NHS
Derbyshire Healthcare
NHS Foundation Trust

PUBLIC BOARD MEETING
TUESDAY 16 JANUARY 2024 TO COMMENCE AT 9.30AM
CONFERENCE ROOMS A&B, RESEARCH & DEVELOPMENT CENTRE, KINGSWAY, DERBY, DE22 3LZ

	TIME	AGENDA	LED BY
1.	9:30	Chair's welcome, opening remarks, apologies and declarations of interest	Selina Ullah
PATIENT STORY			
2.	9.35	Patient Story *"Involving experts by experience in perinatal mental health services across the East Midlands"*	Dave Mason
STANDING ITEMS			
3.		Minutes of the Board of Directors meeting held on 7 November 2023	
4.	10.00	Matters arising – Action Matrix	Selina Ullah
5.		Questions from members of the public	
6.	10.05	Chair's update	Selina Ullah
7.	10.15	Chief Executive's update	Mark Powell
STRATEGY, PERFORMANCE AND RISK			
8.	10.25	Trust Strategy Progress update	Vikki Ashton Taylor
9.	10.40	Integrated Performance report to include Finance, People Performance and Quality	Lee Doyle/David Tucker/Dave Mason/Rebecca Oakley/Jo Wilson
11:10 B R E A K			
10.	11.20	Position Statement focussing on CQC domains – Responsive	Lee Doyle/David Tucker
11.	11.35	Learning from Deaths Mortality report – verbal update	Arun Chidambaram
GOVERNANCE AND COMPLIANCE			
12.	11.40	Freedom to Speak Up Strategy	Justine Fitzjohn/Tam Howard
13.	11.45	Mental Health Bill – verbal update • Briefing on a recent High Court Judgement regarding virtual detentions	Arun Chidambaram
BOARD COMMITTEE ASSURANCE			
14.	12.00	Board Committee Assurance Summaries (meetings held during November and December 2023)	Committee Chairs
REPORTS FOR NOTING ON ASSURANCE FROM BOARD COMMITTEES			
15.	12.25	Quality and Safeguarding Committee: • Guardian of Safe Working report	Lynn Andrews
CLOSING BUSINESS			
16.	12.30	Identification of issues arising for inclusion or updating in the BAF	Selina Ullah
17.		Meeting effectiveness	
FOR INFORMATION			
Summary of Council of Governors meeting held 7 November 2023			
Glossary of NHS Acronyms			
2023/24 Forward Plan			

Questions applicable to the agenda, and at the Chair's discretion, can be sent by email to the Board Secretariat dhcft.boardsecretariat@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 9.30am on 5 March 2024 in Conference Rooms A&B, Centre for Research and Development, Kingsway. Arrangements will be notified on the Trust website 7 days in advance of the meeting.

Users of the Trust's services and members of the public are welcome to observe meetings of the Board. Participation in meetings is at the Chair's discretion.

D R A F T

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

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

Tuesday 7 November 2023

MEETING HELD IN PUBLIC	
Commenced: 09.30	Closed: 12:34

PRESENT		
	Selina Ullah	Trust Chair
	Tony Edwards	Deputy 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
	Ade Odunlade	Chief Operating Officer and Deputy Chief Executive
	Dr Arun Chidambaram	Medical Director
	Dave Mason	Interim Director of Nursing and Patient Experience
	Vikki Ashton Taylor	Director of Strategy, Partnerships and Transformation
	Justine Fitzjohn	Trust Secretary

IN ATTENDANCE		
	Rebecca Oakley	Acting Director of People and Inclusion
	David Tucker	Interim Director of Operations
	Lee Doyle	Interim Director of Operations
	Joanne Wilson	Interim Director of Finance
	Kyri Gregoriou	Deputy Director of Nursing and Patient Experience
	Anna Shaw	Deputy Director of Communications and Engagement
For DHCFT2023/099	Cordelia (Dee) Szeles	Guest for Patient Story
For DHCFT2023/099	Joe Thompson	Assistant Director of Clinical Professional Practice
For DHCFT2023/106	Andy Harrison	Senior Responsible Owner, Acute Care Capital Programme
For DHCFT2023/106	Geoff Neild	Programme Director
	Jo Bradbury	Corporate Governance Officer

APOLOGIES	Jaki Lowe	Director of People and Inclusion

OBSERVERS		
	Mark Ellis	Senior Clinical Quality Manager, NHS Derby and Derbyshire Integrated Care Board
	Sandra Austin	Carers Forum
	Andrew Beaumont	Public Governor, Erewash
	Sarah Szeles	Carer

DHCFT 2023/098	CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND DECLARATION OF INTERESTS
	Trust Chair, Selina Ullah welcomed Board colleagues and observers to today's meeting.
	Selina opened the meeting by recognising that there had been several new appointments and as such, each attendee introduced themselves. Apologies were noted as listed.
	The Register of Directors' Interest for 2023/24 was noted. There were no declarations of interest.
DHCFT 2023/099	PATIENT STORY
	Today's patient story was heard from Dee who shared her experience of "using Physiotherapy and Occupational Therapy services as a person with Cerebral Palsy in Derbyshire". Dee was accompanied by Sarah, her mother and carer and supported by Joe Thompson, Assistant Director of Clinical Professional Practice.
	Dee recalled that from an early age, there were frequent interactions with the Trust's services. Clinical discussions were held with her mother and had bypassed consultation with herself.
	On reaching adolescence, Dee became indignant that there had been little improvement with her condition. It was not a positive relationship with her Physiotherapist and visits were infrequent. Dee was discouraged from using a wheelchair, despite this being a necessity. Dee was bullied at school about her disability, mainly in relation to the wheelchair and her abnormal gait. Dee was ashamed of her disability and subsequently became deeply depressed and anxious.
	As a combination of walking and the pressure to carry a school bag, Dee's consultant made an unofficial diagnosis of chronic fatigue syndrome, from which Dee has not recovered and which continues to impact on day-to-day life.
	Dee then talked about her experiences when she was transferred from Children's to Young Adult Physiotherapy.
	Dee gave credit to recently assigned occupational therapists Janet Taylor, Rachel Ibbotson and James Wilmbleton, who had provided effective care.
	Adapting to the transition to Adult Services at the age of 16 proved difficult. Chaperoning was discouraged and consultation was now direct.
	Following recent psychiatric treatment, Dee is more accepting of her condition. Owing to deep embarrassment of the standard NHS-issue wheelchair, Dee was saddened that she had not been informed earlier of the Personal Wheelchair Budget. Subsequently, different wheelchair options were available.
	Dee was keen to state that issues with the Trust's services were not always treatment related. The main concern was the general attitude towards disability. It seemed that shame of her condition was advocated.
	Dee made helpful suggestions which included increased communication and awareness around children with disabilities and a formal process to support the transition from Child to Adult services.
	Non-Executive Director, Ashiedu Joel, commented that Dee had made valid suggestions.
	Dave Mason, Interim Director of Nursing and Patient Experience, thanked Dee for the powerful insight. Dave apologised on behalf of the Trust for any shortfall in Dee's care and articulated that clinicians would not intend to cause harm and the learning would be taken

forward from here.

Dee consented to a request from the Chief Executive to share her story to support staff training. In relation to Dee's aspirations to work in teaching, Dee explained that during her placement in schools, children with disabilities had seen her as a role model for achievement which motivated her to pursue this career.

On behalf of the Board, Selina thanked Dee for sharing her story and reiterated that the voice of the child should be amplified.

Dee's mother, Sarah, was invited to share her thoughts and experiences around Dee's care.

RESOLVED: The Board of Directors committed to take the learning from Dee's observations across the Trust's services to ensure there is smooth transition from Children's to Adult's services.

DHCFT 2023/100	MINUTES OF THE PREVIOUS BOARD OF DIRECTORS MEETING The draft minutes of the previous meeting held on 5 September 2023 were accepted as a correct record of the meeting.
DHCFT 2023/101	ACTION MATRIX The Board reviewed and closed the completed actions. In relation to the action from 2023/089, Trust Secretary, Justine Fitzjohn advised that discussions were ongoing to refine scheduling to bring Committee reporting in line with Board meetings.
DHCFT 2023/102	QUESTIONS FROM MEMBERS OF THE PUBLIC Selina shared the content of a letter that had been received asking why the Trust did not provide Repetitive Transcranial Magnetic Stimulation (rTMS) for the treatment of depression and other related psychological disorders. Arun Chidambaram, Medical Director, confirmed that a business case was being put together, but the issue would be funding. He added that rTMS is offered by very few trusts and was not appropriate for some patients. It was noted that the same letter had been sent to the Chief Executive and the response was being co-ordinated through the Patient Experience Team. It was agreed that the Board would be notified of any progress in the business case should funding be secured. RESOLVED: The Board of Directors noted the content of the letter and that the response would be sent direct.
DHCFT 2023/103	CHAIR'S UPDATE Selina provided the Board with her reflections on activity since the previous Board meeting on 5 September 2023. She commented on a really positive Annual Members Meeting held in September, under the theme, 'Working with You'. Selina had been inspired by the energy and progressive outlook of attendees at the staff conference on 11 October, under the theme of 'Time to Reset'. Dave Mason was welcomed to the Executive Director Team as Interim Director of Nursing and Patient Experience and Kyri Gregoriou, Deputy Director of Nursing and Patient

Experience, was thanked for stepping into the role and dealing with some challenging matters during the previous six weeks.

Selina bade a fond farewell to Ade Odunlade, Chief Operating Officer, and reflected on the significant impact made during his time with the Trust. The role was to be covered by two Interim Directors of Operations, David Tucker and Lee Doyle, whilst the substantive recruitment was underway.

On behalf of the Trust, thanks were offered to Jaki Lowe, Director of People and Inclusion, in particular for the strong leadership during COVID-19. Jaki would leave at the end of November. Rebecca Oakley, Deputy Director of People and Inclusion, would step up in the interim until a substantive appointment was made.

Selina was pleased to report that the Trust had been named as the Trust of the Year, by the Asian Professionals National Alliance (APNA) in recognition of its Equality, Diversity and Inclusion (EDI) work, she referred to a recent letter from the Secretary of State for Health and Social Care, which challenged the appropriateness of investing in EDI. Selina reiterated the importance and commitment the Board placed on having a team to support EDI at the Trust. Mark strongly agreed and advised the Board that attendees at the NHS Conference/Providers had responded similarly.

Tony Edwards, Deputy Trust Chair, was keen to explore the plans to increase engagement from the wider Trust membership, based on the low turnout of members at the Annual Members Meeting. Justine Fitzjohn, Trust Secretary, explained that a lot of member organisations had challenges with participation but the opportunities for involvement were regularly promoted through the members' emails and newsletters.

On behalf of the Board and herself personally, Selina extended thanks and appreciation to Sue Turner, Trust Secretary, on her retirement. Jo Bradbury, Corporate Governance Officer, was welcomed as Sue's successor.

RESOLVED: The Board of Directors considered the content of the Chair's update.

DHCFT 2023/104	CHIEF EXECUTIVE'S REPORT

Mark Powell, Chief Executive's report covered current local issues and national policy developments. The report also reflected a wider view of the Trust's operating environment. Mark highlighted the following matters:

Mark recognised the tremendous efforts made by colleagues in response to the recent flood disruption.

He recommended that the Board reads the CQC State of Care 2022/23 report, which acknowledged that NHS staff faced an unprecedented combination of pressures and rising demand last year, including tens of thousands more mental health appointments.

An overview of the Right Care, Right Person (RCRP) national agreement was provided. This agreement represented a significant change in national policy, whereby the Police will only respond to incidents if there is a real and immediate risk to life, serious harm or where a crime is involved. It was noted that the Integrated Care Board (ICB) was to lead a working group in the development of Standard Operating Procedures and the Board would be kept appraised. It was anticipated that national guidance would support the Quality and Safeguarding and People and Culture Committees to scrutinise the impact of RCRP.

Mark also spoke about the success and positivity of the Staff Conference in October and colleagues' appetite to review the Trust values alongside the Trust Strategy.

There had been many achievements to be celebrated since September 2023. Mark

congratulated colleagues who had been recognised, in particular Selina, who was

recognised by the Health Service Journal (HSJ) as one of the most influential minority ethnic health leaders and Ade, who was named as the 'Mentoring and Coaching Champion' of the year at the Asian Professionals National Alliance (APNA) conference.

RESOLVED: The Board of Directors scrutinised and noted the content of the Chief Executive's report.

DHCFT 2023/105	**INTEGRATED PERFORMANCE REPORT (IPR)** The IPR provided an update on key finance, performance and workforce measures at the end of September 2023. Operations Ade gave an overview of operations. The most challenging areas included 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 and mean length of stay, which had increased from 52 to 54 days. The most improved performance was a reduction in waiting times for both Psychological services and Child and Adolescent Mental Health service (CAMHS). Bed Occupancy rates had also improved. Ade added this was testament to the staff's hard work. Tony commented that the lower number of Attention Deficit Hyperactivity Disorder (ADHD) referrals could be due to accessibility, Selina queried which communities were accessing the service and could this be linked to inequalities. Ade stated the service was looking at the need for adaptation to meet the needs of specific groups. Selina observed that the Board would like more specific targets and the trajectory for improvement for these measures to be set out clearly in future reports. Finance Joanne Wilson, Interim Director of Finance, reported on the year-to-date position, which was a surplus of £1.1m against a planned surplus of £1.0m, a favourable variance of £0.1m. The forecast contains assumptions on delivering efficiencies in full and also mitigating cost pressures. The Board noted the Trust continues to face a challenging, financial position, with a clear need to break even by the end of March 2024. Mark pointed out that scrutiny of the Public Dividend Capital (PDC) was to be maintained and that the Trust was struggling to secure the funding from the East Midlands collaborative, in relation to the complex patient. A clearer view of the position was expected in January 2024. Tony cautioned that the unforeseen budgeting constraints had increased dramatically. Lynn Andrews, Non-Executive Director, considered the non-quantifiable impact of the industrial action on morale, finance and performance, adding there had been an abundance of goodwill from colleagues to minimise the impact. Arun Chidambaram, Medical Director, commented that the effects on morale and relationships had been acknowledged nationally as a key priority to be repaired. Ade shared that the Trust's first Medical Bank was being established, which would stabilise the overspend on agency. People Rebecca updated the Board on the agency reduction programme that had been established

across the system and reported that the Trust was to implement a stringent authorisation process. In addition, there would be a proposal to increase the number of Healthcare Assistants to minimise reliance on temporary staffing (bank).

It was noted that the 2023 Staff Survey was due to close 24 November 2023 and the response rate to date was 45%. The Trust had utilised the NHS England Engagement toolkit to inspire participation.

In relation to staff absence, Rebecca advised that sickness remained above the target of 5%, however, current intelligence showed divisions were providing a focus on sickness absence, there was no correlation with the industrial action. Wellbeing summits in Divisions were providing a focus on sickness absence.

Geoff Lewins, Non-Executive Director, challenged when improvement for clinical and management supervision compliance was to be expected. Rebecca informed that as part of a 360 Assurance review, the reporting measures were under scrutiny to ensure compliance.

The Board considered the Staff Survey response rate and how this could be improved. Rebecca assured the Board of the commitment invested to improve participation, which included several creative initiatives.

Quality
Dave highlighted the main points around quality performance.

It was noted that between July 2023 and September 2023, there had been a 20% decrease in the number of medication incidents reported. Conversely, there had been an increase of 20 other incidents of moderate to catastrophic actual harm and this was being monitored closely.

The Board noted an improved position on Care Plan Approach (CPA) compliance, with a target to increase to 60% by December 2023 and 85% April 2024.

The Board questioned the number of reported Datix incidents. Dave replied that the increase was attributed to a high number of repeated incidents of self-harm involving a small group of patients. This was being monitored.

Geoff queried when the Trust expected full compliance of CPA. Dave commented that the target was ambitious, and Lynn stated that it was crucial that the CPA covered the right actions, the impact and effectiveness of the actions. It was noted that the Quality and Safeguarding Committee was closing monitoring this.

In relation to some Severe Mental Illness (SMI), Ade advised there was a national shift from the CPA approach to a new model of meaningful interventions.

Having held extensive discussion on current performance the Board agreed that although positive assurance had been obtained from actions being taken to progress challenging areas, limited assurance was received on current performance. Further scrutiny of performance will take place primarily within the Finance and Performance Committee and the People and Culture Committee as well as the Quality and Safeguarding Committee.

RESOLVED: The Board of Directors is requested to:
1) Confirmed limited assurance on current performance across the areas present.
2) Agreed the report incorporated 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 2023/106	MAKING ROOM FOR DIGNITY (MRfD) PROGRESS UPDATE

	Andy Harrison, Senior Responsible Owner, Acute Care Capital Programme, presented a progress update, which covered the go live dates of the various aspects of the programme.

The Board noted that good progress was being made for the recruitment, with open days at the Hartington Unit, Kingsway and at Chesterfield, attracting significant applicant numbers, which equated to a further 32 nursing and 43 allied health professional (AHP) online applicants. The recruitment campaign will continue for existing vacancies and with phased recruitment for additional posts throughout next year.

Geoff queried the gap between refurbishment completion in December 2023 and the go-live date of November 2024 for Audrey House. Andy confirmed this was attributed to safety concerns as Audrey House would remain as a decant ward during the interim.

Lynn gave challenge around workforce plans and pathways of care. Andy gave an overview of recruitment campaigns to date, which had resulted in appointments to many of the vacancies. Andy explained that the PICU Manager was to be recruited one year ahead and that a second Project Manager was to be appointed.

Discussion was held around existing recruitment challenges in comparison for the new programme. Mark cautioned that the Board needed clarity on recruitment for the programme, which should not be confused with vacancies within the current workforce or agency staffing. A request was made to ensure the workforce reports to the People and Culture Committee provided this clarity. **Action: Interim Director of People and Inclusion**

Ralph Knibbs, Non-Executive Director, was keen to learn how staff were being involved and what relocation opportunities had been offered. Andy advised of regular engagement sessions. There was a phased programme to trial individual preferences. It was confirmed that the enhanced recruitment campaign would continue.

Selina congratulated Andy and the team for the great work and progress.

RESOLVED: The Board of Directors noted the progress to date and assurance on delivery of the MRfD Programme |
| DHCFT 2023/107 | <u>CARE QUALITY COMMISSION (CQC) INSPECTION ASSURANCE UPDATE</u>

The Board received an update on actions relating to the CQC's unannounced, focussed inspection at Ward 35. The Trust had taken immediate action and provided assurance to the CQC but had also taken action to review governance and assurance frameworks.

Lynn commented that further assurance had been required by the Quality and Safeguarding Committee, which received regular updates on CQC actions.

Tony was curious to learn the outcome of other ward reviews in comparison to Ward 35. Dave advised that there was a common theme around training, which was being investigated.

Mark wished to record the Board's disappointment as the inspection findings were not acceptable. However, Mark praised the prompt response from the Trust to address the CQC actions.

Deborah Good, Non-Executive Director, commented that contributing factors had been staffing issues and reliance on temporary staffing and that targeted support plans were required.

RESOLVED: The Board of Directors:
1) Reviewed the report in line with the recent CQC inspection.
2) Determined a significant level of assurance on the response to the immediate actions but limited assurance on the sustainability of improvements. |

DHCFT 2023/108	POSITION STATEMENT – CQC SAFE DOMAIN

Arun reported on the Trust's plans to review the approach to improving safety against the national NHS Patient Safety Strategy around culture and systems, published in July 2019, and also offered an update against CQC domains on safety.

Timing constraints unfortunately resulted in the paper coming to the Trust Board without a review at the Quality and Safeguarding Committee.

Arun advised of the positive shift towards forward learning rather than Root Cause Analysis (retrospective learning). Arun gave his assessment of the essential requirements to achieve the highest safety standards, which were:

- A clear sense of mission
- An integrated approach
- Adequate resources
- Avoidance of harm
- A compassionate 'Just Culture'
- A learning culture
- Outcomes

The report also contained a safety stocktake against the six KLOEs within the CQC safe domain.

In relation to KLOE 1, feedback from patient safety investigations was that Safeguarding Adults and Children training compliance standards were good.

The Board noted that commissioning gaps had been highlighted in Joined Up Care Derbyshire, prior to the COVID-19 pandemic that were impacting on patient safety. These were Child and Adolescent Mental Health services (CAMHS) and Adult Eating Disorder service. There was also no pathway for Adult Attention Deficit Hyperactivity Disorder (ADHD) and Adult Autism Spectrum Disorder. A working group was exploring options to set this up, in partnership with Derbyshire Integrated Care Board (ICB).

Selina challenged that many of the issues had been highlighted previously. Arun contributed this to the pandemic along with locum staffing and workforce morale. It was a requirement to preserve these services.

Lynn pointed out the limited capacity of the Patient Safety Team. Arun suggested outsourcing some of the work, training the existing workforce and creating a plan to bring down the backlog but this may take two to three years.

RESOLVED: The Board of Directors:
1) Noted the report.
2) Confirmed commitment to improved safety for staff and patients. |
| DHCFT 2023/109 | BOARD ASSURANCE FRAMEWORK 2023/24 Issue 3.3

Justine presented the Board with the third issue of the BAF for 2023/24. The Executive Director Leads, Deputy Directors, Operational Leads and Trust Senior Managers had reviewed the risks and provided comprehensive updates.

Justine reminded Committee Chairs of the need to summarise any change to the BAF during meetings so these can be notified to Kelly Simms, Risk and Assurance Manager.

RESOLVED: The Board of Directors:
1) Reviewed and approved this third issue of the BAF for 2023/24
2) Agreed to continue to receive updates in line with the forward plan for the Trust Board. |

DHCFT 2023/110	**WELL LED REVIEW** The Board agreed that the report was a positive evaluation of the Trust's Leadership and Governance against the Joint NHSE/CQC Well Led Framework and provides the Board with assurance of compliance. The recommendations from the report had been included in an action plan, which would be monitored by the Audit and Risk Committee. RESOLVED: The Board of Directors noted the contents of the report, accepted the proposed recommendations, and noted that the delivery of recommendations will be via the action plan, as progressed through the Audit and Risk Committee.
DHCFT 2023/111	**BOARD COMMITTEE ASSURANCE SUMMARIES** The Board Assurance summaries from recent meetings of the Board Committees were accepted as a clear representation of the priorities to be taken forward in forthcoming meetings. No specific points of note were raised by the Chairs of the Audit and Risk or People and Culture Committee outside of their written summaries. The following points were brought to the attention of the Board: Quality and Safeguarding Committee: In terms of escalation, Lynn Andrews, Chair, had requested a training evaluation report specifically for Safeguarding training be received from the People and Culture Committee. Mental Health Act Committee: Ashiedu Joel, Chair, flagged that a key concern was that Care Programme Approach (CPA) training was not on target, but this had also been discussed during this meeting, where plans to improve compliance had been set out. Finance and Performance Committee: Tony Edwards, Chair, reported that the Committee had agreed to escalate concerns on the current financial position of the Trust to the Chair and Chief Executive and he confirmed that he had been in conversation with them. 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 2023/112	**ASSURANCE FROM THE QUALITY AND SAFEGUARDING COMMITTEE** Mortality Report: The Quality and Safeguarding Committee regularly receives and scrutinises the Mortality Report. The report presented by the Medical Director on 10 October 2023 provided significant assurance of the Trust's approach and the learning to be had from the process. RESOLVED: The Board of Directors: 1) Accepted the Mortality Report on assurance from the Quality and Safeguarding Committee of the Trust's approach. 2) Agreed for the report to be published on the Trust's website as per national guidance. Guardian of Safe Working Quarterly Report: This quarterly report from the Trust's 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. RESOLVED: The Board of Directors:

	1) Noted the contents of the Guardian of Safe Working (GOSW) Report. 2) Received assurance from the Quality and Safeguarding Committee that the duties and requirements as set out in the 2016 Junior Doctor terms and conditions of service are being met. Safeguarding Children and Adults Annual Report 2022/23: The Annual Report is a governance requirement of both the Trust and the Safeguarding Children Partnership and Adult Safeguarding Boards. It provides assurance that the Trust is meeting its legal and statutory performance and governance requirements. RESOLVED: The Board of Directors received the Safeguarding Children and Adults Annual report which was offered by the Quality and Safeguarding Committee with significant assurance regarding the fulfilment of legal and statutory duties. Children in Care Annual Report 2022/23: The purpose of this report is to provide an overview of the progress, challenges, opportunities, and future priorities to support and improve the health and wellbeing of Children in Care in Derby City. This report is to provide assurance to the Board on how this service is discharging its legal duties and clinical standard requirements. RESOLVED: The Board of Directors: 1) Noted that the Quality and Safeguarding Committee received significant assurance of the work around Children in Care and young people and the continued partnership working to ensure the best outcome is achieved for this vulnerable group of children and young people. 2) Noted that the Quality and Safeguarding Committee accepted the annual report and agreed on the key priorities set for 2023/24. Infection Prevention and Control Annual Report 2022/23 and IPC BAF: This report outlines Trust compliance with the Infection Prevention Control Board Assurance framework as part of the Trust's regulatory compliance in accordance with the Health and Social Care Act. RESOLVED: The Board of Directors: 1) Received assurance from the Quality and Safeguarding Committee that the Trust is compliant with National IPC standards. 2) Accepted the updated BAF as evidence of compliance with National IPC framework standards and expectations.
DHCFT 2023/113	ASSURANCE FROM THE PEOPLE AND CULTURE COMMITTEE Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) submission retrospective sign off: The WRES and WDES datasets had been submitted to NHS England in time for the deadline of 31 August 2023. The EDI Steering Group would have quarterly oversight on progress on the action areas. RESOLVED: The Board of Directors: 1) Ratified the WRES Report and Action Plan which had been previously approved by the People and Culture Committee on 19 September 2023 as published on the Trust's public-facing website. 2) Noted that the EDI Steering Group is to provide quarterly oversight on progress. Workforce Plan 2023/24: The workforce plan is required to enable the delivery of the Making Room for Dignity project and Living Well programme and is a crucial part of the self-assessment process for Workforce Standards. RESOLVED: The Board of Directors: 1) Noted the workforce plan and its contents and support the strategic actions

	outlined.
	2) Noted that the People and Culture Committee supported the progress of the workplan.
	3) Noted that the People and Culture Committee received limited assurance that the Trust has a workforce plan to support the growth, tracking and workforce challenges for the next twelve months.
	4) Noted that the People and Culture Committee took limited assurance that the workforce plan will ensure delivery against all workforce requirements for the next twelve months.
DHCFT 2023/114	IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK (BAF) No additional items.
DHCFT 2023/115	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 2023/116	MEETING EFFECTIVENESS The Board agreed that today's patient story highlighted powerful themes about staff perceptions of disability, how the voices of children are heard and transition from child to adult services.

The next meeting to be held in public session will be held in person at 9.30am on 16 January 2024 in Conference Rooms A and B, Centre for Research and Development, Kingsway, Derby.

ACTION MATRIX - BOARD OF DIRECTORS (PUBLIC) - JANUARY 2024

Date	Minute Ref	Item	Lead	Action	Completion Date	Current Position	
05.09.2023	DHCFT 2023/101	Action Matrix - BAF Update	Trust Secretary	Triangulation of BAF and scheduling of Board Committee meetings to be assessed	31.03.2024	Discussions have taken place outside of the Board meeting. An exercise will be held to see if any refinements can be made to the scheduling going forward. Any changes would be effective from 01.04.2024. A similar issue around scheduling of Finance and Performance reporting has been raised.	Amber
07.11.2023	DHCFT 2023/102	Questions from Members of the Public	MD	Investigate potential to offer Repetitive Transcranial Magnetic Stimulation (rTMS)	16.01.2024	Response sent to the individual 04.12.2023.	Green
07.11.2023	DHCFT 2023/106	Making Room for Dignity (MRfD) Progress Update	DPI	Discussion was held around existing recruitment challenges in comparison for the new programme. which should not be confused with vacancies within the current workforce or agency staffing. A request was made to ensure the workforce reports to the People and Culture Committee provided this clarity.	16.01.2024	Workforce reports to People and Culture Committee will cover the distinction between vacancies specifcally for MRfD and current workforce vacancies.	Green

Key:	Action Overdue	RED		0	0%
	Action Ongoing/Update Required	AMBER		1	33%
	Resolved	GREEN		2	67%
	Agenda item for future meeting	YELLOW		0	0%
				3	100%

Derbyshire Healthcare NHS Foundation Trust
Report to the Public Board of Directors – 16 January 2024

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 activity with and for the Trust since the previous Board meeting on 7 November 2023. The structure of this report reflects the role that I have as Trust Chair.

I would like to take this opportunity to wish members of the Board, our staff colleagues, Governors and all stakeholders a very Happy New Year.

The last 12 months have been a period of huge change and transformation, we have faced many unplanned challenges, including industrial action.

Importantly, everyone has risen to those challenges with determination, grit and compassion. We have many successes to be proud of and our colleagues, services and the Trust have been acknowledged both regionally and nationally. 2024 is going to be an equally exciting year ahead of us.

My focus will be on developing the unitary Board and working with the Board, our colleagues and partners to develop the Trust strategy. The Board will continue to concentrate on the Trust becoming a high performing organisation with soul, being people first and delivering for our patients.

Here is to 2024 being a year of productivity, pace, improvement, good health and restoration for our patients, carers, colleagues, services and the wider organisation.

Our Trust and Staff

1. On 22 November we had our 2023 HEARTS Staff Awards at Kingsway. It was a wonderful opportunity to acknowledge and celebrate the fantastic work of our colleagues and teams who go over and beyond the call of duty. Once again, the Communications team did a fabulous job in turning our training room into a space fit for a celebration. This year, the training room was turned into a high-end afternoon tea setting with equally high-quality afternoon tea provided by our amazing catering team. A big thank you to both teams.

2. I undertook some service visits on 28 November. I visited Albany House and met the Crisis team, the Home Treatment team and the Older People's Crisis team. I also spoke to the Administration team and Mathew Joseph, Consultant. We discussed the challenges of integration, continuity of treatment between primary, community and secondary care, primary care misdiagnosis of delirium as dementia, the problems of three-day antibiotic prescribing and the adverse impact on patients and the team in relation to workload. The teams offered to take the Non-Executive Directors (NEDs) out

on visits with them to give further insight and opportunity to triangulate Board reports.

3. I attended the Disability and Wellness Network on 10 December. It was good to meet colleagues from the network and hear about their experiences of working for the Trust. We spoke about reasonable adjustments and how we can help colleagues to keep working, through support and removing obstacles, to their full participation at work.

4. Mark mentions the memorial service for Jess Melbourne in his report. Tt was so touching to see Jess' family, work friends and colleagues attended, paying tribute to her caring nature and skills as a mental health practitioner. It was a fitting and moving service for a much-loved colleague. Jess will be greatly missed and our condolences to Jess' family and friends.

5. The Christmas decorations' competition, as per tradition, provided an opportunity for colleagues and patients to spread the festive cheer. Colleagues and service users excelled in bringing the festive atmosphere to our services and environments. The winners are listed in Mark's report. Well done to everyone who took part. The Trust's Christmas lunch was also a big success due to the hard work of the amazing Catering team. The quality of the meal and service was second to none. Board members enjoyed their Christmas lunch with colleagues.

6. On 16 and 19 December I attended the online Chief Executive Officer (CEO) Engagement Hour. The topic was our approach to the financial challenges the Trust faces in the context of the wider system challenges and some of the initiatives that are being introduced to mitigate and improve our position. Over 200 colleagues attended the call; it was heartening to hear the questions and some suggestions for the senior leadership to consider. Overall, there was a positive response to the approach being taken. Colleagues welcomed the openness and honesty and recognised that this approach was necessary for the current circumstances.

7. I would like to recognise the Winter Wellbeing Campaign that ran through the month of December. My thanks to all colleagues who worked so hard behind the scenes to make this happen. This brought a strong focus for everyone on our own health and wellbeing.

8. Finally, I would like to thank all our colleagues for their on-going commitment and dedication shown to the Trust and our patients and service users, at a time that continues to be evermore challenging, internally and externally, in the wider system.

Council of Governors

1. I meet regularly with Susan Ryan, Lead Governor. These meetings are an important way of building the relationship and understanding of the working of the Board and the Council of Governors. On 5 December, I met with Susan to update and inform her of issues and developments in the Trust, as well as hear from her about any key issues the Governors may have raised with her. I am grateful to our Governors for all their work and for ensuring the needs of their constituents and all Derbyshire communities are at the forefront of our service planning and delivery.

2. The Governance Committee, jointly chaired by Marie Hickman and David Charnock, met on 7 December. Tony Edwards, Deputy Chair, attended on my behalf.

3. The next meeting of the Council of Governors will be on 5 March, following the Public Board meeting on that day. The next Governance Committee takes place in April.

Board of Directors

1. On 10 November, an Extraordinary Remuneration and Appointments Committee meeting was held to discuss the annual review of Very Senior Managers' (VSMs) salaries and we received an update on Executive Director recruitment from Mark

Powell, CEO.

2. On 21 November, Board members were invited to join the Finance and Performance Committee to partake in the discussions relating to delivery of the Trust financial plan and achieving financial sustainability.

3. The Finance and Performance Committee was followed by the Extraordinary Confidential Board which discussed the 2023/24 Operational Finance Plan.

4. On 5 December, the Confidential Board meeting was held. This was followed by a session with the Greg Rielly, Care Quality Commission (CQC) Deputy Director of Operations, who outlined the new CQC Assessment Framework, along with the approach to inspections, assessments and judgements regarding ratings. It was very informative and useful, with a number of actions on further awareness-raising sessions for Trust colleagues.

5. On 28 November. we said goodbye to Jaki Lowe, Director of People and Inclusion. We thank her for her leadership of the people agenda; in particular, during Covid-19 and wish her every success in her future role.

6. I continue to meet with my NED colleagues on a quarterly basis to review their objectives, development needs and discuss their perspectives on how the Board and Trust is delivering Trust priorities. This quarter, I met with Geoff Lewins and Lynn Andrews.

7. On 13 December, the Board Remuneration and Appointments Committee received reports on plans for recruiting to the existing Executive vacancies. We also discussed the requirements of a Board Development Programme, following the Well Led review recommendations and Board member training compliance, which I am pleased to report is fully green.

8. We held our Board Development session on 13 December. The development was focussed on Health Inequalities and was led by Arun Chidambaram, Medical Director. We were honoured to have Professor Bola Owolabi, Director of Health Inequalities at NHS England, along with Robyn Dewis and Ellie Houlston, Directors of Public Health for Derbyshire and Derby respectively. This was followed by a Place-based case study, presented by Dr Duncan Gooch, Primary Care Network (PCN) Clinical Director, Derbyshire General Practice Provider Board (GPPB) and Erewash Health Partnership and Sara Bains, Health Inequalities Lead for Erewash PCN.   The three presentations stimulated lots of discussion and reinforced the importance of addressing health inequalities and ensuring this is the lens through which the next Trust strategy is delivered.

9. The chairs of committees met with me and the other NEDs. We reflected on our skills matrix, committee membership and our approach to Board development.

10. I observed the Mental Health Act Committee on 15 December, which has the very important role of ensuring the Trust is compliant with the Mental Health Act legislation

and associated requirements in relation to the rights of detained and sectioned patients. For example, the use of restrictive practice, appeals against detention and access to representation, to name a few areas. It was assuring to hear the presentations and subsequent discussions which put the interests of the patient at the centre.

System Collaboration and Working

1. The four Derbyshire Provider Chairs continue to meet monthly with Richard Wright, Interim Chair of the Integrated Care Board (ICB)/Joined Up Care Derbyshire (JUCD). This provides an opportunity for the system leaders to discuss and agree approaches to system issues affecting patients. At our meeting, we discussed the finances and the financial outlook for the wider system.

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

Regulators, NHS Providers and NHS Confederation and others

1. On 14 and 15 November, along with Mark Powell, CEO, I attended the NHS Providers Conference in Liverpool. This event was well attended by NHS Chief Executives, Executives, Chairs and Non-Executive Directors. We heard from Victoria Atkins, Secretary of State and Will Streeting, Shadow Health Secretary. They gave their political view on the NHS and their priorities going forward.

2. On 22 November, I attended the NHS Providers Race Equality Board Advisory Group and was duly elected as Chair of the Advisory Group.

3. On 4 December, I attended the Race Equality in Healthcare Conference in Manchester. It was an informative conference, sharing research on disparities in outcomes for people of a Black, Asian and Minority Ethnic (BAME) background and the need to disaggregate data to better understand the real picture behind the data.

4. I met with Chris Dzikiti, National Director for Mental Health at the CQC. We discussed our Making Room for Dignity and the new assessment framework. This was a positive meeting, and I am looking forward to him visiting our new facilities in the new year.

5. I attended the NHS Providers Board meeting on 11 December. We discussed the forthcoming industrial action and the impact on care, services, finances and morale. The key concerns of NHS leaders centre on winter pressures, system pressures and the long period of industrial action announced by junior doctors. The NHS has seen an unprecedented and prolonged period of industrial action, the longest in its 75 year history.

6. On 11 December, I also joined the NHS Confederation Chairs meeting. The key item for discussion was the productivity gap in the NHS following the Covid-19 pandemic and the loss of discretionary effort, for example burnout. We also heard the drive from the Treasury for more productivity and the areas of focus being on prevention, digital enablers, artificial intelligence and administrative functions.

7. I have attended regular briefings from NHS England for the Midlands region, the emphasis being on winter planning, industrial action and the financial challenges the system is facing, which has been essential to understand the impact of ongoing pandemic pressures on services, other system pressures. for example ambulance waits, elective recovery, workforce issues, out of area placements of complex patients, waiting times in mental health and autism services and industrial action.

8. In the wake of the Lucy Letby case, there has been much emphasis on the need to regulate managers. NHS Providers has set up a newly constituted Manager Regulation Steering Group of which I am a member. The group held its inaugural meeting on 20 December. The meeting discussed the context and key considerations for introducing a

regulation system for NHS managers and also agreed its Terms of Reference.

9. I have also joined the weekly calls established for Chairs of mental health trusts, hosted by the Mental Health Network, in collaboration with the Good Governance Institute, where support and guidance on the Board through the pandemic has been a theme. A number of the NEDs have also attended weekly calls for NEDs on a range of useful topics.

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.	

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
Covered as part of the individual items.

Public Sector Equality Duty & Equality Impact Risk Analysis
In compliance with the Equality Delivery System (EDS2), reports must identify equality-related impacts on the nine protected characteristics age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation)) including risks, and say how these risks are to be managed.
Below is a summary of the equality-related impacts of the report:
This report reflects a wide range of activities across the Trust and consideration relating to ensuring inclusion is embedded in operational work of the Trust.   The specific services visited provide support to those with protected characteristics by the nature of their work. I have supported the work of the Trust in promoting an inclusive culture and an inclusive

Board.

I have instigated a Board development programme on inclusion which will assist in developing the Board's understanding and response to 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, also 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 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 – 16 January 2024

Chief Executive's update

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.

Our Trust and Staff

Industrial Action

We ended 2023 and started 2024 with further disruption to our services following two separate periods of junior doctors' industrial action. I am extremely grateful to colleagues who supported our services, maintaining patient safety, particularly during the challenging winter period. Thank you to members of our Incident Management Team (IMT) who continue to make preparations ahead of industrial action taking place. Unfortunately, a number of patient appointments were cancelled as a result of the industrial action. We will be making arrangements to ensure these appointments are rescheduled and take place as soon as possible.

Staff Survey

The annual NHS Staff Survey closed late in November, with a response rate of 62%. I am immensely grateful to everyone who took the time to share your views. This is a marked improvement from 2022. The final responses will be published in the new year, and we will begin to respond to the feedback received from our teams as soon as we can.

Achievements and Celebrations

- Congratulations to four colleagues, Jayne Barnard, Margaret Dove, Stacia Fitzsimmons and Jeanette Sidwell, who were each awarded the prestigious Chief Nursing Officer (CNO) Healthcare Support Worker Award in November, for showing excellence across the healthcare profession. The award, given by NHS England, recognises the vital contributions of healthcare support workers. Recipients must consistently demonstrate the NHS values and behaviours when fulfilling their everyday roles, to provide excellent patient care. all received individual awards.
- In addition, a special commendation was presented to the team that mentors the Trust's healthcare support workers, the ICARE team, for demonstrating ongoing learning and development across the healthcare profession.
- Selina covers this year's awards in her report. However, it truly was an amazing afternoon. Of note, this included Clive Moore, Estates Technician who won the Lifetime Achievement award for dedicating 48 years of his career to Derbyshire Healthcare. I was also pleased to present a special Chief Executive's award to colleagues from

Ward 34 at the Radbourne Unit (pictured below) for their exceptional team approach to a very unexpected and challenging fire on one of the Trust's wards this summer. Congratulations to all our winners and finalists.

- Lesley Fitzpatrick, a Derbyshire Healthcare Advanced Clinical Practitioner (ACP) has recently had an article published in the latest edition of the British Journal of Nursing on alcohol-related dementia. The article covers the association between alcohol use and changes in cognitive function and dementia, whether alcohol is taken seriously as a key factor of dementia, a look at how nurses tackle prevention and whether there is substantial research available focusing on alcohol-related dementia.

- Dr Paul Rowlands has collaborated with two other psychiatrists on the latest edition of 'Seminars in General Adult Psychiatry', jointly published by the Royal College of Psychiatrists (RCPsych) and Cambridge University Press. The book acts as a key text for psychiatry trainees studying for their MRCPsych exams, and a source of continuing professional development for psychiatrists and other mental health professionals.

- The Trust's annual Christmas decorations competition returned this year and members of our Board of Directors were impressed at the effort teams had made to make our environments special for people using our services this winter. Thank you to IHP and Kier who generously sponsored the prizes for this year's competition. Our winners were:
  - Best overall inpatient display – Tissington House, Kingsway
  - Best overall non inpatient display – CAMHS Day Services
  - Best patient participation – Pleasley Ward, Hartington Unit
  - Best diversity and inclusion – Chesterfield Dementia Rapid Response Team
  - Overall winner – The Beeches - the team went to great efforts to think about how to make special memories for mothers and babies on the ward who were celebrating their first Christmas together. This included decorations made from babies' hand and footprints and a special fireplace where photographs were taken of babies in Christmas outfits, creating mementos for the future.

- Thank you to our League of Friends for supporting people being cared for in our inpatient units this Christmas. The charitable organisation, run by volunteers, delivered chocolate boxes to our wards whilst carol singing in the week before Christmas.

Supporting our Staff

We have continued to support people's health and wellbeing over the Winter months, sharing messages about mental health support available over the festive period. The Trust has promoted several awareness days over the last few months including Armistice Day, Disability History Month and Trans Day of Remembrance.

We were sad to receive the news that our former colleague, Patrick Ryan, sadly passed away in November. Patrick was a Programme Manager working with Trust and System colleagues on our acute care transformation before retiring from the Trust recently following a period of ill-health. In memory of Patrick, we will place a plaque in the Trust's memorial garden.

A memorial service took place in memory of our colleague Jess Melbourne in November. It was very moving to see colleagues coming together, sharing their memories and tributes to Jess, supporting each other during this difficult time. A plant and plaque is now in place in the Trust's memorial garden in memory of Jess and I know her memory will continue to live on amongst her colleagues and the people she supported.

New Services

We have been promoting the new East Midlands Gambling Harms Service, particularly given the ongoing storyline focused on gambling addictions that is currently being featured in Coronation Street. This new service, which is based in Derby and is run by the Trust, offers free support specialist therapies, treatment and recovery to those affected by

gambling addiction and gambling problems in Derbyshire, Leicestershire, Lincolnshire, Northamptonshire, Nottinghamshire and Rutland.

Board of Directors and Council of Governors

New Board Appointment

I was pleased to confirm the appointment of James Sabin (pictured) as the Trust's new Director of Finance. James is currently the Deputy Director of Finance, Procurement and Contracting at Sheffield Health and Social Care NHS Foundation Trust, a role he has held for over eight years. James starts in post on 5 February.

Health Inequalities Session

As Selina mentions in her report, in December we had a special Board Development session focusing on Health Inequalities and discussed how we could work together across Derby and Derbyshire to proactively tackle local health inequalities, using data and insights for quality improvement.

Addressing health inequalities in healthcare is a priority that teams are keen to progress and insights into which patient groups are accessing which of our services will help identify potential patterns in behaviour and demand that can shape our service provision and approaches to local communities. I am excited to see how this work progresses over the coming year and see this as one of the key objectives as we develop our new Trust Strategy this year.

New Board Visits Programme

The Trust has moved towards a new process of visiting and engaging with teams in the form of Board visits. In order to ensure a gap is not left with the stand down of the Quality Visit Process, a two-pronged approach will be taken to oversight and engagement of services.

1. Board Visits – these will be informal visits by Board members who will also be joined by Carers, Experts by Experience and Governors. The focus of the visit is for a free-flowing conversation with staff, patients and carers. The Executive Directors will provide updates to the Executive Leadership Team and where concerns arise, they will be escalated through the Trust Wide Learning, Culture and Safety Group. These visits will be completed within an hour, teams will not be expected to complete a presentation and no formal report template will be utilised. However, the Executive lead will co-ordinate feedback on the day.
2. CQC Internal Inspections – these will take the form of mock inspections of varying nature. These visits will focus on preparing services and providing assurance that the quality of care within each service/team is in line with the Key Lines of Enquiry. The CQC Internal Inspections will focus on ensuring that services are ready for any CQC formal Inspection and will be rated "Good" or higher. From these visits, teams will be required to complete improvement plans, that will have oversight within the appropriate divisional governance groups, in order to provide time specific improvements. These visits will be led by the Deputy Director for Regulated Practice and will be supported by a range of Trust staff. Future plans are for this process to be developed and lead into an internal accreditation process.

Joint Board and Governor Session

Twice a year the Board and Governors come together in a more informal setting to discuss areas that governors have asked for more of an insight into and it is also a great opportunity to get to know each other a little better. The next joint session is on 16 January and areas of focus will be around the Trust's financial situation, the new board visits that

governors will be involved in and the plans for re-setting the Trust's Strategy.

<u>Governor Elections</u>

I look forward to meeting the new governors who will be starting in post on 1 February following the elections. Thank-you to all the retiring governors this year and good luck to all that are standing in the elections.

System Working, Regulators, NHS Providers, NHS Confederation and Others

<u>National Oversight Framework (NOF) meeting with Integrated Care Board (ICB)</u>

The ICB leads the oversight of the Trust under the NOF and every six months an oversight meeting is held between the Trust's and the ICB's executive teams. At the most recent meeting in November, we discussed several important areas that relate to the Trust as a segment 2 organisation under the NOF. These meetings also provide a good opportunity for our respective teams to meet and to discuss other important areas of development. The ICB identified a number of areas for focus at the next oversight meeting, including the Trust's 2024/25 financial plans and risks and out of area placements.

<u>East Midlands Alliance – Common Board Paper and Strategy Document</u>

Attached at Appendix 1 is the latest common board paper which provides a summary of the work and plans of the East Midlands Alliance. This paper is shared with the six Boards of the providers that make up the East Midlands Alliance for mental health, learning disabilities and autism. Also attached at Appendix 2 the draft vision, values, purpose and strategic objectives for the Alliance which is presented to the Board for review and approval.

<u>Joined Up Care Derbyshire (JUCD) Provider Collaborative - Progress Update January 2023</u>

Attached at Appendix 3 is a summary of the work of the JUCD provider collaborative, including an update on key achievements within the collaborative's areas of focus, implications for the Trust and a look ahead to future priorities. The Board is asked to note and support the recommendations set out at the end of this report.

<u>Winter Funding</u>

The government has announced £800m of additional funding this Winter and systems have developed plans to achieve financial balance, protect patient safety and prioritise emergency performance and capacity. Mental health is to be considered as an equal partner in these plans.

<u>NHS Provider Selection Regime</u>

A new procurement regime for selecting providers of health care services in England, the Provider Selection Regime (PSR) came into force on 1st January 2024.   The PSR has been designed to introduce a flexible and proportionate approach to provider selection, the capability for greater integration and collaboration, and opportunities to reduce bureaucracy and cost.

Contracts can be awarded according to three processes:

• the direct award process
• the most suitable provider process
• the competitive process.

We are awaiting more clarity on how commissioners will apply the new rules to the Trust's services potentially subject to selection in the next year, but we welcome this change. It will help reduce some of the uncertainty affecting our tendered services and the significant amount of resource spent on competitive processes.

Launch of CQC's New Approach

Greg Rielly, Care Quality Commission (CQC) Deputy Director of Operations came along on invite of the Board to talk to us in November. This was timely as, on 21 November, the CQC launched its new regulatory approach in the south of England. The regulator has explained that the rollout across the country will be gradual, and that existing processes will remain in place until the new approach is implemented in each region. The rollout of the new provider portal will follow that of the new single assessment framework.

New National Guidance

New NHSE guidance on meeting the needs of autistic adults in mental health services supports ICBs and system partners to improve the quality, accessibility and acceptability of care and support for autistic adults in community and inpatient settings.

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 and seek further assurance around any key issues raised.
2. Review and approve the draft vision, values, purpose and strategic objectives for the East Midlands Alliance for mental health, learning disabilities and autism presented as Appendix 2.
3. Note the progress made within the JUCD provider collaborative, including the ongoing maturity of system working which the collaborative facilitates.
4. Support and promote the strategic direction and development of the JUCD collaborative, raising the profile of the work being done to improve services for local patients.
5. Note that delivering against future priorities will require providers to commit time and resources to specific projects.

Report presented and prepared by: Mark Powell
Chief Executive Officer

Common Board paper

November 2023

1. Introduction

This paper provides a summary of the work and plans of the East Midlands Alliance including the discussions and agreements from the East Midlands Alliance Board that met on 31 October 2023.

The same Board paper, agreed by the CEO group, is shared with the six Boards of the providers that make up the East Midlands Alliance for mental health, learning disabilities and autism.

2. The East Midlands Alliance

The East Midlands Alliance is made up of the six largest providers of mental health services in the East Midlands region:

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

3. Vision and strategic objectives

3.1 Agreeing a vision and strategic objectives

The Alliance Board in October 2023 reviewed and agreed a draft vision, values, purpose and strategic objectives to present to provider Boards for review and approval. The core of this common Board paper is drafted under the five draft strategic objectives.

The draft vision, values, purpose and strategic objectives were developed by the Alliance strategy director forum with earlier drafts shared for comment with the Chief Executive group.

3.2 <u>Vision</u>

The proposed vision for the Alliance is:

Working together in partnership to enable the best mental health, learning disability and autism care and support for the people of the East Midlands.

3.3 <u>Values</u>

The proposed values for the Alliance are:

- Working together
- Respectful
- Integrity
- Supportive

3.4 <u>Principles</u>

The proposed principles for the Alliance are:

- Patient first
- Subsidiarity – take decisions as locally as possible
- Collaboration by consent
- Not acting to the detriment of others
- Sharing and applying learning at pace

3.5 <u>Strategic objectives</u>

The proposed strategic objectives for the Alliance are:

1. Quality improvement and productivity
2. Enabling safe care
3. Developing our workforce
4. Improving population health
5. Reducing inequalities

2

The Alliance Board agreed that each strategic objective would be led by a professional network and that they will be asked to develop a measurable set of strategic goals for 2024/25 to inform an Alliance strategic plan. The plan will be shared with provider Boards for comment and approval.

The proposed professional network leadership of strategic objectives is:

- Quality improvement and productivity - Medical and Nurse Director forum

- Enabling safe care – Patient Safety programme and the Medical and Nurse Director forum

- Developing our workforce – HR Director forum

- Improving population health – Strategy Director forum

- Reducing inequalities - Medical and Nurse Director forum

Action and recommendation 1 - The Boards of the Alliance providers are asked to review and approve the vision, values, purpose and strategic objectives.

4. Quality improvement and productivity

4.1 Medical and Nurse Director forum

The Medical and Nurse Director forum met in September with a session that included a focus on the national Inpatient Quality Improvement programme, a joint approach on Patient Safety Incident Response Framework (PSIRF), the monitoring of markers of deterioration for people waiting for mental health assessment, the use of visual technology in mental health and the potential use of new funding for the development of Physician Associates in mental health and funding for Mental Health Act training.

4.2 Markers of deterioration

In considering a joint best practice approach to markers of deterioration, the Medical and Nurse Directors agreed to consider the MAST product as a tool to review risk in those waiting for mental health support in the community. A presentation will take place in early December from leads in Mersey Care NHS Foundation Trust on their use of MAST.

4.3 Visual technology

On the use of visual technology, the AHSN shared an update on two reviews for the Alliance. One is on the practical lessons from implementing visual technology and the other on the academic research and evidence base for visual technology. These presentations were also

3

shared with the CEO group and more widely with the Midlands and East Mental Health Chief Executive forum.

4.4 Mental Health Act

The Alliance has secured funding from NHS England to improve the understanding and use of the Mental Health Act. Medical and Nurse Directors agreed to work with a legal firm and expert clinicians to run a series of masterclass sessions and practical workshops to complement existing process and technical training.

4.5 Therapy Supervision Hub

The Alliance has developed a Therapy Supervision hub to match those in need of supervision and potential supervisors. Access to therapy supervisors is a common challenge across the Alliance and the system enables supervision at a distance between Alliance providers and for others to sign up to provide supervision into the Alliance.

St Andrew's has taken a lead on behalf of the Alliance in developing the booking software, recruiting supervisors and undertaking needs audits in each provider. The next stage is for the Alliance to fill remaining gaps in therapy supervision by providing training to develop new supervisors.

4.6 Physician Associates in mental health settings

The Alliance has agreed to receive funding form NHS England to support the development of Physician Associates in mental health settings. The Medical and Nurse Directors agreed to use the funding to:

- o promote the potential use of Physician Associates and success elsewhere to the wider clinical body through an Alliance conference
- o funds to support the recruitment of new Physician Associates
- o funding for the costs of supervision backfill for new recruits
- o offering places on the Sheffield Physician Associate development programme to new Physician Associate recruits
- o and support with recertification and CPD with a focus on the physical health modules for staff who choose to work in mental health.

4.7 Open Dialogue pilot

The Alliance secured funding to establish an Open Dialogue pilot in Lincolnshire. The learning from the pilot will be shared across the Alliance. An update will be provided to the Strategy Director forum in November.

4

4.8 Dedicated Alliance Innovation lead for mental health

The Alliance agreed external funding from the East Midlands AHSN to appoint a dedicated regional Innovation lead for mental health embedded in the Alliance. The Medical and Nurse Directors have fed into the early work programme for the role including a focus on the use of visual technology in mental health inpatient settings.

4.9 Urgent and Emergency Mental Health Capital

The Alliance was offered £800,000 for Urgent and Emergency mental health capital development in 2024/25. The Alliance Board agreed to put three proposals forward by the deadline of 3 November:

- Perinatal estate improvements proposals from Derbyshire
- Crisis Service telephony proposal from Nottinghamshire
- Work to increase inpatient bed capacity from Leicestershire.

Action and recommendation 2 – The Alliance provider Boards are asked to note the funded opportunities available under the Therapy Supervision and Physician Associate programmes

5. **Enabling safe care**

5.1 East Midlands Mental Health Patient Safety programme

The Alliance works in partnership with the East Midlands Academic Health Science Network (AHSN) to run a region-wide Patient Safety programme involving leads from all six provider member organisations.

The Medical and Nurse Director forum agreed to take a joint collaborative approach to the introduction of the Patient Safety Incident Response Framework (PSIRF). This will form a fifth element to the Patient Safety programme.

The Patient Safety programme has five priority areas:

- Reducing restrictive practice
- Reducing suicide and self-harm
- Sexual safety
- Mechanical restraint in high secure settings
- Patient Safety Incident Response Framework

The national programme support has ended in other regions, but the Alliance secured funding to extend the programme by two years in the East Midlands. The programme takes a community of practice approach involving lived experience voices to develop and share best practice.

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The patient safety programme includes a series of share and learn deep dive sessions. Recent next share and learn sessions have included a focus on hidden objects and the Duty of Candour.

The mental health patient safety programme will hold a large learning event on 12 March 2024 with a focus on Service User Experience and Patient Safety. A task and finish group has been established to plan the event.

Action and recommendation 3 – Board members are asked to hold the date of 12 March 2024 to attend the regional mental health patient safety learning event.

6. Developing our workforce

6.1 HR Director network

The Alliance HR Director network meets quarterly and oversees a series of funded joint programmes and workforce initiatives.

6.2 Retaining and developing Clinical Support Workers

The Alliance has run a very successful programme to support the development, retention and career aspirations of Clinical Support Workers. The core programme is called Developing Healthcare Talent. It is complemented by a programme that works with the line managers of Clinical Support Workers, known as the Developing Healthcare Leaders programme. Both courses have very high completion rates, and the feedback has been very positive. Over 200 staff have been through the programmes to date.

Cohorts 10 and 11 are underway for the Developing Healthcare Talent programme and Cohorts 3 and 4 for the Developing Healthcare Leaders programme. All are fully subscribed. There is a waiting list for future Developing Healthcare Leaders cohorts and work has begun to populate cohorts 12 to 14 for the Developing Healthcare Talent programme with start dates of January, February and March respectively.

The HR Director network agreed in October to use the funds previously set aside for joint CSW recruitment activity to build on the momentum of the retention and development programmes. Further cohorts of both programmes will be commissioned. The Alliance will also pilot approaches with newly qualified nurses and internationally recruited nurses who begin their NHS careers in CSW roles.

A case study has been developed on the programme and the impact it has had for individuals and the Alliance providers. There are also a series of participant videos sharing the impact of the programme on them as individuals. The case study has been shared regionally and nationally, with other collaboratives establishing similar programmes to that

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run in the Alliance. NHS England has offered further funding to the Alliance to develop the programme.

The HR Director network has also fed into the development of the Therapy Supervision programme and the plans for the use of the Physician Associates funding, alongside the Medical and Nurse Director forum.

6.3 Recruitment and Retention Payments survey

The Alliance CEOs agreed to conduct a Recruitment and Retention Payments survey which was presented to 20 October CEO meeting with HR Directors in attendance. The conclusion of that meeting is that the focus for the Alliance should be on sharing plans to use RRP in advance and monitoring any impact on Alliance partners. There were concerns that the Alliance providers will collectively lose out to near neighbours if they do not offer some incentives and a discussion on the national drivers of some additional payments.

6.4 Enabling clinical staff to work across the Alliance

The Alliance Board received a Memorandum of Understanding developed by a task and finish group sitting under the HR Director forum. The focus of the MOU is to make it easier for clinical staff to work across the Alliance.   The MOU has been developed with some expert national input tied to the Collaborative Innovator status of the Leicestershire and Northamptonshire Group.

St Andrew's have agreed to sit outside of the MOU at this point in time, due to their different governance structure and charitable status. The intention in the longer term is to draw St Andrew's into the MOU.

The Alliance Board welcomed the progress and agreed to the principle of having an MOU to make it easier to share clinical workforce between providers. The CEOs agreed to seek views from their HR Directors and Corporate Service leads with a view to approving later in the year.

6.5 Robotic Process Automation in recruitment processes

The HR Director network has been working with the Innovation leads from the East Midlands AHSN to consider the use of Robotic Process Automation in recruitment processes. This focuses on the administrative tasks that can often draw out recruitment process timelines and that use the time of HR specialists.

Leads from University Hospitals of Northamptonshire presented an introduction to automation and robotic processes. The UHN Trust is an Automation Accelerator and has undertaken work on automating HR vacancy management processes. The benefits realised

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by automating parts of the process include freeing up time for HR staff, increase efficiency, faster recruitment processes and reduced manual administration.

Two Alliance providers requested follow up discussions with UHN and the AHSN to consider the potential benefits of Robotic Process Automation in more detail.

7. Improving population health

7.1 Provider Collaboratives in ICBs

The Alliance Board in October 2023 had a focus on the development of local ICS level provider led collaboratives. National and regional policy leads for provider collaboration joined to share the NHS England vision for provider collaboratives, a summary of the current landscape of collaboratives, the planned policy review and available support to provider collaboratives.

Each Strategy Director presented a summary of the position in their ICS. There is significant variance in the ambition of different ICBs, the enthusiasm for devolving budgets and decision-making, the partners involved, coverage and scope of collaboratives.

Discussions focused on the spectrum of ICS ambition for provider led collaboratives and the different approach taken in different ICBs linked to whether they continue to pursue a more traditional transactional contracting approach or are a new more strategic role that included significant delegation.

The Alliance CEOs will meet with the East Midlands ICB CEOs on 11 December.

7.2 Gambling Addictions and Harm service for the East Midlands

The Alliance secured £1million of recurrent funding to establish a new Gambling Addictions and Harm service for the East Midlands. The service is run by Derbyshire Healthcare on behalf of the Alliance.

The main CBT treatment pathway and consultant pathway are up and running, the Psychodynamic Psychotherapy pathway is to commence when the Principal Psychologist commences January 2024. The service is now providing triage, assessment, educational/motivation courses and CBT therapy.

The Hub team continue to work with stakeholders (local authorities and health providers across the region) to promote the service and increase access. Promotional work is planned to include digitally advertising on the side of a van that will attend professional football matches in the East Midlands.

Most clinical and administrative posts have now been recruited. The next step is to recruit Peer support with lived experience.

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7.3 ADHD workshop

The Alliance ran an ADHD workshop in November 2023 to share learning and approaches to address the significant growth in ADHD referrals and diagnosis seen across the region. The workshop set a number of joint actions including some work with the AHSN to better understand innovation elsewhere in the country.

7.4 Perinatal Collaborative for the East Midlands

The specialist Perinatal collaborative for the East Midlands, led by Derbyshire and including all six Alliance members as partners, was approved to launch on 1 October 2023. The majority of Perinatal collaboratives in other parts of England have had their launch postponed until 2024.

Action and recommendation 4 – Provider Boards are asked to note and promote the new Gambling Harms service and the Perinatal collaborative, and to note the planned meeting of the Alliance CEOs with the ICB CEOs in December.

8.   Reducing inequalities

8.1 Patient and Carer Race Equality Framework

One key area of focus for the Alliance on reducing inequalities has been the joint work to progress implementation of the Patient and Carer Race Equality Framework (PCREF). An Alliance network has met three times and shared issues and progress. The network has also heard from two of the five national PCREF pilot Trusts with a focus on the voice of lived experience and establishing leadership and governance for the PCREF.

The PCREF was launched nationally in October 2023 and Alliance leads will take part in a regional launch event on 16 November in Leicester which will include presentations from the national leads for the programme.

8.2 East Midlands Gambling Harms service

A second area of joint work to reduce inequalities was the securing of recurrent resource and the launching of an East Midlands Gambling Harms service. Other regions already had established Gambling Harms services, but the East Midlands did not have a dedicated local service led by local providers. Derbyshire Healthcare has led the development and launch of the East Midlands service. Updates on recruitment, referrals, pathway development and outcomes will be shared with the Alliance Board on a quarterly basis.

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8.3 Reporting service access and inequalities data to the Alliance Board

The review of the functioning of the collaboratives included recommendations for the collaborative update repots to the Alliance Board should include specific data reporting of measures to better illuminate the progress, successes, issues, challenges and risks in each collaborative. The CEOs agreed that the reports should also include referral and coverage data for regional collaboratives to illuminate any inequity in service access or response.

Action and recommendation 5 – Provider Boards are asked to note the launch of the Patient and Carer Race Equality Framework and the importance of this mandatory framework in supporting providers to become actively anti-racist organisations with a focus on co-production and implementing concrete actions to reduce racial inequalities within services and outcomes.

9. Review of the regional collaboratives

The CEO group agreed to commission a review of the functioning of the specialist collaboratives in the East Midlands from the viewpoint of partner providers. A themed report was shared with and approved by the Alliance Board in October. The Alliance Board agreed to prioritise the recommendations relating to admission criteria, escalation, outreach and broader support while people wait, led by the Medical Director group.

10. Alliance Communications

The Communications leads and Strategy Directors have been working for six months on an Alliance newsletter and website. The Alliance Board in October approved and supported the website structure and plans for a quarterly newsletter. The Board agreed to give the Strategy Director group the role of signing off the newsletter and any amendments and new content on the website.

Action and recommendation 6 – Provider Boards are asked to note the launch of the Alliance website and quarterly newsletter.

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11. Actions and recommendations

The Boards of the Alliance providers are asked to:

I.   review and approve the vision, values, purpose and strategic objectives;

II.   note the funded opportunities available under the Therapy Supervision and Physician Associate programmes;

III.   hold the date of 12 March 2024 to attend the regional mental health patient safety learning event;

IV.   note and promote the new Gambling Harms service and the Perinatal collaborative, and to note the planned meeting of the Alliance CEOs with the ICB CEOs in December;

V.   note the launch of the Patient and Carer Race Equality Framework and the importance of this mandatory framework in supporting providers to become actively anti-racist organisations with a focus on co-production and implementing concrete actions to reduce racial inequalities within services and outcomes;

VI.   note the launch of the Alliance website and quarterly newsletter.

Graeme Jones

10 November 2023

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East Midlands Alliance Vision, values and strategic priorities

Supported by the Alliance Board in October 2023

To Provider Boards for comment and approval

November 2023

Vision

Working together in partnership to enable the best mental health, learning disability and autism care and support for the people of the East Midlands.

Values

Values

- Working together

- Respectful

- Integrity

- Supportive

Principles

Principles

- Patient first

- Subsidiarity – take decisions as locally as possible

- Collaboration by consent

- Not acting to the detriment of others

- Sharing and applying learning at pace

Strategic priorities

1. Quality improvement and productivity

2. Enabling safe care

3. Developing our workforce

4. Improving population health

5. Reducing inequalities

Methods of delivery

- Collaboration

- Professional networks

- Joint programmes

- Strong collective voice

- Sharing learning

- Innovation

- Effective use of resources

Our professional networks

- Chief Executives

- Strategy Directors

- HR Directors

- Medical and Nurse Directors (joint forum)

- Finance Directors
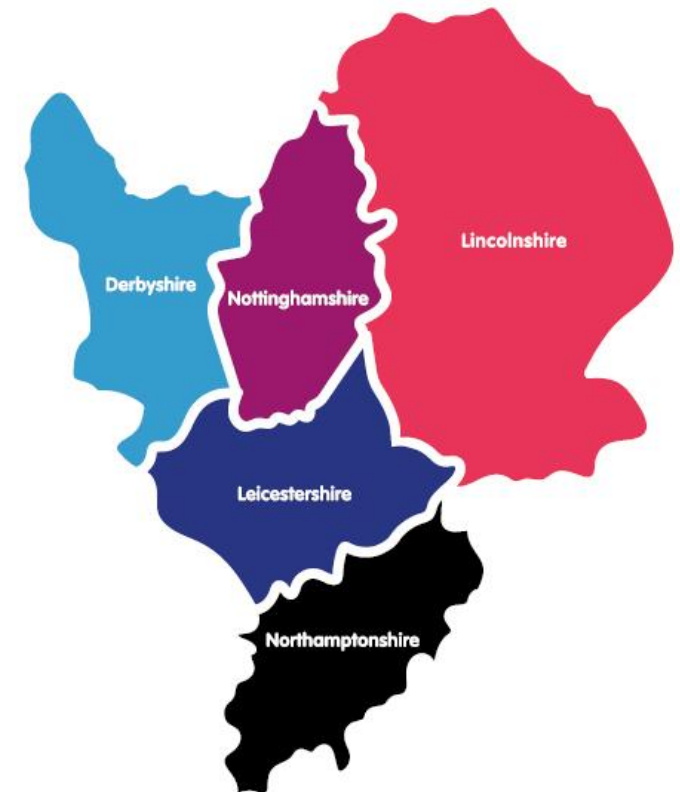
Our formal collaboratives (and leads)

Adult Eating Disorders (Leicestershire)

CAMHS (Northamptonshire)

Impact (Nottinghamshire)

Op Courage (Lincolnshire)

Perinatal (Derbyshire)

East Midlands Alliance
for Mental Health, Learning Disabilities and Autism

Our areas of focus

East Midlands Alliance CEO Board

Direction setting

Professional networks and themed programmes and workshops

East Midlands Provider Collaboratives

Strength and Stability

Shared learning, excellence in care and positive growth

| Impact | CAMHS | Adult ED |
| Gambling addiction | Perinatal | Op Courage |

Delivery of Change

Better outcomes for the East Midlands community
Improved practice, collaboration and a more effective voice for mental health and learning disabilities in our area.

Collaboration and Co-production

Progress with the strategic priorities

1. Quality improvement and productivity

2. Enabling safe care

3. Developing our workforce

4. Improving population health

5. Reducing inequalities

Quality improvement and productivity

- The Alliance provided buddy support to St Andrew's Healthcare to deliver their quality improvement programme.

- The Alliance secured funding to establish an Open Dialogue pilot in Lincolnshire. The learning from the pilot will be shared across the Alliance.

- The Alliance will run a series of joint workshops and masterclass sessions on the Mental Health Act to promote understanding and best practice.

- The Alliance has worked with the AHSN to review the use of technology in speeding up recruitment processes.

- The Alliance has appointed a regional Innovation lead for mental health funded by the AHSN.

Enabling safe care

- The Alliance works in partnership with the East Midlands Academic Health Science Network (AHSN) to run a region-wide Patient Safety programme involving leads from all six provider member organisations.

- The Patient Safety programme has five priority areas:
    - Reducing restrictive practice
    - Reducing suicide and self-harm
    - Sexual safety
    - Mechanical restraint
    - Patient Safety Incident Response Framework

- Each priority has a Community of Practice through which innovation and learning is shared. The overall programme places a heavy priority on the voice of lived experience.

- The Alliance worked with the AHSN to review practical experiential learning on the use of visual technology in mental health.

Developing our workforce

- The Alliance has run a very successful personal development programme for Clinical Support Workers and their line managers. The programme will be expanded to pilot similar approaches with internationally recruited nurses who take up initial roles as Clinical Support Workers and to newly qualified nurses.

- The Alliance has established a joint Therapy Supervision programme to work collectively to address capacity gaps in the supervision of therapists across the East Midlands.

- The Alliance is establishing a Physician Associate programme to build awareness of the role and potential impact of Physician Associates.

- The HR Director network has worked on a Memorandum of Understanding to enable clinical staff to work across providers in the Alliance.

- The Alliance secured funded places for Recruit to Train therapists and Multi-disciplinary Accountable/Responsible clinicians.

Improving population health

- The Alliance worked with the North of England CSU to develop a demand and capacity model to support the planning of recovery from the Covid pandemic.

- The Alliance secured funding to establish a new Gambling Addictions and Harm service for the East Midlands. The service is run by Derbyshire Healthcare on behalf of the Alliance.

- The Alliance is running an ADHD workshop in November 2023 to share learning and approaches to address the significant growth in ADHD referrals and diagnosis.

Reducing inequalities

- The Alliance has established a regional network to drive delivery of the Patient and Carer Race Equality Framework. The network directly involves national leads in the work of the Alliance members to deliver PCREF.

Next steps on the strategic objectives

- Lead groups to develop draft plans for 2024/25 to deliver each strategic objective

- Quality improvement and productivity - Medical and Nurse Director forum

- Enabling safe care – Patient Safety programme and the Medical and Nurse Director forum

- Developing our workforce – HR Director forum

- Improving population health – Strategy Director forum

- Reducing inequalities - Medical and Nurse Director forum

For Each Strategic Objective, set out the goals for 2024/25, milestones and measurable indicators to demonstrate progress and success.

Appendix 3

Joined Up Care Derbyshire (JUCD) Provider Collaborative - Progress Update January 2024

1. Summary

1.1. This paper provides a summary of the work of the JUCD provider collaborative, including an update on key achievements within the collaborative's areas of focus, implications for the Trust and a look ahead to future priorities.

1.2. The Trust Board is asked to:

- Note the progress made within the provider collaborative, including the ongoing maturity of system working which the collaborative facilitates.
- Support and promote the strategic direction and development of the JUCD collaborative, raising the profile of the work being done to improve services for local patients.
- Note that delivering against future priorities will require providers to commit time and resources to specific projects

2. JUCD Provider Collaborative - Background

2.1. The JUCD Provider Collaborative was established in shadow form in 2022 reflecting national guidance and the transition to Integrated Care Systems (ICSs). The purpose of the provider collaborative is to provide a means for providers to work together to deliver improvements to the way care is delivered that can be better achieved through joint working rather than providers working in isolation. This includes redesigning care pathways, integrating care models, providing mutual aid or developing at scale shared services.

2.2. The JUCD Provider Collaborative is a core part of the ICS operating model and has a clear governance structure led by a Provider Collaborative Leadership Board (PCLB). There is a very small team supporting the collaborative, including a Programme Director and Strategic Finance lead. A detailed paper on the collaborative, including our partnership agreement, terms of reference of the Leadership Board and five-year roadmap were taken to Trust Boards in May 2023.

3. JUCD Provider Collaborative - Areas of Focus and Current Priorities

3.1. The collaborative agreed five strategic areas of focus in May 2022, shown in the table below.

Table 1: JUCD Provider Collaborative Areas of Focus and Priorities

Area of Focus	What this involves	Specific priorities
Development of the collaborative	Governance and delegation, priorities, resources, organisational and leadership development.	Developing the collaborative programme workplan, developing shared purpose and ways of working. Developing collaborative approaches to delivery including resources and leadership, OD for system teams.
Clinical Pathways	Improvement, integration, and redesign of clinical pathways at scale to improve access to and experience of care, improve	Phase 1: Musculo-skeletal services, speech and language therapy.

Phase 2: Fragile services |

	resilience and deliver better value.	
Clinical Pathways enablers	This includes key enabling functions across providers, notably workforce, digital and estates but could also include pharmacy, pathology etc	People Services Collaborative 4 priorities: • Agency reduction • Digital Human Resources (HR) • People Supply • Recruitment Digital and Data Programme Estates Forum, Infrastructure Strategy
Corporate efficiencies	At scale solutions, harmonisation or consolidation of corporate functions	Phase 1: HR: recruitment and people supply; Digital. Phase 2: procurement and estates
Oversight of delivery and transformation within JUCD	Leadership of system Delivery Boards, co-ordination of transformation and improvement work	Host for system programme management office (PMO), improving reporting and development of system transformation plans and value opportunities.

4. JUCD Provider Collaborative - Key Activities and Achievements

4.1. Evolution and development of the JUCD provider collaborative:

- Formal governance structure has been established, with senior responsible officers (SROs) for each workstream. A self-assessment against the national maturity matrix in October '23 showed we are 'developing' as a collaborative but have made clear progress since January 2023.
- Informal Chairs and Chief Executives meeting which steers the priorities of the collaborative and provides a forum for discussion of opportunities for new ways of working, as well as relationship building across organisations.
- Providers have worked with the Integrated Care Board (ICB) organisational development (OD) lead to develop a system OD framework which will support collaborative working and the providers' work on transformation and improvement.

4.2. Clinical pathways:

- Musculoskeletal services (MSK) - the ICB has agreed to support a lead provider model, which will mean providers working in a more formal partnership, with the objective of reducing acute waits and addressing health inequalities. Improvement work has included recruiting GPs with special interests, rolling out a self-management app and changes to clinical pathways.
- Speech and Language Therapy - agreement in principle to merge two services into a single JUCD service, hosted by Derbyshire Community Health Services NHS Foundation Trust, providing a consistent 'pathway' including a single point of access.
- Fragile services - oversight and risk management arrangements established for key fragile services. Benefits emerging from this work include mutual aid for haematology, and an options appraisal for the future delivery of ophthalmology services. A review of stroke rehabilitation is underway, which will include psychology provision. Other areas that have been identified as fragile from a workforce perspective include Learning Disability and CAMHS services.
- Looking forward, there is a growing focus on productivity and value in the collaborative's work in response to the Joint Forward Plan. Following a benchmarking exercise, we are in

the process of engaging with stakeholders to agree next phase priorities.

4.3. Clinical pathways enablers. A number of the key system
workstreams report into the provider collaborative including the
People Services Collaborative, Digital and Data Board and the JUCD
Strategic Estates Forum. Highlights of work undertaken in the last 8 months include:

- Reducing agency spend - developing a 'reservist' model and a JUCD staff bank.
- People Supply: work to develop a pipeline of trained staff to meet system needs including the development of the 'The Academy' which brings together training and development functions across different providers and professional groups. All Derbyshire providers have signed a workforce sharing agreement.
- Recruitment - using quality improvement methods to reduce time to recruit and the need for agency cover. The next stage is to develop the target operating model for recruitment.
- Digital HR - 'Project Derbyshire' looking at a replacement for all Electronic Staff Records
- Implementation of the Derbyshire Shared Care record

4.4. Corporate efficiencies. In addition to the work being undertaken through the workstreams described as clinical enablers, the collaborative has been looking at wider opportunities to improve value or reduce costs in back-office functions by scaling the way that providers work. Work has included:

- Benchmarking spend, with the main opportunities across the system identified. The PCLB has agreed to collaborate on procurement and contracts management as a priority and we are now establishing a project team to help realise some of the saving potential identified.
- Focus on HR and digital in the first instance in 2023.
- Digital and IT contracts harmonisation has commenced.

4.5. Oversight of delivery and transformation across JUCD:

- Continued leadership of the system Delivery Boards through the provider collaborative, with involvement of provider executives and staff in leading many of the system transformation projects
- Formalised reporting and escalation routes across the system
- Co-ordinated the transformation programme planning process for 2023/2024, feeding into the Joint Forward Plan
- Maintaining an overview of system financial efficiencies supported by e-PMO reporting. The system e-PMO is now the single source of reporting on financial efficiencies and the delivery of transformation and is increasingly being adopted by JUCD providers to support internal project management
- Worked with Regional analytics leads to collate data and evidence on value to support discussion of key system priorities for 2024 and beyond

5. JUCD Provider Collaborative - Future Focus and Ambition

5.1. Responding to the challenges for providers and the wider system, our ambition is to make a tangible contribution by concentrating on three priorities over the coming year:

- Productivity and efficiency by working at scale.
- Integrating services to improve resilience, sustainability, and outcomes.
- Corporate services, with a particular emphasis on workforce.

5.2. Other areas of development for this year include more involvement of provider trust chairs and non-executive directors in the work of the collaborative and continuing work on organisational development both for the collaborative leadership and for collaborative teams.

6. DHCFT contribution and implications for the Trust

6.1. DCHFT colleagues are actively involved in collaborative working both within JUCD and more widely within regional collaboratives. DHCFT's involvement is largely aligned to the work of the Mental Health, Autism and Learning Disability Delivery Board, and working with partners the associated transformation programme.

6.2. The benefit for DHCFT of being a part of the JUCD collaborative is that it provides an opportunity to work with other providers on models of care and at scale solutions that provide greater resilience, sustainability and value in both clinical and non-clinical services. It should be noted that to realise the potential benefits of collaboration will require all providers to commit time and resources to deliver on shared programmes of work.

6.3. As the collaborative develops and matures, one of the implications for DHCFT (and partners) is a likely move towards greater shared decision making on key issues, particularly those relating to the operating model for back-office functions and shared functions, as one of the pieces of learning from our work so far is that to maximise efficiency in use of resources planning and decision making needs to be done in a collective way. At present, decision making within the collaborative does not impinge on the sovereignty of individual provider boards and is done through voluntary shared decision making and executive accountability, but this may develop and change over time.

6.4. Collaboration may lead to the consolidation of different clinical services, as has been the case in speech and language therapy. For our staff and teams, the culture of collaboration and system working will bring a greater emphasis on the health needs of and inequalities within the Derby and Derbyshire population rather than the patients of one trust or site. In this way the JUCD provider collaborative is a parallel to and complements the place-based collaboration.

7. Recommendations

7.1. The Trust Board is asked to:

- Note the progress made within the provider collaborative, including the ongoing maturity of system working which the collaborative facilitates.
- Support and promote the strategic direction and development of the JUCD collaborative, raising the profile of the work being done to improve services for local patients.
- Note that delivering against future priorities will require providers to commit time and resources to specific projects

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 16 January 2024

Trust Strategy Progress Update - 2022–2025: 2023/24 Quarter 2

Purpose of Report

To provide the Board with an update on progress in delivering the priority actions identified in the organisational strategy.

Executive Summary

The refreshed 2022 to 2025 Trust strategy was approved by the Board in July 2022 following an engagement process with staff.

The strategy was developed in the context of COVID recovery and an organisational focus on improving access, outcomes and experiences for our patients. All of which was underpinned by investment to improve the buildings from which we offer our acute mental health services, and investment to expand our service offer. The strategy was also developed in the context of an identified financial deficit.

Following feedback from staff, the strategy was updated to reflect the organisational reset in quarter 3 2023/24. The updated strategy retains the agreed vision, values and strategic objectives, whilst simplifying our priorities, in response to feedback received by colleagues, ensuring clarity on our work for the year ahead.

Underneath each outcome sit a number of building blocks (priorities), that highlight the main ways we will seek to achieve each outcome. Internally there are a series of operational delivery plans with specific requirements to be delivered. The roadmaps included within the strategy, further detail on how we will achieve these plans each year.

At the heart of the strategy was, and continues to be, a collective commitment to continue improving our organisational culture, and to embedding new ways of working where our values and 'people first' approach are central to all we do. In addition, over the life of this strategy we continue to deliver our commitment to inclusion for our patients, our colleagues and our communities.

Three of the priority actions set out in the strategy had an expected completion date by end of Q2 2023/24 with one reporting as now completed. The implementation of both SystmOne and Electronic Prescribing were achieved in Q2 2023/24 and have resulted in improved quality of data and reporting to inform management decision-making, and improved patient safety through a reduction in prescribing errors. Work continues to optimise the benefits of the new system through supporting teams to adhere to the jointly developed Standard Operating Procedures (SOPs) and to support staff in the use of the Brigid App.

In terms of the 2 undelivered priority actions from Q2 2023/24:

- Improving processes and support for people experiencing matters that could cause stress reactions: this will be achieved in Q4 2023/24 and anticipated to be evidenced in the staff survey results. Actions to date to support delivery have included a staff clinical psychologist having commenced in post and working with Employee Relations to support stress related absences, and an increased focus on supporting managers with Occupational Health referrals to ensure effective Occupational Health support. A Trust-wide process to request agency workforce has been implemented alongside an agency control panel that meets every week to consider applications received.

- Using 2022/23 as year one, agree our 3-5 year financial plan: The Trust has agreed an in year financial recovery plan to deliver the required financial efficiencies for 2023/24. However, the position remains challenged with a projected year end deficit position now being reported. In this context, external support is being sought to help the Trust to develop a longer-term financial plan.

There are a small number of priority actions where due dates are either not listed or noted as annual, where annual the assumed delivery date will be Q2 2023/24 to align to 12 months from the launch of the strategy:

Each division will have its own specific quality requirement standards: A Trust-wide Quality dashboard has been established and is underpinned by Quality Improvement training, with a number of projects underway, for example reducing waiting times for autism assessment and data triangulated with service users and experts by experience. In addition, a Trust-wide Fundamental Standards Oversight Group has been established to provide final sign-off of completed actions, and a revised Self-Assessment Framework developed with schedule of quality reviews to commence in 2024. The overarching ambition is to ensure all divisions are meeting fundamental standards in addition to any service specific requirements such as those required through accreditation or quality networks, such as perinatal or forensic.

Focusing on the safety domain of practice and preparing for new changes in mental health legislation: This priority action has been paused until there is further national progress in guidance provided.

The Trust has committed to developing a new strategy to be launched in October 2024, there will be an extensive programme of staff engagement due to commence in early 2024.

The Board is asked to note the 2023/24 Q2 progress in delivering the priority actions as set out in the Trust's 2022–2025 organisational strategy.

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
Aligns with and seeks to deliver against the Trust's strategy

Consultation
Approval of the refreshed strategy and priority actions at the July 2022 Board.
Staff engagement to infirm the updated strategy as a result of the organisational reset.

Ongoing staff engagement to enable and report delivery of individual priority actions.

Governance or Legal Issues

None identified.

Public Sector Equality Duty and Equality Impact Risk Analysis

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

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

The Trust's strategy embeds the Trust's commitment to Equality, Diversity and Inclusion.

Recommendations

The Board of Directors is requested to note the 2023/24 Q2 progress in delivering the priority actions as set out in the Trust's 2022–2025 organisational strategy.

Report prepared and presented by:	Vikki Ashton Taylor Director of Strategy Partnerships and Transformation

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 16 January 2024

Integrated Performance Report

Purpose of Report

The purpose of this report is to provide the Board of Directors with an update of how the Trust was performing at the end of November 2023. The report focuses on key finance, performance and workforce measures.

Executive Summary

The report provides the Committee 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 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.

Most challenging areas:

- Waiting times for adult autistic spectrum disorder assessment – demand continues to outstrip commissioned capacity; however, activity levels have increased significantly and the full year contractual target for assessments has been exceeded already.
- Community mental health waiting times – NHSE have commenced publication of national four-week referral to treatment data.
- Community paediatric waiting times – high levels of demand, pathway issues and recruitment challenges.
- NHS Talking Therapies waiting times – recent recruitment should start to have a positive impact on waits from the end of January.
- Memory Assessment Service waiting times – ongoing significant demand for the service which exceeds funded capacity - quality improvement project is in progress to maximise and make best use of current resource, and to ensure maximum capacity and quality of current provision.
- Inappropriate out of area placements and inpatient bed occupancy levels.
- Impact of industrial action on outpatient appointment cancellations and inpatient areas.

Most improved areas:

- Psychological services waiting times continuing to reduce month on month.
- Child and Adolescent Mental Health services (CAMHS) waits continue to reduce.
- Transforming care programme – discharges and annual health checks have increased.
- Dementia diagnosis rate is exceeding target.
- Children and Young People (C&YP) eating disorder waiting times are on target.
- Perinatal access.

Finance

At the end of November, the year to date (YTD) position is a deficit of £2.6m (after adjusting for the impairment loss on Audrey House) against a planned surplus of £0.8m; an adverse variance of £3.4m.

In October, we recognised the YTD impact of the public dividend capital (PDC) income loss and in November we recognised the YTD impact of the income risk for the Complex Eating Disorder (ED) patient. The forecast remains as per the breakeven plan, after adjusting for the impairment loss on Audrey House refurbishment. This is consistent across all organisations within the system. NHSE have asked systems to hold this position whilst they consider our revised system forecast deficit position of £47.2m. Our share of the likely deficit is £5m.

Our likely deficit of £5m is driven by the following:

- PDC funding withdrawal £2.5m.
- Complex ED patient income risk £2.5m.
- Industrial action £0.2m.
- Pay award cost pressure £0.2m.
- Excess inflation related to PFI £0.4m.
- IFRS16 benefit £0.8m non-recurrent (change to fight of use accounting for Sant Andrews).
- Management of operational cost pressures offset by vacancies, interest income, cost reduction and release of balance sheet.

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 November, £5.5m was achieved against a YTD target of £5.8m. The previously reported CIP gap has been closed with additional non-recurrent schemes.

Key next steps

- **Development of recurrent plans to minimise impact into 2024/25. Currently approximately 75% are non-recurrent.**

Agency

Agency expenditure YTD totals £6.7m against a plan of £3.5m; an adverse variance to plan of £3.1m. This includes £1.9m of additional costs to support a complex ED patient. 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 November is 4.9% - a reduction from previous months and is forecast to continue to reduce over the remaining months. 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%. The forecast is above plan by £3.8m, of which £2.9m relates to the complex patient that is being supported. Between August to November agency spend reduced by around 40%. The remaining months are forecast to reduce by four whole time equivalent (WTE) due to a planned reduction mainly related to medical staff.

Out of Area Placements

The plan for out of area expenditure has been reduced by £1m in 2023/24 as part of the £8.8m efficiency requirement. As at the end of November, there was an overspend against the reduced plan of £1.2m with a forecast overspend of £2m. The forecast assumes a

gradual reduction in patient numbers: December 17, January 15, February 13, and March 11. We are currently achieving ahead of the adjusted trajectory.

Capital Expenditure

Capital expenditure at the end of November is behind plan by £0.3m due to the impact IFRS16 leases. The forecast position is slightly under plan by the end of the financial year. Against the revised system allocation, we are forecasting a small overspend due to increases in IT equipment prices.

Better Payment Practice Code (BPPC)

In November, the target of 95% was exceeded by value but was very slightly under at 94.7% on volume.

Cash and Liquidity

Cash at the end of November is at £41.4m and is forecast to be at planned levels of £23.6m by the end of the financial year.

People

Annual Appraisals

Appraisal levels continue to be below expectations, however significant positive progress has been made month on month. The low compliance rate within Corporate Services remains a particular challenge and measures are being put in place to increase compliance.

Annual Turnover

Overall turnover is currently very slightly over 12% but has been significantly lower than normal for the last 12 months and remains in line with national and regional comparators.

Compulsory Training

Overall, the 85% target level has been achieved for the last 20 months. Operational Services are currently 91% compliant and Corporate Services are 86%. Whilst overall compliance of the 22 training elements remains high, there have been challenges with two role specific compulsory training elements which are classroom based.

Staff Absence

Sickness has averaged 6.5% over the 24-month period. Anxiety, stress or depression related illness remains the highest reason for sickness absence.

Key next steps:

- ***A clinical psychologist is now aligned with the Employee Relations team to support absences relating to anxiety, stress or depression related illness, with a particularly focus on early intervention.***

Proportion of Posts Filled

At the end of November, 95% of funded posts overall were filled.

Bank & Agency Staff

Agency usage continues to fall, and temporary staffing shift fill rates covered by both bank and agency remain at its second highest rate for the previous 12 months. Agency usage remains high and further work is required, particularly on longer term agency usage, to reduce this further. As mentioned above there has been an approximate 40% reduction in agency spend between August and November 2023.

Key next steps:

- *Authorisation Panel to oversee agency requests across the Trust commenced weekly from 1 November 2023.*
- *An exit strategy was developed and deployed to eradicate all non-clinical agency use by 1 December 2023.*

Supervision

The overall level of compliance with the clinical and management supervision targets has remained low since the start of the pandemic. However, incremental improvements continue to be made towards 100% compliance. The Operational Services Divisions have been asked to devise recovery action plans to address non-compliance with role specific training. Overview of these plans will be through the soon to be relaunched performance review cycle.

Key next steps:

- *An audit of supervision processes is nearing completion, which is being undertaken by 360 Assurance. The overall objective of the audit is to assess the actions the Trust is taking to improve supervision performance and accurate recording of supervision time for both clinical and non-clinical staff, and to recommend further actions to improve the position.*

Quality

Compliments

The number of compliments received remains within common cause variation, averaging around 120 compliments a month.

Complaints

There are six times fewer complaints than compliments received, with the number of complaints received remaining stable at an average of 19 per month. The complaints team monitor complaints, 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.

Delayed Transfers of Care (DTOC)

The number of service users meeting the criteria of clinically ready for discharge has increased from 9% to 10%. The most common reason for patients meeting the criteria for CRD continues to be the identification of appropriate housing or social care placements.

Key next steps:

- *Twice weekly clinically ready for discharge meetings where any barriers to discharge are identified and discussed to support resolution.*
- *The Older People's division continue to support the scoping of a Dementia Care Unit for Derbyshire which is due to open in 2024.*

Care Plan Reviews

The current percentage of patients who have had their care plan reviewed and have been on CPA for over 12 months is 61%, an increase of 10% between and September and November 2023.

Key next steps:

- *A new data platform was introduced to the Trust in November 2023, so each team has been asked to review the new report and cleanse the data to ensure that non-eligible patients are excluded.*

- *A process for monitoring compliance and quality has been implemented in each division and monitored via the monthly Fundamentals of Care meeting, (in Inpatients, the Clinical Reference Group) and the Divisional Clinical Operational Assurance Team (COAT) meetings.*
- *The Community Mental Health Teams have been set a target to achieve 60% compliance for patients who have had their care plan reviewed and have been on CPA for over 12 months by December 2023 and 85% compliance by April 2024.*

Patients in Employment and in Settled Accommodation

There has been no change in the number of patients recorded as in employment between September and November 2023. The number of patients who have their accommodation status recorded as settled fallen by 3% over this same period.

Medication Incidents

Between September and November 2023 there has been a further 10% decrease in the number of medication incidents. It should also be noted that medication incidents have been on a downward trajectory since August 2023 and those Medication incidents reported are largely of low-level harm.

Incidents of Moderate to Catastrophic Actual Harm

There has been an increase of 15 incidents between September and November which indicates an increasing trend in this category of incident. This is monitored by the Patient Safety team and the Heads of Nursing/Practice.

Duty of Candour

Between September and November 2023, the number of incidents meeting the threshold for Duty of Candour (DoC) has remained 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 remained consistently within the Trust target of 12 incidents between September and November 2023.
Key next steps:

- *Over the next six months there are plans for Simulation Training including seclusion, self-harm and ligature simulation. A programme manager and clinical lead have been recruited and train the trainer sessions started in December 2023.*

Physical Restraint

Physical restraints have reduced to around 75 incidents between September and November 2023. Incidents involving physical restraint are 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.

Seclusion

Seclusions between September and November 2023 have reduced by 67% and are under both the mean average of 20 episodes of seclusion and the Trust target of 14. This will continue to be monitored.

Falls on Inpatient Wards

The number of falls recorded between September and November 2023 has increased from 29 to 42. This is due to a high number of repeated incidents attributed to a small group of patients. The number of falls reported is monitored via the Head of Nursing and Clinical Matron and learning from the bi-weekly falls meeting is reviewed in the monthly Divisional

COAT meeting.

Care Hours per Patient Day (CHPPD)

In the latest published national data when benchmarked against other mental health trusts, our staffing levels remained slightly below average overall.

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 & 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:	**Lee Doyle** **Interim Executive Director of Operations**
	David Tucker **Interim Executive Director of Operations**
	Joanne Wilson **Interim Director of Finance**
	Rebecca Oakley **Interim Director of People & Inclusion**
	Dave Mason **Interim Director of Nursing**
Report prepared by:	**Peter Henson** **Head of Performance**
	Sabia Hussain **Deputy Managing Director**
	Joanne Wilson **Interim Deputy Director of Finance**
	Rebecca Oakley **Interim Director of People & Inclusion**
	Liam Carrier **Interim Deputy Director of People & Inclusion**
	Joseph Thompson **Assistant Director of Clinical Professional Practice**

Performance Summary

Areas of Improvement	Areas of Challenge
Operations	
• Transforming care programme – discharges and annual health checks • Psychology waiting times • CAMHS waiting times • Dementia diagnosis rate • C&YP eating disorder waiting times • Perinatal access	• Community mental health waiting times • Adult ASD assessment waiting times • Community paediatric waiting times • NHS Talking Therapies waiting times • Memory Assessment Service waiting times • Inappropriate out of area placements • Inpatient bed occupancy levels
Finance	
• Efficiency • Better Practice Payment Code	• Financial deficit • Agency expenditure • Liquidity
People	
• Annual appraisals • Turnover • Compulsory training • Filled posts • Agency staff use	• Staff absence • Bank staff use • Supervision
Quality	
• Duty of candour incidents • Seclusions	• Care plan reviews • Delayed transfers of care • Incidents of moderate to catastrophic harm

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					21	34	27
1b	Waiting list - care coordination - number waiting at month end					56	102	79
2a	Waiting list - ASD assessment - average wait to be seen			74		70	75	72
2b	Waiting list - ASD assessment - number waiting at month end			1,724		1784	2037	1911
2c	ASD assessments			70	26	6	45	25
3a	Waiting list - psychology - average wait to be seen			33		0	76	38
3b	Waiting list - psychology - number waiting at month end			570		716	927	821
4a	Waiting list - CAMHS - average wait to be seen			16		15	26	21
4b	Waiting list - CAMHS - number waiting at month end			384		353	551	452
5a	Waiting list - community paediatrics - average wait to be seen			39		23	28	25
5b	Waiting list - community paediatrics - number waiting at month end			2,205		1795	2223	2009
6	Outpatient appointments cancelled by the Trust			7%	5%	3%	12%	7%
7	Outpatient appointment "did not attends"			14%	15%	10%	14%	12%
B1	3 day follow-up			90%	80%	78%	95%	87%
D1	Community Mental Health Access (2 plus contacts)			11,590	11,899	9300	10061	9681
E1	Children & Young People Mental Health Access (1 plus contact)			3,340		2926	3122	3024
E4	Children & Young People Eating Disorder Waiting Time - Routine			100%	95%			
E5	Children & Young People Eating Disorder Waiting Time - Urgent			n/a	95%			
G3	Early intervention 14 day referral to treatment - complete			88%	60%	64%	108%	86%
G3	Early intervention 14 day referral to treatment - incomplete			73%	60%	57%	117%	87%
H0	IAPT 6 week referral to treatment			48%	75%	59%	74%	67%
H1	IAPT 18 week referral to treatment			99%	95%	99%	100%	99%
H2	IAPT 1st to 2nd Treatment over 90 Days			33%	10%	5%	23%	14%
H7	IAPT patients completing treatment who move to recovery			53%	50%	43%	60%	52%
I1	Individual Placement and Support Access			405	343	118	394	256
K2	Total inappropriate out of area bed days			2,550	0	1,314	2,023	1,669
K2	Average patients out of area per day - adult acute			21	0	0	13	6
K2	Patients placed out of area - adult acute			31	0	0	20	10
K2	Average patients out of area per day - PICU			21	0	7	20	14
K2	Patients placed out of area - PICU			29	0	13	32	23
L1	Perinatal Rolling 12 Months Access			9%	10%	4%	5%	5%
L2	Perinatal Access Year to Date			725	1,070	191	545	368
N4	Data quality maturity index			99%	95%	98%	99%	98%

Key to symbols[1]:

Variation

Special Cause Concerning variation | Special Cause Improving variation | Common Cause | Common Cause

Assurance

Consistently hit target | Hit and miss target subject to random | Consistently fail target

Blue dots indicate special cause variation, better than expected.

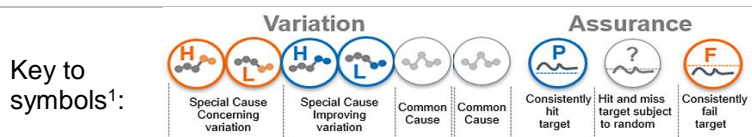Orange dots indicate special cause variation, worse than expected.

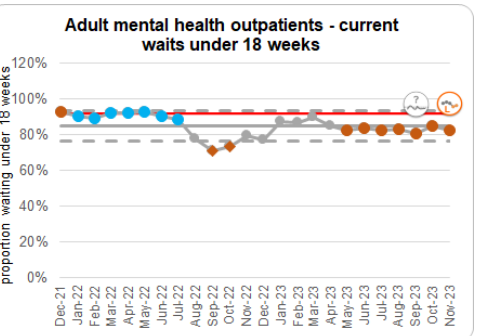[1]The rating symbols were designed by NHS Improvement

B. People

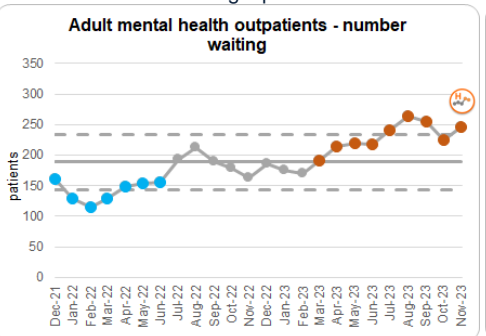|	Metric Name	Variation	Assurance	Latest Value	Target	Lower process limit	Upper process limit	Mean
1	Annual appraisals	H	F	83%	90%	76%	81%	78%
2	Annual turnover		P	12%	8-12%	12%	14%	13%
3	Compulsory training	H	P	90%	85%	86%	89%	87%
4	Staff absence		?	6%	5%	5%	8%	7%
5	Clinical supervision	H	F	80%	95%	73%	78%	75%
6	Management supervision	H	F	77%	95%	70%	76%	73%
7	Filled posts		F	95%	100%	89%	95%	92%
8	Bank staff use		?	6%	5%	5%	7%	6%

C. Quality

	Metric Name	Performance	Assurance	Latest Value	Target	Lower process limit	Upper process limit	Mean
1	Compliments received		?	122	119	75	158	116
2	Formal complaints received		P	13	13	5	31	18
3	Delayed transfers of care	H	F	10%	3.5%	3.8%	10.5%	7.1%
4	CPA reviews		F	62%	95%	65%	78%	72%
5	Patients in employment			12%		9%	14%	11%
6	Patients in settled accommodation			30%		35%	46%	40%
7	Number of medication incidents			74		48	110	79
8	No. of incidents of moderate to catastrophic actual harm		P	85	48	25	86	55
9	No. of incidents requiring Duty of Candour		?	0	1	0	10	3
10	No. of incidents involving prone restraint		?	12	12	0	23	11
11	No. of incidents involving physical restraint		?	72	46	33	109	71
12	No. of new episodes of patients held in seclusion		?	8	14	3	36	19
13	No. of falls on inpatient wards		?	43	30	16	59	37

Key to symbols[1]:	Variation: Special Cause Concerning variation / Special Cause Improving variation / Common Cause / Common Cause — Assurance: Consistently hit target / Hit and miss target subject to random / Consistently fail target	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

Operations

Operational Performance

Waiting Times – Adult Community Mental Health
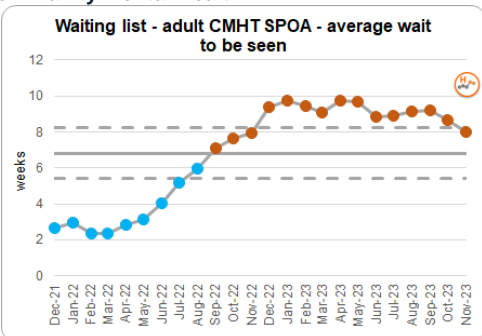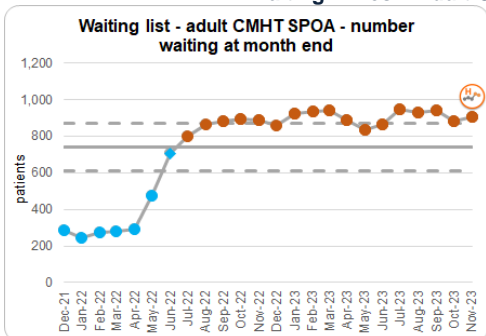
Waiting list - adult CMHT SPOA - number waiting at month end

Waiting list - adult CMHT SPOA - average wait to be seen

SPOA = single point of access – the route for external referrals into the services

Adult mental health outpatients - number waiting

Adult mental health outpatients - current waits under 18 weeks

Summary

For adult CMHT, the number waiting is high but now fairly stable and the average wait has started to reduce. The outpatient waiting lists have been increasing significantly for the last 9 months and the proportion of people waiting over 18 weeks remains too high. Outpatients are included in the NHS England 4 week wait access standard – see next page. The working age adult community teams continue to receive more referrals in comparison with the older adult teams. Working age adult teams also hold a significant number of patients over the age of 65, accounting for 4% of the total caseload. This has previously been explored and it was found to be difficult to move over a lot of patients to older people's teams owing to concerns raised by older adult medics and also the need for continuity of care in some cases. In the most recently published national benchmarking data, the Trust's median length of stay in community mental health services from referral to discharge was 111 days, which is considerably higher than the national median of 57 days. The Trust's average community mental health caseload size as a proportion of total trust caseload was 42.8%. In comparison, the national median was 30.5%. Caseloads are high, and with high caseloads it is difficult for teams to have capacity to pick up new cases. (https://model.nhs.uk/).

Actions

3-month plan:
- Targeted messaging – accountability, back to basics, getting it right
- Implementation of MaST
- Setting expectations – number of contacts; caseload numbers vs productivity
- Understanding reporting and variance
- Increased face to face training and support around recording in SystmOne
- Commence scoping for screens in team bases to display compliance with KPIs

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6-month plan:
- Consistent continued messaging around accountability, back to basics, getting it right
- Embedding MaST into business as usual
- Regular monitoring of performance against agreed expectations for contacts, caseloads and productivity
- Consistent use of the Employee Improvement Policy and Procedure
- Improved data accuracy
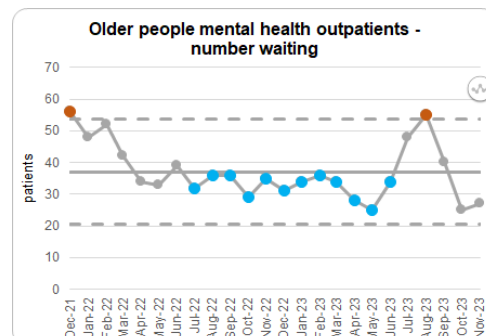- Roll out of screens in team bases displaying data, productivity and performance

12-month plan:
- Data, productivity and performance conversations are business as usual via use of screens in team bases displaying relevant dashboards
- Fully embedded use of MaST
- Optimised caseloads within the long-term offer
- Increased compliance with 4-week referral to treatment
- Accurate waiting lists that are reflected across all reporting dashboards
- Improved staff wellbeing – increase in positive response in staff survey

Waiting Times – Older People Community Mental Health
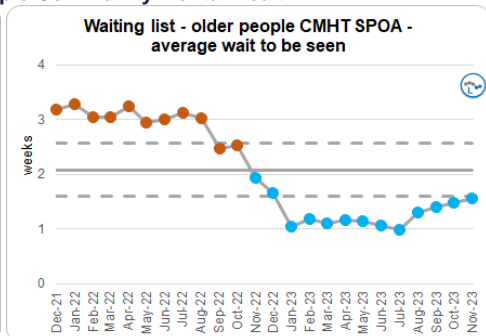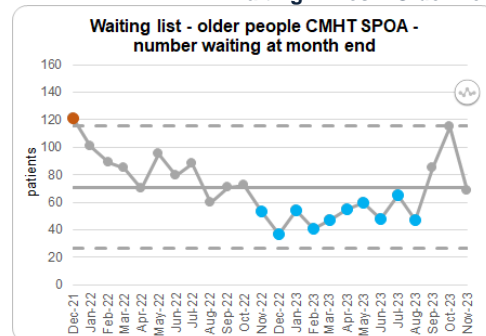
Waiting list - older people CMHT SPOA - number waiting at month end

Waiting list - older people CMHT SPOA - average wait to be seen

SPOA = single point of access – the route for external referrals into the services

Older people mental health outpatients - number waiting

Older people mental health outpatients - current waits under 18 weeks
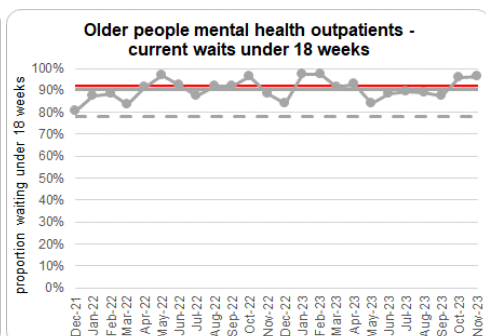
Summary

The number waiting is reducing in older adult SPOAs. The average wait remains very low at around 1 week. A small number of people are waiting for each outpatient service. The issues in Amber Valley have been addressed and now waits are short in all areas.

Waiting Times – 4 Week Waits for Non-urgent Community Mental Health Referrals

The significant pressures from the pandemic have led to enormous demand and growing waiting lists for mental health and neurodevelopmental services throughout the country. Waiting times have a significant impact on patient experience and outcomes. On 9 November 2023, NHS England made data publicly available for the first time on waits for community mental health, learning disability and autism services. The data provides median and 90th percentile waiting times for a first contact for children & young people's services (CYP) and waiting times for a second contact for adult and older adult services. **The data currently published by NHS England is experimental and is intended to be used to support data quality improvement and is not to be used to assess performance.** There are no targets or standards, however, organisations with the longest waits indicate delayed access to support for patients as well as data issues that should be addressed.

The official NHSE technical guidance is yet to be published. The concept of a pathway will bring in more complexity, which will need to be understood, for example who would take responsibility for a patient referral if it is split across several teams. Initially, NHSE are reporting on waiting times to 2nd contact only. Going forward it is intended that for adult and older adult community mental health teams to stop the clock, a patient will have to be seen, to have a meaningful assessment plus a clinical intervention, a social intervention, or a completed, co-produced personalised care plan, and to have 3 completed baseline outcome measures. Providing advice or guidance no longer stops the clock in adult & older adult services:
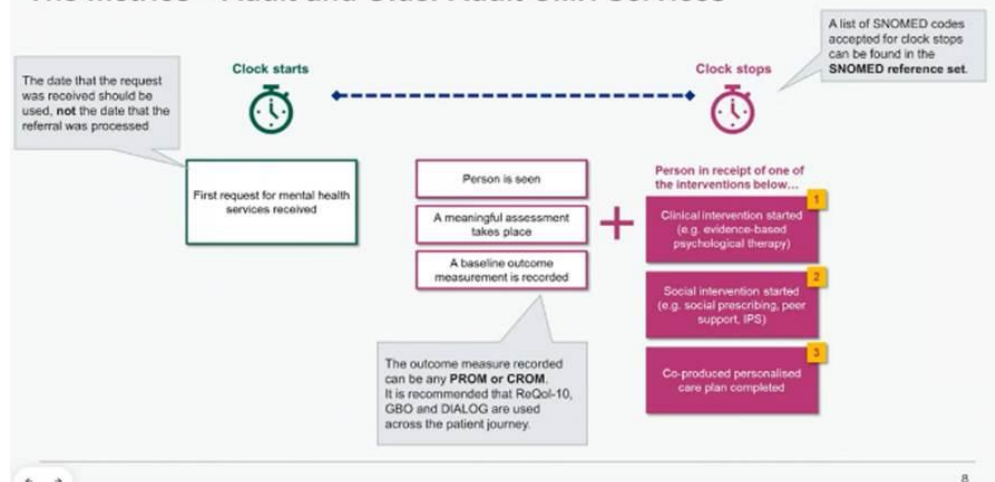
(slide © NHS England 2023)

Summary
There remain significant data quality issues in the trust to overcome. It is acknowledged that working age adults and memory assessment services are listed as a Trust priority focus for service recovery and waiting times during Q3 & Q4 of 2023/24. A detailed recovery plan is in development in order to address the data quality issues and to improve speed of access to services.

Children and young people's waiting times in Derbyshire Healthcare NHS Foundation Trust have not been identified as an outlier, however NHSE have reported that the Trust is in the top 10% of organisations with the longest reported waits for adult and older adult patients still waiting to receive their second contact with services:

Org ID	Org name	Waits (days)	Waits (weeks)
TAJ	BLACK COUNTRY HEALTHCARE NHS FOUNDATION TRUST	464	66
RDY	DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST	469	67
RXV	GREATER MANCHESTER MENTAL HEALTH NHS FOUNDATION TRUST	477	68
NKD	THE YOUTH ENQUIRY SERVICE (PLYMOUTH) LTD	494	71
417	SHROPSHIRE COUNCIL	500	71
8JX22	INSPIRED NEIGHBOURHOODS CIC	502	72
8K161	BRADFORD COUNSELLING SERVICES	523	75
8JF48	LEEDS SURVIVOR LED CRISIS SERVICES	525	75
O1D3O	RICHMOND FELLOWSHIP IPS - SHF	533	76
RPG	OXLEAS NHS FOUNDATION TRUST	571	82
RW5	LANCASHIRE & SOUTH CUMBRIA NHS FOUNDATION TRUST	575	82
TAD	BRADFORD DISTRICT CARE NHS FOUNDATION TRUST	575	82
RT5	LEICESTERSHIRE PARTNERSHIP NHS TRUST	583	83
R1C	SOLENT NHS TRUST	590	84
RKL	WEST LONDON NHS TRUST	591	84
8K526	ROSHNI GHAR	608	87
RXM	**DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST**	**627**	**90**
W1O3T	RICHMOND FELLOWSHIP IPS - RED	642	92
R1A	HEREFORDSHIRE AND WORCESTERSHIRE HEALTH AND CARE NHS TRUST	647	92
RRP	BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST	658	94
RVN	AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST	663	95
RXE	ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST	686	98
NO6	RETHINK MENTAL ILLNESS	696	99
RNK	TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST	697	100
C8O1K	RICHMOND FELLOWSHIP IPS - WF	698	100
I0T3T	RICHMOND FELLOWSHIP IPS - HAV	729	104
R1L	ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	744	106
RV3	CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST	771	110
RT2	PENNINE CARE NHS FOUNDATION TRUST	777	111
NR5	LIVEWELL SOUTHWEST	780	111
8K547	MIND IN BRADFORD	821	117
RWV	DEVON PARTNERSHIP NHS TRUST	834	119
RLY	NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST	879	126
RYG	COVENTRY AND WARWICKSHIRE PARTNERSHIP NHS TRUST	896	128
DXY01	STEP 2 YOUNG PEOPLE'S HEALTH (TONG STREET)	944	135
C2C8W	RICHMOND FELLOWSHIP IPS - BSW	962	137
DGT	THE BRANDON CENTRE	965	138
8J674	SOLENT MIND	975	139
8K055	THE MARKET PLACE (LEEDS)	1136	162
RXA	CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST	1218	174
TAF	CAMDEN AND ISLINGTON NHS FOUNDATION TRUST	1232	176
8K178	BRADFORD RAPE CRISIS & SEXUAL ABUSE SURVIVORS SERVICE	1265	181
RR7	GATESHEAD HEALTH NHS FOUNDATION TRUST	1487	212

Adult Autistic Spectrum Disorder Assessment Service

Waiting list - adult ASD assessment - number waiting at month end (Nov-23, 1724)

Waiting list - adult ASD assessment - average wait to be seen (Nov-23, 74)

Referrals
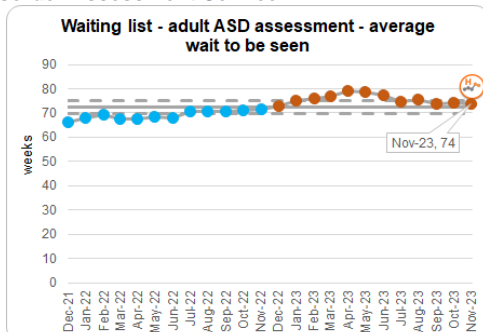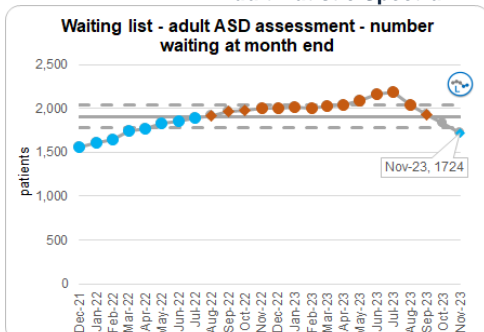
Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2016				18	15	20	23	28	31	26	27	18
2017	19	17	9	20	23	21	25	22	27	43	30	29
2018	29	34	32	41	47	40	62	41	45	54	48	22
2019	92	65	52	50	82	71	77	49	59	34	55	46
2020	83	32	28	45	20	46	17	27	14	48	77	74
2021	43	56	58	59	85	80	64	56	51	70	55	114
2022	62	62	141	74	100	97	50	70	88	65	70	52
2023	40	10	43	42	111	125	122	58	158	78	111	

Assessments

Year	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	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	18	31	30	35	65	54	70	

Summary

Demand for the service continues to outstrip capacity (commissioned to undertake 26 assessments per month but now receiving around 100 referrals per month this financial year). The process for assessments has been significantly streamlined to reduce assessment time and create capacity to carry out more assessments hence seeing an increase in recent months. At the end of November 2023 there were 1,724 adults waiting for assessment, which is a significant reduction. The number of completed assessments per month has increased and the full year contractual target has already been achieved. Due to data quality issues and some changes at point of entry there continues to be some slight anomalies in data accuracy, and we continue to run a manual and automated report whilst we work through this. Month on month this is improving, and the trends and data are close to alignment.

Actions

- Clinical efficacies: Review of clinical processes to increase the number of ASD assessments completed has resulted in a marked increase in assessments completed in recent months with no reported loss of quality or service user satisfaction
- Support of individuals on the diagnostic pathway is now in place and taking referrals with a focus to increase the numbers of uptake which has been lower than anticipated (some of this due to slow or no responses from those contacted) - whilst this does not reduce wait time for diagnosis, it will improve the experience and will alert people to options available to them.
- Increased support to individuals pre and post diagnosis will improve their experience, understanding, and support any management of anxiety reducing the risk of sudden need to access services, earlier awareness can be raised through signposting from the support services to the specialist teams.
- Healios contract for 18-25 year olds continues up to the end of March 24

Transforming Care Programme

Indicator	Target	Actual
Number of adults in ICB commissioned inpatient care	25	23
Number of adults in secure inpatient care	16	16
Number of children in specialised/ secure inpatient care	3	5
Care & treatment review - post admission adult	75%	100%
Care & treatment review - post admission children & young people (CYP)	75%	100%
Care & treatment review - 6 month follow-up - ICB	75%	100%
Care & treatment review - 12 month follow-up - Secure	75%	-
Care & treatment review - 3 month follow-up - CYP	75%	100%
Annual health checks completed for people age 14+ with LD	75%	90%

Transforming Care Programme

Summary

New, challenging trajectories were agreed from July 2023 onwards. Currently adult inpatient numbers are on target. DHCFT has 2 children in inpatient care and DCHS has 3. 1 child with ASD is in a tier 4 bed and a person aged 19 is in a bed awaiting an adult placement.

Actions

Reducing Inflow

LD&ASC Support and Intervention Team (SIT) continues to support hospital avoidance. Demonstrable evidence of preventing admissions going into hospital

- Enhanced Community Support (ESC) workstream co-led with revised action plans on Local Area Emergency Protocol, Dynamic Support Register and Care and Treatment Reviews progressing well. Meetings with regional partners where shared learning has been discussed.
- Dynamic Support Register re-design well under way with soft launch/start date 1st January 2024:

Improving Flow

Lead coordinating all the AMH, out of area locked rehabs/ATU and spec com beds and plan repatriation back to Derbyshire. Including setting up community services for these individuals including contracting linking in with ICB. Since this post alongside changes to the TCP team significant improvements in out of area over the last 7 month (June – 21 December 2023). No of discharges by hospital type:

- Locked Rehab = 4 discharges
- ATU = 6 discharges
- Spec Comm = 2
- CYP = 1

The total length of stay for all discharges since June 23 is just over 28 years. As part of that total LoS, there have been some significant discharges from ATU and LR which were our long stay patients: these days total Locked Rehab = 6330 and ATU = 3207. We also had a step down from MSU to Locked Rehab. This patient had a LoS in MSU of 2159 days – this is not counted in the 28 years as this patient is still in a hospital setting.

Expediting complex discharges / Improving outflow

- Pilot of ASD case management for 6 months support for high intensity and High ED/acute frequency patients – JD completed and out for advert
- To eliminate MFFDs due to placement availability, system work to improve provider capacity and capability. Stratification and discharge planning workshop being scheduled as soon as possible (latest w/c 6th Nov) for all ATU, Locked Rehab & Secure inpatients and community placements where a new solution may be needed. This will then feed into the new revamped Joint Solutions meeting where said plans will be reviewed to ensure continued progress & links are made to strategic commissioning as needed.
- Central provider contact & correspondence list now in place

Annual health checks: performance is above trajectory requirement for the quarter so far.

- Health Facilitation Team continue to offer extra training and support to GPs upon request.
- DHcFT are working closely with the identified Link GP (Zohra Jofri) to ensure GP resources are up to date and disseminated accordingly.
- Results from the AHC survey have been analysed, and results are being formatted- sharing and next steps to be completed in January.
- DHcFT ASM is meeting with practitioner in Nottingham who is LD Nurse employed directly by PCNs to deliver AHC-this is an established model, meeting to determine any learning that could support Derbyshire model.
- Preliminary discussions are happening between HFT and Link GP to pilot using Social Prescribers to support AHC (potential for this to be considered for a research project)
- GPPB are now being included in the GP level data and liaising regularly with DHcFT

Psychology & Psychological Therapies

Introduction
The Division has gained an excellent reputation in the region for being a fantastic place for psychologists to work and is the employer of choice (as reflected in the low vacancy rates across the service). We must work hard to manage the shrinking budgets to still maintain our values, support and deliverables.

Workforce update
Sickness & morale: Sickness within the division is at 2.63% in November - lower than the previous month (4.0%) and well below the Trust's target threshold. We have no long-term sickness. Morale remains largely positive, but staff are worried about the financial situation.

Trainees: we currently employ 18 Clinical Psychology Trainees across 3 years groups funded by HEE. We also take trainees for placements from Nottinghamshire healthcare NHS F Trust and Lincolnshire partnership NHS F Trust. This is part of our workforce sustainability plan.

Hybrid working and travel: Staff in the division continue to work this way, meeting the needs of patients as well as supporting wellbeing and work-life balance for staff. This includes telephone consultation, MS Teams and Attend Anywhere. Teams are working broadly to a 60/40 split. It is likely that the cost of travel, due to increase in claimed miles will get larger in the coming year due to the need to work to PLACE and stretch our services more widely across the county.

LD psychology in the North of the county: 4 staff have TUPE'd over to us and they are now settled with a manager. We have started the recruitment process for staff to work in this part of the county and have successfully recruited 0.2 of FST so far.

Health psychology: The health psychology team has been successful in increasing the WTE of psychologists within the stroke team, offering greater psychological input into his critical area. They are also involved in a JUCD review of all stroke services in the county.

MPACS: We now have 6 Multi-professional ACs in training and two qualified. These exciting new roles will help offer flexibility for people who use our services and support the medical workforce to deliver their best care. We have one further fully funded trainee post for March 24. They will be able to offer psychologically / biopsychosocial led AC care.

Friends & Family Test
Friends and Family Test, where reported, continues to show excellent feedback. In the last 12 months:
- Cognitive Behavioural Therapy received 26 responses and 100% were positive
- Amber Valley Adult Psychology received 13 responses and 92% were positive
- Psychodynamic Psychotherapy received 2 responses which were both positive
- NHS Talking Therapies received 1,805 responses and 98% were positive.
- South & Dales Older Adult Psychology received 1 response which was positive

Partnership, system and PLACE working
This continues to grow and develop in line with the living well. Staff are working across the landscape and linking in with GP services and VCSE sector.

Waiting list - psychological services - average wait to be seen
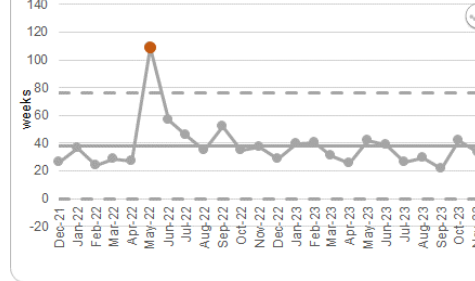
Waiting list - psychological services - number waiting at month end
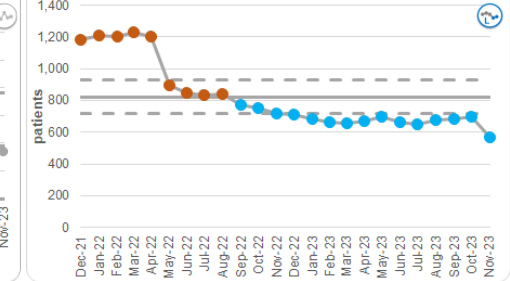
Waiting lists and referrals
As mentioned in last month's report, there has been focused QI work around OA, LD and some WAA teams to manage / reduce the waiting lists across the division. As you can see, the trend is still in the right direction and numbers on waiting lists are slowly reducing (from 700 in October to 570 at end of November). Referrals remain high.

Trust wide staff wellbeing
Psychological safety is key at times of change. Currently, there is a need to ensure psychological safety is felt in all staff groups and the requirement for psychological support remains high. Nearly 1/3rd of all Trust sickness is due to anxiety, depression, stress / other psychological needs indicating the need for staff wellbeing support.

Supervision & appraisal
Clinical supervision is currently being reported as 84% for the division. Whilst this remains high, our aim is for 100%. This is raised at the monthly Leads meeting as well as within our Divisional COAT. Appraisal completion is also monitored and is at 87.64%, a slight improvement since last month (84.75). We are tackling the issue with recording and uploading the IPRs through the system.

Increasing psychological awareness
The Bite size psychological teaching sessions continue to have good attendance with a range of topics being delivered. The timetable for 24/25 is nearly complete.
The trauma informed Board has met for the 4th time and is now beginning to form the strategy and recommendations for the Trust in line with JUCD vision. This coproduced document will go through TOOL for feedback once complete.
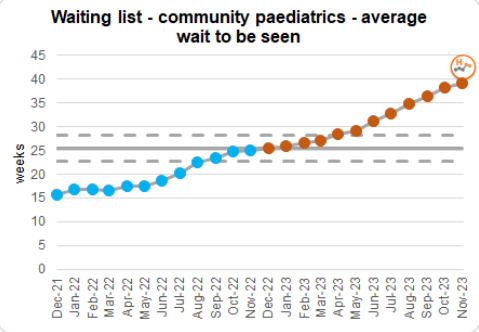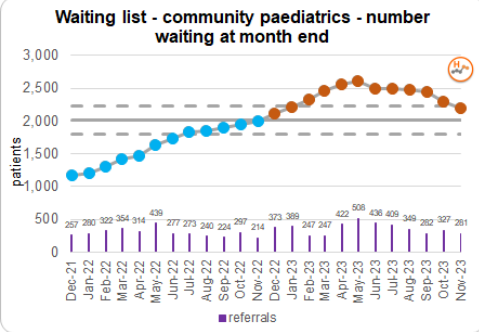
Benchmarking, Productivity & Finance
All these areas remain challenging. We are working with partners across the region to understand benchmarking. Different systems and reporting make this slow work. We are looking at productivity and recording metrics in psychology as many of the tasks although patient related are not always recorded (such as MDT support around a particular patient) on SystmOne. Financially, we remain within budget, have no unfunded posts or roles, agency or bank. We are working to improve efficiency and make the required savings. This will be completed in a plan for 2023-2025 recurrent spend.

Safety and quality
Whilst working on productivity we are also considering safety in relation to psychological treatment. Specifically, this month we have been focussing on standards and developing a SOP for EMDR delivery across the Trust. All of our governance processes are now in place with the development of our CRG, COAT and Performance Reviews. Teams also complete a monthly managers update with all performance metrics.

Waiting list - community paediatrics - number waiting at month end

Waiting list - community paediatrics - average wait to be seen

- Clinic space remains under constant review.
- Review of vacant consultant posts and workforce continues, including consideration for skill mixing some of these posts. Working with recruitment team to update job descriptions to make them more attractive to potential applicants. Currently advertised posts include Specialty Doctor, Consultant Paediatrician ND & generic work and also Named Doctor for safeguarding – consultant.

Waiting list - CAMHS - number waiting at month end

Waiting list - CAMHS - average wait to be seen

Summary

At the end of November 2023 there were 2,205 children waiting. The average wait time was 39 weeks. Of note the ongoing shortage of ADHD medication has meant that children on specific medications have been reviewed as a matter of urgency as withdrawal has physical health implications. Children on current prescriptions have therefore been prioritised. There has been an increase in calls and demand on the medical secretaries, admin, Dr's and the ADHD nursing team in order to manage this subsequently further impacting on waiting times for children.

Internal factors:

- Challenges to recruitment- 2 Consultant vacancies; retirement age for many of our Paediatricians; national shortage;
- 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 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)
- Developmental delay referrals to community paediatricians increased following the pandemic.
- Appointment duration has increased due to the increased complexity of children & young people (CYP) presenting needs post the pandemic.

Mitigation:

- Deputy Area Service Manager leading on transformation work for the neurodevelopmental (ND) pathway, an oversight group has been set up for governance and clinical decision making, ongoing review of pathways active signposting and resources for families to access for support, advice and information and updates to website. This will also include Ongoing Quality Improvement for the CYP ND transformation.
- Recruitment update – newly appointed clinical psychologist starting in January 24, Waiting list co-ordinator and triage nurse in post. Review of remaining funds and appropriate recruitment continues. 2x applicants for the vacant consultant posts interviews set up for January 24. A second triage nurse post has recently been appointed to.
- Engagement with the community hubs continues. We are working with the appointed triage nurse to work collaboratively to identify how service will work together to improve CYP and family experience.

Summary

Owing to the data quality issue previously identified, a manual count of the waits has been undertaken to give a more accurate position and at the end of November 2023, 384 children were waiting to be seen. The average wait time was 16 weeks.
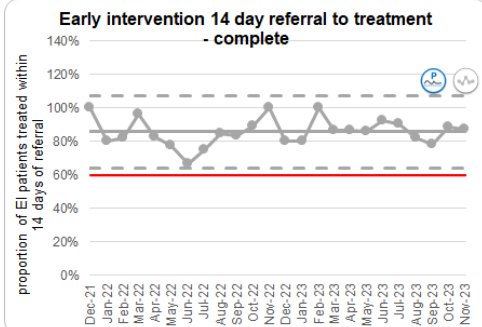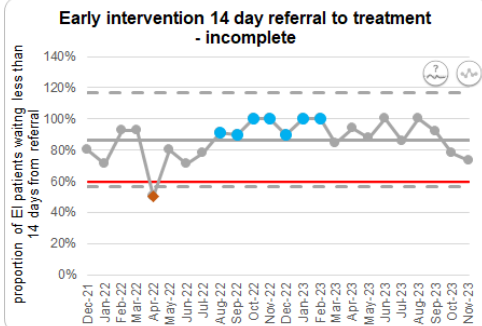
Actions

- The triage assessors are now all in post.
- The model is continuing to have a significant positive impact on waiting times.
- Data quality is still an issue. We have met with BI, data warehouse and systems teams. No resolution imminent. An issue that has been highlighted around the 'clock stopping' at point at triage, is going to require Trust sign-off, potentially at the fundamentals of care meeting. The CAMHS service do not treat the triage call as an 'initial assessment', but it is being recorded as such when we log the call.
- The team are currently operating well. Wait numbers and length of time waiting continue to fall safely.

Outpatient appointments cancelled by the Trust

Outpatient appointment did not attends
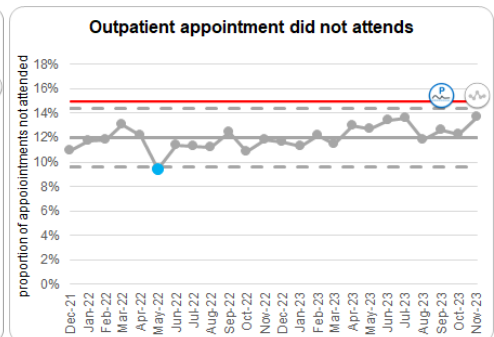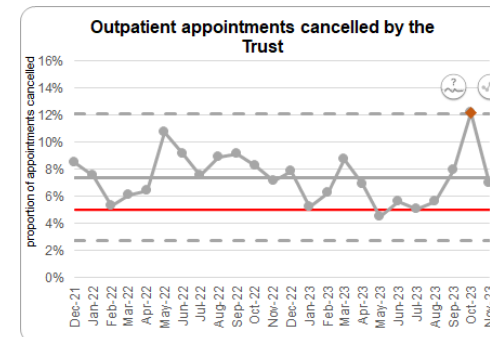
Summary

There was an increase in cancellations in October owing to strike action, with those appointments rearranged. The level of defaulted appointments (did not attends) 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.

Early intervention 14 day referral to treatment - incomplete

### Early intervention 14 day referral to treatment - complete

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 continues to be extremely 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.

Individual Placement and Support Access
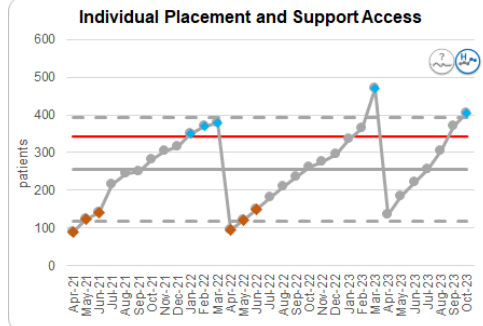
Summary

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, achieved a month early in 2022/23 and year to date is making positive progress towards achieving the target.

NHS Talking Therapies patients completing treatment who move to recovery
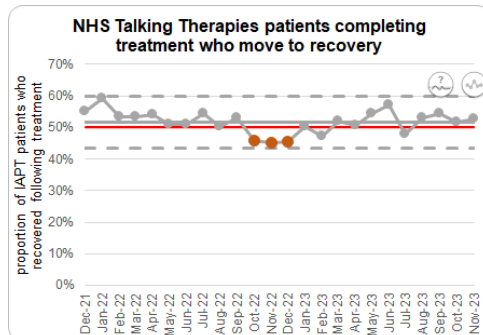
Summary

Recovery rates exceeded 52% in November and have maintained above target for 8 out of 9 months. Year to date recovery rate is at 52.6%.

Actions

- Figures are shared service wide with managers and discussed in regional team meetings along with other actions to reduce wait lists and improve performance.

NHS Talking Therapies 18 week referral to treatment

NHS Talking Therapies 6 week referral to treatment
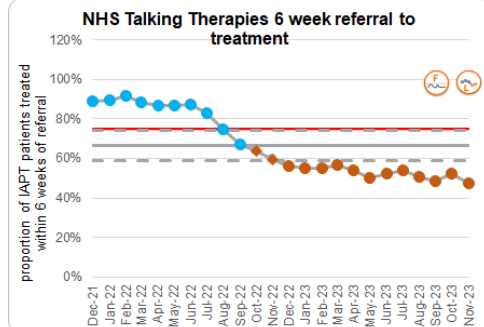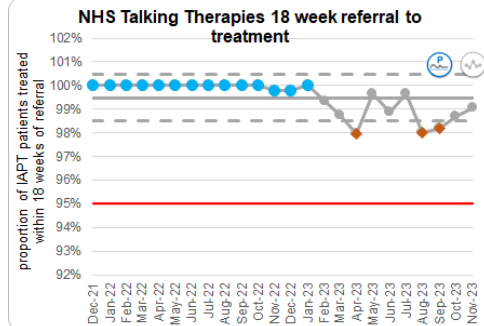
Summary

- The graphs for 18 week referral to treatment performance shows continued improvement. This is for people who have been discharged, as opposed to entering treatment. Those entering treatment have improved in the recent months and should show a continued improvement once treatment is completed.
- The 6 week wait for referral to treatment has not shown improvement at discharge, however the figures for those entering treatment has shown marked improvement in the last 2 months on the service dashboard, this should show improvements in the coming months.
- Referrals continue to maintain a pre pandemic levels with a slight reduction in October, however this returned to pre pandemic levels in November

Actions

- Recent PWP recruitment has been more successful with staff being recruited and due to commence in post in December and January.
- Using deferred income to fund assessments from Xyla has meant that over 85% of patients entered treatment within 6 weeks in November. These gains should be maintained when the new PWPs start in service.

NHS Talking Therapies 1st to 2nd Treatment over 90 Days
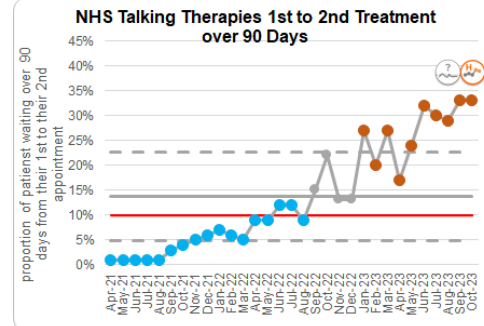
Summary

1st to 2nd treatment waits have been significantly high and above target for the last 7 months.
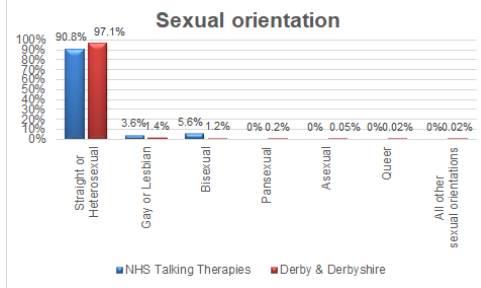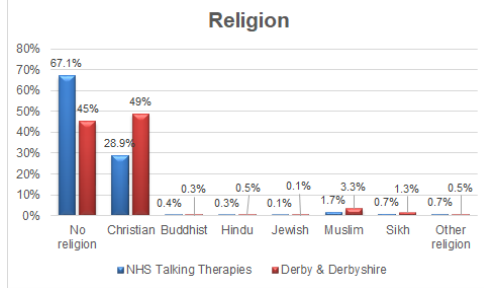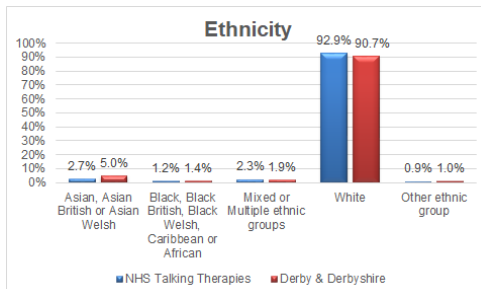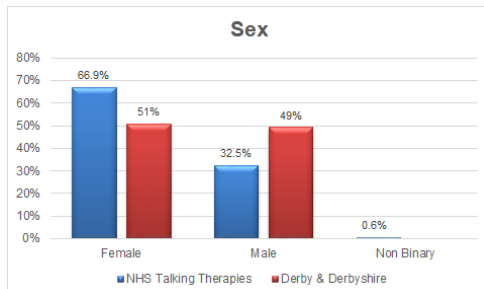
Actions

- Monthly Service Manager review of longest waiters to reduce outliers. This has had a significant impact on the longest waiters.
- Supportive caseload management frameworks introduced to give better scrutiny of productivity re average contacts. This has had 10%+ impact on average contacts per treatment. Total Step 3 discharges in November were the highest of any month of the current financial year.
- Further work with IESO with a work plan of service promotion, clarification of severity inclusion criteria, crib sheets for assessing clinicians and rolling meeting attendance.
- Maintain a focus on attendance and reduction of DNAs. DNA information is now circulated to service managers monthly to show individual performance.
- Further information is also circulated on booked contacts versus agreed targets broken down by clinician and month to promote individual improvements in performance.
- Review of acceptance criteria to achieve more appropriate referrals is ongoing and will include updated treatment contracting with patients.
- Bookable appointment slots rolled out to all PWP assessors, these allow for re-booking of appts and confirmation of appt dates and times.
- Working towards cross provider agreements to advertise wait times for all providers offering better patient choice reducing wait times. This has been agreed by commissioners and agreed that providers will provide this information for average waits.
- Wait list clarification for longest waiters has commenced to clarify if patients still require a service.

Operational Performance

Patient Demographics – NHS Talking Therapies

The charts below compare the demographics of the patients accessing the service with those of the population served in Derby & Derbyshire (from the Census 2021).

Sex
- Female: NHS Talking Therapies 66.9%, Derby & Derbyshire 51%
- Male: NHS Talking Therapies 32.5%, Derby & Derbyshire 49%
- Non Binary: 0.6%

Ethnicity
- Asian, Asian British or Asian Welsh: 2.7% / 5.0%
- Black, Black British, Black Welsh, Caribbean or African: 1.2% / 1.4%
- Mixed or Multiple ethnic groups: 2.3% / 1.9%
- White: 92.9% / 90.7%
- Other ethnic group: 0.9% / 1.0%

Religion
- No religion: 67.1% / 45%
- Christian: 28.9% / 49%
- Buddhist: 0.4% / 0.3%
- Hindu: 0.3% / 0.3%
- Jewish: 0.1% / 0.1%
- Muslim: 1.7% / 3.3%
- Sikh: 0.7% / 1.3%
- Other religion: 0.7% / 0.5%

Sexual orientation
- Straight or Heterosexual: 90.8% / 97.1%
- Gay or Lesbian: 3.6% / 1.4%
- Bisexual: 5.6% / 1.2%
- Pansexual: 0% / 0.2%
- Asexual: 0% / 0.05%
- Queer: 0% / 0.02%
- All other sexual orientations: 0% / 0.02%

Summary

The service is being accessed by males, females and non-binary people, however a greater proportion of females and a lower proportion of males are accessing services in comparison with the population served. Nb the census only gave the options of "male" or "female" for sex, and so there is no population data relating to other genders.

The ethnic breakdown of the patient group matches the ethnic breakdown of the population served fairly closely, which suggests the service is readily accessible to people from all ethnic backgrounds.
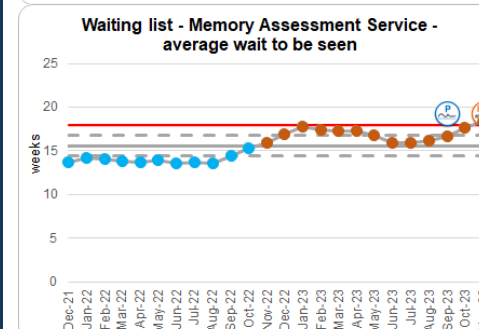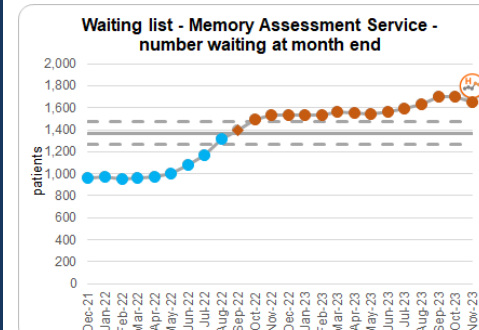
People of all religions are accessing the service. A greater proportion of people with no religion and a lower proportion of Christians are accessing services than are represented in the population served.

The service is accessible to people of all sexual orientations. A lower proportion of straight or heterosexual people, and a higher proportion of gay or lesbian or bisexual people are accessing services than are represented in the population served.

Dementia Diagnosis Rate
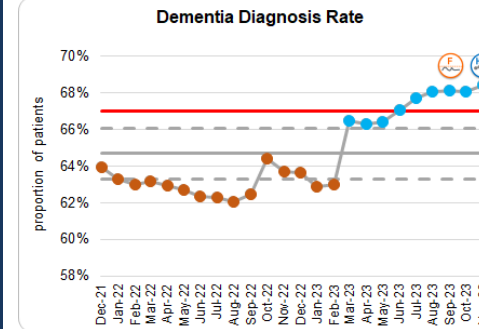
Summary

There has been a national drive to increase the proportion of people estimated to have dementia, who have a coded diagnosis of dementia. The target for Derby & Derbyshire ICB has been achieved since June 2023.
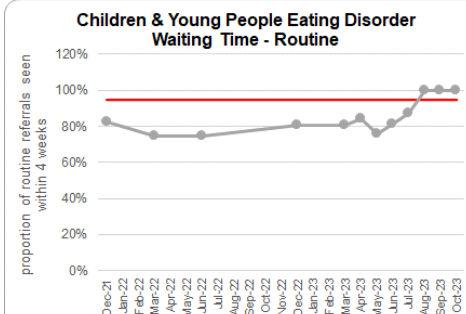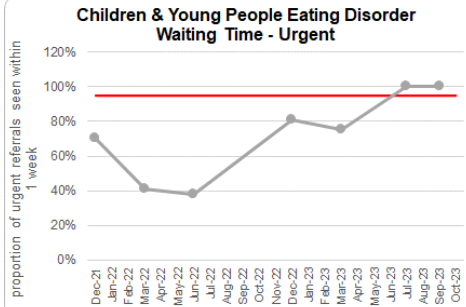
Waiting list - Memory Assessment Service - number waiting at month end

Waiting list - Memory Assessment Service - average wait to be seen

Summary

There continues to be an extremely high demand for the service which exceeds funded capacity, and at the end of November there were 1,655 people on the waiting list, with an average wait of just over 18 weeks.

Actions

- Completion of quality improvement project to maximise and make best use of current resource, to ensure maximum capacity and quality of current provision
- Move diagnostic pathway for MAS 24 into CMHT: patients requiring diagnosis who are residing in 24 hour care will now be assessed and diagnosed under the care home project based in CMHTs
- Review of referral criteria for CMHTs and MAS, leading to a review of triaging to ensure robust processes are in place. An away day with CMHT and MAS managers has taken place to review referral criteria and commence review of triaging. Task & finish group led by Head of Nursing. Second away day booked for January 2024.
- Reducing the DNA rate
- Weekly emails to staff with individual performance data to ensure individual accountability for service provision
- Regular monitoring of wait times and data cleansing
- Continued focus on staff wellbeing and support

Children & Young People Eating Disorder Waiting Time - Urgent

Children & Young People Eating Disorder Waiting Time - Routine

Summary

The 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. NHSE have switched to monthly reporting from April 2023.

The Division internally monitors the C&YP Eating Disorder Service waits from 1st to 2nd contact. In quarter 1 the average wait was 11 days, quarter 2 was 4 days and quarter 3 to date was 3 days.

**Total inappropriate out of area bed days**
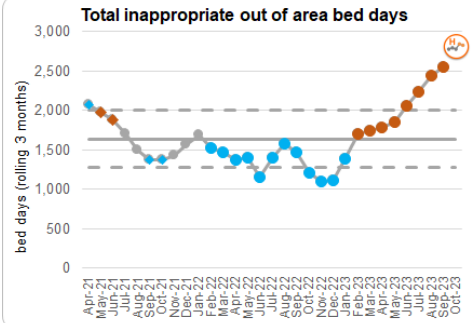
Summary

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.

There is an ongoing high level of demand for inpatient beds, with all wards full to capacity. This has been a consistent factor over several months now. Generally, we are finding people are more acutely unwell and acuity is much higher than we would usually expect: two thirds of all patients admitted to hospital each month are detained under the Mental Health Act. As a result, people are taking longer to recover. The increase in acuity is also apparent when we look at the number of patients in PICU.

The crisis teams continue to work with higher than usual caseloads in an attempt to avoid admissions to hospital wherever possible and appropriate.
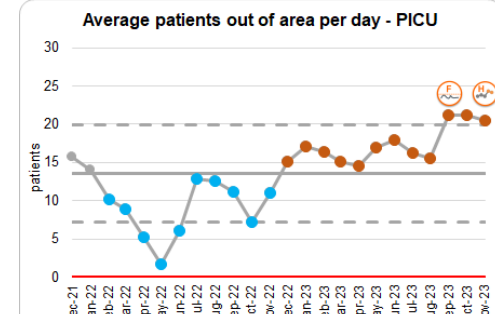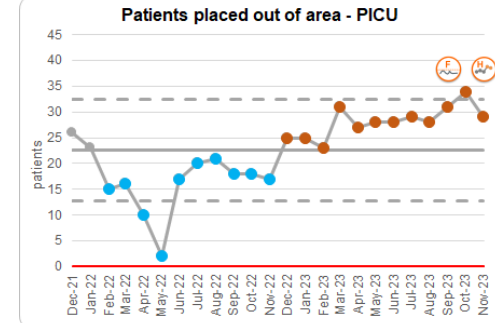
Actions

- The opening of the Ripley and Swadlincote crisis café was delayed but opened in December 2023. Crisis cafés offer community based out of hours mental health support. The aim is to provide a safe, welcoming place where people can go outside of normal working hours, instead of A&E or other urgent services, if they are feeling emotionally distressed or are in a mental health crisis.
- Transition of Care Navigator post has been appointed to support patients on the step down pathway.
- The increase in demand for inpatient beds for LD&A patients continues. Changes to the pathway to improve assessment and decision making have been implemented. A twice weekly meeting is held to monitor current inpatients.

Patients placed out of area - adult acute

Average patients out of area per day - adult acute
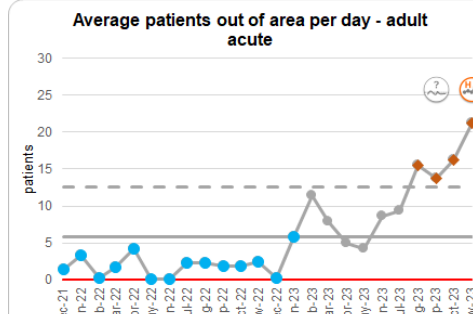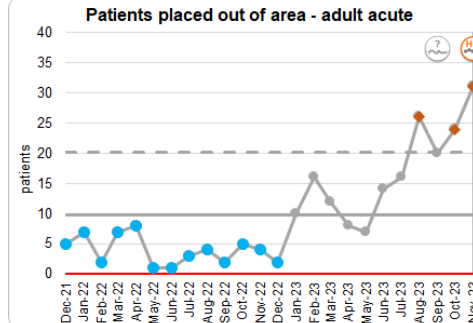
Actions (cont.)

- Liaison with the ICB regarding commissioning of inpatient service for people living in High Peak
- Flow structure to be implemented to provide a multi-agency response to the admission and discharge challenges.
- Implement community based Clozaril initiation, avoiding need for admission to hospital.
- Review gatekeeping function to comply with the crisis fidelity model. Pilot due to commence in Jan 24, full roll out in March 24.
- Enhance the impact of the Emotional Regulation Pathway to support prevention of admission to hospital and/or facilitate early discharge.
- Derbyshire Mental Health Response Vehicle is due to be implemented in April 24. This will be one vehicle staffed by a paramedic and a mental health nurse. Currently there are 2 street triage cars operating in Derbyshire staffed by police officer and mental health nurse which is expected to stand down when Response Vehicle is established. Both services operate 7 days a week covering 4pm to midnight.
- To implement MAST in CMHTs ensuring focused input to those at greatest need and risk of admission.
- To enhance the inpatient offer regarding Trauma Informed Care - to pilot on ward 33.

Patients placed out of area - PICU

Average patients out of area per day - PICU

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.

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 – work in progress.
- 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

Length of stay (days)

Clinical area	Beds	Bed occupancy Nov-23	Average duration of stay to date (days) of current inpatients	Average length of stay (days) Nov-23 discharged	Change versus previous month discharged	Change over time – average length of stay of discharged inpatients
Adult Acute						
Morton	20	102%	30	39	↗	
Pleasley	20	101%	73	50	↘	
Tansley	20	104%	43	34	↘	
Enhanced Care	0	n/a	n/a	n/a	n/a	
Ward 33	20	101%	66	77	↗	
Ward 34	20	107%	68	58	↘	
Ward 35	20	103%	53	38	↘	
Ward 36	20	107%	72	86	↗	
Older People						
Tissington	18	101%	92	42	↘	
Cubley Female	18	69%	105	102	↗	
Cubley Male	18	85%	54	98	↗	
Perinatal						
The Beeches	6	92%	47	24	↗	
Rehabilitation						
Cherry Tree Close	23	70%	342	n/a	n/a	
Low Secure						
Curzon Ward	8	95%	463	n/a	n/a	
Scarsdale Ward	10	76%	884	n/a	n/a	

Explanatory note: where occupancy is over 100% this means that patients are on periods of trial home leave and their beds are being used for new admissions while they are at home. Leave beds used are predominantly safe planned leave, so leave would normally be extended, where safe to do so, to prevent 2 patients being in one bed. Patients are encouraged to not spend too much time in their room, so even if a patient was to return, we would have the day to look at where we can shift beds around. It is a constant daily challenge for the Bed Management Team, who do a sterling job.

In the latest NHS England Model Mental Health Trust data, the Trust's average length of stay of discharged patients of 69.9 days was in the **lowest 50% of Trusts**, below the provider median of 78 days.

Research based on Erlang's queuing theory suggests that with the size of our bed base there should be a maximum occupancy of 85% in order to have readily available beds to enable management of acutely ill patients to occur in a safe and appropriate setting, and in order to protect both patients and staff from untoward incidents arising from busyness. https://www.priory.com/psychiatry/psychiatric_beds.htm

Operational Performance

3 day follow-up
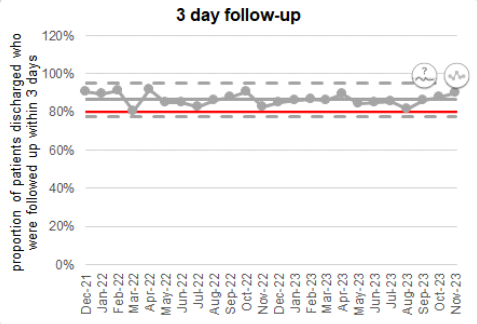
Summary

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.

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.

Perinatal Rolling 12 Months Access

Perinatal Access Year to Date
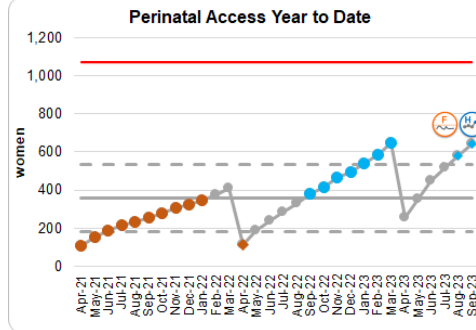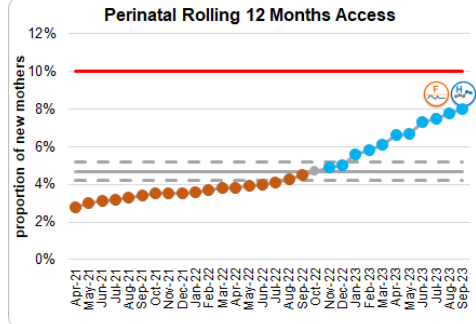
Summary

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 and fewer mothers who potentially need perinatal mental health support. 2022 data has now been published and there were over a thousand fewer births than when the target was set:

Live Births	Derby	Derbyshire	Total	Difference v 2016
2022	2864	7217	10081	-1033
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	

There is now an identified demand for the service following an increase in referrals which remain on an upward trajectory.
Capacity continues to be demonstrated within the system to offer over 90 assessments a month. Achieved target within service level data in June. Currently achieving 8.4% Target 10%

Stocktake by NHSE in October cited 127% growth in activity over the years 2020/2021 to 2022/2023 showing that the service has made good progress against the targets, based on increased investment and workforce expansion.

Current factors impacting achievement of target include: DNA rates, staff sickness, vacancies, and delays in current Trust recruitment processes.

Actions

- CPN job plans and target caseloads in placed based on demand and capacity modelling and the need to reduce unwarranted variation and improve patient flow.
- Specialist assessor role within the South having a positive impact on completed assessments.
- Community outreach worker funded from Start for Life programme commenced within South team.
- Service has strategic direction to address health inequalities and potential barriers to access.
- Recovery action plan in place regarding community waiting lists (Referral to assessment and referral to treatment)
- Initial assessments by the maternal mental health service remain lower than expected due to complexity of cases and hence longer time in treatment than anticipated. Psychology assessments are often completed for women already open to the service.
- Waiting well offer in place to support patients whilst on the waiting lists.
- DNA action plan in development

Data quality maturity index
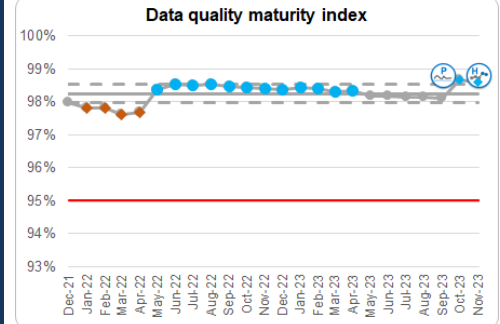
Summary

The level of data quality maturity is consistently high. It is expected that the national target will continue to be exceeded.

Community Mental Health Access (2 plus contacts)
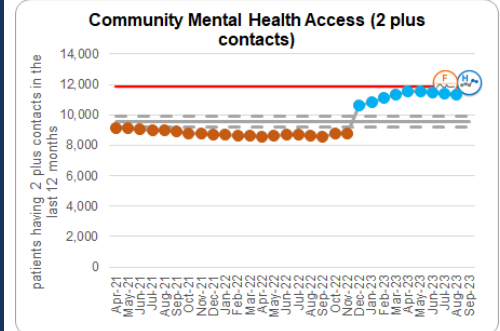
Summary

The Trust was set a 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 and services are on target to achieved it by year end.

Patients not seen for over 12 months

| Count of Appt booked?	Appt booked?		
Service	**No**	**Yes**	**Total**
⊟ADULT CARE COMMUNITY	122	124	246
⊟COUNTY NORTH	7	21	28
BOLS & CC ADULT CMHT - OUTPATIENTS	3	10	13
CHESTERFIELD LW LTO - OUTPATIENTS	2	4	6
KILLMSH & NC ADULT CMHT - OUTPATIENTS	2	5	7
N DALES ADULT CMHT - OUTPATIENTS		2	2
⊟COUNTY SOUTH	39	35	74
AMBER VALLEY ADULT CMHT - OUTPATIENTS	32	13	45
AMBER VALLEY ADULT CMHT - SPOA	1		1
EREWASH ADULT CMHT - COMMUNITY	2		2
EREWASH ADULT CMHT - OUTPATIENTS		1	1
EREWASH ADULT CMHT - SPOA	2		2
SOUTH & DALES ADULT CMHT - COMMUNITY	1		1
SOUTH & DALES ADULT CMHT - OT	1		1
SOUTH & DALES ADULT CMHT - OUTPATIENTS		21	21
⊟DERBY CITY	76	68	144
DERBY CITY WELLBEING TEAM B - SPOA	1		1
DERBY CITY WELLBEING TEAM B LTO - OUTPATIENTS	1	12	13
DERBY CITY WELLBEING TEAM C LTO - OUTPATIENTS	44	54	98
PHYS HEALTH MONITORING	30	2	32
⊟OLDER PEOPLES CARE	32	2	34
⊟OLDER PEOPLES COMITY CARE	32	2	34
AMBER VALLEY OA CMHT - OUTPATIENTS	17	1	18
BOLS & CC OA CMHT - OUTPATIENTS	1		1
CHESTERFIELD C OA CMHT - OUTPATIENTS	1	1	2
MAS NORTH - MAS	4		4
MAS NORTH - PSYCHOLOGY	1		1
MAS SOUTH - MAS	4		4
MAS SOUTH - PSYCHOLOGY	3		3
SOUTH & DALES OA CMHT - OUTPATIENTS	1		1
Total	**154**	**126**	**280**

Summary

There are 280 patients on community mental health caseloads who have not been seen for over 12 months, according to their records. The majority are patients open to outpatients. Some will be people who have been discharged but the discharge has not been recorded correctly on the electronic patient record.

Actions

- The performance team to escalate weekly to the senior managers concerned.
- 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
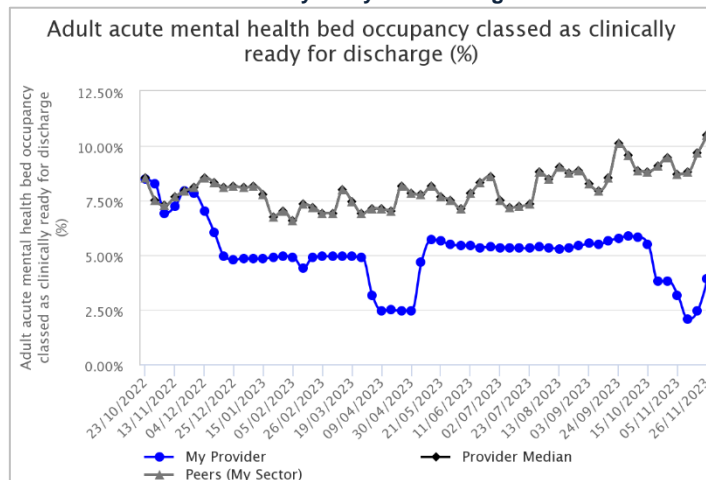
Adult acute mental health bed occupancy classed as clinically ready for discharge (%) - Model Mental Health

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 number of occupied beds. In the most recently published data, the Trust's clinically ready for discharge rate was 3.9%, which compares favourably with the overall provider median of 10.5% but continues to negatively impact on bed availability for people who need inpatient care. At the time of writing there are 18 patients clinically ready for discharge, 12 older adults and 6 adults. The reasons for delay are as follows:

Delay reason	Older adult	Adult	Grand Total
Awaiting care package in own home	2	1	3
Awaiting nursing care home placement	6	1	7
Awaiting residential care home placement	1	1	2
Housing		3	3
Patient or Family choice - Care Home With Nursing placement	3		3
Grand Total	**12**	**6**	**18**

Actions

- In adult acute inpatients, a twice weekly clinically ready for discharge meeting is held with the discharge coordinators, and with attendance from social care. Actions are then taken away to escalate as required.
- In older adult inpatients, delays in discharge are predominately placement issues in specialist 24-hour care settings. The teams hold twice weekly rapid review meetings with social care in attendance. Actions are taken from this and escalated as necessary. Ward flow coordinators chase placements requests and funding processes. On average every successful placement has been preceded by 8 to 10 providers declining to offer placement. Other reasons for delay are funding related, social care delays and family related issues.

Appointments not reconciled

| Service	Appts
COUNTY SOUTH ADULT	700
OLDER PEOPLES COMITY CARE	376
COUNTY NORTH	352
PSYCHOLOGY ASM3	352
DERBY CITY ADULT	309
ACUTE INPATIENT NORTH	286
NOT KNOWN	244
CAMHS	213
PERINATAL	190
ACUTE INPATIENT SOUTH	131
LEARNING DISABILITIES	77
OLDER PEOPLES ACUTE CARE	68
COMPLEX CARE	55
ADULT URGENT ASSESSMENT	26
SPECIALIST CARE MGT	23
PSYCHOLOGY ASM1	23
SPECIALIST CARE	22
PSYCHOLOGY ASM2	9
NEURO DEVELOPMENTAL	7
SUBSMIS	2

Summary

There is a large number of past appointments where the attendance outcome of the appointment has not been recorded, i.e. whether the patient attended or not. This continues to impact on reported waits, activity levels and reported did not attend rates. This data quality issue 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 further improvement is needed.

Actions

- IM&T have developed and piloted 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 by managers and individual clinicians and identify areas where corrective action should be taken. The report recently became fully operational following the successful pilot and should start to have a positive impact on data quality.
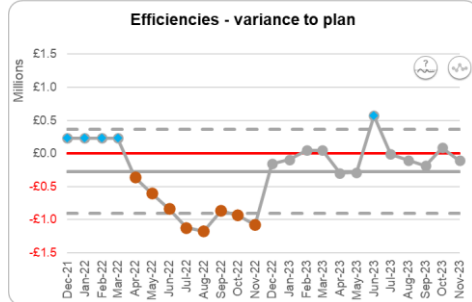
Finance

Financial Performance

In month Surplus/ (Deficit) position
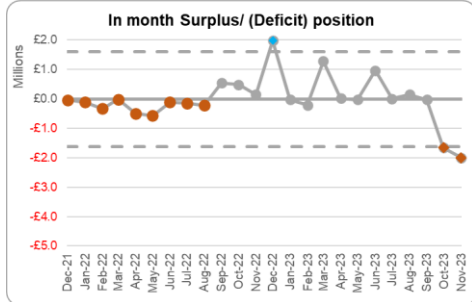
Summary
At the end of November, the YTD position is a deficit of £2.6m (after adjusting for the impairment loss on Audrey House) against a planned surplus of £0.8m; an adverse variance of £3.4m. In October we recognised the YTD impact of the PDC income loss and in November we recognised the YTD impact of the income risk for the Complex Eating Disorder (ED) patient. The forecast remains as per the breakeven plan, after adjusting for the impairment loss on Audrey House refurbishment. This is consistent across all organisations within the system. NHSE/I have asked systems to hold this position whilst they consider our revised system forecast deficit position of £47.2m. Our share of the likely deficit is £5.0m.

Our likely deficit of £5.0m is driven by the following:
- PDC funding withdrawal £2.5m.
- Complex ED patient income risk £2.5m
- Industrial action £0.2m
- Pay award cost pressure £0.2m
- Excess inflation related to PFI £0.4m
- IFRS16 benefit £0.8m non-recurrent (change to Right of use accounting for St Andrews)
- Management of operational cost pressures offset by vacancies, interest income, cost reduction and release of balance sheet.

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 above.

Efficiencies - variance to plan

Summary
The plan includes an efficiency requirement of £8.8m phased equally across the financial year. As at the end of November £5.5m was delivered against a target of £5.8m. We have now closed the efficiency gap with further non-recurrent schemes. Further work is required to ensure plans are delivered recurrently, approximately 75% of the forecast is identified as non-recurrent.

An executive vacancy panel was established in December.

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.

Agency as a percentage of pay expenditure
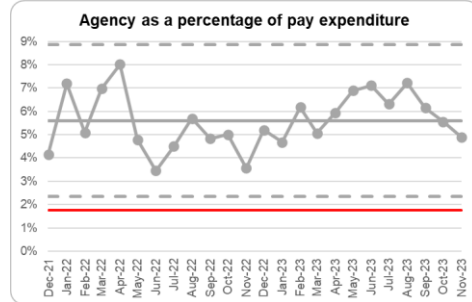
Summary
Agency expenditure YTD totals £6.7m against a plan of £3.5m; an adverse variance to plan of £3.1m. This includes £1.9m of additional costs to support a complex ED patient. The two highest areas of agency usage continue to relate to Consultants and Nursing staff. The agency expenditure as a proportion of total pay for November is 4.9%. 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 £3.8m, of which £2.9m relates to the complex patient that is being supported. The remaining months are forecast to reduce by 4.00WTE due to a planned reduction mainly related to medical staff.

Bank spend as percentage of pay expenditure
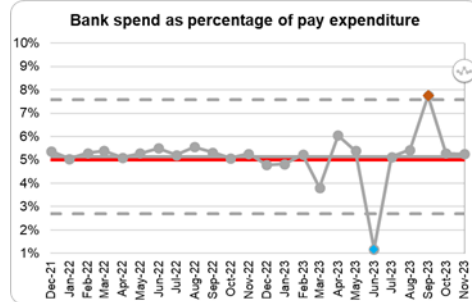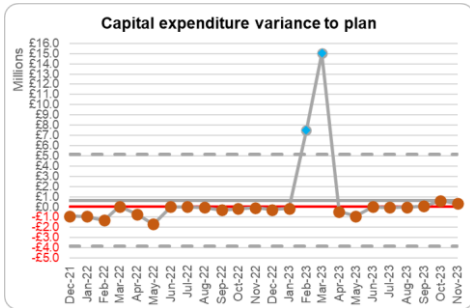
Summary
Bank expenditure YTD totals £5.6m against a plan of £5.3m; an adverse variance to plan of £0.3m. In July there was an accrual release for backdated pay which then was partially reversed in September due to ELT agreement to backdate B2-B3 increase to April 2022. The forecast is an adverse variance of £0.6m.

Adult Acute out of area expenditure
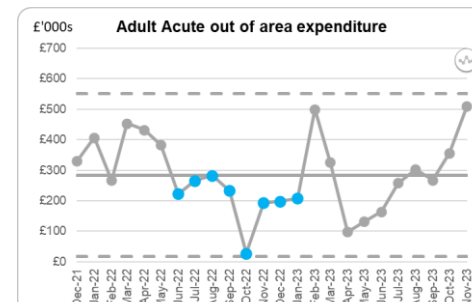
Summary
The plan for out of area expenditure has been reduced by £1.0m in 2023/24 as part of the £8.8m efficiency requirement. As at the end of November there was an overspend against the reduced plan of £1.2m with a forecast overspend of £2.0m. The forecast assumes a gradual reduction in patient numbers: December 17, January 15, February 13, and March 11.

Financial Performance

Capital expenditure variance to plan

Summary
Capital expenditure at the end of November is behind plan by £0.3m due to the impact IFRS16 leases. The forecast position is slightly under plan by the end of the financial year. Against the revised system allocation, we are forecasting a small overspend due to increases in IT equipment prices.

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).

Better Payment Practice Code (BPPC) by value

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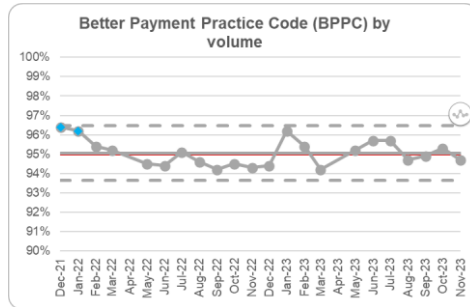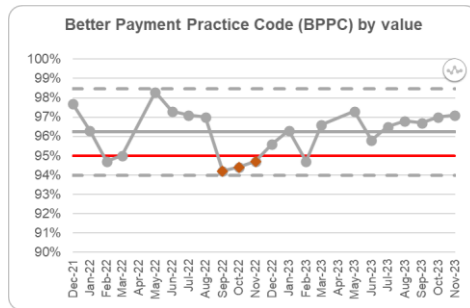
Summary
The Better Payment Practice Code (BPPC) sets a target for 95% of all invoices to be paid within 30 days. BPPC is measured across both invoice value and volume of invoices.

At the end of November, the value of invoices exceeded the target at 97.1% and by volume was slightly under the target at 94.7%.

Cash £m

Summary
Cash increased in February 23 and March 23 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. Cash at the end of November is at £41.1m and is forecast to be at planned levels of £23.6m by the end of the financial year. The in-year reduction is driven by the reduction in capital accruals from 2022/23 and the level of capital expenditure planned for 2023/24.
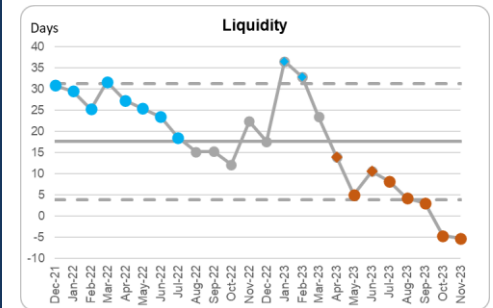
Liquidity

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 Public Dividend Capital (PDC) drawdown requests caught up in January which drove the increased level in January. The PDC drawdown for 2023/24 came into effect in June. Liquidity level reductions were included within the plan. Levels are forecast to continue to reduce during the remainder of 23/24.

25

# People

Annual appraisals
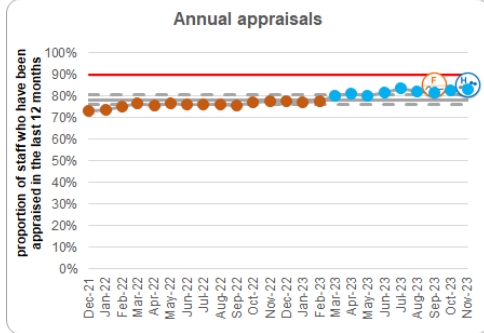
Summary
Appraisal levels continue to be below our expectations with Operational Services currently at 87% and Corporate Services at 70%, against a target of 90%. Overall, significant improvement has been seen month on month for the last 9 months.

Actions
To both maintain and improve compliance the following actions are in progress to assist managers.
- Horizon scanning of appraisal dates that will expire over the next three months to ensure staff appraisal reviews are pre-booked to maintain compliance.
- Targeted campaign of appraisals that have already lapsed.
- Work continues to address data quality challenges with recording of appraisal dates within the Electronic Staff Record (ESR) system
- Compliance also continues to be monitored by the People & Culture Committee and through TOOL

The low compliance rate within Corporate Services remains a particular challenge and the following measures are being put in place to increase compliance.
- Reports on lapsed appraisals regularly sent to operational managers to request completion dates along with support to record on ESR.
- Regular oversite and monitoring with local operational managers to agree plans increase compliance rates.

Annual turnover (target 8-12%)
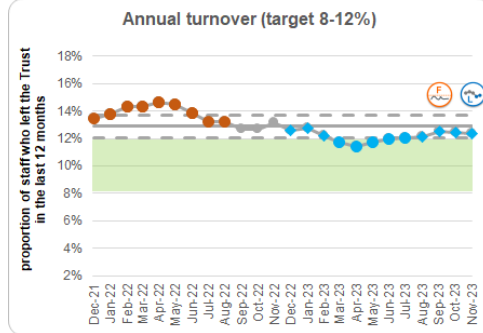
Summary
Overall turnover is currently very slightly over 12% but has been significantly lower than normal for the last 12 months and remains in line with national and regional comparators.

Actions
- A workforce planning review has taken place to assist with the current and future workforce challenge. The programme will initially focus on workforce supply, internal turnover and develop a case study to demonstrate the impact of new ways of working and embracing flexible working has already had on staff satisfaction and retention for teams within the Trust.
- The latest staff survey results for 2023/24 are due to be released in January 2024 and will form part of an overall action plan including to improve retention and reduce turnover.
- Work continues to strengthen and grow wellbeing champions in every team to support health and wellbeing.
- Work continues with the health check programme which was commissioned and rolled out from September 2023.
- A review of staff benefits to support engagement and retention has taken place, which included a review of the Trusts salary sacrifice scheme.

Compulsory training
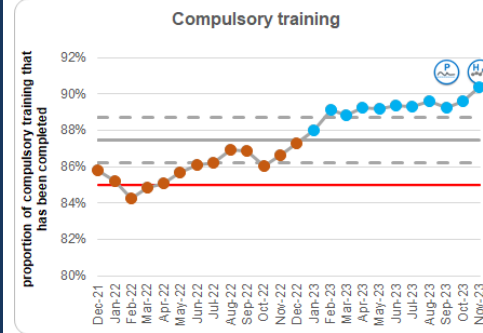
Summary
Overall, the 85% target level has been achieved for the last 20 months. Operational Services are currently 91% compliant and Corporate Services are 86%.

Actions
Whilst overall compliance of the 22 training elements remains high, there have been challenges with two role specific compulsory training elements which are classroom based. To both maintain and significantly improve compliance the following actions are in progress to assist managers.
- Horizon scanning of compulsory training elements that will expire over the next three months to ensure employees are pre-booked in classroom courses.
- To review and monitor all 'Did Not Attend' (DNA's) occurrences to ensure all employee's re-book.
- Targeted campaign of compulsory training elements that have been out of date the longest to make priority for completion.
- The Training and Education Group continue to oversee and review training compliance, changes and challenges.

Staff absence
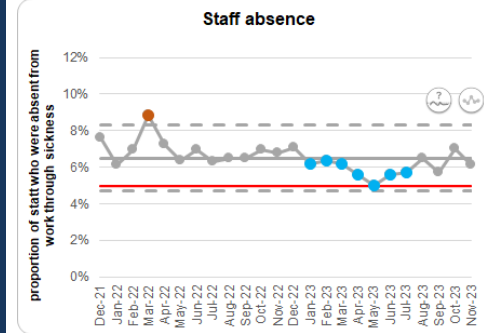
Summary
Sickness absence returned to common cause variation for the last 4 months and has averaged 6.5% over the 24 month period. In Nov 23 the overall absence rate was 6.1% (Operational 6.2%, Corporate 5.6%). The absence rate in November 2023 was 0.59% lower than in the same period last year, which is key to reduce annual sickness absence rates. The annual sickness absence rate continues to fall at 6.04%, being 0.06% lower than last month.

Anxiety / stress / depression related illness remains the highest reason for sickness absence, followed by Cold, Cough, Flu – Influenza, Other Musculoskeletal problems and Surgery.

Actions:
- Using existing resource within the Trust a clinical psychologist is now aligned with the Employee Relations team to support absences relating to anxiety /stress / depression related illness, with a particularly focus on early intervention.
- Wellbeing summits continue to focus on both long-term and short-term sickness absences in each division. This is to ensure that robust wellbeing plans are in place and that all support is being provided to each absent employee.
- The JUCD wellbeing offer is also being reviewed to ensure that staff are aware and able to access the range of interventions.

People Performance

Filled posts
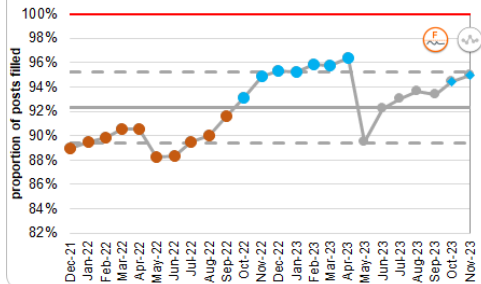
Summary

At the end of November, 95% of posts overall were filled.

Actions

- Work continues towards planning for recruiting into the Trusts transformation projects which includes the Living Well programme and the Making Room for Dignity programme.
- A number of recruitment events have already taken place with successful results and more events are planned.
- The Trusts recently appointed Strategic Recruitment and Retention Lead is working closely with teams on bespoke campaigns and recruitment approaches.
- In addition, the Trust is also working towards its cost improvement efficiency programme which is aligned to the System Integrated Care Board.

## Bank staff use

Agency staff use
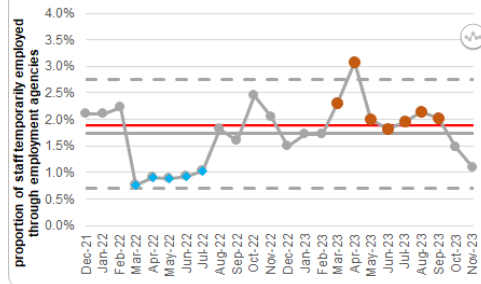
Summary

Agency usage continues to fall, and temporary staffing shift fill rates covered by both bank and agency remain at its second highest rate for the previous 12 months. Agency usage remains high and further work is required, particularly on longer term agency usage, to reduce this further.

Actions

The actions previously identified below, are now all in place and operational.

- Authorisation Panel to oversee agency requests across the Trust commenced weekly from 1st November 2023
- An exit strategy has been developed and deployed to eradicate all non-clinical agency use by 1st December 2023.
- To assist with reducing medical staff agency usage, the Trust has launched a medical staffing bank system which went live on 1st November 2023. Work continues to increase the bank of staff available for cover.
- Establishing protocol to cover the circumstances where the various levels of Agency workforce (including Thornbury) relates to enhanced, safer and emergency staffing levels.
- Across the system an agency reduction programme has been established, led by the Deputy HR Director at Chesterfield Royal Hospital
- Work also continues to recruit additional Registered Nurses.

Clinical supervision

Management supervision
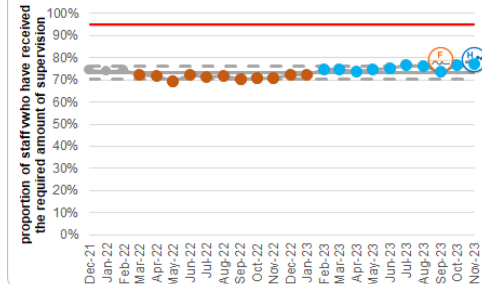
Summary

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: 83% versus 61% and clinical: 80% versus 31%). At a team level, 131 teams are 100% compliant with management supervision and 72 teams are 100% compliant with clinical supervision, with 72 teams now 100% compliant with both types of 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 ongoing 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.
- Ongoing monitoring of compliance in service line and divisional operational meetings for both management and clinical
- 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 distributed weekly to senior operational management for action.
- Ongoing monitoring of supervision through regular monthly performance meetings with Area Service Managers and Operational leads - issues escalated to divisional operational meeting as needed

An audit of supervision processes is nearing completion, which is being undertaken by 360 Assurance. The overall objective of the audit is to assess the actions the Trust is taking to improve supervision performance and accurate recording of supervision time for both clinical and non-clinical staff, and to recommend further actions to improve the position.

This includes:

- Understanding the Trust's system for recording supervision
- Confirming what arrangements are in place to remind staff supervision should take place
- Confirming responsibilities of line managers/staff for initiating, documenting and recording supervision
- Assessing the arrangements the Trust has put in place to improve the percentage of staff receiving supervision.
- Undertaking a staff survey for all staff who would normally be expected to have supervision.

Quality

No. of compliments received
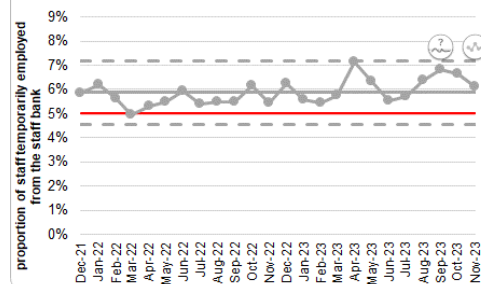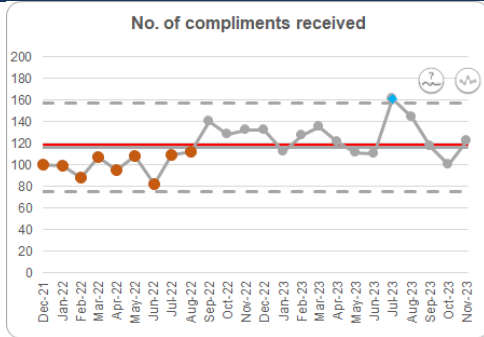
Summary
Between September and November, the number of compliments has remained between 120 to 130. This is consistent with common cause variation when considered across the past 12 months.

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, however, actions are being taken to ensure that all compliments received by services are recorded.

Actions
- The Heads of Nursing/Practice (HoN/P) have been asked to provide assurance that compliments are being accurately recorded and that a clear process is identified. This is 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.

- An option for teams to use an electronic patient survey went live in July 2023 and provides another method for Trust services to obtain feedback including compliments and concerns.

 So far over 100 teams have signed up to this platform. The electronic patient survey platform gives teams the opportunity to create a QR code which allows service users to feedback directly to the team. service receivers are also given the opportunity to feedback verbally and via paper forms if this is preferred. The results of the electronic patient survey will be included in the quarterly Patient Experience Committee report.


No. of formal complaints received
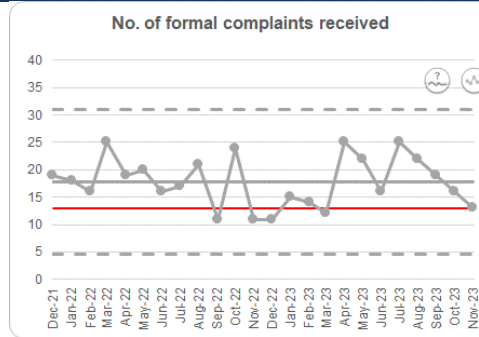
Summary
The number of formal complaints received by the Trust has fallen from 18 to 12 between September and November. This is consistent with the Trust target of 12 complaints and below the mean of 19. Since July 2023 the number of complaints received has been on a downward trajectory.

Actions
The complaints team monitor complaints and where specific themes are identified, these are passed on to the HoN/P Team and explored in a quarterly Patient Experience Committee (PEC) report which is sent to both the PEC and the Trust Quality and Safeguarding committee for assurance.


Proportion of delayed transfers of care
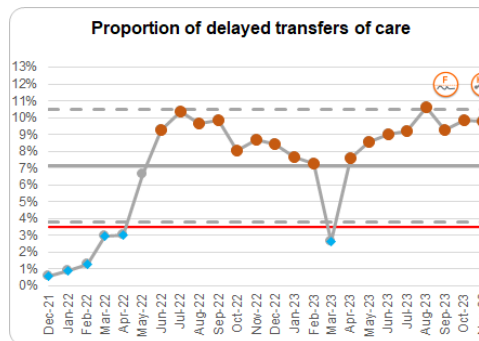
Summary
Between September and November, the number of service users meeting the criteria as Clinically ready for discharge (CRD) (formally called delayed transfer of care (DTOC) has Increased from 9% to 10%. A fluctuation of around 2% has been consistent over the past 12 months and a new mean has been established due to more accurate reporting by services since June 2022
The most common reason for patients meeting the criteria for CRD continues to be the identification of appropriate housing or social care placements.

Actions
- The Trust has a Twice weekly CRD meeting where any barriers to discharge are identified and discussed to support resolution.
- The OA division are currently supporting the scoping of a Dementia Care Unit for Derbyshire which is due to open in 2024.

Proportion of patients on CPA >12 months who have had their care plan reviewed
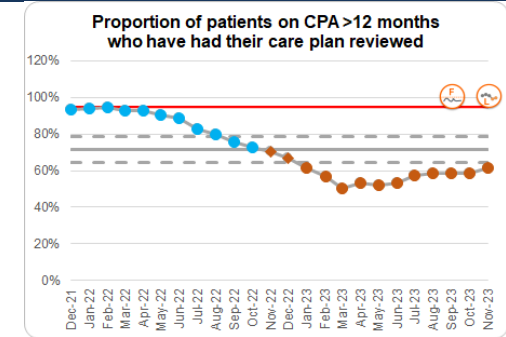
Summary
The current percentage of patients who have had their care plan reviewed and have been on CPA for over 12 months is 61%, a increase of 10% between and September and November 2023.

Staff vacancies, sickness, industrial action and patient acuity have all contributed to the 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 Trust services have identified action plans to improve care plan, risk screen and CPA compliance as below:
.
- A new data platform was introduced to the Trust in November 2023 so each team has been asked to review the new report and cleanse the data to ensure that non-eligible patients are excluded.

- A process for monitoring compliance and quality has been implemented in each division and monitored via the monthly Fundamentals of Care meeting, (in Inpatients, the Clinical Reference Group) and the Divisional Clinical Operational Assurance Team (COAT) meetings.

- The Community Mental Health Team have a target to achieve 60% compliance for patients who have had their care plan reviewed and have been on CPA for over 12 months by the end of December 2023 and 85% compliance by April 2024.

Patients who have their employment status recorded as "in employment"

Patients who have their accommodation status recorded as "settled"
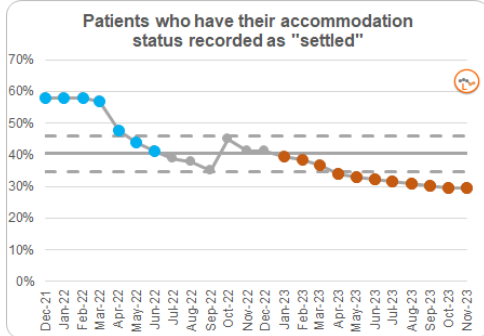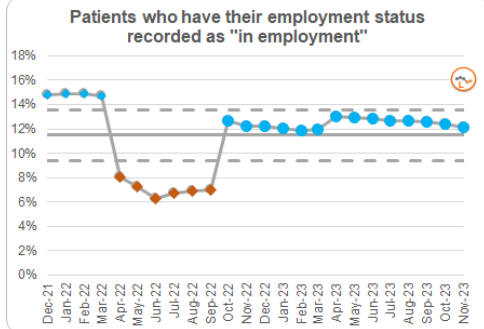
Summary
Around one third of patients Continue to have no employment status or accommodation status recorded at present and the decline in patients recorded as being in employment coincides with the data migration to SystmOne. There has been no change in the number of patients recorded as in employment between September and November 2023. The number of patients who have their accommodation status recorded as settled fallen by 3% over this same period.

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 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.
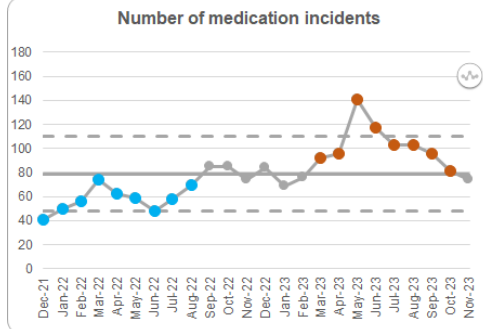
Number of medication incidents

Summary
Between September and November 2023 there has been a further 10% decrease in the number of medication incidents. It should also be noted that medication incidents have been on a downward trajectory since August 2023 and those Medication incidents reported are largely of low-level harm.

The number of medication incidents reported is now back in line with common cause variation when compared with data from the past two years.

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

• Development of a medicine ward folder where the medicine management quick reference guides relating to key policies and procedures has been made available to all inpatient areas of the Trust

• DHCFT Pharmacy are feeding back to ward managers on a quarterly basis about shared learning from Monthly meetings with Chesterfield Royal Hospital pharmacy.

• From October 2023, a Controlled Drug, a Medicine Administration and a Violence & Aggression flow chart are available in all inpatient areas North and South to support practice.

• A Process for Clozapine initiation, monitoring and bloods, Storage of medicines and Temperature monitoring has been developed and is going to the medicines management committee in January for ratification.

The quarterly Medicine Safety and Practice reports now include data from ePMA including high dose controlled drug prescribing (above 120mg morphine equivalent), valproate prescribing (from Jan 2024 onwards), NHS low priority prescribed items and antimicrobial prescribing as per national requirements.

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 quarterly to the Quality & Safety Committee (QSC) for assurance.

No. of incidents of moderate to catastrophic actual harm
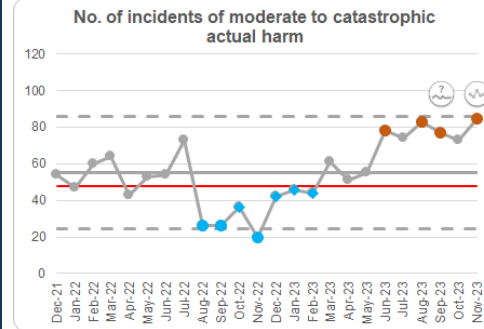
Summary
This data demonstrates the number of DATIX incidents occurring recorded as moderate to catastrophic harm. There has been an increase of 15 incidents between September and November which indicates an increasing trend in this category of incident.

Analysis suggests that this is due to an increase in the number of incidents routinely reported by staff following support from the Patient Safety team and a rise in incidents recorded as "self harm". The increase in self harm incidents is attributed to a high number of repeated incidents involving to a small group of patients. This is consistent with anecdotal reports from staff that acuity on the inpatient wards is increasing.

This is monitored by the Patient Safety team and the Heads of Nursing/Practice.

No of incidents requiring Duty of Candour
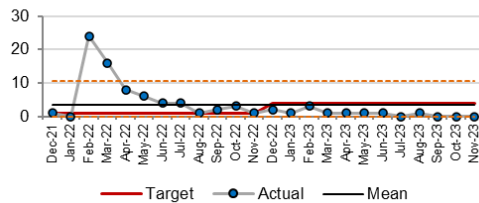
Summary
between September and November 2023, the number of incidents meeting the threshold for Duty of Candour (DoC) has remained within expected thresholds. The Trust Family Liaison Office has created information leaflets and standing operating procedures to support staff in completing duty of candour 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 remained consistently within the Trust target of 12 incidents between September and November 2023.

Actions
• Over the next six months there are plans for Simulation Training including seclusion, self-harm and ligature simulation. A programme manager and clinical lead have been recruited and train the trainer sessions started in December 2023.

No. of incidents involving physical restraint
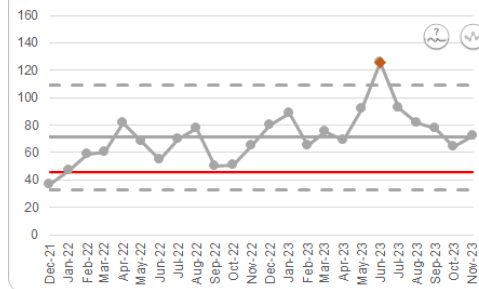
Summary
Physical restraints have reduced to around 75 incidents between September and November 2023 in line with common cause variation when compared with the previous two years.

Incidents involving physical restraint are 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 previous increase in physical restraint appears to have been related to the increased acuity of patients in inpatient settings and a high number of repeated incidents attributed to a small group of patients who are awaiting specialist placements and require the bespoke support. The reduction is consistent with the discharge of these individuals
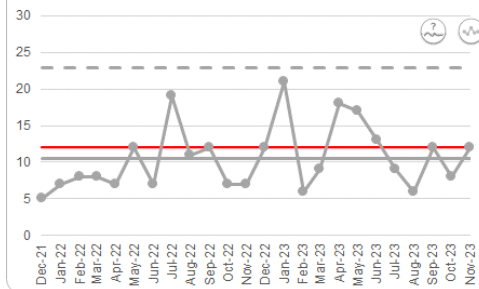
Actions
• The Trust Positive and Safe Support Team are placing extra training sessions to improve training availability for staff. Compliance with positive and safe training has increased to 75% for teamwork and 61% for breakaway training. The drop in compliance in breakaway training was due to a new staff group being added to the mandatory cohort who are all currently non-compliant until they have received the training. This is however on an upward trend and has increased by 20% in the past two months. Furthermore, the PSST continue to spend time in clinical areas to support and train clinical staff, live during practice.

No. of new episodes of patients held in seclusion
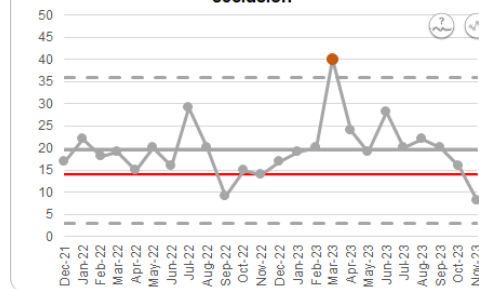
Summary

Seclusions between September and November 2023 have reduced by 67% and are under both the mean average of 20 episodes of seclusion and the Trust target of 14. The reduction could also be related to the closure of the Enhanced Care Ward in October 2023. This will continue to be monitored.

Actions
• Episodes of seclusion will continue to be monitored via the reducing restrictive practise group.
• A review focused on peer support including debrief started in May 2023 and is expected to have an impact on further reducing the number of seclusion incidents when it is completed at the end of 2023.
• This review will be presented and monitored through the Reducing Restrictive Practise Group

Number of falls on inpatient wards
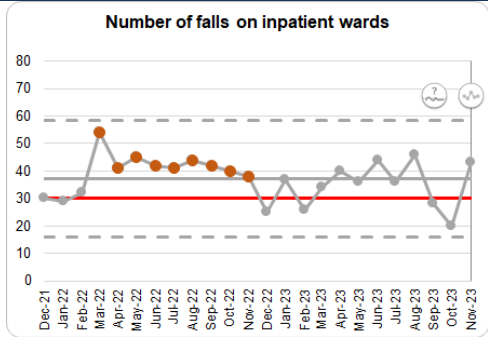
Summary

- The number of falls recorded between September and November 2023 has increased from 29 to 42. This is due to a high number of repeated incidents attributed to a small group of patients. The number of falls reported 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. Although there has been an increase in falls reported, this is within common cause variation thresholds and the number of falls reported is likely to reduce when the patients attributed to multiple incidents have been discharged.

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 indicate that the Trust's CHPPD overall achieved 10.1 hours, which was below average when benchmarked against other mental health trusts in the country. For total nurses and nursing associates the Trust achieved 9.2 hours against the national average of 11.3 hours:
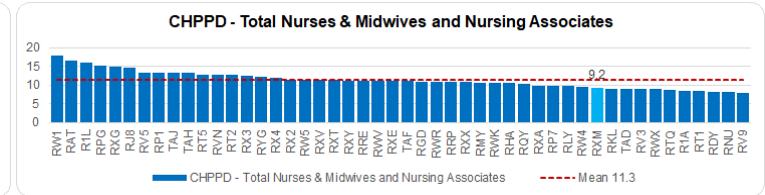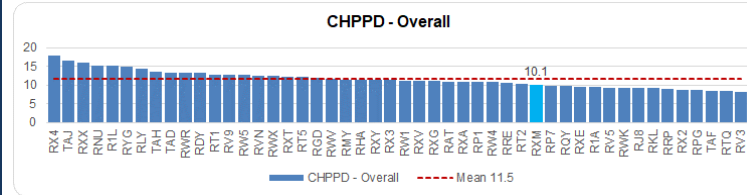
For registered nurses the Trust achieved 3.3 hours against the national average of 3.5 hours. For healthcare support workers the Trust achieved 5.8 hours against the national average of 7.5 hours:

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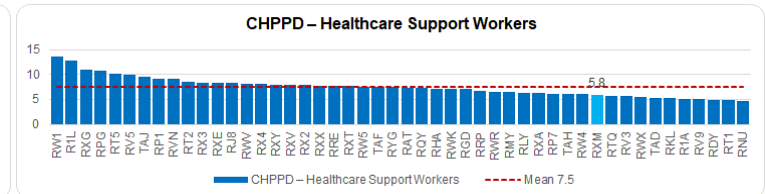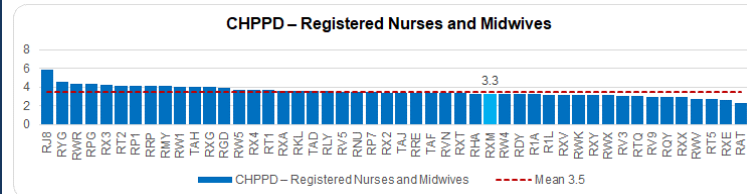
Quality Performance

Friends and Family Test

NHS England have resumed publication of the friends and family test data. The latest position for mental health Trusts was as follows:

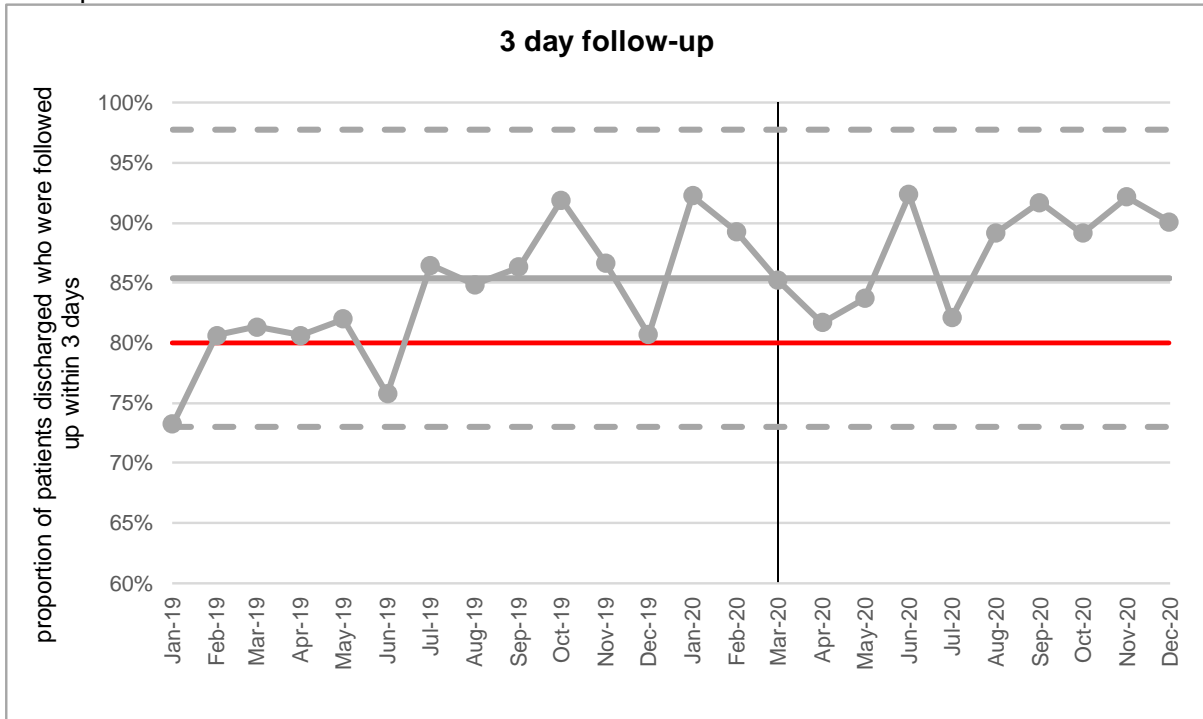| Trust Name	Total Responses	Total Eligible	Percentage Positive	Percentage Negative
England (including Independent Sector Providers)	19,580	823,343	87%	6%
England (excluding Independent Sector Providers)	18,869	811,434	87%	6%
Selection (excluding suppressed data)	19,580	823,343	87%	6%
SHEFFIELD HEALTH & SOCIAL CARE NHS FOUNDATION TRUST	34	4,938	100%	0%
GATESHEAD HEALTH NHS FOUNDATION TRUST	12	149	100%	0%
HERTFORDSHIRE COMMUNITY NHS TRUST	12	812	100%	0%
DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST	17	1,618	100%	0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	11	2,045	100%	0%
FRESHNEY PELHAM CARE LIMITED	7	10	100%	0%
SUTTON MENTAL HEALTH FOUNDATION	60	290	100%	0%
ST MATTHEWS HEALTHCARE	62	465	97%	0%
BLACK COUNTRY HEALTHCARE NHS FOUNDATION TRUST	170	17,429	96%	2%
HUMBER TEACHING NHS FOUNDATION TRUST	267	4,812	95%	1%
SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST	100	1,743	95%	0%
TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST	36	2,673	94%	3%
ISLE OF WIGHT NHS TRUST	34	2,430	94%	3%
LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST	434	4,592	93%	3%
PENNINE CARE NHS FOUNDATION TRUST	1,067	11,455	93%	3%
NORTHAMPTONSHIRE HEALTHCARE NHS FOUNDATION TRUST	99	7,677	93%	4%
CITY HEALTH CARE PARTNERSHIP CIC	167	3,151	93%	2%
MERSEY CARE NHS FOUNDATION TRUST	627	20,367	93%	2%
NAVIGO HEALTH AND SOCIAL CARE CIC	123	3,254	92%	2%
TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST	1,357	142,271	91%	3%
SOLENT NHS TRUST	248	2,031	91%	2%
CAMDEN AND ISLINGTON NHS FOUNDATION TRUST	243	1,615	91%	2%
ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	43	15,447	91%	9%
SOMERSET NHS FOUNDATION TRUST	21	7,425	90%	5%
SURREY AND BORDERS PARTNERSHIP NHS FOUNDATION TRUST	263	9,190	90%	3%
MIDLANDS PARTNERSHIP NHS FOUNDATION TRUST	320	23,458	90%	5%
CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST	395	23,654	90%	5%
SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST	216	12,734	90%	6%
DEVON PARTNERSHIP NHS TRUST	267	6,263	90%	6%
BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST	638	8,632	89%	3%
BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	38	1,316	89%	8%
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST	244	16,978	89%	3%
SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST	233	37,564	88%	2%
CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST	198	2,582	88%	3%
DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST	256	6,703	88%	4%
KENT AND MEDWAY NHS AND SOCIAL CARE PARTNERSHIP TRUST	460	14,258	88%	5%
CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST	640	12,237	88%	6%
BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	589	27,674	87%	6%
AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST	573	6,019	87%	4%
LANCASHIRE & SOUTH CUMBRIA NHS FOUNDATION TRUST	1,139	42,111	87%	10%
CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST	429	34,817	86%	7%
WEST LONDON NHS TRUST	137	9,137	86%	9%
BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST	597	18,756	86%	5%
SOUTH WEST LONDON AND ST GEORGE'S MENTAL HEALTH NHS TRUST	688	19,925	85%	8%
OXFORD HEALTH NHS FOUNDATION TRUST	165	10,781	85%	7%
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	56	845	84%	7%
NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST	56	13,647	84%	7%
ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST	348	19,470	84%	9%
LEEDS COMMUNITY HEALTHCARE NHS TRUST	37	766	84%	8%
SUSSEX PARTNERSHIP NHS FOUNDATION TRUST	115	14,218	83%	7%
EAST LONDON NHS FOUNDATION TRUST	816	32,199	83%	8%
GREATER MANCHESTER MENTAL HEALTH NHS FOUNDATION TRUST	548	25,409	83%	11%
BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION TRUST	71	31	83%	11%
BRADFORD DISTRICT CARE NHS FOUNDATION TRUST	94	9,635	83%	7%
OXLEAS NHS FOUNDATION TRUST	591	17,385	83%	6%
GLOUCESTERSHIRE HEALTH AND CARE NHS FOUNDATION TRUST	132	1,211	83%	10%
NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST	333	14,468	81%	9%
SOUTHERN HEALTH NHS FOUNDATION TRUST	749	11,011	81%	10%
CYGNET HEALTH CARE LIMITED	180	2,107	81%	9%
NORTH EAST LONDON NHS FOUNDATION TRUST	699	8,862	79%	11%
LIVEWELL SOUTHWEST	112	2,192	74%	9%
NORFOLK AND SUFFOLK NHS FOUNDATION TRUST	257	27,315	74%	18%
LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST	159	7,154	72%	16%
LEICESTERSHIRE PARTNERSHIP NHS TRUST	488	10,524	69%	20%

Data source: https://www.england.nhs.uk/publication/friends-and-family-test-data-september-2023/

Appendix 1

Statistical Process Control Chart (SPC) Guidance

Example SPC chart:

3 day follow-up

- 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

Target (to be greater than)

35
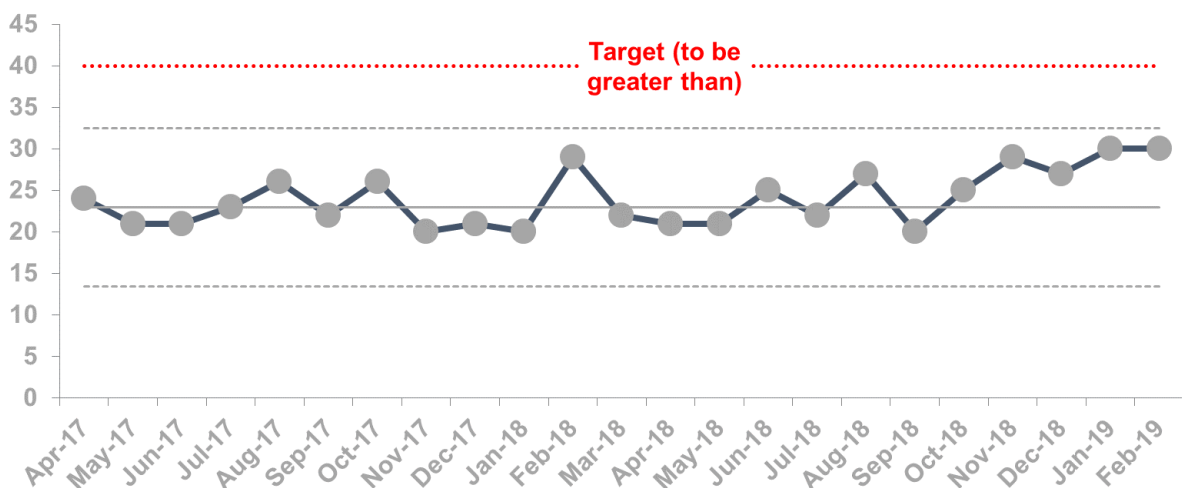
In this example the target is higher than the upper dotted grey line. This means that the target will never be achieved. To achieve the target, we need to change how we do things.

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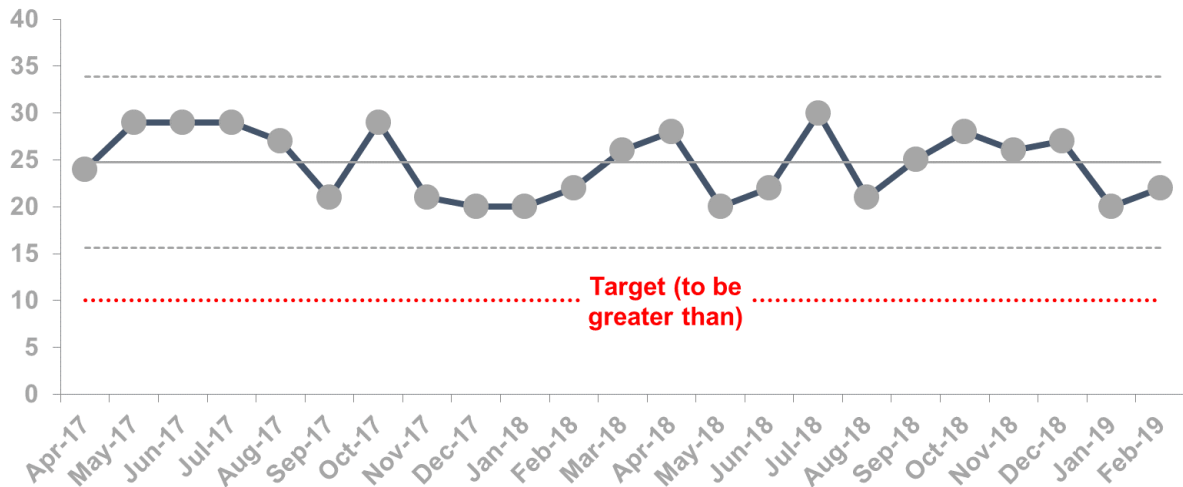
The lower grey dotted line is above the target line. This gives assurance that the target will consistently be achieved, and that the system is effective.

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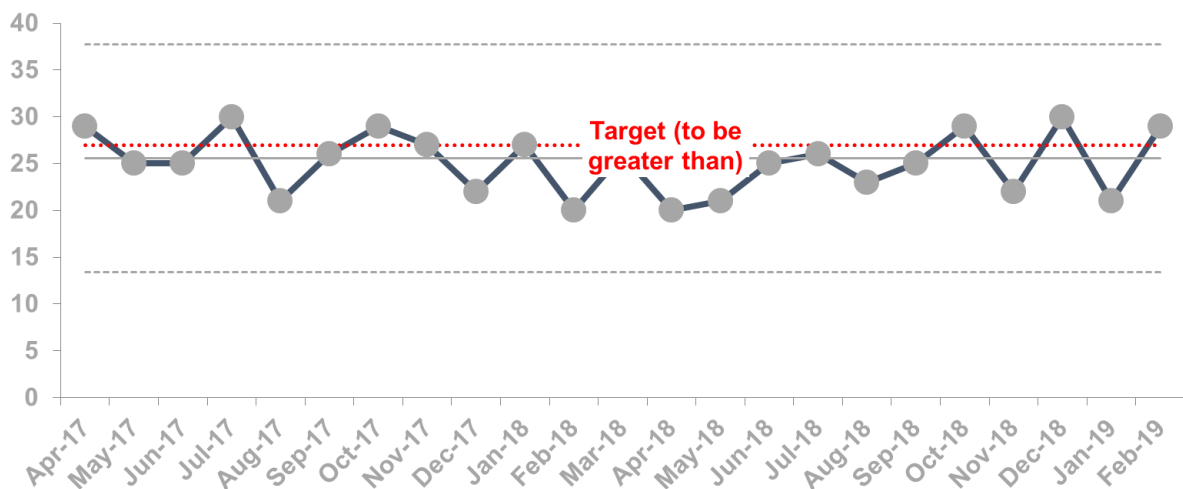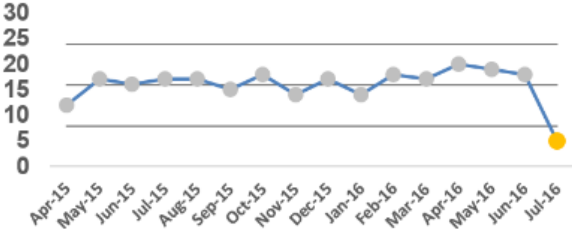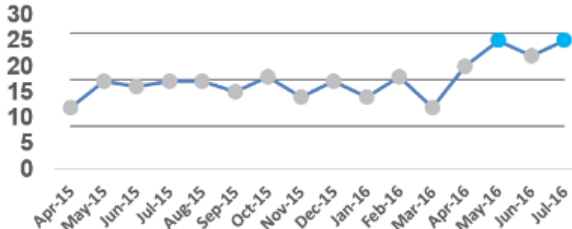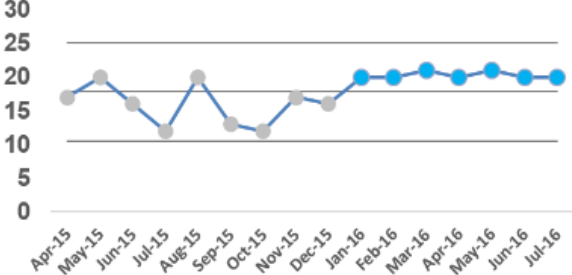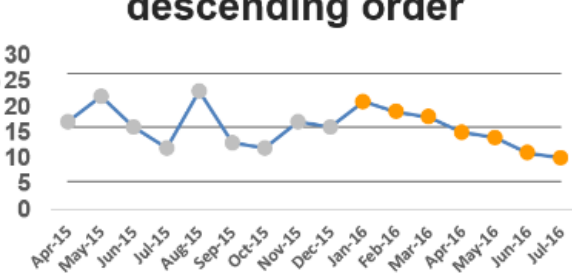
In this example the target line sits between the 2 grey dotted lines. As it is normal for the grey dots to fall anywhere between the 2 dotted grey lines, this means that it is entirely random as to whether or not the target will be achieved. So, this system is unreliable and needs to be redesigned if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

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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:

A single data point outside the process limits 	**Two out of three points close to the process limits**
In this example the July 16 perfomance is significantly lower than expected and falls beneath the lower grey dotted line.	2 out of 3 points close to one of the grey dotted lines is statistically significant, in this case they are blue, indicating better than expected performance.
Shift of points above / below mean line 	**Run of points in consecutive ascending / descending order**
A run of 7 points above or below the average line is significant. In this example it might indicate that an improvement was made to the process in Jan 16 that has proven to be effective.	A run of 7 points in consecutive ascending or descending order is significant. In this example things are getting worse over time.

Frequently seen in the NHS:

"**Spuddling**" - To make a lot of fuss about trivial things, as if they were important.

Spuddling leads to tampering and tampering nearly always increases variation.

Sometimes the first and most important thing we need to react to is the degree of variation in a process.

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 16 January 2024

Position Statement Focussing on CQC Domains - Responsive

Purpose of Report
The purpose of this report is to provide a position statement around the Trust's performance against each of the 7 quality requirements of the Care Quality Commission's revised responsive domain.

Executive Summary
The seven quality requirements in the responsive domain are as follows: • Person-centred care • Care provision, integration, and continuity • Providing information • Listening to and involving people • Equity in access • Equity in experiences and outcomes • Planning for the future This paper provides evidence of how the Trust meets each of the seven requirements. With support from the Interim Director of Nursing & Patient Experience and the corporate nursing team, a comprehensive self-assessment framework is being developed, with a team level quality surveillance dashboard, this will provide early warnings for teams to seek support.

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.	

Risks and Assurances
• This paper relates directly to the delivery of the Trust's strategy on providing responsive services. • This report should be considered in relation to the relevant risks in the Board Assurance Framework (BAF). • The content of the report provides assurance across several BAF risks related to service delivery and regulatory compliance.

Consultation

• This paper has not been considered by any other Committee.

Governance or Legal Issues

• Information supplied in this paper is consistent with the Trust's responsibility to deliver the requirements set out by the CQC.

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

• This report reflects 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. Note the contents of this report.
2. Gain a level of assurance regarding the Trust's position against this domain.

Report presented by: David Tucker/Lee Doyle
                         Interim Executive Directors of Operations

Report prepared by: Pete Henson
                         Head of Performance

                         Toby Marandure
                         Head of Nursing

Position Statement Focussing on CQC Domains - Responsive

The Care Quality Commission published the revised responsive domain in November 2023 (see appendix). The revised domain concentrates on seven aspects of care. This report provides a position statement against each aspect and examples of evidence to support each position statement.

1. Person-centred Care

Position Statement

The trust ensures that people are at the centre of their care and treatment choices and decides, in partnership with them, how to respond to any relevant changes in their needs.

Supporting Evidence

Person-centred care planning is embedded within the organisation. People's care plans fully reflect their physical, mental, emotional and social needs, including those related to protected characteristics under the Equality Act.

Care plans and Safety Assessments are co-produced, which involves collaborative decision-making between healthcare professionals, service users, and their support networks. People who use services and those close to them (including carers and dependants) are regularly involved in planning and making shared decisions about their care and treatment, so it is centred around them and their needs.

People can receive the most appropriate care and treatment for them as the service makes reasonable adjustments where necessary. Evidence for these factors is to be found in feedback from the most recent patient survey:

Question		Number of respondents	Your trust	National average	Lowest score	Highest score
Q15. Have you and someone from NHS mental health services decided what care you will receive? (This may be called a care plan).	About the same	247	6.2	6.1	5.0	7.6
Q16. Were you involved as much as you wanted to be in deciding what care you will receive?	About the same	187	7.5	7.4	6.7	8.3
Q17. Did decisions on what care you will receive take into account your needs in other areas of your life?	About the same	179	7.1	7.0	6.3	8.0
Q33. In the last 12 months, did NHS mental health services support you with your physical health needs (this might be an injury, a disability, or a condition such as diabetes, epilepsy, etc)?	About the same	152	4.8	4.7	3.3	6.8
Q34. In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?	About the same	147	3.8	3.8	2.7	5.3
Q35. In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work (paid or voluntary)?	About the same	62	4.4	3.9	2.6	5.7
Q36. Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?	About the same	188	6.4	6.6	5.5	8.1

| | All trusts in England | | | | |
	Number of respondents	Your trust	National average	Lowest score	Highest score
Q7. Were you given enough time to discuss your needs and treatment? — About the same	268	7.1	7.1	6.2	8.4
Q8. Did the person or people you saw understand how your mental health needs affect other areas of your life? (This includes contact in person, via video call and telephone). — About the same	260	6.9	6.8	5.9	7.9
Q9. Did the person or people you saw appear to be aware of your treatment history? (This includes contact in person, via video call and telephone). — About the same	253	6.6	6.9	5.8	8.0

Action: to improve the completion and recording of care plan reviews.

2. Care Provision, Integration, and Continuity

Position statement

The Trust understands the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Supporting evidence

- The inequalities module developed by Real World Health, enables services to understand the diverse health and social care needs of their local communities. It also enables services to consider the needs and preferences of different people, including those with protected characteristics under the Equality Act and those at most risk of a poorer experience of care. Services are producing a plan on a page to reduce any health inequalities, where identified, through this and other processes.
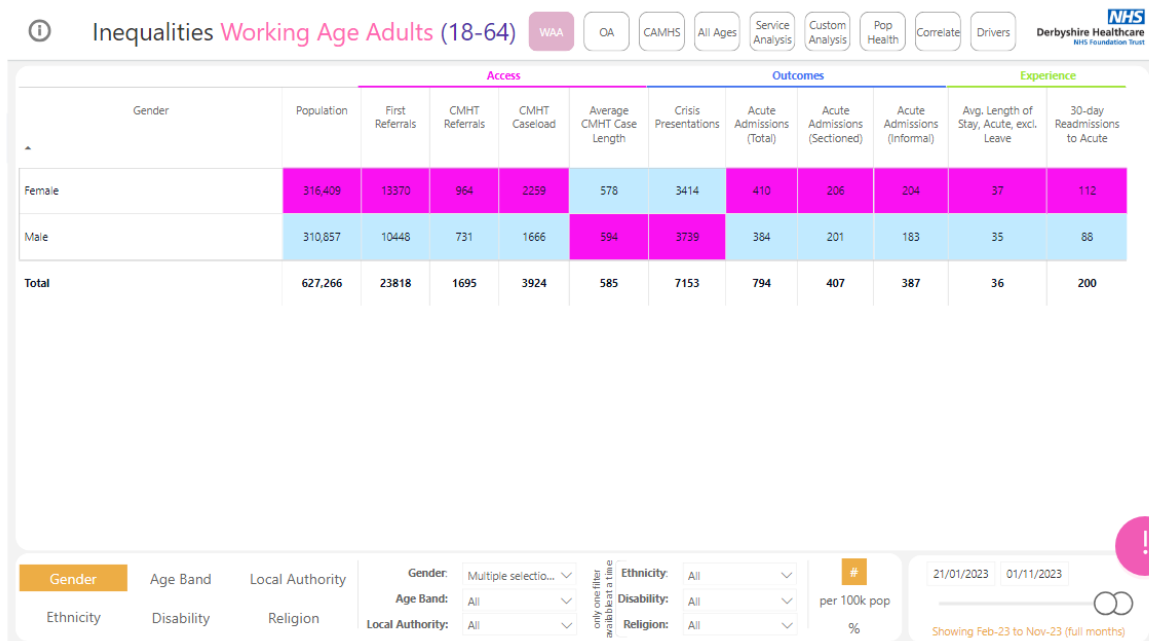
- Reducing Health Inequalities Programme Board established
- There is continuity in people's care and treatment where services are flexible and joined-up. This is evidenced by the transition of care from inpatient to community and the Trust's high percentage of patients followed up in the community within 3 days of discharge.

Indicator	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
All Patients 3 Day	85 / 104 (81.73%)	89 / 103 (86.41%)	74 / 92 (80.43%)	78 / 86 (90.70%)	90 / 111 (81.08%)	61 / 72 (84.72%)	88 / 102 (86.27%)	79 / 91 (86.81%)	85 / 98 (86.73%)	77 / 86 (89.53%)	92 / 109 (84.40%)	87 / 105 (82.86%)	88 / 105 (83.81%)	92 / 113 (81.42%)	87 / 101 (86.14%)	87 / 99 (87.88%)	82 / 91 (90.11%)	63 / 73 (86.30%)

Continuity of care is also evidenced through the transition from child & adolescent mental health services into adult mental health services. Transition policy CAMHS to AMHS. It is acknowledged that further work needs to be done within the mental health community teams regarding proactively identifying people who substance misuse and referring to our substance misuse services.

- There is a new app to enable people who are deaf to access the 24-hour helpline.
- People's care and treatment is delivered in a way that meets their assessed needs by services that are co-ordinated and responsive, as evidenced in the patient survey.

	Number of respondents	Your trust	National average	Lowest score	Highest score
Q3. In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs? (This includes contact in person, via video call and telephone). — About the same	265	5.5	5.8	4.7	7.5
Q38. Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services? — About the same	270	8.2	8.2	7.4	9.1
Q4. In the last 12 months, have you and someone from NHS mental health services agreed how your care and treatment will be delivered? (i.e. in person, via video call or telephone). — About the same	274	7.2	7.2	6.2	8.6
Q6. Have you received your care and treatment in the way you agreed? — About the same	192	8.0	8.2	7.4	8.8

Action: completion of the reducing health inequality plans on a page

3. Providing Information

<u>Position Statement</u>

The trust provides appropriate, accurate and up-to-date information in formats that are tailored to individual needs.

<u>Supporting Evidence</u>

For Carers

- Carers Handbook carer-and-family-handbook.pdf (derbyshirehealthcareft.nhs.uk)
- Derbyshire County Council Carers Handbook guide-to-carers-services-derbyshire-county-council.pdf (derbyshirehealthcareft.nhs.uk)
- Derbyshire Carers Association referral form DCA_Leaflet.indd (derbyshirehealthcareft.nhs.uk)
- Who Cares newsletter (we may need to find the latest version) DHNFT_Who_Cares_Newsletter_JAN2023_WEB.pdf (derbyshirehealthcareft.nhs.uk)
- Sharing Information with Families and Carers booklet sharing-information-with-family-and-carers-handbook.pdf (derbyshirehealthcareft.nhs.uk)
- Who to contact in an emergency - ? Link to DHCFT website Our core care standards :: Derbyshire Healthcare NHS Foundation Trust (derbyshirehealthcareft.nhs.uk)

For Patients

- Your Care https://www.derbyshirehealthcareft.nhs.uk/application/files/6316/6316/2826/DHNFT_Your_Care_A5_Leaflet.pdf , 'your care' section on the website: Your care :: Derbyshire Healthcare NHS Foundation Trust (derbyshirehealthcareft.nhs.uk)
- Choice and Medication Website Derbyshire Healthcare NHS Foundation Trust Home (choiceandmedication.org)
- Waiting Well (see attached, also needs including on website)

- Who to contact when you need help [Help in a mental health crisis :: Derbyshire Healthcare NHS Foundation Trust (derbyshirehealthcareft.nhs.uk)](#)
- The NHS 111 service has gone live with a basic British Sign Language service for mental health from 18 December 2023:

- There is a new app to enable people who are deaf to access the 24-hour helpline
- People know how to access their health and care records and decide which personal information can be shared with other people, including their family, care staff, school or college. [Data protection and security policies.](#)
- Annual information governance training for all staff, with a high level of compliance achieved each year.
- Monthly reports of CTO compliance from the mental health act team. These are shared with service managers to make sure that S132a rights are completed in a timely manner.
- Discharge summaries are sent to GPs within 24 hours of discharge.

4. Listening To and Involving People

Position Statement

The trust makes it easy for people to share feedback and ideas or raise complaints about their care, treatment and support. The trust involves people in decisions about their care and tells them what has changed as a result.

Supporting Evidence

- People know how to give feedback about their experiences of care and support including how to raise any concerns or issues and can do so in a range of accessible ways, which is evidenced by the large amount of feedback received and recorded on Datix, relating to compliments, concerns and complaints. There is also a large volume of friends and family test feedback.
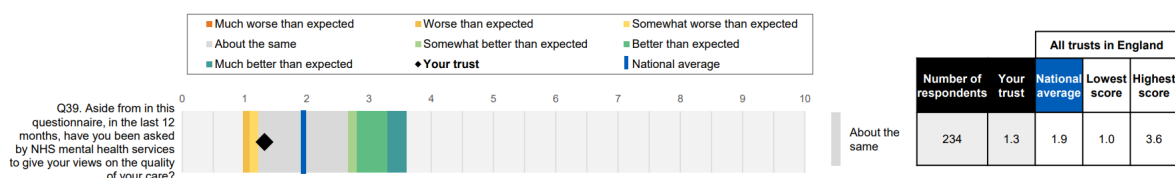
| | | | All trusts in England | | |
Number of respondents	Your trust	National average	Lowest score	Highest score
234	1.3	1.9	1.0	3.6

- People, their family, friends and other carers feel confident that if they complain, they will be taken seriously and treated compassionately. They feel that their complaint or concern will be explored thoroughly, and they will receive a response in good time because complaints are dealt with in an open and transparent way, with no repercussions. They are also kept informed about how their feedback was acted on. Where improvements are required as a result, people have the opportunity to be involved in shaping the solutions and measuring the impact. This is evidenced by recent feedback from complainants:

"Thank you for so efficiently making alterations and updating the letter in such a timely manner; it's very much appreciated. The letter reads well and covers everything with consistency - thank you for taking me seriously and giving the time to understand the impact this has upon not only me personally, but my husband too. I really do appreciate your help; it feels reassuring but unusual to have someone hear me and the issues I've experienced with the Trust and offer support in actively seeking why these things have happened and what can be done to make positive changes for myself and others".

"Thank you for your quick reply, which is appreciated. As is your diligence in investigating this unfortunate situation on my behalf in a prompt and thorough manner. Thank you also for communicating the information to me in a clear way and in a way that I can understand. I thank you for being 'on the ball' and providing the exemplary service that I expect from the NHS but rarely receive. This is not the first time you have provided prompt, efficient and consistent help and service and I do appreciate that".

- Learning from complaints and concerns is seen as an opportunity for improvement. The Trust demonstrates this through changes publicised in "you said, we did…" posters.

5. Equity in Access

Position Statement

The trust ensures that everyone can access the care, support and treatment they need when they need it.

Supporting Evidence

- Policy_and_SOP_for_Derbyshire_Living_Well_Services_Sep_23_version_3.docx (live.com)

- People can access care, treatment and support when they need to and in a way that works for them, which promotes equality, removes barriers or delays and protects their rights – Living Well Values. Care plans are co-produced, they also help patients to identify their support networks. For those patients that are on the waiting lists, they are sent Waiting Well letters that have information about how to access the team, if their condition deteriorates or if they need emergency support, ie 24-hour help-line.

- People can expect their care, treatment and support to be accessible, timely and in line with best practice, quality standards and legal requirements, including those on equality and human rights. This includes making reasonable adjustments for disabled people, addressing communication barriers and having accessible premises – Living well Values.

- Evidence that people can access services when they need to, without physical or digital barriers, including out of normal hours and in an emergency. Physical premises and equipment are accessible. People are given support to overcome barriers to ensure equal access. Digital_Practice_Standard_07.23.pdf (derbyshirehealthcareft.nhs.uk)

- Leaders and staff are alert to discrimination and inequality that could disadvantage different groups of people in accessing care, treatment and support, whether this is from wider society, within organisational processes and culture or from individuals. The Trust use people's feedback and other evidence to actively seek to improve access for people more likely to experience barriers or delays in accessing their care – Reducing Health Inequalities Programme Board.

- Services are designed to make them accessible and timely for people who are most likely to have difficulty accessing care. When there are barriers, they are removed, and when services change, equity of access is considered. This is evidenced through Living Well design sprints; support from Lived Experience; EQUAL; Carers engagement; collaborative planning which facilitated open and honest communication between service users, their families, and healthcare providers. This can lead to better relationships and improved trust between all parties involved. We also take part in the Collaboratives as part of the Living Well offer. this helps us to closely work with local providers and others system partners.

- People have equal access to care, treatment and support because the Trust complies with legal equality and human rights requirements, including avoiding discrimination, considering the needs of people with different protected characteristics and making reasonable adjustments. The Trust prioritises, allocates resources and opportunities as needed to tackle inequalities and achieve equity of access.
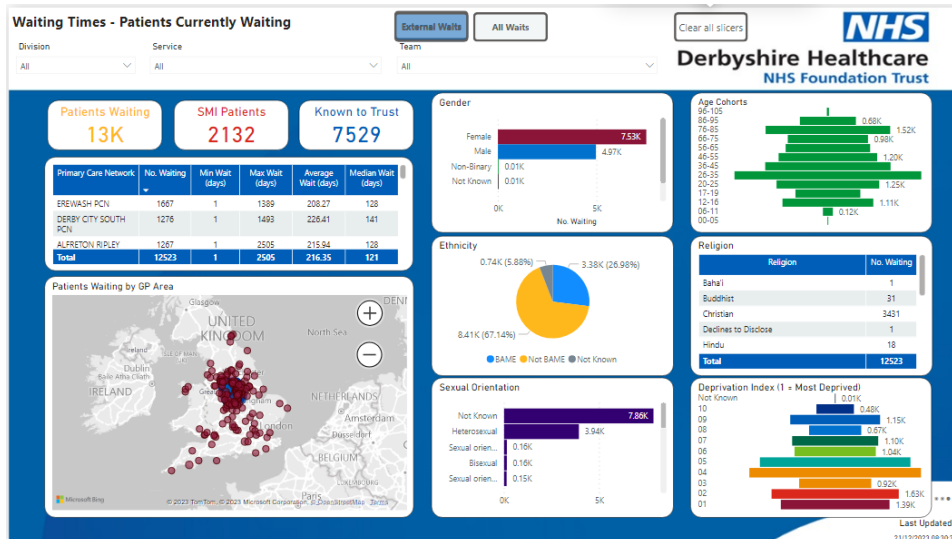
6. Equity in experiences and outcomes

Position Statement

Evidence that the trust actively seeks out and listens to information about people who are most likely to experience inequality in experience or outcomes, and tailors the care, support and treatment in response to this.

Supporting Evidence

- The Trust is committed to ensuring equality, diversity, inclusion and human rights are central to the way we delivery services.
  Equality and diversity at Derbyshire Healthcare NHS Foundation Trust (derbyshirehealthcareft.nhs.uk)

- Equality delivery system.

- All staff complete training on equality, diversity and human rights every three years.

- Leaders and staff are alert to discrimination and inequality that could disadvantage different groups of people using their services, whether from wider society, organisational processes and culture or from individuals. They proactively seek out ways to address these barriers to improve people's experience, act on information about people's experiences and outcomes and allocate resources and opportunities to achieve equity – Reducing Health Inequalities Programme Board. Casenote audits are actively completed on a monthly basis and the results are fed back in Clinical Reference Groups and also in team meetings. One of the audited questions, *"Is there evidence of any spiritual or cultural needs?"*

- The Trust complies with legal equality and human rights requirements, including avoiding discrimination, having regard to the needs of people with different protected characteristics and making reasonable adjustments to support equity in experience and outcomes.

7. Planning for the Future

Position Statement

The trust supports people to plan for important life changes, so they can have enough time to make informed decisions about their future, including at the end of their life.

Supporting Evidence

- People are supported to make informed choices about their care and plan their future care while they have the capacity to do so. People who may be approaching the end of their life are identified (including those with protected characteristics under the Equality Act and people whose circumstances may make them vulnerable). This information is shared with other services and staff. People's decisions and what matters to them are delivered through personalised care plans that are shared with others who may need to be informed. When people want to express their wishes about cardiopulmonary resuscitation, they are supported to do so, and are able to change their mind if they wish.

- Care programme approach policy

- End of life individualised care planning policy

- Do not attempt resuscitation form

- When people's future care preferences are for greater independence and fewer care interventions that are likely to benefit them, professionals work together to support them to achieve their goals. Work around use of Outcome measures (Goal Based Outcome, ReQol and Dialog) - we are currently providing training in the division. Outcome measures will support the strength-based model and we will be able to measure the impact of our interventions.

Appendix: Care Quality Commission's Key Questions and Quality Statements

Responsive

People and communities are always at the centre of how care is planned and delivered. The health and care needs of people and communities are understood and they are actively involved in planning care that meets these needs. Care, support and treatment is easily accessible, including physical access. People can access care in ways that meet their personal circumstances and protected equality characteristics.

People, those who support them, and staff can easily access information, advice and advocacy. This supports them in managing and understanding their care and treatment. There is partnership working to make sure that care and treatment meets the diverse needs of communities. People are encouraged to give feedback, which is acted on and used to deliver improvements.

1. Person-centred Care

We expect providers, commissioners and system leaders live up to this statement:

We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs.

What this quality statement means

- People's care plans fully reflect their physical, mental, emotional and social needs, including those related to protected characteristics under the Equality Act.
- People who use services and those close to them (including carers and dependants) are regularly involved in planning and making shared decisions about their care and treatment, so it is centred around them and their needs.
- People understand their condition, care and treatment options (including any associated risks and benefits) and any advice provided.
- People can receive the most appropriate care and treatment for them as the service makes reasonable adjustments where necessary.

2. Care Provision, Integration and Continuity

We expect providers, commissioners and system leaders live up to this statement:

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

What this quality statement means

- People receive care and treatment from services that understand the diverse health and social care needs of their local communities.
- There is continuity in people's care and treatment because services are flexible and joined-up.
- People's care and treatment is delivered in a way that meets their assessed needs from services that are co-ordinated and responsive.
- Delivering and co-ordinating services considers the needs and preferences of different people, including those with protected characteristics under the Equality Act and those at most risk of a poorer experience of care.

3. Providing Information

We expect providers, commissioners and system leaders live up to this statement:

We provide appropriate, accurate and up-to-date information in formats that we tailor to individual needs.

What this quality statement means

- People can get information and advice that is accurate, up-to-date and provided in a way they can understand and which meets their communication needs.
- People who use the service, their family, friends, and carers are provided with information that it is accessible, safe and secure and supports their rights and choices.
- People's individual needs to have information in an accessible way are identified, recorded, highlighted and shared. These needs are met and reviewed to support their care and treatment in line with the Accessible Information Standard.
- People can expect information to be tailored to individual needs. This includes making reasonable adjustments for disabled people, interpreting and translation for people who don't speak English as a first language and for d/Deaf people who use British Sign Language. People who have difficulty with reading, writing or using digital services are supported with accessible information.
- People know how to access their health and care records and decide which personal information can be shared with other people, including their family, care staff, school or college.
- Information about people that is collected and shared meets data protection legislation requirements.
- People are provided with clear and transparent information that follows consumer rights best practice, including contracts and charges.
- People receive information in a timely way that meets best practice standards, legal requirements and is tailored to individual need.

4. Listening To and Involving People

We expect providers, commissioners and system leaders live up to this statement:

We make it easy for people to share feedback and ideas or raise complaints about their care, treatment and support. We involve them in decisions about their care and tell them what's changed as a result.

What this quality statement means

- People know how to give feedback about their experiences of care and support including how to raise any concerns or issues and can do so in a range of accessible ways.
- People, their family, friends and other carers feel confident that if they complain, they will be taken seriously and treated compassionately.
- People feel that their complaint or concern will be explored thoroughly, and they will receive a response in good time because complaints are dealt with in an open and transparent way, with no repercussions.
- People are kept informed about how their feedback was acted on. Where improvements are required as a result, people have the opportunity to be involved in shaping the solutions and measuring the impact.
- Learning from complaints and concerns is seen as an opportunity for improvement and staff can give examples of how they incorporated learning into daily practice.

5. Equity in Access

We expect providers, commissioners and system leaders live up to this statement:

We make sure that everyone can access the care, support and treatment they need when they need it.

What this quality statement means

- People can access care, treatment and support when they need to and in a way that works for them, which promotes equality, removes barriers or delays and protects their rights.

- People can expect their care, treatment and support to be accessible, timely and in line with best practice, quality standards and legal requirements, including those on equality and human rights. This includes making reasonable adjustments for disabled people, addressing communication barriers and having accessible premises.
- People can access services when they need to, without physical or digital barriers, including out of normal hours and in an emergency. Physical premises and equipment are accessible. People are given support to overcome barriers to ensure equal access.
- Leaders and staff are alert to discrimination and inequality that could disadvantage different groups of people in accessing care, treatment and support, whether this is from wider society, within organisational processes and culture or from individuals.
- Providers use people's feedback and other evidence to actively seek to improve access for people more likely to experience barriers or delays in accessing their care.
- Services are designed to make them accessible and timely for people who are most likely to have difficulty accessing care. When there are barriers, they are removed.
- When services change, equity of access is considered.
- People have equal access to care, treatment and support because the provider complies with legal equality and human rights requirements, including avoiding discrimination, considering the needs of people with different protected characteristics and making reasonable adjustments.
- The provider prioritises, allocates resources and opportunities as needed to tackle inequalities and achieve equity of access.

6. Equity in Experiences and Outcomes

We expect providers, commissioners and system leaders live up to this statement:

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

What this quality statement means

- People's care, treatment and support promotes equality, removes barriers or delays and protects their rights.
- People feel empowered by providers and staff to give their views and understand their rights, including their rights to equality and their human rights.
- People feel that their experiences of discrimination and inequality are listened to and acted on to improve care.
- Leaders and staff are alert to discrimination and inequality that could disadvantage different groups of people using their services, whether from wider society, organisational processes and culture or from individuals. They proactively seek out ways to address these barriers to improve people's experience, act on information about people's experiences and outcomes and allocate resources and opportunities to achieve equity.
- The provider complies with legal equality and human rights requirements, including avoiding discrimination, having regard to the needs of people with different protected characteristics and making reasonable adjustments to support equity in experience and outcomes.

7. Planning for the Future

We expect providers, commissioners and system leaders live up to this statement:

We support people to plan for important life changes, so they can have enough time to make informed decisions about their future, including at the end of their life.

What this quality statement means

- People are supported to make informed choices about their care and plan their future care while they have the capacity to do so.
- People who may be approaching the end of their life are identified (including those with protected characteristics under the Equality Act and people whose circumstances may make them vulnerable). This information is shared with other services and staff.

- People's decisions and what matters to them are delivered through personalised care plans that are shared with others who may need to be informed.
- When people want to express their wishes about cardiopulmonary resuscitation, they are supported to do so and are able to change their mind if they wish.
- When any treatment is changed or withdrawn, professionals communicate and manage this openly and sensitively so that people have a comfortable and dignified death.
- When people's future care preferences are for greater independence and fewer care interventions that are likely to benefit them, professionals work together to support them to achieve their goals.

[Responsive - Care Quality Commission (cqc.org.uk)](https://cqc.org.uk)

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 16 January 2024

Freedom to Speak Up Strategy

Purpose of Report
To present the Freedom to Speak Up (FTSU) Strategy for approval in principle, and to request delegated authority for the Audit and Risk Committee (ARC) to sign off the final version which will then form part of the National Guardian Office (NGO) toolkit requirements for completion by the end of January 2024.

Executive Summary
Board Members will recall the well-received Board development session delivered by the FTSUG and Trust Secretary in October 2023. At that session the Board was presented with the draft Reflection and Planning Tool Improvement and Action plan. Further scrutiny of this document was undertaken at the Audit and Risk Committee, also in October, where reporting focused on a gap analysis for the lower scores, which has formed the basis of the action plan. The Tool is to be completed by the Board by 31 January 2024.

A requirement of the Tool was to ensure the Trust's speaking-up policy reflects the 2022 NGO update. This has been completed with the revised policy approved in 2023. Another requirement is for the Board to evidence that it has a comprehensive and up-to-date strategy to improve its FTSU culture.

The FTSU Guardian has produced a Speak Up Strategy in consultation with the Chief Executive and Interim Director of People and Inclusion. The draft strategy has been shared with the People and Culture Committee, other Executive Directors and the staff networks, as well as being promoted on staff engagement events.

Appendix 1 contains the Strategy. The Board is asked to approve the Strategy in principle and delegate authority to the Audit and Risk Committee to sign off the final version which will then form part of the National Guardian Office (NGO) toolkit requirements for completion by the end of January 2024.   The delegation is requested to allow some additional time to complete the action plan following the recent absence of the FTSUG. |

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.	

Risks and Assurances

The Audit and Risk Committee (ARC) receives assurances that the Trust has in place a compliant policy and procedures on Freedom to Speak Up. The Board and ARC will continue to receive a six-monthly update report to provide assurance on the adequacy of the Trust's FTSU arrangements and information on current trends.

There are a number of risks to having a culture where workers do not feel able to safely speak up and voice their concerns. There are potential impacts on patient safety, clinical effectiveness and patient and staff experience, as well as possible reputational risks and regulatory impact.

Consultation

The draft Strategy has been consulted on widely.

Governance or Legal Issues

The Trust's FTSU policy and procedure addresses the provisions of the Public Interest Disclosure Act 1998 which provides statutory protection to whistle-blowers from victimisation and dismissal where they raise public interest concerns about misconduct or malpractice.

Part of the ARC's duties is to review the adequacy of the Trust's arrangements by which Trust workers may, in confidence, speak up about possible improprieties in matters of financial reporting and control and related matters or any other matters of concern.

ARC has been regularly monitoring the FTSU Improvement action plan arising out of the Self Review (the first Freedom to Speak Up review tool was issued by NHS Improvement in 2018). The Self-Review Tool and Guidance is now called The Reflection and Planning Tool and was updated and issued in June 2022 by NHS England.

Public Sector Equality Duty and Equality Impact Risk Analysis

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

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

The FTSUG will review each concern raised to consider any potential impact on the person raising the concern or any associated services. The Trust actively works with groups who may experience barriers to speaking up to work to overcome these and encourage engagement across our workforce.

Recommendation

The Board of Directors is requested to approve the FTSU Strategy in principle and delegate authority to the Audit and Risk Committee to sign off the final version which will then form part of the National Guardian Office (NGO) toolkit requirements for completion by the end of January 2024.

Report presented by: Justine Fitzjohn
Trust Secretary

Report prepared by: Justine Fitzjohn
Trust Secretary and

Tam Howard
 Freedom to Speak Up Guardian

Derbyshire Healthcare NHS Foundation Trust

Freedom to Speak Up Strategy and Vision
2024-2026

Introduction and Purpose

In 2015, Sir Robert Francis produced his [Freedom to Speak Up Review](#) which, amongst a range of recommendations and principles, called for all NHS organisations to appoint a Freedom to Speak Up (FTSU) Guardian to improve the way each organisation deals with speaking up and concerns as part of the process of fostering 'a culture of safety and learning in which all staff feel safe to raise concerns'.

Guidance from NHS England and the National Freedom to Speak Up Guardian's Office has called for all NHS organisations to have a FTSU strategy and vision. This document outlines Derbyshire Healthcare's strategy and vision, however it should be read in conjunction with the Trust's [Freedom to Speak Up Policy](#).

Derbyshire Healthcare's vision for Freedom to Speak Up is that one person can make a difference. With the help of all our staff including bank/agency staff, students, contractors and volunteers and in line with our values and our just and learning culture, we aim to support staff to speak up; to listen well and effectively making sure that concerns are responded to promptly and with compassion and to follow up on those concerns and provide feedback.

Trust Strategy and Values

This Freedom to Speak Up Strategy supports the delivery of the Trust's Strategy and contributes to our vision and values.

Derbyshire Healthcare is striving to be an organisation that provides great care and is a great place to work supported by a just and learning culture. We recognise we cannot improve our services without the active involvement of our people: staff, services users and carers.

As our just and learning culture places equal emphasis on accountability and learning, we understand that in order to improve our services we need to learn from where care has not gone well or was not as expected. Where it has not gone well, we need to understand what was responsible and not necessarily who was responsible. We need all staff to therefore engage in these learning activities, including speaking up when they believe we are not addressing issues they have concerns about (Trust Value: honesty – We are open and transparent in all we do).

Our values

We expect all staff to consistently demonstrate the Trust values.

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

- **People first** – we work compassionately and supportively with each other and those who use our services. We recognise a well-supported, engaged and empowered workforce is vital to good patient care

- **Respect** – we respect and value the diversity of our patients, colleagues and partners and for them to feel they belong within our respectful and inclusive environment

- **Honesty** – we are open and transparent in all we do

- **Do your best** – we recognise how hard colleagues work and together we want to work smarter, striving to support continuous improvement in all aspects of our work.

However, as part of their professional and other standards our expectation is that staff:

- Speak up when things don't feel right (Team Derbyshire Healthcare Promise). We speak up about concerns and / or compassionately address concerns (Values: Do Your Best / Honesty)
- Our organisation and leaders create an environment where people feel safe to speak up and have the confidence that any concerns will be addressed. (People First / Honesty / Respect)

Freedom to Speak up Vision and Strategic Aims

Derbyshire Healthcare's vision for Freedom to Speak Up is that one person can make a difference. With the help of all our staff including bank/agency staff, students, contractors and volunteers and in line with our values and our just and learning culture we aim to:

Strategic aims:

Speak Up - provide an environment were anybody feels safe to speak up and raise concerns.

Listen Up - empower our leaders and managers to be receptive to concerns raised and act on them promptly and with compassion.

Follow Up - share the learning from concerns raised to improve the quality of our services.
This work will be supported by the Board of Directors and our Freedom to Speak Up Guardian.

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Action Plan

To support the delivery of these strategy aims over the next 12 months we intend to:

- Review this Strategy every 12 months.
- Continue to raise awareness amongst staff and leaders about how they can speak up (through our staff engagement processes and the work of the FTSU Guardian and the FTSU Champions, training and communications).
- Provide regular updates to the Board of Directors (bi-annually), the Audit & Risk Committee (bi-annually) and the People and Culture Committee (bi-monthly) on the speak up themes raised, the actions taken and the learning that has arisen.
- Ensure managers are clear about their roles and responsibilities when handling concerns and are supported to do so effectively.
- Share good practice and learning from speaking up through a variety of communications channels with the aim of fostering openness and transparency.
- Provide regular communications to all staff to raise the profile and understanding of our speaking up arrangements.
- Actively seek the opinion of staff to assess that they are aware of and, are confident in using local processes and use this feedback to ensure our arrangements are improved based on staff experiences and learning.
- Embed the FTSU Governance Group, comprising of the FTSU Guardian, a Staff Side representative, the Deputy Director of Nursing and the Deputy Director of People and Inclusion and the EDI Lead.
- Ensure that the FTSU Guardian continues to meet regularly with the Chief Executive, and the Lead Non-Executive Director.

Responsibility for delivery of these actions will rest with the Chief Executive who is the Lead Executive for Speaking Up.

Outcomes and Measures

It is important that we can evidence the impact of our strategy and as such will measure our progress through the following:

- Annual NHS staff survey results.
- Regular review of referrals with other functions involved in the process like Employee Relations and Local Counter Fraud Specialist.
- Number of channels available for staff to raise concerns including champions and other internal and external routes.
- Quarterly FTSU updates for all staff via communication team and intranet.
- Evidence that investigations are evidence based and led by someone suitably independent in the organisation, producing a report which focuses on learning lessons and improving care.
- High level findings provided to the Trust board and policy reviewed and improved every 3 years.

What difference will this strategy make to staff?

The strategy will enable staff to:

- Speak up with confidence and understand that Derbyshire Healthcare Foundation Trust values speaking up.
- Believe that when they speak up they are listened to with compassion and without judgement
- Understand that they will receive feedback in relation to speaking up and their concerns.

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Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 16 January 2024

Briefing on a recent High Court Judgement regarding virtual detentions

Purpose of Report
Provide an update on a recent judgement relevant to practice of Mental Health Law.

Executive Summary
The High Court delivered a judgement re completing a renewal of a section 3, 37, 7 under s. 20 MHA or a renewal of a Community Treatment Order (CTO) under s. 20A the Responsible Clinician must see the patient face to face, ie, the assessment that determines that a patient's CTO or section should be renewed must be completed face-to-face. The report provides details on our planned response.

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.	
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
• Our planned response mitigates the risk of virtual detentions being deemed unlawful.

Consultation
• This briefing paper went to Exec Committee.

Governance or Legal Issues
• Practice of Mental Health Law.

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:

The case law applies to all individuals. Equality data is monitored through the Mental Health Act Committee.

Recommendations

The Board of Directors is requested to:

1.   Note the judgement and the planned response from our Trust.

Report presented by: Arun Chidambaram
                            Medical Director

Report prepared by: Andrew Coburn
                            Assistant Director of Legal, Governance and Mental Health
                            Legislation

Community Treatment Order (CTO) Renewals

During the pandemic, Devon Partnership applied to court for clarification as to whether an assessment for a new detention under the Mental Health Act 1983 ("the Act") had to be face to face or whether a clinician could conduct it remotely.

In that Judgment, the High Court concluded that it had to be face to face. Following the Judgment, various national agencies issued guidance as to whether a *renewal* of a section had to be face to face as well. This guidance at times conflicted as the wording in the Act for renewals was different to that related to applying a new section, ie it wasn't clear if the Devon case did apply to renewals.

In view of this ongoing uncertainty, in November 2022, the trust applied to the High Court for interpretation and clarification in relation to parts of the Act. Specifically, the Trust asked:

- Whether a renewal of detention under s. 3, 37, 7 or a CTO (s.17A) requires a face-to-face assessment; and
- Whether to create a CTO there is a requirement for the Responsible Clinician (and AMHP) to assess the patient face to face to determine if the criteria is met.

The Trust's position within proceedings was that it was possible, in the right circumstances, to conduct remote assessments for both renewals and for the creation of CTOs.

Board members will see that the Secretary of State opposed the application. This is not unusual. All court hearings require the court to have both sides of the argument properly argued before it, in order to make a sound conclusion. If no party with an opposing view can be found, then the court appoints an *Amicus Curiae*, which the applicant party has to pay for – this is what happened in the Devon case.

In November 2022, prior to making the application the trust wrote to the Department of Health and Social Care, Mind the Charity (as a representative body of patients), NHS England and the Royal College of Psychiatrists to put them on notice of the application and invite them to become parties. All but the Royal College did so. However, as the Secretary of State was the first, they became the 'defendant' in the case.

Renewals

The High Court concluded that prior to completing a renewal of a section 3, 37, 7 under s. 20 MHA or a renewal of a CTO under s. 20A the Responsible Clinician must see the patient face to face, ie the assessment that determines that a patient's CTO or section should be renewed must be completed face-to-face.

Creation of CTO

The High Court did not address this question, instead noting that this would be determined based on the merits of an individual case.

Actions

Following the Judgment, the trust has undertaken a scoping exercise of any patient's section who may have impacted by the decision. This has necessitated a review of patents from the commencement of the COVID-19 pandemic given colleagues were shielding and therefore, more likely to utilise remote working opportunities.

Given the findings of the Judgment, the Trust will now look, where appropriate, to exercise its power under s. 23(3) MHA to discharge patients if their detention was renewed in the absence of a face-to-face assessment.

The MHA Office is working closely with clinical teams to ensure that patients are aware of this change and receive the appropriate clinical contact and are signposted to independent sources of advice.

For those patients whose CTO was created without a face-to-face appointment, the trust will review the circumstances of that renewal to determine what, if any, action is required.

Board Committee Assurance Summary Reports to Trust Board – 16 January 2024

The following summaries cover the meetings that have been held since the last public Board meeting held on 7 November 2023 and are received for information.

- Quality and Safeguarding Committee 14 November and 12 December
- Mental Health Act Committee 15 December
- Finance and Performance Committee 21 November
- People and Culture Committee 28 November

Quality and Safeguarding Committee - key items discussed 14 November 2023

Industrial Action Mitigation Plans

The Committee noted the period of industrial action the Trust has been involved in and the role of the Incident Management Team (IMT) in managing the risks and mitigations and the impact on the Trust's ability to deliver services safely.

The Committee agreed there had been an abundance of good will and support from teams within the services to help maintain patient care and safety.

Quality Performance Dashboard

The report provided a view of key clinical performance indicators across the Trust, given the impact of recent industrial action and staffing issues.

There had been reductions in complaints and concerns, seclusions, physical restraints, ligature-related self-harm incidents, falls and medication incidents but an increase in the number of physical assaults from patients to staff.

The Committee was pleased to note progress with the improvement plan to increase the number of patients that had had their care plan reviewed.

The Committee challenged the position further to improve overall training compliance. The discussion focussed around how and when the training is scheduled, including for temporary staffing and during the onboarding process.

Further discussion took place on safer staffing in acute areas and the reliance on temporary staffing and agency.

The Committee received limited assurance on progress towards clinical performance targets and from discussions held, due to the absence of relevant trajectory and specific milestones.

Outstanding Care Quality Commission (CQC) Actions Update:

The Committee received an update on progress made regarding CQC Actions and preparedness to provide information and assurance on the Trust's collective progress. It included the findings from the recent CQC inspection on Ward 35 "must do" and "should do" actions and an update on the use of mock internal inspections.

The Quality and Safeguarding Committee reviewed the report in line with assurance relating to CQC preparedness and assurance and determined a level of limited assurance however were satisfied that surrounding governance is moving in the right direction

- CQC Governance and Assurance Framework Update:

This report highlighted the work and improvements made on the governance and assurance framework linked to CQC actions and on-going performance improvements, including those put in place following the Ward 35 CQC report.

The Committee discussed training compliance and governance improvements. An update on the potential of ward-based training would be presented to the Committee at a later meeting.

Lynn Andrews, Chair, requested a progress report on the actions identified for full assurance at the next meeting.

Neurodevelopmental Services Update

The Committee considered the progress being made with Neurodevelopmental (ND) services. New dashboards had been built, which were used to formulate Quality Improvement for each profession.

An update was given on Community Hubs, including that, since its establishment, the Short-Term Intervention Service (SAT/IST), had been able to avoid 22 admissions.

Performance of the Autism Spectrum Disorder (ASD) assessment service was ahead of contracted targets which was attributed to shorter assessment that was being piloted. Assessment wait time had been significantly reduced.

The Quality and Safeguarding Committee received significant assurance from the progress being made with Neurodevelopmental Services.

Board Visit Plans

The Trust has agreed an alternative approach for oversight and engagement of services, through visits and inspections specifically:

a) Mock CQC Inspections, focusing on preparing services and providing assurance that the quality of care is in line with the Key Lines of Enquiry. Improvement plans would be monitored within the divisional governance structure.

b) Informal Board Visits – completed by Executive and Non-Executive Directors with the opportunity for carers, experts by experience and governors to be involved. It was hoped that valuable, soft intelligence would be elicited through free-flowing dialogue with staff, patients and carers.

The Quality and Safeguarding Committee supported the approach, confirming significant assurance on the way forward.

Safety Building Block – Patient Strategy

The report reviewed the Trust's approach to improving safety against the national NHS Patient Safety strategy for information.

The Committee confirmed the Trust's commitment to improved safety for its staff and patients.

Physical Healthcare – Six Month Update

The report focussed on progress, assurance and challenges since the last submission to the Committee in May 2023.

All data had identified partial compliance with gaps in delivery and sustainability. The Committee noted that work was underway to optimise the electronic patient record functionality, balanced with improvements to recording practices and clinical approaches.

The Quality and Safeguarding Committee determined a level of limited assurance from the report.

Skill Mix Review (also known as Safer Staffing)

The Committee received the report which provided a formal opinion on the required skill mix and provided assurance on the work being undertaken to monitor and develop the skill mix of staff across Derbyshire Healthcare to ensure safe services.

The Committee suggested that a review of the paper would be helpful, along with a dashboard for areas of particular concern, such as Children's services and that a scorecard should be embedded in the workforce plan.

The Quality and Safeguarding Committee received limited assurance on the issues highlighted due to insufficient clarity.

Making Room for Dignity (MRfD) Programme Update

The Committee received an update on the Programme and requested that the next update should focus on our achievements in meeting the desired Model of Care for the new buildings and pathways of care.

Ligature Risk Reduction – Six Month Summary Report

The Committee considered the Trust's current position in line with the expectations that had been laid out in the 2020 CQC Briefing for NHS Mental Health Trusts on managing ligature risks.

NHS England issued new guidance in November 2023, which would focus on five criteria, including Estates guidance for clinical staff to cover.

The Quality & Safeguarding Committee received significant assurance on procedures and completion of this review, with an ongoing implementation of ligature audits as part of ongoing business as usual risk assessments.

Board Assurance Framework – key risks identified: The Committee recommended a review of the BAF to ensure gaps in controls and mitigating actions relating to governance process for CQC compliance was adequate to meet compliance.

Escalations to Board or other committee: None.

Next Meeting: 12 December 2023.

Committee Chair: Lynn Andrews	Executive Lead: Dave Mason, Interim Director of Nursing and Patient Experience

Quality and Safeguarding Committee - key items discussed 12 December 2023

Regulation Compliance – CQC, Mental Health Act and Ward 35 Progress Updates

The Committee noted that a significant number of actions had been completed, including those arising from the CQC's inspection of Ward 35 at the Radbourne Unit.

The report highlighted Trust-wide implications around Immediate Life Support (ILS) and Positive and Safe Violence Reduction training for bank and temporary staff, for which resolutions were being investigated.

The Committee was encouraged by the governance structures, the more focussed papers and improved assurances.

The Quality and Safeguarding Committee accepted limited assurance given there were still a few outstanding actions.

Response to the Regulation 28 Notice

The Committee considered the report which highlighted the critical elements around learning from the incident and the requirement for monitoring contracted services.

The Committee debated the revised protocol and how this would be communicated and monitored.

The Quality and Safeguarding Committee received significant assurance that a revised protocol had been established and that plans were in place.

Commissioning for Quality and Innovation (CQUIN) Quarterly Update

It was noted that although there is no) payment associated to the CQUINs, these are key initiatives, aimed at improving clinical outcomes and quality of patient experience.

The Committee discussed proposals to increase the uptake of vaccinations, which was lower than anticipated and noted the Trust's position was favourable in comparison with other providers.

The Committee received limited assurance on achievement against the 2023/24 CQUINs.

Care Planning/Person-Centred Care – Six Monthly Update

The Committee noted progress in the overall care plan compliance which had increased by 17% and noted that by April 2024, all services will be exceeding the 85% compliance target.

Significant assurance was received on progress towards improved care planning processes.

Risk Register Escalation Assurance

The Committee discussed the content of the report, which showed the spread of clinical and operational, non-standard risks, of a high or extreme level.

It was agreed that the register would be reviewed to evaluate any long-standing and legacy risks that could be removed.

The Committee accepted significant assurance on risk management and reporting and the delivery of risk management training.

Industrial Action Mitigation Plans

The Committee discussed the potential impact of the planned industrial action, which would take place over the Christmas and New Year period. It was noted that less impact on community clinics was expected in comparison to previous episodes. This was attributed to the sustained dedication of the Trust's colleagues.

Report from Guardian of Safe Working – Quarterly Update

The update highlighted that there had been just two exception reports submitted since the last update in October 2023.

The Quality and Safeguarding Committee received significant assurance that the duties and requirements as set out in the 2016 Junior Doctor terms and conditions of service are being met.

Neurodevelopmental Services Update

Quarterly progress report

Significant development work and improvements in the service were noted and due to regular oversight by other committees and forums, it was agreed the item could be aligned to other divisions and reported to this Committee by exception.

The Committee recognised the remarkable achievement of the Autism Assessment team to undertake over 60 assessments per month.

Community Hub update

The update included how they were procured, where the hubs are located, staffing and oversight arrangements.

Patient Experience Quarterly Report

This report gave an overview of the analysis of the complaints and incidents data for Quarter 2 of the financial year 2023/24 and indicated a reduction of 21% in returns of the Family and Friends surveys and as such, the structure was to be reviewed.

The Committee requested that future reports include resolution times and outliers.

The paper received limited assurance.

Children's Services - 0-19 Years Position

The paper set out the risks associated with the current workforce challenges; in particular, the difficulty in recruitment and retention of School Nurses and Health Visitors due to the national shortage.

The Committee requested further information on meeting quality standards as a result of staffing position and the improved staffing model.

Professional Strategies Annual Reports against Strategy (Allied/Psychiatry/Nursing/Medics) – Verbal Update

The Committee noted the work around medical workforce transformation; elements included working in the post-pandemic ICB landscape and the need to have agile and flexible job plans, with virtual working encouraged when clinically appropriate.

It was agreed that a similar exercise would be beneficial from a Nursing or Allied Health Professional point of view and requested a proposed action plan.

Safeguarding Children Assurance Report

An assessment of Safeguarding Children activity in the Trust against statutory and legislative

requirements provided the Committee with significant assurance.

Safeguarding Adults Assurance Report

An update on Adult Safeguarding performance and activity and review of statutory requirements provided full assurance that statutory duties are being met.

Policy Review

The Committee approved an extension until February 2024 for the Multi-agency Allegations Against Staff Carers and Volunteers Guidance (PIPOT).

Board Assurance Framework – key risks identified: No additional items.

Escalations to Board: None

Next Meeting: 13 February 2024.

Committee Chair: Lynn Andrews	Executive Lead: Dave Mason, Interim Director of Nursing and Patient Experience

Mental Health Act Committee - key items discussed 15 December 2023

Escalations from the Mental Health Act (MHA) Operational Group and Terms Of Reference

Escalations from the meeting of the MHA Operational Group held on 20 November were raised.

The MHA Operational Group's Terms of Reference (ToR) were agreed.

Mental Health Act Managers Report

The MHA Quarterly Report covering MHA Office activity from 1 July to 30 September was considered. The report was previously discussed at the MHA Operational Group. Points of note included:

- improvements in the reading of s.132 inpatient ward rights to patients on admission, an exception to this trend was Cubley Court Females and the MHA Office is working with the Matron to improve performance.
- Increase in the number of Section 5 (2), the Heads of Nursing are investigating.
- A review of Community Treatment Order (CTO) renewals had been carried out and actions would be put in place to review them earlier.
- An overview of the most recent CQC MHA visits and progress against the actions. The Quality and Safeguarding Committee now has oversight of all actions arising from CQC visits.

The Committee received assurances regarding the upward trend for s.132 and CTO rights.

Audit 360 Report and Mental Health Act Office Update

The Trust's internal auditors, 360 Assurance, conducted an audit of the governance around

the Trust's compliance MH legislation and made a number of recommendations.

The Committee received significant assurance on the report on the basis that all audit actions have now been completed.

Training Report

The report provided an update on the latest Mental Capacity Act and Deprivation of Liberty

Safeguards training compliance. The Committee was pleased to note the positive direction in which training compliance is generally moving, and the pro-active steps taken despite some of the challenges with a current shortage of trainers due to sickness.

Restrictive Practice Quality Report

The Committee was updated 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.

Although the report is received twice-yearly by the Quality and Safeguarding Committee, which takes primacy on the practice issues, matters are highlighted to the Mental Health Act Committee to give assurance that the Trust is discharging its responsibilities under the Code of Practice, in line with the Reducing Restrictive Practise Policy.

The report identified areas that require further improvement including absconsion and areas that had recently improved including observations and physical restraint and seclusion.

Having discussed the report the Committee agreed that significant assurance could be taken from overall performance progress.

Deep Dive Report on Use of Section 136 Suites 135/136

The Committee received the key points escalated from the Section 136 Steering Group. The data showed the numbers are remaining consistent. A number of measures have been undertaken within the 136 pathways to improve experiences and improve safeguards for patients. A new Joint Police and Nurse risk assessment will go live in January 2024.

The Committee received significant assurance on the latest update..

Report on Complaints from Patients Detained under the Mental Health Act – Six Monthly Update

No discernible trends were found from the data and the main concerns by topic were noted as: abruptness / rudeness / unprofessionalism, care plans, medications and availability of services.

The Committee received significant assurance that all complaints are investigated on an individual level for learning and best practice.

Verbal Update from Associate Hospital Managers (AHMs)

The AHMs gave an overview of their activities.

Policy Review - Social Supervisor Policy Update (policy extended by 6 months from August 2023)

The above policy was approved.

Board Assurance Framework – key risks identified: None.

Escalations to Board or other committee: None.

Next Meeting: 15 March 2024.

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

Finance and Performance Committee - key items discussed 21 November 2023

Achieving Financial Sustainability – Month 7 Financial Report

The Committee scrutinised the latest financial position including the underlying deficit position and the factors contributing to this as well as the forecast for year end.

The Committee considered potential cost efficiencies which could be delivered without compromising safe care.

Areas for consideration 2024/25 included "zero based budgeting". A vacancy control panel was in place supported by a robust quality impact assessment process. .

Making Room for Dignity - Assurance on Estate Strategy – Dorms and PICU Update

The Committee received limited assurance on progress of the programme to date and the risks associated with it.

It was noted that inclement weather had impacted on cost pressures.

Delivery of IM&T Strategy and Wider Digital Strategy

The Committee received an update on 2021-2026 strategy; it was agreed that the next update would focus on strategy, rather than implementation.

The Finance and Performance Committee acknowledged the progress made with the implementation and the challenges faced around staff recruitment and changes to the main clinical system.

Operational Performance

The report focused on key performance measures and national priority indicators as at the end of September 2023.

The Committee noted that a performance dashboard was being developed for service recovery and waiting times, which would be presented in January 2024.

The Committee determined limited assurance on report.

Business Environments – Perinatal Provider Collaborative

The Trust became the lead provider on 1 October and as such, quality reports would be received at future meetings from March 2024.

IMPACT Risk and Gain Share Agreement

Agreement in principle had been reached. A paper will go to the Executive Leadership Team (ELT) in the next few weeks and then onto Trust Board for sign off in December or January.

System Updates – ICB Finance Committee / System Directors of Finance (DoFs)

A communication from NHS England on 8 November has set the expectations for the next part of the year.

The Committee agreed this item will be picked up at the next Trust Board meeting.

Board Assurance Framework (BAF) 2023/24 risks overview

This report provided a summary to the Finance and Performance Committee of the Board Assurance Framework risks allocated to this Committee.

Escalations to Board or other Committees: The financial situation and structural deficit is currently being escalated to the Chair and Chief Executive.

Items added to the Board Assurance Framework: None.

Next scheduled meeting: 23 January 2024.

Committee Chair: Tony Edwards	Executive Lead: Jo Wilson, Acting Interim Director of Finance

People and Culture Committee - key items discussed 28 November 2023

People and Culture Committee BAF Risk Summary

This report provided a summary of the Board Assurance Framework risks allocated to this Committee. It was noted that the draft Leadership Development Strategy would be submitted to the Executives in January 2024.

Deep Dive Temporary Staffing Workforce (including Agency)

The Committee received a high-level update which showed an overspend year to date, by staff group across Joined Up Care Derbyshire, noting a significant increase in the Trust's spending and the factors that had attributed to this.

the Trust had formed a panel to discuss and approve agency requests. It was noted that medical and quality colleagues are involved in the approval panel to ensure patient safety. The plan was to move away from agency usage.

The Committee was assured that there was robust governance in place, including the weekly panel oversight.

The People and Culture Committee received limited assurance on the progress so far to reduce agency spend and usage but significant assurance on the processes put in place.

People and Inclusion Assurance Dashboard

The Committee noted improvements in training compliance. Deep dives were underway to identify the challenges within each division and also the reasons for a spike in absence during October.

The Committee scrutinised an analysis of people applying for flexible working roles and exit interview data showing why people are leaving the Trust and it was agreed to undertake some profiling by staff group to encourage retirement whilst remaining in post.

The People and Culture Committee received significant assurance on the progress shown in the dashboard information.

Internal Communications and Engagement

The positive response rate to the staff survey was noted, along with recent incentives, such as the Hearts awards and the Christmas decorations competition, which had received the highest number of nominations to date.

Future priorities to improve communications included the number of messages issued, their simplicity and an increased range of formats.

Training Evaluation Report Specifically for Safeguarding Training

Following the deep dive in July 2023, the Committee compared the variation to the current data, which reflected a reduction in compliance overall.

There had been a decrease in Safeguarding Children Level 3 training compliance and the Committee noted this was a challenge due to the unfilled trainer vacancy. The viability of linking in with other local trusts is to be investigated for Safeguarding training.

The People and Culture Committee received limited assurance on the current levels of training.

Talent Management and Succession Planning

The Committee noted the decision to pause, reset and relaunch in January 2024 due to the challenges faced by changes to senior leadership and industrial action and accepted limited assurance on progress around talent and succession planning.

Update on System Developments

In terms of progress, the Committee noted the key areas developed since the last meeting:

- Project Derbyshire Digital – focussed on data policy and quality as part of alignment between Workforce and Finance.
- Establishment control – to support alignment and matching funding.
- A virtual Workforce Academy was being developed and led by the Integrated Care Board (CB).

Escalations to Board or other committees: Feedback from today's Training Evaluation specifically for Safeguarding will be fed back to the Quality and Safeguarding Committee.

Board Assurance Framework – key risks identified: None.

Next Meeting: 30 January 2024.

Committee Chair: Ralph Knibbs	Executive Lead: Rebecca Oakley, Acting Director of People and Inclusion

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 16 January 2024

Guardian of Safe Working Quarterly Report
(December 2023)

Purpose of Report

The Quality and Safeguarding Committee received this quarterly report from the Trust's Guardian of Safe Working (GOSW) at its December meeting. It 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. The Committee received **significant assurance** on the content.

Executive Summary

The Board is requested to note:

- Only two exception reports were submitted during this time period (one resulting in TOIL, and the other in payment). The one resulting in payment was where a doctor stayed past their 5.00pm end of shift to circa 11.00pm, to provide emergency cover during the recent flooding event.
- Rolling GOSW induction will continue and seek to assess and address barriers to exception reporting.
- The GOSW sought to action reports on behalf of supervisors, resulting in exception reports being closed within seven days. The GOSW considers this a reasonable offer given the comparatively few doctors they manager with respect to acute trust colleagues.
- The GOSW is now set up as an authoriser on Oracle, meaning payments from the GOSW cost code can be actioned much more quickly.
- New extracontractual rates are in force for junior doctors, and this has seen all vacant shifts covered by internal locums.
- Following discussion at the Trust Medical Training Committee and the last Junior Doctor Forum, an agreement has been reached to roll out personalised work schedules as a tool for both supervisors and doctors. This was the last remaining item that was not 'formally implemented' in the Trust with respect to the 2016 Junior Doctor terms and conditions.

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 from the Trust's 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 report to this Committee with the Joint Local Negotiating Committee, the Trust Medical Training Committee, the Junior Doctor Forum and its constituent junior doctors. Following presentation to this Committee, this report will be shared with the next 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 Board of Directors is requested to:

1. Note the contents of this report.
2. Be assured that that the duties and requirements as set out in the 2016 Junior Doctor terms and conditions of service are being met.

Report presented and prepared by: Dr Kaanthan Jawahar
                                        Guardian of Safe Working

<div align="center">

GUARDIAN OF SAFE WORKING QUARTERLY REPORT
(December 2023)

</div>

1. Trainee data

Extended information supplied from 27 September to 4 December. *NB No rotation date has occurred during this period - as such trainee data is unchanged from the previous report*.

Numbers in post for doctors in training

Numbers of doctors in post WTE	North	South
FY1	3	5
FY2	2	5
GP ST	3.5 (headcount 4)	7
CT	10.4 (headcount 11)	11.8 (headcount 12)
HSTs	3.5 (headcount 4)	6.2 (headcount 7)
Paediatrics ST	0	1.8 (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 27 September to 4 December. Total number of exception reports = 2 (all working hours related)

Location	No of exceptions raised	No of exceptions closed	No of exceptions outstanding
North	2	2	0
South	0	0	0
Total	2	2	0

Grade	No of exceptions raised	No of exceptions closed	No of exceptions outstanding
CT1-3	0	0	0
ST4-7	0	0	0
GP	0	0	0
Foundation	2	2	0
Total	2	2	0

Action taken:

Location	Payment	TOIL	Not agreed	No action required
North	1	1	0	0
South	0	0	0	0
Total	1	1	0	0

Response time

Grade	48 hours	7 days	Longer than 7 days	Open
CT1-3	0	0	0	0
Foundation	0	2	0	0
ST4-7	0	0	0	0
GP	0	0	0	0

- One exception report arose from the Hartington Unit, where a junior doctor was the sole doctor on their base ward when usually this is not the case. On further exploration, appropriate senior clinical supervision was available, as well as support from peers on neighbouring wards. TOIL agreed.
- One exception report related to the recent flooding event. On this occasion, at the Hartington Unit, the evening on call doctor (5.00pm-9.00pm) was unable to get into work, and the night doctor (9.00pm-9.00am) was delayed by circa one hour. The doctor rostered on call from 9.00am-5.00pm stayed until they could handover to the night doctor. This did not breach the total maximum length of resident shift in exceptional circumstances. The doctor as remunerated at the internal bank locum rate for the additional hours of work. Compensatory rest was not required as this occurred on the Friday with the doctor off for the weekend.

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 £755.72 through cost code G62762.
- Fines recently spent on a leaving meal for the north junior doctors as agreed at the last JDF.
- The GOSW is now set up on Oracle as an authoriser, thereby streamlining the process to put through payments.

5. Locum/Bank Shifts covered (27 September to 4 December)

	North	Cost	South	Cost
Locum/bank shifts covered	24	£17,190	13	£7,930
Agency locum shifts covered	0	0	0	0

New extracontractual rates have come into force for junior doctors. Intelligence on the ground suggests these are seeing vacant shifts covered internally with ease.

6. Agency Locum

Nil

7. Vacancies (27 September to 4 December)

NB. No rotation date has occurred during this period - as such vacancy data is unchanged from the previous report.

	North	South
CT1-CT3	0.2	0.2
ST4-7	2	1.5
GP Trainees	0	0.2
Foundation	1	0

8. Qualitative information

- Rolling GOSW induction established (c. 2 monthly) to coincide with junior doctor rotation dates.
- JDF meetings continue on a 2 monthly basis, with 2024 dates now in diaries.
- Personalised work schedules were discussed at the last Trust Medical Training Committee and JDF meetings. Medical Education agree for this to be a tool for both supervisors and doctors. The GOSW will draft guidance for circulation.
- Fatigue and Facilities monies have a remaining balance of £235.90. Initially earmarked for uniform scrubs, but this has fallen out of favour after discussion at the last JDF. Doctors will consider other uses for this money.
- The GOSW is now set up as an authoriser on Oracle, meaning payments from the cost code can be processed quicker.
- There has not been the expected rise in exception reports on the South 'middle tier' on call rota (higher specialist trainees doing non-resident on calls) since older adult and general adult 'merged'. Minimum rest requirements will be reiterated at the next GOSW induction. It must also be noted there are only two doctors on the south rota, meaning there are fewer chances for rest requirements to be breached.
- It is still the case that the Trust is looking to implement fully staffed middle tiers in the north and south – they have volunteer SAS doctors for both north and south to fill the vacant slots (the Trust does not receive sufficient WTE ST4+ doctors to fully staff both proposed rotas). This requires financial sign off at an executive level before it can go live.

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.

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 16 January 2024

Report from the Council of Governors meeting

The Council of Governors has met once since the last report, on 7 November 2023, and the meeting was conducted as a hybrid meeting.

Living Well Derbyshire Programme Update

The Trust's Director of Strategy, Partnerships and Transformation, along with the Deputy Director – Chief Allied Health Professionals, General Manager and Living Well Project Support Officer presented an update of the Living Well Derbyshire programme. The update included:

- An overview of the Living Well Derbyshire programme
- Feedback and engagement
- Key benefits for patients, carers and colleagues
- The roll out of phase one
- Timescale for launching services across Derbyshire in 2023/24.

The team has been invited to return to give an update when phase two is rolled out.

Chief Executive's update

The Chief Executive gave an update on current issues affecting the Trust. Areas covered included:

- The Care Quality Commission's recent unannounced visit to Ward 35, Radbourne Unit
- The management of the consultant and junior doctors' industrial action
- The Trust's financial position
- Right Care Right Person national agreement
- Development of a new Trust Strategy
- The setting up of a crisis café and safe haven in Chesterfield
- Trust accolades.

Well Led Review Update

The Trust Chair provided the Council of Governors with a summary report from the External Development Review of Leadership and Governance using the Well Led Framework. The final Well Led Review report which includes the recommendations was presented to governors.

Council of Governors Annual Effectiveness Survey

The Membership and Involvement Manger presented the results of the Annual Effectiveness Survey of the Council of Governors. Initially the results were presented and discussed in full at the Governance Committee on 11 October 2023. The results overall were positive. Actions developed in response to the results were shared.

Non-Executive Director Report from the Chair of Quality and Safeguarding Committee

The Non-Executive Director (NED) who Chairs the Quality and Safeguarding Committee presented her report which summarised her activities as a NED from October 2022 to

November 2023. The report focused on the work of the Quality and Safeguarding Committee.

<u>Escalation Item to The Council of Governors from the Governance Committee</u>

Governors received a response to a holding to account question to the NEDs around the how the Trust is represented on the Integrated Care Board (ICB) and sub-groups; and how the views of Derbyshire Healthcare NHS Trust governors and service users are being represented.

<u>Non-Executive Directors Verbal Summary on the Integrated Performance Report</u>

The Integrated Performance Report (IPR) was presented to the Council of Governors to provide an overview of the performance of the Trust. The NEDs reported on how the report had been used to hold Executive Directors to account in their respective Board Committees for areas with regards to workforce, finance, operational delivery and quality performance.

<u>Annual Members Meeting Feedback</u>

The Membership and Involvement Manager fed back on the Annual Members Meeting (AMM) which took place on 20 September 2023. It had been a very positive event which focused on the Trust's Occupational Therapists and how they help and support service users on wards and within the community with a variety of activities; and input from service users, carers and experts by experience on how they are involved in developing and improving services provided by the Trust.

A governor's task and finish group is being established to plan next year's AMM which is taking place on 26 September 2024.

<u>Forthcoming Governor Elections</u>

The Membership and Involvement Manager gave an update on the elections which included:

- Confirmation of public governor and staff governor vacancies
- Timescale for the elections including nominations, voting and declaration of results
- Plan for promoting the elections.

Newly elected governors' terms of office will begin on 1 February 2024.

<u>Governance Committee Report</u>

The Co-Chair of the Governance Committee presented a report of the meeting held on 11 October 2023.

RECOMMENDATION

The Trust Board is asked to note the summary report from the Council of Governors meeting held on 7 November 2023.

GLOSSARY OF NHS AND
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

Abbreviation	Terms in Full
A	
A&E	Accident & Emergency
ACCT	Assessment, Care in Custody & Teamwork
ACE	Adverse Childhood Experiences
ACP	Advanced Clinical Practitioner
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
ARRS	Additional Roles Reimbursement Scheme
ASD	Autism Spectrum Disorder
ASM	Area Service Manager
B	
BAF	Board Assurance Framework
BAME	Black, Asian and Minority Ethnic group
BLS	Basic Life Support (ILS Immediate Life Support)
BMA	British Medical Association
BME	Black & Minority Ethnic group
BoD	Board of Directors
BRIGID	An app that clinicans use on the wards
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
CNO	Chief Nursing Officer
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

GLOSSARY OF NHS AND
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

Abbreviation	Terms in Full
CPN	Community Psychiatric Nurse
CPR	Child Protection Register
CQC	Care Quality Commission
CQI	Clinical Quality Indicator
CQUIN	Commissioning for Quality and Innovation
CRD	Clinically Ready for Discharge
CRG	Clinical Reference Group
CRH	Chesterfield Royal Hospital
CRHT	Crisis resolution and home treatment
CROM	Clinician Reported Outcome Measure
CRS	(NHS) Care Records Service
CRS	Commissioner Requested Services
CSF	Commissioner Sustainability Fund
CSPR	Child Safeguarding Practice Review
CTO	Community Treatment Order
CTR	Care and Treatment Review
D	
DAAS	Derbyshire Alcohol Advice Service
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
DDRP	Deputy Director of Regulated Practice
DHCFT	Derbyshire Healthcare NHS Foundation Trust
DHR	Domestic Homicide Review
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
DRP	Derbyshire Recovery Partnership
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

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
Abbreviation	Terms in Full
EDS2	Equality Delivery System 2
EHIC	European Health Insurance Card
EHR	Electronic Health Record
EI	Early Intervention
EIA	Equality Impact Assessment
EIP	Early Intervention In Psychosis
ELT	Executive Leadership Team
EMDR	Eye Movement Desensitising and Reprocessing Therapy
EMR	Electronic Medical Record
EPMA	Electronic Prescribing and Medicine Administration
EPR	Electronic Patient Record
EQUAL	Patient Engagement Forum
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	
GBO	Goal Based Outcome
GDPR	General Data Protection Regulation
GGI	Good Governance Institute
GIRFT	Getting it Right First Time
GMC	General Medical Council
GOSH	Great Ormand Street Hospital
GP	General Practitioner
GPFV	General Practice Forward View
GPPB	General Practice Provider Board
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	

GLOSSARY OF NHS AND
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

Abbreviation	Terms in Full
IAPT	Improving Access to Psychological Therapies
Icare	Increase Confidence, Attract, Retain, Educate
ICB	Integrated Care Board
ICM	Insertable Cardiac Monitor
ICS	Integrated Care System
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IDVAs	Independent Domestic Violence Advisors
IG	Information Governance
ILS	Immediate Life Support (BLS – Basic Life Support)
IMT	Incident Management Team
IM&T	Information Management and Technology
IRHTT	In-reach Home Treatment Team
IPP	Imprisonment for Public Protection
IPR	Integrated Performance Report
IPT	Interpersonal Psychotherapy
ITS	Intuitive Thinking Skills
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
MaST	Management and Supervision Tool
MCA	Mental Capacity Act

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
Abbreviation	Terms in Full
MD	Medical Director
MDA	Medical Device Alert
MDM	Multi-Disciplinary Meeting
MDT	Multi-Disciplinary Team
MFF	Market Forces Factor
MHA	Mental Health Act
MHAC	Mental Health Act Committee
MHIN	Mental Health Intelligence Network
MHIS	Mental Health Investment Standard
MHLT	Mental Health Liaison Team
MHRT	Mental Health Review Tribunal
MHSIP	Mental Health Safety Improvement Programme
MSC	Medical Staff Committee
MPAC	Multi Professional Approved and Responsible Clinician
MSK	Musculoskeletal (conditions)
MSU	Medium Secure Unit
N	
NCRS	National Cancer Registration Service
NED	Non-Executive Director
NEWS2	A system used by clinicians
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
NOF	National Oversight Framework
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
PCOG	Primary Care Operational Group
PDC	Public Dividend Capital
PDSA	Plan, Do, Study, Act
PHE	Public Health England

| | GLOSSARY OF NHS AND |
| | DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS |

Abbreviation	Terms in Full
PHCIC	Physical Health Care and Infection Control Committee
PICU	Psychiatric Intensive Care Unit
PID	Project Initiation Document
PILON	Payment in Lieu of Notice
PiPoT	People in Positions of Trust
PLACE	Patient-Led Assessments of the Care Environment
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
PROM	Patient Reported Outcome Measure
PSF	Provider Sustainability Fund
PSIRF	Patient Safety Incident Review Framework
PSST	Positive and Safe Support Team
Q	
QAG	Quality Assurance Group
Q&SC	Quality and Safeguarding Committee
QI	Quality Improvement
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
RC Psych	Royal College of Psychiatrists
REGARDS	Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation
ReQoL	Recovering Quality of Life
ROM	Reported Outcome Measure
RTT	Referral to Treatment
S	
SAAF	Safeguarding Adults Assurance Framework
SAR	Safeguarding Adult Review
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

	GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS
Abbreviation	Terms in Full
SRO	Senior Responsible Owner
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	
VARM	Vulnerable Adult Risk Management
VIG	Vaccine Inequalities Group
VO	Vertical Observatory
VCSE	Voluntary Community and Social Enterprise sector
W	
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent
Y	
YTD	Year to Date

(updated January 2024)

Exec Lead	Meeting date	09-May-2023	04-Jul-2023	05-Sep-2023	07-Nov-2023	16-Jan-2024	05-Mar-2024
	Paper deadline	**02-May-2023**	**26-Jun-2023**	**29-Aug-2023**	**30-Oct-2023**	**08-Jan-2024**	**26-Feb-2024**
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 People and Culture Committee)	X					
DPI	Annual Gender Pay Gap Report for approval (following assurance at People and Culture Committee)	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 19 September				X		
DPI	Workforce Plan for 2023/24				X		
DPI	Annual Approval of Modern Slavery Statement following assurance at People and Culture Committee (to be published on Trust website on approval)	X					
DPI	2023/24 Flu Campaign			X			
Trust Sec	Corporate Governance Report (to be published on Trust website on approval)	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 - also within May Corp Gov report)	X			X		
Trust Sec	Annual Review of Register of Interests	X					
Trust Sec	Board Assurance Framework Update	X		X	X		X
Trust Sec	Freedom to Speak Up Guardian Report (six monthly)			X			X
Trust 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

Exec Lead	Meeting date	09-May-2023	04-Jul-2023	05-Sep-2023	07-Nov-2023	16-Jan-2024	05-Mar-2024
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				
COO	Emergency Preparedness, Resilience and Response (EPRR) Core Standards			X			
COO/Prog Director	Making Room for Dignity progress	X			X		
DON/COO/ DPI	Workforce Standards Formal Submission/Safer Staffing (prior to publishing on website) following assurance at PCC	X					
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 on assurance from Quality and Safeguarding Committee	AR		X	X	X verbal	X
MD	Guardian of Safe Working Report on assurance from Quality and Safeguarding Committee		AR		X	X	X
DON	Receipt of Annual Reports on assurance from Quality and Safeguarding Committee: - Annual Looked After Children - Safeguarding Children and Adults at Risk				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	Update on Mental Health Bill					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					