative has been established by the commissioning team working with collaborative partners and ICBS. A project to deliver face to face access assessments has commenced after a successful bid to NHSE. A lead has been appointed and all partners within the collaborative have been engaged and a pilot in Nottinghamshire and Derbyshire will now commence.

Adult Eating Disorders

The Adult Eating Disorders collaborative reported a reduction in Emergency Department presentations. The collaborative Board has agreed to develop a step-up programme of care, with the aim of preventing some patients requiring admission to a Specialist Eating Disorder Unit. The CEO group encouraged a future focus on Non Anorexic Disordered Eating.

Impact Forensics

The Impact collaborative has delivered a significant reduction in out of area placement numbers, a reduction in restrictive practice and secured a contract extension to 2026. A risk and gain agreement has been developed in shadow form and the collaborative has appointed a permanent Managing Director.

Since October 2020 the IMPACT PC has repatriated a significant number of patients who had been placed outside of region. This brings patients closer to their homes and families, results in shorter episodes in hospital and better outcomes in general. The number of East Midlands adult secure patients being cared for out of area, is at an all-time low of 43 individuals or 8%.

All categories of restrictive practice: Long Term Segregation, Seclusion and Restraint incidents are on a declining trend as a rate per adult secure inpatient population. There has been a 20% reduction in restraints and seclusions achieved since the collaborative was established.

Only 6% of referred patients have had more than one access assessment. This aligns with the ambition to prevent patients undergoing multiple access assessments and having to tell their story more than once.

Overall use of exceptional packages of care has declined throughout 2021, because of a robust process. Patient flow has improved, with a significant improvement in waiting list numbers over the last 3 months.

Veterans

Lincolnshire Partnership have been successful in their bid to be the lead provider for the Midlands Op Courage contract which will bring a range of existing and new offers together under one contract - Integrated Veterans Mental Health Services. Lincolnshire have produced a short summary to highlight to local systems the support available through the Integrated Veterans Mental Health service.

Perinatal

The full launch of the Perinatal collaborative for the East Midlands has been postponed from April to October 2023. The postponement is driven by a delay in the issuing of national financial guidance. The clinical reference group and operational implementation group are working well. Regular updates are shared with the Alliance CEO Board.

Gambling addictions service for the East Midlands

The Alliance secured funding of just under £1million to establish a Gambling Addictions service for the East Midlands. Derbyshire Healthcare are taking a lead role in developing a regional service. The Alliance providers have participated in an operational planning group and a clinical reference group. The Gambling Addictions service has begun the process of advertising and appointment staff. A soft launch of the service took place in May 2023.

Collaborative review

The Alliance CEO group agreed to commission a review of the perceptions and functioning of the mental health collaboratives from the Alliance partner teams that work with the collaboratives. The review will focus on the governance, operational and clinical decision-making, financial management and communications of each collaborative. The Review will seek opinions on what is different for service users from a collaborative rather than NHS England led approach.

A series of interviews with strategic, clinical, operational and financial leads has begun with a plan to produce a draft report for the CEO group which will then be shared at a joint session of the CEOs, Medical Directors and Strategy Directors.

The CEOs agreed to a second element of the review which will seek views from the Chairs of the Alliance providers on the governance of the collaboratives.

A stronger collective voice

Host commissioning proposal

A further NHS England led workshop was held on 22 March to discuss plans for NHS England to delegate host commissioning of Specialised services in the Midlands. The bulk of mental health, learning disabilities and autism services are in wave two which will not be delegated until at least 2024/25. A further session in the summer will look in more detail at the proposed timescales and approaches for the later waves.

East Midlands ICB CEO forum

Discussions are underway with the new East Midlands ICB CEO forum to bring them together with the Alliance CEO group. The director led for the ICB CEOs attended the May Alliance Strategy Director forum.

Alliance Sustainability Group

A group made up of green champions and sustainability leads from the Alliance providers met for the first time in March. The network meeting shared progress and successes across the Alliance and heard from regional and national leads from the Green NHS team. The meeting reviewed green plan guidance and shared examples of plans from elsewhere in the country. The national Green NHS leads shared support resources and invited Alliance members to a series of development events. The group agreed to meet again later in the year to share progress.

Alliance Data workshop

The Alliance held a data workshop in February in response to a request from the national mental health data team. The focus of the workshop was on planned national developments in mental health data relating to pricing, outcomes and equalities. The national leads for each area of work presented to the workshop and invited comment and participation in future pilots. The digital leads group agreed to meet again in the summer to share approaches and innovations on data between providers.

Professional networks

Chief Executive Forum

The Chief Executive Forum has continued to meet on a fortnightly basis. Key issues over the past few months have included sharing approaches and learning in relation to:

- System financial escalation meetings and the Mental Health Investment Standard
- Workforce challenges including staff fatigue, the cost of living challenges, recruitment, retention and staff development.
- Performance and operational challenges including access rates, waiting times, out of area placements, occupancy, length of stay and discharge.
- Executive leadership changes in some providers.

The CEO group have also shared regular updates on key developments within providers including:

- The transformation programme at St Andrew's
- The Nottinghamshire high secure relicensing process for Rampton.
- Engagement and consultation relating to some service change and facilities in Lincolnshire.
- National Collaborative Innovator status for Leicestershire and Northamptonshire
- Capital developments in Derbyshire and Lincolnshire

Medical and Nurse Director network

The Alliance joint Medical and Nurse Director network met in April 2023. The meeting received and reviewed the draft programme of work for 2023/24 for the AHSN Patient Safety programme. The meeting also discussed an initiative to research the difference approaches to mechanical restraint particularly in high secure settings.

The Medical and Nurse Director group also shared recent CQC experiences, discussed digital innovation, reviewed the restrictive practice reports and received a presentation on the new Op Courage programme including service coverage and referral routes.

Strategy and Finance Director forum

A joint session of Strategy and Finance Directors took place in January with a focus on planning, Learning Disability Pathway panels and the cost of different models, the CAMHS cost comparison work, a session with the national lead for Lived Experience in Collaboratives and funding of the Patient Safety programme.

The March meeting of the Strategy Director forum heard from a company developing a rewards based app that monitors mood changes amongst children and young people and could be used as an additional tool to monitor people while they wait for assessment or treatment.

The group received an update on the new Op Courage programme, discussed an approach to holding a region wide Innovation exchange event run by the AHSN focusing on markers of deterioration for people on waiting lists, the embedded Alliance Mental Health Innovation role and the national Provider Collaborative Innovator programme.

HR Director network

The Alliance HR Director network met in February and May 2023. The February meeting reviewed plans to manage industrial action, the BMA rate card and derogations. The May meeting focused on next steps with the CSW programme, Therapy Supervision, new roles, the CAMHS workforce programme and the Collaborative Innovator work.

Alliance Board meeting

The Alliance Board met in April 2023 and received formal updates from the Specialised service collaboratives covering the East Midlands. The Board also received a presentation on

progress with the new Gambling Addictions service for the East Midlands from the lead clinician and lead manager.

The Board received an update on the Collaborative review, the Patient safety programme, the review of restrictive practice across the Alliance and key workforce funding programmes. The Board discussed the opportunities available through the national Provider Collaborative Innovator status and the preparation for the joint Chair and CEO meeting in May.

Joint Chair and CEO meetings

A joint meeting of the Chairs and CEOs of the six provider members of the East Midlands Alliance took place on 3 May in Leicester. The first part of the agenda focused on a stocktake of some key areas of delivery by the Alliance in the last year.

An Alliance Framework has been developed which summarises the professional networks, formal collaboratives, key programmes of work and the role of the Alliance Board in setting the strategic direction. The Chair and CEO group agreed to update the framework and review again at their 9 June meeting.

The group reviewed the progress with the quality improvement support from the Alliance to St Andrew's; the East Midlands Mental Health Patient Safety programme; the new regional Gambling addictions service for the East Midlands; and the Clinical Support Worker retention case study.

The Chair and CEO group reviewed a new draft common Board paper which summarised the activities of the Alliance in 2023. The group agreed to restructure the paper in line with the strategic drivers used by the Alliance and to support provider Boards to engage with the purpose, vision and priorities of the Alliance.

The group agreed on the importance of developing wider joint ownership of the Alliance and bringing the wider provider Boards into the discussions on direction setting.

The second part of the agenda focused on looking forwards. The group reviewed progress under six strategic themes:

- Safety
- Quality Improvement
- Workforce development
- Innovation
- Collaboratives and population health
- A stronger collective voice

The meeting received feedback from some senior external partners and regulators. They were asked to reflect on the progress and contribution of the Alliance to date and to suggest potential future priorities and opportunities. The group noted that the feedback was very positive, and that the positivity focused on the wider Alliance work more than on the contribution of the formal specialised service collaboratives.

There was strong support for working together and demonstrable value added through the case studies and professional networks. The progress made to date would be used as a springboard for the future. A culture of trust has been developed and will enable a bolder phase two.

The group agreed to meet again for a facilitated session in June to begin to develop a draft proposal for a Phase Two of the Alliance, that can then be tested with provider Boards. The group agreed to build on what has been achieved to date, to set a clearer strategic direction through a collective process and to bring a wider group of Board members into the discussions.

A face-to-face meeting of the Alliance Chairs and Chief Executives took place at the St Andrew's site in Northampton on 9 June.

The group reviewed the strategic themes and used a model of 'why, what and how' to focus them. The group discussed giving future priority to the following draft strategic themes:

- Quality improvement
- Safety
- Workforce development
- Population health and inequalities

The group discussed a range of delivery methods to implement actions linked to the draft strategic themes:

- Collaboration
- Sharing learning
- Population health
- Joint programmes
- Strong collective voice
- Innovation
- Effective use of resources

The group also discussed having a set of underpinning values including being respectful and supportive. The group also considered potential underpinning principles including subsidiarity (taking decisions as locally as possible), collaboration by consent and not acting to the detriment of others in the Alliance.

The group agreed to ask the Strategy Director group to work up a draft model to playback to the Chair and CEO group prior to sharing with Boards for comment.

The workshop also considered where they would like the Alliance to be in three years' time and identified some 'wicked collective issues' for the Alliance to tackle. The group agreed to consider any amendments to the governance of the Alliance at a later date once the strategic direction of the Alliance is agreed.

Recommendations

Provider Boards are asked to:

a) note the progress made by the Alliance with collaborative work under the six strategic themes
b) note the success in attracting discretionary funding to support the delivery of the strategic themes
c) note the areas of focus for the professional networks, CEO group and Alliance Board
d) review the summaries of the joint Chair and CEO meetings held in May and June.

Appendices

1. Regional restrictive practice report – May 2023
2. Clinical Support Worker case study
3. Alliance framework slides

Graeme Jones
15 June 2023

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 4 July 2023

Integrated Performance Report (IPR)

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 2023. The report focuses on key finance, performance and workforce measures.

Executive Summary

The report provides the Board with information that demonstrates how the Trust is performing against a suite of key operational targets and measures. The aim of which is to provide the Board with a greater level of assurance on actions being taken to address areas of underperformance. Recovery action plans have been devised and are summarised in the main body of this report. Performance against the relevant NHS national long term plan priority areas is also included.

Operational Performance

This chapter has been developed to provide a greater level of assurance to the Board on actions being taken to address areas of underperformance. The chapter includes performance against the relevant NHS national long term plan priority areas. This month includes a section on the transforming care programme, plus a section on the Friends and Family Test.

Most challenging areas:

- Waiting times for adult autistic spectrum disorder assessment
- Paediatric outpatients 18-week referral to treatment
- Inappropriate out of area placements
- NHS Talking Therapies waiting times.

Most improved areas:

- Psychological services waiting times continuing to reduce month on month
- Target achieved for community mental health access 2 plus contacts and reflected in the latest national data
- Child and Adolescent Mental Health Services (CAMHS) waits are starting to reduce.

Evolving our performance function: What's new? The IPR now contains:

- Supervisions and Appraisal Information to drive Trust wide performance
- Focus on 'Clinically Fit for Discharge' metrics to drive forward our patient flow – improve capacity and improve our discharge function as an organisation

- Our performance in a regional and national lens utilising existing bench marking information via Model Hospital and Real World Health (RWH)
- 'Key Monthly Performance Insights' monthly intuitive trends and insights giving us key areas of focus across our service lines that will help us better plan the use of our resources and help us strategically improve our performance and compliance.

Key next steps:

- The Kingsway House Clinical Co-ordination Centre is now fully established at Kingsway Hospital, working as a hub of all inpatient, flow, productivity, and benchmarking information, a function we are evolving as we progress.

- Real World Health have nearly finalised the modules on population insights for Health inequalities and Productivity allowing for benchmarking with similar healthcare organisations. A Trust wide launch of the Clinical Co-ordination Centre as well as the Real World Health Tool is planned in July 2023, which will culturally enable services to 'own' their information to empower them to improve their service provision and drive improvements.

- The Derbyshire Healthcare Foundation Trust (DHcFT) Productivity Programme Board is now fully established at the Organisation. As part of this Delivery Board we are currently working on:
  - Reducing unwarranted variation with the support of RWH
  - A Trust wide review of our Estates function
  - Improving our E-Roster efficiency
  - Focusing on key drivers of Mental Health (MH) Productivity including our Workforce/Staffing (Hot Spot Triangulation reporting)
  - Our Transformational programmes of work linked to our Savings efficiencies.

The DHcFT Reducing Health Inequalities Board is now fully established, meeting with Trust wide and System stakeholders on a regular basis to strategically direct our response to reducing health inequalities. We plan to use our population insights strategically to evaluate our services to form proactive plans to intelligently and sustainably evolve our services to reduce disparities improving access, performance and outcomes.

Finance

At the end of May, the Year to Date (YTD) position is breakeven against a planned surplus of £0.5m, an adverse variance of £0.5m. The main drivers of the adverse variance to plan are agency expenditure and undelivered efficiencies which are partially offset by vacancies. The forecast position at month 2 is breakeven against the plan of break even. The forecast assumes that we deliver efficiencies in full and find mitigations to offset emerging cost pressures associated with pay inflation, agency expenditure and the complex patient that is currently being supported.

The Board Assurance Framework (BAF) risk that the *Trust fails to deliver its revenue and capital financial plans*, is rated as Extreme for 2023/24 due to the inherent risks that are built into the financial plan.

Efficiencies
The plan includes an efficiency requirement of £8.8m phased equally across the financial year. As at the end of May £0.9m was achieved against a YTD target of £1.5m, a shortfall of £0.6m. The forecast assumes that all efficiencies are delivered, currently £6.2m of the £8.8m has been identified with work on-going to identify plans to deliver the balance. Further work is also required to ensure plans are delivered recurrently to minimise the impact into 2024/25.

Key next steps

- **Develop and sign of plans for the full £8.8m efficiency requirement**

Agency
Agency expenditure YTD totals £1.7m against a plan of £0.9m, an adverse variance to plan of £0.8m. This includes £0.4m for the complex patient that is being supported on one of our wards. The two highest areas of agency usage continue to relate to Consultants and Nursing staff. The agency expenditure as a proportion of total pay for May is 6.9% with the annual plan set at 3.5% which was just below the planning guidance target of 3.7%.

Out of Area Placements
The plan for out of area expenditure has been reduced by £1.0m in 2023/24 as part of the £8.8m efficiency programme. As at the end of May there was an overspend of £49k against the revised plan and a forecast overspend of £98k for the end of the financial year.

Capital Expenditure
Capital expenditure at the end of May is £0.9m below plan but is forecast to achieve plan by the end of the financial year. However, there is an emerging risk to the plan that additional capital expenditure may be required during the financial year.

Better Payment Practice Code (BPPC)
In May the target of 95% was exceeded by both value and volume.

Cash and Liquidity
Cash reduced in April and May due to payment of capital invoices. The Public Dividend Capital (PDC) drawdowns for the nationally fund Dorms programmes have now been authorised and therefore we expect to see an increase in cash in month 3 as payments are received.

People

Annual appraisals
Appraisal levels continue to be below our expectations, however positive progress continues to be made.

Key next steps:

- ***Divisional People Leads to continue to work proactively with leaders to combat areas of low compliance.***
- ***Weekly monitoring of progress in Operational Services continues***
- ***New appraisal format has been launched***

Annual turnover
Turnover remains within the target range of 8-12% and is in line with national and regional comparators.

Compulsory training
Overall, the 85% target level has been achieved for the last 14 months.

Staff absence
Sickness was 5% in May 2023, which is the lowest we have recorded for over two years.

Key next steps:

- ***Finalise current contract review of Occupational Health Services to ensure maximum support for sickness absence***

Proportion of posts filled
The overall position at the end of May was 92%, with a vacancy rate of 8.95%.

Key next steps:

- ***The recruitment team continue to work closely with divisions to develop targeted and bespoke campaigns***
- ***Workforce summit to be held in July***

Bank and agency staff
Agency fill has decreased slightly this month and the highest increase in usage is medical grades.

Key next steps:

- ***Principle of no Healthcare Assistant agency use***
- ***Update agency and bank approval and authorisation process with reference to vacancy/sickness/absence rates***
- ***Invest in rota managers with training and development and performance reports***
- ***Recruitment drive - bank only***

Supervision
The overall level of compliance with the clinical and management supervision targets has remained low since the start of the pandemic, however improvements are being made. Currently 105 teams are 100% compliant with management supervision and 77 teams are 100% compliant with clinical supervision.

Key next steps:

- ***Improvement plan in place in Operational Services, with weekly monitoring of progress***
- ***Escalation of those who have not been supervised for three months***

Quality

Compliments
The number of compliments has dropped just below the mean of 100 in April and May 2023 but remains within common cause variation.

Complaints
The number of formal complaints received has Increased between March and May 2023. No specific theme has been identified.

Delayed transfers of care (DTOC)
Delayed transfers of care have reduced but remain above the Trust target of 3.5%.

Key next steps:

- ***Twice weekly discharge meetings to continue to identify and address any barriers to discharge***

Care plan reviews
The proportion of patients whose care plans have been reviewed continues to be recorded as lower than expected and is currently on a downward trajectory.

Key next steps:

- ***Compliance around Care Programme Approach (CPA) has been the subject of a commissioned 360 review by an external company and is part of an action plan to improve compliance in fundamental care standards including CPA***

Patients in employment and in settled accommodation
Around one third of patients have no employment status or accommodation status recorded at present.

Key next steps:

- ***A report has been developed which informs teams if there are gaps in the current Data Quality Maturity Index. Ward and Service Managers review this report weekly and action any gaps identified. Monitored via monthly service specific operational meetings.***

Medication incidents
Between April and May 2023 there has been a 30% increase in the number of medication incidents reported and this spike has taken the number of medication incidents outside of common cause variation. However, the Pharmacy department have reported that this increase correlates to a planned approach to raise awareness and improve Trust reporting around medication incidents in response to concerns around underreporting over previous years.

Incidents of moderate to catastrophic actual harm
This data demonstrates the number of DATIX incidents occurring recorded as moderate to catastrophic harm. There has been a 30% increase in incidents between April and May 2023. However, the overall numbers are still in line

with common cause variation. This increase is attributed in part to the Mental Health Helpline who have increased reporting of DATIX incidents since training in February 2023.

Duty of Candour
Duty of Candour reported incidents remain within expected thresholds. The Trust Family Liaison Office has created information leaflets and standing operating procedures to support staff in completing duty of candour communications.

Prone restraint
Prone restraint has increased. It should be noted that the overall numbers of prone restraint are lower than the regional average per bed number.

Key next steps**:**

- ***review of patient debriefs following restrictive practice interventions***
- ***plans for Simulation Training including seclusion, self-harm and ligature simulation***
- ***training around alternative injection sites which should reduce the need for prone restraint***

Physical restraint
Physical restraints have increased. The average increase in physical restraint appears to be related to the increased acuity of patients in inpatient settings and a high number of repeated incidents attributed to a small group of patients.

Key next steps:

- ***The Trust's Positive and Safe Support Team to continue to spend time in clinical areas to support and train clinical staff live during practice.***

Seclusion
Seclusions remained within common cause variation for the last 2 months.

Falls on inpatient wards
Falls have remained within common cause variation for the last 6 months.

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. In the latest published national data when benchmarked against other mental health trusts, our staffing levels continue to be 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 creating a compassionate, skilled and empowered leadership, creating a vibrant culture where colleagues feel they belong, thrive and are valued.	X
3) The Trust is a **great partner** and actively embraces collaboration as our way of working.	X
4) We will make the **best use of resources** by making financially wise decisions and avoiding wasting resources to ensure financial recovery and long-term sustainability.	X

Risks and 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 common cause 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 relevant 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: **Peter Henson**
Head of Performance

Sabia Hussain
Deputy Managing Director

Rachel Leyland
Director of Finance

Rebecca Oakley
Acting Deputy Director, People & Inclusion

Joseph Thompson
Assistant Director of Clinical Professional Practice

Integrated Performance Report Performance Key Insights

This section will evolve over time to provide the Board with insights into the main areas of challenge identified within the operations chapter of the report.

Child and Adolescent Mental Health Services

- Demand dropped significantly at the start of the pandemic then gradually increased and since June 2021 **referrals have exceeded pre-COVID levels by 16%**. The majority of these referrals are received from primary care. Two thirds of children and young people referred are female, with **females 3 times more likely to be referred via A&E** than males**.** The **service redesign** aimed at addressing this increase is now having a **positive impact on waiting times**.

Paediatric Outpatients

- Prior to March 2021 the referrals received was a level of demand that the service could manage, however Since March 2021 the volume of **referrals received has risen by 42%** and **this higher level of demand has persisted to date.** In 2019, the British Association for Community Child Health reported on the **longstanding workforce shortages** in community child healthcare which were having an adverse impact on waiting times and service delivery, leading to unacceptable delays for patients across the country. This has continued and currently there are **55 consultant paediatrician vacancies** advertised on NHS jobs.

Adult Autistic Spectrum Disorder Assessment

- The service continues to experience long waits to be seen for assessment. This is a national problem: the number of people waiting in England has **increased by 169%** since pre-COVID to 140,000 (**Autism assessment waiting times 2023**). In the Trust the level of funded capacity has fallen far short of the demand for the service for many years, as a result of financial pressures on the system. **This has inevitably resulted in increased waits**. Actions are being taken to **maximise capacity within the existing financial envelope**.

NHS Talking Therapies

- Caseload stratification illuminates ongoing adverse trends, including simultaneously more people waiting for first and next contacts as well as a growing cohort of longer standing service users: the number of service users who have been on caseload for over 12 months is now starting to exceed pre-covid levels, as is the number of people waiting to be seen. The service is beginning to look overwhelmed.

Inappropriate Out of Area Placements

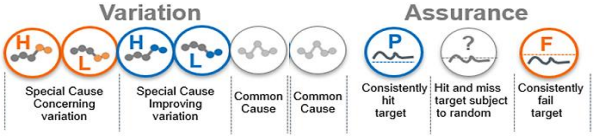
- There continues to be a **high level of occupancy** on the adult acute wards – **currently 108%** - which is impacting on capacity for admissions. This calendar year to date **72% of admissions have been under the Mental Health Act,** which is significantly higher than previous years. We are also seeing a significant increase in the number of adult acute inpatients with a length of stay of 60 plus days. These factors would **suggest an increasing level of acuity** in the patient group being cared for. A bid is in preparation for a portion of the Integrated Care Board's adult social care discharge funding, which would be used to support discharge and free up beds through improving timely discharge. In future iterations of this performance report it is intended to include a suite of discharge priority metrics.

Assurance Summary

A. Operations

	Metric Name	Performance	Assurance	Latest Value	Target	Lower process limit	Upper process limit	Mean
1a	Waiting list - care coordination - average wait to be seen			25		18	30	24
1b	Waiting list - care coordination - number waiting at month end			133		43	79	61
2a	Waiting list - ASD assessment - average wait to be seen			81		67	73	70
2b	Waiting list - ASD assessment - number waiting at month end			2,099		1712	1905	1809
2c	ASD assessments			17	26	4	32	18
3a	Waiting list - psychology - average wait to be seen			28		35	43	39
3b	Waiting list - psychology - number waiting at month end			763		958	1148	1053
4a	Waiting list - CAMHS - average wait to be seen			22		14	25	20
4b	Waiting list - CAMHS - number waiting at month end			457		397	569	483
5a	Waiting list - community paediatrics - average wait to be seen			33		17	23	20
5b	Waiting list - community paediatrics - number waiting at month end			2,147		1419	1767	1593
6	Outpatient appointments cancelled by the Trust			4%	5%	4%	11%	8%
7	Outpatient appointment "did not attends"			13%	15%	10%	14%	12%
B1	3 day follow-up			84%	80%	78%	97%	87%
D1	Community Mental Health Access (2 plus contacts)			11,300	10,044	8762	9546	9154
E1	Children & Young People Mental Health Access (1 plus contact)			3,025		2874	3046	2960
E4	Children & Young People Eating Disorder Waiting Time - Routine			67%	95%			78%
E5	Children & Young People Eating Disorder Waiting Time - Urgent			74%	95%			62%
G3	Early intervention 14 day referral to treatment - complete			86%	60%	63%	110%	86%
G3	Early intervention 14 day referral to treatment - incomplete			88%	60%	61%	116%	88%
H0	IAPT 6 week referral to treatment			50%	75%	68%	83%	76%
H1	IAPT 18 week referral to treatment			100%	95%	99%	100%	100%
H2	IAPT 1st to 2nd Treatment over 90 Days			27%	10%	2%	17%	9%
H7	IAPT patients completing treatment who move to recovery			54%	50%	44%	61%	52%
I1	Individual Placement and Support Access			470	343.0	133	366	250
K2	Total inappropriate out of area bed days			1,740		1,178	1,890	1,534
K2	Average patients out of area per day - adult acute			4	0	0	8	3
K2	Patients placed out of area - adult acute			7	0	0	14	5
K2	Average patients out of area per day - PICU			15	0	7	18	12
K2	Patients placed out of area - PICU			24	0	12	30	21
L1	Perinatal Rolling 12 Months Access			6%	10%	4%	4%	4%
L2	Perinatal Access Year to Date			650	1,070	183	471	327
N4	Data quality maturity index			98%	95%	98%	98%	98%

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

B. People

	Metric Name	Variation	Assurance	Latest Value	Target	Lower process limit	Upper process limit	Mean
1	Annual appraisals			80%	85%	74%	78%	76%
2	Annual turnover			12%	8-12%	12%	14%	13%
3	Compulsory training			89%	85%	85%	88%	86%
4	Staff absence			5%	5%	5%	8%	7%
5	Clinical supervision			76%	95%	72%	77%	74%
6	Management supervision			75%	95%	69%	77%	73%
7	Filled posts			91%	100%	88%	94%	91%
8	Bank staff use			6%	5%	4%	7%	6%

C. Quality

	Metric Name	Performance	Assurance	Latest Value	Target	Lower process limit	Upper process limit	Mean
1	Compliments received			98	119	69	141	105
2	Formal complaints received			19	13	5	30	17
3	Delayed transfers of care			4%	3.5%	1.7%	7.4%	4.6%
4	CPA reviews			45%	95%	73%	86%	80%
5	Patients in employment			12%		10%	14%	12%
6	Patients in settled accommodation			36%		43%	53%	48%
7	Number of medication incidents			130		36	99	68
8	No. of incidents of moderate to catastrophic actual harm			70	48	16	78	47
9	No. of incidents requiring Duty of Candour			1	1	-3	6	1
10	No. of incidents involving prone restraint			17	12	-2	21	9
11	No. of incidents involving physical restraint			91	46	22	94	58
12	No. of new episodes of patients held in seclusion			20	14	0	37	18
13	No. of falls on inpatient wards			33	30	20	49	34

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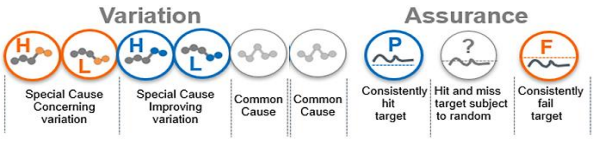

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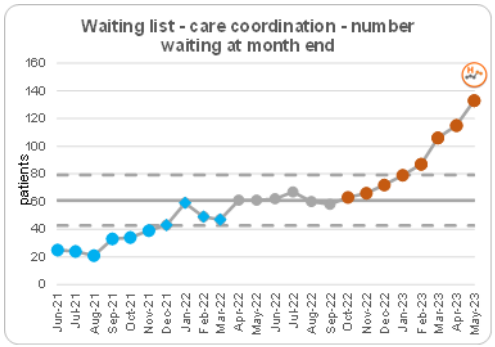
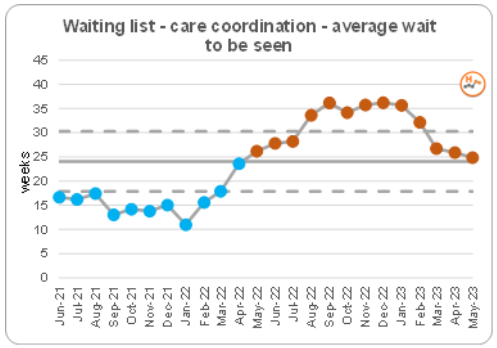
Derbyshire Healthcare
NHS Foundation Trust

Operations

Operational Performance

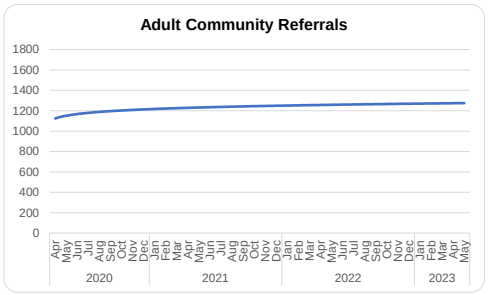
Waiting Times for Care Coordination

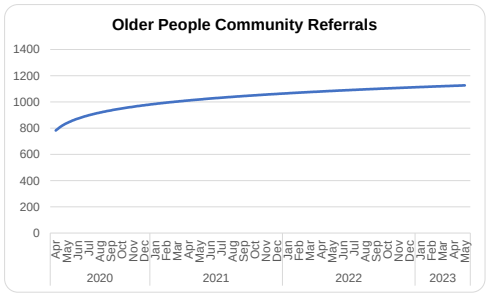




Summary

The number waiting is increasing over time, but the average wait is starting to reduce. There are a number of key factors impacting on waits. As we came out of the pandemic, the number of referrals increased but there was no additional capacity created for Care Coordinators to take new cases. Adult referrals have reduced over the last 2 months, but older people referrals remain high:





Staff are experiencing fatigue (ongoing issue raised during and post pandemic). Some teams are in distress owing to ongoing staffing challenges with some teams only being able to deliver the urgent and essential tasks due to staffing gaps, which will be impacting on wait times, as routine assessments will not be prioritised:

Adult Community	Turnover	Sickness	Vacancies
Bols + C C Adult CMHT	10%	6%	16%
Chesterfield C Adult CMHT	12%	1%	7%
High Peak Adult CMHT	34%	19%	10%
Killmsh + N C Adult CMHT	28%	15%	35%
North Dales Adult CMHT	10%	2%	11%
Amber Valley Adult CMHT	0%	4%	0%
El Nth	11%	0%	8%
El Sth + City	0%	14%	0%
Erewash Adult CMHT	5%	4%	5%
South Dales Adult CMHT	19%	23%	11%
Sth Derbyshire Adult CMHT	0%	3%	9%
Derby City B Adult CMHT	7%	4%	16%
Derby City C Adult CMHT	0%	13%	4%

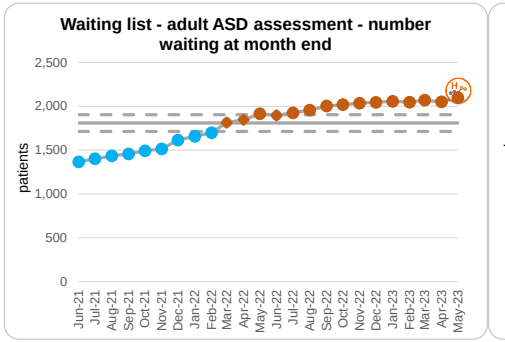
Team	Turnover	Sickness	Vacancies
Amber Valley OA CMHT	22%	5%	14%
Bols + CC OA CMHT	0%	8%	0%
Chesterfield C OA CMHT	7%	8%	6%
County Elderly Service Medical	26%	1%	3%
Derby City OA CMHT	4%	1%	12%
Discharge Liaison Team OA	27%	10%	15%
Erewash OA CMHT	10%	0%	11%
H P + NDales OA CMHT	0%	21%	0%
Killmsh + N C OA CMHT	11%	3%	16%
Memory Assessment Service	5%	2%	7%
OA Day Services	24%	3%	8%
South + Dales OA CMHT	13%	0%	5%

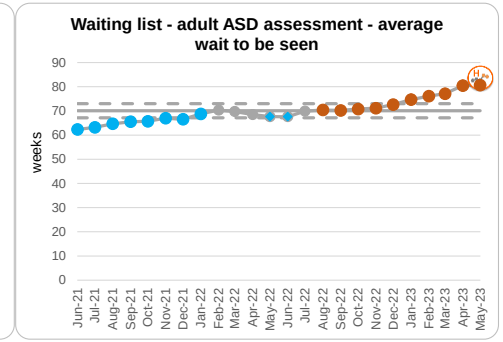
Actions

- Roll out of Living Well to improve flow of patients and reduce waits, by 31/3/2024 – in progress. Adopting a phased approach starting with a focus on establishing and implementing the short-term offer.
- Weekly subscription report has been set up identifying all those on the waiting lists who have had a contact with urgent assessment services in the last 90 days. This is reviewed by the clinical leads and any appropriate action taken.
- Clinical Leads continue to review all those on the single point of access (SPOA) and community mental health team (CMHT) waiting lists who have been waiting over 18 weeks.
- Divisional risk assessment in place for waiting lists with associated action plans attached.
- Opt-in letters have been stopped at the point of referral to avoid any unnecessary delays in accessing treatment.
- Task and Finish group set up to look at productivity across the teams and reduce unwarranted variation.
- Procurement of Management & Supervision Tool (MaST) for a 12 month feasibility pilot to support with caseload reviews in order to improve flow and reduce waiting lists.
- Clinical leads completing caseload reviews with wider multiagency support to create flow and capacity.
- Waiting Well policy has been reviewed in relation to process.
- Leadership team (managers, clinical leads, clinical directors, Consultants) have met to look at process mapping in relation to our current pathways into SPOA and the wider CMHT as we need to ensure a consistent approach across all teams and the Living Well model.
- Outputs from the process mapping sessions include triage, welcome calls, permission to act innovatively, Living Well paperwork, interface with assessment services as a step up and step down.
- Review of the CPA policy to Care Principles & CPA to reduce admin time and release more time to care, by 30/6/2023 – in progress
- Proactive recruitment and review of skill mix, creating new roles and development opportunities to bring a different skill set to facilitate multidisciplinary team working and address the nursing shortage by 30/6/2023 – in progress.
- Stay surveys and exit interviews have also been completed in Derby City to gain an insight into the workforce issues and action plan accordingly.
- For service managers to continue to take ownership of their team's waiting lists
- Completion of the Living Well SOP will give more guidance to the teams prototyping Living well and also support the roll out of living well
- Living well paperwork design sprint is currently reviewing the paperwork completed in Living Well, with the plans to further streamline it and make it quicker for staff to complete

Operational Performance

Adult Autistic Spectrum Disorder Assessment Service





Referrals

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2016				18	15	20	23	28	31	26	27	18
2017	19	17	9	20	23	21	25	22	27	43	30	29
2018	29	34	32	41	47	40	62	41	45	54	48	22
2019	92	65	52	50	82	71	77	49	59	34	55	46
2020	83	32	28	45	20	46	17	27	14	48	77	74
2021	43	56	58	59	85	80	64	56	51	70	55	114
2022	62	62	141	74	100	97	50	70	88	65	70	52
2023	40	10	43	8	85							

Assessments

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2016				19	7	22	5	4	19	20	15	13
2017	35	37	47	22	22	18	30	16	24	34	30	12
2018	20	15	23	18	19	20	22	11	13	14	20	20
2019	33	24	25	24	19	18	15	11	26	30	34	15
2020	28	27	22	1	5	11	20	16	18	29	18	15
2021	20	17	22	22	17	12	14	14	24	24	15	6
2022	12	12	21	13	10	14	8	6	20	22	20	15
2023	22	28	24	22	17							

Summary

Demand for the service continues to outstrip capacity (commissioned to undertake 26 assessments per month but currently receiving around 76 referrals per month). At the end of May 2023 there were 2,099 adults waiting for adult ASD assessment, which is an increase of 49 since the last report. A revised approach to waiting list management is being mobilised and should start to have an impact from quarter 4 2023/24. Referrals peaked in April 2022 at 141.

Actions

- Training: current demand outstrips capacity therefore an increase of trained clinicians will support target, resulting in increased workforce capable of assessment. This has now been completed.
- Review EPR system: develop a robust flagging system on EPR, accurate reporting data and consistency to operational processes - complete.
- Clinical efficacies: processes and pathways are not standardised with lengthy time for completion of assessment. Review of clinical processes to increase screening success and increase the number of ASD assessments completed, pathways to be streamlined, and development of an all age pathway to minimise confusion and duplication of wait at transition
- Improving skill mix and developing a flexible /responsive workforce: as this is a small team any unavailability impacts significantly on performance. A specialist bank has been designed to offer team cover and flexibility whilst building a multi professional skill mix. This is alongside rolling recruitment to all vacant posts
- Support of individuals on the diagnostic pathway - whilst this won't reduce wait time for diagnosis, it will improve the experience and will alert people to options available to them. Pathway is disjointed and limited between the various stages of the diagnostic pathway.
- Increased support to individuals pre and post diagnosis will improve their experience, understanding, and support any management of anxiety
- Healios contract is now extended for 18-25 year olds: these individuals in transition are currently on the adult wait list, with several passed from children's services. Fast track to assessment for this group which will enable earlier support to be recommended and will allow for links between children and adult services and ongoing development of an all-age pathway
- Health Education England funding secured for a 12-month proof of concept around diagnostic tool, using screening tool as indicative diagnosis

Transforming Care Programme

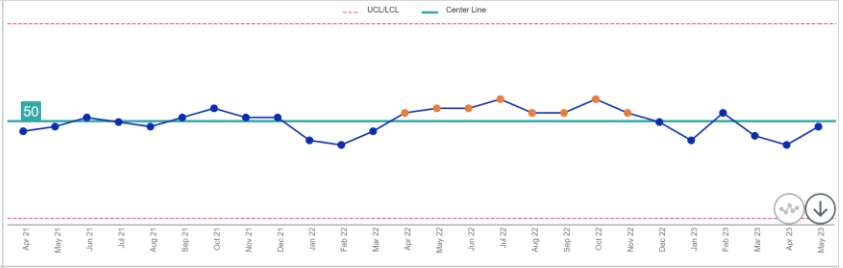
The Transforming Care programme aims to improve the lives of children, young people and adults with a learning disability and/or autism who display behaviours that challenge, including those with a mental health condition. The programme has three key aims: to improve quality of care for people with a learning disability and/or autism, to improve quality of life for people with a learning disability and/or autism, and to enhance community capacity, thereby reducing inappropriate hospital admissions and length of stay. With the services set out in the national service model it is expected that no local area will need non-secure inpatient provision (of which acute learning disability beds would be one type) for more than 10-15 inpatients with a learning disability and/or autism, per million population, at any one time. (NHS England, LGA, ADASS, Building the Right Support, 2015).

ADULT INPATIENT - MAY 2023

49✓

Target: 54

(-5 -9%)

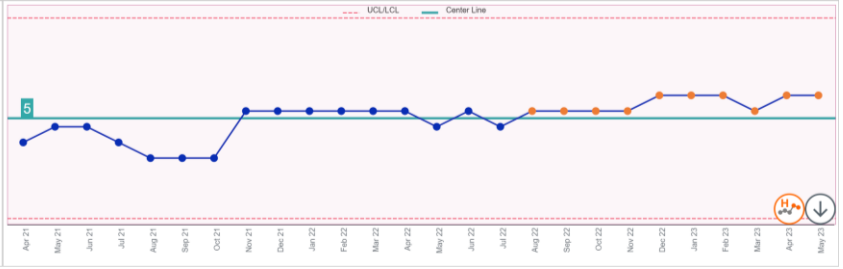


CYP INPATIENT - MAY 2023

6✓

Target: 6

(+0 +0%)



Summary

Significant performance improvements & transformation required for JUCD to meet its end of year trajectory for the number of ASC&/LD people who are in receipt of inpatient care. Overreliance on inpatient care and a lack of credible community-based alternatives are the primary areas of concerns. Currently, inpatient numbers remain above agreed national targets and out of line with projected performance levels. Improvements in position fluctuate and need to be sustainably managed.

Actions

- Adults: A Rapid Improvement Plan is currently in development with 3 focused actions: 1. Reduce adult mental health inpatient admissions through improved admission avoidance processes, increased preventative offers, and intensive work with the Community Mental Health and Crisis Resolution and Home Treatment Teams, 2. Improved discharge planning and processes (including repatriation) for long-stay OOA Locked Rehab, Secure, and ATU patients; 3. Improved discharge planning and processes for local ATU inpatients and increased local step-down offers. Underpinning the RIP is a detailed Recovery Action Plan, with 9 themed areas of actions. Together, the actions aim to achieve our agreed forecast modelling and trajectory of a reduction of Adult mental health inpatient admissions from 5.54 a month to 4 a month.
- Children: 1. We now have an established permanent Strategic Escalation team to support MDTs to support CYP in crisis, this will be further developed in year to be community facing. 2. Collaboration with LA partners in the development of an all age DSR. 3. CAMHS urgent care team based TCP worker being recruited providing early support and intervention. 4. CYP Case Managers being bought into the Mental Health trust from outside agency to improve links. 5. Build on the successful CYP ICB escalation pathway. 6. Improved care crisis services response to CYP with LD&A

Operational Performance

Psychology & Psychological Therapies

Introduction
The Division of Psychology and Psychological Therapies was formed in April 2023 and work has been progressing on creation of the new structure within the various data systems to enable reporting across all psychological services. This continues to prove quite challenging and still not yet complete. The waiting list data below now focuses on around 95% of the Division, which is based on the data currently accessible, and excludes adult ASD assessment waits and NHS Talking Therapies waits which are reported on separately in this report. There are also some challenges with data recording and SystmOne which we are trying to resolve.

Workforce update
Division of Psychology and Psychological Therapies now formed. The systems team are progressing with working on a way to allow us to pull through all the psychology workforce data to be able to review in one place. Sickness within the division is an average of 6% and NHS Talking Therapies (IAPT) 11%. Morale remains positive, but individuals are feeling the pressure and challenges of the waiting list and the vacancies we currently do have. The new structure is working well and we are managing teething problems. The governance structure is developing including training standards for psychological therapists / practitioners as well as development of our COAT. Skill mix in teams is under ongoing review to see how and where we could do things differently. Staff are utilising a range of media for patient work where suitable and includes telephone consultation, MS Teams and Attend Anywhere.

The lack of psychological services in the North of the county for our LD population (provided by DCHS) continues to put further pressure on our services which we are managing as best we can.

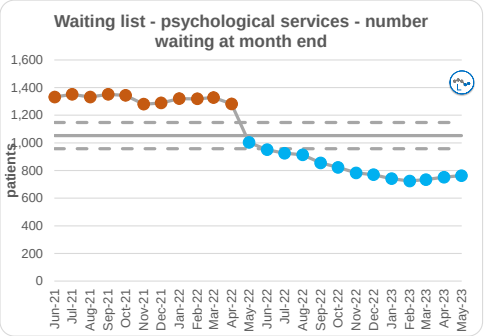
Friends & Family Test
Friends and Family Test, where reported, continues to show excellent feedback. In the last 12 months:

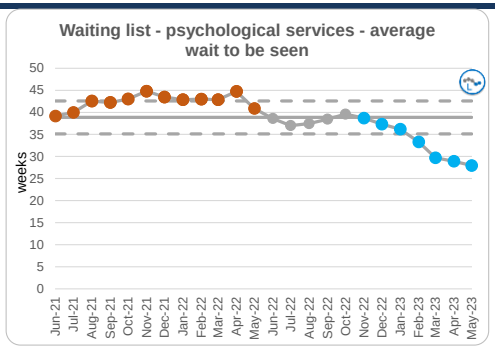
- Cognitive Behavioural Therapy received 70 responses and 100% were positive
- NHS Talking Therapies received 1,868 responses and 98% were positive.

Partnership and PLACE working
All teams are now exploring staff working in areas and places where the team had not traditionally offered care. These staff are working to integrate with living well teams and PLACE alliances as they develop. We also have a working party looking at the psychological offer into the living well and building plans for integration.

We continue to work in partnership with the University of Nottingham and the Derbyshire clinical psychology tutor is now in post and managing DHcFT trainees. We also have an agreed increase in number of trainee placements and employed trainees from 2024.

Waiting lists and referrals
Referrals continue into services at a steady rate, however in some areas demand continues to outstrip delivery causing pockets of longer waits (for example Amber Valley working age adult psychology services). Overall waiting lists do however continue to reduce. At the end of May 2023, 763 people across Derbyshire were waiting to be seen by psychological services, with an average wait time of 28 weeks. The number waiting and waiting times are both continuing to reduce significantly. We aim, with continued work in the Division to reduce these numbers further over the next 12 months. NHS Talking Therapies have a recovery action plan to increase productivity; use of new technology re booking systems is supporting this. The longest reported wait is in Amber Valley Adult Psychology Team and due to a staff member not being at work for an extended period of time. Work is progressing around data accuracy and reduction in the wait list.





Staff well-being
We continue to receive requests from across the workforce for more psychological team support and reflective practice. The newly appointed counselling psychologist starts in August and a clear job plan has been developed focussing on these areas of work.

Supervision & appraisal
Clinical supervision is currently being reported as 87% for the division. Our aim is for 100% and this is raised at the monthly Leads meeting as well posed as an ongoing challenge for all teams. Appraisal completion is also monitored and is at 89%.

Increasing psychological awareness
The Bite size psychological teaching sessions have had good attendance with a range of topics, from ASD to therapeutic communities. An average of 2 per month are currently being delivered and up to 50 people have been in attendance in a single session. The aim is to increase psychological awareness and competence across the trust.

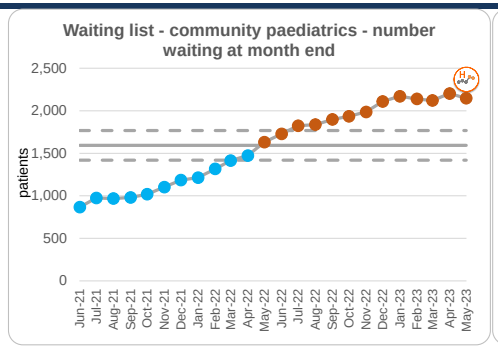
The trauma informed launch conference was held on the 5th May with 200 participants in attendance. Feedback was excellent. There are a series of follow up workshops, sessions and training being developed as well as an oversight board to make sure plans get delivered and support the overall trust strategy. This co-produced training and teaching developed will feed into the new build.

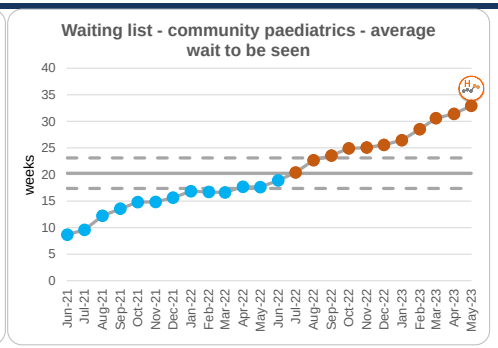
Benchmarking and productivity
Due to the lack of benchmarking national data in relation to psychological services (outside of specialised commissioned services), we are working with Nottinghamshire Healthcare NHS Foundation Trust, Leicestershire Partnership NHS Trust and Lincolnshire Partnership NHS Foundation Trust to pull together and better understand our regional standards. We will over the next few months be using this data to look at our own care delivery and productivity.

Actions

- Regional benchmarking project
- To continue to deliver psychological awareness and trauma informed training
- To continue to create build psychological safety within the division.
- Continued push to recruit hard to fill posts – job share / flexible working / remote roles
- Focus on removing boundaries between services and how formulation can improve this
- To complete the Division of Psychology and Psychological Therapies through finalising ESR and hierarchy as well as for data reporting
- Continued work with systems team to improve accuracy of SystemOne reporting and data capture
- Improve compliance with appraisals and supervision

Operational Performance





Summary

At the end of May 2023 there were 2,147 children waiting to be seen. The average wait time was 33 weeks.

Internal factors:

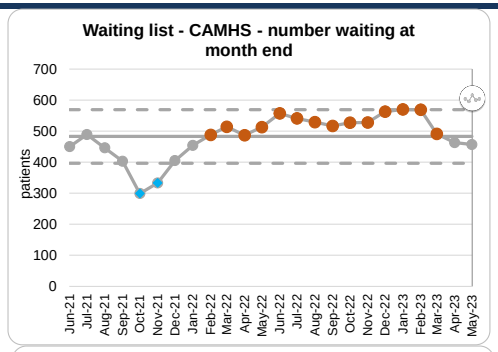
- Challenges to recruitment- 2 Consultant vacancies
- Retirement age for many of our Paediatricians national shortage, increased cost per hour for external locums.
- Pathways are unclear and single point of referral does not effectively manage children being referred into the service.
- Difficulty in discharging children under NICE guidance and shared care agreements in relation to medication for ADHD – specialist nursing team caseloads continue to expand causing problems with flow from the Comm Paeds service.
- Lack of suitable clinical working space remains.

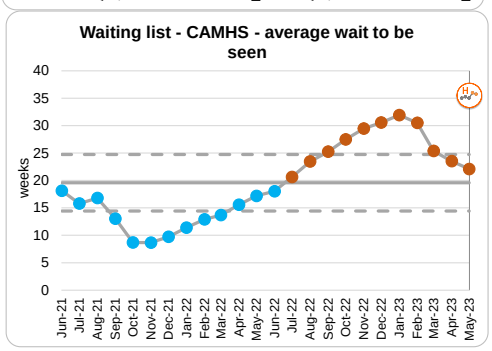
External factors contributing to increased demand on Community Paediatricians:

- Prior to March 2021 the referrals received was a level of demand that the service could manage, however Since March 2021 the volume of referrals received has risen by 42% and this higher level of demand has persisted to date.
- ASD/ADHD demand for specialist assessment increased 400% from 2018 to 2023 (22/23 4575 referrals per annum) with maximum South Derbyshire system capacity to assess 1900 per year)
- Looked After Children rates increased during the pandemic
- Developmental delay referrals to community paediatricians increased following the pandemic
- Appointment duration has increased due to the increased complexity of CYP presenting needs post the pandemic.
- Delay in mobilisation of the Community Hubs, which has now been pushed back to the end of June 23.

Mitigation:

- Neurodevelopmental (ND) business case 400k received January 2023 (75% less than proposed business case to address current demand) – mobilisation phase underway.
- Skill mix review ongoing
- Appointment of locums (to be reviewed)
- Consideration to Increased work and flexibility (weekends/evening) available estates and well-being of Paediatricians already working over and above needs some careful planning.
- 7% increase in activity over the past 6 months
- Quality Improvement – Children & Young People ND transformation (phase 1) starts May 2023
- Review of pathways and SPOA is priority in order to manage appropriate referrals into the service.



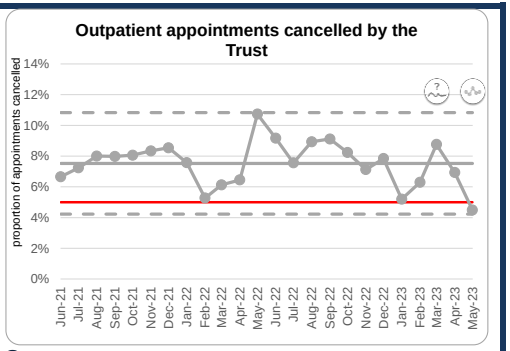


Summary

At the end of March 2023, 493 children were waiting to be seen with an average wait time of 25 weeks. The Triage and Assessment Team is now having a positive impact on waits: in April & May the team made 161 calls. Of these, 84 young people were put through for a routine assessment. There were 6 expedited for a priority assessment, and 9 people were discharged off the waiting list. Those who did not answer have been sent opt in letters & will be discharged if no response is received.

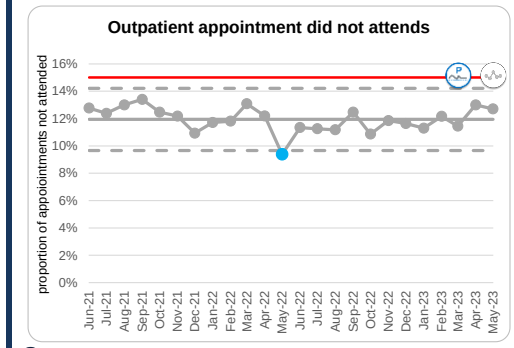
Actions

- Throughout Apr-May there have still only been two clinicians triaging as other clinicians are being inducted. However, by the end of June It is expected that 5 clinicians will be fully up and running with triaging, soon to be 6. This will obviously mean an increase in the number of young people being triaged.
- With our new CAMHS Core team now being up and running on SystmOne, this has also contributed to increased flow.



Summary

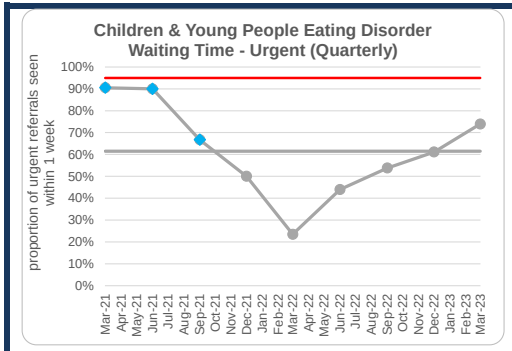
This indicator was introduced as a measure of patient inconvenience some years ago and when cancelling appointments, the administrators should identify whether or not the patient was aware of the appointment in order to enable differentiation between cancellation of virtual and actual appointments. Recording accuracy needed to improve and so further training in the use of SystmOne was arranged for those concerned. As a result, the level of reported cancellations has fallen below the target threshold.

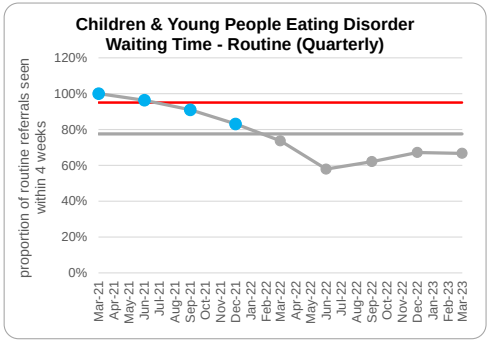


Summary

The level of defaulted appointments has remained within common cause variation, averaging just under 12% and in the current process the trust target of 15% or lower is likely to be consistently achieved.

Operational Performance



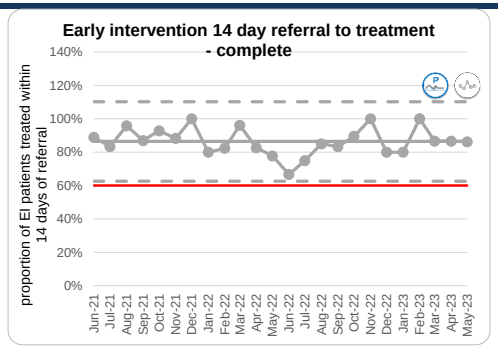


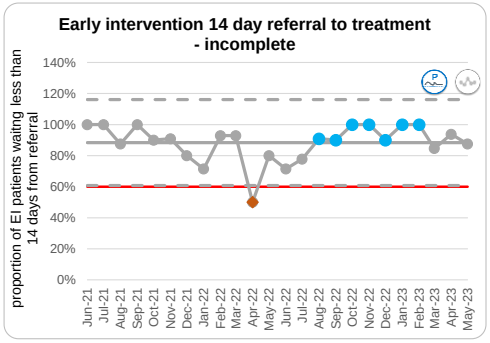
Summary

The two waiting time standards are that children and young people (up to the age of 19), referred for assessment or treatment for an eating disorder, should receive NICE-approved treatment with a designated healthcare professional within one week for urgent cases, and four weeks for every other case (target 95%). The Trust's Child & Adolescent Eating Disorder Service is generally achieving around 100% for both standards, but unfortunately although the NHS England national standard states that *"CLOCK STARTS on the date the referral is received by the Community Eating Disorder Service for Children & Young People (CEDS-CYP) or generic CAMHS where the reason for referral is for a suspected eating disorder"*, the national measure is not based on service, it is purely based on anyone under 19 with a referral reason of eating disorder, and so referrals made to adult services are being included and are negatively impacting on the reported position.

Actions

- Meeting with the Adult Eating Disorder Service to advise of specific access and treatment requirements for under 19s.

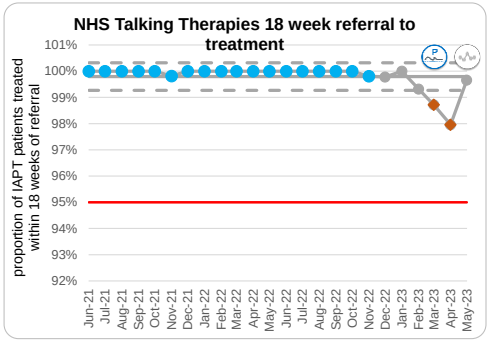


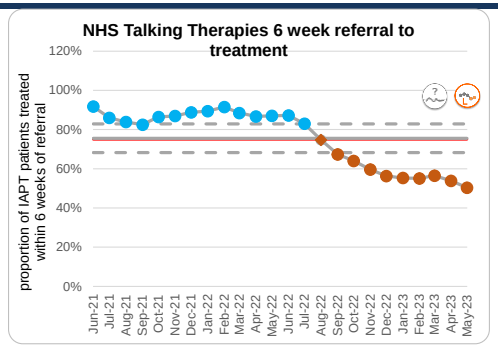


Summary

Patients with early onset psychosis are continuing to receive very timely access to the treatment they need. Occasionally delays result from difficulties contacting patients to arrange appointments, or patients not attending their planned appointments.

The service is generally very responsive and has exceeded the national 14-day referral to treatment standard of 60% or more people on the waiting list to have been waiting no more than 2 weeks to be seen in all but one month over the past 2 years.





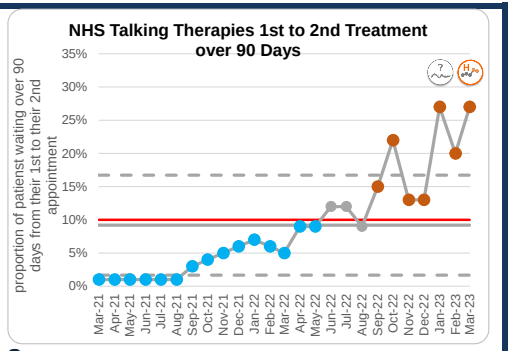
Summary

The 95% standard for 18-week waits from referral to treatment has consistently been exceeded. Wait times from referral to assessment/treatment and 1st to 2nd treatment have been lengthening due to 1) a significant increase in referrals, exceeding pre-pandemic levels 2) difficulty in recruiting to Psychological Wellbeing Practitioner (PWP) qualified roles, 3) our subcontractor partner, DRCS, has lost some CBT and PWP staff recently which is impacting the waits, 4) we removed the "plus one" post assessment session and moved to non-clinical waiting well contacts to increase recovery rates, increase capacity for assessment and treatment – the addition of these contacts masks the actual wait to treatment

The decline in the achievement of the 6-week referral to treatment slowed and improved from February to March. However this has continued to dip from April to May, corresponding with the increase to referrals and loss of DRCS staff.

Actions

- Recruitment to the qualified PWP posts has improved with 1 being recruited against a WTE deficit of 5. We recently advertised again and have someone for interview on 23/06/23
- A booking clerk is in post to book short notice appointments into cancelled slots. A further monitoring of staff releasing DNA appointments has commenced to get a consistent amount of re-booking to increase activity at assessment.
- NHSE are funding bookable appointments which is being rolled out to our PWPs. We are hopeful that attended appointments for assessments will increase with this new system which will reduce overall wait times.
- Spot purchasing of assessments from XYLA to bring the referral to assessment waits down is nearly in process (contract has been agreed).



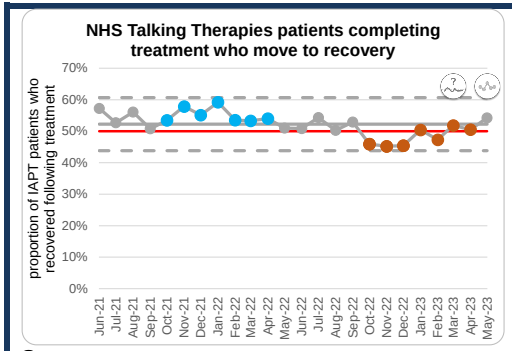
Summary

Waits have been significantly high and above target for the last 7 months.

- Consolidate the waiting lists.
- Monthly service Manager discussion over longest waiters to reduce outliers. Standing agenda item
- Supportive caseload management frameworks being introduced, including closer monitoring of booked contacts and strengthening the oversight process of the number of treatment contacts per episode (the challenge is always balancing the need to increase throughput of patients to reduce wait times with ensuring we give the correct treatment dose in accordance with NICE guidance given the increase complexity we are seeing*).
- Moving capacity to IESO who have some spare capacity at present. Clinician has been contacting existing waiters.
- Maintain a focus on attendance
- Review acceptance criteria to achieve more appropriate referrals.
- Introduced bookable appointments increasing available treatment slots.
- Agreement with commissioners re activity levels for next year and a more realistic unit cost for complex cases may remove uncertainty/cost pressures which has prevented the Trust agreeing a budget increase to recruit more staff and further increase activity levels to reduce wait times

*data shows a doubling of referrals with Secondary Care history

Operational Performance

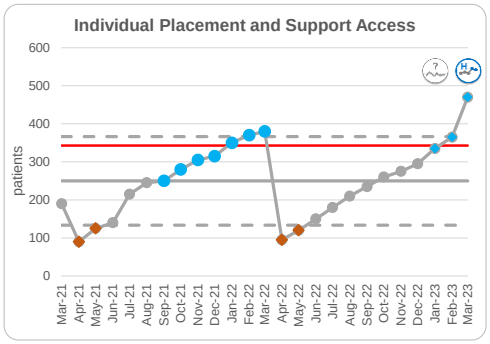


Summary

This is an annual target and full year performance is on target. The dip in performance from October was likely to have been an unintended consequence of implementing waiting list waiting well checks. This has been amended and recovery rate compliance achieved for the last 3 months.

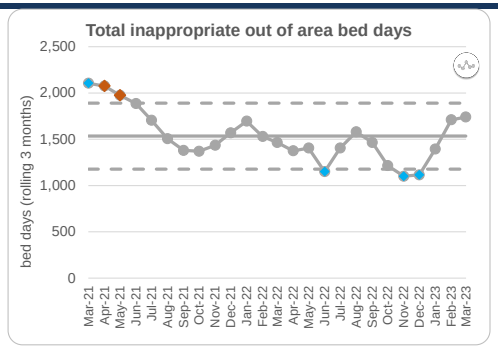
Actions

- Clarification and communication of referral criteria, for clinicians/ referrers and service users.
- Focus on productivity to reduce wait times and inform clinicians clearly of their own performance.
- Monitoring of clinician and service wide performance, development of individual performance reports.
- Continued monitoring of removal of outcome measures as part of waiting well appointments



Summary

This is a year-end target for the number of new people accessing the individual placement and support services within the financial year. The target was achieved in 2021/22 and has been achieved a month early in 2022/23.



Summary

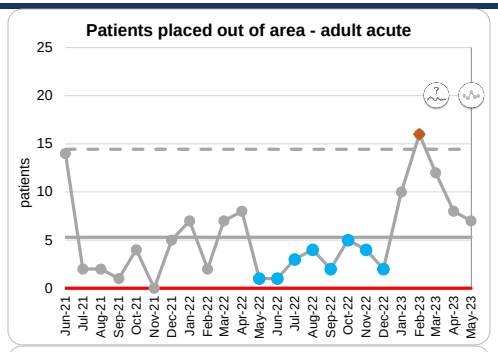
This is a national measure giving a combination of inappropriate out of area adult acute placements and inappropriate out of area psychiatric intensive care unit placements, calculated on a rolling 3 months' basis.

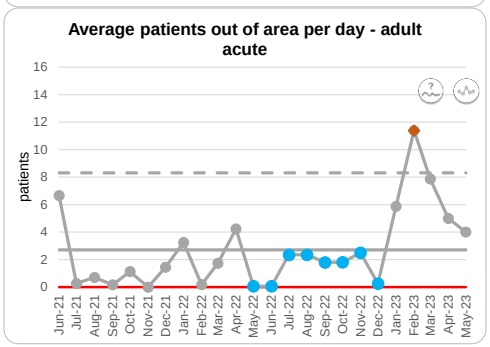
Adult acute placements continue to be impacted upon by persistently high levels of bed occupancy 100% plus. This is the result of utilising leave beds effectively and maximises bed availability.

Clinically ready for discharge is monitored multiple times each week to ensure that flow is maintained and as a result numbers are significantly reduced.

Demand for beds remains high and there has been a recent increase in patients with LD&A being admitted to acute mental health beds. Average length of stay remains higher reflecting the higher levels of acuity within the inpatient wards at this time.

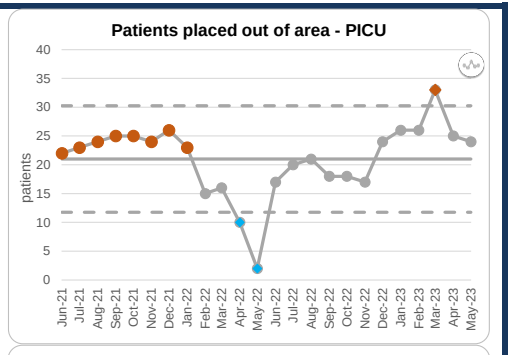
However, the number of patients in out of area beds has reduced considerably over the last 6 weeks due to a number of actions that have been put in place. Today we have a total of 4 patients in acute out of area beds.

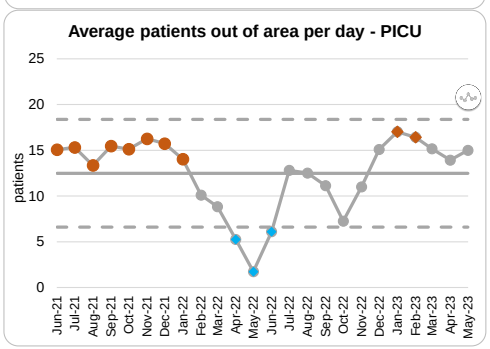




Actions

- Changes have been made to the authorisation protocol for out of area beds. This is now escalated to Managing Director and Director on Call.
- Gatekeeping and Purposeful Admission protocols being developed and to be implemented when agreed.
- Community based medication initiation being developed and implemented when available.
- Derby Step Down capacity has been temporarily unavailable.
- Chesterfield Crisis House will be available from July providing increased options regarding alternatives to admission. This will also be accommodating the Safe haven.
- Crisis cafes begin roll out in July.
- Street triage pilot has resumed providing more suitable pathway to assessment and decision making in the community.





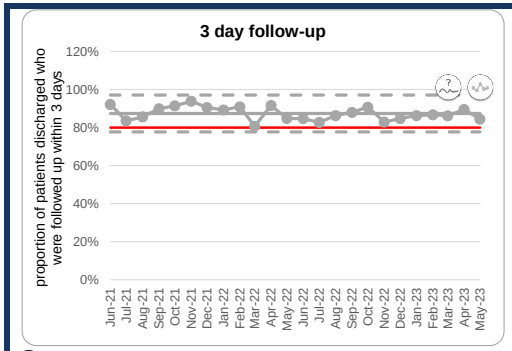
Summary

There is no local PICU provision, so anyone needing psychiatric intensive care must be placed out of area, however, work continues on the provision of a new build PICU in Derbyshire. As a result of actions there has been considerable reduction in PICU placements over the past 6 weeks and today there are a total of 18 patients placed in PICU beds.

Actions

- Provision of a PICU in Derbyshire in order to be able to admit to a unit that forms part of a patient's usual local network of services in a location which helps the patient to retain the contact they want to maintain with family, carers and friends, and to feel as familiar as possible with the local environment
- To generate improved flow and admission capacity in adult acute inpatients, working closely with community teams, creating capacity to repatriate PICU patients when appropriate to do so and a reduction in requirement for psychiatric intensive care.

Operational Performance

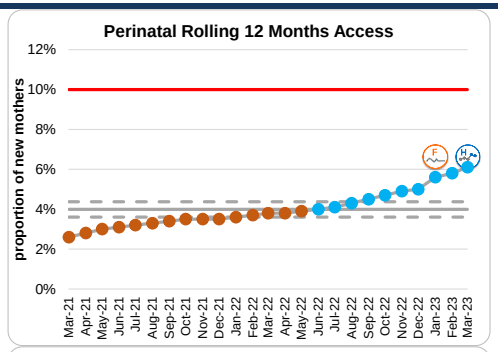


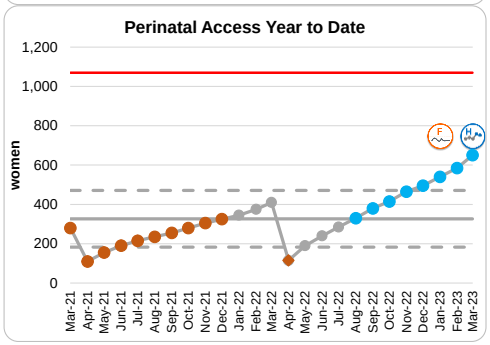
Summary

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. Some ongoing recording issues have been experienced following the move to SystmOne, however these have now largely been addressed as people have become used to how to record on the new system.

Actions

- Regular audit of follow-ups to ensure improved accuracy of reporting
- Completion of breach reports for any follow-ups that were not achieved and to enable any learning from breaches





Summary

This is a measure of the number of women accessing services in the 12-month period as a percentage of Office for National Statistics (ONS) 2016 births (target 10%). There has been a significant increase in access when compared with last financial year.

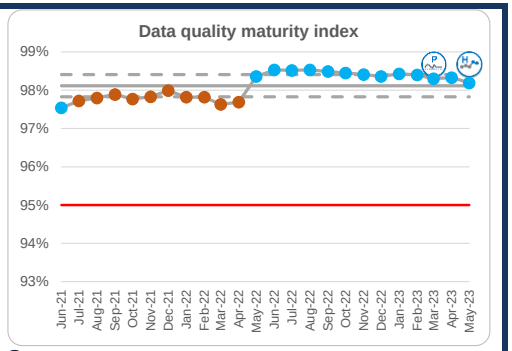
The number of live births in Derby & Derbyshire has been lower each subsequent year than when the target was set, which makes it more challenging to achieve as there are fewer mothers who potentially need perinatal mental health support:

Live Births	Derby	Derbyshire	Total	Difference v 2016
2021	2896	7366	10262	-852
2020	2908	7002	9910	-1204
2019	3009	7336	10345	-769
2018	3174	7416	10590	-524
2017	3184	7563	10747	-367
2016	3294	7820	11114	

Capacity demonstrated within the system to reach the target with over 90 assessments offered a month. Completed assessment numbers have been impacted by DNA's and a drop in referrals over the past 2 months.

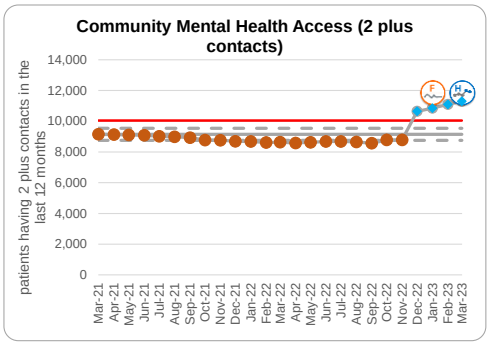
Actions

- Data quality remains a challenge with local verified assessments being higher than the nationally reported figures and psychology referrals not being captured on SystmOne consistently: nationally activity is only counted if it is linked to a referral. The team are working with Information Management & Technology and the Data Warehouse Team to try and resolve.
- The service has now introduced self-referrals and continues to flex in its delivery of the service at pace to maximise assessment opportunities, including satellite clinics and joint antenatal clinics.
- Taking part in DNA pilot with the transformation team and continuing to work with Trust Quality Improvement team to upgrade progress against trajectories.
- Further recruitment needed within psychology to increase capacity to increase assessments and manage current waiting list.
- Achievement of target by the end of June is dependent on minimising DNA's as sufficient assessments have been booked.



Summary

The level of data quality has been significantly better than expected for the last 13 months. It is expected that the national target will be consistently exceeded.



Summary

The Trust was set a very challenging target to increase the number of adults and older adults receiving 2 or more contacts in a year from community mental health services to 10,044 by the end of March 2023, which was an increase of 14% on current performance. A recovery action plan was put in place and successfully implemented, resulting in activity exceeding the target for each of the last 4 months of the financial year.

This financial year the year-end target has been increased to 11,899. Internal data indicates that this new target level has been achieved in both April and May 2023.

Operational Performance

Patients not seen for over 12 months

Count of Responsible Team	Appt booked?		
Team	No	Yes	Grand Total
ADULT CARE COMMUNITY	129	120	249
COUNTY NORTH	25	35	60
BOLS & CC ADULT CMHT - OUTPATIENTS	14	22	36
HP & N DALES ADULT CMHT - OUTPATIENTS	8	6	14
KILLMSH & NC ADULT CMHT - OUTPATIENTS		4	4
CHESTERFIELD C ADULT CMHT - OUTPATIENTS		3	3
CHESTERFIELD C ADULT CMHT - COMMUNITY	1		1
HP & N DALES ADULT CMHT - COMMUNITY	1		1
EI NTH	1		1
COUNTY SOUTH	26	24	50
AMBER VALLEY ADULT CMHT - OUTPATIENTS	21	16	37
SOUTH & DALES ADULT CMHT - OUTPATIENTS		7	7
SOUTH & DALES ADULT CMHT - OT	2		2
EREWASH ADULT CMHT - COMMUNITY	1		1
SOUTH & DALES ADULT CMHT - SPOA	1		1
EREWASH ADULT CMHT - OUTPATIENTS		1	1
SOUTH & DALES ADULT CMHT - COMMUNITY	1		1
DERBY CITY	78	61	139
DERBY CITY ADULT CMHT C - OUTPATIENTS	52	39	91
DERBY CITY ADULT CMHT B - OUTPATIENTS	10	21	31
PHYS HEALTH MONITORING	15		15
DERBY CITY - HOMELESSNESS TEAM	1		1
DERBY CITY ADULT CMHT B - COMMUNITY		1	1
OLDER PEOPLES CARE	43	15	58
OLDER PEOPLES COMMUNITY CARE	43	15	58
AMBER VALLEY OA CMHT - OUTPATIENTS	21	5	26
MAS NORTH - MAS	9	8	17
MAS SOUTH - MAS	4	1	5
MAS SOUTH - PSYCHOLOGY	3		3
CHESTERFIELD C OA CMHT - OUTPATIENTS	2		2
MAS NORTH - MAS 24	1	1	2
BOLS & CC OA CMHT - SPOA	1		1
SOUTH & DALES OA CMHT - OUTPATIENTS	1		1
DERBY CITY OA CMHT - OUTPATIENTS	1		1
Grand Total	172	135	307

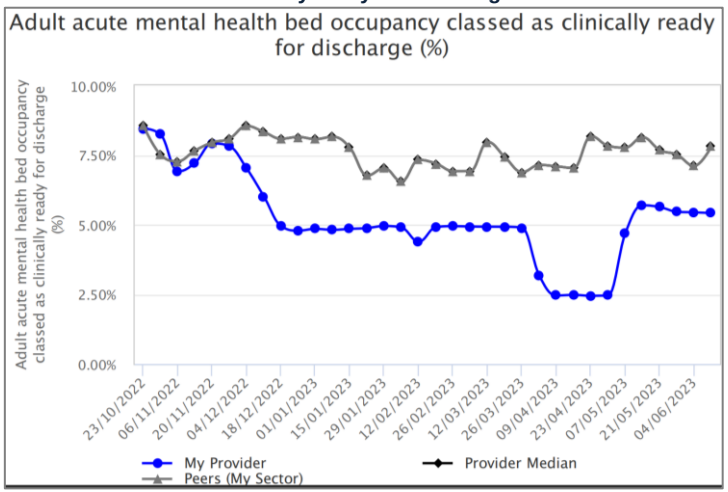
Summary

There are 307 patients on community mental health caseloads who have not been seen for over 12 months. Some of these will be people who have been discharged but the discharge has not been recorded on the electronic patient record.

Actions

- Currently the performance team report weekly to the teams concerned, in order to ensure that records are corrected, and that people are given appointments who need them. However, this is a safety net approach and it is important that teams take ownership of their own caseloads.
- Services to review the cases concerned and correct any errors on the patient records.
- Services to arrange appointments where required.
- Action is being taken to embed a culture of caseload ownership, review and management within all services of the organisation.

Clinically ready for discharge



Adult acute mental health bed occupancy classed as clinically ready for discharge (%) - Model Mental Health

Summary

This shows the proportion of adult acute mental health patients classed as clinically ready for discharge but continuing to reside in mental health hospitals against the total occupied beds. In the most recently published data, the Trust's clinically ready for discharge rate was 5.4%, which compares favourably with the overall provider median of 7.8% but continues to impact on bed availability for people who need inpatient care.

Actions

As part of the Timely Discharge programme of work in Urgent Care, a live Discharge Tracking Tool has been developed to enable discharge planning and ensure all those factors linked to discharge are enacted as early in the pathway as possible, and closely monitored alongside the patient's clinical plan to avoid any delays to discharge.

The Tracking Tool will be a live document accessed by numerous ward staff to keep it up to date and for viewing purposes by all ward staff to keep it relevant.

A pilot of the tool will commence on Monday 3rd July 2023 on Tansley Ward at the Hartington Unit. Work is in progress to embed the Tracking Tool as a live document on the ward TV screen.

Appointments not reconciled

Service	Total
COUNTY SOUTH ADULT	590
OLDER PEOPLES COMMUNITY CARE	512
COUNTY NORTH ADULT	342
CAMHS	251
DERBY CITY ADULT	246
PSYCHOLOGY ASM3	217
PERINATAL	180
ACUTE INPATIENT NORTH	126
ADULT URGENT ASSESSMENT	108
LEARNING DISABILITIES	97
OLDER PEOPLES ACUTE CARE	83
NOT KNOWN	77
ACUTE INPATIENT SOUTH	70
PSGY ASM1	51
SPECIALIST CARE MGT	41
COMPLEX CARE	37
PSGY ASM2	29
SPECIALIST CARE	11

Summary

There are a number of appointments where the attendance outcome of the appointment has not been recorded, i.e. whether the patient attended or not. This will be impacting on reported waits, activity levels and reported did not attend rates. This is linked to the move to SystmOne and people getting used to how to record activity. There has been significant improvement over the last 12 months, however more needs to be done.

Actions

- Weekly reporting to the teams and clinicians concerned
- Monthly reporting to Divisional General Managers
- Monitoring at Divisional Achievement Reviews
- IM&T are developing a weekly automated report to individual clinicians and managers which will highlight any data quality issues within their caseload on SystmOne, to enable ongoing monitoring and for corrective action to be taken.

Operational Performance

Friends & Family Test

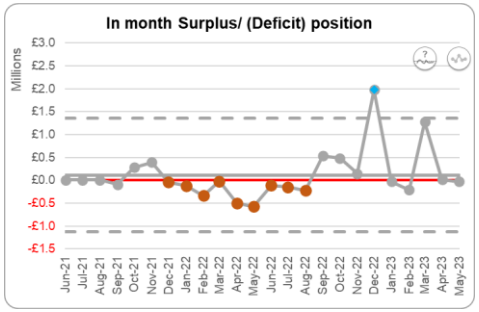
ICB Code	Trust Code	Trust Name	Total Responses	Total Eligible	Response Rate	Percentage Positive	Percentage Negative	Mode of Collection							
								Mode SMS	Mode Electronic Discharge	Mode Electronic Home	Mode Paper Discharge	Mode Paper Home	Mode Telephone	Mode Online	Mode Other
		England (excluding Independent Sector Providers)	**18,851**	**772,364**	**2%**	**87%**	**6%**	**2,465**	**1,376**	**292**	**5,192**	**1,642**	**314**	**6,217**	**1,353**
QHM	RR7	GATESHEAD HEALTH NHS FOUNDATION TRUST	17	131	13%	100%	0%	0	0	0	17	0	0	0	151
QSL	RH5	SOMERSET NHS FOUNDATION TRUST	14	165	8%	100%	0%	0	0	0	0	0	0	14	0
QH8	R1L	ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	46	21,427	0%	98%	2%	0	0	0	7	0	0	39	0
QHM	R0B	SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST	68	1,437	5%	97%	1%	0	0	0	43	0	0	25	0
QUA	TAJ	BLACK COUNTRY HEALTHCARE NHS FOUNDATION TRUST	196	17,169	1%	97%	1%	0	0	0	0	0	0	0	0
QNC	RLY	NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST	127	14,497	1%	97%	3%	5	0	0	0	105	0	17	0
QRL	R1F	ISLE OF WIGHT NHS TRUST	28	2,300	1%	96%	0%	0	0	0	0	28	0	0	0
QUA	RYK	DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST	27	1,590	2%	96%	0%	0	0	0	0	0	0	0	0
QF7	TAH	SHEFFIELD HEALTH & SOCIAL CARE NHS FOUNDATION TRUST	97	6,738	1%	96%	0%	0	0	0	97	0	0	0	0
QHM	RTF	NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	47	904	5%	96%	2%	47	0	0	0	0	0	0	*
QHM	RX3	TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST	1,362	138,051	1%	94%	2%	120	287	0	907	0	0	48	22
QUE	RT1	CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST	213	2,379	9%	93%	2%	3	58	0	0	80	0	70	0
QOP	RT2	PENNINE CARE NHS FOUNDATION TRUST	595	10,494	6%	93%	3%	124	0	0	280	0	7	184	0
QWO	RY6	LEEDS COMMUNITY HEALTHCARE NHS TRUST	43	626	7%	93%	2%	0	0	0	0	0	0	43	0
QJM	RP7	LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST	466	4,687	10%	92%	2%	9	47	0	410	0	0	0	0
QJ2	RXM	DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST	260	15,839	2%	92%	3%	0	0	0	95	0	0	165	*
QOQ	RV9	HUMBER TEACHING NHS FOUNDATION TRUST	214	4,917	4%	92%	2%	0	0	0	214	0	0	0	*
QYG	RW4	MERSEY CARE NHS FOUNDATION TRUST	841	20,406	4%	92%	2%	0	477	0	325	0	0	39	315
QRL	RW1	SOUTHERN HEALTH NHS FOUNDATION TRUST	1,002	10,672	9%	92%	3%	0	0	0	514	224	0	264	24
QRL	R1C	SOLENT NHS TRUST	592	1,916	31%	91%	2%	52	0	0	496	0	0	44	0
QMJ	TAF	CAMDEN AND ISLINGTON NHS FOUNDATION TRUST	144	1,693	9%	90%	5%	0	8	0	0	24	0	112	0
QYG	RXA	CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST	529	10,478	5%	90%	6%	486	0	0	43	0	0	0	0
QF7	RXE	ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST	88	19,470	0%	90%	7%	*	*	*	*	*	*	*	509
QHM	RX4	CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST	560	33,653	2%	89%	5%	0	0	0	409	0	0	0	0
QWO	RGD	LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST	125	7,144	2%	89%	6%	0	0	0	0	40	0	85	0
QE1	RW5	LANCASHIRE & SOUTH CUMBRIA NHS FOUNDATION TRUST	1,459	31,502	5%	89%	7%	0	25	0	0	0	266	1,168	39
QMJ	RRP	BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST	728	8,436	9%	89%	3%	0	37	0	0	0	0	691	0
QE1	RXL	BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	137	969	14%	88%	1%	0	0	100	0	0	0	37	0
QXU	RXX	SURREY AND BORDERS PARTNERSHIP NHS FOUNDATION TRUST	262	9,190	3%	88%	4%	3	95	0	36	0	0	128	0
QVV	RDY	DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST	219	6,055	4%	87%	8%	6	0	23	0	12	0	178	0
QOP	RXV	GREATER MANCHESTER MENTAL HEALTH NHS FOUNDATION TRUST	509	23,602	2%	87%	8%	0	0	0	0	0	0	0	0
QR1	RTQ	GLOUCESTERSHIRE HEALTH AND CARE NHS FOUNDATION TRUST	120	1,205	10%	87%	4%	0	0	0	0	0	0	120	0
QMJ	RV3	CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST	255	24,061	1%	86%	5%	0	4	0	47	0	0	204	0
QOX	RVN	AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST	501	5,833	9%	86%	5%	1	0	0	91	370	0	0	3
QNQ	RWX	BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	449	22,475	2%	86%	8%	0	46	0	21	0	0	382	0
QMJ	RNK	TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST	7	2,579	0%	86%	0%	*	*	*	*	*	*	*	0
QYG	RBS	ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	34	232	15%	85%	12%	34	0	0	0	0	0	0	196
QWO	RXG	SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST	518	12,481	4%	85%	8%	349	0	0	66	0	0	103	27
QKS	RXY	KENT AND MEDWAY NHS AND SOCIAL CARE PARTNERSHIP TRUST	584	13,810	4%	85%	3%	0	0	0	545	0	0	39	2
QPM	RP1	NORTHAMPTONSHIRE HEALTHCARE NHS FOUNDATION TRUST	284	6,450	4%	85%	8%	0	0	35	0	127	0	122	0
QU9	RNU	OXFORD HEALTH NHS FOUNDATION TRUST	185	10,781	2%	83%	9%	0	96	0	62	0	0	27	0
QHL	RXT	BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST	311	17,172	2%	83%	7%	0	0	0	211	0	0	100	0
QWO	TAD	BRADFORD DISTRICT CARE NHS FOUNDATION TRUST	101	9,232	1%	82%	8%	0	69	0	5	0	20	7	0
QKK	RV5	SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST	318	37,818	1%	82%	4%	0	0	0	0	247	0	71	0
QNC	RRE	MIDLANDS PARTNERSHIP NHS FOUNDATION TRUST	304	22,108	1%	82%	14%	0	0	0	0	0	0	280	0
QMF	RAT	NORTH EAST LONDON NHS FOUNDATION TRUST	806	9,739	8%	81%	9%	0	0	0	0	0	0	806	0
QM7	RWR	HERTFORDSHIRE PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	647	11,183	6%	81%	9%	*	*	*	*	*	*	*	0
QNX	RX2	SUSSEX PARTNERSHIP NHS FOUNDATION TRUST	105	11,872	1%	79%	10%	0	0	0	0	0	0	105	43
QKK	RPG	OXLEAS NHS FOUNDATION TRUST	632	9,057	7%	78%	9%	125	120	102	200	85	0	0	0
QRV	RKL	WEST LONDON NHS TRUST	63	7,473	1%	78%	13%	0	0	0	42	0	0	21	0
QWE	RQY	SOUTH WEST LONDON AND ST GEORGE'S MENTAL HEALTH NHS TRUST	268	19,497	1%	77%	16%	203	0	0	0	0	0	0	*
QT6	RJ8	CORNWALL PARTNERSHIP NHS FOUNDATION TRUST	24	4,287	1%	75%	4%	1	5	0	9	0	0	9	*
QT1	RHA	NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST	88	14,025	1%	74%	11%	69	0	0	0	16	0	0	126
QMM	RMY	NORFOLK AND SUFFOLK NHS FOUNDATION TRUST	315	26,498	1%	73%	20%	0	0	0	0	0	0	0	0
QMF	RWK	EAST LONDON NHS FOUNDATION TRUST	382	31,300	1%	71%	18%	0	0	27	0	0	0	333	0
QK1	RT5	LEICESTERSHIRE PARTNERSHIP NHS TRUST	526	10,667	5%	65%	25%	474	2	0	0	0	21	29	0

As reported last time, in the latest national data, the Trust received a high level of positive feedback (92%) and performed highly in comparison with other Trusts. NHS England » Friends and Family Test data – February 2023 This is a slight increase of 1% compared with the previous month. **NB there have been no further reports published by NHS England since February 2023.**

Derbyshire Healthcare
NHS Foundation Trust

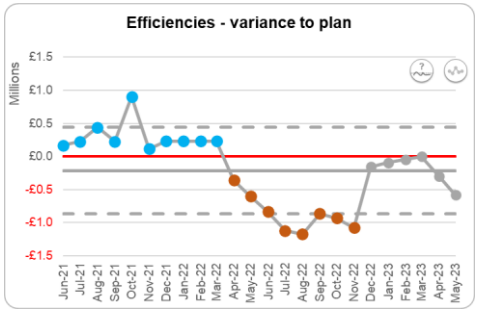
Finance

Financial Performance



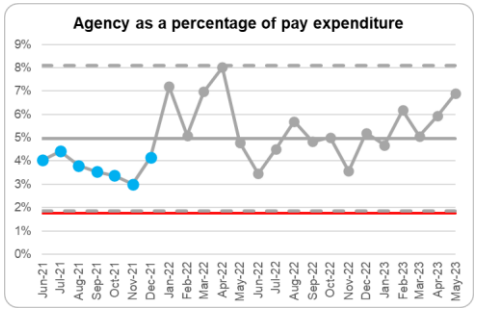
Summary
At the end of May the YTD position is breakeven against a planned surplus of £0.5m, an adverse variance of £0.5m. The main drivers of the adverse variance is agency expenditure and delivery of efficiencies which are partially being offset by vacancies. The forecast position at month 2 is breakeven against a plan of breakeven. The forecast assumes that we deliver efficiencies in full and find mitigations to offset the emerging cost pressures associated with pay award inflation, agency costs and pressures related to a complex patient that is being supported on one of our wards.

The Board Assurance Framework (BAF) risk *that the Trust fails to deliver its revenue and capital financial plans for 2023/24,* is rated as EXTREME due to the financial risks that are inherent in the 2023/24 financial plan.



Summary
The plan includes an efficiency requirement of £8.8m phased equally across the financial year. As at month 2 £0.9m was delivered against a target of £1.5m, a shortfall of £0.6m. The forecast assumes that all efficiencies are delivered. Currently £6.2m of the £8.8m target has been found with further work on-going to identify plans for the balance. Further work is also required to ensure plans are delivered recurrently, as 82% of the £6.2m is currently identified as non-recurrent.

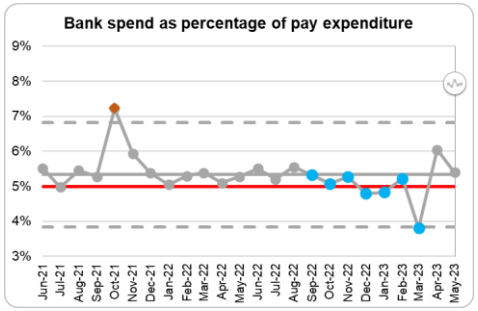
Delivery of the transformation initiatives contributing to the efficiency programme is being overseen by a weekly Transformation Programme Delivery Group.
The group seeks assurance that initiatives are on track and identifies additional support and intervention where schemes are off trajectory. Initiatives which are off trajectory and/or forecast to be off trajectory are expected to provide a situation, background, assessment and recommendation report including suggested mitigations to take forward.



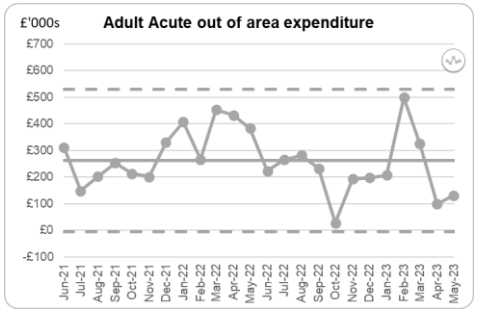
Summary
Agency expenditure YTD totals £1.7m against a plan of £0.9m, an adverse variance to plan of £0.8m. This includes £0.4m of additional costs to support a complex patient on one of our wards. The two highest areas of agency usage continue to relate to Consultants and Nursing staff.

The agency expenditure as a proportion of total pay for May is 6.9%. The plan for the year is set at 3.5% which just below the target set by NHSE in the planning guidance of 3.7%.

Agency is forecast to be above plan by £2.5m, of which £1.4m relates to the complex patient that is being supported.

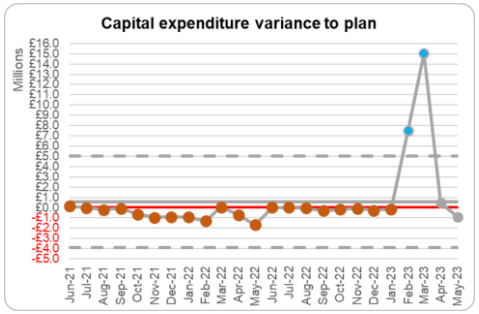


Bank expenditure YTD totals £1.5m against a plan of £1.3m, an adverse variance to plan of £0.2m. The forecast is an adverse variance of £0.5m.



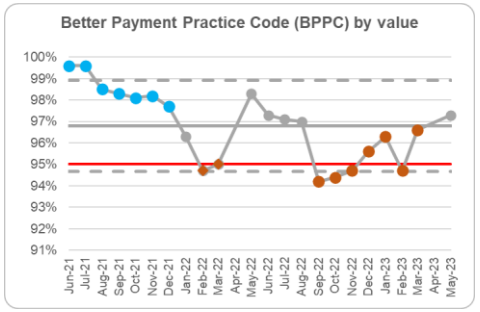
Summary
The plan for out of area expenditure has been reduced by £1.0m in 2023/24 as this is one of the transformation schemes identified as part of the £8.8m efficiency requirement. As at the end of May there was an overspend against the reduced plan of £49k with a forecast overspend of £98k.

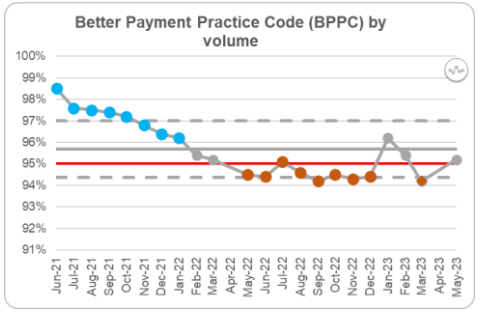
Financial Performance



Summary
Capital expenditure at the end of May is £0.9m below plan mainly in relation to the Dorms schemes for Radbourne, Audrey & Walton. The forecast is to be on plan by the end of the financial year. However, there is an emerging risk to the delivery of the plan in relation to additional capital resource that may be required for the Hartington S136 suite.

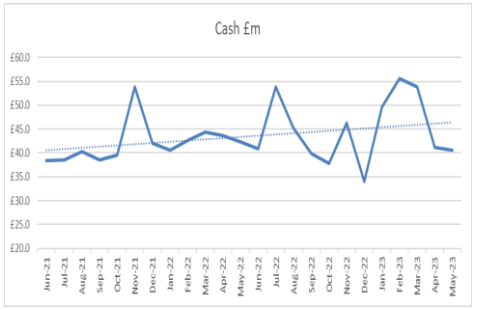
Capital expenditure was above plan in the last two months of 2022/23 due to the additional capital expenditure related to the dorms project (which came with additional funding that was not originally in the plan).



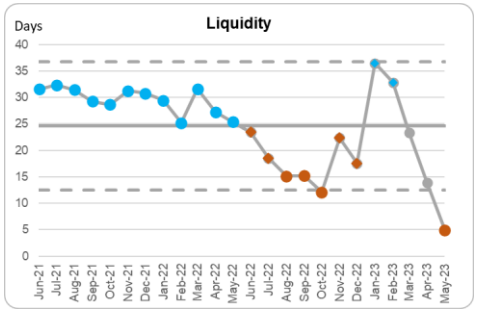


Summary
The Better Payment Practice Code sets a target for 95% of all invoices to be paid within 30 days. BPPC is measured across both invoice value and volume of invoices.

At the end of May, the value of invoices exceeded the target at 97.3% and by volume at 95.2%.



Summary
Cash increased in February and March due to the additional funding for the Dorms capital projects that was drawn down. Cash reduced in April and May due to payment of capital invoices. The PDC drawdowns for the nationally funded Dorms schemes have been authorised and we are therefore expecting to see an increase in cash in month 3.



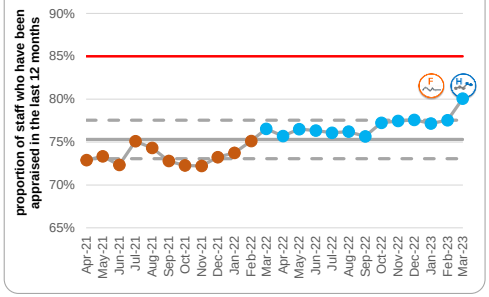
Summary
The chart above shows the liquidity levels over the last two years. Liquidity levels were high in 2021/22. In 2022/23 the liquidity reduced until the last quarter due to the timing of cash receipts related to the centrally funded capital schemes for the eradication of dorms. The PDC drawdown requests caught up in January which drove the increased level in January. The PDC drawdown has now been authorised for 2023/24, therefore we expect to see an improvement in month 3 back to month 1 levels due to the timing of cash receipts.

Derbyshire Healthcare
NHS Foundation Trust

People

People Performance

Annual appraisals



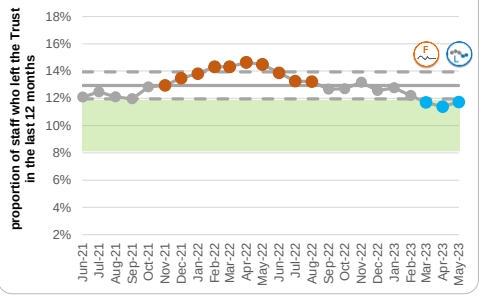
Summary
Appraisal levels continue to be below our expectations with Operational Services currently at 82% and Corporate Services at 76%.

In Operational Services a recovery action plan has been put in place, with progress continuing to be monitored weekly by the Chief Operating Officer.

Key actions include:

- Managers to review the current reported position and inform correction of Electronic Staff Records (ESR) where any recording errors are found.
- Managers to book appraisal dates for all overdue appraisals and to schedule in appraisals for all their remaining team members, to take place a month before they are due to expire and share the yearly planner with their ASM for assurance.
- Ongoing monitoring of compliance for appraisals in service line and divisional operational meetings.

Annual turnover (target 8-12%)

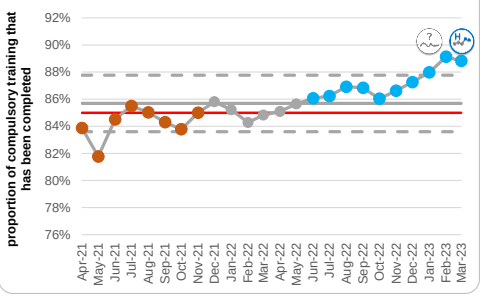


Summary
Turnover remains just under 12%, within the target range of 8-12% and in line with national and regional comparators.

Actions

- A triangulation meeting is now taking place every 3 weeks which brings together a review of people metric data and intelligence from key leads with the aim to ensure teams needing support receive this promptly to minimise staff leaving the teams.
- Top reason for leaving remains retirement and the second highest known reason for leaving work/life balance. A desktop review of the current approach to flexible working and best practice nationally and regionally has taken place with plans to commence engagement with colleagues on existing policy in August and September.

Compulsory training



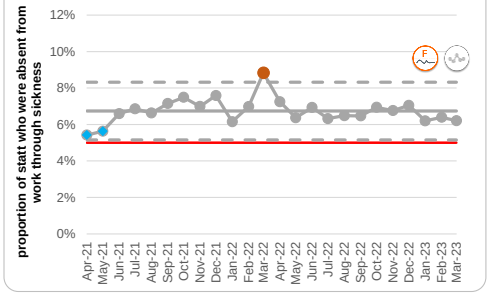
Summary
Overall, the 85% target level has been achieved for the last 14 months. Operational Services are currently 91% compliant and Corporate Services slightly lower at 82%.

Immediate Life Support (ILS) and Positive and Safe training compliance continue to remain in a stable position.

Actions

- Completion of ESR data and training cleansing to support colleagues to access all virtual training as easily as possible.
- Non-compliance at divisional level to be fed into Divisional Achievement Reviews (DAR).

Staff absence

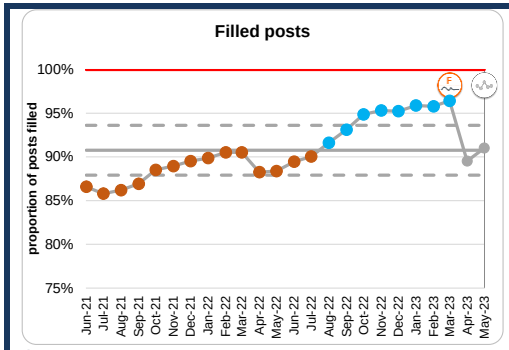


Summary
In May 2023 sickness was 5% which is the lowest level recorded for over 2 years. In the latest national data, the average absence rate for mental health trusts was 5.8% and nationally the main reason for absence continues to be stress and anxiety, accounting for over 23% of all absence. NHS Sickness Absence Rates, January 2023 - NDRS (digital.nhs.uk).

Actions

- Finalise current contract review of Occupational Health services to ensure maximum support for sickness absence is being utilised and there is awareness of offer to managers and colleagues.
- Integrate into staff wellbeing offer the staff psychologist post to provide timing support to teams and individuals.

People Performance

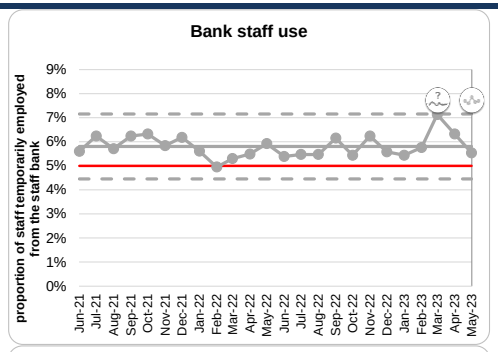


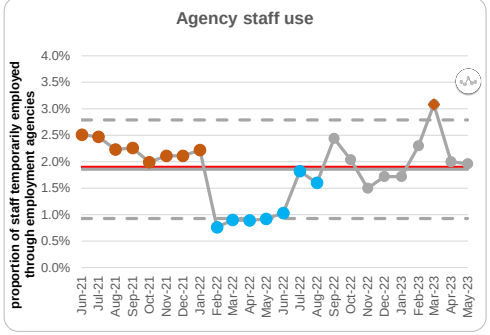
Summary

The overall position as at the end of May was 92.03% with a vacancy rate of 8.95%.

Actions

- The recruitment team continue to work closely with divisions to develop targeted and bespoke campaigns. A recent event at Hartington Unit was successful in attracting a diverse range of applicants that were interviewed on the day and offers made across a range of vacancies.
- Following completion of the divisional workforce plans, a workforce summit is being held in July to review all plans and ensure actions, support and tracking are agreed for divisions to realise the workforce requirements for 2023/24.





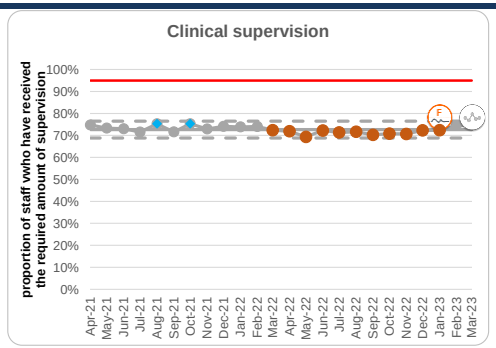
Summary

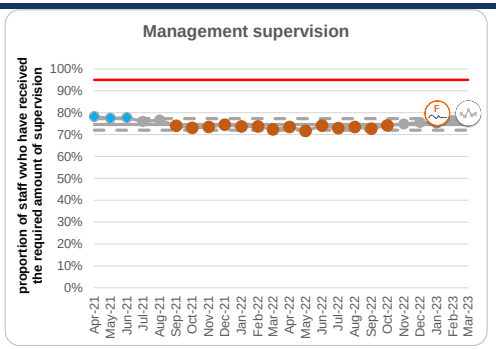
Agency fill has decreased slightly this month and the highest increase in usage in medical grades. Thornbury usage continues to reduce, with only 9 bookings in May, compared to 28 bookings in April & 72 in March.

Actions

Following an internal agency summit held in May, a number of actions were identified for immediate action:

- Principle of No HCA Agency use.
- Update agency & Bank Approval and Authorisation process with reference to vacancy/sickness/absence rates
- Stop block booking and avoid escalated booking ahead of time scales (72 and 24 hours)
- Annual leave management – monitor booking to avoid surge.
- Invest in rota managers with training and development and performance reports
- Recruitment drive bank only





Summary

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: 79% versus 61% and clinical: 77% versus 32%). The overall level of compliance with the clinical and management supervision targets has remained low since the start of the pandemic. At a team level, 105 teams are 100% compliant with management supervision and 77 teams are 100% compliant with management supervision.

Actions

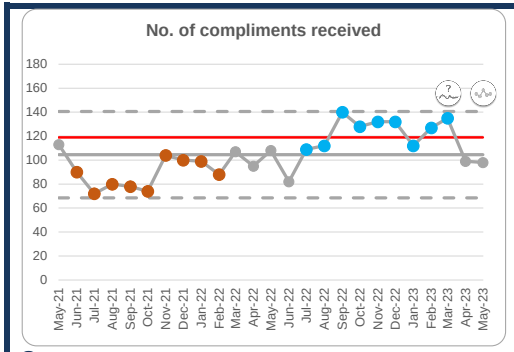
A recovery action plan is in place in Operational Services, with progress being monitored weekly. The key actions in place are as follows:

- Data cleanse to take place to ensure all completed supervisions are recorded correctly and to ensure that all staff are aligned to the correct budget code and line manager within ESR – in progress.
- Operational managers to ensure supervision tree structures are in place for each team, with identified clinical supervisors for all staff in a clinical facing role
- Ongoing monitoring of compliance in service line and divisional operational meetings for both management and clinical
- Review of criteria for clinical supervision for Operational Managers at Area Service Manager and above, and consider professional supervision as an alternative in line with the supervision policy – complete
- All Adult Acute Care Service Managers have completed supervision trees to highlight managerial and clinical supervisors. Supervision trees also highlight any use of groups/group supervision (primarily for clinical supervision).
- Supervision report has been produced by IM&T to highlight in red anyone where no supervision has been undertaken in past 3 months. This is now distributed weekly to senior operational management for action.
- Children's Services Head of Nursing is offering group clinical supervision to Special Schools and LD community teams
- Staffing pressures in the smaller teams within Children's Services mean that the operational manager is regularly pulled into clinical care. Plan to review the leadership of these teams with change management proposals progressing.
- Ongoing monitoring of supervision through regular monthly performance meetings with Area Service Managers and Operational leads - issues escalated to divisional operational meeting as needed

Derbyshire Healthcare
NHS Foundation Trust

Quality

Quality Performance



Summary

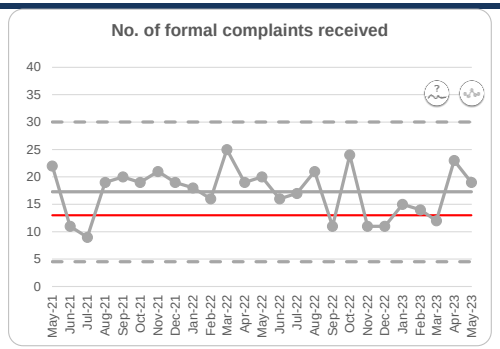
The number of compliments has dropped below the mean of 100 between March and May 2023.

It is not possible to identify a specific reason for the fluctuation in compliments recorded as compliments are mostly received verbally and staff do not always accurately record them and there is no consistent process of recording them across the trust.

Actions

- The Heads of Nursing (HoN) have been asked to provide assurance that compliments are being accurately recorded and that a clear process is identified. This has been raised within the divisional Clinical reference groups to encourage staff to record compliments and for teams to consider the method of compliment recording. This is monitored through the quarterly Patient Experience Committee report.

- A project to implement an automated electronic patient survey will provide a further method of receiving compliments and concerns. With an increase in accessibility, it is expected that an increase in compliments, and concerns will occur over the next 6 months as the electronic patient survey is expected to go live across the Substance Misuse, Older Adult, Working Age Adult and Childrens divisions in June 2023 and then in the Neurodevelopmental Division by July 2023. electronic patient surveys are now being used in the crisis and liaison services and have shown an increase of over 300% in patient be back received.

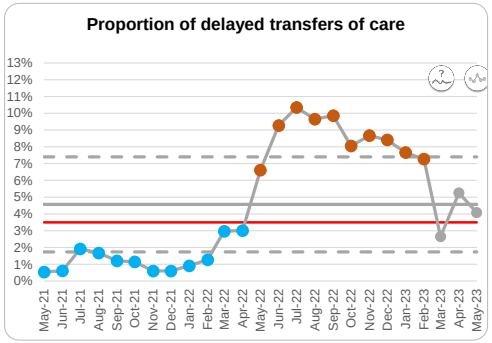


Summary

The number of formal complaints received has Increased between March and May 2023

Actions

The complaints team are monitoring this, but no specific theme has been identified. Information around complaints is reviewed by the Heads of Nursing/Practice in a quarterly patient experience committee report which is sent to the Trust Quality and Safeguarding committee for assurance.



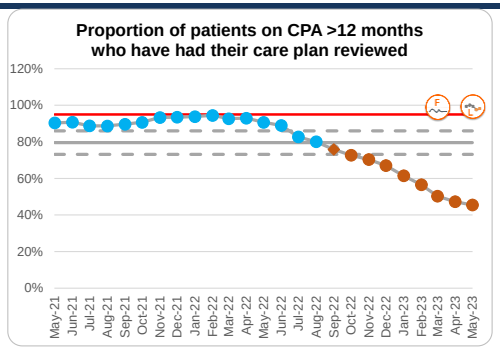
Summary

Following a review of DTOC In April 2023, it was identified that the data warehouse was not pulling through all delays recorded on the SystmOne. This has also been corrected and as a result the numbers increased.

Ward teams were also keeping their own excel spreadsheets and it has been agreed by the Managing Director and General Manager that this will stop and all delays will now be recorded on SystmOne. As a result of this a new mean is forming and the report is now more accurate.

Actions

- The Trust has a Twice weekly “Clinically ready for discharge” meeting where any barriers to discharge are identified and discussed and in May 2023 the numbers of DTOC At 4% just above the trust target of 4% This will continue to be monitored.



Summary

The current percentage of patients who have had their care plan reviewed and have been on CPA for over 12 months is 48%, a reduction of 7% between and January and March 2023.

In the Working Age Adult Community Mental Health teams, data has been affected by the migration from PARIS to SystmOne as some of the service users who had care plans in place on Paris have not yet had them migrated to the new EPR. However, care plan compliance in the CMHT has increased to 70%.

Staff vacancies, sickness, industrial action and patient acuity have all contributed to the current percentage of patients who have had their care plan reviewed and have been on CPA for over 12 months.

Actions

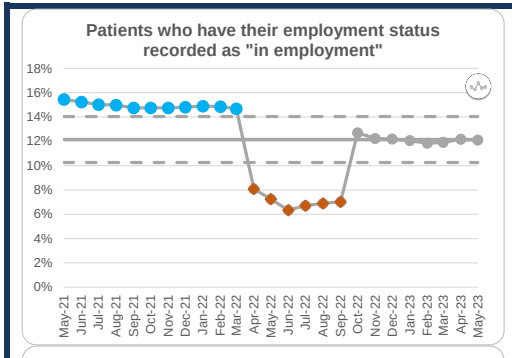
Compliance around CPA has been the subject of a commissioned 360 review by an external company and is part of an action plan to improve compliance in fundamental care standards including CPA.

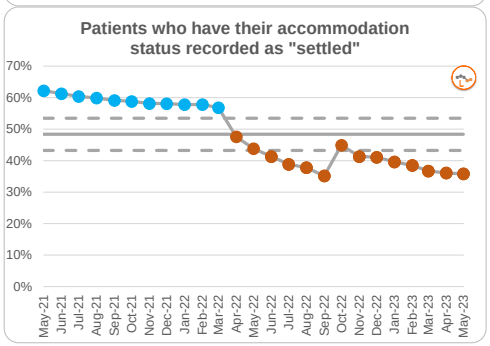
The Adult and Older Adult teams have identified action plans to improve care plan, risk screen and CPA compliance as below:

- Compliance is monitored weekly with weekly dip audit and electronic reporting, with any themes emerging or barriers being reported and subsequent actions identified via the monthly divisional COAT meeting for monitoring and assurance.

- Compliance with fundamental care standards including CPA is part of a monthly working group and a trust wide action plan is due to be implemented from August 2023. It is expected that following the implementation of the actions identified in the plan compliance will start to increase.

Quality Performance



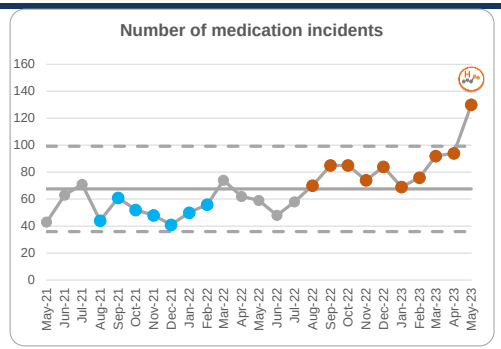


Summary

Around one third of patients have no employment status or accommodation status recorded at present and the decline in patients recorded as being in employment coincides with the data migration to SystmOne. There has been no change in the number of patients recorded as in employment between January and March. The number of patients who have their accommodation status recorded as settled has remain the same between March and May 2023

Actions

- A report has been developed which informs teams if there are gaps in the current Data Quality Maturity Index information recorded on referral and from February 2023, Ward and Service Managers have been asked to review this report weekly and action any gaps identified. This will be monitored via monthly service specific operational meetings.



Summary

Between April and May 2023 there has been a 30% increase in the number of medication incidents reported and this spike has taken the number of medication incidents outside of common cause variation. However, the Pharmacy department have reported that this increase correlates to a planned approach to raise awareness and improve Trust reporting around medication incidents in response to concerns around underreporting over previous years. When considered the incidents are largely of low-level harm and therefore reflect better reporting and learning opportunities and should be actively encouraged. Of a total of 305 incidents between April and May 2023, 299 were categorised as insignificant/minor in relation to the outcome.

Other factors contributing to this spike are the recent as bank holidays (due to more prevalence of agency and bank staff on these occasions), a Junior Doctors strike and the launch of the Electronic Patient Medication Administration (ePMA) which has impacted on type of incidents and reporting numbers.

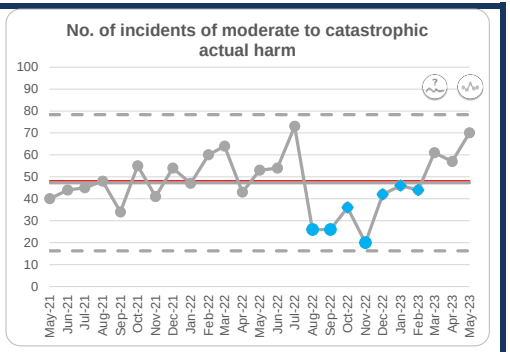
It is expected that ePMA will generate higher incident numbers during its initial launch phase, and this is expected to continue until the end of June 2023. There is also likely a shift in reporting numbers anticipated as more data in diverse ways becomes available via ePMA and ePMA reporting systems

Actions

To support services, the Pharmacy team have identified some learning points including:

- Development of an agency ward folder where the medicine management e-learning is printed out as PDFs for reference. This is currently being trialled in the North with a plan to roll out in the South impatient wards if it is ratified in April.
- DHCFT Pharmacy are feeding back to ward managers on a quarterly basis about shared learning from meetings with Chesterfield Royal Hospital pharmacy.

The number of medication incidents is reviewed via the monthly medication management subgroup and is reported on within the quarterly thematic “Feedback Intelligence Group” (FIG) report by the Heads of Nursing/Practice and is included in the Serious Incidents Bi-monthly report. Any actions identified are reviewed via the medicines management subgroup and the Serious Incidents Bi-monthly report is taken to Quality & Safety Committee (QSC) for assurance. Quarterly review



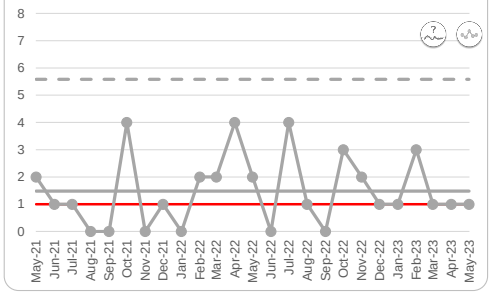
Summary

This data demonstrates the number of DATIX incidents occurring recorded as moderate at catastrophic harm. There has an 30% increase in incidents between April and May 2023. However, the overall numbers are still in line with common cause variation. This increase is attributed in part to the Mental Health Helpline who have increased reporting of DATIX incidents since training in February 2023.

The Patient Safety team and Head of Nursing team review data for any patterns and the data will be split into physical harm and psychological harm-based incidents when the Learn from Patient Safety Events (LFPSE) reporting is started. This is currently on hold while DATIX is reconfigured to report on this. This issue with DATIX is affecting NHS Trusts nationally.

Quality Performance

No. of incidents requiring Duty of Candour



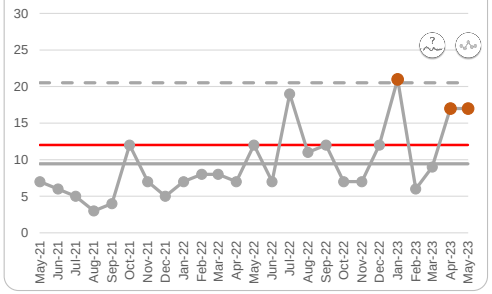
Summary

Duty of Candour (DoC) reported incidents remain within expected thresholds. The Trust Family Liaison Office has created information leaflets and standing operating procedures to support staff in completing duty of candour communications. Furthermore, these are reviewed twice weekly within serious incident groups.

Actions

- Training around accurately reporting DOC continues within clinical teams and the Family Liaison Officer with support from the patient safety team review each DOC incident as they occur and request support from the HoN team as required.

No. of incidents involving prone restraint



Summary

Prone restraint has increased by a total of seven incidents between March and May 2023.

It should be noted that the overall numbers of prone restraint are lower than the regional average per bed number.

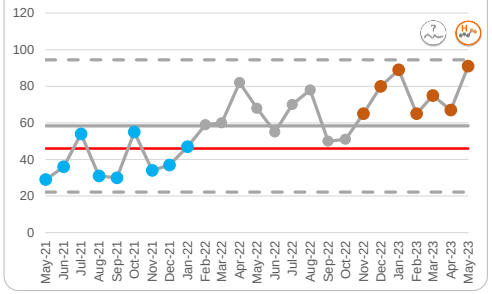
Actions

- An inpatient psychologist and the Trust EQUAL lead are organising a review of patient debrief following restrictive practise interventions. A pilot will be organised through this review for a peer support worker to debrief a patient following any restrictive intervention and for this information to be discussed within the patients multidisciplinary meeting. It is expected that this work will reduce incidents of prone restraint when fully embedded.

- Over the next six months there are plans for Simulation Training including seclusion, self-harm and ligature simulation. The process of recruiting a simulation lead and a simulation technician is currently underway.

- The PSST are also in the process of planning training around alternative injection sites which should reduce the need for prone restraint and this should be ready for implementation by October 2023.

No. of incidents involving physical restraint



Summary

Physical restraints have increased by 32% between April and May 2023. A fluctuation of around 30% (between 60 and 90 incidents) has remained consistent from January 2023.

This is being reviewed within the Reducing Restrictive Practice Group and the Trust Positive and Safe Support Team continue to offer extra training sessions to improve training availability for staff.

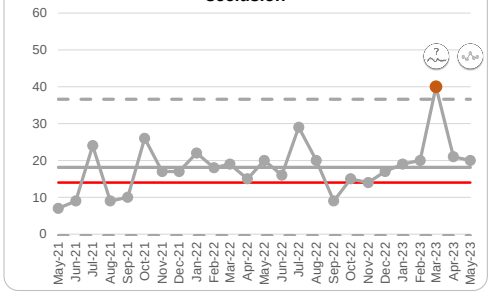
The average increase in physical restraint appears to be related to the increased acuity of patients in inpatient settings and a high number of repeated incidents attributed to a small group of patients

Actions

- The Trust Positive and Safe Support Team are placing extra training sessions to improve training availability for staff. Compliance with positive and safe training is currently at 81% for teamwork and 71% for breakaway training. Furthermore, the PSST continue to spend time in clinical areas to support and train clinical staff, live during practice.

- The peer support debrief work described in relation to prone restraint is also expected to have a positive impact on the number of physical restraints as staff better understand why the need for restrictive intervention has occurred.

No. of new episodes of patients held in seclusion



Summary

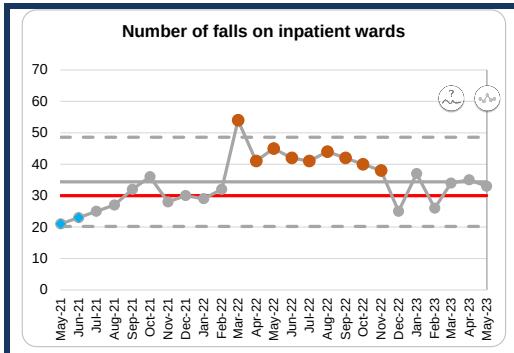
Seclusions between April and May 2023 have reduced by 50%. This is in part due to a spike in March 2023 related to a single individual who was secluded on numerous occasions and accounted for 26% of the total incidents. This individual has now been transferred to a more appropriate environment and new episodes of seclusion have reduced back to the Trust mean of 19

Actions

- The peer support debrief work described in relation to prone and Physical restraint is expected to have an impact on reducing the number of seclusion incidents

- This review will be presented and monitored through the Reducing Restrictive Practise Group

Quality Performance



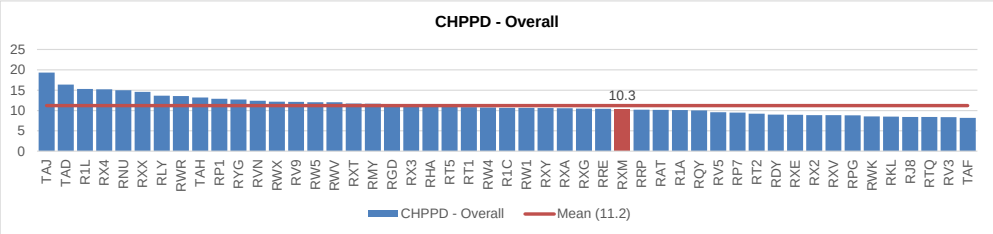
Summary

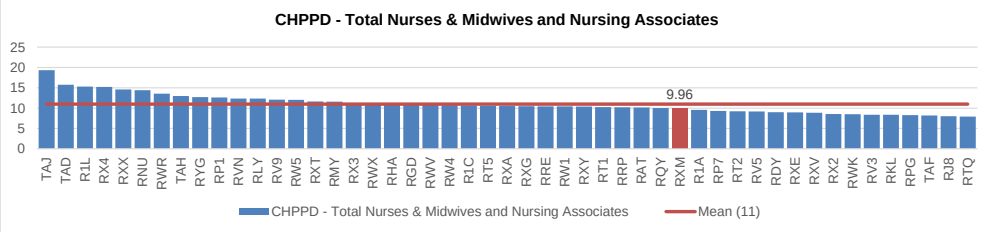
- The Biweekly falls meeting started in April 2022 appears to have had a positive impact with incidents related to falls plateaued at 35, below the trust target of 30 between April and May 2023. This is monitored via the Head of Nursing and Clinical Matron and learning from the Biweekly falls meeting is reviewed in the monthly Divisional COAT meeting.

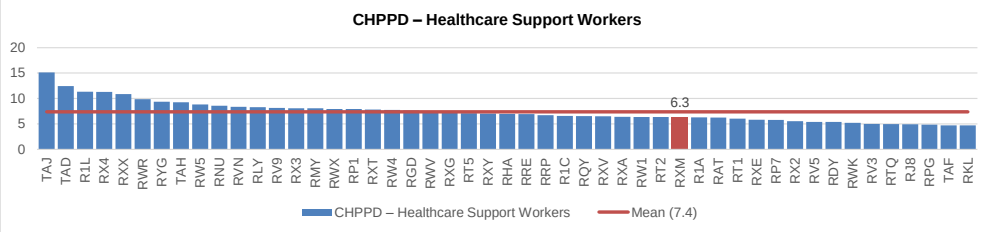
Care Hours per Patient Day (CHPPD)

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.

The charts below show how we compared in the latest published national data when benchmarked against other mental health trusts. We were below average overall:





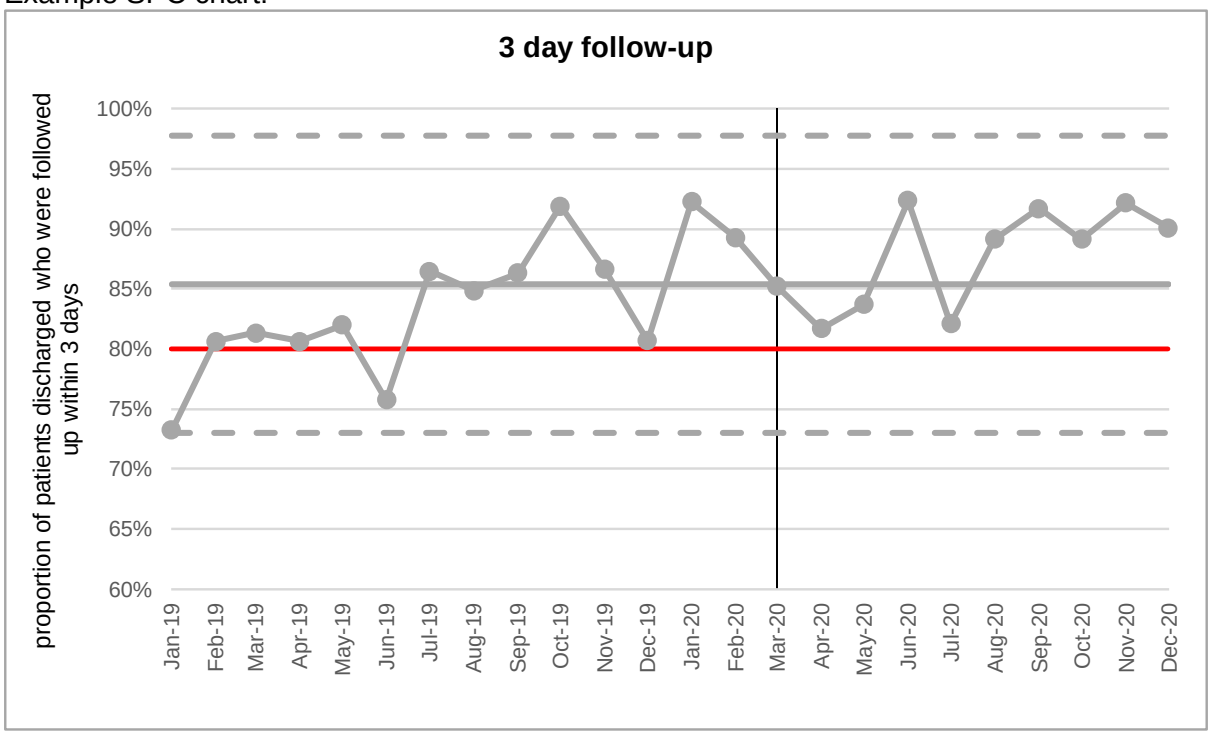


https://www.england.nhs.uk/publication/care-hours-per-patient-day-chppd-data/

Appendix 1

Statistical Process Control Chart (SPC) Guidance

Example SPC chart:



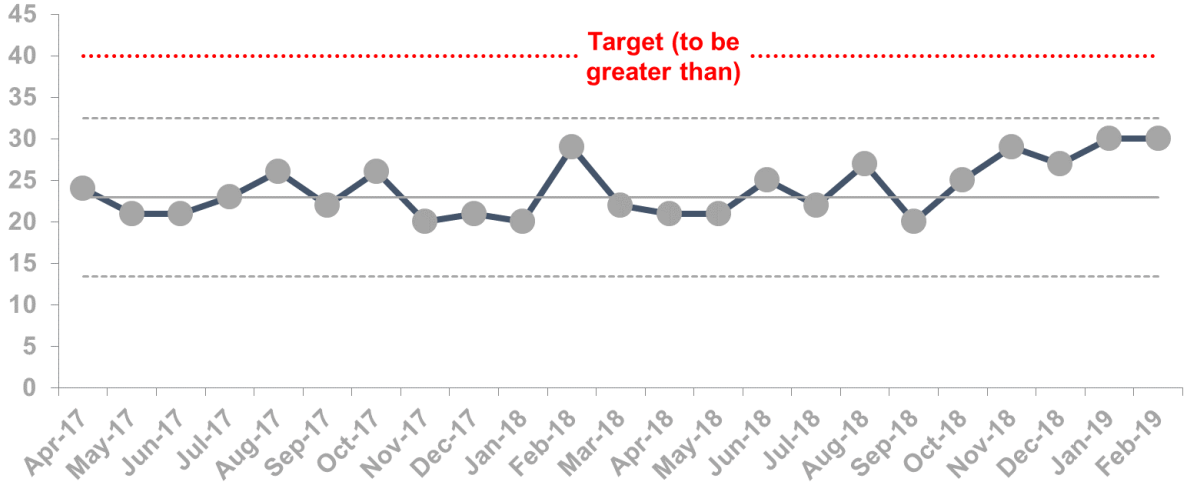
- The red line is the target.
- The grey dots are the actual performance each month. They are coloured grey as performance each month is normal in this example.
- The solid grey line is the average (mean) of all the grey dots.
- The grey dotted lines are called process limits, or control limits.

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.

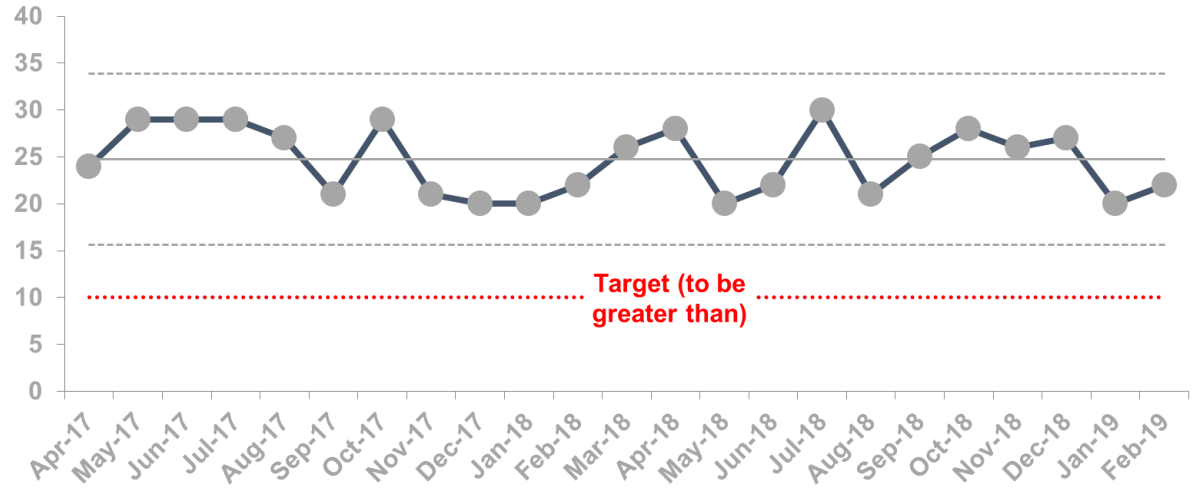
Things to look out for:

1. A process that is not working



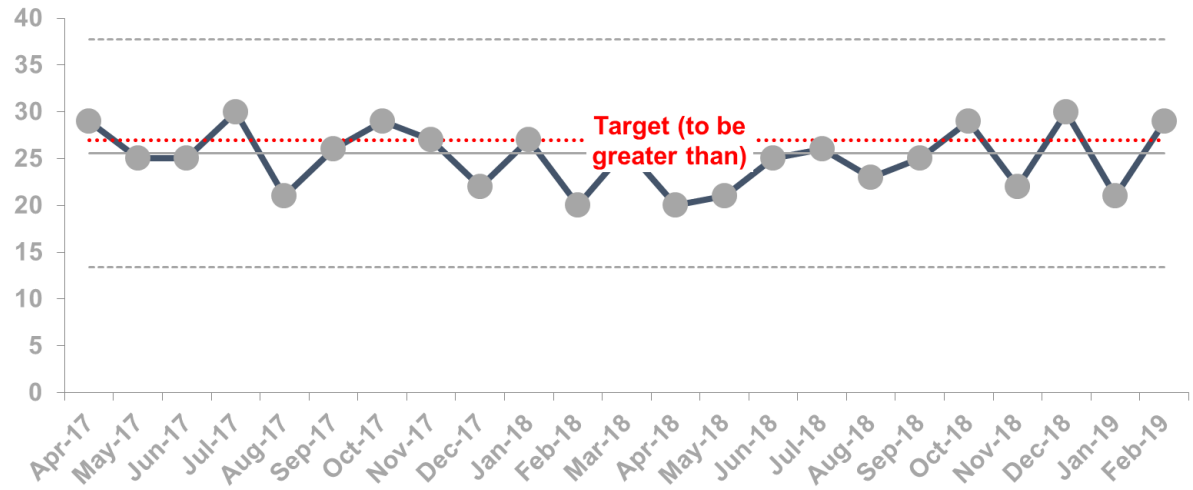
In this example the target is higher than the upper dotted grey line. This means that the target will never be achieved. To achieve the target, we need to change how we do things.

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

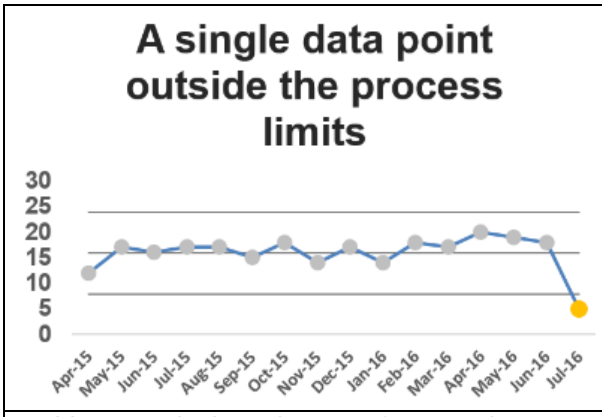
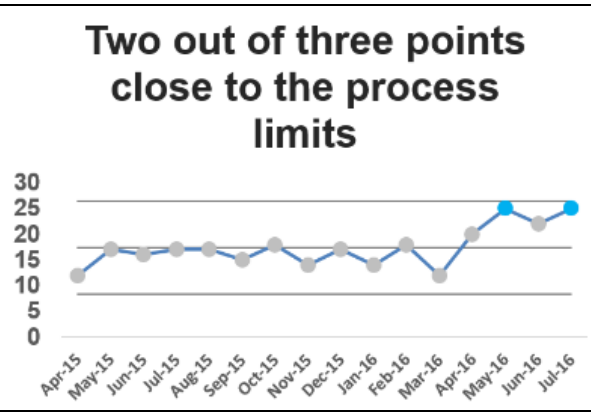
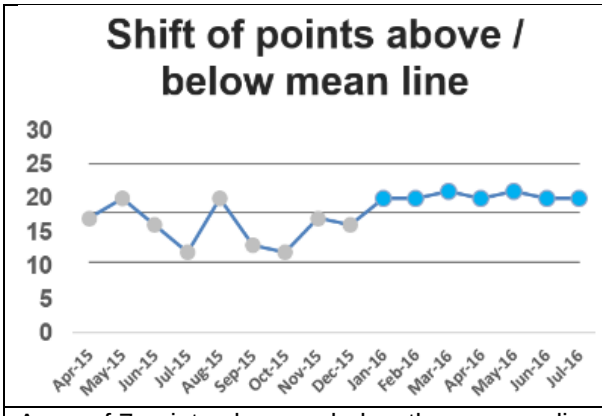
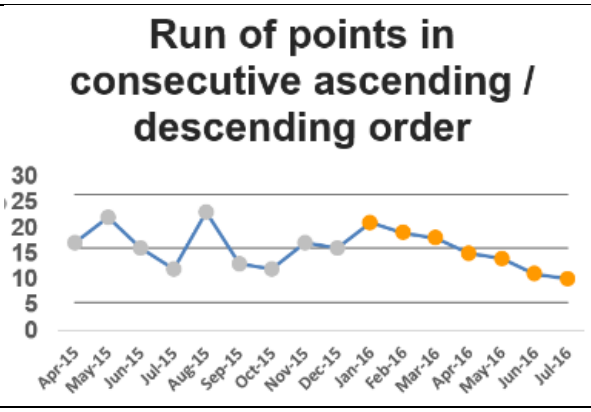


In this example the target line sits between the 2 grey dotted lines. As it is normal for the grey dots to fall anywhere between the 2 dotted grey lines, this means that it is entirely random as to whether or not the target will be achieved. So, this system is unreliable and needs to be redesigned if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

<table>
<tr>
<td> 
</td>
<td> 
</td>
</tr>
<tr>
<td>In this example the July 16 perfomance is significantly lower than expected and falls beneath the lower grey dotted line.</td>
<td>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.</td>
</tr>
<tr>
<td> 
</td>
<td> 
</td>
</tr>
<tr>
<td>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.</td>
<td>A run of 7 points in consecutive ascending or descending order is significant. In this example things are getting worse over time.</td>
</tr>
</table>

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 4 July 2023

Medical appraisal and revalidation
DHCFT appraisal year 2022 - 2023

Purpose of Report

To provide DHCFT Trust Board with an update on medical appraisal and revalidation activity within the Trust during the 2022 – 2023 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 GMC frameworks to protect patients.

As of the 31 March 2023 112 doctors had a connection with DHCFT for appraisal. Of these:

1) 93 doctors have completed their appraisal within the required time
2) 19 doctors have not completed an appraisal during this time frame. Of these 3 doctors have had a GMC deferral of revalidation agreed after recommendation by the Responsible Officer.

Medical appraisal training for new appraisers and refresher training for existing appraisers took place in June 2022. This was high quality training provided by an external provider. Feedback indicated that it was valued by attendees and several new appraisers have joined the existing cohort as a result of this training.

One of the greatest challenges with the current appraisal system within DHCFT is the timeliness of completion of appraisals. Many doctors are submitting appraisal late due to a delay in completing paperwork and receiving a final sign off by their appraiser.

During the 2023/24 appraisal cycle we have procured an electronic platform, L2P, to support our appraisal and job planning systems (planned go live date in July 2023). This is necessary due to the phasing out of the current PDF documentation currently used within the Trust. There will be many advantages of this to DHCFT including automated reminders and prompts to medical staff, accurate and timely reporting of medical appraisal status and a clear framework to help us drive up quality improvement in appraisal. This will result in less recommendations for deferral of revalidation.

When this summary was presented to People and Culture Committee on 15 June a few ,clarifications were requested:

- *What happens to doctors who have not completed their appraisal during the required time frame? Would this mean that doctors who have not been able to complete their validation would be unfit to practise? What specific risks would Trust be exposed to?*

If the doctors do not complete their appraisal, they are allowed more time to engage and complete this. They will be supported by their nominated appraiser, Trust appraisal lead, their line manager/Clinical Director and the Responsible Officer/Medical Director to fulfil the expectations. Sickness and work pressures would be addressed by relevant measures. Revalidation is mandatory once in five years and will require five appraisals amongst other requirements (360 degree feedback from both patients and colleagues once in a five year cycle, involvement in audit and other qualitative measures that cuts across the five appraisals).

The Responsible Officer has regular meetings with the GMC representative to discuss any emerging issues about non-compliance and agree relevant interventions. We also liaise with Practitioner Performance Advisory Service to address health and practice concerns and take their advice in devising interventions.

If the doctors continue to remain unmotivated to engage in appraisal after the interventions and fail to meet the requirements for revalidation, then we make a request to GMC to defer the revalidation date citing non-engagement. This is usually a good motivator for compliance afterwards as the doctor is now aware that this is a GMC issue. However this route would require the Trust to demonstrate evidence of attempts by us to engage.

This is a gap that we have in our current system. Appraisals are stored as standalone PDF documents in the hard drive. There is no mechanism to extract data from this standalone documents. 130 doctors with five appraisals each would mean 650 standalone documents for the revalidation team (three people who have other roles – Medical Director, Appraisal Lead and Secretary to Medical Director) over a five year period. The current system stored the relevant extracts in an Excel spreadsheet, but there is no mechanism to flag someone who is lagging in their requirements during Year 3 or 4 to be able to make amends, as the data is spread in a huge spreadsheet. An additional complication is that there will be a turnover. Doctors may enter our Trust in Year 2 or Year 4 of a revalidation cycle and likewise leave. Though the number of doctors is above 110, the appraisals and revalidation numbers will be higher depending on the turnover, so the processing of the documents becomes more complex. We relied on the email communications between the Trust and the appraisees to demonstrate non-engagement. If we are not able to evidence this, then the doctor might challenge the Trust to make a revalidation recommendation. This is a theoretical risk, that has not materialised.

The other risks are around the lack of robust assurance around the quality of revalidation. There is assurance around the quality of appraisals, but less so around revalidation for reasons cited above.

During the Covid pandemic, the Trust made a decision to pause appraisals completely. Many other organisations adopted a light version of appraisal focussing on wellbeing and a review of annual objectives. This approach meant that it became a mechanism for support and development and less on assurance.

The GMC have now officially adopted this approach based on the positive feedback from all stakeholders. We are now required to focus more on development and support and not solely on assurance.

NHS England have issued a directive to move to electronic platforms away from standalone documents (PDF and Word). They can be lost, corrupted and not fully accessible over a five year cycle. It was difficult to share them if they are voluminous.

In our Trust, pausing appraisals has elicited a lag in our post pandemic recovery phase . New appraisees have adopted a less serious approach to this requirement, however medical appraisal is one of the robust assurance and development tools that we have in UK or even worldwide. If used rightly, it can help the appraisee achieve their potential and prevent burnout.

Another approach we have been adopting in our Trust is to allow the appraisee to choose their own appraiser. This does not encourage healthy challenge within the process and has the potential to weaken the quality of the process. According to benchmarking information, more trusts allocate their appraisers than those that allowing the appraisees to choose their own.

We have a facility to conduct priming appraisals for new appraisees – a trainee who has become a consultant or an international medical graduate. There is a lot of evidence to demonstrate that IMGs need orientation with the induction process and can disadvantage them if they are not eased into this new way. This functionality (priming appraisal) would be useful for our international recruitment drive.

We will be going live with the new platform during July 2023 and there will be a single login for both appraisals and job planning (which we are not compliant with).

There will be further work to improve the quality of appraisals by adopting the process of the Trust allocating the appraisers. The electronic platform has automated alerts to notify the doctors of revalidation requirements and deadlines for appraisals. Doctors can complete relevant sections throughout the year without the risk of losing them. We will be able to evidence non-engagement through the automated alerts within the system.

Some of these practice changes will require a departure from our previous culture, but I believe that we do need to embark on this journey as soon as possible. Considerable effort has gone into meeting the go-live date for the new platform next month, thanks to the appraisal lead and secretary to Medical Director, who is new to this role and had a steep learning curve. I am happy to elaborate further on the current risks and how our mitigations would address that to the People and Culture Committee.

- *The Committee would also like to understand the process behind the medical appraisal.*

Medical appraisal was devised in response to high profile enquiries including Harold Shipman case to assure GMC and to protect public confidence in doctors. 360 feedback, evidence of engagement in audit and quality improvement, compliance with mandatory training requirements are all key components to fulfil requirements for revalidation.

Appraisal is an annual process and is done either face to face or increasingly virtually. A trained appraiser usually reviews the appraisal material in advance of the meeting and provides support and challenge to improve the quality of evidence and helps to confirm or validate the appraisal objectives for the next year. Appraiser also ratifies whether or not previous years objectives were achieved. Appraisal lead coordinates the whole process and is supported by a senior administrator. We didn't have a dedicated appraisal manager but we are sourcing HR expertise to feed into appraisal process. Feedback is sought from both appraisers and appraisees and there are structured templates for this. Appraisal lead signs off a satisfactory appraisal and provides confirmation to Responsible Officer (RO). If there are practice concerns, the RO is notified by the appraiser / appraisal lead. The RO makes revalidation recommendation to GMC, if it is

appropriate. Practising ROs meet on a periodical basis on a regional level (East Midlands) to discuss relevant matters and will be supported by Higher Level RO. For the Trust this is Dr Jessica Sokolov.

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 creating a compassionate, skilled and empowered leadership, creating a vibrant culture where colleagues feel they belong, thrive and are valued.	x
3) The Trust is a **great partner** and actively embraces collaboration as our way of working.	
4) We will make the **best use of resources** by making financially wise decisions and avoiding wasting resources to ensure financial recovery and long term sustainability.	x

Risks and Assurances

DHCFT needs to procure a suitable platform for appraisal management with the phasing out this year of the current PDF documentation in use. Following process, a suitable provider with a proven track record has been identified and work is underway to secure a contract with them. DHCFT continues to use the current system until the new platform is in place.

Consultation

Sessions have been held with key stakeholders regarding the move to a new appraisal and job planning platform.

Governance or Legal Issues

N/A

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.

Equality related impacts of the report but no impact has been identified.

Recommendations

The Board of Directors is requested to note the contents of this report.

Report presented by: **Dr Arun Chidambaram**
Executive Medical Director and Responsible Officer

Report prepared by: **Dr Wendy Brown**
Medical Appraisal lead

Classification: Official

Publication reference: PR1844

A framework of quality assurance for responsible officers and revalidation

Annex D – annual board report and statement of compliance

Version 1.1 Feb 2023

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.

The AOA exercise has been stood down since 2020, but has been adapted so that organisations have still been able to report on their appraisal rates.

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 in the table provided is enough information to demonstrate compliance.

The purpose of this Board Report template is to guide 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,
c) act as evidence for CQC inspections.

Designated Body Annual Board Report

Section 1 – General:

The board / executive management team – [*delete as applicable*] of [*insert official name of DB*] can confirm that:

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

Action from last year: The DHCFT Responsible Officer will continue to discharge the role and responsibilities on behalf of the medical staff and will provide appropriate support to the Medical Appraisal Lead. Comments: From October 2022 DHCFT has had a new Executive Medical Director and Responsible Officer in post – Dr Arun Chidambaram. This is following the retirement of the previous post holder. Action for next year: 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

2. 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: Peer support forums to be set up to support appraisers. Comments: Externally delivered high quality training was provided in June 2022 for new and existing appraisers. This has led to new appraisers joining the existing cohort. Appraiser support is provided through informal network discussions and one to one support where needed. Action for next year: Secure an electronic platform to support appraisal processes.

3. 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 this up-to-date information. Comments: Currently a spreadsheet is maintained of all medical practitioners through the efforts of the medical appraisal lead, H.R, and the personal assistant to the RO. The medical appraisal lead now has access to the GMC connect site and so can cross reference this information. Action for next year: an electronic platform for medical appraisal will ease the process of ensuring all relevant doctors are connected to DHCFT and

registered for appraisal. This will reduce the likelihood of revalidation referral requests relating to issues with timings of appraisal.

4. 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.

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

Actions from last year: Consideration to be given to peer review during future appraisal cycles.

Comments: A peer review has not yet taken place due to the impact of Covid-19 on working arrangements and clinical pressures. Once established, the move to an electronic platform will free up time for the appraisal lead to take this item forward.

Action for next year: Consideration to be given to peer review during future appraisal cycles.

6. 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: To continue with current arrangements as detailed below.

Comments**:** Locums 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 or within DHCFT. All have access to CPD, appraisal, revalidation, and governance.

Action for next year: To continue with this arrangement.

Section 2a – Effective Appraisal

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.[1]

Action from last year: To continue to ensure compliance with appraisal timeframes.

Comments: Quality of appraisals continues to be good and appraisals are carried out to a high standard. Completion of appraisals within required timeframes is an ongoing challenge.

Action for next year: an electronic appraisal system will allow automated prompts and reminders to be sent to doctors to improve appraisal completion timeframes.

7. 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. Discussions are taking place with the RO and medical managers to support these doctors to complete appraisal.

Action for next year: To continue to ensure compliance with appraisal timeframes.

8. 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).

[1] For organisations that have adopted the Appraisal 2020 model (recently updated aby the Academy of Medical Royal Colleges as the Medical Appraisal Guide 2022), 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 moved to the revised model may want to describe their plans in this respect.

Action from last year: The Policy will be reviewed according to DHCFT timeframes.

Comments: The Medical Appraisal Policy was reviewed in 2021 with minor amendments.

Action for next year: The Policy will be reviewed according to DHCFT timeframes.

9. 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 continue to maintain adequately trained appraisers through training new appraisers in order to account for retirements and resignations.

Comments: DHCFT has maintained appropriate numbers of appraisers. New doctors have joined the existing cohort following appropriate training.

Action for next year: To continue to maintain adequately trained appraisers through training new appraisers in order to account for retirements and resignations.

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

Comments: Medical appraisers receive support through group and individual discussion with peers and the appraisal lead.

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/

11. 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: Audit to be carried out and comparison of audit results.

Comments: A full quality assurance audit has not been carried out this year due to the move to an electronic platform. The medical appraisal lead is carrying out an audit on a smaller number of appraisals to provide assurance on quality of documentation and reflections.

Action for next year: Annual 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:	
Total number of doctors with a prescribed connection as at 31 March 2023	112
Total number of appraisals undertaken between 1 April 2022 and 31 March 2023	93
Total number of appraisals not undertaken between 1 April 2022 and 31 March 2023	19
Total number of agreed exceptions	3

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: To continue with regular liaison meetings.

Comments: The Medical Director has regular, documented meetings with the GMC Employment Liaison officer. Fitness to practice issues and thresholds of referral are discussed and noted.

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

2. 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 continue with and develop the approach below.

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 look further at the use of data to inform individual doctors practice and comparison amongst groups of doctors.

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 continue with and develop the approach below.

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 with 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 continue and develop the approach below.

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 review date 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:

Comments: We have a low volume of concerns that reach the threshold of formal processes. If a concern is formally investigated by Maintaining High Professional Standards policy, then there is built in quality assurance as there is oversight from a Non-Executive Director. GMC has released a policy document "Fair to refer" to address consideration of protected characteristics.

Action for next year: We are looking to set up a Responsible Officer Advisory Group to strengthen the governance around decision making and to support the role of Responsible Officer. After agreement by Executive Leadership Team, our Trust is launching a Just Culture pilot with General Medical Council to improve learning by addressing fear of blame.

[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.

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: Comments: These processes are supported by Employee Liaison Officer, GMC. Advice is also provided by Practitioner Performance Advisory Service Action for next year:

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: Comments: Medical Managers and HR colleagues are routinely trained in Equality, Diversity and Inclusion. Action for next year: Responsible Officer Advisory Group is best placed to understand the impact of any potential bias and to mitigate this.

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: Comments: Pre-employment checks are done by Medical HR. GMC database is checked for qualifications, references are sought before interview. DBS clearance is obtained before one commences the job. If

[4] The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents

there is delay in obtaining DBS, a risk assessment is done to facilitate a start with some restrictions as picked up by the risk assessment.

Action for next year: Section 12 approval is not part of the pre-employment checks. The plan for next year is to have a dedicated staff member to ensure this from the appraisal team.

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 appraisals. High quality training for appraisers has taken place and new appraisers recruited. Timescales for completion of appraisals requires focus and the move to an electronic platform will help with this.

- **Actions still outstanding**

  Full re-audit to be carried out by Appraisal Lead on the quality of appraisals.

- **Current Issues**

  Move to electronic platform for appraisal is imminent – July 2023.

- **New Actions:**

- Monitor effect and impact of electronic appraisal platform on measures including quality of appraisal, timescales for completion and revalidation deferral requests.

Overall conclusion:

DHCFT has maintained high standards for the quality of our medical appraisals and recruited new appraisers for the role. We continue to work on reducing the number of doctors, whose appraisal timeframes are falling outside of the required standard. The move to an electronic appraisal platform will be of great help with this.

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

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Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 4 July 2023

Quality Position Statement – 'well-led'

Purpose of Report

This paper provides the Trust Board with a focused report on 'well-led' as part of the wider expanded quality reporting, relating to the CQC (Care Quality Commission) domains and NHS England requirements. It is written to aid and support a strategic discussion on how best to maintain and improve, wherever possible within the available resources. our outcomes for those who use our services.

Executive Summary

The report gives an update on the governance processes the Trust has in place to meet the requirements of well-led under the CQC and NHS England joint well-led framework.

It sets out how the Trust is monitoring compliance against the eight key lines of enquiry (KLOEs) for well-led at service level and Trust wide level.

Evidence gathered as part of the self-assessment process demonstrates that the Trust has strong governance processes in place, this is also tested through our internal and external audit. Our objective is to maintain the 'Good' rating for well-led and to receive a positive WLR report from the Office of Modern Governance.

Additional evidence against the Well Led new CQC "We statements" has been provided.

The CQC is looking for positive evidence of an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use services and wider communities, and all leaders and staff share this. Leaders proactively support staff and collaborate with partners to deliver care that is safe, integrated, person-centred and sustainable, and to reduce inequalities.

Some high level extracts of core evidence have been provided to offer assurance on our progress in this area and to spotlight some of our key evidence of our Board Leadership.

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 creating a compassionate, skilled and empowered leadership, creating a vibrant culture where colleagues feel they belong, thrive and are valued.	x
3) The Trust is a **great partner** and actively embraces collaboration as our way of working.	x
4) We will make the **best use of resources** by making financially wise decisions and avoiding wasting resources to ensure financial recovery and long term sustainability.	x

Assurances

- The consideration of the use of well-led has positive assurances which are well evidenced
- In the last CQC inspection, an action under well-led was for the Trust to undertake an external development review which is currently under-way. The other action related to training compliance which has been a key improvement priority for the Trust reported through the governance framework.

Consultation

The content of the report has been collected from the CQC inspection reports, national guidance and internal and external assurance.

Governance or Legal Issues

The NHS is founded on a common set of principles and values that bind together the communities and the people it serves – patients and public – and the staff who work for it. The NHS Constitution establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. The Secretary of State for Health, all NHS bodies, private and voluntary sector providers supplying NHS services, and local authorities in the exercise of their public health functions are required by law to take account of this Constitution in their decisions and actions.

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 paper explores the domain of well-led at a whole Trust level rather than by patient or staff groups, who may have protected characteristics.

However, the Board will be aware that there are known equality, diversity and inclusion issues that will adversely affect some of the measures. The Trust is working hard to improve this but there is still work to do to ensure the services are able to meet current or emerging national access targets. This is a substantial pressure for the services, when our teams are faced with significant and sustained increases in demand and referrals.

Recommendation

The Board of Directors is requested to note the update and consider the report offered with significant assurance with regards the levels of assurance around the well-led domain and in activating a Well Led Learning review to establish further improvement.

Report presented by: **Carolyn Green**
Director of Nursing and Patient Experience

Report prepared by: **Carolyn Green**
Director of Nursing and Patient Experience

Justine Fitzjohn
Trust Secretary

Quality Position Statement – well-led

When the CQC undertakes an inspection it asks the following five questions about our services; Are they safe? Are they effective? Are they caring? Are they responsive to people's needs? Are they **well-led**?

In addition to looking at well-led within each service level inspection, the CQC also assesses it at a Trust wide level. The CQC will look at its findings from the service level inspections, especially on well-led and take these into account for the Trust wide assessment of the well-led question.

The last comprehensive CQC inspection report issued in March 2020 gave a 'Good' rating for Well Led within the overall Trust quality rating of 'Good'.

The CQC and NHS England share a fully joint well-led framework structured around eight key lines of enquiry KLOEs, described in Appendix 1.

NHS England requires Trusts to use the well-led framework to undertake in-depth, regular and externally facilitated development review of leadership and governance. The Office of Modern Governance has been commissioned to carry out a development review, that we are referring to as the Well Led Review (WLR). The WLR findings will be reported to the Board later in the year. The team have carried out observations of key Trust meetings, including the Board and Board Committees and the Council of Governors, have held several focus groups and carried out 1-2-1 interviews with Board members and a number of external stakeholders, primarily from the Joined Up Care Derbyshire, Integrated Care System. They are now reviewing a comprehensive document library and will triangulate all of these elements in producing findings for the WLR report.

The WLR team will also look at the CQC well led findings but the distinction is that CQC's well-led inspections are primarily for assurance and developmental reviews are primarily for providers themselves to facilitate continuous improvement.

The Board has carried out a self-assessment against the well-led framework KLOEs both in terms of preparing for the Trust Wide (Board) well-led element of a CQC inspection and as part of the external development review.

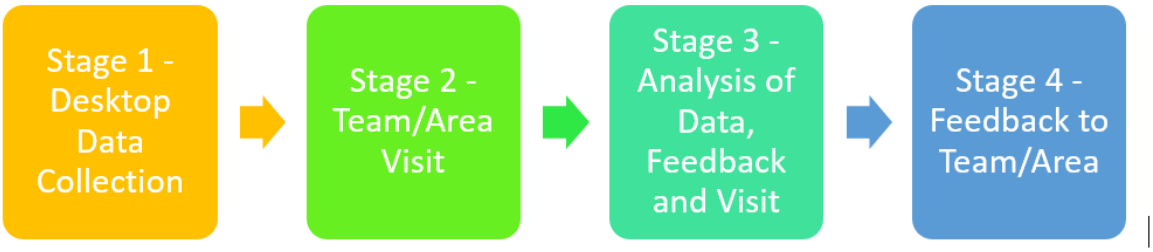
The self-assessment demonstrates that the Trust has strong governance processes in place, this is also tested through our internal and external audit. Our objective is to maintain the 'Good' rating for well-led and to receive a positive review from the Office of Modern Governance.

<u>Assessing well-led at a service level</u>

Mock CQC Inspections are part of an appreciative enquiry approach into all of the five Key Lines of Enquiry (KLOE) including well-led. The Trust's well-led question template is set out in Appendix 2. The questions around the well-led KLOE explore culture within the team, leadership capacity and capability, team vision and how it aligns with Trust Strategy, what work they do with partners and what feedback they get. If available the manager of the service is interviewed to discuss the risks and challenges within their service, any mitigations they have in place, including looking at their training and appraisal levels. Findings from this process include staff knowing

who is in their leadership structure, how to contact them and leaders being very visible; staff were very clear about their roles especially if they had additional leadership roles. A summary of findings reports to TOOL and the CQC oversight group.

If a team is identified as being in distress, there is also a process of a quality summit. This is a four stages process as described below, after this has been completed an action plan is to be developed with the team to address the areas for improvement. The culture of a team and the support it receives from leadership is a key focus within this process.



Divisional reviews also operate for each division and address quality aspects including identifying any risks/challenges within each division, clinical performance and quality metrics that impact on the services delivered. There is a governance structure of reporting through clinical/operational teams up to the Board.

Assessing Trust wide well-led

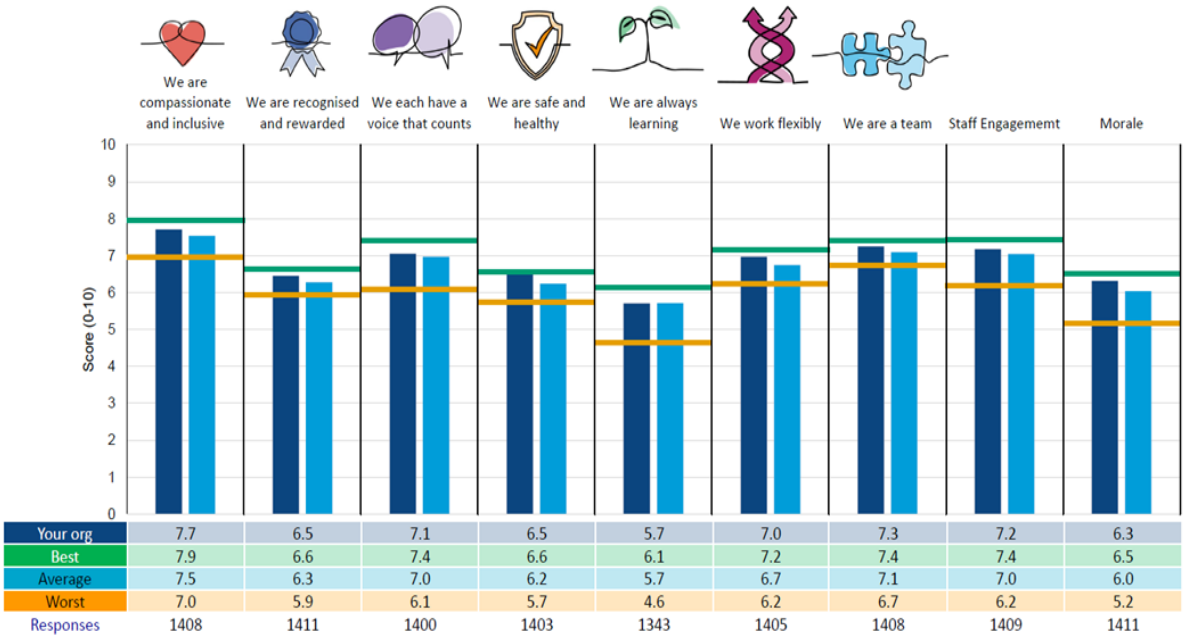
As mentioned above the WLR will give that external assessment against the framework and we have carried out our own self assessment that has identified some gaps which we have plans in place to improve. There is an Executive Director lead for each of the eight Well Led Key Lines of Enquiry (KLOE) and the Board has held a number of Board development days devoted to well-led. A comprehensive Board leaders pack has been produced which is supported by an evidence library. The Board has been mindful of the CQC's new approach to inspections. The CQC's quality ratings and five key questions will stay central to their approach but they are replacing their existing key lines of enquiry (KLOEs) and prompts with new 'quality statements'. These statements are listed in Appendix 3.

The Council of Governors has also established a Well Led working group to help governors prepare for the assessments.

There is an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use services and wider communities, and all leaders and staff share this. Leaders proactively support staff and collaborate with partners to deliver care that is safe, integrated, person-centred and sustainable, and to reduce inequalities.

There are effective governance and management systems. Information about risks, performance and outcomes is used effectively to improve care.

The Staff survey results



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Your org	7.7	6.5	7.1	6.5	5.7	7.0	7.3	7.2	6.3
Best	7.9	6.6	7.4	6.6	6.1	7.2	7.4	7.4	6.5
Average	7.5	6.3	7.0	6.2	5.7	6.7	7.1	7.0	6.0
Worst	7.0	5.9	6.1	5.7	4.6	6.2	6.7	6.2	5.2
Responses	1408	1411	1400	1403	1343	1405	1408	1409	1411

The Trust continues to have solid performance

Wider feedback- Pandemic period

Staff feedback with regard to the Trust support is well known and significant evidence in last year's annual reports, Facebook and when asked colleagues will share their experiences of feeling very supported.

In addition Derbyshire Healthcare's Specialist Vaccination Team wins prestigious regional award. A team of specialist vaccination staff at Derbyshire Healthcare were recognised for providing a bespoke Covid vaccination service for people with severe mental illness, learning disabilities or autism, by being named as a regional winner at the 2022 NHS Parliamentary Awards.

The Specialist Vaccination Team, who were nominated by local MPs, stood out among hundreds of other applicants and won the Covid Response Award for the Midlands – and, as a result, the team have also secured a place at the national NHS

Parliamentary Awards ceremony in July, where they will be on the shortlist for the national Covid Response Award.

The team helped individuals who were struggling to overcome anxiety about getting vaccinated, or about visiting a large, busy vaccination centre, by meeting with them in advance and then tailoring the vaccination appointments to their needs. Longer appointment times were offered in quiet locations with sensory activities, soft music and minimal staff presence; vaccinators would wear non-uniform clothes and nurses who knew the patients well would attend where possible. Some vaccinations were also given in people's homes or on hospital wards. The team helped to reduce inequalities in Derbyshire in three key areas of the COVID vaccination programme – engagement, availability and accessibility.

The vaccination programme was delivered as a joint effort by the Trust's nurses and Health Protection Unit team, and also involved partnership working with NHS Derby and Derbyshire Clinical Commissioning Group (CCG) and other organisations within Joined Up Care Derbyshire.

The team's nomination was supported by Amanda Solloway the Conservative MP for Derby North, Toby Perkins the Labour MP for Chesterfield and Margaret Beckett the Labour MP for Derby South.

After receiving the regional award, Ifti Majid, Chief Executive at the Trust, said: "We're really grateful to the three Derby and Derbyshire MPs who nominated our specialist vaccination service for this important award.

Wider feedback – Current period

Shared direction and culture
We have a shared vision, strategy and culture. This is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and our communities in order to meet these.

Capable, compassionate and inclusive leaders
We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience and credibility to lead effectively. They do so with integrity, openness and honesty.

Our Equality, Diversity and Inclusion mission is to be 'positively inclusive'.

Our Trust is committed to ensuring equality, diversity, inclusion and human rights are central to the way we deliver healthcare services to our service users and how we support staff.

Evidence of this work is as follows:

- British Sign Language Charter
- Disability Confident Employer
- Armed Forces Covenant
- ‘Dying to Work’ Charter
- Race at Work Charter
- Reverse Mentoring for Equality, Diversity and Inclusion
- Colleague networks
- Recruitment inclusion guardians
- "It's not okay" campaign against abuse and discriminatory behaviour
- Equality information

In addition:

Leading and influencing our senior leaders
A Leadership Conference was held in October 2022 with a focus on inclusion. The conference was offered out to organisations across the Derbyshire health and social care system and was attended by 288 leaders. A further Leadership Conference is planned for October 2023 to launch the work taking place within the Trust around culture and leadership, taking an inclusive, just and restorative approach to leading our teams.

Leading and influencing our senior leaders in Trauma informed care in 2023
A clinical conference was held in May 2023 with a focus on trauma informed practice as an organisation and at a practice level. It had over a hundred + staff with colleagues across services working on how to implement a trauma informed organisational culture. This work as a Quality priority will continue through 2023.

Freedom to speak up
We foster a positive culture where people feel that they can speak up and that their voice will be heard.

We have a vibrant and active Freedom to Speak up Culture, with positive activity and changes and improvement from case learning.

Governance, management and sustainability
We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Our Well led review will provide reflection and learning.

Nationally regulators fed back that key outcomes are improvements to ensure there is a workforce in place to meet requirements for Safety and Quality standards to be implemented.

A proxy measure is:

- Recruitment and Retention Turnover
  Our annual staff turnover rate for 2022/23 was 11.70%. This is significantly lower than last year, falling within the target of 10-12%

- Vacancies
  Reflecting the picture nationally, we have had some challenges in recruitment of Band 5 and 6 mental health nurses and some consultant posts. During 2022/23 we recruited 488 new starters and by the year end we had an overall increase of 193 staff. Our vacancy rate at the end of March was 3.59%.

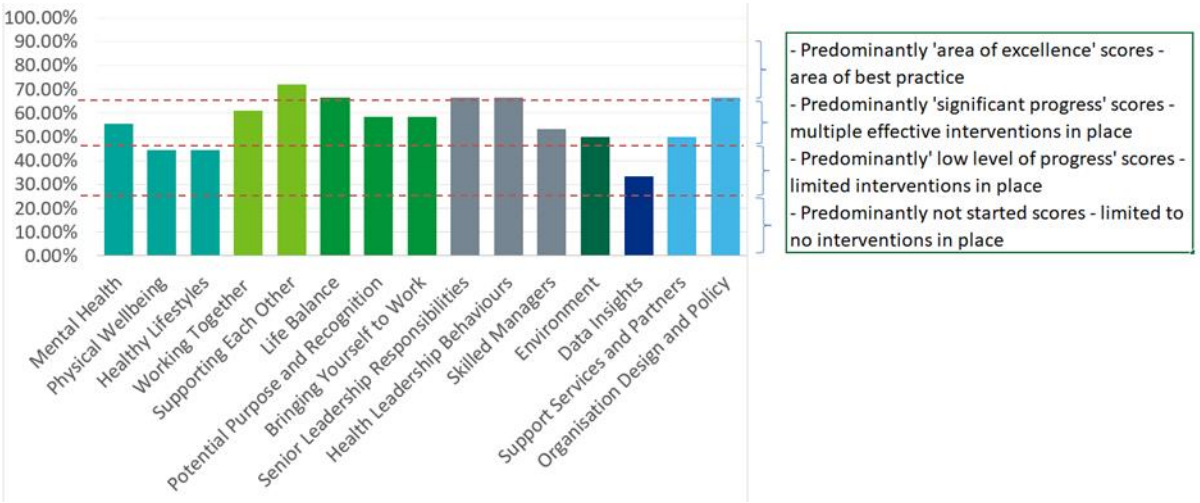
- Staff attendance and wellbeing
  Our annual sickness rate for 2022/23 was 6.43% which is 0.32% higher than the previous year. In line with experiences across other NHS trusts nationally, anxiety, stress, depression and/or other psychiatric illnesses remains the Trust's highest reason for sickness absence and accounted for 30.34% during 2022/23. Anxiety, stress, depression and/or other psychiatric illnesses - anxiety accounted for 33.69% of sickness absence during March 2023, followed by confirmed COVID-19 at 9.41% and surgery at 8.25%.

Throughout 2022/23 the team have begun to understand and apply the NHS Health and Wellbeing Framework, re-launched in January 2022. The Framework enables integrated care systems, organisations or teams to evaluate existing health and wellbeing approaches and identify gaps and areas for improvements.

In order to further understand the wellbeing needs of the workforce, and inform the NHS Health and Wellbeing Framework, the Wellbeing team coordinated the registration to Britain's Healthiest Workplace survey, run by Vitality, on behalf of Joined up Care Derbyshire (JUCD). By engaging with the survey, staff were provided with a personalised report with advice and recommendations to improve wellbeing. Each organisation benefitted from a detailed report highlighting the wellbeing needs of our colleagues, this information has been vital in informing our interventions and wellbeing offer.

The data from the Britain's Healthiest Workplace survey, alongside other sources of information was used to inform a self-assessment tool, completed for both Derbyshire Healthcare NHS Foundation Trust (DHCFT) and Derbyshire Community Health Services NHS Foundation Trust (DCHS).

While the assessment demonstrates significant progress in most areas, it also enables the team to identify areas for improvement for the months and years to come.



Throughout the year, the team and wider organisation have continued to deliver a range of interventions, crucial to the wellbeing of our staff:

- Counselling and emotional wellbeing support (Resolve)
- Employee assistance programme (EAP)
- Team support
- Peer Support Groups
- Health and wellbeing champions
- Training

Trust staff are also able to access:

- Long-COVID services
- Physiotherapy services
- Occupational health
- Staff network groups
- Mediation and coaching

Partnerships and communities

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

<u>Supporting neighbouring trusts for best patient outcomes</u>

In 2022/23, the Trust offered support to St Andrew's Healthcare due to outcomes in relation to a CQC inspection and the impact this may have on Derbyshire Healthcare patients located within St Andrews Healthcare settings. The Trust supported St Andrew's by introduced a senior improvement lead into the team. This professional supported the St Andrew's team successfully improve their rating with the CQC.

<u>Support for Derbyshire and the wider community</u>

The Trust is currently establishing and has commenced the East Midlands Gambling Harm Clinical offer for circa 450 people per year, based on a 'hub and spoke' model, with the central hub situated in Derby and wider spokes to be determined with support from partners across the East Midlands. The service commenced in June 2023. The service will be provided by a multi-disciplinary team of staff including a Psychiatrist, Psychologists, Mental Health Nurses, Specialist Mental Health practitioners including cognitive behavioural therapists and peer support worker

positions who will deliver evidence-based interventions either in a group setting or one to one. The commencement date for the service is expected to be in June 2023.

Direct community outreach
The Trust has worked with Derbyshire Police to reinstate and expand the Street Triage programme in collaboration with the Trust's Crisis Helpline and Support Services.

Learning, improvement and innovation
We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research

OnEPR and Electronic Prescribing
This was launched at the end of 2020 and was a major transformation programme to change how we record patient information, a main aspect of which was switching the Electronic Patient Record we use from Paris to SystmOne. This was a significant cultural change for colleagues, but the research told us that there was too much complexity in the way we worked.

Thanks to the superb effort from the OnEPR team and colleagues across the services, the programme was successfully rolled out, in a staged approach, across all of our Mental Health and Learning Disability services by May 2022.

The programme of change has been successful in making the recording of information more straightforward, less time-consuming and, most importantly, has improved our ability to provide great, safe care.

Following on from the launch of SystmOne across our services, we are now in the process of enabling the ePMA, which is specifically designed to reduce the risks associated with traditional methods of prescribing and administering medicines.

This transformation programme was a key example of our learning from incidents, other organisations practice and the current evidence base in running safe services.

We have evidence of our work and a positive external evaluation of our Research and Development (R&D) activity in 2023.

Quality Improvement

The Trust's ambition in 2021 to 2024 is to create the right conditions for staff and teams, and people who use our services, to feel empowered to develop and improve the services that they provide, in partnership with system partners and others who will be affected by any changes.

The strategy builds on the previous work to progress quality improvement through expertise and the support of the transformation team, research and development, nursing and quality and medical education, and sets out an ambition for larger scale training and expertise across many staff from all areas and levels of the organisation, and the utilisation of a new LifeQI platform to support the work and complement the wider trust and system programmes.

There is greater focus on the joined up working with system partners and aligning with Joined Up Improvement Derbyshire. It explores opportunities for joint training in the development of the system preferred QSIR (Quality Service Improvement and Redesign) practitioner approach and the alignment of programme management systems and processes.

Key elements of the strategy include (delivered and managed through the QI Strategy Implementation Plan):

- QI training to be made available to all staff
- By March 2023 over 1000 staff trained in QI with an expectation for over 2000 by March 2024. Beyond 2024 it is the aim that typically 80% of staff in the organisation at any given time will have received a level of QI training.
- Creation of opportunities for staff to be involved in QI initiatives through building into roles and the utilisation of a 'time bank' and QI practitioner directory
- Rollout of Life QI to utilise the 200 licenses in 2022 with a view to expansion beyond the current contract
- Adaptation of the programme management function to support both Trust and system evolved needs
- Further development of learning and recognition of good practice through an award mechanism
- Development of QI engagement and interaction and space where conversation happens, ideas can be shared, and tools and support made available.

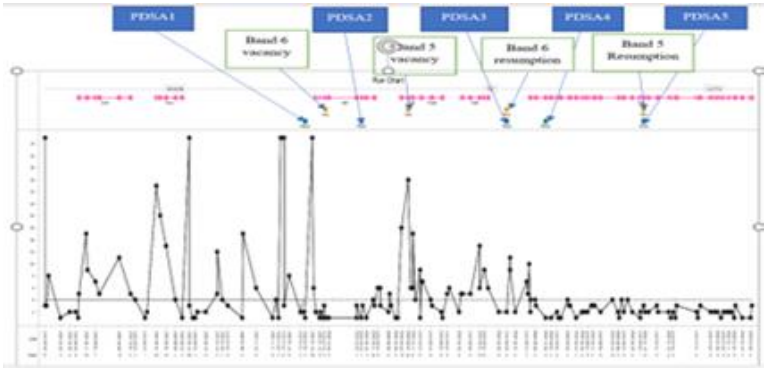
Significant headway is being made in QI and this is support every day QI and Transformation work

An example of everyday QI is included

A quality improvement project to improve the standardisation, timeliness and efficiency of occupational therapy initial assessment within an acute older adult mental health inpatient service (Cubley ward).
Dr Joshua Ige, Amanda Mitchell, Emma Eaton, Annie Walker, Rachael Fearn , Lizzie Kirkham, Abigail Staples , Beth Wilson, Adam Giles
Inpatient OTs are at the forefront of the provision of therapeutic environment and recovery-oriented care for older people by encouraging person-centred daily routines and activities that improve their quality of life (NICE, 2008). Such interventions empower older people by recognizing, promoting, and enhancing their abilities to meet their own needs, problem solve and providing the agency to organise the resources for their recovery (Gibson, 1991). This is because in an aging society, being independent and a continued active lifestyle is important to many older adults (Schehl and Leukel, 2020). As such, besides functional recovery, it is essential that the optimal management of their conditions also requires the preservation of their independence, values, autonomy, and rights (Banerjee et al 2021).
This recovery-oriented care that values their independence, values, autonomy, and rights can be achieved through timely person-centred standardised and non-standardised functional assessments which provide a means of examining the patient's abilities to engage in and complete living daily activities (Fawcett, 2007; Burton et al 2012). Such assessments also aid a timely, safe, and successful discharge from hospital by indicating the need for home visits with the view of

assessing mobility concerns and the suitability of the home environment for the patient's level of functioning (Antwal et al 2008)

Despite the benefits of timely assessment and the current offer of a diverse therapeutic environment, the older adult acute inpatient OT teams within DHCFT had difficulties in a maintaining standardised approach for timely OT initial assessments. A process mapping exercise indicated that the OT process was neither present nor standardised. As a result, the understanding of the OT process in terms of the timeliness of the initial assessments was not clear. Likewise, assessment and treatment responsibilities were not clearly defined between OTs and OTAs indicating a lack of efficiency in the use of staff resources within the process.



Conclusion

We achieved the aim of the QI project, which was to standardise, increase the timeliness and efficiency of the occupational therapy admission process. We also designed balancing measures to analyse the impact of admission rates and staff retention on the timeliness of initial assessments. This study builds on Ige & Hunt, (2022) and supports the importance of recovery-oriented practice and its importance for older adults (NICE 2008; NHS long term plan 2019; Banerjee et al 2021)

Using a continuous improvement lens, the next stage of this work is to use the findings of timely initial assessments to facilitate timely treatment interventions specifically home visits. This will enable the early resolution of safety and support concerns within the patient's home environment and enable timely discharge.

Delivery against our Trust strategy

Spending smarter, reducing waste and saving money

Annual Priority 22/23	Spending smarter, reducing waste and saving money				
Priority action	**Category**	**UPDATE:**	**Action owner**	**Expected completion date**	**Outcomes**
Reduce waste and reduce budget for agreed in-year cost savings	A & B	Delivered Budget amended to reflect delivery.	Director of Strategy, Partnerships and Transformation	Q1 22/23	Delivery of first part of 3% efficiency pl assumed in 22/23 overall financial plan
Transformation and continuous improvement –spend smarter and contain costs to affordable levels	B & C	Delivered 2022/23 efficiency plan (1% recurrently and 2% non recurrently). Continuous quality improvement strategy rolled out including training programme. A number of quality improvement programmes are in train and will be a continuous process to achieve good quality and efficiency	Chief Operating Officer	Q2 22/23	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	Off track but will deliver 23/24 financial plan still in draft and discussions on -going both internally and as a system.	Executive Finance Director	Q2- Q4 22/23 (in stages) Now revised to Q2 2023/24 (Recovery Plan)	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

Standard Oversight Framework (2)

NHS England and NHS Improvement recently consulted on the new NHS system oversight framework (SOF) 2021/22, which introduced a new approach to provide focused assistance to organisations and systems.

For ICBs and trusts in segments 1 and 2, overall support needs will be formally reviewed on a quarterly basis by the relevant regional team (in the case of individual organisations this will happen in partnership with the Integrated Care Board).

DHCFT has an experienced team and a proven track record in financial and operational delivery.

Environmental sustainability – sustainable development
We understand any negative impact of our activities on the environment and we strive to make a positive contribution in reducing it and support people to do the same.

Our Green Plan
The Trust Green Plan (2022-2025) was approved by the Board of Directors in November 2021. This Green Plan outlines our aims to be an environmentally friendly trust, creating a healthier environment through the sustainable development of trust services. It aligns to both NHS objectives to deliver a 'net zero National Health service' by 2045 and local initiatives and priorities contained in the ICS Green Plan (2022-2025) approved by the Integrated Care Board (ICB) Board in July 2022. Delivery of the Trust Green Plan is through a programme of work identified against a series of key work streams and is led by a designated board-level net zero lead, our Chief Operating Officer, and is monitored through our Reset, Recovery and Sustainability Programme Board.

Below are our five year performance figures for energy related carbon emissions and energy related CO2 emissions:

Year	CO2 (Tonnes)	Carbon (Tonnes)
2016/17	3728	1016
2017/18	3748	1022
2018/19	3125	922
2019/20	2661	725
2020/21	2463	523

To get to ‘net zero’ by 2045 the Trust has a reduction target to remove (each year) the equivalent of 5% of the 2020/21 emissions (cumulative).

The Trust continues to be an active partner in the development and delivery of the wider NHS Green agenda, with regular attendance at the Integrated Care System (ICS) Green Delivery Group as well as providing the Chair for the Local Estates Forum Greener Derbyshire Working Group.

Delivery of the Green Plan will help raise the profile of environmental sustainability and provide the drive to embed it as a key consideration in all that we do. It will provide a foundation for a comprehensive programme of engagement with staff, patients, partners and the wider community. Some of the key initiatives (both delivered over the last 12 months and currently in planning for future years) include the following:

Workforce and System Leadership – An overview of the Green Plan has been included on the staff induction for new starters since July 2022 and an online presence is maintained on the staff intranet pages to update on the Green Plan, sustainability issues and wider Greener NHS information.

The Quality Visits programme for 2023/24 will include a Green Team award to recognise teams that have changed practice to be more energy efficient or that provide positive contributions to the environment. Two sessions of Carbon Literacy training were provided to ICS organisations (including trust staff) in February 2022.

Sustainable Models of Care – As part of the ‘GreenSPring’ initiative (a government funded ‘Test and Learn’ pilot study aimed at preventing and tackling mental health through green social prescribing), the Trust ran a three month programme (in conjunction with Derbyshire Wildlife) in September 2022 and established a ‘Wild Gardening’ group at Cherry Tree bungalows. The results (particularly in relation to patient outcomes) are currently being evaluated with the hope of widening the programme in due course.

A ‘Ride for Their Lives’ event took place in October 2022 to highlight the important role of clinicians in climate change messaging to create healthier communities and more sustainable healthcare systems. This involved clinicians and non-clinical colleagues from across the Trust and provider partners cycling to a meeting to discuss how service design could play a significant role in carbon reduction. COP 27 took place in Sharm El Sheikh in November 2022 and included a focus on the many Ride for Their Lives events across the NHS. We are very proud to have been a part of, and contributed to, such an important event.

The Transformation team were successful in securing £12k in a Healthy Futures bid for a project to measure and reduce vehicle idling at special schools in an aim to reduce air pollution. The work will progress with leadership from a Trust Consultant Community Paediatrician and will report findings back this year.

Estates and Facilities – We received National approval to our Making Room for Dignity Programme in September 2022. Part of the programme includes two new build in-patient units which have been designed to Building Research Establishment Environmental Assessment Method (BREEAM) 'Excellent' rating and to be as close to 'Net Zero' as current technologies allow in both construction and operation. These projects will also include positive 'net gains' to the natural environments on their respective sites, improving biodiversity by enhancing the range of habitats and planted structures.

Digital Transformation – The Trust continues to utilise video consultations across its services, averaging around 320 consultations per week. Since April 2020, this has resulted in over 71,000 physical attendances being avoided with an estimated reduction of 1.8m miles of patient related travel (at a saving of around £980k and a reduction of 320 tonnes of greenhouse gas emissions).

Further investigation of the NHS Patient App is under way alongside system partners, this has the potential to support patient access to healthcare records and reduce reliance on posting out letters and thereby reduce use of paper (and a lowered carbon footprint form reducing posted correspondence) within the local system.

Nine meeting rooms across the estate have been fitted with specialist audio visual equipment to facilitate remote/hybrid meetings to reduce travel for staff. Digital solutions for desk booking across the estate are currently being tested and piloted with a view to a wider roll out in 2023 to both reduce travel demand and support a more efficient use of buildings across the Trust.

Overall there is evidence of a coordinated improvement plan in this area.

<u>Recommendation</u>

The Board of Directors is requested to:

1. Note the update and consider and confirm the levels of assurance around well-led.
2. The report is offered with significant assurance with CQC Good and SOF 2, with the additional learning from the Well Led review used to improve organisational learning.

Appendix 1 – Well Led – 8 Key Lines of Enquiry

Appendix 2 – Mock CQC inspection well-led questions

WELL – LED	Staff Questions:
W1. Is there the leadership capacity and capability to deliver high-quality, sustainable care? **W2. Is there a clear vision and credible strategy to deliver high-quality sustainable care to people who use services, and robust plans to deliver?** **W3. Is there a culture of high-quality, sustainable care?** **W4. Are there clear responsibilities, roles and systems of accountability to support good governance and management?** **W5. Are there clear and effective processes for managing risks, issues and performance?** **W6. Is appropriate and accurate information being effectively processed, challenged and acted on?** **W7. Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services?** **W8. Are there robust systems and processes for learning, continuous improvement and innovation?**	• Do you know who the Assistant Service Manage/General Manager/Head of Nursing for your team is? Do you know the members of the Board of Directors? • Do you know and understand the Trust's strategy, and your role in achieving it? • Are you clear on your team vision and how it relates to the wider trust strategy? • Can you give me an example of when you/the service has acted upon patient feedback received? • Have you been supported to meet your career development? • Do you feel your appraisal meets your needs to develop yourself? • To **team manager** - Are you managing to implement the sickness policy on the team? • Are performance issues escalated appropriately through clear structures and processes? • What do you think makes a good team? • When you were off sick did you get supported/referred to Occupational health? • Are people who use services, their carers and families actively engaged and involved in decision-making to shape services and culture? is the impact on service users considered prior to making any changes? • Are you aware of any quality improvement initiatives for your service? • Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions? • Have you participated in and learned from internal and external reviews, including those related to mortality or the death of a patient? Is learning shared effectively and used to make improvements? • Are there robust systems and processes for learning, continuous improvement and innovation? • Do staff regularly take time out to work together to resolve problems and to review individual and team objectives? • How are patients selected to take part in research studies? How are patients approached? • Does the team have protected time for team building and discussing service development? • If staff are off sick/absent how is their caseload managed?

	• Do you know how to raise concerns? If you have was it responded to satisfactorily? **Service User /Prompt Questions:** • Do you think staff are confident, trained enough to respond with your needs/concerns? • Do you think the staff work well as a team?

Appendix 2 – new CQC 'we statements'

Key question: well-led

There is an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use services and wider communities, and all leaders and staff share this. Leaders proactively support staff and collaborate with partners to deliver care that is safe, integrated, person-centred and sustainable, and to reduce inequalities.

There are effective governance and management systems. Information about risks, performance and outcomes is used effectively to improve care.

Shared direction and culture
We have a shared vision, strategy and culture. This is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and our communities in order to meet these.
Related regulations

Capable, compassionate and inclusive leaders
We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience and credibility to lead effectively. They do so with integrity, openness and honesty.

Freedom to speak up
We foster a positive culture where people feel that they can speak up and that their voice will be heard.

Governance, management and sustainability
We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Partnerships and communities
We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Learning, improvement and innovation
We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research

Environmental sustainability – sustainable development
We understand any negative impact of our activities on the environment and we strive to make a positive contribution in reducing it and support people to do the same.

Board Committee Assurance Summary Reports to Trust Board – 4 July 2023

The following summaries cover the meetings that have been held since the last public Board meeting held on 9 May and are received for information.

- Audit and Risk Committee 25 April, 25 May and 20 June
- Finance and Performance Committee, 23 May
- Quality and Safeguarding Committee, 11 May and 13 June
- Neurodevelopmental (ND) Services Committee in Common (CiC) June – **note the action required by the Board to stand down this Committee**
- Mental Health Act Committee, 9 June
- People and Culture Committee, 15 June

Audit and Risk Committee - key items discussed 25 April 2023
Board Assurance Framework (BAF) The Committee approved Issue 1 (version 1.2) of the BAF for 2023/24 which reflects the scrutiny of each lead Executive and work allocated to the relevant Board Committees. This version had been improved as a result of the feedback from the BAF Board Development Session in February 2023.
Operational Risk Management Report The Committee receives the Operational Risk Management Report on a quarterly basis that provides assurance of the effectiveness of the risk management processes. One area of concern highlighted was the downturn in risk reviews, overdue reviews were being escalated to the line managers. The Committee asked the Trust Secretary to escalate the issue to the Director of Nursing and Patient Experience on its behalf.
Counter Fraud Progress and 2023/24 Plan The Counter Fraud Specialist presented the progress report which identifies progress made in relation to completion of work from the Trust's Counter Fraud, Bribery and Corruption Plan. Meetings have been held with risk leads at the Trust to discuss fraud awareness and risk training. The Trust is fully compliant the Functional Standards. The Committee approved the 2023/24 Counter Fraud Plan. The Counter Fraud work is aligned to the Internal Audit plan.
Management response to Internal Audit of Data Quality The Committee received the 'limited assurance' opinion on the above review which was designed to assess the accuracy of data that can be extracted from the electronic patient record (EPR) following the transition of 'PARIS' to 'SystmOne' relating to risk screening, care plans and whether the patient is being cared for under the Care Programme Approach (CPA). All the recommendations have been accepted and were being worked through and the Committee received the detail of progress so far against the agreed actions. The Committee stressed the importance of delivering the actions by the agreed deadlines and that they did not need to re-visit this report unless the actions had not been completed.

Draft Annual Report And Accounts (including Annual Governance Statement 2022/23

The Committee received the first draft of the Annual Report and the Annual Governance Statement, noting both were largely complete. Any outstanding information would be logged for the Committee to see what will be incorporated into the final document for sign off at the June meeting, following the audit. The draft Annual Accounts were also presented before submission to NHS England and a copy being provided for audit. The accounts are fully compliant with all relevant standards including the Department of Health Group Accounting Manual (GAM), the FReM and International Accounting Standards (IAS's). There had been no changes to the accounting policies since the Committee agreed them in January.

The accounts show an overall surplus outturn of £2.6m (£2.8m adjusted for impairments) delivered in 2022/23 against a breakeven plan. The surplus has been delivered through nonrecurrent benefits from additional income alongside pay and non-pay one-off benefits. The Committee noted the key areas of movement for income and expenditure, including the pay award, pensions and staff figures.

The six-monthly report on the implementation of the Trust's Freedom to Speak Up (FTSU) policy framework

The FTSU Guardian presented the regular report and also provided an update on the NHS England/NHS Improvement FTSU review tool. A revised FTSU policy, using the new National Guardians Office (NGO) model policy was approved. The report gave benchmarking data which showed that reporting in the Trust is below national levels for patient safety and quality and bullying and harassment cases raised to the FTSUG which was positive.

The Board Development session in November 2022 had been attended by the National Guardian. The session was themed around the contents of the FTSU Reflection and Planning Tool which is to be completed by the Board by January 2024. An update was given on the timeline for producing the Speak Up Strategy, which following consultation will be sent to the November 2023 Public Board for approval. Key themes and trends were noted by the Committee as well as the detail on responsiveness, evaluation and training for speaking up during the period.

The Committee confirmed significant assurance with the adequacy of the Trust's arrangements by which Trust staff may, in confidence, speak up about possible improprieties in matters of financial reporting and control and related matters or any other matters of concern.

Audit and Risk Committee Year-End Effectiveness and Review of the Committee's Terms of Reference

The Committee considered the year-end report on its activity and effectiveness for 2022/23. Members supported the view that the Committee's objectives had been achieved for 2022/23 and noted the significant assurance provided regarding the discharging of its remit as outlined in the Committee's Terms of Reference. The Committee approved minor revisions to its Terms of Reference.

Board Committees Year-End Effectiveness Report and review of Terms of Reference

The Committee agreed full assurance on the year-end effectiveness reports from the Board Committees concerning their activity and effectiveness for 2022/23, comparing the work of the Committee to its Terms of Reference (ToRs). Some standard terms were proposed for all Committees**.** A summary of the year-end reports would be presented to the Trust Board in May.

Well Led Review Update

The Committee received an update on the process for the External Development Review of Leadership and Governance using the Well led Framework. The Board and this Committee have been receiving progress updates on the well led work , both from the development review perspective but also preparation for a CQC well led inspection.

The Board had a Board Development session in April to review the Executive Directors' self-assessment of the eight Well Led Key Lines of Enquiry (KLOEs) in readiness for the start of the external Well led Review (WLR) which has been awarded to the Office of Modern Governance (OMG).

Report on Conflicts of Interest and Declarations of Interest – including the Conflicts of Interest Policy

The Committee was pleased to note that the number of returns across all areas is either as expected or higher than expected suggesting the processes embedded are impacting on return rates. The Conflict of Interest Policy was renewed for a further three years (subject to any national change in guidance).

Going Concern Assessment

The Committee received the going concern assessment for 2022/23 and approved the following statements for inclusion in the 2022/23 Annual Report;

- The Committee has a reasonable expectation that the services provided by the NHS foundation trust will continue to be provided by the public sector for the foreseeable future, and
- For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

Review changes to Standing Financial Instructions

The Committee approved revisions to the Standing Financial Instructions (SFIs) ahead of Trust Board for final ratification.

Internal Audit Progress Report

The latest internal audit progress report was received which gave the detail on the work completed/reports issued since the last meeting, this included the Data Quality report (limited assurance), which had been presented earlier in the meeting, the Key Financial Systems report (significant assurance) and the interim Head of Internal Audit Opinion report.

The Committee was concerned to see the low compliance on the implementation of agreed actions which equated to moderate assurance for this element of the Head of Internal Audit Opinion. Action would be taken to improve the performance. The interim Head of Internal Audit Opinion and Annual Report contained the indicative opinion (overall significant assurance) and a summary of the delivery of the internal audit service for the 2022/23 financial year to date. The 2023/24 Internal Audit Plan was approved. It includes a broad range of audits including on governance, risk and finances, data security, clinical quality, workforce and a system based audit.

Audit Strategy Memorandum

The External Audit Strategy Memorandum summarised Mazars' audit approach, significant audit risks and areas of key judgements. From this year there will be a new auditing standard (ISA 315) which will increase the volume of work required at the planning and risk assessment stage.

Board Assurance Framework – key risks identified: No additional risks
Escalations to Board: None
Next Meeting: 25 May 2023

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

Audit and Risk Committee - key items discussed 25 May 2023	
Annual Report and Accounts 2022/23 and Annual Governance Statement Having received a significant first draft of the Annual Report and Annual Governance Statement (AGS) for at the April meeting, substantive amendments and updates made to the previous version were discussed and noted. The Committee was satisfied that the annual accounts audit was progressing well, and that a rigorous process had been applied to producing the Annual Report and AGS.	
Internal Audit Progress Internal Auditor, 360 Assurance gave an account of internal audit progress work since the previous meeting in April. The Divisional Governance report providing significant assurance on the governance arrangements for Acute Care and Older Adults was received and noted.	
External Audit progress External Auditor, Mazars confirmed they were on track to complete their external audit. There was nothing to report from their findings and all areas are progressing well.	
Data Security and Protection Progress Report A review of progress made with the Trust's 2022/23 Data Security and Protection (DS&P) toolkit was undertaken. This included the work of the DS&P Committee, DS&P risk and incident management and Information Commissioner's Office (ICO) concerns. 2022/23 has been another successful year for the Trust in terms of progress and building on previous good work. This is mirrored in the level of DS&P mandatory training compliance and improved level of support for new starters. Significant assurance was received from the high standards of data security and continued vigilance in working towards preventing associated risks for Cyber-attack and for reinforcing the message of awareness across the Trust. The excellent work specifically by the dedicated central healthcare professional team supporting the Data Protect Act subject access request process was acknowledged along with the progress made with the Data Security work plan and that previous 360 Assurance internal audit 2021/22 recommendations are completed.	
Board Assurance Framework – key risks identified: None **Escalations to Board:** None **Next Meeting:** 20 June 2023	
Committee Chair: Geoff Lewins	**Executive Lead: Justine Fitzjohn, Trust Secretary**

Audit and Risk Committee - key items discussed 20 June 2023
Review and approval of audited Annual Report and Accounts 2022/23 (including Annual Governance Statement) The Annual Report 2022/23 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 2022/23 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 2022/23 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 2023 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 Interim Director of Finance were used to formally sign the documentation.

Key risks identified

None

Next Meeting – 20 July 2023

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

Finance and Performance Committee - key items discussed 23 May 2023

Making Room for Dignity (MRfD) assurance on Estate Strategy

Chesterfield Adult Acute Unit endures a £1.5m cost pressure for energy feed, mitigated from gainshare. The Guaranteed Maximum Price (GMP) for the Blue Ward has resulted in significant cost pressure, so the process has been paused.

Stage 4 contracts for two new builds and Psychiatric Intensive Care Unit (PICU) have been signed. Radbourne Unit refurb cost pressure has been slightly reduced.

Quality and Equality Impact Assessments (QEIA) for the Radbourne Unit have been approved by the Trust's Quality and Safeguarding Committee. Work is progressing on the VAT abatement and preparation taking place for the next steps.

Two colleagues in the project team have been shortlisted for national awards.

The Committee will continue to receive regular updates on the Programme.

OnEPR programme

The successful rollout of the OnEPR (Electronic Patient Record), SystmOne has ensured clinical systems are integrated, standardised, safe, and transparent, resulting in consistency in the patient's care pathway and the use of less paper.

There are a number of areas where the benefit still needs to be realised. The Quality Improvement (QI) team have undertaken some analysis but challenging to get responses, looking to rerun the analysis again and bring back in September.

The company supporting will also finalise their benefits realisation report and share that with us.

The Committee noted the update.

Operational Plan

Managers from operational services presented the operational priorities for their services as part of the operational plan for 2023/24. The focus was on improving services for the local population and key risks around delivering that.
Presentation covered: Neurodevelopmental Services, Psychology and Psychological, Acute Services for adults of working age and Older People's Services, Community Services for adults of working age and Children's Services, Specialist Services, Forensic and Rehabilitation Services.

Specific discussions were around adults of working age in relational to staffing both recruitment and retention particularly in light of the transition to the new builds.

The Operational Plan will feed the day to day working throughout the year and performance will get reported through the standard operational performance report.

The Committee approved the final draft of the operational plan.

Financial Governance and Plan delivery including CIP (Cost Improvement Programme)

The Committee received the Month 1 position reported against the breakeven plan. Month 1 is an adverse variance to plan with the forecast outturn of breakeven. There are several key risks in delivery of the plan, such as delivery of efficiency programme in full, reducing agency costs and managing emerging cost pressures.

Agency spend is above plan in April and continues to be at the same levels as at the end of last financial year. A proportion of this relates to the support of a complex patient. An agency summit has recently taken place identifying some key actions to take forward, such as the cessation of agency Healthcare Assistants (HCAs).

There will be a focus on cash flow going forward. Regarding the efficiencies, schemes have been identified and the development of project initiation documents (PIDS) are on track to be completed by the end of May.

Continuous Improvement update

The transformation programme is in the later stages of completion. Schemes have been identified for the efficiency programme of £8.7m and £3.5m for the recovery plan.

Assurance was given that we are on track to complete the PIDs by end of May and Equality and Quality Impact Assessments (EQIAs) by mid-June. Concerns were raised on how quickly some of the schemes can be turned into actual delivery.

Quality Improvement (QI) Strategy remaining actions relate to sustaining capability and associated training, development of the QI platform and evaluation of the current strategy ahead of the next strategy.

Consideration to be given to making QI e-learning mandatory for some staff, but there may be an interim step where we address areas where training needs to be targeted. The Quality and Safeguarding Committee will be sighted on the quality impacts.

Operational Performance

This report had already been presented to Trust Board, therefore the timing of this going forward would be considered. The most challenging areas continue to be waiting times for Adult Autistic Spectrum Disorder (ASD), Child and Adolescent Mental Health Service (CAMHS) and Paediatric outpatients.

Most improved areas were Psychological Services waiting list reduction with the target being achieved for the 2 plus contacts within community mental health. The Health Inequalities Programme Board has been established along with the Productivity Programme Board.

Neurodevelopmental service transition

The Committee was provided with an update on developments related to the:

- workforce dashboard which is improving month on month with positive staff survey results

- care and accommodation workstream
- acute adult mental health admissions have significantly reduced
- alliance is progressing well, and an Executive-to-Executive meeting has recently taken place to agree way forward
- annual health checks action plan developed
- finances have good oversight and scrutiny.

Business environments

East Midlands Perinatal Mental Health Provider Collaborative

The business case continues to be updated as work progresses. The financial allocation has been shared and the business case will set out what the proposal will look like and to identify if there is any financial gap, which will then require on-going work with the national team. There are also on-going discussions around infrastructure costs.

A governance report will be provided to the Quality and Safeguarding Committee in July.

The Committee were assured on progress to date.

Annual Contract report

The Committee was presented with a report containing the portfolio of service-related contracts.

One of the services we currently deliver is out to tender, so the Committee was made aware of the potential risks associated with this which are not just finance related.

Discussions are on-going with Integrated Care Board (ICB) regarding the IAPT (Improving Access to Talking Psychological Therapies contract with the potential of a newly commissioned contract during 2025/26 which may or may not be tariff based. A tariff-based approach would pose a financial risk to the organisation due to activity levels, however a recovery action plan is in place to improve productivity.

Board Assurance Framework (BAF) 2023/24 overview

The BAF is reviewed on an ongoing basis as the efficiency plans are being developed. It is important to capture the risks associated with both income loss and the Making Room for Dignity project.

Health and Safety Annual report

The Committee was presented with the annual report from April 2022 to March 2023. The Trust has maintained compliance with the regulatory reform order and Health and Safety at work Act. Fire training compliance is 89% and fire warden training at 82%. Health and Safety audits during the year have noted continued improvements.

The Committee noted an improvement plan to reduce aggression and threat, police liaison meetings take place and the Trust's focus will be on staff safety as identified in the staff survey.

An allocated team has been reviewing and updating all ligature risk assessments and reviews have been planned in for 2023/24. The team have also been supporting the Making Room for Dignity project with fire, health and safety and security.

Escalations to Board or other Committees: None
Board Assurance Framework: – Capture risks around income loss if services are tendered and risks around Making Room for Dignity project.
Next scheduled meeting: 18 July 2023

Committee Chair: Tony Edwards	**Executive Lead: Rachel Leyland, Interim Director of Finance**

Quality and Safeguarding Committee - key items discussed 11 May 2023

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.

Risk 1D had been re-worded after discussion at the previous meeting in April and now reads *"There is a risk that the organisation is in breach of essential standards for privacy and dignity in its acute bedded care facility"*. The revision is due to slippages in the dormitory eradication programme and was approved by the Board on 9 May.

The Committee confirmed it was satisfied with the ratings of the risks it has been allocated in the BAF. Discussion regarding emerging risks gave Non-Executive Directors a good understanding of the pressures that exist within in the organisation.

Risk Escalation and Assurance Report

This report outlined the process of the risk register reviews and the current status of extreme/high level Trust-wide operational risks. The report also provided an update on compliance rates for the tiered risk management training programme.

The risk programme had been independently audited by the internal audit programme and assurances and improvement work had been undertaken and reviewed by Audit and Risk Committee.

Discussion concluded that the report provided significant assurance regarding the structure behind risk management and the reporting strategy and significant assurance regarding the delivery of risk management training. It was agreed that reports are to include trajectory of improvement of risks.

Neurodevelopmental services update

An update on progress being made with the new service being modelled to provide better care for neurodevelopmental (ND) service users was presented.

The recent success achieved by the team despite them being under considerable pressure was highlighted. In the last two months ND adult mental health admissions have reduced from 15 to 5. The Autism Assessment service is realising the target of 26 a month. However; this does not meet the number of monthly referrals received. Autism assessments and resources are offered under the requirements of the Trust's contract but there are still a number of delays which need to be addressed. As an organisation we are trying to achieve more but this is extremely difficult without the required resources to increase the capacity to meet demand.

There is good evidence of safeguarding reporting and recording of safeguarding incidents in line with Trust policies. CQC inspection readiness is being proactively planned with positive feedback received from quality visits. There are robust action plans in place around quality improvements and addressing health inequalities.

Discussion concluded that recent performance in transformation of care is the best that has been achieved so far. This has been completed through additional resource with the intention of sustaining this level of performance.

Outstanding CQC actions

Although progress has been made towards completing outstanding actions operational pressures continue within acute wards which is impacting on the ability to achieve sustained improved practice. Recent Industrial action has also affected progress.

A Mental Health Act visit to the Kedleston Unit resulted in overall positive feedback regarding care plans and how the patient's voice is evident within the care and safety plans. The inspector also found strong evidence of patient involvement across the unit.

The report provided limited assurance in terms of progress towards completion of outstanding actions and significant assurance regarding the process behind completion of outstanding actions. It is anticipated that the next report will see significant progress being made in driving performance.

Ligature Risk Reduction

This report provided review of ligature risk management arrangements against CQC requirements and current compliance in relation to managing to manage ligature risks.

The number of incidents is monitored with a focus on learning and prevention. Staff are being trained to be able to deal with these incidents and health and wellbeing support is being provided to them. All incidents are reviewed with lessons learned taken through to the training provided to staff. Environment risk assessments are meeting the trajectory and are signed off to the CQC plan.

It is anticipated that the improved environment and resource within the new build facilities that has been designed to prevent ligature and self-harm incidents will result in reduced incidents of self-harm and violence.

It was concluded that significant assurance had been received on procedures and the completion of the review. There will be ongoing implementation of ligature audits as part of ongoing business as usual risk assessments.

Care Planning/Person Centred Care

A six-month progress update on person centred care and care planning delivery across the Trust demonstrated the continued focus on developing processes that improve the quality of care plans, safety planning, person-centred practice and trauma informed care planning.

Care planning now has a multi-disciplinary approach with everyone involved dedicated to achieving improvement. A significant improvement has been seen particularly in Acute services with some wards returning to the over 90% compliance level. The Crisis Team is working to ensure every patient has a care plan. Older Adult services is a division that is consistently making improvements.

The Committee was concerned that as a result of software issues there has been a deterioration in the performance of care planning since the migration from Paris to SystmOne.

Chaperone Policy and Procedures

The Chaperone Policy and Procedures that had been revised to improve clarity around ensuring that staff are mindful of the patients' perception of an intimate procedure was ratified by the Committee.

Board Assurance Framework – key risks identified: The next iteration of the BAF will articulate the improvement trajectory made so far in care planning
Escalations to Board: The deterioration in the performance of care planning since the migration from Paris to SystmOne
Next Meeting: 13 June 2023

Committee Chair: Lynn Andrews	**Executive Lead: Carolyn Green, Director of Nursing and Patient Experience**

Quality and Safeguarding Committee - key items discussed 13 June 2023

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 was assured that the BAF will articulate risks and mitigations being experienced in Acute care as well as the emerging ND service risks i.e. the impact of system risks associated with non-compliance with LD annual health checks. There are also resource capacity risks escalated from community mental health forensic service and the closed pathway of forensic LD.

Neurodevelopmental services update

An update on progress being made with the new service being modelled to provide better care for Neurodevelopmental (ND) service users was received.

ND Adult mental health admissions are on trajectory within Q1 and are on plan to reduce admissions and reliance on beds, however the situation remains unstable. There is continued emphasis on support and system joint solutions to reduce reliance on acute beds through in reach into independent provider accommodation.

Autism waiting lists are still a concern but the Trust had recently diagnosed 60% to 70% overall positively for this condition.

There are difficulties with required targets in ensuring primary care delivers Learning Disability (LD) annual health checks. A recovery action plan has been developed with primary care and Integrated Care Board to meet the required trajectory.

The Committee acknowledged that the team has achieved impressive results under very difficult circumstances and suggested that their improvement work receives recognition.

Annual Report from Guardian of Safe Working (GOSW)

This annual report provided data about the number of junior doctors in training in the Trust and arrangements made to ensure safe working within their contract and arrangements in place to identify, quantify and remedy any risks to the organisation.

The report highlighted the effectiveness of the bi-monthly Junior Doctors Forum (JDF). The Committee was significantly assured that the Trust's training through the GMC (General Medial Council) is effective from the positive feedback received from junior doctors across all specialities in terms of their medical education.

The Committee committed its support to the GOSW in discharging the duties of the role and the improvement processes in place to advocate for junior doctor colleagues. The report will be submitted to the Public Trust Board on 4 July for noting.

Quality Performance Dashboard

This bi-monthly update showed a stable performance overall from key clinical performance indicators across the Trust.

Discussion on outstanding actions following complaint investigations concluded that even with the additional resource the Patient Experience Team does not have the capacity to fully meet demand as the patient experience and SI compliance workload has significantly increased. Flexibility is also impacted as a result of complying with the Cost Improvement Programme (CIP) of 3%. Resources are being flexed across patient safety and patient experience to ensure that governance resources meet demand.

The Committee received significant assurance on progress towards the achievement of clinical performance targets but was conscious that the current stable position may not be achievable as a sustainable long-term position.

Quality Impact Assessment (QIA) Update

This report provided an update on the transformation programme and quality agenda with particular focus on quality processes and enablers.

The Committee was assured that there are a number of transformation initiatives ongoing that are being overseen in the bigger Cost Improvement Programme (CIP) which is directly linked to efficiency requirements and plans. The Committee requested that diligence in the undertaking and outcomes of the QIA process be featured in the next report to the Committee. The report will also cover the output of quality improvement capability work to complete the Quality Improvement Assessment and will take a retrospective look at work completed over the past year.

Outstanding CQC actions

An update report showed a stable position on the status of outstanding CQC actions and preparedness

Clarification was sought as to whether the CQC was aware of our proactiveness in completing outstanding actions. The Committee was assured of the transparency provided to the CQC and of the catalogue of learning and improvements that is maintained and escalated and of the audits that are submitted to the CQC as evidence from feedback received from Mental Health Act CQC inspectors.

Limited assurance was received from completion of improvement actions with significant assurance taken from the continued focus to repair practice gaps.

Quality Account 2022/23 Sign Off

The final version of the Quality Account for 2022/23 was signed off by the Committee under delegated authority of the Trust Board.

The Quality Account details the Trust's approach to quality over 2022/23, and how the Trust has continued to drive through quality improvements, delivering high quality and innovative care.

Physical Healthcare Update and Natasha's Law action and compliance

This interim report was focused upon progress and assurance/challenges. IPC (Infection Prevention and Control) will be updated separately as new guidance was issued on 2 May 2023 and requires work to be undertaken through sub-committees to provide further assurance

The Committee recognised the progress made in reporting, oversight, and engagement since the last update. Key priorities over coming months will be identified in the next report in October.
* Natasha's Law action and compliance was signed off due to the awareness and understanding of national food standards communicated across the Trust. Significant assurance was obtained from work to improve oversight and ability to report uptake and performance data.

* *Natasha's Law is there to protect people with food allergies who rely on the transparency of ingredients and food labelling for prepacked foods and it must have full compliance or lives will continually be put at risk.*

Patient Safety Update

The Medical Director's report provided an update on the current position, process developments and areas of concern with implementing the patient safety strategy. The report included updates in relation to the incident management and review process in line with the Trust Incident Reporting and Investigation Policy and Procedure, the national Patient Safety Incident Response Framework and the issues impacting on effectiveness, an update on the Trust's revision to Safety Planning and issues impacting on this implantation. Updates and assurance were also provided in relation to Family Liaison and Engagement and Duty of Candour.

Discussions arising from the report provided an insight of the capacity issues, areas where improvement has been achieved and those that require further enhancement. Despite this,

significant assurance was obtained due to the depth of understanding of patient safety requirements.
CQUIN end of year 2022/23 report An update on the Trust's achievement against the CQUINs for 2022/23 provided evidence of progress towards and assurance that the Trust is working towards full achievement while delivering evidence-based person-centred care. No concerns were raised with the content of the report. It was agreed that the plans in place to improve performance and to sustain the gains made into 2023/24 provided significant assurance.
Safeguarding Children Assurance This report provided significant assurance from safeguarding children activity in the Trust against statutory and legislative requirements. The report highlighted the continued high activity which the Safeguarding Team is fully engaged in. Safeguarding children training continues to be well supported with the inclusion of additional sessions and bespoke training to improve compliance. The Markers of Good Practice (MOGP) Audit has been successfully completed by the Children in Care Team and has received extremely positive feedback.
Safeguarding Adults Assurance Adult safeguarding performance and activity and review of statutory requirements was provided to the Committee for assurance. Clinical activity continues to be high with increasing complexity of safeguarding referrals and clinical cases. This includes person in a position of trust (PIPOT) and breaches in professional standards. The current position and activity of safeguarding highlighted the continued solid compliance for training standards. Compliance for attendance at statutory Public Protection Channel and multi-agency public protection arrangements (MAPPA) meetings which remains a priority. The Trust has retained two stars for Triangle of Care. This evidenced the clear thread of carer involvement, participation and co-production through the Triangle of Care standards that is embedded in activities across the Trust. The Committee received full assurance that statutory duties are being met.
Policy Review The Privacy and Dignity Policy and Procedures was ratified by the Committee having noted that it had been revised to improve clarification around number of gender specific wards. Information related to the COVID pandemic had been removed as no longer applicable. Legislation had been updated.
Board Assurance Framework – key risks identified: The next iteration of the BAF will articulate emerging ND service risks and mitigations being experienced, risks in Acute Care and risks with triangulating improvements in quality of care with the Cost Improvement Programme **Escalations to Board:** The Finance and Performance Committee is to address the difficulties being experienced by staff in meeting improvements in quality of care while complying with the Cost Improvement Programme **Next Meeting:** 11 July 2023

Committee Chair: Lynn Andrews	**Executive Lead: Carolyn Green, Director of Nursing and Patient Experience**

Neurodevelopmental (ND) Services Committee in Common (CiC) – key items discussed on 1 June 2023	
The Trust (DHCFT) established a Neurodevelopmental Services Committee in Common (CiC) that meets at the same time as Derbyshire Community Health Services NHS Foundation Trust's (DCHS) Neurodevelopmental Services Committee in Common (CiC). The Committee received feedback from the Executive to Executive Meeting that was held on 15 May 2023. It had been agreed that the Alliance work would continue, with changes being made quickly to allow easier ways of working for integrated teams and to respond to the feedback that had been received from staff. As part of the changes a new ND Steering Group will be established and it is proposed to stand down the Committee in Common at this time. The ND Steering Group will provide operational oversight of the Alliance work and from an assurance perspective the work would be reported through existing governance structures in both organisations. The newly formed group will be chaired by the Medical Director from DHCFT and the Director of Nursing, AHPs and Quality for DCHS. The terms of reference are being finalised with the first meeting to be held in June. The main function of the Steering Group is to oversee and facilitate the ND Alliance by providing direction, resolving barriers and facilitating change.	
Committee Chair: Deborah Good	**Executive Lead: Ade Odunlade** **Chief Operating Officer**
The Board is asked to agree to stand down the Committee in Common at this time and to receive assurance regarding the work through the existing governance structure.	

Mental Health Act Committee - key items discussed 9 June 2023
Mental Health Act Operational Group The Committee regularly receives the minutes of the above group for information only. They are presented by the Medical Director. The action matrix is now presented with the minutes.
Mental Health Act (MHA) Manager's Report The report covered the analysis and assessment of the Mental Health Act Office activity covering the period from 1 January to 31 March 2023. The data contained in the report was comprehensively reviewed and provided significant assurance that the safeguards of the MHA have been appropriately applied within the Trust. Limited assurance was obtained in terms of performance for reading of rights and follow ups on but the Committee was offered assurance that this has been escalated appropriately. Deep dives have been conducted into the uses of Section 62 (Urgent Treatment Requests) and two matters were brought to the Committees attention. Peer Reviews and 3 yearly reviews for the Associate Hospital Managers would be completed by the end of June. Updates were given on two recent CQC Mental Health Act monitoring visits.
Training Compliance The report provided an update on compliance for Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) as at 1 May 2023. Triangle of Care Training was 81.3% against a target of 85%. The current training compliance level stands at 88.79% against the compliance target of 90%, Limited assurance was obtained from the report due to the current gaps in training compliance.

Reducing Restrictive Practice, Restraint and Seclusion and locking of doors

The report provided an update on progress made regarding implementation of the positive and safe strategy in specific aspects that connect with the Mental Health Act Committee oversight of the Code of Practice or concerns highlighted within Mental Health Act reports. Areas of focus were visual and supportive observations, use of restrictive practice and absconsion. Based on the data within the report and a recent Community of Practise self-assessment, a Reducing Restrictive Practise strategy is currently in development in collaboration with the Positive and Safe Support team.

Use of Section 136 suites 135/136 report – Deep dive report

Section 136 of the Mental Health Act 1983 empowers a police officer to remove a person from a public place, who appears to be suffering from a mental disorder and to need immediate care. Such a removal to a place of safety can only take place if the officer believes that it is necessary in the interests of that person or the protection of others. The report showed the continuing upward trend in the use of S136, which is no different from other trusts. The re-launch of the street triage pilot in March had improved the situation. The Committee noted the current position and supported the continued ongoing work and improvements for the Section 135/136 Group.

Report on complaints from patients detained under the MHA

The report provided the comparison of complaints received during Q3 and Q4 of 2022/23 and complaints received regarding people on a Section of the Mental Health Act 1983. The information is also broken down by ethnicity. For patients on a Section of the Mental Health Act issues regarding staff attitude, care planning and medication have been raised on four or more occasions. Further discussions are taking place regarding the categorisation of care planning as a subject. Data from complaints is also included in the Patient Experience Report that is reported to the Quality and Safeguarding Committee with assurance provided regarding the themes and changes made to Trust services as a result of feedback from complaints.

Update from Associate Hospital Managers

Associate Hospital Managers (AHM) gave a verbal update on their activities, including numbers of AHMs in post and an assessment of their workload.

Escalations to Board or other Committee(s): None
Next Meeting: 15 September 2023

Committee Chair: Ashiedu Joel	**Executive Lead: Arun Chidambaram, Medical Director**

People and Culture Committee - key items discussed 15 June 2023

Summary of BAF Risks

The Committee reviewed BAF risk 2a it has oversight of in the context of discussions and the current work programmes. *"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."*

Progression was seen to have been made in a number of risk areas which will be captured in the next 2023/24 BAF.

Root causes (g) and (k) of Strategic Objective 2 *"There is a risk that we are unable to create the right culture with high levels of staff morale"* will be updated in the next iteration of the BAF.

(g) The capacity of leaders to focus on supporting, engaging and developing people

(k) Lack of clarity on the leadership role at different levels.

People and Inclusion Assurance Dashboard

The dashboard provided limited assurance from current performance due to the need to see improvement in a number of areas.

Training data shows good results. Clinical supervision has improved and occurs on a regular basis. Vacancy rates have increased. Work continues to improve recruitment and retention specifically in hard to recruit to areas. There are some teams with significant challenges. Hotspots are CAMHS, Perinatal and gambling services.

External Communications and Engagement

An update on external communications and engagement activities, highlighted key achievements and future areas of focus.

The Trust has a high level of involvement and liaison with the media. Given the nature of the Trust's services, a large proportion of this work involves responding to reactive media, often focused on serious incidents, issues or complaints, which require complex and often sensitive media management. The Trust's Communications team regularly handle complex and sensitive matters, including outcomes of coroner inquiries, serious case reviews and homicide publications. The Committee was mindful that these high profile events can have a significant impact on the Trust's reputation and also on staff morale.

Significant communications support is currently focused on supporting the Trust's recruitment approaches, through a targeted campaign that identifies the opportunities and benefits of working for Derbyshire Healthcare. The Trust's external engagement plan continues to support the Making Room for Dignity recruitment strategy.

The report gave a through insight into the different elements of external communications and engagement and the ongoing work of the Communications and Engagement team and future priorities in building the Trust's profile and managing any potential scenarios that could impact on our reputation.

Significant assurance was taken from the report and progress made to date and the future priorities for external communications and engagement.

Deep Dive on Leadership Development

The report provided details of the leadership development offer available to Derbyshire Healthcare colleagues.

The Committee was presented with a high level overview of the work undertaken across the system and the range of programmes available as part of the leadership offer.

The Aspiring to Be (A2B) programme is a key strength and has further potential for supporting aspiring talent. The report looked at barriers to BME colleagues participating The committee agreed that this is a good offer but more clarity is needed on who it is being offered to and how representation from the BME networks across the programmes offered is impacted by the areas of expertise and skills in the different networks.

Limited assurance was obtained from the leadership development offer due to the lack of outcome evidence. It was decided that there is a need to have a clear strategy for leadership development aligned with the operational plan.

Annual Medical Appraisal and Revalidation

This report updated the Committee on medical appraisal and revalidation activity within the Trust during the 2022/23 medical appraisal cycle and was received in preparation for the formal re-validation of Doctors Compliance Statement that will be submitted by the Medical Director to the Trust Board on 4 July.

The purpose of medical appraisal is to assure the General Medical Council (GMC) and to protect public confidence in doctors. Appraisal is an annual process and is done either face to face or

increasingly virtually. The report highlighted some practice changes that will require departure from our previous culture regarding the move to a new appraisal and job planning platform.	
Escalations to Board or other committees: None. **Board Assurance Framework – key risks identified:** Root causes and mitigations to the Strategic Objective 2 in BAF risk 2a will be updated in the next iteration of the BAF **Next Meeting:** 25 July 2023	
Committee Chair: Ralph Knibbs	**Executive Lead: Jaki Lowe, Director of People and Inclusion**

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 4 July 2023

Guardian of Safe Working Annual Report (June 2023)

Purpose of Report

This annual report from the DHCFT Guardian of Safe Working (GOSW) 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.

Executive Summary

The Trust Board is requested to note:

1) Dr Jawahar assumed the role of GOSW in December 2022
2) The Junior Doctor Forum (JDF) was reinstated on a 2 monthly basis from January 2023. Prior to this there had been no JDF for c. 6 months. The constitution is being updated to ensure its functions are performed correctly.
3) Shortly after coming into role, Dr Jawahar was approached by junior doctor colleagues to review previous exception reports. On review these constituted breaches of non-resident on call rest requirements, which incurs payment to the doctor and a fine levied against the Trust. A further review of all previous exception reports took place and the findings were presented at the JDF.
4) Exception reports broadly see doctors having to stay late in their usual roles. Time back in lieu (TOIL) was granted in these situations. This is reflected in the national picture for similar trusts to DHCFT. There were some exception reports that were breaches of non-resident on call rest requirements, incurring payment to the doctor and a fine levied against the Trust.
5) The South psychiatry rota will have a registrar tier from August 2023. This poses a risk to further breaches of non-resident on call rest requirements, especially considering that the registrar on call will be seeing both general and older adult patients (there will remain separate general and older adult consultant rotas). The breaches may also lead to a secondary educational impact, where immediate TOIL leads to a loss of educational opportunities.

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 creating a compassionate, skilled and empowered leadership, creating a vibrant culture where colleagues feel they belong, thrive and are valued.	x

3) The Trust is a **great partner** and actively embraces collaboration as our way of working.	x
4) We will make the **best use of resources** by making financially wise decisions and avoiding wasting resources to ensure financial recovery and long term sustainability.	x

Assurances

This 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

The GOSW has shared the previous quarterly report to Quality and Safeguarding Committee with the Joint Local Negotiating Committee, the Junior Doctor Forum and its constituent junior doctors. Following presentation to Quality and Safeguarding Committee the report will be shared with the Junior Doctor Forum and its constituent junior doctors.

Governance or Legal Issues None

Public Sector Equality Duty & Equality Impact Risk Analysis

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

- None

Recommendations

The Trust Board is requested to:

1) Note the contents of this report.
2) Note that this report was received by the Quality and Safeguarding Committee on the 13 June 2023. The Committee recommended that the report be received by the Trust Board with significant assurance.
3) Continue support for the GOSW in discharging the duties of their role and continuing to improve processes to advocate for junior doctor colleagues.

Report presented by: **Dr Arun Chidambaram, Medical Director**

Report prepared by: **Dr Kaanthan Jawahar, Guardian of Safe Working**

GUARDIAN OF SAFE WORKING ANNUAL REPORT
(June 2023)

1. Trainee data

Extended information supplied from 7 February 2023 to 5 April 2023

Numbers in post for doctors in training

Numbers of doctors in post WTE	North	South
FY1	2	5
FY2	2	4
GP ST	3.8 (headcount 4)	6.4 (headcount 7)
CT	10.4 (headcount 11)	11.8 (headcount 12)
HSTs	3.5 (headcount 4)	6.2 (headcount 7)
Paediatrics ST	0	1.5 ST5 (headcount 2)

Key
CT = Core trainee years 1-3
FY1/FY2 = Foundation year trainee (years 1 and 2)
HST = Specialty trainee (ST) years 4-7
GP ST = General practice specialty trainee
Paediatrics ST = Paediatrics specialty trainee (year 4+)

2. Exception Reports

Covering the period 6 April 2022 to 5 April 2023.
Total number of exception reports = 25 (21 working hours; 2 educational; 2 entered in error)

Location	No of exceptions raised	No of exceptions closed	No of exceptions outstanding
North	16	16	0
South	7	7	0
Total	23	23	0

Grade	No of exceptions raised	No of exceptions closed	No of exceptions outstanding
CT1-3	6	6	0
ST4-7	5	5	0
GP	0	0	0
Foundation	10	10	0
Total	23	23	0

Action taken

Location	Payment	TOIL	Not agreed	No action required
North	0	11	0	0
South	5	4	0	1
Total	5	15	0	1

Response time

Grade	48 hours	7 days	Longer than 7 days	Open
CT1-3	0	0	6	0
Foundation	3	0	7	0
ST4-7	0	0	5	0
GP	0	0	0	0

The predominant outcome of working hours exception reports is time back in lieu (TOIL).

One educational exception report was due to a day on call resident doctor being called away for an on call duty whilst attending the academic meeting.

One educational exception report was for how an FY doctor could not get cover to take a taster week.

Exceptions reports that resulted in payment (and fines levied against the trust) were all for breaching non-resident on call rest requirements. All were South.

Response times almost always exceeded the 7 day target, and were frequently in excess of 14 days. Delays will be due to accessing the system and time constraints driven by clinical need.

3. Work schedule reviews

No formal work schedule reviews during this period.

4. Fines

The current total of fines available for the JDF to spend is £1261.87 through cost code G62762.

Expenditure agreed on consumables for the North common room at the Hartington Unit, and a welcome dinner for North junior doctors. Encouraged at last JDF to do the same in the South. Exploring catering for academic meetings.

All fines are the result of breaching rest requirements on non-resident on call rotas. All were south.

5. Locum/Bank Shifts covered (Feb 2023 to Apr 2023)

	North	Cost	South	Cost
Locum/bank shifts covered	19	£10825.98	20	£9103.13
Agency locum shifts covered	0	0	0	0

6. Agency Locum

Nil

7. Vacancies (Feb 2023 to Apr 2023)

	North Dec 22 – Feb 23	South Dec 22 – Feb 23
CT1-CT3	1.6	0.2
ST4-7	2.5	1.8
GP Trainees	0.2	0.8
Foundation	0	0

8. Qualitative information

- Dr Jawahar assumed the role of GOSW in December 2022
- A sample of previous exception reports were reviewed at the request of the doctors that submitted them. On review these were non-resident on call rest requirement breaches, which led to retrospective payments to the doctors, and fines levied against the trust.
- A review of all previous exception reports took place and the results/themes were presented at the JDF
- Induction sessions with GOSW have now been embedded, taking place at the 4 and 6 monthly rotation dates
- The JDF has been reinstated on a two monthly basis
- The GOSW annual report was agreed to switch from calendar to financial year. This is the first annual report that looks at the financial year
- Fines accrued are now held in a separate cost code to Medical Education. Authorisation for use of the cost code is through the GOSW with the agreement of the JDF
- The JDF constitution is being updated and is currently being consulted upon
- Personalised work schedules are being considered by the JDF and Medical Education
- An extraordinary JDF was called ahead of the first set of junior doctor industrial action – this was to support discussion amongst junior doctor colleagues, with the agenda set and being led on by the junior doctor representatives
- Fatigue and Facilities monies have largely been spent/allocated. The primary use was refurbishment of junior doctor common room areas, but also more recently uniform scrubs
- The South psychiatry rota will have a registrar tier from August 2023. This poses a risk to further breaches of non-resident on call rest requirements, especially considering that the registrar on call will be seeing both general and older adult patients (there will remain separate general and older adult consultant rotas). The breaches may also lead to a secondary educational impact, where immediate TOIL leads to a loss of educational opportunities.

9. Compliance of rotas

Current work schedules are compliant with the 2016 junior doctor contract.

10. Other concerns raised with the Guardian of Safe Working (GoSW)

None that are not already covered in section 8.

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	
DAR	Divisional Assurance Review
DAT	Drug Action Team
Datix	Trust's electronic incident reporting system of an event that causes a loss, injury or a near miss to a patient, staff or others
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
DoH	Department of Health
DoLS	Deprivation of Liberty Safeguards
DRRT	Dementia Rapid Response Team
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

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
ELT	Executive Leadership Team
EMDR	Eye Movement Desensitising and Reprocessing Therapy
EMR	Electronic Medical Record
EPMA	Electronic Prescribing and Medicine Administration
EPR	Electronic Patient Record
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)

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
IMT	Incident Management Team
IM&T	Information Management and Technology
IRHTT	In-reach Home Treatment Team
IPP	Imprisonment for Public Protection
IPR	Integrated Performance Report
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

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
MHLT	Mental Health Liaison Team
MHRT	Mental Health Review Tribunal
MSC	Medical Staff Committee
MSK	Musculoskeletal (conditions)
MSU	Medium secure unit
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
OOA	Outside of Area
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	

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
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
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 (now Medical Senate)
TOOL	Trust Operational Oversight Leadership
U	
UDBH	University Hospitals of Derby and Burton
UEC	Urgent and emergency care
V	

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
VARM)	Vulnerable Adult Risk Management
VO	Vertical Observatory
W	
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent
Y	
YTD	Year to Date

(updated May 2023)

2023/24 Board Annual Forward Plan

Exec Lead	Meeting date	9 May 23	4 Jul 23	5 Sep 23	7 Nov 23	18 Jan 24	5 Mar 24
	Paper deadline	**2 May**	**26 Jun**	**29 Aug**	**30 Oct**	**8 Jan**	**26 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	X	X	X	X	X	X
STRATEGIC PLANNING AND CORPORATE GOVERNANCE							
DSPT	Trust Strategy progress update	X		X		X	
DPI	Staff Survey Results (following assurance at PCC)	X					
DPI	Annual Gender Pay Gap Report for approval (following assurance at PCC)	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 19 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 on 20 September				X		
DPI	Workforce Plan for 2023/24			X			
DPI	Annual Approval of Modern Slavery Statement (following assurance at PCC)	X					
DPI	2023/24 Flu Campaign			X			
Trust Sec	Corporate Governance Report	X					
Trust Sec	NHS Improvement Year-End Self-Certification (within Corp Gov Report)	X					
Trust Sec	Year-end governance reporting from Board Committees and approval of ToRs (within Corp Gov report)	X					
Trust Sec	Trust Sealings (six monthly - for information) within Corp Gov report	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 Sec	Board Effectiveness Report				X		
Trust Chair	Fit and Proper Person Declaration			X			
DPSPT/DoF	Operational/ Financial Plan	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	X	X	X	X	X	X
DSPT	ICB Joint Forward Plan (included in CEO Update)		X				
DPI	Equality Diversity and Inclusion (EDI) update				X		
COO	Emergency Preparedness, Resilience and Response (EPRR) Core Standards			X			
COO/Prog Director	Making Room for Dignity progress	X					
DON/COO/ DPI	Workforce Standards Formal Submission/Safer Staffing (prior to publishing on website) following assurance at PCC	X					

2023/24 Board Annual Forward Plan

Exec Lead	Meeting date	9 May 23	4 Jul 23	5 Sep 23	7 Nov 23	18 Jan 24	5 Mar 24
QUALITY GOVERNANCE							
EXEC	Position Statement - focus on CQC domains (Well Led CQC & NHSI) as per schedule	Caring DON	Well Led Trust Sec	Safe MD	Responsive COO	Effective DON MD & DPI	
MD	Learning from Deaths Mortality report (quarterly publication) (Sep/Nov/Jan/Mar)	AR		X	X	X	X
MD	Guardian of Safe Working Report		AR		X	X	X
DSPT	Continuous Quality Improvement: A Stocktake						X
DON	Infection Prevention and Control Annual Report and BAF					AR	
MD	Re-validation of Doctors Compliance Statement		X				
MD	Mental Health Bill			X			
DON	Assuring Quality Care					X	
DON	Receipt of Annual Reports: - Annual Looked After Children - Safeguarding Children and Adults at Risk				X		
DON	Outcome of Patient Stories - every two years - due March 2024						X
POLICY REVIEW							
DOF/ Trust Sec	Standing Finance Instructions Policy and Procedures Review (May 2023)	X					