NOTICE OF BOARD MEETING
WEDNESDAY 27 MAY 2015
TO COMMENCE AT 1.00 PM IN THE CONFERENCE ROOMS A & B,
RESEARCH & DEVELOPMENT CENTRE, KINGSWAY, DERBY DE22 3LZ

Item	Time	AGENDA	Enc Ref	Discussion led by
1.	1:00	Chairman's Welcome and Opening Remarks and Strategic Theme	**-**	Mark Todd
2.	1:05	My Recovery Story	-	
3.	1:30	Apologies for Absence Declarations of Interest		Mark Todd
4.	1:35	Minutes of Board of Directors meeting, held on 29 April 2015	**A**	Mark Todd
5.	1:45	Matters arising – Actions Matrix	**B**	Mark Todd
6.	2:00	Chairman's Report	**C**	Mark Todd
7.	2:10	Chief Executive's Report	**D**	Ifti Majid for Steve Trenchard
FINANCE, STRATEGY AND GOVERNANCE				
8.	2:20	STAR Board 5 year Strategy	**E**	Ifti Majid
9.	2:30	Strategic Review	**F**	Kate Majid
10.	2:45	People Strategy	**G**	Jayne Storey
11.	2:55	Committee Summary Reports: - Audit Committee - Quality Committee - Safeguarding Committee	**H**	Committee Chairs
B R E A K 3:00				
12.	3:15	Board Assurance Framework Update	**I**	Carolyn Green
PATIENTS, QUALITY AND SAFETY				
13.	3:25	Position Statement on Quality (incorporating Integrated Governance, Patient Experience and Patient Safety Reports)	**J**	Carolyn Green
14.	3:35	Verbal Update on Coaching Communication Difficulties Within Autism	**-**	John Sykes
OPERATIONAL PERFORMANCE REVIEW				
15.	3:45	Finance Director's Report Month 1	**K**	Claire Wright
16.	3:55	Reference Cost Sign Off	**L**	Claire Wright
17.	4:00	Integrated Performance and Activity Report and Safer Staffing including Longitudinal Trend Analysis and Performance	**M**	Ifti Majid
18.	4:30	I. Board Forward Plan II. Identification of any issues arising from the meeting for inclusion or updating of the Board Assurance Framework III. Deep Dive selection IV. Comments from observers on Board performance and content of meeting	**N**	Mark Todd

The Chairman may, under the Foundation Trust's Constitution, request members of the public to withdraw for the Board to conduct its remaining business in confidence, as special reasons apply. On this occasion the special reason applies to information which is likely to reveal the identities of an individual or commercial bodies.

The next meeting is to be held on 29 April 2015, at 1.00 pm in Conference Rooms A & B,
Centre for Research and Development, Kingsway, Derby DE22 3LZ

Users of the Trust's services and other members of the public are welcome to attend the meetings of the Board. Participation in meetings is at the Chairman's discretion. `

Enc A

DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

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

Wednesday, 29 April 2015

MEETING HELD IN PUBLIC

Commenced: 1:00 pm Closed: 4:10 pm

Prior to resumption, the Board met to conduct business in confidence where special reasons applied

PRESENT:	Mark Todd	Chairman
	Steve Trenchard	Chief Executive
	Caroline Maley	Senior Independent Director
	Maura Teager	Non-Executive Director
	Tony Smith	Non-Executive Director
	Jim Dixon	Non-Executive Director
	Phil Harris	Non-Executive Director
	Ifti Majid	Chief Operating Officer/Deputy Chief Executive
	Claire Wright	Executive Director of Finance
	Carolyn Green	Executive Director of Nursing and Patient Experience
	Dr John Sykes	Executive Medical Director
	Jayne Storey	Director of Transformation
	Mark Powell	Director of Business Development and Marketing
	Jenna Davies	Interim Director of Corporate & Legal Affairs
IN ATTENDANCE:	Anna Shaw	Deputy Director of Communications
	Sue Turner	Executive Administrator and Minute Taker
For item DHCFT 2015/055	Ms N	Service User
For item DHCFT 2015/055	Ann North	Community Psychiatric Nurse
For item DHCFT 2015/055	Bev Green	Releasing Time to Care Lead
For item DHCFT 2015/068	Joanne Kennedy	Consultant Child & Adolescent Psychiatrist
For item DHCFT 2015/068	Helen MacMahon	CAMHS Service Line Manager
For item DHCFT 2015/068	Lucia Whitney	Clinical Director/Consultant in Child & Adolescent Psychiatry
For item DHCFT 2015/068	Scott Lunn	CAMHS IAPT Operational and Clinical Lead
VISITORS:	John Morrissey	Council of Governors
	Carole Riley	Derbyshire Voice Representative
	Winston Samuels	Member of the public
	Dave Waldram	Member of the public
APOLOGIES:	Graham Gillham	Director of Corporate and Legal Affairs

DHCFT 2015/054	**CHAIRMAN'S OPENING REMARKS, APOLOGIES, DECLARATIONS OF INTEREST** The Chairman opened the meeting by welcoming all present. No declarations of interest were noted.
DHCFT 2015/055	**MY RECOVERY JOURNEY** The Board welcomed Ms N who described her recovery journey centred in Amber Valley. Ms N first became unwell after the birth of her second child and was admitted to the mother and baby unit in Kingsway. She found this difficult as she also had a 22 month old son and was not able to have her son with her. She felt the unit was a very negative place and it had a high turnaround of staff. She was later transferred to an adult ward in Burton and was unable to have either child with her on the ward. She was later transferred to Amber Valley, Derbyshire. Ms N recounted her difficulties with CPNs (Community Psychiatric Nurse), including staff sickness, issues relating to information governance, and general professional mistrust. Ms N explained that Ann North became her CPN and this was the key to her recovery as Ann North spent time building a relationship with her. Ms N went on to explain her experience at the Radbourne Unit and shared her concerns and offered ideas for improvement: • All staff should be aware that each patient is on a journey through the process of their own recovery. • Layout of wards is so important – staff desks cause a mental and physical barrier • High turnaround of staff prevents the building of relationships and has a very negative impact on recovery • Staff need to create relationships with patients • Queueing for medication should not be necessary and causes a breach of confidentiality and was a degrading experience • Seclusion takes away the emphasis of what needs to be done on the wards. Give patients things to do and focus on their recovery Ms N also shared her experience of the CAHMS service as her son was receiving treatment. Ms N explained that she had a number of concerns relating to her sons mental health, she felt that there was a delay in diagnosis of autism due to staff relating his issues with her mental health problems. Ms N felt she and her son should have been treated as a family and not separately. The Chairman was struck by the problem of confidentiality when queuing for medication and was disturbed by the issue of confidentiality of the CPN leaving patient notes behind. Mr Majid agreed there was no need for patients to be queuing for medication and that discussions should take place with patients to establish if there are any side effects or any other factors impacting a patient's recovery. The Chairman explained that Mr Majid and Ms Green were addressing the issue of the layout of wards and staff desks were in the process of being removed.

	The Chairman clarified that feedback from Ms N's experience of the organisation would be undertaken by Ms Green. The Trust intended to transform how integration takes place with families and the staff aspect and relationship with the family unit is being investigated. This work was just beginning and the Chairman hoped Ms N would help and provide feedback and return to a future board meeting and report on improvements. **ACTION: Mr Majid would provide feedback to Ms N relating to the missing telephone help number on the webpage and Ms Green would provide feedback on other points raised** **ACTION: Ms Green and Mr Majid would look at creating a link within the PARIS system to connect family service users.** **RESOLVED: The Board expressed thanks to Ms N for sharing her story and thanked Ms North for accompanying her and for the fantastic work she was providing**
DHCFT 2015/056	**MINUTES OF DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST BOARD MEETING, HELD ON 25 MARCH 2015** The minutes of the Derbyshire Healthcare NHS Foundation Trust Board meeting, held on 25 March were accepted and approved.
DHCFT 2015/057	**MATTERS ARISING** **ACTION MATRIX** All green completed items to be removed and updates were noted directly on the matrix.
DHCFT 2015/058	**CHAIRMAN'S REPORT** The Board noted the Chairman's report which summarised his meetings and visits during the month. The Chairman pointed out that he attended the Parent Participation Group meeting on 23 April (not Patient Participation Group as shown in his report) and talked to parents in CAMHS to discuss the way this service involved parents. **RESOLVED: The Board received and noted the Chairman's report.**
DHCF/ 2015/059	**CHIEF EXECUTIVE REPORT** The Chief Executive presented his regular monthly report. Mr Trenchard highlighted the following key points of the report: • A visit to Erewash by the national Vanguard team on 20 and 21 April where the Trust joined Derbyshire Community Health Services NHS FT, Derbyshire Health United, Erewash Commissioners and General Practitioners setting out the vision and ambition for this new pilot. • Mr Trenchard was pleased to report that the Trust's Health Visiting Service had been awarded the Baby Friendly Initiative (Stage 3) and he

	congratulated the teams involved who were providing an excellent service. • It was noted that the Trust's services remain very busy due to the high demand made on the teams and Mr Majid was pleased to point out that service levels had been maintained and the out of area service had not been utilised. **RESOLVED: The Board of Directors received and noted the Chief Executive's Report.**
DHCFT 2015/060	**INFORMATION GOVERNANCE QUARTER 4** This report provided an update on Quarter 4 progress of performance towards meeting the requirements of the 2014-15 Version 12 Information Governance Toolkit as well as the work of the Information Governance Committee and Information Governance breach monitoring. Mr Majid was pleased to provide full assurance on the Trust's IG Toolkit submission and announced that the Trust now carried the highest rating for IG Governance in the country. He also wished to point out that the Trust applies the same standards to its partners and third party evidence is always maintained. **RESOLVED: The Board of Directors:** **1) Acknowledged the successful completion of the IG Toolkit** **2) Acknowledged the progress made with the IG work plan**
DHCFT 2015/061	**PEOPLE STRATEGY UPDATE** The report shared with the Board the organisation's planned approach to delivering the People Strategy and made particular reference to the Trust's values. The Board discussed various aspects of the report and Ms Storey pointed out that once the results of the staff survey were received the strategy would be formulated further. Mr Trenchard welcomed the overarching direction moving from one strategy to another and he liked the triangulation of culture and thought this would strengthen discussions with the CQC. Mr Harris raised the point that the report showed a high number of cases of disciplinary and grievances and Ms Storey explained that HR was tracking the number of cases to establish whether there was a continuing trend. Members of the Board discussed the high number of grievances and Mr Smith asked whether this was seen as negative or positive. Ms Storey replied that she considered this to be positive as it meant the organisation supported staff to raise concerns and grievances. Mr Smith requested that an analysis of resolved grievances should be generated through the People Forum. Mrs Teager asked if staff felt more comfortable raising concerns since the policy on raising concerns was enhanced. Ms Storey noted that the current trend showed that staff preferred a personal contact approach to raising concerns.

	Mr Smith wished to remind the Board that it was agreed at this week's meeting of the Audit Committee that an audit of sickness management would take place at the People Forum and would be fed through to the Finance & Performance Committee to provide assurance to the Board. Mr Trenchard raised the point that achieving 90% appraisal compliance was an important factor in the organisation's engagement approach. It was understood there were risks in achieving this figure and the board agreed that the People Forum would examine appraisal compliance and a report would be fed into the Finance & Performance Committee at its meeting in July and prior to that an interim update report would be submitted to the Board. **ACTION: Appraisal compliance to be report to the Finance & Performance Committee in July with an interim update report submitted to the Board in May/June.** **RESOLVED: The Board of Directors:** **1) Acknowledged the continuing delivery of the People Strategy with particular emphasis on leadership and staff engagement within the update.** **2) Noted the key metrics and proposed actions**
DHCFT 2015/062	**REGISTER OF TRUST SEALINGS 2014-15** The report provided the Trust Board with an account of the authorised use of the Foundation Trust Seal during 2014-15. **RESOLVED: The Board of Directors noted the authorised use of the Foundation Trust Seal during 2014-15**
DHCFT 2015/063	**ANNUAL REVIEW OF REGISTER OF DIRECTORS' INTERESTS** The register of directors' of interests was accepted and it was understood that interests relating to Mr Harris would be amended to list his activities during 2013-14. **RESOLVED: The Board of Directors:** **1) Approved and recorded the declarations of interest as disclosed. These will be recorded in the Register of Interests which is accessible to the public at the Trust Head Office and will be listed in the Trust's annual report and accounts for 2014-15.** **2) Recorded that all directors have signed as to compliance with the NHS Codes of Conduct and Accountability and Nolan principles; no relevant audit matters have been declared.**
DHCFT 2015/064	**CORPORATE GOVERNANCE FRAMEWORK** A refreshed Corporate Governance Framework was presented to the board for discussion and approval. The Chairman and members of the board acknowledged that more work is required to the Corporate Governance Framework and an improved version would be made available in July.

	ACTION: Jenna Davies will lead the development of an improved Corporate Governance Framework. **RESOLVED: The Board of Directors agreed that an improved draft Corporate Governance Framework would be available in July and a final version completed in September.**
DHCFT 2015/065	**COMMITTEE SUMMARY REPORTS** **I. Audit Committee:** The Board of Directors noted the summary report of the meeting of the Audit Committee held on 18 March. **II. Quality Committee:** The Board of Directors noted the annual report on Infection Prevention and Control 2014-15 and requested that the Chairman write a letter of commendation to Mrs Darn, Nurse Consultant in recognition of her programme of work in infection prevention and control. **ACTION: The Chairman to write to Mrs Darn and commend her for her outstanding work.** **III. Safeguarding Committee:** Mrs Teager provided the Board of Directors with a verbal report of the inaugural meeting of the Safeguarding Committee. She wished to escalate to the Board an area of concern regarding lack of funding for a named doctor in adult safeguarding. It was agreed that this matter would be discussed at the next Executive Leadership team meeting in order to source funding. Mrs Teager requested that final sign off for funding be covered at the next meeting of the Safeguarding Committee. **ACTION: Ms Green to propose funding for a named doctor in adult safeguarding at the next meeting of the Executive Leadership team.** **RESOLVED: The Board of Directors noted the contents of the Committee Summary Reports.**
DHCFT 2015/066	**FINANCE DIRECTORS REPORT MONTH 12** This paper provided the Board of Directors with an update on the end of year financial performance against the Trust's operational financial plan and is consistent with the information submitted in the quarter 4 Monitor return. A summary of capital expenditure for the financial year was also contained in the report. **RESOLVED: The Board of Directors considered the content of the paper and received a good level of assurance on the outturn financial performance against the operational financial plan for 2014/15.**
DHCFT 2015/067	**INTEGRATED PERFORMANCE AND ACTIVITY REPORT AND SAFER STAFFING** The purpose of this report is to define the Trust's performance against its Key Performance Indicators plus any actions in place to ensure performance is

	maintained. Compliance with the Trust's performance indicators is being actively monitored and corrective actions are put in place where appropriate. Areas covered in this report included, the Main Performance Indicators, Health Visitors, IAPT (Improving Access to Psychological Therapies) and Ward Safer Staffing. Mr Majid expressed concern that this month had not shown the same standard of delivery as in past and he proposed that a deep dive be conducted at the next meeting of the board to compare these results with previous performance. **ACTION: Deep dive to take place at the next meeting covering the trend analysis over a number of years including benchmarking and forward looking trajectory.** **RESOLVED: The Board of Directors:** **1) Acknowledged the current performance of the Trust** **2 Noted the actions in place to ensure sustained performance**
DHCFT 2015/068	**<u>COUNTY CAMHS STAFF LEVELS AND CAPACITY</u>** Members of the county CAMHS team attended the meeting to present the report that provided an in depth view of staffing, activity and performance relating to the County CAMHS (Child and Adolescent mental Health Services) services. The team were very proud of the training opportunities that had developed them into a more advanced skill-led workforce to meet the challenges identified in the report. Additional funding had enabled key members of the team to attend training but this had added to the service's understaffing problems. The team explained that there have been an increased number of complaints in the service largely due to the high turnover of staff. This resulted in service users and families expressing their concerns that the team has limited resources. The team was has been working with 60% of the required capacity and this issue had been escalated to the CCG and commissioners. Mr Powell felt that anxiety within the team was evident and he offered his overarching support in liaising with commissioners to negotiate further funding for the CAMHS service. It was noted that CIP (Cost Improvement Programme) for CAMHS was valued at £158k. The Board was informed that the CIPs for CAMHS were being explored by the Quality Panel and the Executive Team would follow this up this process. In summary the Chairman agreed this was an exciting time for CAMHS but there were certain risks that investment would not be linked to strategic elements of the service. Absorbing continued spending management was challenging and members of the board wished to receive stronger assurance as to how this was grouped. The Chairman thanked the team for the vital work they are carrying out on behalf of the Trust. It was noted that some actions have been captured by the team and formed part of the report and the following actions were resulted from discussions: **ACTION: The Board will support the CAMHS team to take up opportunities**

	in services development without compromising the core services. **ACTION: Risks to be captured in the BAF.** **ACTION: John Sykes and Maura Teager will spend time with the CAMHS team and produce a written report to the Board on specific areas of concern.** **ACTION: CAMHS succession planning will be taken through the People Forum.** **RESOLVED: The Board of Directors:** **1) Reviewed the contents of this report.** **2) Considered the risks facing the service through poor staff retention / CIP programmes and National Programmes against the opportunities of service development within a high growth potential service area which will be able to improve the quality of care to a wider population.** **3) Supported the ongoing Service Transformation programme with assurances that we are aiming to provide a fully NICE compliant service and improve the quality of care and improve treatment outcomes for children and families accessing services from not only our organisation but also our partner agencies.**
DHCFT 2015/069	**FOR INFORMATION** **I. Board Forward Plan** • Annual reports: Summary of any key changes in response to any comments raised at the Audit Committee. • Safeguarding Committee summary report to be added to the forward plan. • Strategy Update deferred to June. **II. Board Assurance Framework** CAMHS issues to be identified in the BAF Gap in control of sickness levels **III. Deep Dive Selection** It was agreed that the next deep dive would involve an analysis of the performance trend covering a number of years and would include benchmarking and a forward looking trajectory.
DHCFT 2015/070	**CLOSE OF THE MEETING** The Chairman thanked all of those present for their attention and comments and closed the public meeting at 4:10 pm.
DATE OF NEXT MEETING The next meeting of the Board in public session is scheduled take place on Wednesday, 27 May 2015 at 1.00 pm. in Conference Rooms A & B, R&D Centre, Kingsway Site, Derby,	

DE22 3LZ (confidential session to commence earlier at 10.30 am).

BOARD OF DIRECTORS (PUBLIC) ACTION MATRIX - MAY 2015						
Date	**Minute Ref**	**Action**	**Lead**	**Status of Action**	**Current Position**	**Enc B**
28.1.2015	DHCFT 2015/002	Patient Story - Experience with CAHMS.	John Sykes	Quality Committee to pursue inequalities within autism services. Coaching in communication difficulties within autism to form part of medical staff's professional development programme.	Quality Committee to pursue inequalities within autism services. Coaching in communication difficulties within autism to form part of medical staff's professional development programme. Agenda item for May Board. John Sykes will provide a verbal update of the action plan.	Green
28.1.2015	DHCFT 2015/010	Committee Summary Reports	Jenna Davies	Actions to address consistency and level of detail of the summary reports would form part of the governance framework exercise.	16.3.2015 Discussed at Board Development on 11 March and agreed to trial a new model. Additionally short life task and finish group to be established to review integrated options for some Board Committees. 20.4.2015 The short life working group will need to complete its review of board governance before the final framework is completed for ratification by the Board. Initial date has now been set and the June Board is realistic timeframe for this work to be competed.	Yellow
25.2.2015	DHCFT 2015/030	NHS National Staff Survey Results	Jayne Storey	The results of the survey would be submitted to the next ESEC meeting in May and transparency of actions would be submitted to the Board also in May	Progress update shared with the People Forum in May. Conversations with staff are on-going with the annual health check being presented to Board in June.	Yellow
25.3.2015	DHCFT 2015/041	Chief Executive's Report	Anna Shaw	Governors are required to undergo DBS checks. Anna Shaw to lead the Governors' DBS exercise.	Governors have all been requested to complete the DBS documentation. Action ongoing. 29.4.2015 This is 50% complete. Status will be provided at next Board Meeting.	Yellow
25.3.2015	DHCFT 2015/050	Integrated Performance and Activity Report and Safer Staffing	Carolyn Green	Carolyn Green to propose holding an administration excellence event to the Training Board	Not completed as yet. Update will be available in June.	Yellow
29.4.2015	DHCFT 2015/055	My Recovery Journey	Ifti Majid/ Carolyn Green	Feedback to be provided to Ms N relating to the missing telephone help number on the Crisis webpage and Carolyn Green to provide feedback on other points raised	Ongoing. Carolyn Green in contact with Ms N regarding improvements to service.	Orange
29.4.2015	DHCFT 2015/055	My Recovery Journey	Ifti Majid/ Carolyn Green	Look at creating a link within the PARIS system to connect family service users	Carolyn Green and Ifti Majid to hold discussions - delayed due to annual leave.	Orange
29.4.2015	DHCFT 2015/061	People Strategy Update	Jayne Storey	Appraisal compliance to be reported to the Finance & Performance Committee in July with an interim update report submitted to the Board in May/June.	Monthly metrics provided to Board, with detail discussed within the People Forum and F&P scheduled for July.	Yellow
29.4.2015	DHCFT 2015/064	Corporate Governance Framework	Jenna Davies	Jenna Davies will lead the development of an improved Corporate Governance Framework	Improved version will be available in July	Yellow
29.4.2015	DHCFT 2015/065	Committee Summary Reports	Mark Todd	The Chairman to write to Hayley Darn and commend her for her outstanding work	Letter sent to Hayley Darn in recognition of her work. ACTION COMPLETE	Green

29.4.2015	DHCFT 2015/065	Committee Summary Reports	Carolyn Green	Carolyn Green to propose funding for a named doctor in adult safeguarding at the next meeting of the Executive Leadership team.	Funding proposed at ELT and authorised by Ifti Majid.	Green
29.4.2015	DHCFT 2015/067	Integrated Performance and Activity Report and Safer Staffing	Ifti Majid	Deep dive to take place at the May meeting covering the trend analysis over a number of years including benchmarking and forward looking trajectory	On May agenda and team invited to attend to present the deep dive.	Green
29.4.2015	DHCFT 2015/068	County CAMHS Staff Levels and Capacity	ALL	The Board will support the CAMHS team to take up opportunities in services development without compromising the core services		Orange
29.4.2015	DHCFT 2015/068	County CAMHS Staff Levels and Capacity	Carolyn Green	Risks to be captured in the BAF	Now included in BAF	Green
29.4.2015	DHCFT 2015/068	County CAMHS Staff Levels and Capacity	John Sykes/ Maura Teager	John Sykes and Maura Teager will spend time with the CAMHS team and produce a written report on specific areas of concern	Action plan discussed at Quality Panel. Ongoing.	Orange
29.4.2015	DHCFT 2015/068	County CAMHS Staff Levels and Capacity	Jayne Storey/ Ifti Majid	CAMHS succession planning will be taken through the People Forum		Orange

Key	**Agenda item for future meeting**	**YELLOW**
	Action Ongoing/Update Required	**ORANGE**
	Resolved	**GREEN**
	Action Overdue	**RED**

Public Session
Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 27th May 2015

Chairman's Report

Background

It has been agreed that the Chair submits a written report to the Board.

Key Themes

The following substantial meetings/visits have been made during the month:

- Quality visit - Early Interventions South and Derby City Early Intervention on 30th April
- Meeting Lesley Thompson, Chair of 21st Century Board on 30th April
- Visit with Normanton area Health Visitors on 5th May
- Meeting of Governors with Mental Health interests on 11th May
- Interviews for CAMHS consultants on 12th May
- Derbyshire Health and Wellbeing Board on 14th May
- Meeting with Canaan Trust in Long Eaton on 15th May
- Quality visit – Tansley Ward on 20th May
- Brief attendance at Dementia Awareness day on 20th May
- Visit Community Action Derby on 20th May

I attended meetings of the Quality Committee, Audit Committee and the Finance and Performance Committee. Our Board Development day focused on the key lines of enquiry of the Care Quality Commission.

I also held one appraisal session for a Non-Executive Director and a large number of documented one-to-ones with Governors based around our new, more formal approach.

Key points were:

1. Our health economy beginning to grip the tasks that lie ahead under a new government.

2. The importance of volunteers in our service delivery and the potential of further partnerships with voluntary sector providers.

3. The strength of our health visitor offering in a complex city environment.

4. A highly-successful (based on the feedback given) meeting, hosted by us, of governors with representatives from Birmingham, the Black Country, Nottinghamshire and Lincolnshire.

Legal Issues
There are no legal issues arising from this Board report.

Equality Delivery System
There are no specific impacts on REGARDS groups arising directly from this report.

Consultation
This paper has not been considered by other committees or groups.

Recommendation

The Board of Directors are requested:
1) To note the paper and challenge me on any item.

Report Prepared by: **Mark Todd**
Chairman

Public Session

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 27th May 2015

Chief Executive's Report

1. Introduction

This is my regular monthly report to the Derbyshire Healthcare NHS Foundation Trust Board of Directors. It provides a context to the issues the Board will be considering at the meeting, a brief résumé of what we have been working on in the month, and a guide to the agenda and papers. It is written as a communication aide for those reading our papers online or attending the meeting in person.

2. Context, strategy (vision and execution) and updates from the month

National Context

2.1 HS Providers published a briefing to outline the views of the Mental Health Sector on commissioning intentions. The report (accessed here: http://www.nhsproviders.org/resource-library/nhs-providers-briefing-mental-health-parity-of-esteem/) highlights concerns across the sector on the proposed funding support for mental health services.

2.2 The Kings Fund quarterly report on the financial health of the NHS states that:

> "The harsh reality is that NHS providers are being required to meet a level of demand for which they are not fully funded. While the proposed £8 billion by 2020 in extra funding outlined in the Five Year Forward View has received much attention, the challenges highlighted in today's report are the immediate funding and demand pressures facing NHS providers in 2015/16, and the increasing certainty that the required £22 billion in efficiency savings simply cannot be delivered through the same approach we have used in the last few years.

Headlines of the report can be found at: http://qmr.kingsfund.org.uk/2015/15/

2.3 A reminder that the Mental Health Taskforce has been established to develop a new five year national strategy for mental health covering services for all ages which will be published in Autumn 2015. You can complete the survey here: http://www.surveymonkey.com/s/mh2020

Local Context

2.4 Chesterfield Royal Hospital has taken over the running of Primary Care Services in Chesterfield, formerly run by Holywell Medical Group. They will provide an "emergency caretaker service" until 31 March 2016.

2.5 Our services remain very busy due to the demand on them and the twice-weekly operational meetings continue in response to the increased demand, the need to manage staffing shortfalls and to ensure that services are maintained at safe levels.

2.6 Monitor has written to all Trusts informing them that they will provide feedback on Trusts financial and quality ratings after it has reviewed annual plans.

2.7 The Trust strategy has been refreshed and is being considered internally before coming to the Board for discussion and challenge in June. The quarter four strategy update is attached for discussion and noting.

2.8 The North and South system planning groups are working towards more consistent messaging of the system wide transformation plans and have agreed to use the same heading of "JoinedUpCare" whereby the STAR Board delivers improvements in Derby City and South Derbyshire and 21st Century Board delivers to the North. The system plan for the STAR Board is attached in the Board pack for more detailed consideration.

3. Key issues before the Board today

I ask that our Board challenge each other on all aspects relating to the issues before it today in order to gain necessary assurance on items pertaining to system change and improvements (particularly our response to commissioner intentions), safety (prevention and infection control), effectiveness (review of performance over time), and responsiveness and management of the Trusts key risks (through BAF).

Legal Issues

There are no legal issues arising from this Board report at this time.

Equality Delivery System

None specifically.

Consultation

This paper has not been considered by other committees or groups.

Recommendation

The Board of Directors are requested:

1) To note and discuss the paper and challenge me on any item.

Report Prepared by: **Steve Trenchard**
Chief Executive

Public Session
Derbyshire Healthcare NHS Foundation Trust
Report to Trust Board 28th May 2015

System, transformation and reconfiguration (STAR) Board 5 year Strategy – May 2015

Purpose of Report

The purpose of this report is to share with Trust Board the 5 year Strategy produced by KPMG on behalf of STAR Board for the South unit of Planning.

Executive Summary

KPMG, on behalf of STAR Board, carried out a system wide review to define priorities for transformation to ensure a long term sustainable health and social care system in the south of the County. KPMG delivered this in close collaboration with all providers, CCGs and councils represented in the STAR Board.

Aligned to this, KPMG also carried out a review of system wide transformation governance to provide the STAR Board with recommendations to ensure that the five year strategy can be implemented with adequate grip and pace.

The extensive report sets out;

- The case for change
- Financial analysis case for change
- Strategy for the future (transformational priorities)
- The enablers to making the change happen
- A review of governance processes
- Next steps

Trust Board members should consider the content of this 5 year strategy alongside the Trust's 5 year plan to ensure there is alignment and that members are assured of the progress being made.

Strategic considerations

- The content of this 5 year strategy should be considered alongside the Trust's 5 year plan to ensure there is alignment
- Board members should consider the Trust's position and place as a system leader across the south of Derbyshire

Board Assurances

This report should be considered in relation to a number of the risks contained in the new Board Assurance Framework

1b: *Risk that potential changes instigated by commissioners, together with efficiency savings in social services, may result in DHCFT being required to meet previously unmet domain with potential that demand will outstrip supply*

2a: *Failure to deliver the agreed transformational change, at the required pace could result in reduced outcomes for service users, failure develop financial requirements and negative reputational risk*

3e: *Risk that the Trust fails to build its communication and reputation with all stakeholders*

Consultation

- This report has not been previously presented at any other meeting.

Governance or Legal issues

- There are no governance exceptions to report.

Equality Delivery System

- There is no change on the impact of REGARDS groups

Recommendations

Trust Board is asked to;

- Discuss the content of the report and seek further clarification where appropriate

Report presented by: **Ifti Majid**
Deputy Chief Executive/Chief Operating Officer

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KPMG

cutting through complexity

Health and Social Care System Redesign

5 year strategy

South Derbyshire Unit of Planning

19 December 2014

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Private and confidential

19 December 2014

Mrs Susan James, Chief Executive
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Mr Steve Trenchard, Chief Executive
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DE56 1YD

Dear Sue and Steve;

Health and social care system redesign for the Southern Derbyshire Unit of Planning

In accordance with the terms of reference set out in your letter of appointment dated 1 October 2014, we enclose our report regarding the health and social care system redesign for the Southern Derbyshire Unit of Planning.

The important notice overleaf should be read in conjunction with this letter.

Our report is for the benefit and information only of those parties who have accepted the terms and conditions of the letter of acceptance and should not be copied, referred to or disclosed, in whole or in part, without our prior written consent, except as specifically permitted in the letter of acceptance. To the fullest extent permitted by law, we will not accept responsibility or liability to any other party (including those parties' legal and other professional advisers) in respect of our work or the report.

Yours faithfully,

Beccy Fenton

KPMG LLP

Important notice

This document has been prepared in accordance with your engagement letter dated 1 October 2014. It is subject to the terms and conditions of that contract.

Our fieldwork commenced on 1 October 2014 and was completed on 19 December 2014.

This draft report is for the benefit and information of the addressees only and should not be copied, referred to or disclosed, in whole or in part, without our prior written consent. The scope of work for this draft report has been agreed by the addressees and to the fullest extent permitted by law we will not accept responsibility or liability to any other party (including the addressees' legal and other professional advisers) in respect of our work or the draft report.

In preparing our draft report, our primary source of information has been information supplied by DHFT, DHcF, DCHS, DHU, City Council, County Council, CCG Erewash and CCG SD. We do not accept responsibility for such information and have not sought to establish its reliability through reference to other evidence.

Our draft report makes reference to 'KPMG Analysis'; this indicates only that we have (where specified) undertaken certain analytical activities on the underlying data to arrive at the information presented; we do not accept responsibility for the underlying data.

The information contained herein is of a general nature and is not intended to address the circumstances of any particular individual or entity. Although we endeavour to provide accurate and timely information, there can be no guarantee that such information is accurate as of the date it is received or that it will continue to be accurate in the future. No one should act on such information without appropriate professional advice after a thorough examination of the particular situation.

We must emphasise that the realisation of the prospective financial information set out within our draft report is dependent on the continuing validity of the assumptions on which it is based. We accept no responsibility for the realisation of the prospective financial information. Actual results are likely to be different from those shown in the prospective financial information because events and circumstances frequently do not occur as expected, and the differences may be material.

Contents

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Executive summary

Headlines

Approach	■ KPMG has carried out a system wide review to define priorities for transformation that will ensure a long term sustainable health and social care system. KPMG has done so in close collaboration with all providers, CCGs and councils represented in the STAR Board. We have carried out extensive benchmark analysis, held a number of 121 interviews, facilitated 11 workshops involving leaders and front line staff, clinicians and middle management, and undertaken (financial) scenario analysis. In addition, KPMG has carried out a review of the system wide transformation governance to provide the STAR Board with recommendations to ensure that the five year strategy can be implemented with adequate grip and pace.
1 Case for change: System wide perspective	■ Earlier, we have identified that current Transformation Plans for SDCCG worsened the financial position for DHFT going forward. It was acknowledged that the issues of DHFT were partially due to system-wide issues, and that not identifying or addressing these would be a risk for the sustainability of the whole health economy. ■ In a sustainable health and social care system, access, quality and affordability should be in balance. In Southern Derbyshire, pressure on affordability is increasing due to increasing demand. This is manifesting itself in decreasing access to services for a population that has a lower than average health and well being. ■ The current configuration of the health and social care system results in an unsustainable and unaffordable system, which is not likely to cope with additional demand in the future. The biggest component of this is the increasing NEL demand by a growing elderly population, and how the system is currently set up to manage this.
2 Case for change: Financial analysis	■ The current deficit of the whole LHE is £6.7 million in 2013/14, the do-nothing scenario shows an in-year deficit of £149.6 million in 2018/19. In 2018/19 all providers will be in deficit in the do-nothing scenario mainly due to the tariff deflator. ■ Of the total financial deficit of the whole LHE in 2018/19 of £149.6m, around £9.7m can be attributed to CCG Erewash, £ 79m to CCG SD, the rest to other CCGs out of scope.
3 System redesign: High impact priorities	■ Commissioners and providers have collectively adopted a vision for the direction of travel the upcoming years, visualised by 'the wedge'. The model is based on the principle of shifting care into the lower tiers of care thereby better meeting the needs of patients. There is emphasises on prevention and early intervention which puts individuals at the centre of decisions about their care, and values an integrated local provision of services. ■ In line with the wedge and based on benchmarking analysis, global best practices and leadership workshops, the system leaders have identified four high impact priorities; – Redefining community services – including both review of capacity (estates and workforce) as well as community support teams; – Primary care transformation;

Headlines (cont.)

3 System redesign: High impact priorities (cont.)

- Improvement of End of Live care – including support for nursing and residential homes;
- Enhancement of flow within the hospital and throughout the system.

- All priorities include a set of supporting initiatives, which were generated in clinical workshops with front line staff using examples of best practice. For each priority, the report describes objectives and vision, and high level future state, milestones, enablers, dependencies and key risks.
- These high impact priorities collectively contribute to a more sustainable system, when a clear set of targets are met. These targets have informed the initial financial impact analysis by quantifying the financial system wide KPIs.
- When quantifying the financial KPIs, the total benefits of the priority areas collectively is £37.6 million system wide, incl 2% CIP this results in £122.7 million of costs savings. If targets are achieved for the four priorities and 2% CIP is delivered, the system wide deficit would be £24.7 million in 2018/19, assuming non-acute activity is 'soaked up' by lower tiers of care. There is investment needed to enable this, however the amount depends on current productivity levels of community care and primary care

4 System redesign: Delivery and enablers

- The Vision now has four clear priorities for the five year system wide transformation programme. As important as the strategy itself are the enablers to have in place for real change and transformation. These are essential to be in place for the successful delivery of the five year transformation plan.
- In parallel with defining the options for redesign, KPMG has carried out a **governance review**. The scope was the STAR Board and its delivery groups and work streams, which is a new system governance structure still in its infancy. Our analysis suggests that the STAR Board needs to make some improvements to ensure it has sufficient grip on the key governance processes that will ensure the delivery of the five year system transformation plan. This is based on observations which are described in further detail within the report.
- To support the STAR Board in its next step of development, we recommend the following actions to be implemented (see further detail in the report):

1. Split the transformation and resilience functions of the STAR Board.
2. Redefine and clarify decision making processes.
3. Critical review of membership and attendance at STAR Board and delivery groups.
4. Develop and strengthen infrastructural enablers so that they are the responsibility of the STAR Board.
5. Strengthen the system wide business intelligence to ensure effective delivery of the transformation plan.

Headlines (cont.)

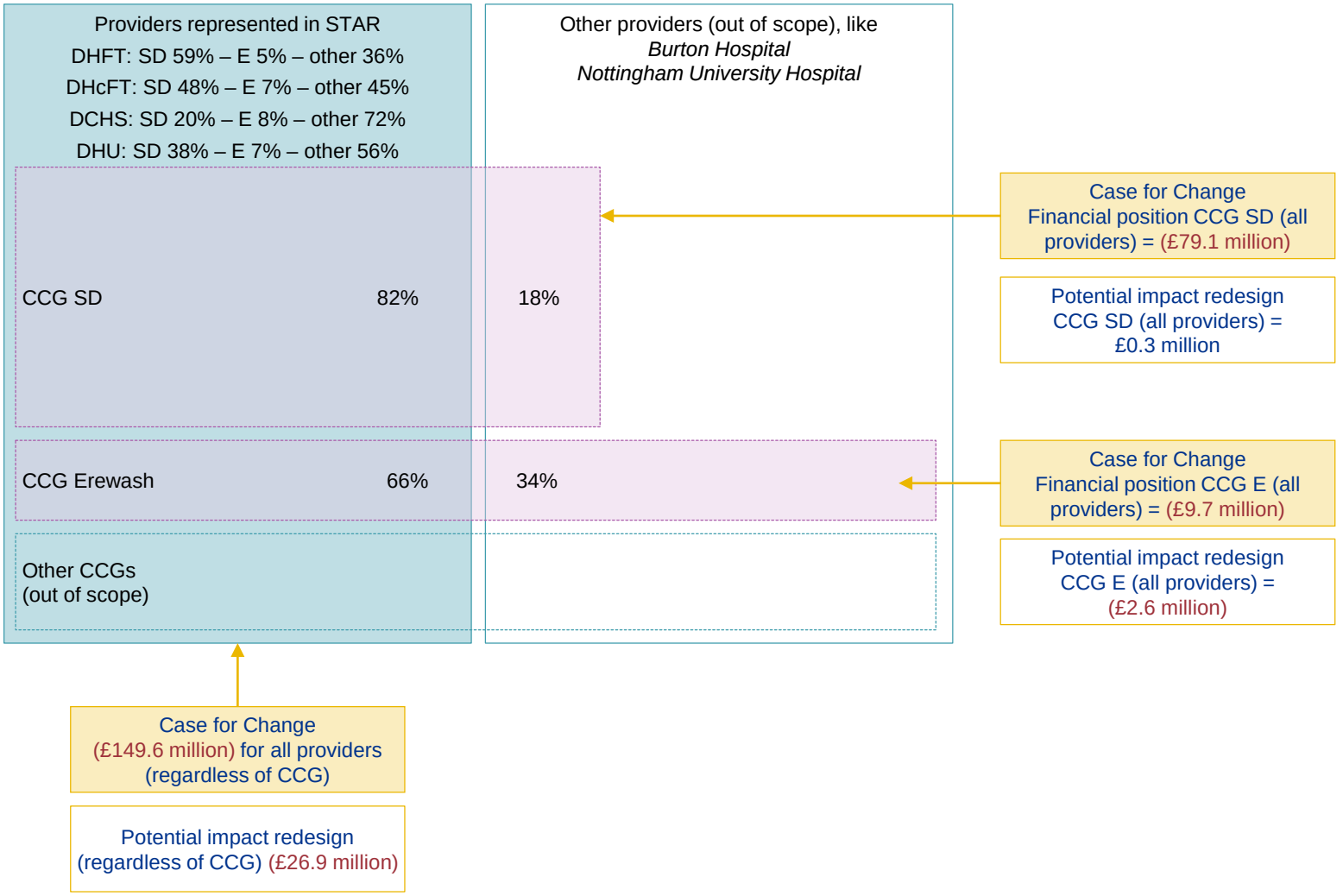
4 System redesign: Delivery and enablers (cont.)

- **Overarching risks** for the STAR Board to consider and act upon to ensure successful embedding of this report:
  - Loose 'momentum' when stakeholders do not agree what actions need to be taken to push this forward within short time
  - Essential infrastructure and preparatory work required for governance and detailed planning are not delivered properly, therefore placing the deliverability of the remainder of the transformation plan at risk
  - Insufficient capacity within the system-wide workforce to undertake the transformational change required to deliver the overall programme
  - Work programmes do not deliver on time or deliver outcomes that are different to what is expected, by lack of prioritising current work streams, insufficient management of dependencies between work streams and their business cases and/or unsuitable benefit tracking.
  - Buy-in of internal and external stakeholders including primary care, health and well-being boards and system-wide communication towards each organisations individually does not build quickly enough to support programme delivery on schedule
- This five year strategy has been built with the involvement of people and organisations across all organisations represented in the STAR Board. Given the significant amount of work that has been undertaken by such a range of stakeholders within a compressed timescale, it will be critical to maintain momentum into 2015. It is therefore important to note that this report is just the first milestone of many for transformation and care system redesign.
- **Concrete next steps** to keep the momentum and pace include the following topics:
  - Governance: implement recommendations of KPMG review, establishing robust arrangements and capacity to drive change.
  - Detailed planning: detailed implementation and financial planning towards business cases
  - System business intelligence: Development of whole system dashboard for transformation to enable impact analysis and benefit tracking
  - System wide development: including systemic coaching to support alignment of (clinical) leadership and engagement.

Financial impact visualised

This page gives clarification and a summary about what perspective is taken in the financial analysis shown in this report.

All percentages shown are percentage of total revenue in FY 2013/14.



Introduction

Context and scope

Context and rationale

Commissioners and providers in the NHS are facing significant challenges to ensure long term sustainable high quality, accessible and affordable health and social care. In southern Derbyshire the challenges are similar at a high level and more specifically depend on the local circumstances including factors such as the ageing population, increasing disease burden and rise of public expectations. These factors cause a growing urgency for a joint strategy across providers and commissioners to enable significant redesign of the whole care system.

The local stakeholders have taken considerable strides towards a joint approach to face this challenge. The system has a community wide agreement for the strategic direction of travel as set out in The Wedge and has established a joint governance board called the STAR (system transformation and resilience) Board, in line with NHS England guidance. The STAR Board involves all major stakeholders in the local health and social care economy of Derbyshire. The Wedge strategy has started to identify initiatives to enable transformation via a 'shift left', moving care from higher to lower tiers and working on transparency of capacity and demand data across the system. A full care system review and redesign is the natural next step in this transformation journey.

KPMG was commissioned by the system stakeholders to undertake a review of the local commissioner and provider organisations' activity, financial baseline and forecasts in order to provide insight into the current and future financial gap up to 2019. In addition to this, benchmarking information will be used to assess the current demand and capacity across the system. This baseline analysis will support the system, through a series of workshops, to define a set of priority transformation options for the future which will be quantified to assess the likely impact on the system going forward.

Scope and key questions

The scope of work covers the Southern Unit of Planning, which corresponds with the STAR Board. This means, the following organisations are in scope:

- Erewash (E) CCG and Southern Derbyshire (SD) CCG.
- Derby City Council (Derby City) and Derbyshire County Council (Derby County).
- Derby Hospitals NHS FT (DHFT).
- Derbyshire Healthcare NHS FT (DHcFT).
- Derbyshire Community Health Services (DCHS).
- Derby Health United (DHU).

The approach to this project involved three phases. In each phase, key questions will be answered as mentioned below. On the next page we describe what activities have been undertaken to answer these questions.

Case for Change	Options for Redesign	Quantification and transformation preparation
■ What is the system's current performance in terms of quality, affordability and accessibility? ■ What is the impact of 'doing nothing'?	■ What are the options for transformation that will ensure a long term sustainable system?	■ What is the (financial) impact of these options, to close the financial gap? ■ What steps need to be taken to implement these into practice?

Project process

This page shows the activities we undertook in each phase in order to answer the key questions.

Phase	Develop the case for change	Options for redesign	Transformation preparation
Why (purpose)	Insight into current performance of the health and social care system and the future financial challenge.	Setting the strategy for the future.	Insight in what is needed to achieve successful delivery.
How we worked with you	Engaged with senior leadership across local health economy.	Pathway workshops.	High level quantification of options, insight on potential financial impact.
	Bespoke benchmarking to assess current demand and capacity.	Leadership workshops.	Developed plans mapping out to implement shared vision.
	Review of current strategies.	Generated options for transforming the delivery of care.	System-wide governance review.
	Financial modelling of 'do-nothing' scenario.	Set priorities for five year strategic plan.	System-wide governance review.
What we delivered[(a)]	Case for change including current performance and 'do nothing' scenarios.	High impact priority areas described in high level plan including KPI's.	Clear next steps. Governance recommendations. Risks.
Pages in report	Case for change: page 12 - 20.	Strategy for the future: page 21 - 38	How to make it happen: 39 – 49.

Note: (a) In interim reports, which are now incorporated in this report.

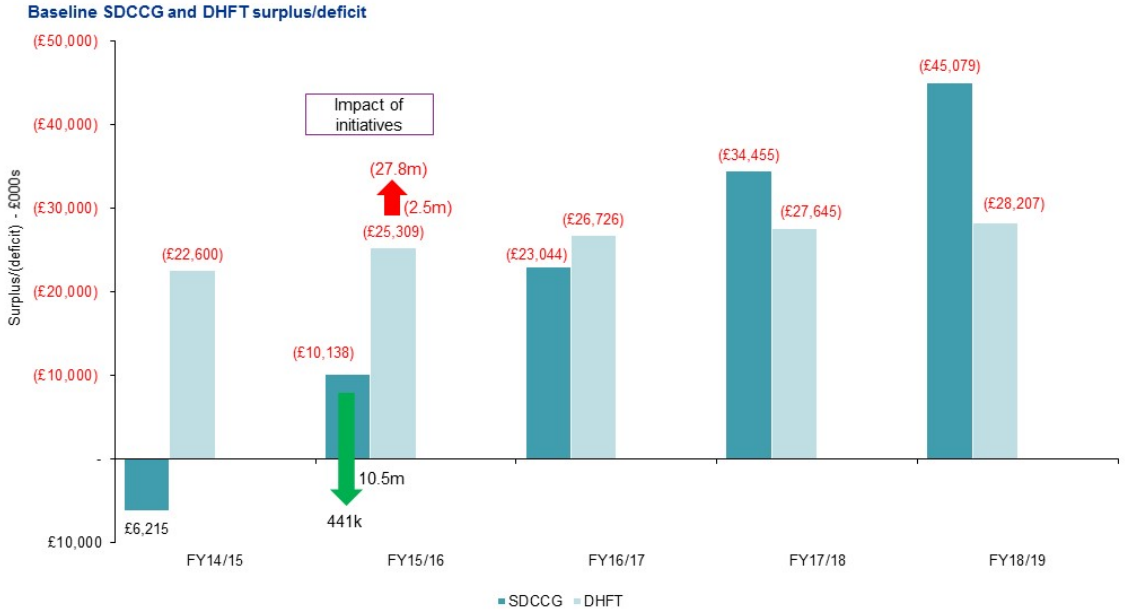
The case for change

The case for change

Financial position acute; emerging frailty of the whole system

In earlier analysis performed summer 2014, KPMG identified that Transformation Plans for SDCCG made the financial position at DHFT worse for 2015/16 with an additional £2.5 million to-£27.8 million.

- It was acknowledged that the issues of DHFT were partially due to system-wide issues. Also, further worsening of the (financial) position of DHFT is a risk for the sustainability for the whole health and social care economy.
- It was therefore agreed to look at the system as a whole to further develop the system wide transformation plan which will deliver the Vision (Wedge).



Explanation/Comments to graph

We have modelled through the impact over this period post agreed CCG and DHFT QIPP and CIP saving targets:

- The impacts of the transformation plan will move the SDCCG to a small surplus in FY15/16.
- The currently quantified Transformation Plans will increase DHFT deficit by £2.5 million in FY2015/16.

The case for change

Quality, access, affordability

In the transformation of the care system quality of care, access to services and short- and long term affordability are the key dimensions to assess and monitor.

In Derbyshire the pressure on affordability is growing, which can decrease accessibility to services for the population and impact the quality of care for a population that has lower than average health and well being.

All redesign scenarios in the next phase will aim to impact all three dimensions positively and balanced.

- At DHFT a higher than average number of patients wait more than 18 weeks for treatment to start after being referred into care. (RTT <18 weeks rate is 93.1%, which is below national average). On waiting time at A&E DHFT performs slightly better than their peers with 95.1% of patients waiting less than 4 hours, compared to a peer average of 94.3%.
- Both City and County Council notice an increase in referrals into social care, but have introduced new models of care delivery and tightened eligibility criteria (due to budget constraints) leading to a lower number of people receiving 'traditional' community based services. These new models of care and joint initiatives are being implemented to maintain access to social care for those citizens who need it.
- The number of GPs and practice nurses per 100.000 population are lower than national averages in both Southern Derbyshire and Erewash CCG (GPs: 64 for SD and 63.4 for E CCG compared to 66.8 nationally; Practice nurses: 10.6 for SD and 14.6 for E CCG compared to 16 nationally). GP referral rates to outpatient attendances are amongst the lowest in their respective peer groups for both Southern Derby and Erewash CCG. This seems to suggest access to primary care is limited and so is access to outpatient care through primary care. People, especially in young age groups, seem to access out of hours primary care services as an alternative to in hour services. DHU has seen out of hour patient contact rising sharply since the introduction of NHS 111, with the latest figures showing growth of 10.5% between 12/13 and 13/14.

- The current financial situation of the health and social care system is £6.7 million deficit for all providers in total. DHFT has a larger deficit of £8.8 million and DHU a deficit of £0.5 million, where DCHS and DHcFT show a small net surplus for 2013/14.
- The system as a whole will face an in-year deficit of £149.6 million in 2018/19 if nothing changes. Only £6.8 is due to demographics, other key drivers of the deficit include inflation of staff costs, tariff and fixed costs.
- High level efficiency metrics show opportunities for increasing cost effectiveness as the:
  - LoS at DHFT is higher, for both EL (4.1 versus. 3.6 peer average) and for NEL (7.0 versus 6.6 peer average, particularly in those aged over 75 (9.1 over 8.6)).
  - LoS in DHcFT is second highest (over 45 days) in a large national peer group on a current performance.
  - The day case rate for DHFT is second lowest amongst peer hospitals at 80.1%. Day case conversion rate is in line with peers at 4.1%.

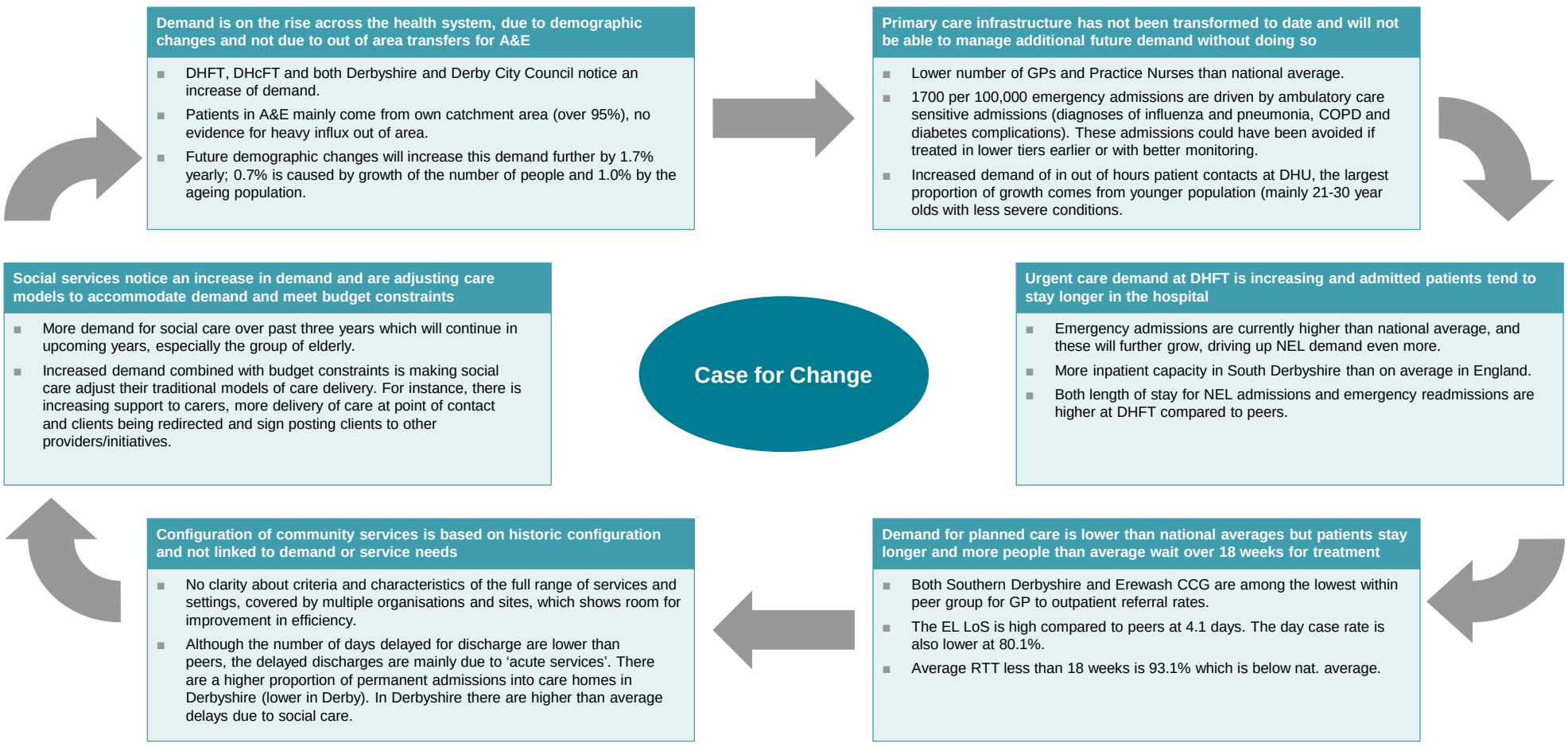
- Mortality rates are comparable with national averages. However for cardiovascular disease outcomes are worse than elsewhere as the mortality for those aged over 75 is 92 per 100,000 population[(a)] compared to 81 national average.
- Average life expectancy is comparable to the national average in the county and is lower for men in the city compared to the England average. In addition, the inequality is demonstrated by the fact that life expectancy for men and women in the city is 12 and 8 years lower in the most deprived areas compared to people living in the affluent areas of the city.
- The overall health and well being is better in the country than in the city, although both have a significant higher prevalence of patients with diabetes (6.6 for county and 6.9 for city, compared to 6.0[(a)] nationally)
- In addition, Derby City performs in the lowest 25th percentile of England for many social and well being parameters, for instance deprivation (28.7 versus 20.49[(a)] nationally), violent crimes (14.8 versus 10.6[(a)] nationally), drug misuse (15.6 versus 8.6[(a)] nationally) and long term unemployment (12.6 versus 9.9[(a)] nationally).

Source: Health profiles Derby and Derbyshire, Public Health.

Note: (a) = per 100,000 population.

The case for change

The care system consists of organisations providing a service for people. People come into contact with different organisations throughout their personal care pathway. The cycle below shows the links between the systems' individual parts. Issues experienced at any point will intensify pressure on other parts in the system. See appendix on benchmarking for further detail.



Financial analysis case for change

Financial analysis case for change

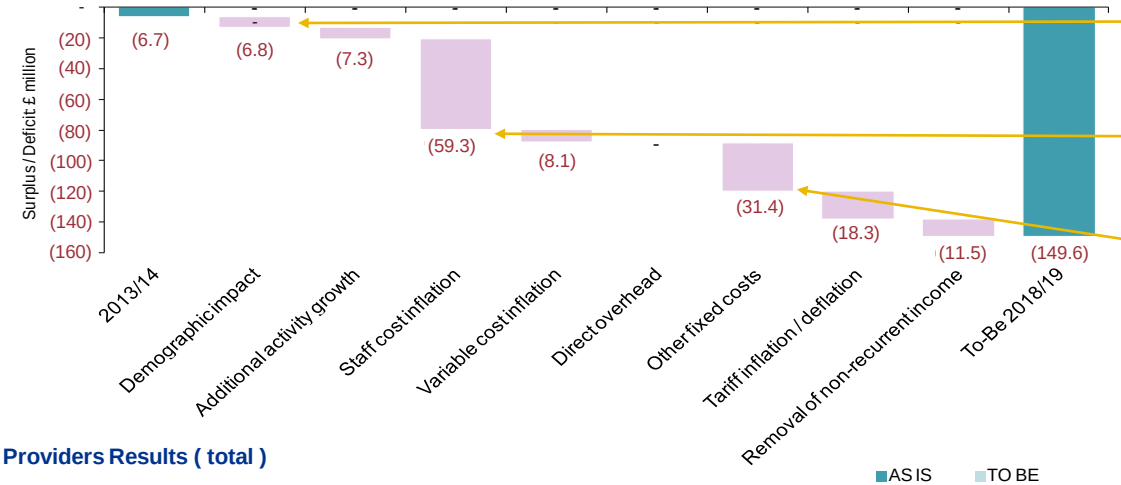
Providers results forecast

The deficit position for the providers as a total grows from (£6.7 million) in 2013/14 to (£149.6 million) in 2018/19.

In the 'Do nothing' scenario we have assumed tariff deflation with no off-setting efficiencies.

The second graph shows the results for each Provider. Currently in 2013/14 two providers (DHFT and DHU) are reporting deficit (1.8% and 5.6% of total spend respectively). However, by 2018/19, all providers face large financial deficits when doing nothing.

Providers As-Is to To-Be Bridge

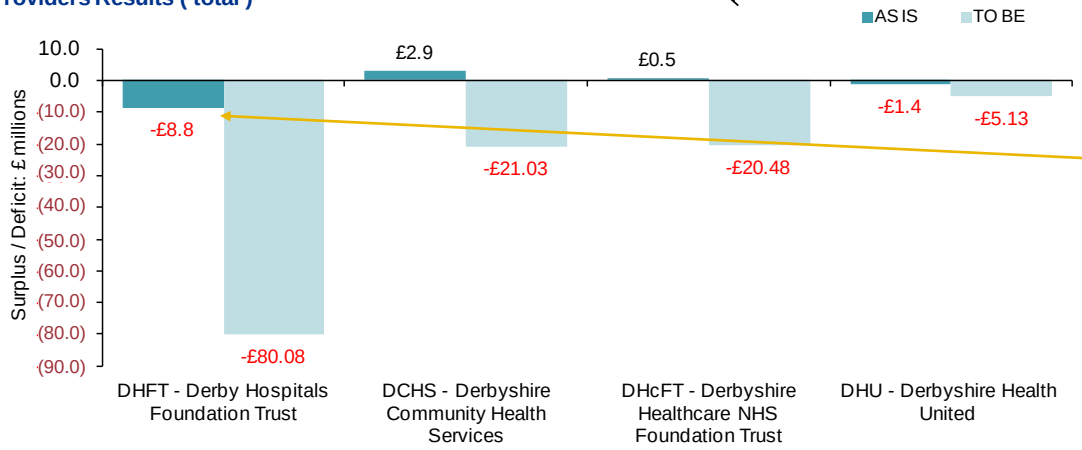


Activity growth occurs in areas which are not profitable to deliver.

2.5% p.a. consisting of 1% pay inflation and 1.5% pay drift.

Fixed costs are assumed to grow in line with RPI: 2.8%-3.2% p.a.

Providers Results (total)



Deficit includes approximately £11.5 million of non-recurrent funding.

Analysis of Nottingham University Hospital (NUH) financial position and forecast was out of scope for this study. Although the commissioner costs related to NUH has been included. If NUH faced similar pressures to DHFT then its deficit could be between £150m and £250m by 2018/19.

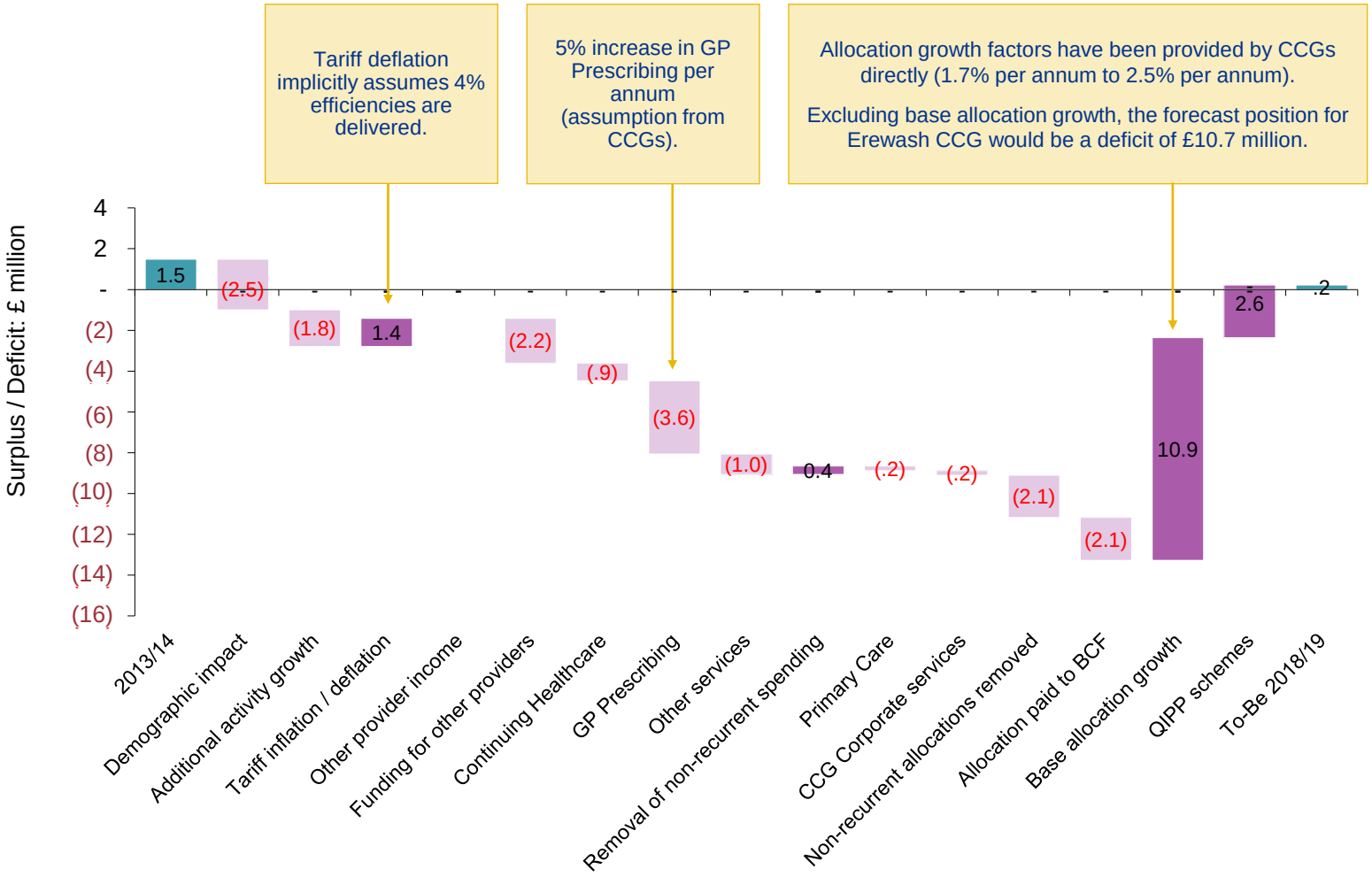
Financial analysis case for change

Impact on CCGs

The charts detail the change in surplus/deficit for Erewash CCG.

Erewash CCG is forecast to have a surplus at the end of the five-year forecast period of £0.2 million.

Erewash CCG Change in Surplus/Deficit between 2013/14 and 2018/19.



Impact on CCGs (cont.)

The charts detail the change in surplus/deficit for Southern Derbyshire CCG.

Southern Derbyshire CCG is forecast to have a surplus at the end of the five-year forecast period of £14.3 million.

Southern Derbyshire CCG Change in Surplus/Deficit between 2013/14 and 2018/19.

Financial analysis case for change

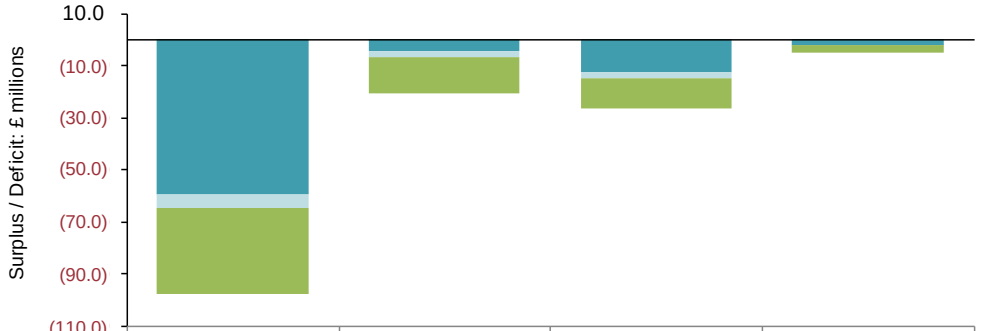
Impact on CCGs – forecast of provider results (by CCG)

In order to illustrate the proportion of the deficit explained by activity from different CCGs, we have allocated the deficit to CCGs according to the proportion of the trusts income paid for by each CCG. This analysis is set out in the chart opposite.

This analysis is only illustrative as Trust costs base can not be split as simply as this analysis implies.

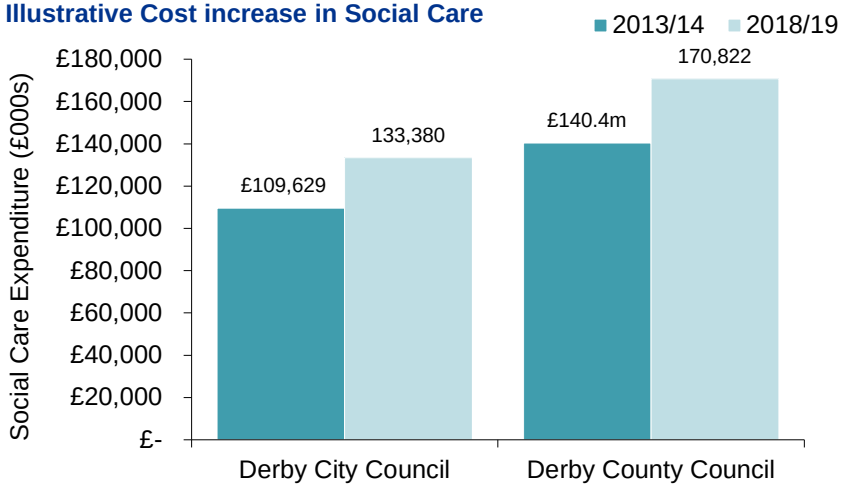
Whilst social care is not taken into account for the do-nothing analysis, in the chart opposite we have include illustrative analysis of the increase in social care costs if their costs increase 4% per annum.

Providers Results (by CCG)



	DHFT - Derby Hospitals Foundation Trust	DCHS - Derbyshire Community Health Services	DHcFT - Derbyshire Healthcare NHS Foundation Trust	DHU - Derbyshire Health United
All other CCGs	-£32.9m	-£13.5m	-£11.5m	-£2.8m
Erewash CCG	-£5.2m	-£2.3m	-£1.9m	-£0.3m
Southern Derbyshire CCG	-£59.6m	-£4.7m	-£12.8m	-£1.9m

Illustrative Cost increase in Social Care



Strategy for the future

Strategy for the future

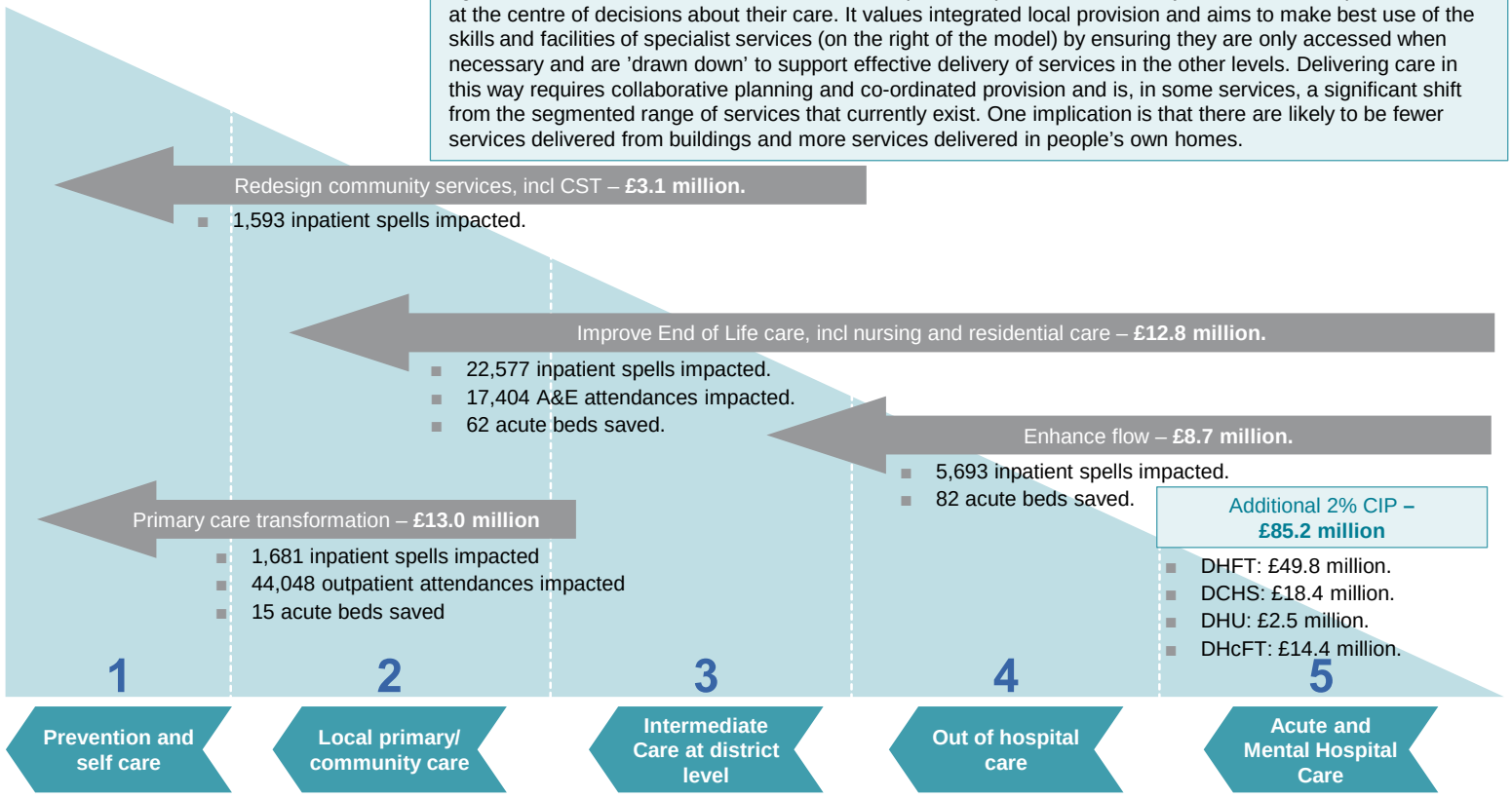
Vision and high level impact of priorities

Based on current strategies and vision of the local health and social care economy, providers and commissioners have defined four key priorities for the upcoming years. These priorities cover a range of initiatives, collaboratively attributing to a potential total saving of £37.6 million in total[(a)]. In addition, a CIP of £85.2 million across all the providers will bring the total to £122.7 million of costs savings.

The vision for the upcoming five years focusses on achieving a seamless health and social care system involving:

- Maximising the health and wellbeing of the population
- Making best use of our funding
- Ensuring organisational boundaries do not get in the way of a seamless service for local people.

As summarised and reflected in 'the wedge' below, the strategy is to move needs and service delivery from the right to the left across the tiers of care. This is emphasises prevention and early intervention and puts individuals at the centre of decisions about their care. It values integrated local provision and aims to make best use of the skills and facilities of specialist services (on the right of the model) by ensuring they are only accessed when necessary and are 'drawn down' to support effective delivery of services in the other levels. Delivering care in this way requires collaborative planning and co-ordinated provision and is, in some services, a significant shift from the segmented range of services that currently exist. One implication is that there are likely to be fewer services delivered from buildings and more services delivered in people's own homes.



Source: Better Care Fund Derbyshire, Southern Derbyshire Strategic Plan 2014-19, Erewash CCG Commissioning intentions 2015-16.

Source: (a) Note that initiatives from different priority areas can contribute to the same objective/KPI (for instance both community support teams as Primary Care Transformation will lower the NEL admissions of LTC). To avoid double counting, the effect is only contributed once to a priority area. As a result, some effects are more highlighted in one area than another. For further detail, see table of assumptions and impact in the appendix.

Strategy for the future

High impact transformation priorities - summary

Based on the benchmarking analysis, global best practices and leadership workshops, the system leaders have identified four high impact priorities as shown on this page.

Redesign community services

- Overall, Derbyshire is 'bed focused' health economy, having more acute/community beds than elsewhere in England (2.09 versus 1.94 per 1,000 population nationally). This equates to 45 beds at DHFT.
- No clarity about capacity (workforce, beds), activity and criteria for each type of community service. There is room for rationalising community inpatient facilities to enhance economies of scale.
- Community support teams can be expanded in scale and scope, in order to fit the needs of the population; pull patients out of hospital and prevent them from going in, by treatment in the community.

Primary care transformation

- Primary care can cope with current demand (good QOF outcomes), but is stretched, demand OOH is rising (10.5% per annum[(a)]) and (better) risk stratification and monitoring of LTC can be done (1,700[(b)] emergency admissions for ASC, which is higher than nat. avg).
- Primary care is not likely to cope with 'the shift left' and the expected additional demand of ageing population (for instance: more than 85 will be 150% increase to 2037).
- There seems no burning platform (yet) for transformation and collaboration among GPs and other primary care staff.

Five year strategy

Improve End of Life care

- Growth of elderly population 65+ will rise faster in Derby than elsewhere in England (6.5% versus 5.3%). End of Life care is good for cancer patients, but needs improvement for all other conditions.
- Nursing home staff is insufficiently equipped to deal with minor injuries or suspicious conditions, which often leads to emergency admission and involvement of EMAS. Also, the number of emergency admissions per 100,000 is higher for SD CCG area than elsewhere in England and average in area.
- The spend on residential homes, nursing homes and day help care for adults per 100,000 population is in line with peers for both councils[(c)]. However more recent data suggests that expenditure older people in residential and nursing care is slightly lower for Derbyshire county and significantly lower for Derby county compared to national average[(d)].

Enhance flow

- Once patients are admitted, they tend to stay longer than elsewhere as DHFT has a significant higher LoS for both planned and unplanned care (NEL 5.8 versus 4.8 peer average, EL 4.1 versus 3.6 peer).
- The waiting time in DHFT is long, as the 18w target is often not achieved (average 93.1%).
- Most of the delayed transfers of care are attributable to NHS rather than social services. However, in the latter category, Derbyshire has a significant worse performance (4.8 versus 2.6 peer average and 3.0 national average), and Derby city has a better performance[(e)].

Note:
(a) Including correction for 111.
(b) Per 100,000 population.
(c) See appendix for benchmarking report.
(d) Personal Social Services: Expenditure and Unit Costs, England 2013-14, Final Release: Unit Costs by CASSR. Derbyshire £519.10, Derby £480.50 and England £536.90.
(e) More recent data suggests that there has been a decrease in clients delayed by month for social services.

Strategy for the future

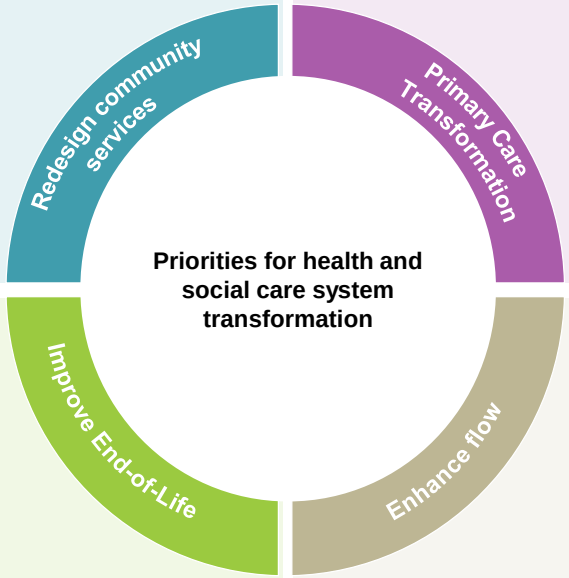
High impact transformation priorities - summary (cont.)

The four priorities include a set of supporting initiatives as mapped out on this page. All initiatives were generated in a series of workshops with front line clinical staff and middle management, bringing in best practice:

- The majority of initiatives from the workshops is covered by these four priorities. High level plans have been further developed by brining in good practice examples by KPMG, and have been validated with various stakeholders and clinicians across the system. A summary of all initiatives per pathway, as well as the 'mapping' of all initiatives to the 4 key priority areas is included in the appendix.
- On the next pages, each priority for transformation is described in further detail.

- Review community activity and capacity (workforce and estates).
- Enhanced discharge and targeted approach frequent flyers.
- CST to work as MDT 'teams without walls' consisting of community workers, mental health and social workers.
- SPA in collaboration with voluntary sector.
- Improved risk stratification.

- Standardised tech based GP referral process.
- Development of collaborative model primary care.
- Shift outpatient treatments (including less severe mental health issues) in primary care setting by GPs with training.
- Improved access OOH primary care, incl review OOH service.



- Improved interface EMAS, nursing homes and DHFT for care for elderly and patients with dementia. Do so by improved training, better access to specialist support and pathway redesign.
- Telemedicine links.
- Decision assessment tools nursing and residential homes.
- Improved risk stratification for EoL planning.
- 24/7 integrated palliative service.

- Factory model – incl standardised pathways and seven days working and discharge.
- Outpatient transformation, better access diagnostics for GPs and increasing E-health alternatives.
- Improved collaboration between GP and A&E to redirect minor conditions.
- Targeted approach on top 5% outliers on LoS having both physical and mental needs by improved mental health and dementia support.

Strategy for the future

Transformation priority: Redesign community services

Redesign community services	*Aims to reduce avoidable hospitalisation by treatment at home and support of self-management. Focuses on proactive management of LTC, fall prevention and stabilisation of frequent flyers in the acute. CST[a] can be linked to SPA in the community, providing a joint response in crises, and supported by community assets.*

Five year vision

- The vision is to support and enable patients with long term conditions to remain in their own homes for as long as possible and to lead productive and independent lives. Patients will receive co-ordinated care in the community from MDTs supported by self-care programmes.
- The current strategy for community services[1] needs refinement and should be more outcome based with a wider range of scopes including improvement of access, seven days working of CST[a], and emphasis on further organisational development. This needs extra effort to develop relationships with GPs and setting local leadership requirements, and consideration of entirely new joint health and social care roles.

Description of future state

- CST, consist of community, social, and mental health workers wrapped around GP practices, potentially supported by consultants and specialist nurses, can act as '**teams without walls**' to proactively manage patients in the community and at home.
  - *DHFT is already implementing this, likewise Bupa Healthcare at Home, where nurses treat patients with variety of conditions at home, and the renal dialysis at Jönköping, where patients have been trained to do their own treatments[1].*
- **Review community activity and capacity** aiming to simplify community teams and bed configurations. Create clarity on criteria, only using different type of beds when appropriately (e.g. using the MCA Tool). This will facilitate further rationalisation of community ward locations as well as better use of the current available resources.
- In line with the holistic approach integrated in the community, **IAPT** will be delivered to people with long term conditions within the community. There needs to be a strong link with the GP to ensure the Crisis Concordat is fully implemented for patients experiencing mental crisis, aiming to reduce the pressure on beds.
- **Risk Stratification** to identify patients at higher risk of admission (Ambulatory Care Sensitive Conditions and frail elderly). This will allow pro-active management of high risk groups through vaccination, better self-management, disease-management or case-management, lifestyle interventions[2] and fall prevention. Ensure this happens at scale and consistently to achieve maximum impact.
- In close **collaboration with acute services**, CST can reduce avoidable admissions by targeting the top 1% of frequent flyers visiting A&E and providing a tailored care package. In addition, CSTs can work closely with discharge teams to smooth the pathway from acute to the community.
  - *The Swedish County Council project focussing on improving patient coordination of frail elderly by redesigned intake and transfer process, open access scheduling, team-based telephone consultation, integrated documentation and an explicit strategy to educate*

Related good practice examples

telephone consultation, integrated documentation and an explicit strategy to educate patients in self-management skills. Over a three- to five-year period, an overall reduction in hospital admissions over 20%, a reduction in hospital days for heart failure by 30% and a reduction by more than 30 days of wait times for referral appointments with specialists such as neurologists were achieved [4].

- **Review community activity and capacity** aiming to simplify community teams and bed configurations. Create clarity on criteria, only using different type of beds when appropriately (e.g. using the MCA Tool). This will facilitate further rationalisation of community ward locations as well as better use of the current available resources.
- CSTs link to **SPA in collaboration with voluntary sector**, which includes building an integrated platform providing peer support, advice to BME and signposting for patients with LTC as well as citizens at risk for crisis due to mental health and social issues.
- *Edinburgh Crisis Centre[3]; community based emotional support at times of crisis also providing services to carers. Provides free phone service as well as face to face and access to information including access to a database for local services. Intensive Home Treatment Teams in Edinburgh (available 24/7 MDT including mental health) provides a rapid response, intensive specialist assessment, treatment and risk management in a community setting. They have had a significant impact in quality terms, among others: a 32% decrease in admissions and readmissions, and average occupied bed days reduced from 89% to 77%* [6].

Outcomes to be achieved

- Seamless and integrated community care services (e.g. 24h services, step-up/step-down).
- Pro-actively managing high risk patients with LTC and the patients to be self-empowered in management of their own conditions.
- These will enable patients with LTC to prevent unnecessary hospital stay as well as facility based care whilst ensuring the patients have a positive experience of care:
  - ↓ 5% rationalising estates, reduction of fixed costs.
  - ↓ 10-20% inappropriate unplanned admissions and A&E attendance for all frail elderly (incl falls prevented) and LTCs (all ages greater than18)[2,4,6].
  - ↓ 5-10% admissions to community hospitals *(assumption)*.
  - ↓ 10-20% LoS reduction of acute and mental hospitals[6].
  - ↓ less use of care homes – more treatment at home *(assumption).*
  - ↓ 10% in crisis mental health *(assumption).*
  - ↓ 5-10% in admissions to mental health *(assumption)*.

Strategy for the future

Transformation priority: Redesign community services (cont.)

Applicable to priorities set in workshops

- Strategy community capacity (Integrated care).
- SPA and joint response in crises (Integrated care).
- Strengthen community services, seven days working and joint working with GPs (Urgent care).
- Strengthen community assets in VSPA plus navigation model (Mental health).

Key milestones and implementation planning

1. Review and sharpen strategy for community services, including the role for each organization.
2. Based on the renewed strategy, initiate OD/culture project for community support teams based on shared values to ensure true collaborative working and reaching its full potential in scale and scope, and added value of these teams. Ensure link with neighbourhood teams for mental health.
3. Based on the renewed strategy, adjust cross organisational training program, including training in mental health.
4. Review community capacity (beds, workforce, estate) and demand (activity including 'hidden' demand).
   - Next step is planning for rationalisation inpatient capacity.
   - Next step is increase productivity for outpatient capacity (ensure the teams are enabled to do so by providing right tools and environment to increase their face to face time with patients).
5. For risk stratification; Agree purpose and methodology for stratification, then develop multidisciplinary pathways for LTC patients, in collaboration with EMAS, DHFT, both councils, and GPs, this includes clear criteria for identification.
6. Pilots for steps above can be further worked up with working practices of Belper and Allestree to serve as 'pioneer' initiatives.
7. Review applicability of Erewash VSPA model; set up plan for expanding scale and soope.

Dependencies

- Delivering wider training across the health and social care sector for LTC patients – to be picked up in workforce development.
- Agreement of role of primary care in care of LTC patients, including primary or secondary prevention and monitoring/coaching of patients for self-management. (interdependency with primary care transformation).
- Interdependency with end of life care, especially for elderly patients after falls.

Enablers

- Effective engagement and incentivising of primary care practitioners (including but not limited to GPs) and improve working relationships by joint development of policies.
- Telecare to support LTC patients in their homes.
- CSTs to extend their scope of services as opposed to duplicating team structures across patient groups.
- Resolving and setting local clinical leadership requirements to lead work across organisational boundaries.
- Providing commissioning framework to ensure services providers for LTC patients are commissioned for outcomes against the required standards.

Key risks	Probability	Impact	Mitigating actions
Double-running costs with current pilots.	M	M	■ Ensure pilots and initiatives are shared across the system to merge where possible. ■ Transparent costs in next phase of implementation and financial planning.
Lack of clinical leadership or staff resistance to changing services or roles slows progress.	M	H	■ Robust communication strategy, especially when rationalising community inpatient services. ■ Organisational development project for CST.
Capacity and resources to allow design and implementation of the programme are not available due to every day pressures on the existing service, resulting in delay.	H	H	■ Continue to make the case demonstrating specific economic and health benefits for investment Stakeholder involvement. ■ Joint development/ownership of policies, standards and robust mechanisms to be set in place.

Transformation priority: Primary care transformation

Primary care transformation	*Aims to increase GP, and other primary care professionals, engagement and collaboration with acute care physicians in order to:* ■ *Strengthen primary care to treat more patients in an out of hospital setting;* ■ *Improve access to primary care.*

Five year vision

- Integrated primary care services that work to together to provide proactive and equitable care which meets the needs of patients both now and in the future.

Description of future state

- **Review current capacity and workforce development**, including pharmacists and therapists. The medical capacity in primary care needs transformation as current capacity is likely to reduce in the short term and based on current activities, primary care is not likely to cope with raising demand in the upcoming years. Develop workforce by redefining roles, consolidating services and maximising the potential of nursing and administration support (support in prescribing systems, medication reviews and non-medical prescribing). Making better use of community pharmacy infrastructure by set up of hubs, broadening access by making better use of location and opening hours or allow 111 to triage to pharmacies. Potentially share back office functions between practices or create greater efficiency and capacity within the GP practice e.g. Salford Health Matters.
- **Develop collaborative model for primary care**, Diabetes service seems to work well and can be expanded in scale and scope, although further transformation of similar models would benefit from being GP-led:
  - System-wide collaboration through the set up of (virtual) clinics run by GPs with acute consultants or psychiatrists for out of hospital support for patients with LTCs and/or less severe mental health issues.
  - Assessment of the current primary care delivery model to support the potential need for different delivery models, e.g. federated models such as Tower Hamlets[3].
  - Optimising monitoring for those diagnosed with LTC could be done by CST, whereas increasing the diagnosis rates by improved risk stratification is more GP role.
- **Introduce a standardised GP referral to right care pathway and technology – enabled and symptom-led referral processes**. This can be challenging with over 65 practices, but can be achieved as it has been achieved in other areas within and outside the UK. The process of implementation of this intervention can be used for GP engagement in providing them a platform for cooperation and leadership to influence the health and social care landscape. Ensure full compliance to achieve scale impact. GPs and acute physicians define referral criteria and pathway links collaboratively, nurturing engagement.
  - *'Zorgdomein'1, a similar intervention in the Netherlands reduces variability of referrals for diagnostics and new outpatient appointments, and provides the opportunity to differentiate in type of referral (urgent, regular or one-stop-shop with diagnostic test or radiology)*

Description of future state (cont.)

  which reduces pressure in the acute setting.
  - *The Patient Access Centre in New Zealand[2] takes incoming calls and has eased pressure on face to face contact by approximately 12%, with an increase in email contact. Current initiatives of DHFT in telephone contacts and web based apps can be increased in scale and scope to achieve this.*
- **Move treatment of less severe conditions currently treated in hospital to an ambulatory setting** (e.g. intravenous antibiotics for cellulitis and DVT treatment)
  - GPs with special interests and training and nurse practitioners can undertake common and minor procedures in the community, supported by increasing role of pharmacists, by making use of Health at Home initiatives and ambulatory clinics or one-stop-shop multidisciplinary primary care centres in collaboration with acute physicians[4].
- **Improve access to primary care and OOH access to primary care**
  - Leads to a reduction in the amount of patients attending A&E as an easier alternative, and closer working with nursing homes and community support teams.
  - Includes reviewing the capacity and quality of current OOH services – some areas combine their OOH service with an A&E based primary care practice to further improve efficient use of resources[5], although this initiative has to be assessed carefully before implementation as it may attract demand for acute care in a system which is already showing high NEL activity.

Outcomes to be achieved

- ↓ 5-15% EL outpatients (less duplication, first time right)[1,2].
- ↓ 5% shift from outpatients to primary care/virtual[1,2].
- ↓ 5-15% NEL admissions of LTCs (% of respiratory, cardiology, general med) and minor injuries *(assumption)*.
- ↓ OOH contacts and/or walk in centre contacts *(effect assumed to be small, as it will be challenging to deflect from OOH).*
- ↑ access primary care in and OOH (not quantified in patient shifting).
- ↓ non-clinical demands on primary care (not quantified in patient shifting).

Transformation priority: Primary care transformation (cont.)

Applicable to priorities set in workshops

- Outpatient reform by standardised GP triage and referral (Planned care).
- Review capacity of OOH and improve holistic working (Urgent care).
- GPs working more closely together, improve engagement and system-wide collaboration (Leadership workshop).

Dependencies

- Expansion of community teams –
- Implementation of patient's care plans across primary, community and acute care.
- Workforce strategy.
- Estates and buildings strategy.

Key milestones and implementation planning

1. Engage and secure buy-in from the primary care community.
2. Develop a workforce strategy for primary care. This includes reviewing current activities and caseloads of practices and explore options for releasing pressure on GPs/practices – *to be linked with the cross cutting workstream for workforce transformation*.
   - As part of this, understand the appetite for sharing back office functions in the GP community.
3. Design a collaborative model for primary care and undertake data analysis to understand how and where this needs to be targeted.
4. Understand which conditions should be moved into an ambulatory setting and the model required to deliver it.
5. Design the model for a standardised GP referral to right care pathway and technology – enabled and symptom-led referral processes.
6. Develop an business case to review and potentially strategy for further integration of OOH services.

Enablers

- GP and primary care buy-in to make the change happen (including pharmacists), requiring clinical leadership.
- Capacity to support the design and implementation.
- Sufficient appetite to collaborate and increase activity in primary care, including sufficient GPs and Practice Nurses who want to develop special interests to support the treatment of LTCs.
- Potential barrier is the lack of premises and accommodation to deliver additional services.
- Use diabetes model and increase size and scope; needs to be community driven.

Key risks	Probability	Impact	Mitigating actions
GPs, primary care professionals, and pharmacists are not willing to support the change, or do not feel the need for transformation.	H	H	■ Ensure GPs, Practice Nurses, and primary care professionals are engaged from the very beginning. ■ Create a burning platform for collaboration which can be done by: – Lead events and workshops for GPs to help facilitate a collaborative approach, harness ideas, create a vision and develop solutions to take forward. – Listen to the challenges facing the primary care community through focus groups, interviews or workshops. – Empower GPs to lead the change themselves by developing a vision where they see themselves being part of an exciting future for primary care in southern Derbyshire.
There is a lack of clinical leadership to design and implement the change.	M	M	■ Provide project management capacity and support to help clinicians drive the change. ■ Events as mentioned above.

Transformation priority: Improve End of Life pathway, including nursing and residential homes

Improve End of life care, incl. nursing and residential homes	*Aims to reduce admission in nursing homes and hospitals during the last year of life, increasing patients to die at home in dignity rather than in an inpatient setting. (focus on non-cancer patients)*

Five year vision

- The vision for End of Life care is to ensure that a range of appropriate care settings are available to patients judged to be within their last 12 months of life, offering choice and supporting patient privacy and dignity at the end of their life. Patients will have choice in the way that their care is delivered and control over the setting and manner of their final phase of life.
- Research has established that the majority of people would prefer to die in their own home providing they can be cared for adequately. Despite this preference, the majority die in hospitals (ref 6), which is aimed for to be as minimum as possible.

Description of future state

- Much work is already on the way for End of Life care. Priority is to sharpen plans, elevate planning and speed up progress of implementation, and improve training to staff.
- Improve interface between **ambulance services, nursing and residential homes and acute setting** to reduce the potential avoidable uptake of patients to A&E. Opportunities for redesign include collaboratively **redesign pathways and decision criteria**, improving night time support, GP care planner/navigator to ensure collaborative instead of siloed working, and acute/EMAS offering support throughout the assessment process. Also, training of ambulance staff in EoL care need to be regularly refreshed. (ref. 1, 7)
- EoL pathway has been designed, and should be consistently reviewed to ensure best practice is followed in practice as well as on paper, also after training staff to ensure incentives for continuous improvement. Additionally, robust arrangements should be in place to cover clinical responsibility for patients at all times.
- **Telemedicine links** from the acute to support remote nursing homes remotely with urgent care consultations, Erewash is currently implementing the Airedale model, which might be increased in scale and scope if proven successful.
  - *Good practice example is the Remote In-Person Consultation in Aberdeen (ref. 2), where local nurses using the HealthPresence HD video conferencing and/or medical information from digitalised monitors and cameras. Examples in Scotland of the use of videoconferencing facilities to provide clinics include NHS Lothian into HMP Edinburgh and HMP Addiewell shows significant efficiency gains in terms of reduced consultant time travelling, and NHS Highland providing input to individuals with Dementia in a rural care home (4).*
- Whereas telemedicine can yield good results, it might be expensive and challenging to maintain. Good alternatives are available **using initial assessment tools for decision support** of registered nurses on site (also available by smart phone app), demonstrating efficiencies up to 40% of patient to be treated or assessed away from A&E. For care home settings, the issue might be more challenging. Similar tools are available though less effective, noting extra effort would be needed to access referral pathways and reduce siloed working.[3]
- An increasing number of Right Care plans is in place, for effective implementation it is key that the care plans contain up to date DNAR's, ADRT's, previous medical history and current medications. Better IT to support is needed to ensure sharing of EOL plans. **Access in and out of hours, and robust feedback loops of care plans** should be improved to ensure access to up to date plans by all providers.(ref. 1, 6)
- Early identification of patients by **risk stratification** by GPs provides opportunities for enhanced planning for the last stage of life. A more tailored End of life pathway based on patients' needs and preferences for their final 12 months' of life. Pathways should include further defining of (the objective of having no) 'never events' – unplanned admissions to the acute setting, increasing the chance of patients dying in their usual place of resident.
- Embedding of **24/7 integrated palliative care service** by MDT could further strengthen the patient experience in their last stages as well as providing information and support to carers and family. This service can be part of the extended scope of community support teams, providing multidisciplinary support at home and support the transfer of patients to their preferred place for end of life.
  - *Good practice example includes the by Midhurst Macmillan Service. This consultant-led service is run by a dedicated and multidisciplinary team of nurses and palliative care consultants, occupational therapists, physiotherapists, and a large group of volunteers. This core team works in close co-operation with other care providers in the local area to provide care in people's own homes. This includes general practitioners (GPs), district nurses, social services and continuing care teams. Clear and ambitious KPIs were set, and outcomes are convincing: 99% of the patients died in their preferred place (ref. 8).*

Outcomes to be achieved

- ↓ 20% NEL LoS reduction for 75+[5].
- ↓ 10% nursing home placements (more patients dying at home) (assumption).
- ↓ 20% non admitted A&E attendance3,4.
- ↓ 15% NEL admissions 75+[3,4].
- ↑ patients dying at home.

Transformation priority: Improve End of Life pathway, including nursing and residential homes (cont.)

Applicable to priorities set in workshops

- End of life pathway redesign (Integrated care).
- Improve pathway frail elderly with mental health issues (Mental health).
- Improve interface with EMAS, nursing homes and hospital (Urgent care).

Dependencies

- Providing commissioning framework to ensure services providers for End of life are commissioned for outcomes against the required standards.
- Delivering wider training across the health and social care sector for End of life – to be picked up in workforce development.
- Expansion of community services and CST, including provision of 24 hours care and their involvement in palliative care.
- Risk stratification to be broadened to EoL as well – requires close collaboration with initiatives in primary care transformation and redesign of community services.

Key milestones and implementation planning

1. Link up and review existing workstreams on EoL to ensure incorporation of direction of travel into clear roadmap for action. These working groups should get further guidance and support to accelerate planning and implementation.
2. Review demand for End of Life services including 24/7 integrated palliative care service.
3. Develop multidisciplinary pathways for all people nearing their End of Life phase, in collaboration with EMAS, DHFT, both councils, and GPs. Pathway include clear criteria for identification which can be used for risk stratification.
4. Set up training program across system (involving the same organisations as a minimum), this includes dementia and delirium case training.
5. Review and set up technology in nursing homes and residential homes, including the implementation of decision aids and initial assessment tools for staff.
6. Develop a public awareness strategy relates to changing society's views on death and dying including business case for resources.

Enablers/barriers

- Effective clinical leadership to design the integrated care pathways and lead work across organisational boundaries.
- Effective engagement and incentivising of primary care practitioners (including but not limited to GPs) and community support teams.
- Telecare/Telemedicine to support End of life patients, especially as technological advances accelerate.
- CSTs to extend their scope of services as opposed to duplicating team structures across patient groups.
- Need IT to be able to provide a shared access to the plan.
- Commissing adjustments in incentives, more outcome based.

Key risks	Probability	Impact	Mitigating actions
Inadequate workforce to deliver the End of life care pathway to the volume of patients requiring it.	M	H	▪ Specialist and generalist workforce training strategy developed to increase range and scope of knowledge and skills relating to End of life.
Integration of operations between multiple organisations is delayed, for example by data sharing constraints, differences in roles, or legal considerations being addressed in due course.	H	H	▪ Stakeholder involvement in End of life initiatives. Joint development/ownership of policies, standards and robust mechanisms to be set in place for integrated services.
Lack of cultural change within the system.	H	H	▪ Communicate narrative and positive benefits of changing the system. ▪ Training and development of GP, CST and nursing staff in addition to incentive payments associated with end of life.

Strategy for the future

Transformation priority: Enhance flow and outcomes

Enhance flow and outcomes	***Aims to reduce need for acute and community beds by reducing demand at front door (UCC), increase out of hospital access, improve appropriate use of inpatient capacity, shorten LoS and improve recovery and discharge. Additionally, this involves enhanced community services, enhanced emergency services and strategic partnerships with surrounding hospitals and between acute and mental (inpatient) care.***

Five year vision

- The vision is to provide an integrated pathway experience across the system, in which inpatient spells are minimised in number and duration to relieve the pressures on the bed base and hospital facilities.

Description of future state

- Implementation of a '**factory model**' approach for selected high volume low complex procedures such as hernia's, wisdom teeth, dermatological procedures or cataracts. Factory model includes a best practice standardised pathway, including allotments of time and dedicated staff, reducing variability and increasing predictability. Further development includes:
  - Expanding access by working seven days or evenings and by facilitating direct bookings.
  - Shortening LoS by optimising surgical pathways with better handovers to transfer patients from and to the community. This requires optimised pre-operative assessment, planning and preparation before surgery within the community, reducing physical stress of surgery, structured approach to peri-operative management and pain relief; and early mobilisation e.g. Bowel Surgery at Torbay Hospital,1 Prehabilitation supports rapid recovery for example through exercises prior to orthopaedic surgery.
  - Through the development of seven day service to support discharge, more patients are shifted to lower tiers of care.
- **Collaboration with neighboring providers** to ensure activity takes place in the right place/right time at the highest volumes possible to achieve economies of scale and draw together common skills and services to improve quality and safety.
- **Outpatient transformation** will release pressure on the acute and stimulate shift left. Interventions include.
  - Providing guidance and advice using digital tools. This can be further linked to a broader system wide E-health strategy, including increased virtual clinics, use of digital applications (like videoconferencing) to as alternative for outpatient appointments with GPs, community teams or consultants.[2]
  - Increasing access of diagnostics to GPs, which will shorten patient pathways.
  - **Conduct more procedures and treatments in primary care setting rather than in the acute**, for instance DVT and intravenous antibiotics for cellulitis. GPs with special interests and nurse practitioners can undertake common and minor procedures in the community, supported by increasing role of pharmacists, by making use of Health at Home initiatives and ambulatory clinics or one-stop-shop multidisciplinary primary care centres in collaboration with acute physicians (linked with Primary Care Transformation).
- **Improved collaboration of GP and A&E** This intervention has been piloted during winter periods and can be extended and further developed during the year. When fully successfully implemented, improve triage of patients to receive the most appropriate care, reduce turnovers and proven better outcomes and can reduce attendances by 30% for minor injuries[4] further integration is done for example in Homerton Hospital3. Further 'building up' urgent care capacity should be taken with caution preventing to attract any extra demand.
- **Targeted approach on top 5% outliers on LoS**; patients with high complex (physical and mental) health needs. Interventions could include receiving tailored packages of care within the community and improved early discharge planning.[5] The collaboration between DHFT and DHcFT with RAID service will provide further 'filtering' of patients of acute beds, offering specialised advice and reducing patients to be admitted who would have limited benefit from acute services.
- **Hospitalisation of children** by improved management of LTC and complex illnesses with speciality nurse navigators, target tailored approach for frequent flyers in A&E by health trainers enhancing self/parent management, and increase access CAHMS OOH and crisis management.
- In addition to the initiatives above, enhancing flow can be further explored in other setting than hospital (and GP). Flow across the system, for instance in caseload and duration of care pathways in community and mental health care could be reviewed from that perspective.

Outcomes to be achieved

- ↓ 10-20% NEL hospital admissions (ref. 4).
- ↓ 20% Length of stay (both NEL and EL) (ref 1, 5).
- ↓ 10-20% of A&E and NEL admissions for 0-16 year olds (assumption).
- ↓ 5-10% outpatients (assumption).

Strategy for the future

Transformation priority: Enhance flow and outcomes (cont.)

Applicable to priorities set in workshops

- Inpatient process optimisation for low complex high volume care (Planned care).
- Alternatives for hospitalisation of patients with very complex needs (Mental health).
- Reduce hospitalisation of children (Children's).
- Reduce hospitalisation – LoS reduction by standardisation and telemedicine (Urgent care).
- Reduce hospitalisation – substitution of care to virtual or physical wards (Urgent care).

Dependencies

- Delivery of outcomes on the long term are depending on primary care transformation (referral methodology, cooperation) and community services.
  - GP engagement and primary care transformation.
  - Community teams ready in scale and scope to support discharge and liaise with acute regarding patients with complex needs, to provide tailored care packages in the community – which is a longer term initiative.
  - Sharper links with diagnostics and ambulatory care.

Key milestones and implementation planning

1. Develop of detailed business case and implementation planning to support new ways of working (this includes identifying the care pathways to be developed into factory model as well as giving GP's access to specific diagnostics).
2. Develop practices on preventing admission and increasing access to diagnostics in primary care.
3. Liaise with Burton hospital to explore possibilities for further cooperation.
4. Set up of reduction of hospitalisation program by mental health trust and with support of CST, focusing on frequent flyer in A&E and outliers on wards.

Enablers/barriers

- Incentive to deliver change, both system wide as well as by the acute only. This requires commissioning changes.
- Need to be explicit about who will be in charge of the management of flow.
- IT referral support and technological infrastructure to be in place.
- Clinical leadership and GP engagement.

Key risks	Probability	Impact	Mitigating actions
Demand of acute care will rise because of deflection of other surrounding hospitals.	M	H	■ Collaboration and clarity about patient flows with EMAS and Burton, Stafford and Nottingham. ■ Close monitoring of demand levels to feedback both externally and internally across the system.
Pressure on inpatient care is high on short term, whereas effective changes in the community and primary care take more time to become effective.	H	M	■ Acute hospital to adopt LoS program, starting with quick wins and low hanging fruit.
Transformation scheme acts too much acute focused rather than as a system wide initiative.	H	M	■ Delivery groups to be balanced across organisations. ■ Next stage of planning should ensure other system wide initiatives to be included. However, these need to be prioritised as well.
Plans result in tinkering existing practices and not as transformative.	M	M	■ Need to be explicitly bold enough e.g. regarding bed reductions or two day admissions.

Other transformation initiatives

The following initiatives are not set as a priority area, but were frequently or explicitly mentioned in pathway workshops.

- Initiatives for improvement of self-management have been incorporated in the other priorities. For instance primary care transformation and community services both enhance and strengthen self-management of long term conditions within the community.
- The initiatives from the children's workshops do not 'fit' in one of the high impact priority areas, as the volume is rather small to make a large impact. However, the initiatives can be further developed within the delivery groups the upcoming months as the outcomes do contribute to better access and quality for children and their carers.

Other initiatives (not directly linked to one of the priorities)		
Priorities and objective	**Description**	**Outcomes**
Self-management strategy *Aims to lower demand for (hospital) care by increased self management*	■ Improve system-wide self-management of citizens/patients and their carers. Maximising self-care for instance like CHESS (Comprehensive Health Enhancement Support System) provides patients with information and interactive coaching tools including peer patient support to help. Preventative management can be enhanced by services such as the MET Office's 'Healthy Outlook' for COPD patients provides at risk patients with alerts when weather conditions increase their risk of exacerbations. ■ Similar example is implementing an expert patient program for 'People Powered Health' to set up networks and consortia with carers, facilitate coaching and peer support, and provide alternatives for care needs by increasing use of 'community assets', evidence of significant reduction in acute care needs is available. ■ Additionally, primary prevention and patient education have been frequently mentioned as important enablers towards a less demanding and more healthy population.	■ ↓ A&E attendances. ■ ↓ Admissions, mainly prevention of exacerbation of LTC. ■ ↓ Need for outpatient appointments.
Simplification of children's services *Aims to rationalise all children's services in order to improve access and enhance efficiency*	■ Increasing access, remove duplication and shorten patient journey by setting up a SPA and/or navigators through the system. ■ Provides services within the community by default (acute setting for specialised physical issues only). ■ Review and assessment of current service configuration and identify possibilities for simplification. The process of integration perhaps leading to one partnership trust providing all community services, therapies and non-specialised care.	■ All outpatient children's services at acute incl therapies, psychology, etc. (excl PAU and specialties) and all children's teams across all providers to be reorganised into new community based setting. ■ Expected ↓ need for A&E attendances for children.

High level KPIs/targets for transformation

The high impact priorities collectively contribute to a more sustainable system in terms of access, quality and affordability. Each of the priorities has a clear set of KPIs on through these three lenses. Collectively, meeting these KPIs/targets support the system transformation in achieving its system wide vision.

- The (financial) impact of the four priorities is quantified in a high-level, top down analysis, which implies the potential impact when the KPIs are met. The initiatives support the achievement of the KPIs. Outcomes of the high level financial analysis is described on the following pages.
- The percentages are applicable on 2018/19 activity levels, which includes growth over the upcoming five years. The pace in which the targets are delivered will differ per initiative.
- The financial KPIs mentioned below are based on literature, expert opinions or assumptions as described in the previous paragraph and references in the appendix. Note that most targets which are labelled as financial, will have an impact on improving quality and patient experience as well (for instance shorter length of stay).

Redesign community services

- ✓ More patients treated in the community, at home with holistic approach.
- ✓ 10% less mental health crisis by early intervention[b].
- Improved access (SPA) to community services.
- £ 10-20% reduction of LoS in acute[a], mental health and community hospitals.
- £ 10-15% reduction of avoidable NEL admissions[a] for elderly and LTC.
- £ Consolidation of community infrastructure (fixed costs (5%)).
- £ 20% less A&E attendances[a].

Primary Care Transformation

- ✓ More patients in control of their own conditions, improved self-management.
- Improved (OOH) access to primary care.
- £ 10% reduction of NEL admissions for LTC.
- £ 20% reduction of outpatient attendances by referral management.
- £ 10% of outpatients shifted from acute to community.
- £ 20% reduction of non-admitted A&E attendances.

Improve End of Life pathway

- Better performance of A&E access targets.
- ✓ More patients dying in their usual place of residence.
- ✓ Better patient/carer experience
- £ 15% reduction of NEL admissions for the more than 75 age group.
- £ 20% reduction of average LoS for NEL spells for the 75+ age group.
- £ 20% reduced A&E attendances by better access to specialist knowledge for nursing homes.

Enhance flow

- Improved 18w targets by less pressure on the acute.
- ✓ Less non-admitted A&E attendances by better cooperation GP and A&E[a].
- £ 20% outpatients shifted from acute to community[a].
- £ Less outpatient appointments by outpatient transformation[a].
- £ 20% reduction of average Length of Stay (planned and unplanned) in acute.

Quality
Access
Finance

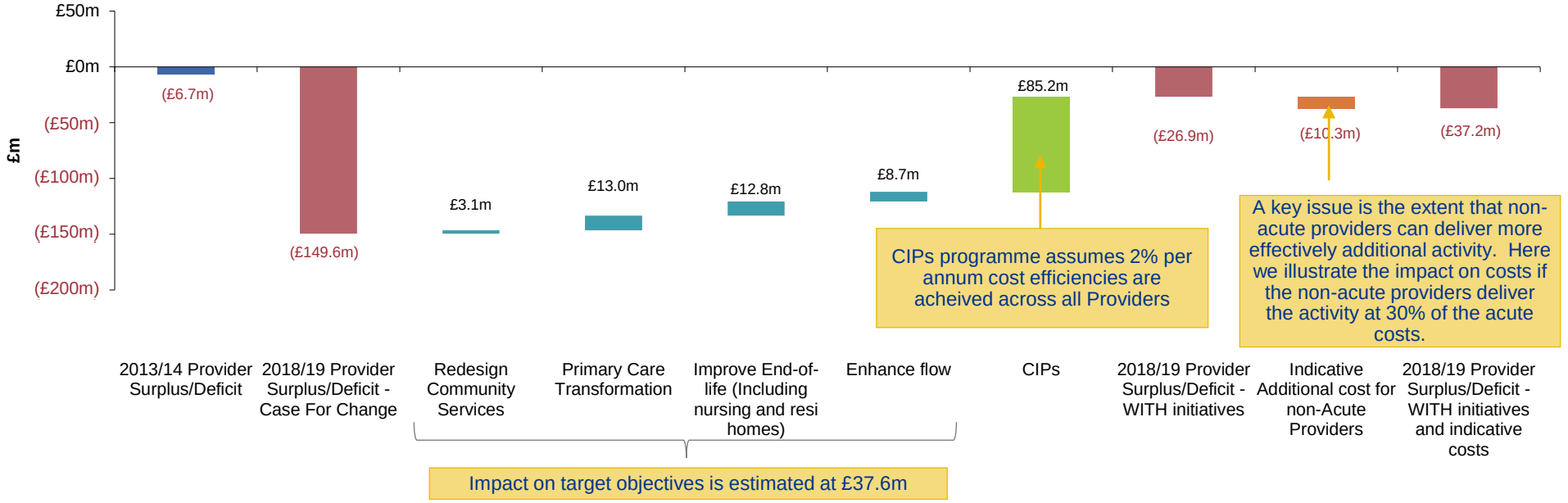
Note: (a) To avoid double counting, the benefits of these KPIs are not allocated to this priority area in the financial analysis. See appendix for detail.
(b) Effect is not quantified as assumed to be relatively small. See appendix for further detail.

Impact of transformation priorities - impact on providers

If targets are achieved for the four priorities and 2% CIP is delivered, the system wide deficit would be £26.9 million in 2018/19, assuming the impact on non-acute providers is 'soaked up' without additional costs and delivered by different way of working. The additional 2% CIP would be applied to all providers and has an impact of £85.2 million. The savings shown relate to all CCGs served by the providers.

- It is acknowledged that there is investment needed to make this happen. However, the amount depends on current productivity levels of community care and primary care. There seems potential for increased productivity of community care (community support teams, district nurses, neighborhood teams) by more efficient planning, technology support and lower administrative burden, which will free up face to face time. For primary care, activity levels and workload need to be assess to identify options for improvement (which is picked up in primary care transformation).
- An indicative additional cost for the non-Acute settings is estimated based on replacing the Acute activity with community-based services at a 70% cost discount. With these costs consideration, the total deficit for the system would be £37.2 million in 2018/19.
- In this analysis, it has been assumed that there would be no income loss to the Providers (as a whole for any movement in activity or change in the way activity is delivered) as it is assumed the tariff will be adjusted to reflect changes in costs.

Financial impact of initiatives and CIPs on provider surplus/deficit FY 18/19 position (all CCGs)



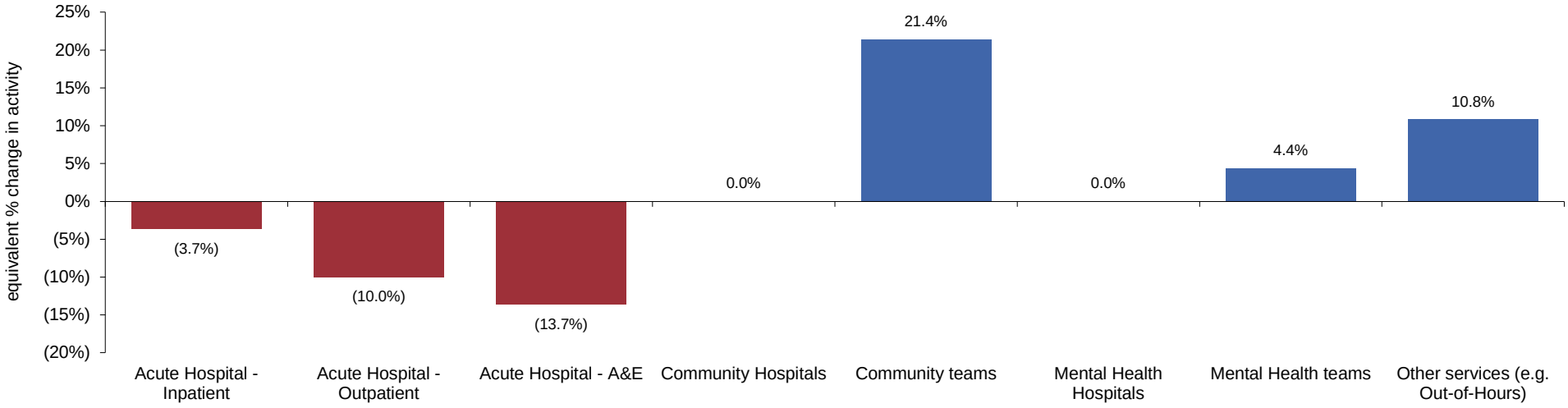
Impact of transformation priorities - impact on providers (contd.)

The chart below present an indication of the impact on activity levels in Acute and non-Acute care settings to deliver the target objectives.

In order to illustrate this impact, it has been necessary to make a number of assumptions which would need to be refined further. (A detailed explanation of the assumptions behind the quantification are in the Appendix.)

- For each objective where there is a resulting impact on Acute activity (beddays or volume of activity), it has been assumed what the potential impact on non-Acute care settings might be.
- In care settings where the unit of activity is contacts, the analysis has assumed:
  - One spell or attendance is equivalent to one service user; and
  - Ten contacts per service user.
- These assumptions are purely based on work we have done with other Health Economies and have been used to provide a high-level indication of the activity impact.
- The percentage change is based on comparing the FY 18/19 activity levels under the 'Do Nothing' scenario to the FY 18/19 activity levels with the Strategy for Change.

Illustrative Impact of Strategy for change on forecast activity for FY 18/19 across care settings

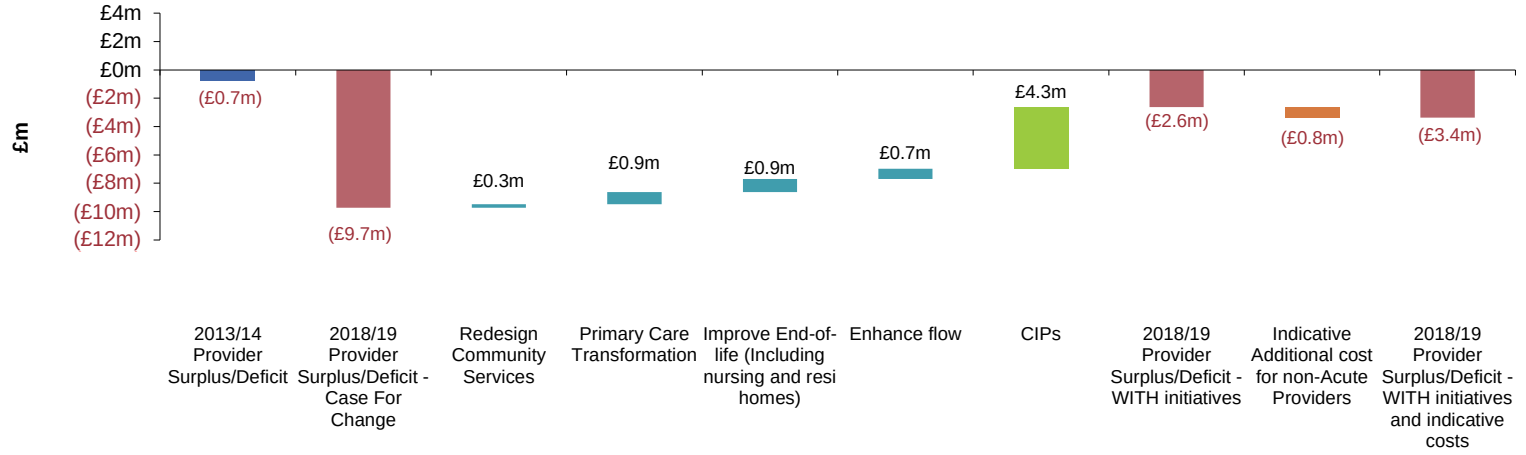


Strategy for the future

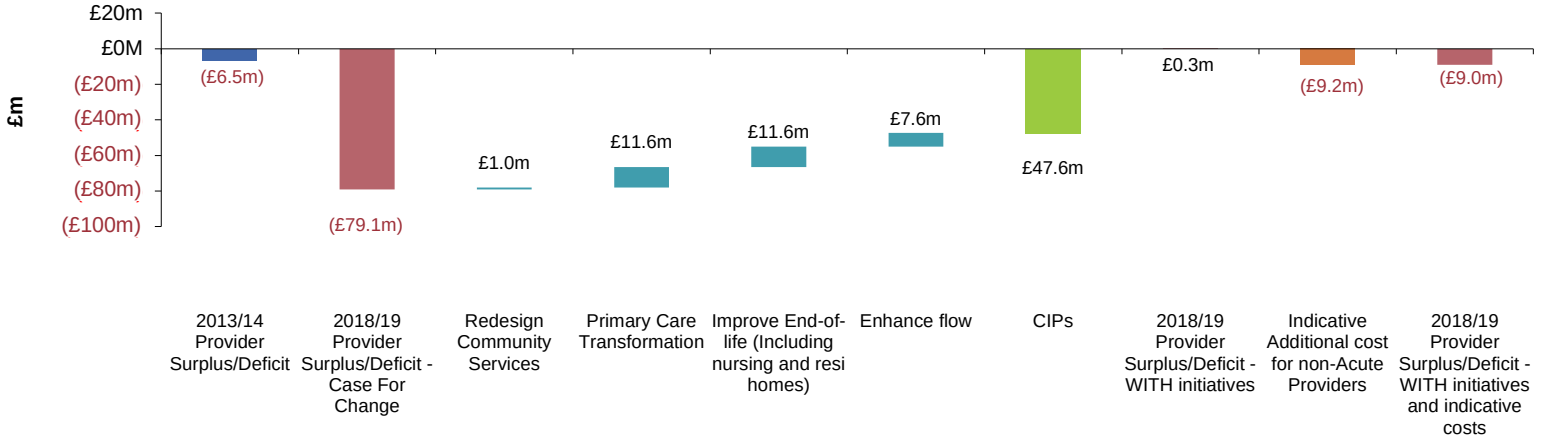
Impact of transformation priorities - impact on CCGs

The charts detail the change in surplus/deficit for Providers for Erewash CCG and Southern Derbyshire CCG activity separately.

Erewash CCG: Financial Impact of Initiatives and CIPs on Provider Surplus/Deficit FY 18/19 position



Southern Derbyshire CCG: Financial Impact of Initiatives and CIPs on Provider Surplus/Deficit FY 18/19 position



Impact of transformation priorities - DHFT position with income scenario

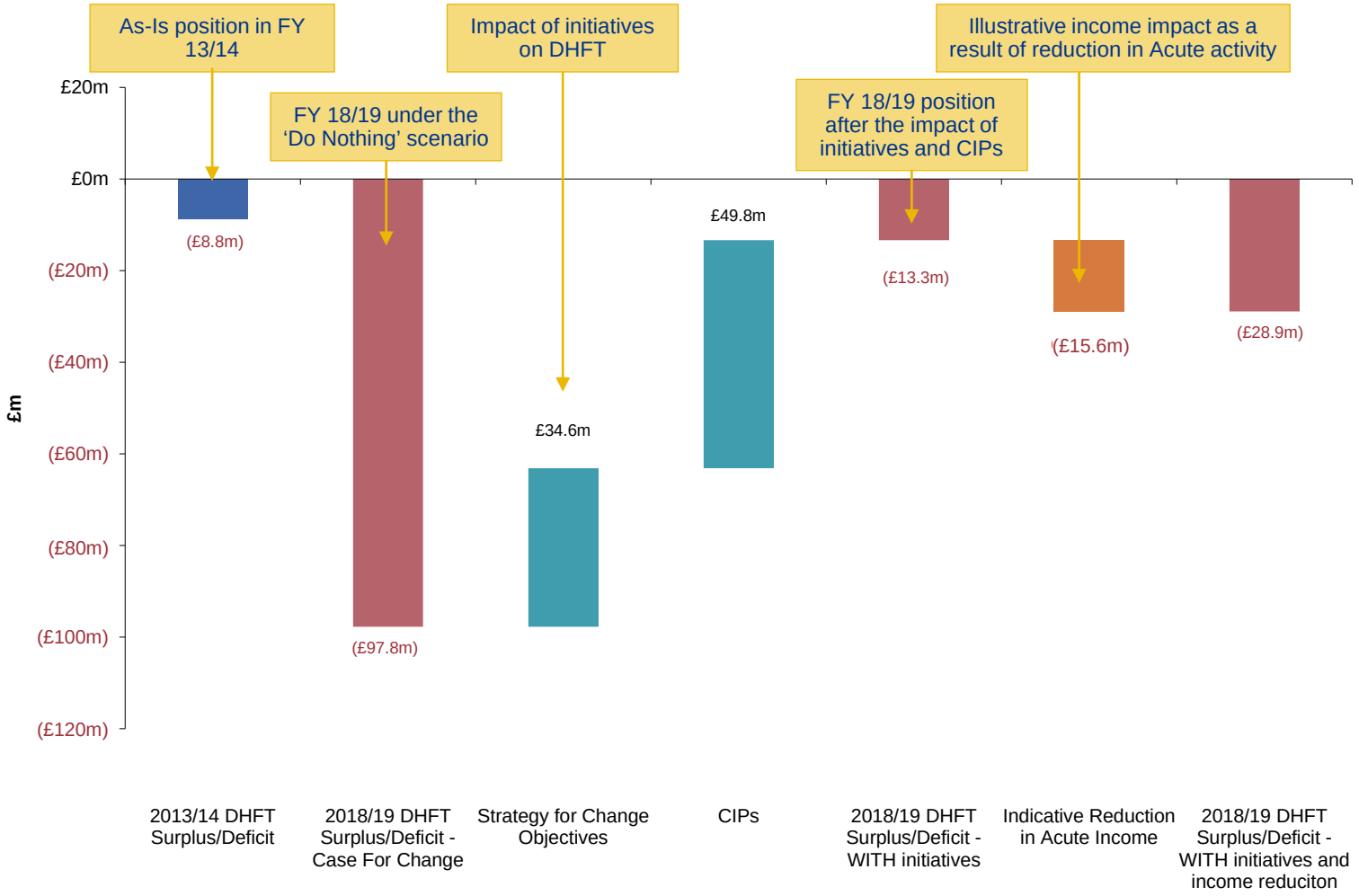
In the previous analysis we assumed that the level of income received by Providers would remain unchanged. This is an assumption which would need to reviewed in further work as it would be dependent on Tariff changes.

In order to illustrate the impact of how a reduction in Acute activity may result in a reduction in income for DHFT, the chart on the right illustrates what the consequential loss of income may be.

The deficit position increases to £28.9million when the loss of income of £15.6million is considered.

In the analysis presented we have focussed on the affordability of the overall system. As a consequence we have focussed on cost saving. However, to be sustainable all the individual providers will need to be financially sustainable and therefore it is necessary to consider both income and costs.

DHFT: Financial Impact of Initiatives and CIPs on DHFT Surplus/Deficit FY 18/19 position



Making it happen

Enablers

The enablers are a combination of initiatives arising from both pathway specific workshops and the leadership workshops, as well as check and challenge sessions with various stakeholders across the system.

As important as the strategy itself are the enablers to have in place for real change and transformation. These are essential to be in place for the successful delivery of the five year transformation plan.

- On the next pages, we have further described the system-wide infrastructure enablers and further detail on incentives and organisational structures.

What the initiatives need

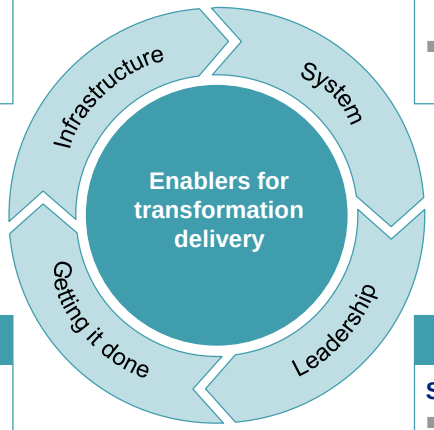
System-wide infrastructure

- Workforce development and transformation.
- Change in capacity of front-line staff (in RTT, A&E, Cancer).
- Universal access to patient records and quick wins on internal governance and IT (shared records/e-consultations).
- Communication to patients for signposting and education.

What the system needs

Incentives and organisational structures

- Outcome-based commissioning.
- Segmentation and understanding population groups (strategy on regional level, implementation on local level).
- New types of collaboration and new organisational structures.
- Better aligned incentives.



Getting it done with rigour and pace

Transformation management and governance

- Change management capacity/PMO and robust governance.
- Culture of continuous improvement and professional outlook, including clinicians and staff taking ownership.
- Engaged and empowered clinicians and front line staff.
- Active stakeholders (GPs, HWBs, NuP, patients, …).

What we as a leadership group need

Strategy and collaboration

- Next level of whole system planning.
- Vision and leadership, and integrated leadership between health and social care.
- Business cases and investment requirements.
- Clarity on roles and responsibilities.
- BI whole system dashboard.

Enablers (cont.) - System wide infrastructural enablers

Each enabler has a particular role in ensuring that the five year transformation plan is delivered over the course of the next five years. Some enablers are more straightforward than others, however all require a collaborative approach and system wide approach to have the most impact.

A number of things will need to be considered for each enabler:

- Who will be responsible and accountable for the delivery of the enablers?
- What board level approval is required by each organisation to ensure that there are no barriers to the implementation of the enablers?
- How will issues across organisations be resolved in a timely and effective way to not slow down implementation?

In addition collaboration across the Northern unit of planning may be a more sustainable approach to delivering the system wide infrastructural enablers over the course of five years which requires discussions and coordination with North Derbyshire. Because there are providers such as DCHS and Councils and DHU across the whole of Derbyshire.

System wide infrastructural enablers	Objectives
Workforce development and transformation	■ Enable strategic and coordinated workforce planning and development. ■ Effective change management as the workforce begins to adapt to new models of working. ■ High impact organisational development, including health and social care wide training and development initiatives.
Universal access to patient records	■ Create a system wide strategic and operational plan to enable citizens to have universal access to their health records within the next five years. ■ Effective information governance processes in place across health and social care.
Communication to patients for signposting and education	■ Creation of a single point of reference for services across health and social care in Derbyshire with clear signposting to both preventative and curative services. ■ Coordination of patient empowerment through initiatives such as patient education from a public health focused angle with the main aim to keep people healthy.
Estates	■ Assess the existing estate to evaluate the existing condition, spatial relationships and working arrangements. ■ Bring forward proposals to provide sufficient space, of the correct standard, incorporating co-locations, service hubs etc. to achieve the required efficiencies across multiple service workstreams. ■ Make adequate provision for the future maintenance of the estate.
Whole system dashboard	■ Monitoring the effectiveness based on a limited number of KPIs. ■ New and drill down KPIs.

Making it happen

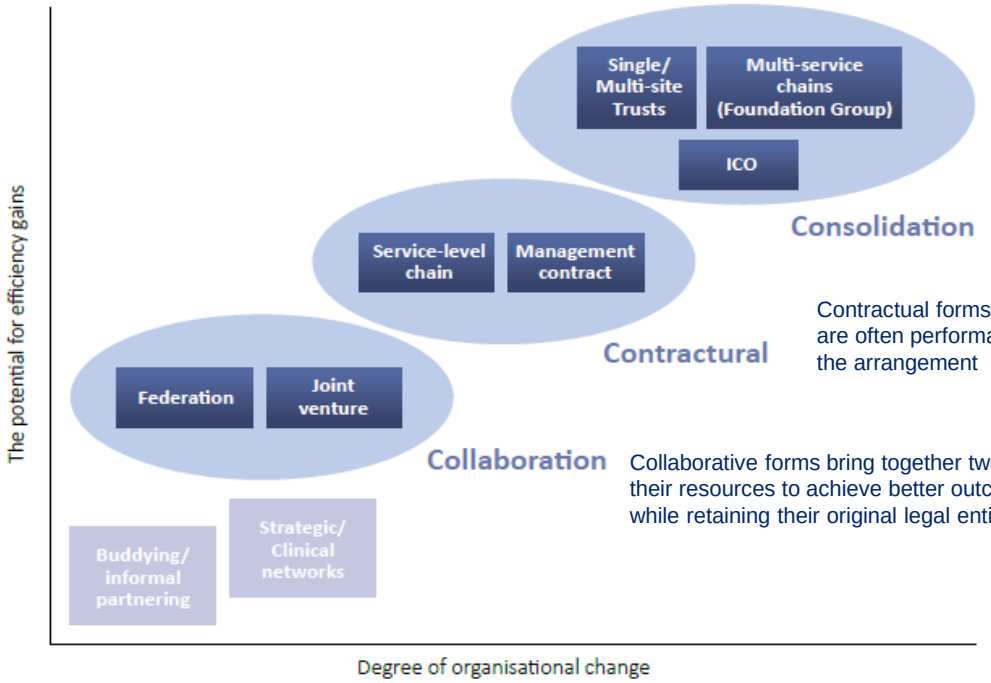
Enablers (cont.) – new organisational reforms (Dalton review)

System leaders have identified the need to search for new organisational forms and different incentives in order to deliver the transformation.

Now the direction of travel has been set out, next step will be to explore what model would 'fit' for Southern Derbyshire.

Key message for development of new models is that "Form follows function". This means a stepped approach is needed:

1) Define objectives and outcomes: the system leaders need to start with what they want to achieve individually and collectively and explore the extent of overlaps and if there are ways to achieve the individual and joint objectives.
2) Based on these objectives, there are a range of forms through which partnership and collaboration can be achieved. The important factor is that the contractual or organisational form will achieve the agreed outcomes.



Consolidation forms are when a change of ownership occurs and organisations come together to form a new organisation potentially delivering different services than previously

Contractual forms have more formalised agreements and there are often performance and quality standards agreed as part of the arrangement

Collaborative forms bring together two or more organisations voluntarily to pool their resources to achieve better outcomes for patients or for financial benefit, while retaining their original legal entity.

Dalton Review:
"It is rightly stated that 'form follows function'. Organisational form should always be designed to support the delivery of models and standards of care, and should not be an end in itself. This Review encourages boards to consider fundamentally whether their existing form is best designed to deliver new models of care and ensure the delivery of required standards."

Source : Examining new options and opportunities for providers of NHS care The Dalton Review – December 2014

Making it happen

Enablers (cont.) – potential new models of care (Five Year Forward view)

In the Five Year Forward View, the need for transformation and developing new models of care are highlighted. On this page we describe what a different model of care might look like (non-exhaustive), and what key characteristics are which need to be considered in the next steps.

Potential new model	How this model could apply to the 5 year strategy in Southern Derbyshire	Key characteristics to consider in next phase
Multispecialty Community Provider (MCP)	MCP links well with the Redesign of community care and the Primary care transformation as it shares the same values like: ■ Primary care proactively targeting frail elderly or those with LTC, working much more intensively with these patients. ■ Making fuller use of digital technologies, new skills and roles, and offering greater convenience for patients. ■ Teams taking over the majority of outpatient consultations out of hospital settings. ■ Making better use of support from community (carers, volunteers and patients themselves), accessing hard-to-reach groups and taking new approaches to changing health behaviours.	■ **Employing consultants or take them on as partners to work CST**, bringing in senior nurses, consultant physicians, geriatricians, paediatricians and psychiatrists. ■ **Take on delegated responsibility for managing the health service budget** for their registered patients. Where funding is pooled with local authorities, a combined health and social care budget could be delegated to the MCP. ■ **Take over the running of local community hospitals** which could substantially expand the diagnostic services as well as other services such as dialysis and chemotherapy.
Urgency and emergency care networks	Networks like these include similar initiatives as in Derbyshire: ■ Widening access to GP in weekends and evenings ■ Nurses working from community bases equipped to provide a greater range of treatments (CST) ■ Ambulance services empowered to make more decisions ■ Greater use of pharmacists (Primary care Transformation) in order to minimise unnecessary admissions into acute care.	■ **7 days access** to services where this makes a difference to clinical outcomes ■ Ensure **further integration** between the acute and mental health services like psychiatry liaison service ■ New **funding arrangements** for emergency care ■ Networks might include strengthened partnerships within the wider health economy with other (acute) providers
Primary and Acute Care Systems (PACS)	Primary care in Southern Derbyshire faces challenges in coping with the expected additional demand in the future. Local general practices are currently stretched and recruitment and retention of GPs is challenging. The PACS model would further integrate and facilitate working together between different organisations across the system.	■ **Potential vertical integration** of GP and hospital services, including mental health and hospital care ■ Careful implementation to prevent PACS to become a feeder for traditional acute care, but actual transform delivery of care. ■ **Accountable care organisations**: at the most radical, PACS would take on accountability of the whole health needs of a registered list of patients under a delegated capitated budget

Source: Five Year Forward View - October 2014

Governance review – key findings

The purpose of the STAR Board governance review is to understand and make observations on the current governance structure against the governance and programme management competency framework as well as the operational resilience and capacity planning guidance published in June 2013. The Board has asked KPMG to particularly comment on the arrangements in place to take the five year transformation plan forward following its agreement.

The executive summary of this review and its recommendations is summarised here. For further reading and more detailed findings, see appendix C.

Key findings

The STAR Board is in its early stages of development and all observations have been made against the governance and programme management competency framework taking this into account. The STAR Board has used the Operational Resilience and Capacity Planning Guidance published in June 2013 to guide its set up. The STAR Board currently brings together two main responsibilities:1) system resilience and 2) system transformation across health and social care into one forum. Our analysis suggests that the STAR Board needs to make some improvements to ensure it has sufficient grip on the key governance processes that will ensure the delivery of the five year system transformation plan. This is based on the following observations which are described in further detail within the report:

- Evidence suggests that decision making processes are not clear and there is limited confidence that the current set up has enough decision making power to enable system wide transformation at the pace required.
  Membership at the STAR Board is very broad, and partly due to the planning challenges, not all those invited are currently attending. This prevents the Board from having focused discussions which also contributes to the Board not always being perceived as a structured and important forum.
- The STAR Board has two chairs and two deputy chairs and feedback from members suggest that this does yet work effectively and we recommend that the STAR Board formally reviews this set up as soon as possible. For consistency it has been suggested locally that chairs from both CCGs are rotated every 6-12 months.
- The operational resilience and capacity planning function of the STAR Board is currently dwarfed by the system transformation responsibility of the STAR Board which results in the Board not being able to give enough time and attention to deliver either resilience or transformation agendas.
- The responsibility to deliver the resilience agenda currently falls under four different delivery groups which currently seem to be working independently of each other and are not yet set up in a way to take on the responsibility of delivering the additional transformational function once the five year plan is in place.
- The governance structure is not yet set up in a way to plan and track progress from the delivery groups at the STAR Board and therefore the Board is not receiving the right information on which to make informed decisions. Risks may be captured from the delivery groups and reported into the STAR Board, however stakeholders interviewed do not consider the current processes to be robust.
- Although in the plan, there is currently no reporting system between the STAR Board to the Health and Wellbeing Boards and other statutory bodies other than what is expected to be communicated through common members. The STAR Board requires commitment from all the statutory bodies to be successful.

Governance and programme management competency best practice framework

Governance review - recommendations

There are a series next steps from our work and our experience of designing and developing a transformation programme of this scale and scope.

We have set out our top 5 priority recommendations here, with an explanation of key components and potential actions for the STAR Board to consider.

Further detail is contained in appendix C.

	Recommendation (what)	Drivers (why)	Potential actions (how)
1	**Redefine membership of the STAR Board to include accountable organisational and clinical leads only and delegate resilience responsibility to a separate group to ensure focus on transformation.**	■ Resilience and transformation functions require different stakeholder involvement and delegation of responsibility for resilience to a separate group will allow for simplification. ■ The STAR Board currently has high attendance which is a barrier to effective decision making. ■ The operational resilience and capacity planning agenda has been dwarfed by the transformation agenda.	■ **Delegate operational resilience and capacity planning function** from the STAR Board to ensure accountable organisational and clinical leads are present. This should be led by directors including public health. ■ **Establish one STAR Board Chair** and one deputy chair that can build stakeholder relationships across the health and social care system. For consistency it has been suggested locally that chairs from both CCGs are rotated every 6-12 months.
2	**Restructure the scope, membership and number of delivery groups and infrastructure related work streams responsible for the delivery of the five year transformation plan.**	■ Stakeholders need to be assured of the leaders' commitments to both resilience and transformation agendas with clear decision making processes outlined across the system. ■ Delivery groups are currently not organised in a way that the priorities within the five year transformation plan can be addressed in a clear way because of the overlap between the delivery groups.	■ **Consolidate delivery groups** into four permanent groups: Urgent, planned, integrated primary and community and children's and one short term delivery group (mental health) responsible for the delivery of the five year transformation plan with responsibility for resilience down to a **new operational resilience group**. ■ Note that Southern Derbyshire CCG and Erewash CCG have been working under one unit of planning for 6 months and therefore will require a transition period to move into a joint integrated primary and communicate care delivery group. It is expected that the integrated primary and community group will bring together views from both CCGs to report into the STAR Board. ■ Develop a **system wide delivery group for infrastructure enablers** and ensure that finance directors, COOs, HR directors across the system are gathered across infrastructural themes to ensure delivery of enablers.

Governance review - recommendations (cont.)

There are a series next steps from our work and our experience of designing and developing a transformation programme of this scale and scope.

We have set out our top 5 priority recommendations here, with an explanation of key components and potential actions for the STAR Board to consider.

Further detail is contained in appendix C.

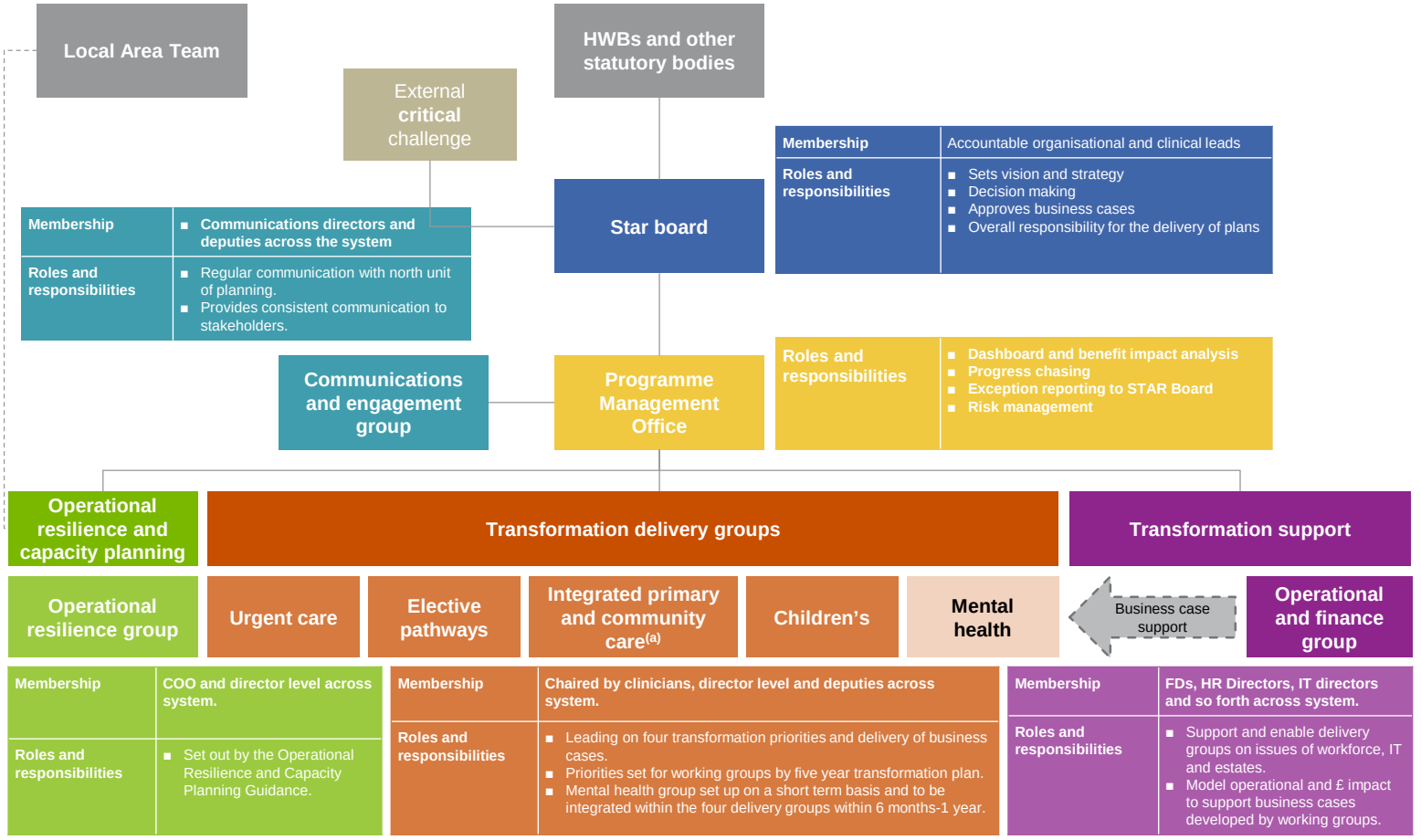
	Recommendation (what)	Drivers (why)	Potential actions (how)
3	**Refresh projects and priorities for delivery groups including enabler work streams containing the next level of detail required to deliver the transformation plan which should include project plans, milestones, KPIs and business cases.**	▪ Current work streams and initiatives of delivery groups are not aligned to the five year transformation plan. ▪ There is no overarching body to oversee the progress of the STAR Board and delivery groups which means there is an overlap in their discussions, roles and responsibilities. This gives rise to lack of clarity about what the STAR Board is meant to monitor.	▪ **Establish programme management office** structure and clarify decision making processes through stated commitments of leaders across the system. ▪ **Ensure the delivery of an integrated communications and engagement group** to ensure consistent communications across the delivery groups.
4	**Monitor and track implementation of the transformation plan at the STAR Board on an exception basis and develop a system wide dashboard to get timely insights into the benefits and transformation KPIs.**	▪ A dashboard is in development to track the progress of the implementation of the resilience plan however there is no system in place that will monitor the delivery of the transformation plan.	▪ **Develop a system wide dashboard** that is accessible to all stakeholders and that will monitor key KPIs demonstrating progress of the transformation plan across the health and social care system.
5	**Establish clear decision making roles and responsibilities for STAR Board and delivery groups including reporting lines to the Health and Wellbeing Boards and other statutory bodies.**	▪ Engagement with the voluntary sector is currently minimal as the sector is not represented at the STAR Board in relation to the operational resilience and capacity planning agenda. ▪ In order to successfully deliver the transformation agenda it is important that Health and Wellbeing Boards and other statutory bodies are aligned to the transformation plan. This is currently not the case and is a risk to the successfully delivery of the plan.	▪ Involve **Health and Wellbeing Boards and** other statutory bodies in the delivery of the transformation plan. ▪ **Engage with the voluntary sector** to ensure strategic alignment from an operational resilience and capacity perspective.

Governance review - recommended governance structure

Key changes compared to current structure:

- **Delegation of operational resilience and capacity planning responsibility to a single group overseen by the Local Area Team.**
- **Separate delivery groups responsible for resilience and transformation functions, all accountable to the STAR Board.**
- **Introduction of a communications and engagement group.**
- **Introduction of an operational and finance group that brings together workforce, IT and estates issues and supports business case development for delivery groups.**
- **Simplification and redefinition of delivery groups.**

Following on from the recommendations, The following proposed governance structure introduces a number of additional groups and simplifies existing delivery groups. Expected membership and outline of roles and responsibilities is described for each group. Key changes are outlined on the left.



Note: (a) Note that this integrated group will report into the STAR Board, whereas now there are two (SDCCG integrated care group and OOH ECCH group). We recommend these groups merge into one over time, intermediate structures might be needed.

Risks

Apart from the risks within each priority scheme, there are overarching risks for the STAR Board to consider and act upon. We have highlighted the Top Five on this page.

Delivery of transformational plan				
Risk	**Probability**	**Impact**	**Rating**	**Mitigating actions**
Stakeholders do not agree on the plan and what actions need to be taken to push this forward within short time, will bring in risk for **delay and loosing 'momentum'**	Medium	Medium	M	▪ Burning platform for decision making in STAR Board 22 January to be prepared between Christmas and the STAR Board meeting.
Essential **infrastructure and preparatory work required for governance and detailed planning** are not delivered properly, therefore placing the deliverability of the remainder of the transformation plan at risk	Medium	High	H	▪ Complete implementation of governance recommendations. ▪ Review of current risk register and progress tracking to ensure all first necessary steps are done. ▪ Critical challenge by critical friend or external support on the rigour, pace and depth of detailed planning steps taken.
There is **insufficient capacity** within the system-wide workforce to undertake the transformational change required to deliver the overall programme	Medium	High	H	▪ To prevent day to day operational pressures distract key people from the work required to deliver the transformation plan, the right people should be on the delivery groups and transformation support groups (i.e. Those who have decisive power within each organisation and has access to support; all HR directors or their deputies for workforce, etc.). A PMO can drive this, but the actual change needs to come from the providers and commissioners. ▪ Constant monitoring of capacity demands to ensure that prioritisation is appropriate between 'business as usual' and transformation plan activity.
Work programmes **do not deliver on time or deliver outcomes that are different to what is expected**, by lack of prioritising current work streams, insufficient management of dependencies between work streams and their business cases and/or unsuitable benefit tracking.	High	High	H	▪ Clear outline of projects and timescales, including projects outwith the scope of the transformation plans. Strict review criteria when assessing all currently work to check and challenge for redefining scope of the (new) delivery groups and transformation support groups. ▪ Monthly reporting of delivery groups to PMO. Close monitoring of the dependencies between the transformation plan and 'business as usual', including resilience. ▪ Early definition and agreement on KPIs for benefit tracking.
Buy-in of internal and external stakeholders including primary care, health and well-being boards and system-wide communication towards each organisations individually does not build quickly enough to support programme delivery on schedule	Medium	Medium	M	▪ Structured programme of stakeholder engagement and two-way communications to ensure that views are heard and plans are constructed through collaboration.

Next steps – next phases for transformation

This five year strategy plan has been built with the involvement of people and organisations across all organisations represented in the STAR Board. Given the significant amount of work that has been undertaken by such a range of stakeholders within a compressed timescale, it will be critical to maintain momentum into 2015.

- It is therefore important to note that this report is just the first milestone of many for transformation and care system redesign. The complete programme approach for transformation, including authorising, monitoring and implementation processes, is based on the Office of Government Commerce[(a)]. The process consists of five phases, of which the first phase has been completed by the delivery of this report.

	October-December 2015	January-April 2015	February-May 2015	June 2015	From July 2015 onwards
	✓ Priorities for redesign	Detailed transition plan	Outline business case	Decision making	Detailed implementation plan
Purpose and component documents	■ Case for Change, strategic principles and options. ■ Preferred strategic direction. ■ Outline of costs of scenarios now and in the future. ■ Consultation paper.	■ Project sequencing (what and when). ■ Costs of implementing the programme in light of that sequencing. ■ This includes costs of transition from current to future services (double running).	■ Outline Business Case for each service change, presented in agreed template ■ Further detailed outline of service in future (revised service specifications, strategies). ■ Next level of financial analysis, including quantified operational impact on activity, workforce, quality, estates etc. ■ Also includes investment needed for transformation.	■ Decision making to: 1) Confirm that a viable option has been outlined through the OBC process. 2) Approve proceeding to next stage for planning and implementation, or not to proceed.	■ Detailed implementation and action planning ■ Detailed risk management plan. ■ Confirmation of funding required. ■ Full cost/benefit analysis and benefit tracking.
Who	■ STAR Board to agree. ■ CCGs to sign off.	■ PMO or equivalent. ■ Sign off by STAR Board.	■ Set up by delivery groups. ■ Supported by transformation support groups.	■ STAR Board to agree. ■ CCGs to sign off.	■ PMO or equivalent. ■ Delivery groups and transformation support groups to drive change.
Key considerations	■ Sustainable health and social care system (accessible, good quality and affordable). ■ Strategic principles.	■ Sequencing and critical path. ■ Interdependencies between projects. ■ Impact of staff development.	■ Coproduction with wider stakeholder group, including North, on certain topics.	■ If decision is not to proceed, STAR Board needs to identify impact on transformation and revise plans accordingly.	■ Enablers in place. ■ Sequencing and critical path. ■ Practical implementation planning in achievable time scales.

Note: (a) http://webarchive.nationalarchives.gov.uk/20130129110402/http://www.hm-treasury.gov.uk/data_greenbook_business.htm.

Next steps – concrete next steps to pick up on the short term

To maintain momentum into 2015, the immediate focus need to be on the topics below. The preparation of these steps need to take place in parallel.

Governance

- Embed the priorities in the governance structure of delivery groups and work streams in a pragmatic and solid way.
- Implement the KPMG recommendations on governance, one of which is kick start the enablers to be aligned with the strategy.
- Establish robust arrangements (decision making processes), and set up capacity to drive change and system wide reporting and tracking (PMO).
- Ensure the transformation for each organisation fits in strategy, capacity and governance within the wider system direction of travel.

Detailed planning

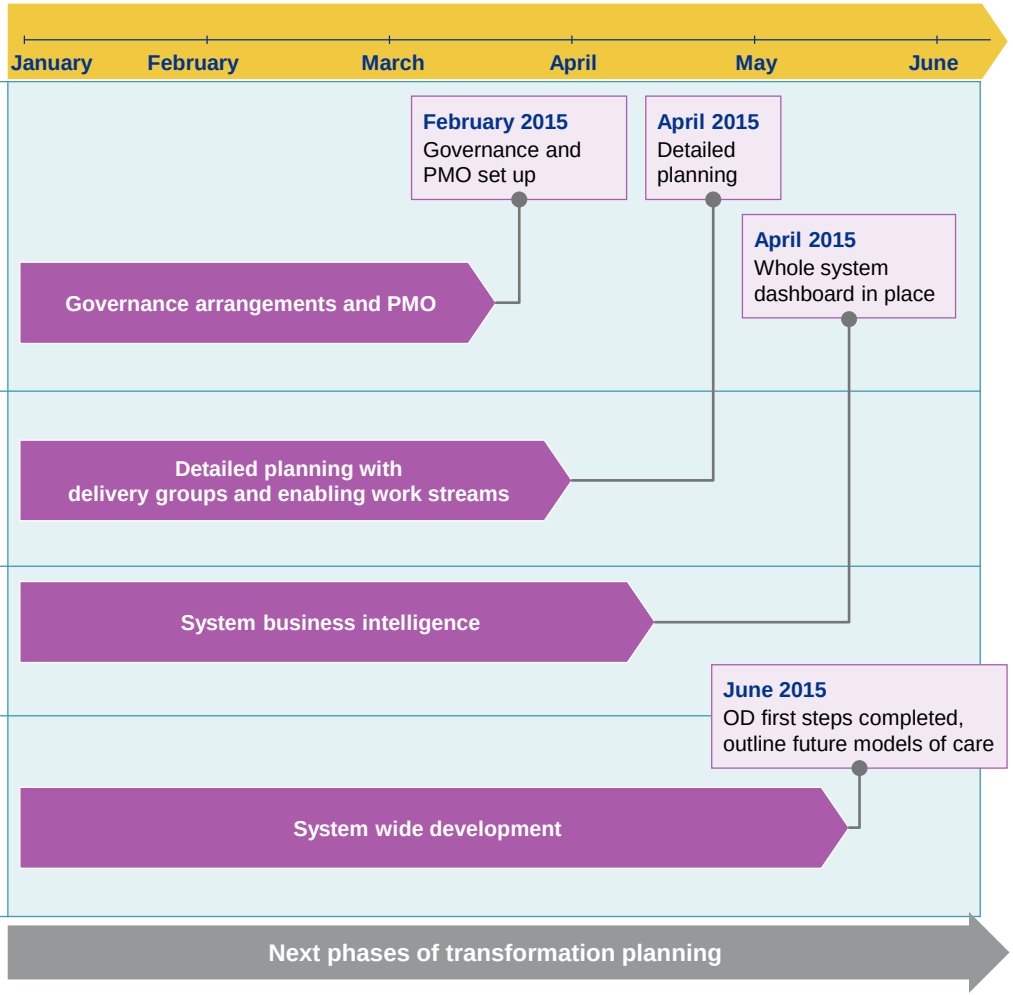
- Detailed implementation plans required for four priorities.
- Financial planning and preparation of outline business cases; this will provide more insight in actual savings aimed for, investments to be done and activity to be shifted, as mentioned on the program/transformation process outline.

System business intelligence

- Define transformation KPIs for system, four priorities and initiatives to enable impact analysis and benefit tracking.
- Development of whole system dashboard for transformation.

System wide development, including new organisational forms

- Systemic coaching to support alignment of leadership, OD on both (deputy) director level as well as clinical leadership. Clinical engagement and system wide communications plan and involvement of the public.
- Establish plan to explore of new organisational forms based on the 5 year strategy, set objectives and outcomes, prepare outline of new models of care delivery



Appendix

Appendix A

References

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Strengthen community services

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Appendix B

Reflections from (inter)national experts

Nigel Edwards, Chief Executive – Nuffield Trust

"Overall, the strategic themes look right.

Additionally, I would get the system looking at their relationships with smaller hospitals."

On reducing hospitalisation of children:

"Paediatricians should be doing MDT meetings with their local GPs who bring their difficult cases – creating a culture in which the GPs feel able to ring and ask for advice."

On redesigning Integrated Care:

"Can also consider the paediatrics model for geriatric care and some long-term conditions – with more specialists working out of hospital."

Ryan Hayden, Director of Healthcare Advisory – KPMG Boston (USA)

On Integrated care:

*"It is quickly becoming **more economical to deploy chronic care teams** out into the public even the most expensive resources. Deploying, for instance, a diabetic team with specialists in insulin and nutrition, cardiology, lab/pharmacy, and community care might seem high cost. But if that team can touch/meet with maybe 6-8 patients a day, driving out into the community and meeting with them in their homes to do the routine care that is required, those 30-40 patients a week avoiding 1-2 emergency visits a month pays for the entire team's annual salary 3-4x over.*

On Mental health:

*"**Early detection is key**. This comes with educating family members on the resources available to help deal with this awful problem. Whether its PTSD for our war heroes, or problems with the homeless, or Alzheimer's and other conditions, getting information at the earliest stages is critical."*

On patient education:

"To educate a patient is difficult. Simply educating them is one thing, but getting them to actively participate in what the education is actually telling them is the critical missing link.

***Reimburse patients for actually utilising services** e.g. to quit smoking – either individual counseling, or smoking alternatives, and so on. Hand out the education material, facilitate the patient to use services available, and follow up that they've followed through."*

On end of life care

*"**Hardest thing on your list** because addressing it means trying to change fundamental human behavior. The best of us understand the healthcare system and the ins and outs of when and when not to use our variety of options. But as soon as it's your grandmother or my dad, all logic and reason goes out the window."*

Dr. Anna van Poucke, Head of Health – KPMG Netherlands

"Overall across the system, there is a need to focus on outcomes of care. Also think of the roles payers can play in the new system through new ways of contracting. Finally look at the roles of patient organisations in developing pathways."

On Integrated Care:

"Requires integrated communication systems, integrated outcome measurements and an integrated financial system to underpin the redesigned pathway."

On Planned care:

"Improve flow out of hospital by coordinating care with elderly community services."

On Primary Care Transformation:

"Reduce length of stay by providing care at home as an alternative to hospital beds (or use GP-beds in hospital or rehab centre)."

Malcolm Lowe-Lauri, Executive Director, Healthcare – KPMG Australia

Key priorities I would like to give the Derby system some genuine change I would like to see:

- *A risk-based approach to primary care – turning QOF into the stratification and programming of patient services*
- *Community services that are 'open' and thus known to be useful 24/7.*
- *Outpatients as a last resort – use e-health, secondary support to primary care, extend the concept of direct access services.*
- *Out-of-hospital networks to residential and nursing homes.*
- *A hospital led integrated children's health network.*
- *A genuinely integrated mental health system."*

Most important enablers I would say are:

- *The leaders need to get their baggage out and destroy it.*
- *Patients should be directly involved in service design.*
- *Use independent clinical experts.*

Mark Rochon, Global Healthcare Centre of Excellence – KPMG Canada

"Consider what organisation(s) will be held accountable for specific elements of the transformation and what organisations are in a support role."

Developing a population-focus is key:

"Assuming the population served by the client is not substantially different from other western health economies about 5% of the population consumes about two-thirds of all health and social care (nursing home and home care) spending.

This perspective should orient the client toward further opportunities. Focusing on populations that would benefit from improved performance is worthwhile to consider. Does the degree or lack of integration with social care create barriers to improvement?"

"A strong orientation toward primary care improvement as you note in the initiatives are important and are key to improving nursing home and end of life care."

Appendix C

Assumptions impact quantification and shift of activity

Impact quantification of transformation priority areas

As mentioned in the report, each priority area covers multiple initiatives. Some initiatives from different priorities apply to the same objective. To avoid any double counting, the objectives and quantified impact will be calculated and applied once. In the table below is shown what the expected impact is per priority area, and for which priority ('bucket') those KPIs are quantified.

Quantification of assumptions					
Impact	**Subgroup**	**1. Redesign community services**	**2. Primary care transformation**	**3. End of Life care**	**4. Enhance flow**
Reduction fixed costs		5%			
Av LoS reduction in MH		20%			
Av LoS reduction in Acute	All but more than 75	10%			20%
Av LoS NEL reduction in Acute	More than 75 age group			20%	
NEL admissions reduction	More than 75 age group	15%		15%	
NEL admissions reduction	LTC	10%	10%		
Non admitted A&E attendances[(a)]	all age bands	20%		20%	tbd
Outpatients shift to community			20%		20%
Outpatients reduction			10%		10%
Not yet quantified and/or financial effect to be assumed small					
LoS reduction in Community hospitals		10%			
Crisis reduction in MH		10%			
Admission reduction in MH		10%			
Less use of nursing homes/placements		tbd		10%	
Less OOH contacts/walk in centre			tbd		

Key: % Effect is quantified and applied to this priority area. % Effect is quantified, but to avoid double counting, this is applied to one (other) priority area % Effect is not yet quantified and/or financial impact is assumed to be relatively small.

Note: (a) […].

Assumptions on activity shifts

The activity shift across the tiers gives an indication on what (level of) amount of activity can be expected when implementing the strategy. In this current stage, these numbers are highly indicative. Below is shown what the assumptions and argumentation is for each of the shifts.

Impact Area	Target Objective	Key Assumption	Acute Activity Impacted	Community Hospitals	Community teams	Mental Health Hospitals	Mental Health teams	Other services (e.g. DHU)	Social care	Primary Care	
			No. of spells/ attendances	*%*	*%*	*%*	*%*	*%*	*%*	*%*	
Redesign Community Services	Consolidate community infrastructure	5%	-								n/a
Redesign Community Services	Av LoS for MH reduced by 20%	20%	-		10%						n/a
Primary Care Transformation	Outpatient Procedures delivered in the Community	20%	11,811		20%					80%	Most procedures, monitoring and treatments can be taken care of by GP, some by CST (assumtion: 80% GP, 20% CST).
Primary Care Transformation	NEL admission reduction for LTC	10%	1,681		50%					50%	To do LTC monitoring and enhancing self management, it is assumed that half of that will be done by GP and half bij CST.
Primary Care Transformation	Reduction in Outpatient attendances	10%	32,238							20%	It is assumed that the main part of the reduction is decreased demand (by better aligned referral management etc.). A small part is substituted to primairy care, which is assumed to be at 20%.
Improve End-of-life (Including nursing and resi homes)	Reduce non-admitted A&E attendances	20%	17,404		20%		20%	20%	20%	20%	It is assumed that equal work will be done on each outpatient setting to reduce A&E attendances (in practice, this will be more done by CST and GP and less by OOH, but no better estimate can be given).
Improve End-of-life (Including nursing and resi homes)	More than 75 NEL admissions LoS reduced	20%	19,632		50%				50%		All patients will go back home and be supported by CST and social care packages, it is assumed this is 50-50% (will be a combination in practice).
Improve End-of-life (Including nursing and resi homes)	More than 75 NEL admissions reduced	15%	2,945		10%		10%	10%	10%	10%	Half of the activity might be reduced, as activity will be decreased by telemedicine and specialised advise and improved treatment at nursing home itself. It is assumed that for the other half, increased GP consultation, MH teams, OOH consultation, involvement of CST is needed, all in an equal share.
Enhance flow	Av LoS reduced by 10%	20%	56,693		25%				25%	25%	Length of stay will be shortened by earlier discharge to home with support (social care), support and follow up in lower tier (primary care) and support in the community (CST), and partially just shortened without alternative. It is assumed that each will have their equal share (which will differ in practice but is the best estimate at this point in time).
CIPS	Provider CIPs achieve 2% reduction	0%	-								n/a

cutting through complexity

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Public Session

Derbyshire Healthcare NHS Foundation Trust

Report to Board of Directors 27th May 2015

Improving Lives, Strengthening Communities,
Getting Better Together

Update on strategy implementation 2013 – 2016 Quarter 4

Purpose of Report

This paper is presented to provide the Trust Board with assurance of progress against the strategic outcomes. The strategy sets out our plans for 2013 to 2016 and has at its heart the people who use our services, their families and carers.

Executive Summary

The report reflects the current position across the organisation with regard to our achievement of the strategic outcomes & pillars of delivery. Our current position is; 19 are 'on plan' (green) compared to 22 in Q3, 0 are 'ahead of plan' (blue) and 10 are 'behind plan' (red) compared to 7 Q3.

The annual Staff Survey results have been published in Q4 and this has resulted in a worsening position against 3 targets;

- Staff reporting good communication which show a worsening position of 3% against last year's results
- Staff feeling that they have opportunity to develop at work which shows a worsening positon of 1% to last year's results
- Effective team working where our position from last year's results has improved by 1%, this was not enough of an improvement to meet our target

The report also provides examples of evidence of progress.

The strategy is currently being refreshed by the executive team in preparation for Q1 assurance reporting.

Strategic considerations

This paper reflects the work in progress against all strategic outcomes:

- People receive the best quality care
- People receive care that is joined up and easy to access
- The public have confidence in our healthcare and developments
- Care is delivered by empowered and compassionate teams

(Board) Assurances

- This paper provides assurance to the Trust Board of the progress made against the Trusts Strategic Outcomes.

Consultation

This paper has not been considered by other committees or groups.

Governance or Legal issues

There are no compliance or legal issues relating to this report.

Equality Delivery System

Delivery of the strategy will improve and strength outcomes across all the REGARDS groups

Recommendations

The Board of Directors is requested to:

1) To note the content of the report and receive assurance on progress to date

Report presented by: **Kate Majid, Head of Transformation and Patient Involvement**

Report prepared by: **Kate Majid, Head of Transformation and Patient Involvement**

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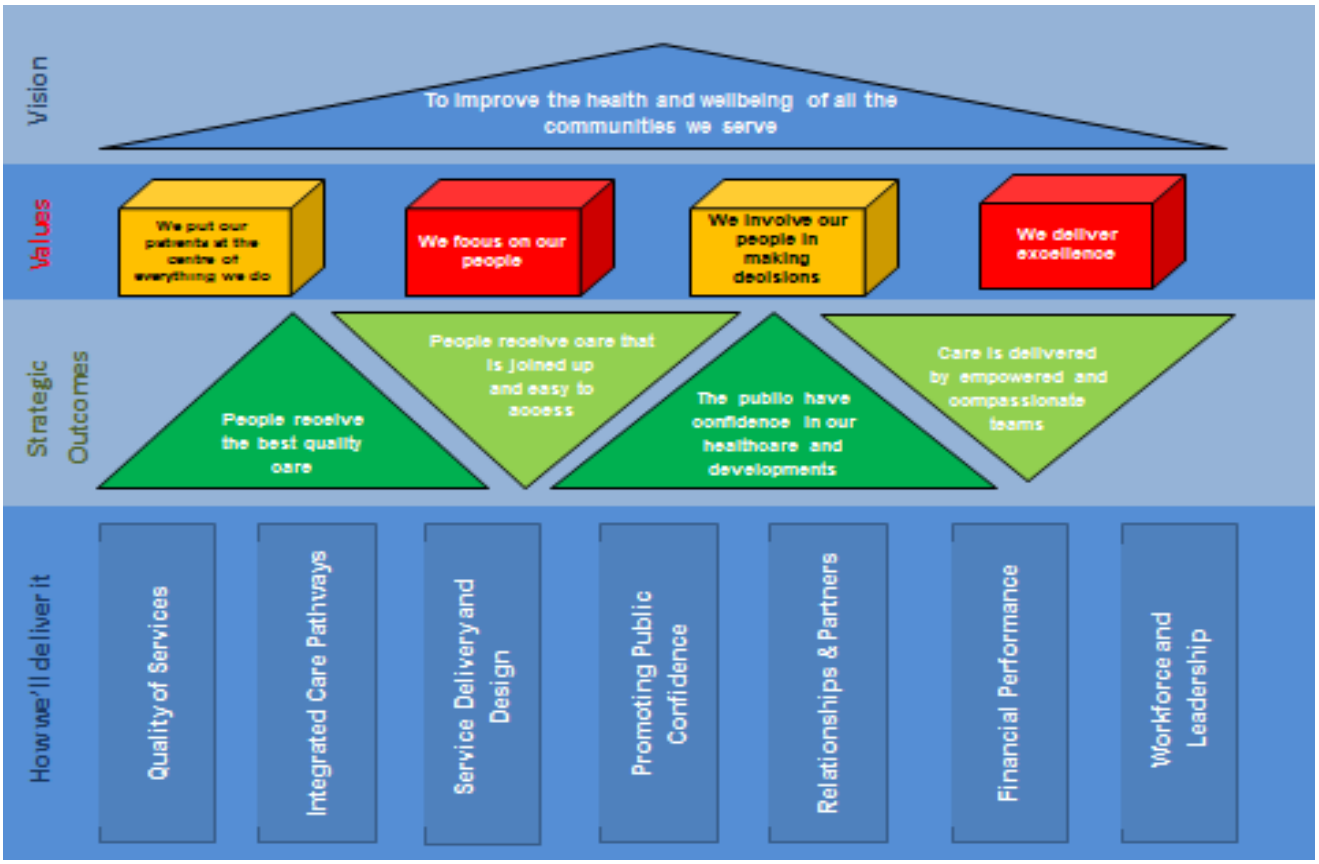
Background



The strategy sets out our plans for 2013 to 2016 and has at its heart the people who use our services, their families and carers.

The 4 Strategic Outcomes (SO) are;

- They are delivering high quality, safe and effective care in partnership with those who use services (SO1)
- The shape of our services makes sense to those who use and rely on them with easy access to increasing or reducing intensity support as required. Our services link smoothly with each other and importantly with services provided by other organisations in and around Derbyshire (SO2)
- People who use our services, the public, our staff and clinical commissioners believe that our models of service delivery are relevant to them and hence that they have confidence that we will deliver the optimum health and wellbeing outcomes. (SO3)
- Our staff will have high levels of ownership of the reviewed models of service delivery, all change will have been locally developed and delivered supported by strong organisational governance. The focus of the revised model of care will be service users and carers surrounded by responsive local teams with the autonomy to make decisions, innovate and respond dynamically to changing demands of local communities. (SO4)

Outcome 1 - People receive the best quality care

Pillar 1: Quality of Services

Pillar	Outcome	Baseline (achieved) 2013/14	Target for 2014/15	Progress against plan at Q4	Position against Plan at Q4	
Pillar 1 - Quality of Services	Patients will report that they are involved in their care plan and that it reflects their needs, strengths and aspirations.	7.20	7.86	Quality Strategy and Frameworki has been refreshed and it includes care planning as a quality priority. Work on care planning continues lead by planned care.	Behind plan	**CG**
Pillar 1 - Quality of Services	Friends and Family Test (The Golden Question)	+65.8%	+80.00%	Roll out continues, communications continue to increase awareness of the test and to increase response rate.	On plan	**CG**
	Establish a Research & Development (R&D) Centre with a national reputation for driving research into practice to enhance quality, improve patient outcomes and improve the experience of those who use our services.	2 Centres of Excellence developed	R&D Centre Annual Plan & Report demonstrates positive impact on quality, outcomes and experience in our areas of	The centres have continued their work on making a difference to the quality of care. Self-harm and Suicide Prevention Centre has secured continued funding for the Multicentre Study for 2015/16 announced nationally. Our Health Foundation Shine 2014 grant funded study has started the group	On plan	**JSy**

			focus (Compassion, Dementia, Self-harm & Suicide Prevention and National Portfolio Research)	intervention phase so patients are receiving this additional care as part of the project. The centre has had several publications accepted. Work with the Academic Health Science Networks is beginning with both Keith Waters and Simon Thacker taking on lead roles in prevention workstreams in their respective areas of expertise. We are starting a new nationally funded project for people with dementia 'A naturalistic two-year cohort study of agitation and quality of life in care homes'. Professor Paul Gilbert has been active on the academic scene and has published numerous papers, presented at a number of major international conferences and also a number of book chapters. The Compassion Centre has continued to work on the grant funded Slimming World Project with University of Derby with 800 participants on the study. Initial data suggests that the Melbourne House project had a very positive impact for our patients. We have been		

				working with Professor Reinhard Heun on a second collaborative European Union grant application involving the use of mobile applications to detect depression. This grant application will be submitted at the end of April 2015.		
	Did we take enough care of patients' physical health?	64%	82%	Quality Committee received an update on physical health care at their meeting in March 2015. • Current work focuses on the national CQUIN on improving Physical Health in those with a Serious Mental Illness (SMI). This includes a large national audit and a local audit of interventions on improving care planning. Audit results are expected this month when action planning will commence. National CQUIN continues as part of CQUIN agreements 2015/16.	Behind Plan	**CG**
	Very Clean' hospital ward or room (inpatient survey)	79%	90%	Annual reporting. No change from Q2. All above England average. Cleanliness 98.75%	On plan	**CG**

Internal evidence – Pillar 1, Quality of Services

- **Establish a Research & Development (R&D) Centre with a national reputation for driving research into practice to enhance quality, improve patient outcomes and improve the experience of those who use our services.**

East Midlands EM - SRN Self-harm and Suicide Prevention Research Network

the institute of mental health Nottingham research excellence for innovation

Derbyshire Healthcare NHS NHS Foundation Trust

East Midlands Self-harm and Suicide Prevention Research Network Meeting

09.30 to 16.15, Wednesday 21st January 2015;
Room C3, Exchange Building, Jubilee Campus, Nottingham, NG8 1BB

Morning Programme

Time	Topic	Speaker	Organisation
9.30-10.00	Registration and Refreshments		
10.00-10.05	Welcome and Overview	Keith Waters *Honorary Research Fellow & Trainer*	Derbyshire Healthcare NHS FT
10.05-10.15	EM-SRN Update	Jenny Ness *Research Project Manager*	Derbyshire Healthcare NHS FT
10.15-10.55	Local Suicide Prevention Strategies Update	Keith Waters *Honorary Research Fellow & Trainer*	Derbyshire Healthcare NHS FT
10.55-11.15	Refreshments		
11.15-11.55	PRIMER	Maria Michail *Senior Research Fellow*	University of Nottingham
11.55-12.35	E-DASH	Catherine Kaylor-Hughes *Research Fellow*	NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC) East Midlands

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Nottinghamshire Healthcare NHS NHS Trust

East Midlands EM - SRN Self-harm and Suicide Prevention Research Network

the institute of mental health Nottingham research excellence for innovation

Derbyshire Healthcare NHS NHS Foundation Trust

East Midlands Self-harm and Suicide Prevention Research Network Meeting

09.30 to 16.15, Wednesday 21st January 2015;
Room C3, Exchange Building, Jubilee Campus, Nottingham, NG8 1BB

Afternoon Programme

Time	Topic	Speaker	Organisation
13.35-13.40	Welcome Back	Keith Waters *Honorary Research Fellow & Trainer*	Derbyshire Healthcare NHS FT
13.40-14.20	The Tomorrow Project	Caroline Harroe *Director and Trainer*	Harmless
14.20-15.00	Listen UP	Ruth Wadman *Research Fellow*	University of Nottingham
15.00-15.20	Refreshments		
15.20-16.00	Mind the Gap	Jenny Ness *Research Project Manager*	Derbyshire Healthcare NHS FT
16.00-16.15	What next?	Keith Waters *Honorary Research Fellow & Trainer*	Derbyshire Healthcare NHS FT
16.15	Close		

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Nottinghamshire Healthcare NHS NHS Trust

From: Keith Hawton [mailto:keith.hawton@psych.ox.ac.uk]
Sent: 05 April 2015 12:16
To: Ness Jennifer (RXM) Derbyshire Healthcare Foundation Trust; Waters Keith (RXM) Derbyshire Healthcare Foundation Trust
Cc: Ellen Townsend (Ellen.Townsend@nottingham.ac.uk); nav.kapur@manchester.ac.uk; Galit Geulayov
Subject: FW: Multicentre study on self-harm funding

Dear Jenny and Keith

Here is the message from Helen Steele re our funding for 2015-2016.
Good to see you last week.

Best wishes
Keith

From: Steele, Helen [mailto:helen.steele@dh.gsi.gov.uk]
Sent: 09 March 2015 16:35
To: Keith Hawton; 'nav.kapur@manchester.ac.uk' (nav.kapur@manchester.ac.uk)
Cc: PA to Professor Keith Hawton
Subject: Multicentre study on self-harm funding

Dear Keith and Nav,

I am writing to confirm the announcement made by Norman Lamb, Minister for Care Services, at the National Suicide Prevention Alliance conference on 4 February. As you know, we have £330,000 budget agreed for 2015-16 for this work. This means that Ministers have made their ongoing support for the work clear, subject to internal approvals and agreement of terms of contract.

I am grateful for your input to the internal DH business case, to enable that to be approved as a matter of urgency. I will then liaise with procurement colleagues. I appreciate that your organisations want a contract to be put in place swiftly, and I will do my best to facilitate that. As you know, we are in an unusually busy period prior to the forthcoming general election, and it may be that this will need to be finalised in April rather than March. I will confirm the timelines as soon as possible.

Best wishes,

Helen

Department of Health

Helen Steele
Mental Health and Disability Division
020 7210 5902
Area 313A
Richmond House

Dementia Centre update (Dr Simon Thacker)

- MADE (minocycline in alzheimer's) continues to recruit
- IDEAL (coping in dementia) ditto
- MARQUE (care home management of behavioural problems in dementia) has now got expressions of interest from eligible facilities
- I have started my Strategic ClInical Advisor role in Delirium for the Patient Safety Collaborative: aim is to cohere work that is taking place across the East Midlands and use the profile of Liaison Psychiatry in its RAID configuration to raise awareness of delirium (and its malign overlap with dementia) across the healthcare sector
- I have been appointed Public Engagement Officer for Trent Division of RCPsych which will provide another opportunity for delirium/dementia awareness raising and feedback from the public and non-psychiatric professionals
- I have established links with the Age Anaesthesia Association regarding Post Operative Cognitive Dysfunction which occurs in up to 25% of older surgical patients (sometimes but not necessarily associated with delirium). Opportunities for joint conferencing.
- In the last 6 months have presented on Delirium Prevention to Midland Branch of Congress of Physiotherapists in Mental Health, Derby RCN and Nottingham/Derby SPRs (twice!)
- Radio Broadcast (Radio Derby) on Dementia, Feb 2015
- Article on *Delirium Prevention in Psychiatry* published in the October **Annals of Delirium**

Outcome 2 - People receive care that is joined up and easy to access

Pillar 2: Integrated Care Pathways

Pillar	Outcome	Baseline (achieved) 2013/14	Target for 2014/15	Progress against plan at Q4	Position against Plan at Q4	
Pillar 2 - Integrated Care Pathways	To ensure that all information to support clinical delivery for all our in scope services is held on a single electronic record.	40.00%	60.00%	Significant internal alterations have been carried out to the system to address the concerns raised by the consultant body. This is now a standing item on the month TMAC agenda. Refreshed IM&T strategy currently being developed that will include benefits optimising plan for PARIS phase 2 to be presented to May Board	On plan	**IM**
	Establish ourselves as being expert in the provision of specialist older peoples mental health services within Derbyshire	n/a – new outcome	Neighbourhood approach to service delivery that includes Rapid Response for Specialist Older Adult, progressing towards implementation November 2015. 1 Conference to be held within DHCFT - specialist Older Adults	As part of the national Vanguard programme DHCFT staff presented to the national team benefits of older adult MH involvement into integrated care teams. DHCFT are leading a piece of work across the whole county developing Dementia Rapid Response Teams - this links to this objective as the North Derbyshire beds we are advising upon are DCHS bed.	On Plan	**IM**

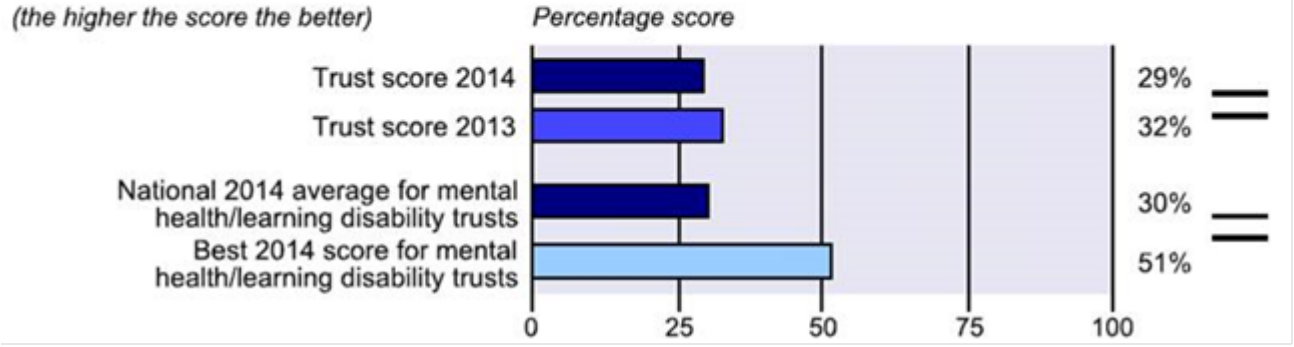
Pillar 2 - Integrated Care Pathways	Enhance the degree of integration with our children's services.			DHCFT now are seen as the lead organisation for southern Derbyshire's children & young person's transformation. Augmenting this is agreement with Royal Derby Hospitals to merge leadership & management structures into a single entity	On Plan	**IM/ JSt**
	% of staff reporting good communication between senior management and staff.	32%	42%	Annual staff survey results show that 29% of staff reported good communication between themselves and senior managers. (Please note that baseline for 2013 was 32%)	Behind plan	**JSt**
	% of staff feeling there are good opportunities to develop their potential at work.	84%	84%	Annual staff survey results show that 83% of staff reported that they felt they had good opportunity to develop potential at work. (Please note that baseline to maintain was 84%) 'You said – we did' forms part of communications regarding transformation to support recognition of input to change process	Behind plan	**JSt**
	Fully implement Neighbourhood based approach to service delivery across Derbyshire	n/a new target	Neighbourhood based approach to service delivery progressing towards implementation November 2015.	Neighbourhood model is progressing as per timeline. Please refer to May Board report for further detail.	On plan	**IM**

Internal Evidence – Pillar 2, Integrated Care Pathways

- **% of staff reporting good communication between senior management and staff.**

STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.

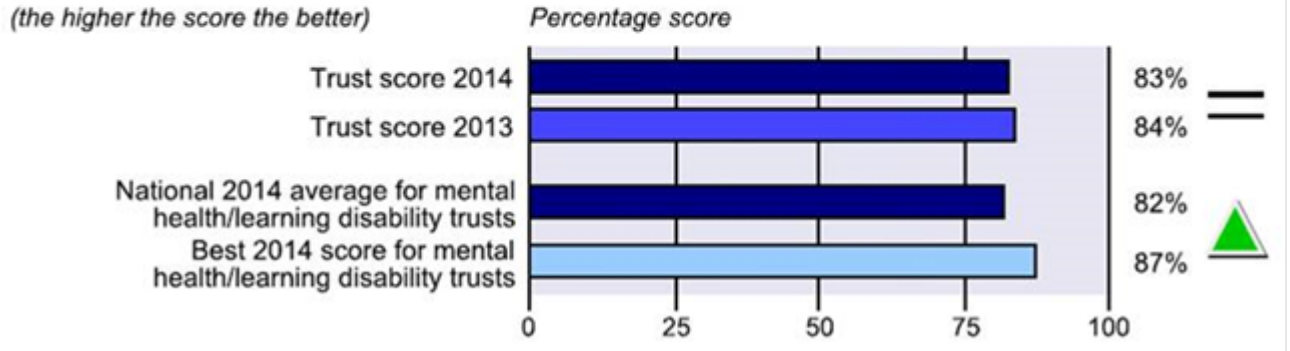
KEY FINDING 21. Percentage of staff reporting good communication between senior management and staff



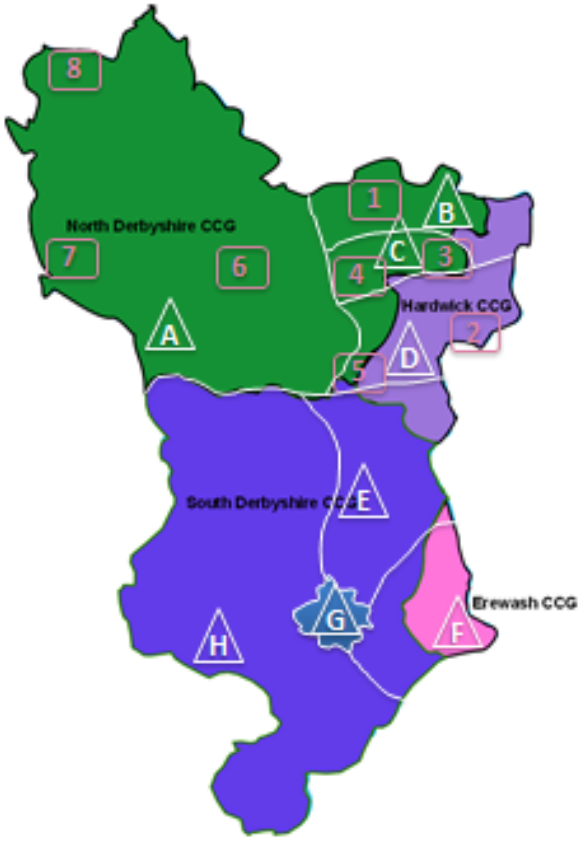
- **% of staff feeling there are good opportunities to develop their potential at work.**

STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.

KEY FINDING 6. Percentage of staff receiving job-relevant training, learning or development in last 12 months



- **Fully implement Neighbourhood based approach to service delivery across Derbyshire**



Clinical Commissioning Groups

- North Derbyshire CCG
- Hardwick CCG
- Southern Derbyshire CCG
- Erewash CCG

DHcFT Neighbourhoods

A. High Peak and Dales
B. Killamarsh & Nth Chesterfield
C. Chesterfield Central
D. Bolsover & Clay Cross
E. Amber Valley
F. Erewash
G. Derby City
H. South Derbyshire & South Dales

North Derbyshire Geographical Communities

1,2,3,4,5,6,7,8

Pillar 3: Service Delivery & Design

Pillar	Outcome	Baseline (achieved) 2013/14	Target for 2014/15	Progress against plan at Q4	Position against Plan at Q4	
Pillar3 - Service Delivery and Design	Reduce the average number of internal team transfers as part of a patient's journey.	Fully implement Neighbourhood based approach to service delivery across Derbyshire		Work is ongoing to develop Pathways to support service receiver flow within a Neighbourhood team. The intention of the Trust is to help people access the most helpful interventions for them during contact with the service. Whilst the pathway will provide, wherever possible, evidence based care, the pathway remains an indicator of best practice. At an organisational level it allows us to gain an overview of the needs of the people who use our services enabling targeted service and workforce planning.	On plan	**IM**
	Demonstrate positive outcomes through use of PBR linked outcome measures	Nationally agreed outcomes routinely used in 95% of patients	Able to demonstrate & publish improvements in outcomes for each cluster	We have now identified the outcome measures to be used in the majority of NTPS service and these are in the PARIS system we are currently working on rolling this out. A reporting issue has been identified within PARIS that we are in the process of identifying solutions to address.	On plan	**IM**
	Implement Recovery & Wellbeing Education to enhance the experience and outcomes for people who are using our services.	0	All local areas in Derbyshire will have a Recovery Awareness Education Programme in operation for people using Mental Health	Quality committee received an update on plans for full roll out at their meeting in January 2015. Recovery Education Guidelines and Prospectus presented as part of briefing.	On plan	**CG**

			and Substance Misuse Services			
	Redesign the urgent care model to optimise locally delivered community focussed care:					
	* Reduce the number of urgent care patients treated outside of Derbyshire.	0	0	Demographic changes related to income and social circumstances are affecting our bed usage, particularly those who are without meaningful employment and are without adequate housing, thus impacting on the flow once in hospital.	Behind plan	**IM**
	* Reduce the Average size of Trust Urgent Care Wards (average excludes enhanced care).	Radbourne 20	Radbourne 20	20 fixed beds remain in place however due to the extreme activity previously described above flexi beds have been used on some wards during the quarter	Behind Plan	**IM**
		Hartington 23	Hartington 20	Pressures within the Urgent Care system has meant that the decision has been taken not to reduce beds on the Hartington Unit so as to avoid a detrimental impact on Patient experience	Behind Plan	**IM**

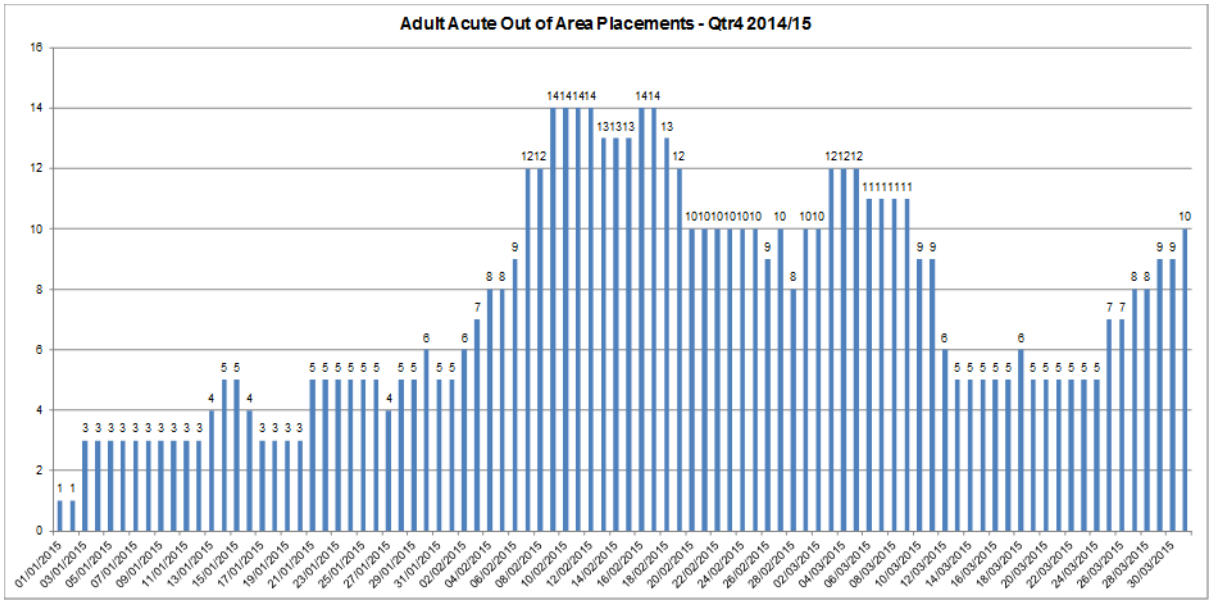
Internal evidence – Pillar 3, Service Delivery & Design

- **Implement Recovery & Wellbeing Education to enhance the experience and outcomes for people who are using our services.**

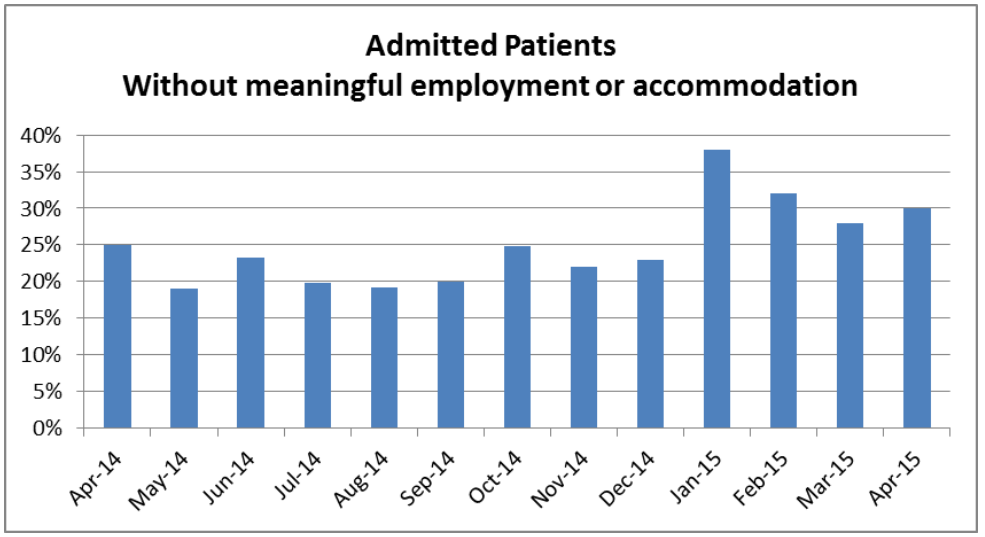
The diagram below illustrates the relationship and interdependencies between **involvement and co-production** and a value based organisation, recovery education, peer support workers and community development.

- **Reduce the number of urgent care patients treated outside of Derbyshire.**

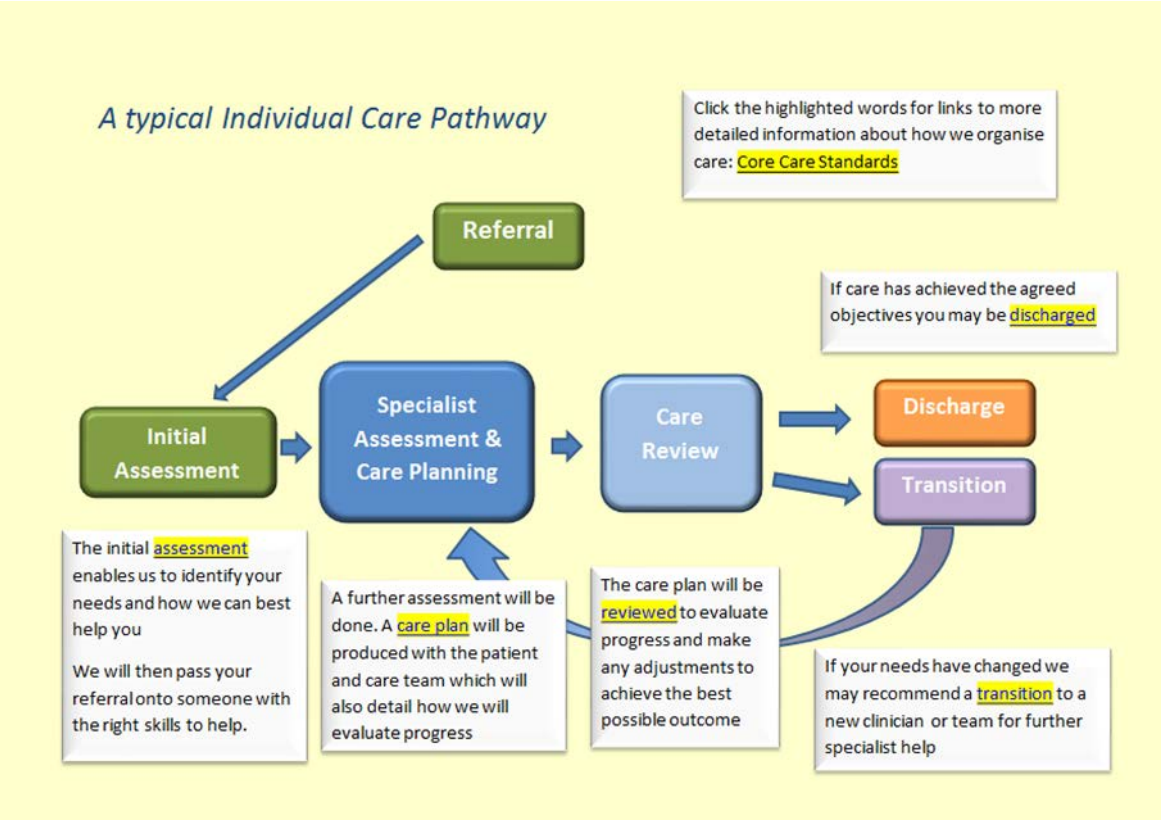
Out of Area Placements



- The average (mean) number of patients out of area per day in quarter 4 was 9.2 an increase from quarter 3 which was 3 patients.
- Patients who need to receive care out of area are monitored through our in reach nurses. The out of area care providers are contacted on a daily basis to ensure updates on care are reciprocal, particularly if the person has a known care team. The priority when we have vacant beds is to repatriate the patient to a local bed as soon as possible to ensure optimum patient experience is maintained. Care reviews are inclusive of in reach and the host care team.


Admitted Patients
Without meaningful employment or accommodation
40%
35%
30%
25%
20%
15%
10%
5%
0%
Apr-14
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14
Jan-15
Feb-15
Mar-15
Apr-15

- **Reduce the average number of internal team transfers as part of a patient's journey.**



Outcome 3 - The Public Have Confidence in Our Healthcare and Developments

Pillar 4: Promoting Public Confidence

Pillar	Outcome	Baseline (achieved) 2013/14	Target for 2014/15	Progress against plan at Q4	Position against plan at Q4	
Pillar4- Promoting Public Confidence	Refreshed outcome Q2 Each GP practice to have information provided about the Trust & their local Governor. Each PPG to be offered to meet with Governor and Engagement lead & information pertaining to the Trust provided	n/a new target	1 visit & 1 educational offer made	We have received increased levels of interest from PPGs following the initial contact we made just prior to the Q3 return. Whilst interest is varied, dementia and mindfulness remain to be key areas that PPGs are interested in receiving further information about. We have a series of presentations arranged for the next few months and then will evaluate what level of input we have had, what has worked particularly well, how governors have felt about their involvement etc. The wider PPG events have been particularly successful due to their broad attendance, so we are working closely with CCG colleagues regarding a continuation of this approach in the future.	On Plan	**AS/JSy**
	Deliver effective services that provide value for money (via implementation of VIBE)	100%	100.00%	It is not possible to undertake old style VIBES on evolving neighbourhood and campus service models. This gap is mitigated by the detail of work going into the ISDP - evidence of value of money is generated in the quality of service model against financial envelope allocated. VIBE process will be revisited and replaced by new approach	Behind Plan	**CW**

Internal evidence – Pillar 4, Promoting Public Confidence - GP Engagement & support

- **Each GP practice to have information provided about the Trust & their local Governor.**

Timetable of planned presentations

- Kelvingrove Medical Centre, Heanor - Emma Stone, PPG secretary, requested a visit from the Trust. Dr Komocki (dementia talk), John Morrissey and Jayne Davies are booked in to present at the next PPG meeting on 30th April 2015.

- Ashbourne Medical Practice - Lindsey Stockton, Practice Manager, has requested a Trust rep and governor visit at their September meeting.

- Hannage Brook Medical Centre, Wirksworth - Annie Nelson, PPG secretary requested a visit from a Trust rep and Ruth Greaves. Awaiting date confirmation.

- Charnwood Surgery, Derby - Maureen Brown, PPG member, called to request a 20 min overview of the Trust at their next PPG meeting (18th May). Jayne Davies liaising with Sam Mortimer.

- Willington Surgery - Richard Morrow, Barry Appleby and Jayne Davies presented to the GP practice staff at their Quest training (mindfulness and governor info). Christine Bould (PPG lead) was present and will feedback if the individual PPG would like further presentations. Request has been made to Richard Morrow.

- The Park Surgery, Heanor – request for a Trust rep to present on Wednesday 17th June. Jayne Davies is sourcing an appropriate rep.

- **PPG Network (Chesterfield) -** Amanda invited Jayne Davies and Kath Lane to attend the PPG network event (11 March) for the north of the county. This included 12 PPG reps from the area. The talk was well received and the PPG reps said they would be in touch via Amanda regarding talks for their individual groups. One PPG members has since requested another presentation to their own group.

Pillar 5: Relationships & Partners

Pillar	Outcome	Baseline (achieved) 2013/14	Target for 2014/15	Progress against plan at Q4	Position against Plan at Q4	
Pillar5 - Relationships and Partners	Proactively connecting and engaging via our 4Es Stakeholder committee and wider 'protected/REGARDS and geographical communities', so that everyone gets a fair chance to have their voice heard and influence decisions.	70%	90% members report that engagement and relationships have improved and increase in confidence in our approach. Engagement is seen as key to influencing decisions and helping to shape services	The qualitative feedback captured recently was extremely positive. Steve Trenchard asked everyone to have a short table discussion on: Making a difference – in my view, the best thing we have collectively achieved is…. Colleagues summed the discussions up with the following points of note: Networking – building partnerships. Open debate, being listened to, hear from Trust staff. Challenge, keeping in check with what right for communities, held to account, supportive forum. Meeting new people, learn about other diverse communities. Quantitative (scoring) feedback to be undertaken at April meeting. The group has started to explore how we can develop our engagement work more in line, with the neighbourhoods, as this would support the concept of social capital and building assets and strengths in the community, having local engagement and approaches to support clinical teams in area. The aim is to have quarterly meetings so essential 4 meetings per year so that we get around all the 8 neighbourhoods over the next two years. Within Q4 our mechanism for achieving this aim had broadened (wider than just 4Es), through the start-up of the reverse commissioning pilot***** (MARKED AS 'ON PLAN' DUE TO QUALITIVE FEEDBACK OBTAINED EVEN THOUGH THIS CANNOT BE TRANSLATED INTO A % AT THIS POINT)	On Plan	**AS**

	Trust will actively participate in Time to Change programme	n/a – new outcome	Achieve Mindful Employer status	The target for Mindful Employee has been met and the next review is set for July 2016	On Plan	**ST**

*****Reverse Commissioning is a toolkit that has been designed by the NHS BME Network to better engage BME communities. At the heart of the process is the 4Es model (this is not our 4Es Stakeholder Alliance – coincidence) which aims to achieve effective partnership working between health professionals and BME service users and carers to address the issues of poor access, experience and outcome.

4Es Model :

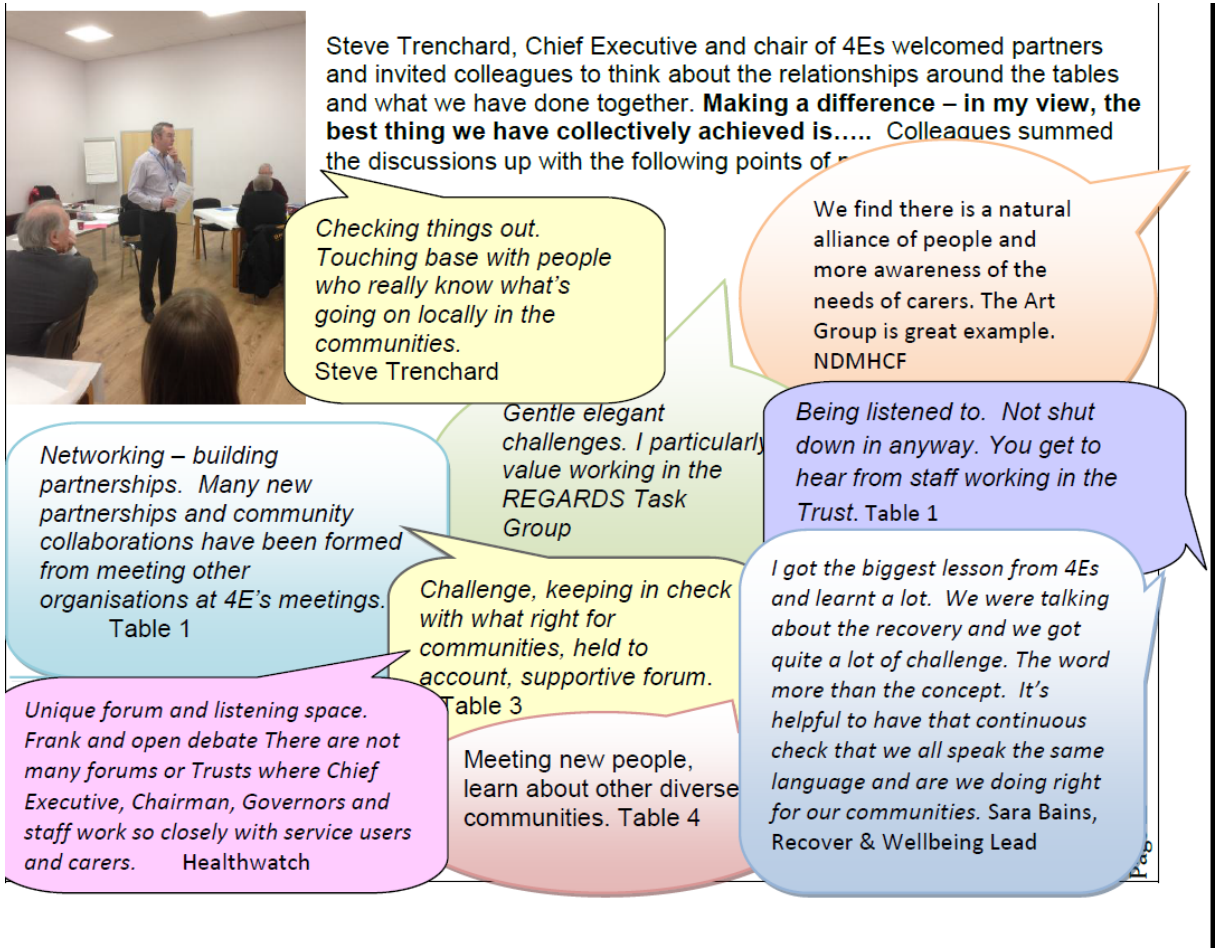
1. Health Professionals -Engage Educate Enlighten Enhance service delivery

2. BME Communities - Enable Expert Empower Enhance patient experience

Internal evidence – Pillar 5 Relationships & Partners

- **Proactively connecting and engaging via our 4Es Stakeholder committee and wider 'protected/REGARDS and geographical communities', so that everyone gets a fair chance to have their voice heard and influence decisions.**

Extract from February 2015 4Es newsletter



Pillar 6: Financial Performance

Pillar	Outcome	Baseline (achieved) 2013/14	Target for 2014/15	Progress against plan at Q4	Position against Plan at Q4	
Pillar 6 – Financial Performance	Achieve Continuity of Service Risk Rating (CoSRR) of at least 3 each quarter	3	maintain risk rating of 3	COSRR of 3 reported to Monitor for Q4	On plan	**CW**
	Embed Service Line Reporting (SLR) as primary internal financial performance reporting tool	n/a new target	to be reported to 100% of PCOG and F&P meetings	SLR reported to every PCOG and F&P. as well as in divisions. Monthly SLR info published on Connect on every month	On plan	**CW**
	Expand range of financial performance Key Performance Indicators (KPIs)	baseline 100% of previously selected	to be reported to 100% of PCOG meetings	Specific KPIs and rolling improvement drives - is taking place at PCOG	On plan	**CW**
	Meaningful participation in Future Focused Finance (FFF) initiative	n/a new target	FFF to be included on 100% of finance team brief agendas and minimum 2 blogs each quarter	FFF work continues to be standing item on Team brief. Not necessarily using blogs as the involvement methodology but still engaged in it and actively promoting etc.	On plan	**CW**

Internal evidence – pillar 6

- **Meaningful participation in Future Focused Finance initiative**

21st January 2015

Finance Directors update and Future Focused Finance (CW)	**FFF** A Best Value Tool Kit has been released and the Trust is going to pilot using it in IAPT Services.

18 February 2015
No update.

18 March 2015

Future Focused Finance (FFF) (CW)	• The website has been revamped and is now easier to navigate • A video of FFF updates is available and could possibly we viewed at a future Team Brief session • CW, RL and Hayley Darn are currently value makers. CW encouraged anyone interested in becoming a value maker to sign up. Applications close on 17 April. Free subscription to HFMA is given to those successful. • Our Finance department is part of the pilot for the Best Value Decision-making Tool being developed. We are using IAPT as an example.	Value makers	17 April	ALL

Outcome 4 - Care is Delivered by Compassionate and Empowered Teams

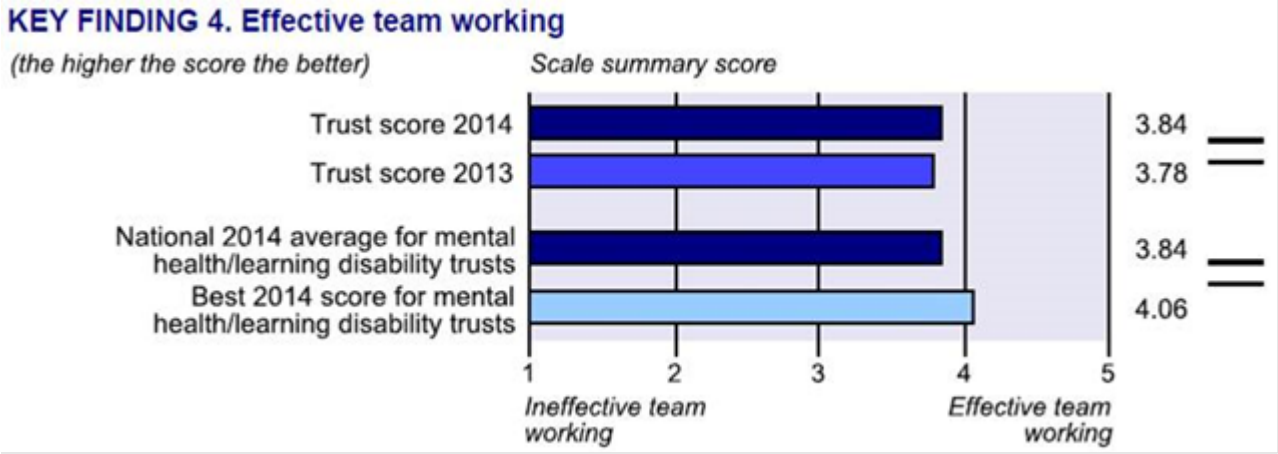
Pillar 7: Workforce and Leadership

Pillar	Outcome	Baseline (achieved) 2013/14	Target for 2014/15	Progress against plan at Q4	Position against Plan at Q4	
Pillar7- Workforce and Leadership	Engage & work with teams to determine how they can best implement the research & evidence that supports compassionate care delivery	n/a new target	at least 20% of teams have a service improvement project and opt into a service led project which is about compassionate care or a compassionate organisation	The Education Team are hosting a 'strengthening the compassionate care culture' course for all clinical and non-clinical staff in Bands 1 to 4. Work continues as reported in Q3.	On plan	**CG**
	To design a framework that supports decision making closer to direct patient care and create autonomous teams.	n/a new target	Neighbourhood approach to service delivery progressing towards implementation November 2015.	The Trusts performance monitoring structure is being reviewed in light of the Neighbourhood & campus model and together this will support decision making closer to direct patient care.	On plan	**IM**
		13/14 Staff survey result 3.78 (Effective Team Working)	0.5 improvement against baseline = 4.28	The results from the annual staff survey indicate an improved position to 3.84 but this falls short of the target.	Behind plan	**JSt**
	Workforce to have had a well-structured appraisal within the last 12 months	68.96% of Trust staff	90% of Trust staff	Annual staff survey results show that 91% of staff had an appraisal within the last 12 months of which 37% indicated that they considered this to be 'well structured'	Behind plan	**JSt**

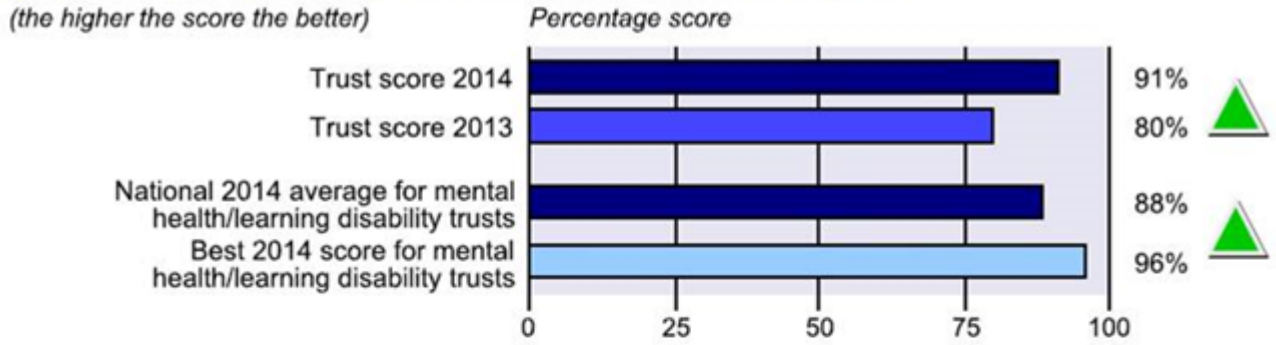
				Trust position at the end Q4 2014/15 was 76.95%		

Internal evidence – Pillar 7

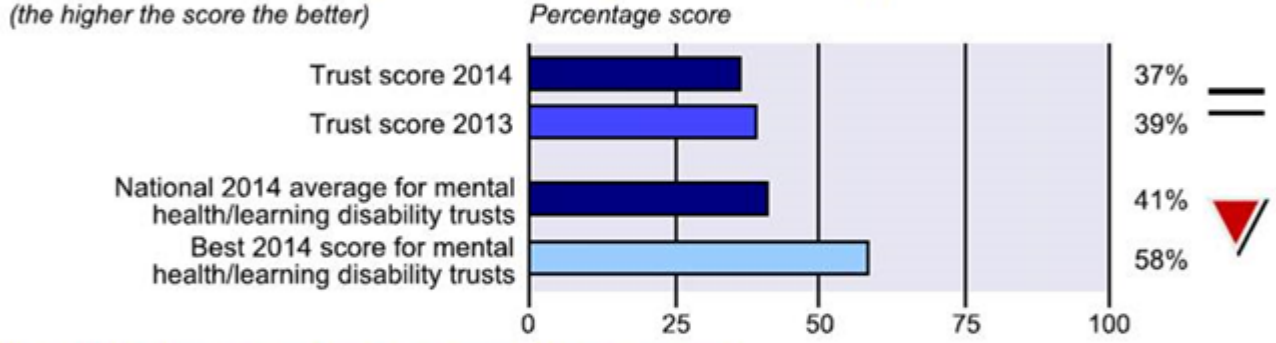
- **To design a framework that supports decision making closer to direct patient care and create autonomous teams.**



KEY FINDING 7. Percentage of staff appraised in last 12 months



KEY FINDING 8. Percentage of staff having well structured appraisals in last 12 months



managers managers

Internal evidence – Pillar 7

- **Workforce to have had a well-structured appraisal within the last 12 months**

Appraisal Improvement Plan Position update April 2015					
Work strands	**Proposed completion date**	**Lead**	**Commentary**	**Revised Comp Date/ milestone**	**RAG rating**
Clarity about PADR timescales	Clarity provided to the Trust by end June 2014	Lorraine Statham	All staff email from ST on 12.8.14 outlining: 1. PADR amnesty, everyone to have had an appraisal in the 12 months prior to the 30th September 2. Following the catch up amnesty, do appraisals on a 12 month rolling basis, ie on or before the anniversary of the last appraisal To promote high completion rates for Monitor at the end of March reminders should be sent out for those coming out of date from January 2015 onwards.	1.8.14	
			Further reminders in Weekly Connect on 15th & 22nd September	15.9.14	
			Auto email to employees currently out of date or about to go out of date with their appraisal using the excel functionality developed by the Workforce Planning & Information Team. Emails went out on 18.2.15 with the latest appraisal date we hold in ESR reminding staff that they are now out of date (or about to come out of date) with their appraisal and asking them to see their line manager to get one booked in.	10.10.14	
Validation of effective cascade of objectives linked to Trust priorities	Report to ELT first week July 2014	Lorraine Statham	Validation that individual objectives are linked to Trust objectives requires an automated system A new ESR release, with functionality to record appraisal information, is expected at the end of March An initial review of this functionality has been carried out by AD Leadership & OD and Educational E-Source Developer, a further review will be carried out when the system is actually up and running, to assess how we can adapt it to meet our organisation specific needs First sight of the system indicates that it will enable us to pre-populate our appraisal paperwork with Trust objectives so that links can be made with individual objectives		
Refresher training for	Completed	Lorraine	PADR guidelines and offer of attending team briefings sent out with amnesty email on 12th August	1.8.14	

managers in conducting effective appraisals Delivered face to face, self-directed or paper briefings	by end September 2014	Statham	4 PADR face-to-face training sessions delivered in September, 47 staff trained. Further training sessions delivered via training programme or team meetings: October 2014, 6 staff trained, November 2014, 5 staff trained, January 2015, 19 staff trained One more session left this financial year (March), new dates booked for 15/16 Further training dates booked in for 2015/16	1.10.14	
			(Low priced) commercial e-learning package purchased on general principles of appraisal to use as a starting point for a bespoke e-learning package that reflects the details of our own system Package to be reviewed by Educational E-Source Developer and AD Leadership & OD	tbc	
Work strands	**Proposed completion date**	**Lead**		**Revised Comp Date/ milestone**	**RAG rating**
Agree joint approach to setting objectives & appraisals	By end June 2014	Carolyn Green John Sykes Lorraine Statham	Currently the focus is on getting completion rates up Joint approaches to objective setting and appraisal will form part of drive to improve the quality and efficacy of appraisals in the coming year See also item 2 above	1.9.14	
ELT & Divisional Directors to be specifically targeted by Steve Trenchard to deliver appraisal completion targets, & progress reviewed at each 121.	From end May 2014	ELT & Divisional Directors Steve Trenchard	Discussion at ELT, January 2015 Directors asked to ensure appraisals are carried out within their teams Some improvement in numbers of appraisals carried out		
Explore apparent mismatch between staff survey appraisal rates & Trust data	By end June 2014	Liam Carrier	Comparing the staff survey returns with Trust appraisal data is not comparing like for like, ie: • Trust appraisal data records completion (or not) for every member of staff • The staff survey in 2013/14 was done on a proportional based, ie a sample of Trust staff, and only a percentage of those staff responded		

Understand & resolve any staff side issues	By end June 2014	Lee O'Bryan	Staff side raised a query in September 2013 about the introduction of values within the PADR process/paperwork and the consultation that went on around the changes Consultation was wider than staff side: Summer 2012: The initial work on the redesign of our appraisal system was done via a think tank, narrowed down to a task group Proposals were taken to a Leadership Community Engagement Event where we introduced the talent matrix and the values element January 2012: Revised proposal sent to Leadership Community Engagement Event circulation list for comments and volunteers to pilot April 2013: Final version presented at Pride Park, asking for continued feedback as we started to use it Now regular JNCCs have been reinstated there will be opportunity to raise and resolve such issues with staff side		

Additional acronyms used within the report not referenced at source:

Acronym	Definition
DHcFT	Derbyshire Healthcare Foundation Trust
CPA	Care Programme Approach
Q	Quarter
FFT	Friends & Family Test
VIBE	Viability Assessment
COEBA	Commercial Opportunity or Existing Business Assessment
TUPE	Transfer of Undertakings (Protection of Employment)
EPR	Electronic Patient Record
PbR	Payment by Results
HoNOS	Health of the Nation Outcome Scores
CEO	Chief Executive Officer
LETB	Local Education and Training Boards
MD	Medical Director
IPA	Involvement and Participation Association
DRI	Derby Royal Infirmary
CHDRH	Chesterfield and North Derbyshire Royal Hospital
RAID	Rapid Assessment Interface and Discharge
EDS	Equality Delivery System
R&D	Centre for Research and Development
MCM	Multi Centre Monitoring
MP	Member of Parliament
CFT	Compassion Focused Therapy
W/C	Week Commencing
NICE	National Institute for health and Care Excellence
DToC	Delayed Transfers of Care
COSRR	Continuity of Services risk rating
SLR	Service Level Agreement
FFF	Future Focused Finance
@NHSFFF	Twitter feed for Future Focused Finance
WPITeam	Workforce Planning and Information Team
ESR	Electronic Staff Record
F&P	Finance and Performance Committee
APR	Annual Plan Report
CQUIN	Commissioning for Quality and Innovation
EDS	Equality Delivery System
n/a	Not applicable
PCOG	Performance and Contract Overview Group
KPIs	Key Performance Indictors
HFMA	Healthcare Financial Management Association
EBITDA	Earnings Before Interest, Taxes, Depreciation and Amortization
ELT	Executive Leadership Team
PADR	Personal Appraisal Development Review
DH	Department of Health
CCG	Clinical Commissioning Group
CIP	Cost Improvement Plan

CBT	Cognitive Behaviour Therapy
OT	Occupational Therapy / Therapist
TMAC	Trust Medical Advisory Committee
LRCH	London Road Community Hospital
MH	Mental Health
OPA	Out Patient Appointment
CRHT	Crisis Resolution and Home Treatment Team
PPG	Patient Participation Groups
GEM	Software provider
ST	Steve Trenchard
IM	Ifti Majid
CG	Carolyn Green
CW	Claire Wright
JSy	John Sykes
HD	Hayley Darn
JSt	Jayne Storey
AS	Anna Shaw
KM	Kate Majid
PS	Paul Sample
KL	Kath Lane
RL	Rachel Leyland

Public Session

Derbyshire Healthcare NHS Foundation Trust
Report to Board of Directors 27th May 2015

Integrated Service Delivery

Purpose of Report
This paper is presented to provide Trust Board assurance of progress against the Strategic Outcomes with respect to Integrated Service Delivery

Executive Summary
This paper provides an update against several key advances in the development of Neighbourhood working

- **Applying the principles of Neighbourhood working into practise,** this section of the paper briefly describes the work already underway in a Recovery Team; engaging with GPs, building relationships within primary care & the positive impact this is having with regard to transition and patient experience.
- **Building Community and personal Resilience – working with our partners.** The essence of the transformation of our neighbourhoods is the changing relationship we have with communities that we serve, no longer are we delivering services with a broad brush approach over Derbyshire. The paper outlines work underway across communities to support, learning about and understanding each neighbourhood and the communities that make them.
- **Progress update on workforce skill mix modelling,** this section acts as an update to the work presented in the previous Trust Board report and serves to provide an illustration of a 'typical' neighbourhood and how the workforce profile could be applied. The report highlights what needs to be done by when in order to support mapping across of budgets and workforce in preparation for 1st November
- **Progress update on utilisation of our Estate to support Neighbourhood working.** The paper outlines key tasks being undertaken to map the best use of our estate to support Neighbourhood working
- **North and South Units of planning map.** A brief summary of the two Units of Planning work is provided with some illustrations as to the potential capacity impact within DHcFT.
- **Results from Sim:pathy modelling work and implementation plan.** We engaged Sim:pathy (Mental Health Strategies) in November 2014 to undertake simulation modelling of mental health services across the county and city. This work concluded in March and results indicate that it is possible to produce a model with reductions in overspill, waits and fails against the currently expected baseline. As resources are withdrawn year on year, it has been recognised that the model whilst not fully in balance does still provide a significant improvement on the fully-resourced baseline. This suggests a measure of resilience in the model proposed. A high level implementation plan is provided against the scenarios.

Strategic considerations

- This paper reflects the work in progress against strategic outcomes:
- Outcome 2 - People receive care that is joined up and easy to access; Pillar 2: Integrated Care Pathways, Pillar 3: Service Delivery & Design
- Outcome 4 - Care is Delivered by Compassionate and Empowered Teams; Pillar 7: Workforce and Leadership

(Board) Assurances

- This paper provides assurance to the Trust Board of the progress made in developing an Integrated Service Delivery Model in line with the Trust's Strategic Outcomes

Consultation

- The content of this paper has been presented in the Integrated Service Delivery Programme Board 2nd April and 7th May 2015
- Sections of this paper have also been presented to Transformation Board 13th April and the Executive Leadership Team 20th April 2015

Governance or Legal issues

There are no compliance or legal issues relating to this report.

The presentation of this paper to Trust Board follows the reporting governance structure as agreed within the Integrated Service Delivery Programme Structure

Equality Delivery System

There is no impact on REGARDS groups as a consequence of this paper

Recommendations

The Board of Directors is requested to:

1) Receive assurance from the paper in respect to achievement of and alignment to the Trusts Strategic Outcomes as outlined above regarding the development of a Model of Integrated Service Delivery

Report presented by: **Kate Majid, Head of Transformation and Patient Involvement**

Report prepared by: **Kate Majid, Head of Transformation and Patient Involvement**

Background

The Trust Board has supported the progression of an integrated model of service delivery. This new way of working will bring together mental health and learning disability services (where offered), creating Neighbourhood teams based on local geographical communities.

There are two workstreams charged with the delivery of the model; Campus and Neighbourhood which includes Pan Neighbourhood services.

This report provides Trust Board with a quarterly update against the Strategic Outcomes pertaining to the delivery of the model.

Applying the principles of Neighbourhood working into practise

The Killamarsh and Chesterfield North Locality Mental Health Service provide both Pathfinder and Recovery services to the north Chesterfield and north east Derbyshire areas.

The Recovery Team provides holistic, multi-disciplinary care, which encourages and helps people to reach their maximum potential for recovery. This may include a range of interventions including medical and psycho-social but will always involve a collaborative approach with the people involved and where appropriate their Carers. The team have strong links with Social Services, GPs and the Crisis and Inpatient teams and provides a co-ordinating role which uses all appropriate community based resources.

The team have recently enhanced their work with recovery clinics to include providing stepped care for people. The recovery clinics in the community provide people with the opportunity to start to self-manage and also complete WRAP work within a community based clinic setting. Providing focus on ‘what keeps me well’. Some of the clinics are held in GP surgeries and some are in community venues such as the healthy living centre at Staveley or a local library.

The team have also reviewed their approach to working with people with personality issues to provide a stepped group methodology. The team hold an additional group to the ones already provided by psychology/ DBT called Managing Me which is CBT based and allow people to learn emotional regulation. If they find they need further intervention they can move on to Coping with Emotions or the full DBT course – this is very much based on individual need.

To support the process of transition between services, the team have been using the Right Care Plans to support conversation with GPs. These are co-produced so that the person can decide what they feel is the best way to help them when they have a crisis or relapse. This is then added to the free text on the Right Care Plan and sent to the GP and 111 services. The Right Care Plan content is drawn from the FACE crisis/ contingency plan so continuity of information is maintained.

GPs within the Killamarsh area have been fully engaged in and are supportive of the use of the Right Care Plan and so far no negative feedback has been received. However discussions have taken place with other GPs from other areas and feedback from these GPs indicates that some did not feel that this is an appropriate use of the Right Care Plan as they felt it should only be used for frail elderly or end of life care however discussions with Primary Care to understand the full benefits of this approach are ongoing.

Building Community and Personal Resilience – working with our partners
The essence of the transformation of our neighbourhoods is the changing relationship we have with communities that we serve, no longer are we delivering services with a broad brush approach over Derbyshire, but instead we are learning about and understanding each neighbourhood and the communities that make them. Those include communities of interest and geographical communities.

Each neighbourhood within Derbyshire differs greatly and therefore is at a different stage of understanding what their own assets and needs might be. Due to the different make-up of communities the diversity of services and other agencies available in each area is different too and as such the interface with Derbyshire Healthcare varies from neighbourhood to neighbourhood.

In the High Peak and North Dales area, Advocacy and Derbyshire Federation have played a strong role in bringing together their agencies and people who support and promote mental wellbeing; this has been orchestrated through ‘Connect to Recovery’ Events. These are open days that promote wellbeing through many different activities, putting people in contact with each other and places where they can find support, focusing around the 5 ways of Wellbeing. This has happened in Buxton and Matlock so far and we plan to replicate the same approach in Chesterfield.

In Erewash the Southern Derbyshire Voluntary Sector Forum were commissioned to comprehensively scope for the agencies involved in promoting wellbeing across the neighbourhood and again, used a networking day to bring those agencies together. Derbyshire Healthcare has got involved to support these events and play a role in enabling the development of community resilience.
Another role of our Trust is to work with people using our services to develop their own personal resilience; this is being carried out through recovery education and Wellbeing Planning which is happening through 3 neighbourhood teams and both urgent care units. All remaining neighbourhood teams are being supported to do this also.

Finally, Derbyshire Healthcare are involved in a piece of work across health and social care services within southern Derbyshire and Derby City to enable a shared person centred approach and language, this will focus on how we enable services to

ask ‘what matters to you’ and ‘what do you need to live a good life?’ as opposed to looking at deficits and services only.

Progress update on workforce skill mix modelling

The following section acts as an update to the work presented in the previous Trust Board report and serves to provide an illustration of a ‘typical’ neighbourhood and how the workforce profile could be applied

Fig 1 outlines the predominant activity in a neighbourhood taking into account adult and older adult community, including out-patient clinics, contacts and cluster days. The figures have been adjusted to reflect the findings of an audit of cluster 4; currently the most allocated cluster for non-organic presentations.

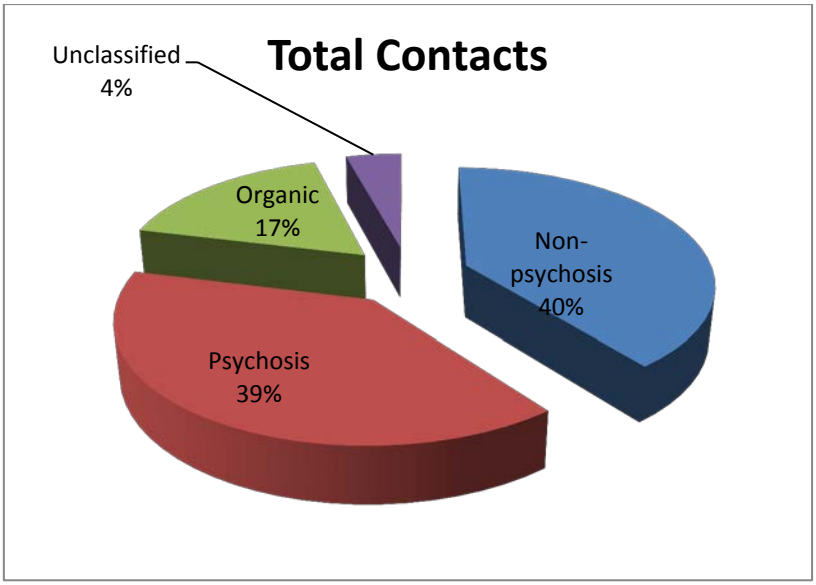
Fig 1

Neighbourhood	Cluster days	Total contacts	Cluster days Non Psychosis	Total contacts Non psychosis	Cluster days Psychosis	Total contacts psychosis	Cluster days organic	Total contacts Organic
X	612102	37602	242957	14837	178348	14796	176324	6373
%	100	100	39	40	29	39	28	17

Complexity level	Staff competency standard	Most likely Care Clusters	Contacts	Contacts % of total
Level 1	Medical & Band 6 +	6,7,8 & 15	11430	30
Level 2	Medical & Band 5 +	0,4,5,10,13,14,16,17,20 & 21	16259	43
Level 3	Up to band 6	1,2,3,11,12,18 & 19	11115	29

Total Contacts

Non-psychosis	14837
Psychosis	14796
Organic	6373
Unclassified	1596



Staff competency standard/Contacts

Level1 11430 contacts - Symptom Recovery

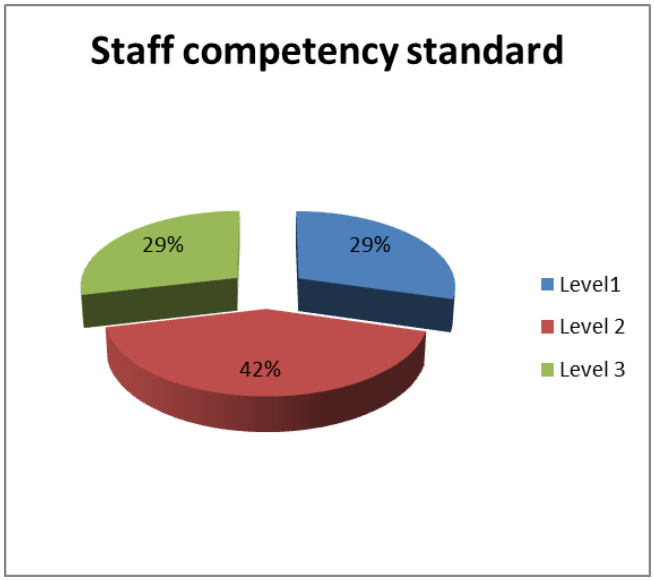
- Needs relate to interventions requiring specialist skills and tend to be more complex or more treatment resistive
- Skills found in senior medical staff and Band 6 and above clinicians

Level 2 16259 contacts - Symptom Recovery

- Needs are more responsive to change.
- Skills found in senior medical staff and other clinicians practising at Band 5 and above.

Level 3 11115 contacts - Social Recovery

- Needs are around the development of recovery and resilience not just in the patient but also in the systems families and communities around the person.
- Work will tend to be more interagency.
- Skills are found clinicians practicing at Band 3 and above



The next phase in the process will be to undertake a more detailed examination of the workforce profiles for each proposed neighbourhood and project the actual clinical staff profile required to provide evidence based interventions; appropriate to the prevailing demands of each neighbourhood.

In response to the need to identify a suitable workforce capacity calculator tool that supports the use of data to map skills, whole time equivalent (WTE) and banding requirements against each Neighbourhood team and to inform workforce planning requirements (including training needs) for the next 5 years it has been agreed to develop and enhance an in-house capacity calculator solution.

The benefits of having a self-defined model are significant, the most relevant being that the tool can be built with input from staff (so outputs are recognised) and it will be a tool that is 'done with' and not 'done to'. It will also allow us to adapt and flex depending on the changing commissioning landscape and support inputting of any additional investment.

Timescales

The timescale by which arrangements need to be in place regarding the new structures to be operational by 1st November is the 31st August. This is the latest date that finance and other corporate departments can work to, and only offers a short time frame for them to map existing services, staffs, requisition points, approved signatory lists etc. to new structure.

Tasks that are required to have been completed by this date include closing current structure over a period of time so that as of 01/11/15, no outstanding invoices remain on cost centres that will be unused from 01/11/15.

This date is also the last point by which we can ensure that requests for changes be actioned by external providers of some of our IT systems, such as SBS (ledger, & payroll services), and to process check the outputs from the changes are realised in time.

A minimum period of three months is required by our IT software providers to process major updates to our structures.

That said it is not anticipated that the workforce changes indicated by completing a workforce capacity calculation will be operational by 1st November. By the 1st November team profiles will be defined based upon financial envelope and best fit, it is a longer term piece of work to ensure that the required skill profile within each team meets the requirements of its community. This cannot be a quick fix as we are aware of skills deficit in some areas already. The workforce capacity calculation will however be essential for Neighbourhood teams to be able to identify through skills mapping and training needs analysis what incremental steps are needed to realise their ideal staffing profile.

Progress update on utilisation of our Estate to support Neighbourhood working

Strategic overview estate mapping commenced in April and is expected to be completed by June 2015. The department will use indicative staffing numbers to map best overall fit to existing premises. There are a lot of assumptions included at this level of estate mapping, so we cannot be 100% sure of feasibility until the work with the neighbourhood teams is completed to confirm exact space requirements.

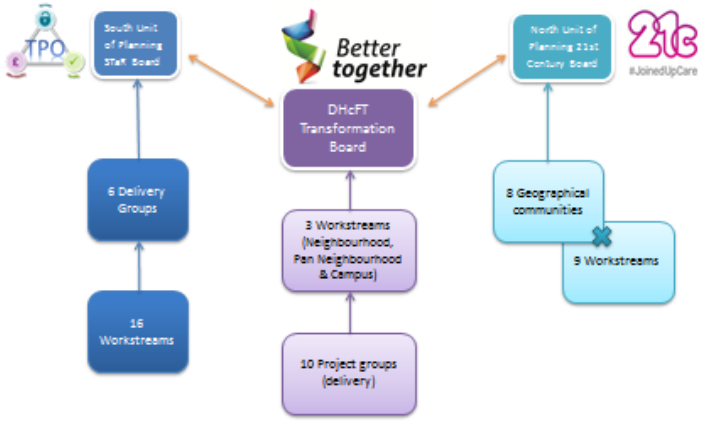
Some estate moves have already commenced and are scheduled to finish before the go live date of November 2015. Others may not start until after the go live date, and those neighbourhoods will not have teams physically co-located until some months later, this is to ensure effective estate project management is in place to support the moves to best effect.

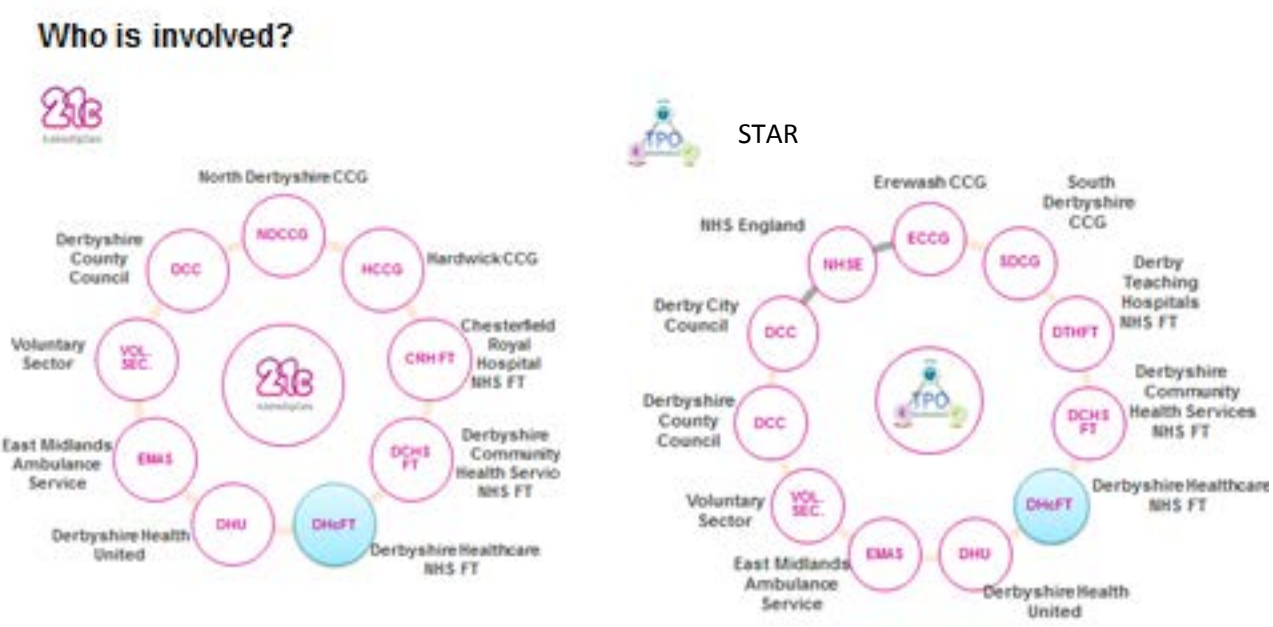
North and South Units of Planning

Both the North and the South Units of Planning are in operation. The North is commonly referred to as 21st Century or 21C, the South; Delivering System Transformation for the South Derbyshire Unit of Planning or STAR.

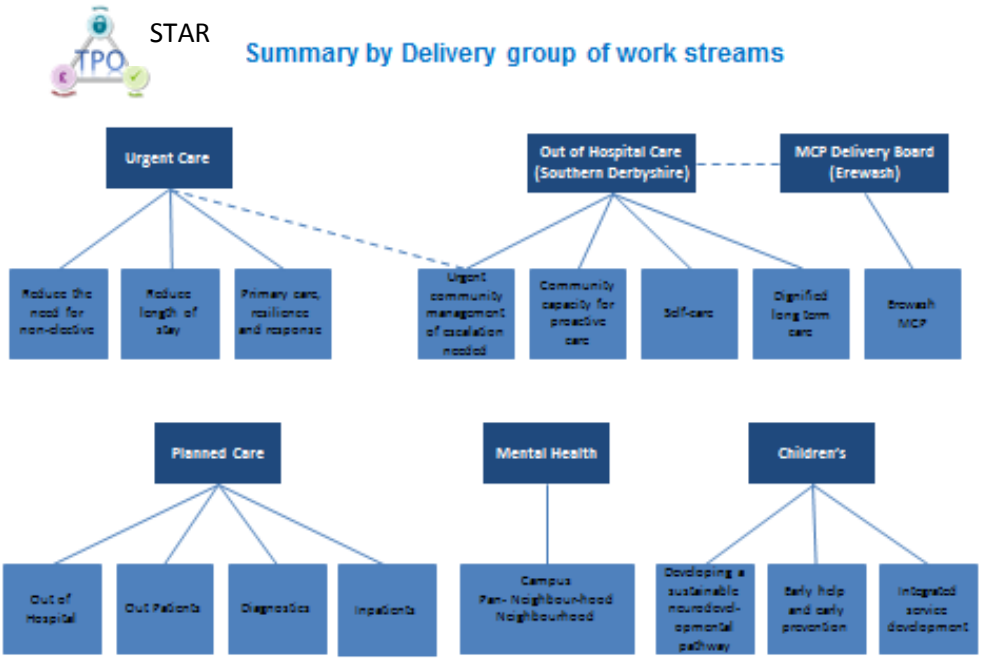
Ensuring that the transformation plans across the health and social care community align is essential for the level of whole system change required to support the delivery of the 5 year plan.

DHcFT are well engaged with Transformation leads from both 21C and STAR. Representatives from STAR and 21C attend the Transformation Board and senior leaders from DHcFT are members of many of the relevant workstreams and delivery groups.
The images below illustrate how the boards from 21C and STAR interrelate with the DHcFT programme.





With respect to **STAR** it is relatively early days for the Transformation Programme Office (TPO). Delivery Groups have been identified but these and their membership are subject to change. All Delivery Group leads have submitted their Project Overview Documents (PODs) in April 2015 and the next step is to produce Workstream Initiation Documents (WIDs).



21C is slightly more mature as a Transformation Programme. There are 9 workstreams, several of which are enablers for the 8 Geographical Communities (GCs). Of the 9 workstreams (WS) numbers 3, 6 & 7 are priority for DHcFT to be represented at;

- WS 3 Proactive management of care (also known as Community Support Teams)
- WS 6 Integrated Care Services (also known as Integrated Care Team)
- WS 7 Community Hubs

Each GC has a separate WS 3, 6 and 7 meeting.
The impact on capacity for DHcFT to attend 24 meetings cannot be underestimated and careful consideration will be made to prioritise attendance.

8 Geographical Communities

Work Streams

Both Units of Planning are currently developing a 'Partnership Agreement' to support working together to deliver whole system change across health and social care within Derbyshire and Derby City. This is due for completion in June.

The immediate next steps for the Trust are to understand the resources required to support the 21C and STAR delivery such as frequency and duration of meetings attended. This information will then be reviewed to support further appreciation of where we align (or not) and what our key pressure points are.

Results from Sim:pathy modelling work and implementation plan
DHcFT engaged Sim:pathy (Mental Health Strategies) in November 2014 to undertake simulation modelling of mental health services across the county and city. The project had both qualitative and quantitative elements. The qualitative work proceeded via a series of nine engagement meetings with a wide range of staff of the Trust. The quantitative aspect of the work was undertaken via discreet event simulation modelling.

One of the key questions posed to Sim:pathy was: **Will our planned and proposed model of care be deliverable in practice?**
Sim:pathy response:

It is possible to produce a model with very significant reductions in overspill, waits and fails against the currently expected baseline. This presumes:

- demographic change at the ONS-projected levels
- flexible use of the inpatient bed pool across ages and localities (for functional illness)
- no further local bed closures, beyond those where consultation is due to start regarding the possible closure of a maximum of 8 older adult acute beds later in 2015
- reductions in lengths of inpatient stay to the national mean
- flexibility within neighbourhood teams to redirect staff resources operationally and strategically
- the creation of a rapid response service for people with dementia
- extending the scope of the crisis team for people with functional illnesses to encompass older people
- establishing a specialist community-based service to manage people with a personality disorder
- reducing the contact frequency for people being seen between two- and ten-weekly, and/or improved utilisation rates for community staff arising from reduced administrative work, sufficient to produce the equivalent of a 20% productivity gain
- rebalancing of team resources in line with the resultant changes in demand and flow patterns

but, essentially, retaining the expected 20% of resources expected to be withdrawn

If those resources are in fact withdrawn, the best we can identify, with all of the measures above, is not fully in balance, but still a significant improvement on the fully-resourced baseline. This suggests a measure of resilience in the model proposed.

Sharing the feedback

The results of the Sim:pathy work have been presented to internal stakeholders at two events, one north and one south. The Trust Medical Advisory Committee (TMAC) have also had a presentation by Sim:pathy of the results. The results were described in the April Transformation Board and a further presentation of the full results will be made available at the next Transformation Board meeting in July.

In addition to this method of sharing results we have produced a short film with Sim:pathy (introduced by Steve Trenchard) within which the results are discussed and frequently asked questions are addressed. The film will be an unlisted film on YouTube which means that a link is needed to access it. The link will be shared with members of the Transformation Board and other key external stakeholders. The film is anticipated to be available in May 2015.

Implementation plan

The implementation plan will be discussed at relevant project groups and boards and as such is subject to change as it is updated and matures.

STRATEGIC OUTCOMES
1 - People receive the best quality care
2 - People receive care that is joined up and easy to access
3 - The Public Have Confidence in Our Healthcare and Developments
4 - Care is Delivered by Compassionate and Empowered Teams

PILLAR	
1 - Quality of Services	4 - Promoting Public Confidence
2 - Integrated Care Pathways	5 - Relationships and Partnerships
3 - Service Delivery and Design	6 - Financial Performance
4 - Promoting Public Confidence	7 - Workforce and Leadership

April 2015 V1

KEY SCENARIOS TO ACTION:	STRATEGIC OUTCOME					PILLAR							KPI /Target	Progress
	1	2	3	4		1	2	3	4	5	6	7		
Flexible use of the inpatient bed pool across ages and localities (for functional illness)	✓	✓				✓	✓	✓					Policies and practises which promote: Flexibility in bed use between Campuses, and between working age and older adults with similar needs to mitigate the risk of overspill being required	Campus Project Board taking forward
Proposed and subject to consultation bed closures have no significant effect on overspill beds if this is in line with Recommendation 3	✓	✓				✓	✓							Campus Project Board taking forward
Detailed review of bed and flow management within inpatient service, with a view to achieving reductions in lengths of inpatient stay to the national mean	✓	✓	✓			✓	✓	✓	✓	✓	✓		National mean LOS: 32.6 days in Adult Acute and 72.0 in Older Adult **(or better)**	Campus Project Board taking forward

Build flexibility within Neighbourhood teams to redirect staff resources operationally and strategically, together with the programme of training and development which this necessarily implies	✓	✓		✓		✓	✓	✓				✓	Policies and practises which promote: High degree of local flexibility between services devolved to the localities. Neighbourhood Manager flexibility to move staffing, either operationally or strategically, to respond to changing demand pressures	Divisional Director responsible for Neighbourhoods to lead Neighbourhood Managers to achieve
Creation of a rapid response service for people with dementia	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	Reduced organic inpatient bed use / bed base	Current active project achieving closed beds and RRT team beginning to be formed. Primed by successful bid for development funds
Extending the scope of the Crisis Team for people with functional illnesses to encompass older people	✓	✓	✓			✓	✓	✓	✓	✓	✓		1) Commissioner funded / extend scope of team across Derbyshire 2) DCHFT able to safely fund the extension of scope	Discussions are taking place with the Divisional Director regarding how to progress
Establishing a specialist community-based service to manage people with a personality disorder, drawing resources for this from other existing services	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	PD community Team formed within **defined** time frame Increased % of PbR cluster of patient group receiving community care Reduced % of PbR patient cluster receiving inpatient care	Complex Trauma Pathway Development 1 and Trauma informed culture and Practise Projects have commenced. ToR need to be reviewed to establish timeframe for commencement of service
Reducing the contact frequency for people being seen between 2-10 weekly, and/or improved utilisation rates for community staff arising from reduced administrative work; with the aim of achieving a net 20% improvement in productivity	✓	✓				✓	✓	✓					**Policies and practises which promote;** Less frequent contact for people seen currently between 2 -10 weekly Reduction in administrative work required by clinicians	To be discussed in the Integrated Service Delivery Team and a way forward will be agreed

Rebalancing of team resources in line with the resultant changes in demand and flow patterns as there are no overall increases in community resources, simply redirections of existing resource	✓	✓		✓		✓	✓	✓				✓	Team resources are mapped to the size, complexity and demands of the Neighbourhood	Combine with frequency element of above

Public Session

Derbyshire Healthcare NHS Foundation Trust
Report to Board of Directors

People Strategy Update

The purpose of this report is to share with the Board our planned approach to delivering on our People Strategy, with particular focus on our values
We deliver excellence
We involve our people in making decisions
We focus on our people
We put our patients at the centre of everything we do

Our People Strategy has five primary aims, the focus within this update is on 'Educating and developing our People' and an update on our key metrics

Executive Summary

The People Strategy 2011-2015 has five primary aims, this monthly update focusses on '**Educating and developing our people'** and shares with the Board a high level overview of our Education Strategy (2013-2016). The principle of the education strategy is to ensure a patient and value based education. There is significant evidence of involving our service receivers in co-production of courses - designing and delivering - **Strengthening the Compassionate Care Culture** aligning the needs to the Care Certificate competencies with positive evaluation to date, with external interest in our achievements. It is recognised that there is pressure on staff to be released to attend sessions and work is on-going to ensure a blended learning approach. Our education needs are identified by national drivers as well as local (Trust) and individual needs and our relationship with Health Education England and our University partners have been developed and remain critical to support both the funding, the delivery of our future work force needs and organisational development and culture.

The Employment Relationship / Getting the Basics right:
A number of conversations (virtual and face to face) with individual staff and teams have taken place following the annual staff survey these will be collated with the qualitative feedback from the previous twelve months Staff Friends and Family Survey and shared at the Spotlight on Leaders event and the Board in June. We have commenced a review of the current temporary staffing arrangements for the Trust, working with the Temporary Staffing function it is expected to conclude in July and a number of recommendations provided to the Executive Leadership Team for review

Our **key People metrics** demonstrate how we compare to our Trust targets and national / local benchmark data where available. It was agreed at the People Forum that our metrics would be reviewed along with the findings of the annual health check and reported back to Board.
Annual Staff Turnover for the Trust continues to be within the Trust target parameters at **9.63%** as at 30th April 2015. The number of employees who left the Trust during April 2015 was 21 which included 8 retirements. **Compulsory Training** compliance rates have increased month on month since January 2015 reaching 83.41% in April 2015. **Appraisal Compliance** rates have decreased month on month since December 2014 to 73.18% as at 30th April 2015. Compliance rates had previously increased month on month from June 2014 up to November 2014 when the highest compliance rate of 85.46% was achieved. The metrics demonstrate the **challenging**

environment that we are facing and even more imperative to support staff through these times**.** Further work with the leadership team will be undertaken to review the process, form, compliance and quality of the appraisals (PADR). **Sickness Absence** for April 2015 was 5.46% which is 0.91% higher compared to April 2014. Long term sickness absence represents 53% (5% decrease) of total sickness absence and short term represents 47% (5% increase). Anxiety/stress/depression/other psychiatric illnesses remains the highest reason for sickness absence and represents 23.62% of all sickness absence, an employee questionnaire is currently out to gather views of individuals who may have experienced stress/anxiety/other mental health related issues. Results will be reviewed and proposed actions shared through the People Forum. We continue to be proactive in recruitment **Active Recruitment** during April 2015 was for 57 posts, of which 61% was for Urgent Planned Care, 37% for Specialist Services and 2% for Corporate. 49% of all active recruitment was for Qualified Nursing staff, 18% for Student Health Visitors, 18% for Psychological Well Being Practitioners/Trainee Psychological Well Being Practitioners and 15% for other posts.

Strategic considerations

There is significant activity required to develop a robust **workforce plan** that will outline both our current workforce profile and identify the requirements to support the future planned neighbourhood and campus model. This will be developed over the next quarter and will also need to consider the potential impact of the north & South unit of planning workforce development plans – whilst still being in very early days we are working closely with the Derbyshire integrated workforce team to mitigate any risks. The key risk is to ensure we can firstly identify the skills (& deficits) needed by our workforce and secondly deliver the training needs in a timely way to meet the needs of the service demands.

(Board) Assurances

- People metrics
- A refreshed People Forum –with emphasis on our values ‘We focus on our People’

Consultation

- The detail behind this report will be discussed at the People Forum.

Governance or Legal issues

There are no legal issues arising from this Board Report.

Equality Delivery System

The detailed analysis of the staff survey by protected groups will be analysed and any issues raised as a result will be explored at the People Forum.

Recommendations

The Board of Directors is requested to:

1) Acknowledge the continuing delivery of the People Strategy with particular emphasis on progress of the Education Strategy

2) To note the key metrics and proposed actions

Report presented by: **Jayne Storey**
Director of Transformation

Report prepared by: **Jayne Storey**
Director of Transformation

People Strategy - update

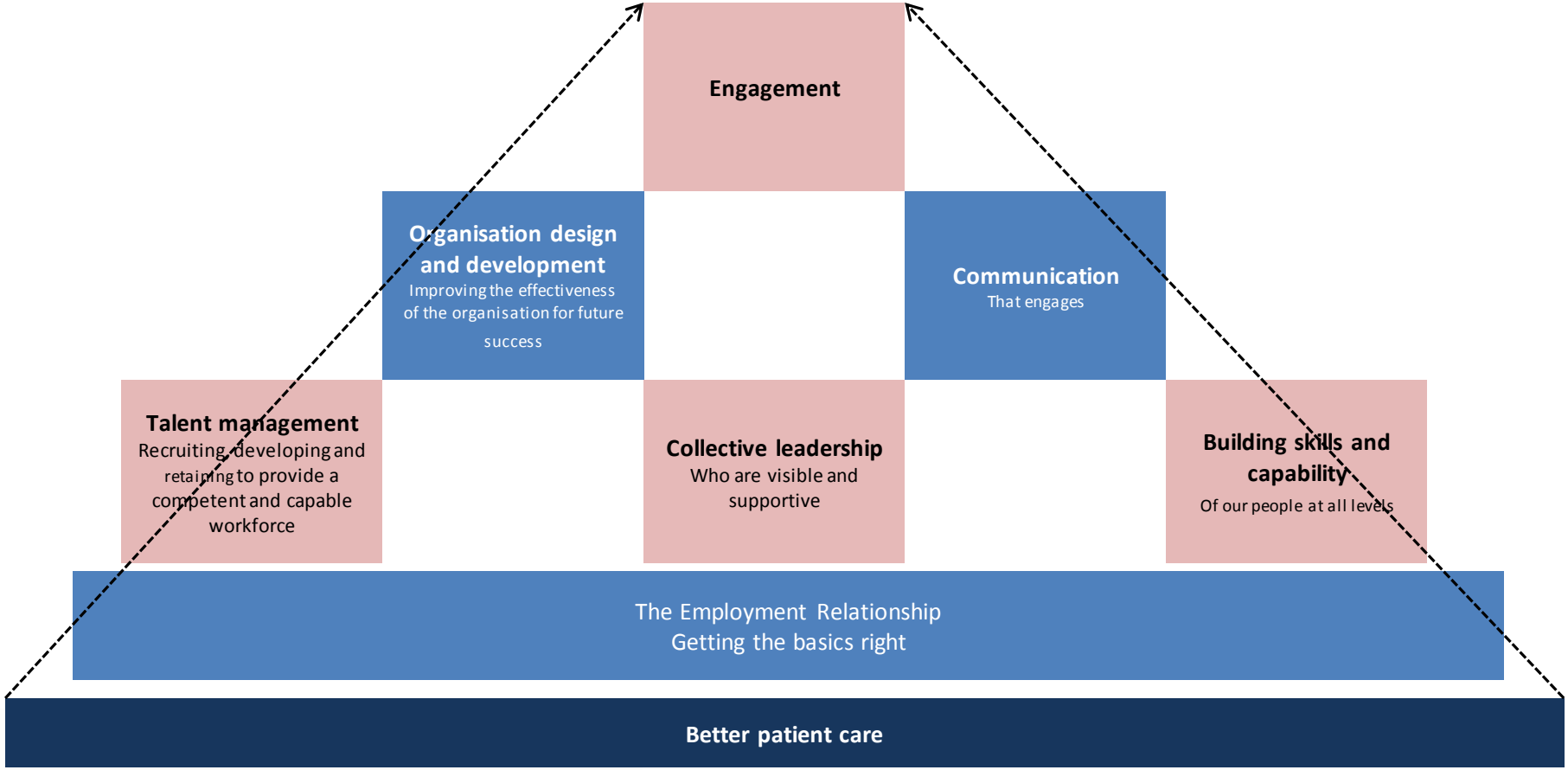
May 2015

People Strategy Building Blocks

Derbyshire Healthcare NHS
NHS Foundation Trust

The strategy consists of five primary aims:

- Engaging our people
- Educating and developing our people
- Maximising the potential of our people
- Our peoples' working environment
- Management of change.

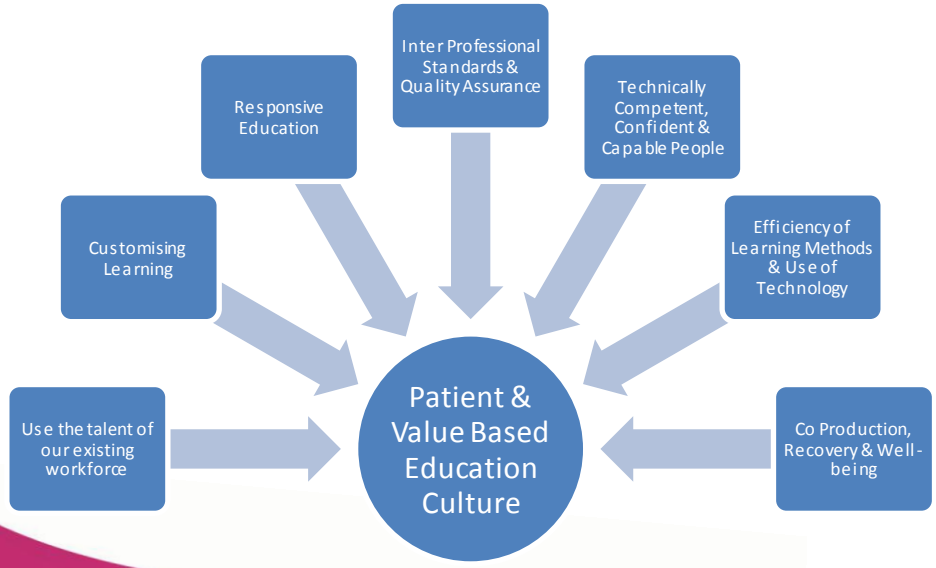


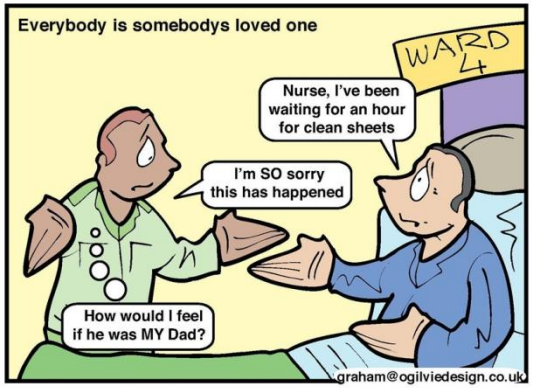
Spotlight on Education – Reflecting Back and Looking Forward

Derbyshire Healthcare NHS
NHS Foundation Trust

Education Culture Aspiration

- Our strategy and vision makes explicit that education and learning will be wholly for the patient centred through development of a caring, compassionate and committed staff that have genuine intention to give high quality care
- A willingness to learn together with others is critical to success of a good lived experience of care in our services.
- Staff ability to translate Trust values into value based compassionate behaviours
- Confidence, competence and leadership within teams that value based behaviours are being upheld and that where there is doubt that they have the freedom to speak out
- Will look like safe patient care, where fundamentals of care and how we do things are unconditionally met and where attitudes and behaviours that deliver this are consistent
- Success will be a willingness to listen to culture and for education to play its part in enabling positive thinking, learning and growing whilst supporting the commitment to act upon any concerns that would indicate that patient care is compromised in any way





WE FOCUS ON OUR PEOPLE

Better together

Spotlight on Education – Reflecting Back and Looking Forward

Derbyshire Healthcare NHS
NHS Foundation Trust

Care Certificate Launch

Mandatory for new staff in support worker roles

15 standards to complete in 12 weeks

Care Certificate is a transferable qualification, Nationally recognised

Last year there were 40 new starters in this staff group

Existing workforce will need to be mapped individually against the standards in the near future

Strengthening the Compassionate Care

External interest

Aligned with Care Certificate Competencies

Co produced and delivered with education team leadership

Incredible support from LD team St Andrews House

One quarter unregistered workforce been through programme

8 programmes this financial year scheduled

Learning with patient and staff narratives
Blended learning approach

Research study underway to understand impact

Programme evaluations highly rated

Alignment to recovery and well being approach

Self Service

Training sessions have been run for staff across the Trust in relation to 'training self-service', empowering employees to book on to their required classroom courses independently. Employees have also been reminded how to search , enrol and run eLearning programmes correctly. Over a course of 10 days, over 50 employees from individual teams have been trained. All three Education administrators have been involved in supporting Ali in the delivery of the course, both in Derby and Chesterfield.

The sessions have been well received and comments have included:

"This is such a great idea as I can make sure I can get training organised before I go out of date"

"Will there be more sessions like this as so many staff would find it helpful as it looks such a confusing system"

"It make it so much clearer having someone explain it to you"

"The new booklet makes it so straight forward that I am happy that I will be able to do this back in my office"

What next?

Inter professional equity of learning environment infra structure

To achieve this:

Review job plans/job descriptions

Clinical supervision

Practice educator infra structure

Raise the profile of importance of education in the workforce

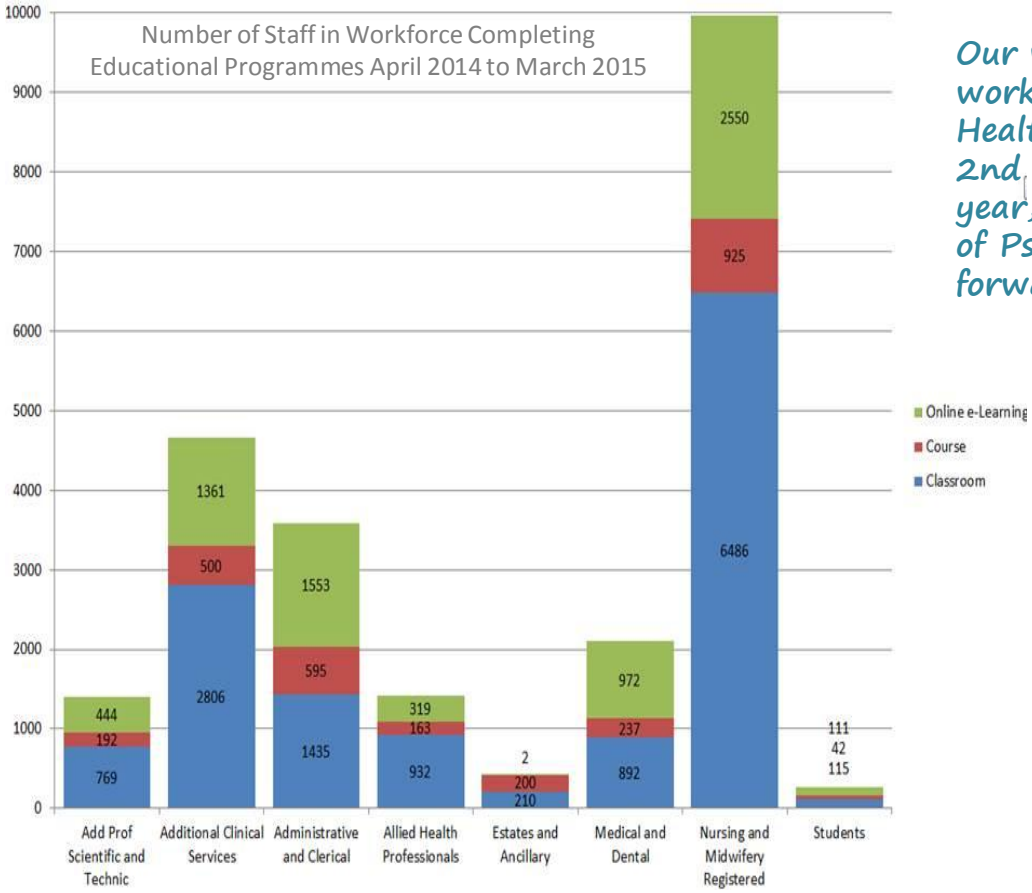
The patient and carer experience is at the heart of our work and comes first. Our approach will underpin every action that relates to the learning and development of our workforce

Spotlight on Education – Reflecting Back and Looking Forward

Derbyshire Healthcare NHS
NHS Foundation Trust

What have we achieved?

- Career Framework for Nurses
- My 20 Commitments to Care
- Inter professional Practice Learning Environments
- True engagement infra structure, relationships and routine partnership working with stakeholders across Derbyshire
- Reputation for service involvement in Derbyshire wide education priorities
- Inter professional Quality Audits
- External partnerships with Higher Education
- External partnerships with HEEM
- Clinically focused programme commissioning with co production with experts by experience (for example: strengthening the compassionate care culture, Maastricht hearing voices, personalisation)
- Care Certificate Programme development



These educational programme offerings, whether classroom or e learning/podcasts/film have been intended to ensure our people have technical skill and competency to deliver high standards of fundamental, safe care with compassionate attitudes, value based professional behaviours, a recovery and well being focus for every patient, at every intervention. The programmes are intended to influence personalised approaches to care at every opportunity

Our work with our unregistered workforce: the British Journal of Healthcare Assistants was our 2nd most used e-journal title last year, behind the British Journal of Psychiatry which is a huge leap forward in culture

Risks going forward

- Quality assurance to HEEM
- Practice placement capacity for learners all professions
- Reduced availability of capacity to release staff to undertake programmes of learning
- Demand for clinical competency learning and development in relation to learning needs of future workforce/transformation
- Learning Needs Analysis across the Divisions has identified training needs that are unable to be met through the HEEM contract (approximately £35k)

Key People Metrics

Derbyshire Healthcare NHS
NHS Foundation Trust

	Apr 2014		Mar 2015	Apr 2015	Target	Benchmark
Annual Staff Turnover	10.12%	Regularly review hot spot areas	9.51%	9.63%	10%	NHS **8.99%** National MH&LD **12.28%** East Mids MH&LD **11.06%**
Compulsory Training	80.33%	Continued focus and improved access	82.48%	83.41%	95%	East Mids MH&LD **80%**
Appraisal Compliance	69.93%	Live Workforce Dashboard and ESR MSS	76.95%	73.18%	90%	NHS **83%** National MH&LD **88%** East Mids MH&LD **87%**
Sickness Absence	4.55% M 4.63% A	Leaders receive alerts and reports via FirstCare	5.18% M 4.91% A	5.46% M 5.05% A	3.9%	NHS **4.32%** A National MH&LD **4.84%** A East Mids MH&LD **4.88%** A
Active Recruitment	49 posts	Establishment Control Group	55 posts	57 posts		
Variance from Funded Establishment	13.26%	5% tolerance against target	13.65%	14.97%	90% staff in post	

Compulsory Training Dec 2014 Benchmark source: ***East Mids Streamlining Prog***

Annual Staff Turnover Feb 2015 & Sickness Absence Jan 2015 Benchmark source: ***HSCIC NHS iView***

Appraisal Compliance Oct 2014 Benchmark source: ***NHS Staff Survey 2014***

Mar 2015 V Apr 2014

Apr 2015 V Mar 2015

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Within Trust Target Parameters

Outside Trust Target Parameters

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Workforce Plan Summary Update for 2015/16

Overview	Shape of the Workforce	Review of 2014/15	Context & Emergent Themes	Education Implications
Introduction Purpose Key Drivers for Change in 2015/16	Workforce Profile Staff Turnover Benchmarking against other Trusts Retirement Profiles	Where are we now Review of last year's Context & Emergent Themes	Derbyshire wide context Local context & themes emerging from our transformation programme	Workforce Development issues arising from the Emergent Themes

What next?

Audit Committee - feedback summary
Meeting held 28 April 2015 10:30am -1:30pm

Key issues linked to Strategy and Governance requirements:

Agenda item	Issue and actions	Assurance
Minutes and action matrix from meeting held on 18 March 2015	The minutes of the previous meeting were agreed. Action matrix updated.	Agreed
Review of the draft Annual Accounts	Members of the committee reviewed the Annual Accounts. Members of the Finance team made members aware of a number of changes specifically relating to account policies. The Committee Chair thanked the Finance Team for their good and timely work	Final sign off of the Annual accounts will be carried out on behalf of the Trust's Board of Directors at the next meeting of the committee on 22 May.
Review of the draft Annual Report	Members of the Committee were presented with a second draft of the Annual report. Members discussed the Board committee structure outlined in the report. Members noted the complexities of the quality committee structure. It was agreed to add some further narrative around the quality governance structures within the report.	Final sign off of the Annual Report including the Annual Governance Statement and Quality Report will be carried out on behalf of the Trust's Board of Directors at the next meeting of the committee on 22 May.
Going concern assessment for 2014/15	Mrs Wright presented the Going Concern Assessment in order to provide the committee with sufficient confidence to assess the organisation as a Going Concern and for the financial statements to be prepared on that basis.	Agreed that there was sufficient confidence to assess the organisation as a Going Concern.
Update on internal audit progress	The internal auditors provided a report which outlined the progress of the internal audit work PwC have carried out for the year ended 31 March 2015. The report also included the Head of Internal Opinion. Members of the committee reviewed the internal plan for 2015/16. Members agreed to extend the number of days for the HR Recruitment Audit to include systems and processes around high-cost, off-payroll staff and approved clinician status. Members discussed the Risk Assessment contained in Appendix 4 as the report showed sickness absence as an outlier area. The committee agreed to escalate	Members confirmed that they felt assured by this process for internal audit for 2015/16 Members agreed to escalate the sickness absence outlier to the People Forum

	this issue to the People Forum	
Update on external audit progress	The external auditors provided a report which outlined the progress of the external audit plan. The committee confirmed that the report was consistent with Grant Thornton's understanding of the operating standards of the Audit Committee and small amendments were noted directly to the report.	The Audit Committee agreed it had conducted a good review of the annual report that highlighted areas in which the Trust stood out favourably compared to the rest of the mental health foundation trust population.
Annual report for 2014/15 Counter Fraud	The report provided the committee with the assurance that the Trust's counter fraud, bribery and corruption arrangements are embedded, there is a strong anti-fraud, bribery and corruption culture within the Trust and that Counter Fraud Service delivered by 360 Assurance (as positively commented upon by NHS Protect in their inspections) is efficient and effective.	The Audit Committee took assurance from the work carried out by the Counter Fraud office.

Issues to be escalated to Board, Audit Committee or other Board Committees
1. Sickness absence outlier to be escalated to the People Forum

Quality Committee – Board feedback summary
Meeting held 7 May 2015 - (length of meeting 2:15pm – 4.30pm

Key issues linked to Strategy and governance requirements
Confidential

Strategy or Quality governance requirement	Issue	Actions and assurance
Minutes and action matrix from meeting held on April 9th	Minor amendments to the minutes agreed. Were accepted and agreed subject to an amendment on page 6 QC/2015/053 Suicide Safety Assessment, the phrase "shared roll out" in the second paragraph was replaced with "*scheduled roll out*". Action matrix updated.	Agreed
Waiting Times and access to NICE approved interventions for Psychosis (ageless new target) new guidance from 1st April 2015.	Kath Lane updated the committee on plans to improve the implementation of the NICE guidance on waiting times. She explained that the Trust was currently collecting data to quantify the level of need to meet the target of new referrals to the service as well as existing patients/service receivers. A working group had been set up and included clinical leads, key consultants and psychologists and would draw up a clinical plan on how to improve on NICE guidance. The committee noted that the performance impact of the plan would be referred to the Finance & Performance Committee and the NICE guideline aspects of the plan would be covered by the Quality	Increasing assurance on work plan but overall limited assurance on the future target achievement as this is a stretch target. Further assurance to be gained include: • A written report including the detailed aspects of the work plan • Continued liaison with the Finance & Performance Committee • Derbyshire voice requested to be involved and assist in this development
Serious Incident Report	Christine Henson presented the Serious Incidents (SIs) year-end report and the main themes of the report were highlighted. Tony Smith pointed out that whilst the report summarised the actions reviewed and undertaken it did not provide evidence of outcomes. He also made the point that Non-Executive Directors were not qualified to analyse the detail in the same way as clinicians and rather than discussing this at length during the meeting he and other Non-Executive Directors should meet informally with Christine Henson, Dr Deepak Sirur, Dr Wendy Brown and Dr John Sykes to reconcile what is deliverable. In response to this suggestion, Christine Henson would look at implementing a dashboard to illustrate where learning is required, trends and benchmarking.	Noted themes from the report and work in progress. Further discussions to take place on resources and support. Awaiting further ongoing information from the Suicide prevention group and Mortality group. The monitoring of our mortality rates will be closely monitored as a CQUIN and as a flagged area of risk for increased scrutiny and monitoring. The Quality Committee evaluated the report and agreed actions from the report will be reviewed by Non-Executive Directors, Christine Henson, Dr Deepak Sirur, Dr Wendy Brown and Dr John Sykes to provide a shared level of understanding of how to ensure recommendation had been fully embedded into clinical practice. Operational Managers to reinforce the standard to complete an ISMR (Initial

	The falls prevention lead undertakes a retrospective review of the numbers of fractures sustained by inpatients over the past three financial years to investigate a possible rise in the number of fractures sustained by patients Work has been done this financial year to improve the accuracy of the reporting for this type of incident in relation to the accurate grading of the degree of harm and actual incident outcome	Service Management Review) within 10 days of the incident being reported. The falls prevention lead to undertake a retrospective review of fractures to confirm whether this is a changing reporting or a cluster of incidents and or make recommendations Further review and analysis to be undertaken into the Trust reporting to the NRLS (National Reporting and Learning System).
Urgent and Planned Care Division QLT report	Dr Wendy Brown's quarterly report provided the committee a detailed outline and structure of the Quality Leadership Team meeting programme and the agenda for Quality Leadership Team Urgent and Planned Care divisional meetings	The update of the work plan undertaken to date was scrutinised and it was agreed that a group would be developed to improve DPR (Directorate Performance Review) assessment to provide diagnostic assurance against benchmarks. A review of the use of seclusion across the Trust will be taken to the Mental Health Act Committee, by a Nursing team representative. Format of the QLT quarterly reports to be standardised using the report front sheet template.
Specialist Services Division:	Dr Deepak Sirur's quarterly report provided information on the activities of the Specialist Services Quality Leadership Team. It was noted that the next piece of work would be to formulate a structured work plan. The committee agreed it would support the QLTs to develop specific reporting into the committee and that QLT delegated authorities would be defined. Both Dr Wendy Brown and Dr Deepak Sirur will work to a Trust wide mandate and develop systems for variations in progress that will provide final assurance to the committee and to the board. Dr Wendy Brown and Dr Deepak Sirur were challenged by the committee to look at the progress made and consider the "exam questions" from the quarter's main topics namely how do you ensure embedness of learning from SIRI's and or complaints and retest the service to assess how the service has been improved and whether it its sustained changed and the service is less likely of having the same error with the same service improvement requirements.	Report received and additional support through the Nursing and Quality team to the QLT's will be offered to support their development. Format of the QLT quarterly reports to be standardised using the report front sheet template going forward. Dr Wendy Brown and Dr Deepak Sirur to design a way to retest the quarter's main topics to assess whether the same error could occur again/ have we changed our practice?
Autism paper	Ms Green feedback from learning from a Board to ward story and presented the Trusts statutory duties and required service developments both in offering adapted services, provision of autism awareness training for staff and other detailed requirements as outlined in the paper. The	Assurance on the work plan and up-date was provided and the committee were appraised of the statutory duties and the work plan. The Training board to take note of the statutory duty. Ms Green has briefed the Training Board and the chair of this

	work plan for service improvements is being designed in collaboration with Hardwick CCG due to the nature of the shared responsibilities.	requirement

Strategy or Quality governance requirement	**Issue**	**Actions and assurance**
Assessment of Safety needs and planning policy ratified	Mrs Henson informed the committee that the Assessment and Management of Safety Needs Policy had been thoroughly reviewed and the language simplified to eliminate risk and focused on safety needs for service receivers and practitioners.	The committee approved the draft trust wide policy and confirmed convey its approval to the board in the committee summary report that would be submitted to the next meeting of the board at the end of May.
Duty of candour and Being Open policy	Amy Johnson, Family Liaison Officer, attended the meeting to ask that the draft policy and procedure for Duty of Candour and Being Open be approved by the committee. She also explained the definitions of Regulation 20 and emphasised that the Trust's policy on "Duty of Candour and Being Open were aligned. Catherine Ingram pointed out that the term service receiver was preferred to service user and it was agreed that this would be incorporated into the policy. Minor amendments were noted directly to the policy by Amy Johnson. The committee received the draft policy and would recommend it be approved by the board and will refer to the policy in the summary report that would be submitted to the meeting of the board at the end of May.	Committee summary report to confirm the final policy, which was approved by the committee in May.
NICE guidelines, development and redesign of the monitoring system	The report updated the committee on plans for improving the Trust's systems and processes for monitoring the effectiveness of the implementation of NICE guidance and advice. The committee was pleased to note the progress contained in the report and the engagement of the teams involved and agreed that it would receive a demonstration of the NICE Guidelines populated SharePoint site at the next meeting in June.	Report received and reviewed and the progress was noted Presentation of the populated NICE Guidelines SharePoint site to be made to the next meeting of the committee.
Policy governance	The purpose of this report was to update the Quality Committee, following the last report in October 2015, on progress to review and update policies that are overdue for review. The committee noted the policies overdue for review and was assured on the level of assurance that progress made undertaken in line with CQC preparedness. The committee agreed with the report's recommendations and requested that a further report on progress be made to the committee at its meeting in August. The committee were informed of the policy re-writing days that have been scheduled to	Report received and reviewed and the progress was noted The Quality Committee: 1) Received the report on the status of policies overdue for review 2) Recognised the progress assurance in that authors for policies requiring review are clearly identified and action is being taken to ensure they are being reviewed and updated. 3) Would continue to task the ELT to ensure policies overdue for review are escalated appropriately.

	move forward on this overdue work.	

Strategy or Quality governance requirement	**Issue**	**Actions and assurance**
Patient Experience report Quarter 4	The purpose of this report was to update the committee using a range of data to demonstrate how the Trust was improving services and revealed patients' experience of their care. The committee agreed that the report gave a helicopter view of how the Trust was working and demonstrated analysis and triangulation of the issues identified by the Heads of Nursing and how service improvements to development work was being identified from it and the chair asked that thanks be made to the different writers that contributed to the report.	The Quality Committee scrutinised the report and accepted the report and noted the progress made so far.
Attention Deficit Hyperactivity disorder and POMH UK audit	Ms Green verbally updated the committee on services for people with ADHD. She explained that the Children's CCG would pay attention to audit and emphasised the importance of dealing with ADHD within the children's service in addition to the CAMHS service. She pointed out there was still a lot of work to be done in this areas with continued monitoring and the need to consider this work as part of service developments in the Children's services.	The report was scrutinised and reviewed and should be reviewed by the Children's Clinical Reference group
Quality Committee Forward Plan	12 month plan for papers.	Noted for information to be reviewed following audit of committee work.
Any Other Business	No other business	Agreed and noted

Escalation issues
There were no issues to be escalated to the Board. Cross committee and other governance group's actions to be noted. Mental Health Act Committee – Seclusion report to be received at the May meeting Training Board to receive information on Autism awareness Training Board to receive information on Patient Safety planning roll out requirements from Dr John Sykes

The Trust Board are requested to receive this report and guide the Quality Committee on its current work and work plan

Chair of the Quality committee

Safeguarding Committee – Board feedback summary
Meeting held 17 April 2015 - Inaugural meeting (length of meeting 1.00pm – 4.30pm

Key issues linked to Strategy and governance requirements
Confidential

Strategy or Quality Governance Requirement	Issue	Actions and Assurance
Opening of the meeting	Welcome to the inaugural Safeguarding Committee	Complexity of the agenda.
Terms of reference	The Terms of reference were presented and reviewed a summary of the presenting reasons for this inaugural meeting were discussed. Amendments made were to have a minimum of five staff members and a minimum of two executives. Sub groups to other safeguarding working groups. Confirmation of lines of accountability internally and externally.	Agreed as accurate and authorised It was noted that the Trust operates with two local authorities with different priorities. Escalation of named doctor for safeguarding capacity/resource and governance.
Safeguarding Children Strategy	The key strategic directions were presented and discussion on the impact of two separate external strategic directions was accepted.	The interim strategic priorities were accepted, the formal recommendations agreed and an updated strategic position and key priorities were noted and accepted
Safeguarding Children Performance Data Dashboard	A paper was presented on the key and extensive external information available for data on Safeguarding Children. Discussion on the validity and risk of using Safeguarding Board data for decision making was considered and whether validation of information would be required for key decisions.	A proposal for a narrative analysis of appropriate external information and internal key indicators was agreed. All recommendations were accepted.
Safeguarding Children Training	A paper was presented on mandatory training compliance for Safeguarding children for all levels, across professions, service lines and considering training levels. A specialist report on staff who had not undertaken any training was compiled. It was noted that some of the staff may be new starters. In future the data will be amended to exclude those who have been employed in the trust less than 4 weeks.	The paper and its recommendations was accepted and limited assurance was received in some specific service lines and services. Hartington North Urgent Care, IAPT and the report detailing no training were noted as gaps in assurance. Action for Ifti Majid to work with Service Directors and Clinical Directors on improving training performance. The Training Board to be cross referenced through Jayne Storey on this report.

Strategy or Quality Governance Requirement	Issue	Actions and Assurance
Case Presentation ADS14	A detailed review and analysis of this case and learning was presented. Although DHCFT staff were only partially involved the learning points over cross border care, handover and transition were essential learning to review	The recommendations were received and the operational group tasked as per standard operating procedures to complete the Trust response to this action plan and ensure follow up of these recommendations. In the review of the Safeguarding committee, the Safeguarding Children's Named Nurse and Doctor will feedback on progress against this plan.
Safeguarding Children – for information	A number of additional information and documents have been formally circulated.	These reports are reviewed and accepted by the named professionals for action as required.
Safeguarding Adults Strategy	The key strategic directions were presented and discussion on the impact of two separate external strategic directions was accepted. The differing approaches and content of priorities of the two geographical areas of the Safeguarding Board. The significant changes by the implementation of the Care Act (2014) were noted and the operational requirements to reset the strategic direction, re-check and change key operational protocols, referral requirements and in turn amend the Safeguarding Adults training were noted.	The interim strategic priorities were accepted, the formal recommendations were agreed and an up-date strategic position and key priorities were noted and accepted. A gap in assurance was raised was the capacity of the Safeguarding Adults Doctor with no protected sessions was raised. A significant concern was noted, for escalation to ELT and to the Trust Board.

Safeguarding Adults Performance Data Dashboard	The key strategic directions were presented and discussion on the impact of two separate external strategic directions was accepted. The differing approaches and content of priorities of the two geographical area Safeguarding Adult Board requirements. The trust needs to monitor and maintain its systems and structures, for Safeguarding Children. The level of detail and indicators has been included to give an overview of what is available and that this level of detail without a narrative and analysis is meaningless. We require redefining our information, how we will use both external and internal information to redevelop our work going forward. The statutory duty of organisations to work in line with the PREVENT strategy was noted. The third party and sensitive nature of referrals or attendance to PREVENT strategy and Channel group, including any outcomes or learning for use in the trust. Is noted.	The interim strategic priorities were accepted, the formal recommendations were agreed and an up-date strategic position and key priorities were noted and accepted. The Safeguarding Adult lead professionals (Named Doctor and named nurse) to develop a clear set of key priorities to communicate to the full workforce on key messages on the data we need to analyse and how. To develop a quantitative and qualitative approach with a narrative on what it means, trends and their recommendations. Using existing information from other Boards and supplementing with our own key information as required The Safeguarding Adult Operational group to redevelop an operational work plan against these strategic intentions with timescales and make recommendations to the Board.

Strategy or Quality Governance Requirement	Issue	Actions and Assurance
Safeguarding Adults Training	A paper was presented on mandatory training compliance for Safeguarding Adults for all levels, across professions, service lines and considering training levels. A specialist report on staff who had not undertaken any training was compiled. It was noted that some of the staff may be new starters. In future the data will be amended to exclude those who have been employed in the trust less than 4 weeks.	The paper and its recommendations was accepted and limited assurance in some specific service lines and services. Hartington North Urgent Care, IAPT and the report detailing no training were noted as gaps in assurance. Action for Ifti Majid to work with Service Directors and Clinical Directors on improving training performance. The Training Board to be cross referenced through Jayne Storey on this report.
Safeguarding Adults – for information	A number of additional information and documents have been formally circulated.	These reports are reviewed and accepted by the Named professionals for action as required. The rapid and changing world and adjusted policies, flow of work, were noted.
Safeguarding Families - concepts	A presentation and summary of the concepts of Safeguarding Families was presented. This is a new and merging area of practice. This is not systemic family therapy or currently in UK legislation. It is an emerging developing area to develop family and carer informed practice across all of the organisation.	The report was noted and accepted, the strategic develop of this work is paused until some key priorities of Safeguarding Adults and Children agenda are met. Further developmental work is held from commencing until Quarter 3.
Any Other Business	None.	

Escalation issues
Capacity issues and concerns raised about the governance arrangement for Safeguarding Adults due to lack of protected time for a Name Doctor of Safeguarding Adults, with the emerging requirements for strategic and operational changes to implement the Care Act. Issues to be escalated to the Executive Leadership team and the Trust Board. Partial assurance with regard to Safeguarding Training compliance Cross committee / group – reference to the Training Board on current training performance

The Trust Board are requested to receive this report and guide the Safeguarding Committee on its current work and work plan.

Chair of the Safeguarding Committee

Public Session
Derbyshire Healthcare NHS Foundation Trust
Report to Board of Directors – **27th May 2015**

Board Assurance Framework (BAF) 2015/16

Purpose of Report: To meet the requirement for Boards to produce an Assurance Framework.

Executive Summary
The Board Assurance Framework (BAF) is a high level report which enables the Board of Directors to demonstrate how it has identified and met its assurance needs, focused on the delivery of its objectives, and subsequent principal risks. The BAF provides a central basis to support the Board's disclosure requirements with regard to the Annual Governance Statement (AGS), which the Chief Executive signs on behalf of the Board of Directors, as part of the statutory accounts and annual report.

This is the initial presentation of the Board Assurance Framework to the Board for 2015/16

Key themes

- The key risks to delivery of the Trusts strategic objectives have been identified by the Executive Leadership Team (ELT). 8 principal risks have been identified for 2015/16, compared to 12 for 2014/15. This is a result of discussion and challenge by the ELT to ensure risks are focused and to minimise duplication. For example the previous two finance risks (expenditure and income) have been amalgamated into a single risk around achievement of the financial plan. Outstanding actions have been carried forward into the 2015/16 BAF.

- Through the review of the BAF for 2015/16 new risks have been identified, others significantly rearticulated and some, where mitigations to reduce the risk have been completed, have been closed. The *Healthy NHS Board*[1] recommends that "the most effective Boards use the BAF as a dynamic tool to drive the Board agenda". This comprehensive review and/or rearticulating of risks, controls and actions ensure the BAF remains a relevant and dynamic tool.

- The 'lead responsible committee' for review and challenge of the controls and assurances provided against each risk in the BAF has this year been limited to one of two sub committees of the Board: Quality Committee or Finance and Performance Committee. A 'Deep Dive' review and challenge has been embedded within the work plans for both committees moving forward. As recommended by the Audit Committee, only risks graded as 'high' or 'catastrophic' will be subject to a deep dive review by the Audit Committee

[1] *The Healthy NHS Board* (2013) NHS Leadership Academy

during 2015/16. Currently 3 'high' graded risks have been identified and so the 'Deep Dives' of these will be included on agendas for the Audit Committee during 2015/16

The BAF continues to be reviewed by Executive Directors on an approximately monthly basis, with interim updates on actions due for review provided by the responsible Director via the DATIX Web: Risks database which details all risk assessments within the Trust. Following agreement of the BAF for 2015/16 by the Audit Committee and Board, the risk assessments will be added to the Trust risk register and a Risk register ID allocated to each which will be cross referenced on the BAF.

Risk rating 'heat map'

A diagrammatic 'heat map' is shown below to give an overview of the current level of risks identified in the BAF.

Likelihood	Consequence				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Rare 1					
Unlikely 2					2b
Possible 3				4a 4b	2a 3a 3b
Likely 4			1a 1b		
Almost certain 5					

- 1a, 1b etc. refers to number of each principal risk shown in first left hand column of BAF

Movement of the grading of risks will be shown in reports provided as the year progresses

Red' strategic risks
A summary of the principal risks currently graded as high are summarised in the table below.

	Risk title	Director Lead	Risk rating
2a	Failure to deliver the agreed transformational change, at the required pace could result in reduced outcomes for service users, failure develop financial requirements and negative reputational risk	Deputy CEO and Chief Operating Officer	15 (HIGH)
3a	Risks to delivery of 15/16 financial plan If not delivered, this could result in regulatory action due to breach of Provider Licence with Monitor	Executive Director of Finance	15 (HIGH)
3b	Risk to delivery of the Commercial Strategy, If not delivered it could cause the Trusts financial position to deteriorate resulting in regulatory action	Director of Business Development and Marketing	15 (HIGH)

Strategic considerations
All risks identified in the BAF relate to risks to the achievement of strategic outcomes, as this is its main purpose.

(Board) Assurances
This paper provides an update on all Board Assurance Risks

Consultation
Executive Leadership Team – 20th April 2015 and 11th May 2015
Individually with Directors during this period
Audit Committee – 22nd May 2015*

*Note: Any updates or amendments requested by the Audit Committee have not been included in this paper, as the meeting took place after Board papers were completed. Such amendments will therefore be reported directly to the Board alongside the presentation of this paper.

Governance or Legal issues
Governance or legal implications relating to individual risks are referred to in the BAF itself.

Equality Delivery System
None

Recommendations

The Board of Directors is requested to:

1) The Board of Directors is requested to agree the new Board Assurance Framework for 2015/16
2) Agree for the Board and Audit Committee to continue to receive a formal update on the BAF three times a year during 2015/16
3) Support the 'deep dive' review and challenge by the Audit Committee of only risks graded high, with lower graded risks being reviewed by the relevant named responsible committee.

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

Report prepared by: **Rachel Kempster, Risk and Assurance Manager**

BOARD ASSURANCE FRAMEWORK 2015/16 v1.2: For Board 27 05 2015

Definitions:
Strategic Outcomes: What the organisation aims to deliver
Principal Risk: What could prevent this objective being achieved. Specify impact.
Director Lead: Lead Director for reporting into the BAF. Other Directors may also have responsibility for managing the risk
Key controls: What controls/systems we have in place to assist in securing delivery of our objective (Describe process rather than management groups)
Assurances on Controls: Where can we gain evidence that our controls/systems on which we place reliance, are effective
Positive Assurances: We have evidence that shows we are reasonably managing our risks and objectives are being delivered
Gaps in Control: Where are we failing to put control/systems in place? Where are we failing in making them effective?
Gaps in Assurance: Where are we failing to gain evidence that our controls/systems, on which we place reliance, are effective

Key:
Internal Audit Reports from 14/15
Internal Audits Planned 15/16
Clinical Audit Programme 15/16

Strategic Outcomes 1. People receive the best quality care

	Principal Risk	Director Lead and named responsible Committee	Risk Rating	Impact (1-5)	Likelihood (1-5)	Key Controls	Gaps in control	Assurances on Controls (Internal)	Positive Assurances	Gaps in Assurance	Action plan: To increase effective controls. To gain assurance.	Action: due/review date	Progress on action
1a	Failure to achieve clinical quality standards required by our regulators which may lead to harm to service users.	Executive Director of Nursing and Patient Experience Quality Committee	12 MODERATE	3	4	1) Quality Strategy and quality governance reporting structure and workplans, including escalation of quality issues to the Board 2) Quality Visit programme 3) Incident investigation and learning, including robust mechanisms for monitoring actions plans following serious incidents and serious care reviews. 4) Investigation and learning from complaints and patient experience feedback including robust monitoring of action plans and feedback from HealthWatch 5) Agreed clinical policies and standards, available to all staff via Connect, including adherence to relevant NICE guidelines 6) Engagement with clinical audit and research programmes 7) Mandatory training and performance monitoring of uptake. Availability and uptake of development training. 8) 'Duty of Candour' monitoring and reporting processes 9) Challenge and assurance checks by Commissioners on concerns around quality issues 10) Clinical podcasts to inform staff of new and emerging good practice 11) Achievement of CQUIN and quality schedule targets	Timely completion of clinical audit projects Robust systems and processes to monitor NICE guidelines implementation Timely review of all policies Embedding of actions resulting from incidents and complaints into the medium to long term Understanding of reasons for higher than national average suicide rates Embeddedness of Quality Leadership Teams	Service improvement mapping and contributions i.e. positive and safe, reduction in the use of seclusion Clinical Audit Programme Compliance with NICE Guidelines National Audits i.e. National Audit of Schizophrenia and POMH UK Audits 'Clinical interest' led audits focused on local resolution of issues i.e. self harm in older adults to meet NICE guidelines, safe driving for people with dementia, oral health of patients on low secure unit, offering CBT for psychosis.	2014/15 SUI Review 2015/16 Governance and Risk Management Arrangements 2015/16 Mental Capacity Act National Community Patient Survey results (above average) NHS Protect inspection 2014 ('green' rating throughout) HealthWatch survey 2014 (significant assurance) CQC visits / inspection	2014/15 Clinical Audit High staff vacancy rates Achievement of Quality Strategy in relation to care planning and capacity and consent	Continue to monitor progress against implementation of the quality strategy in relation to compliance with care planning and capacity and consent requirements	30/09/2015	
											Implement more robust processes for ensuring individuals are held to account for timely completion of clinical audit projects	30/09/2015	
											Implement robust systems and processes to ensure the Trusts position against NICE guideline compliance is explicit and relevant action is taken	30/09/2015	
											Specific focus on ensuring the update of the now small number of policies overdue for review is completed and that tight processes remain in place going forward	30/06/2015	Escalation of policies overdue for review through Executive Leadership Team. Overarching governance of policies overseen by Quality Committee
											Embedding of actions resulting from incidents and complaints into the medium to long term through Quality Leadership Teams	30/09/2015	
											Undertake modelling work and hypothesis as to why higher than national average suicide rates. To include: work led by suicide prevention group focusing on compassion led and collaborative patient safety approach, negotiate with Commissioners on CQUIN to ensure continued approach to patient safety, continue to roll out suicide prevention training, undertake clinical audit against NICE self harm guidelines, implement a low threshold for external peer review on suicide rate and adopt any recommendations.	31/07/2015	
											Roll out of e-Rostering and emergency procedures due to gaps in staffing capacity to meet domain	31/07/2015	
1b	Risk that potential changes instigated by commissioners, together with efficiency savings in social services, may result in DHCFT being required to meet previously unmet domain with potential that demand will outstrip supply.	Medical Director Finance and Performance Committee	12 MODERATE	3	4	1) Representation at integrated planning meetings with north and south commissioners, ensuring the Trust is well informed around the commissioning direction of travel 2) Contracting groups enabling discussion and challenge around concerns re resources vs expectations 3) Transformation programme enabling the Trust to respond more flexibly to external changes 4) Working with commissioners to highlight need to maintain core services and parity of resources 5) Positive contracting agreements with commissioners 6) Monitoring of activity data through PCOG 7) Active waiting list management	Activity against block contracts Funding in core services Weak influence on social services strategic direction CAMHS, children's services and adult mental health capacity and demand Shared agreement over way forward for risks identified to Quality Assurance Group Schedule 28 ruling identifying service pressures and quality of discharge		Sim:pathy data (and action plans) 2015/16 Business Continuity Planning	Skill mix and capacity planning against population needs	Director of Business Development to become involved in contracting rounds to increase pressure for investment in core services	31/07/2015	
											Trust strategic plan working as an integrated community provider	Ongoing	
											Learning from any CQC inspection	31/12/2015	
											Learning from quality visits, listening to views	Ongoing	
											Finance and operational teams to weigh up risks and benefits of mixed block and activity based contracts	31/12/2015	
											Recommendations and feedback for health and social care from Schedule 28 ruling to be implemented and fedback to Coroner	31/07/2015	SBARD (Situation, Background, Assessment, Recommendation, Decision) communication too for family and carers being implemented

	Strategic Outcome 2. People receive care that is joined up and easy to access													
	Principal Risk	**Director Lead and named responsible Committee**	**Risk Rating**	**Impact (1-5)**	**Likelihood (1-5)**	**Key Controls**	**Gaps in control**	**Assurances on Controls (Internal)**	**Positive Assurances**	**Gaps in Assurance**	**Action plan: To increase effective controls. To gain assurance.**	**Action: due/review date**	**Progress on action**
2a	Failure to deliver the agreed transformational change, at the required pace could result in reduced outcomes for service users, failure develop financial requirements and negative reputational risk	Deputy CEO and Chief Operating Officer Finance and Performance Committee	15 HIGH	5	3	1) Continued engagement though project teams and Patient and Carer reference group. 2) Integrated Service Delivery Programme Board, to provide internal mechanism for controlling compliance and risk etc. 3) Neighbourhood and Campus Assurance Boards providing assurance against quality strands. 4) Live data reporting around regulatory contract compliance and Quality Dashboard to Board. 5) Real time mechanisms for patient experience feedback 6) Operational structures monitoring progress via TOMM and PCOG 7) 'Deep Dive' reporting to Board focused on areas of concern. 8) Project Vision programme management assurance system giving independent 'live' reports 9) Learning Disability and Psychological Therapies to remain 'pan neighbourhood' for year 1 of implementation of transformational change	Lack of programme ownership throughout organisation Embedded transformational workstreams Insufficient visibility of health and social care community transformational plans Sufficient engagement with staff side	Audit to determine if discharge of service users from perinatal services is in line with operational policy Regulatory compliance reporting Contract compliance reporting Contract Governance Report 'Live' dashboards required of PCOG	2015/16 Transformation 2014/15 Transformation	Process for earn autonomy and decision making as close to patient services as possible Alignment between transformation and wider health community	Create map of all transformation activities in health and social care community to ensure appropriate attendance and influence at forums	30/06/2015	
											Embedding transformational briefings with staff side at JNCC and with staff side members	30/09/2015	
											Plan and deliver project sponsor and project managers training around roles and responsibilities	30/09/2015	
											Plan and deliver CORA training sessions to project sponsors and managers	30/09/2015	
											Review project delivery structure though ISDP Board	30/06/2015	
											Increase flow of communication with revision of management and leadership structure	30/06/2015	
											Develop revised performance improvement model to support earned autonomy	30/09/2015	
2b	The high level of change within the organisation could lead to instability and a failure to meet contractual and regulatory key performance indicators	Deputy CEO and Chief Operating Officer Finance and Performance Committee	10 MODERATE	5	2	1) Data warehouse providing live information to support managers to respond in a timely way to changes in performance 2) High confidence in data quality 3) Monthly performance meetings whereby senior leadership team review and take action to control performance 4) Good relationship with Monitor Compliance Team. Their confidence in action taken by the Trust reduces reputational risk 5) Good relationship with commissioners resulting in a transparent approach to performance which encourages early warning when variance 6) Reporting to PCOG and TOMM includes detailed analysis of current performance	Team ownership of KPI's Capacity of local managers to respond to performance variance in timely manner	Integrated performance report to Board providing detailed performance information and supports independent challenge	2015/16 Information Governance (IG) toolkit and readiness for inspection 2015/16 Data quality - waiting times 2014/15 EPT Project Review II, III	Lack of clinical (predominantly medial) confidence in the PARIS EPR system	Define and understand clinical (predominantly medial) concerns with the PARIS system.	30/06/2015	
											Deliver action plan in collaboration with consultant body to support efficient and effective use of the PARIS system	30/09/2015	
											Review of KPI's by Board	31/05/2015	
											Training and development to team managers re use and interrogation of reporting systems to improve efficiency	30/09/2015	
											Move to neighbourhood management to align management resources to areas of highest need	31/12/2015	

	Strategic Outcome 3. The public has confidence in our healthcare and developments												
	Principal Risk	**Director Lead and named responsible Committee**	**Risk Rating**	**Impact (1-5)**	**Likelihood (1-5)**	**Key Controls**	**Gaps in control**	**Assurances on Controls (Internal)**	**Positive Assurances**	**Gaps in Assurance**	**Action plan: To increase effective controls. To gain assurance.**	**Action: due/review date**	**Progress on action**
3a	Risks to delivery of 15/16 financial plan If not delivered, this could result in regulatory action due to breach of Provider Licence with Monitor	Executive Director of Finance Finance and Performance Committee	15 HIGH	5	3	1) Monthly Financial Performance Reporting to Public Trust Board meetings provides assurance on financial performance, 2) Reporting to Finance and Performance Committee to gain assurance on all aspects of financial (and other resources) management on behalf of the Board, including oversight of CIP delivery and contractual performance 3) With regard to Cost Improvement Programme (CIP) delivery: Project Assurance processes and systems for in-year monitoring of CIP delivery and escalation procedures 4) System of delegated budgetary responsibility - in line with standing financial instructions and scheme of delegation 5) F&P and PCOG meetings: monitoring of contractual performance that impacts on contractual payments including activity levels, CQUIN and contract levers/penalties. 6) Service Line Reporting and other financial reporting systems and action planning at Finance & Performance, Performance and Contracts Overview Group (PCOG), Integrated Services Delivery Group (ISDG), Divisional meetings, IAPT Board and other groups	Risks to delivery of CIP plan outside of our control (e.g. other providers and wider health system factors)	Monthly financial reporting systems on current and forecast performance include "challenge and review" each month before reporting Pre-submission scrutiny of annual operational financial plan prepared and submitted to Monitor April (draft) and May (final) 2015. Delivers COSRR of at least 3 each quarter Budget-setting operational requirements were signed-off by those responsible for their delivery (and the Trust Board) In-year financial forecasts are co-owned by finance and the individuals responsible for their delivery 15/16 CIP is 100% allocated and has undergone scrutiny at quality panel. Existence of contingency reserve and the contingency reserve access request process Deep dives into forecasting and cash planning at F&P during 14/15 provided full assurance to F&P on systems and processes behind the figures (these systems are the same for 15/16) Large proportion of income guaranteed through block contract .	External Audit: the Audit Findings for DHCFT (year ended 31 March 2015) . Issued with Unqualified Opinion (TBC) External Audit:. Bespoke Key Financial Indicators 2014 report and bespoke Financial Resilience report show that aside from the gaps in assurance listed - the other indicators are amber or green (benchmarked against MH FT peers) . Strongest indicator is EBITDA Internal Audit: 2014/15 Finance Systems Audits (low rating) and PwC's annual report to Audit committee cites financial systems in their areas of good practice; stating "Our Financial Systems review has been rated low risk for the last three years and remains an area where the Trust demonstrates strong controls and processes." Monitor: COSRR submissions risk rating by Monitor as 3 or 4 Monitor: "Green" rating for Trust extant 5 year strategic financial plan (only 30% of Trusts rated as green) 2015/16 Cash forecasting and controls 2015/16 Contract Assurance Shared Business Services (SBS)	Gaps in assurance on CIP schemes in Project Vision Re: External Audit benchmarking for Financial KPIs and resilience: Areas to improve are: liquidity, return on assets , capital service cover, PSPP and Workforce (sickness and turnover) During transition to new service delivery model potential to increase gaps in assurance on reliably measuring financial performance by service line as moves take place. this impacts particularly on the reliability of service line reporting	Escalation processes from PAB to ensure gaps in assurance on system are closed or mitigated	Quarterly review	Project Vision and ledger will evidence progress
											Extant financial strategic objective continue to increase liquidity and associated measures - this will be achieved by containing capital expenditure to depreciation levels, by delivering year on year surplus and by retaining proceeds of asset disposals. The key metrics highlighted in the benchmarking reports will be reported on throughout the year to F&P to provide oversight on progress with improvement	For each meeting of F&P	The Trust is planning a surplus, has capex programme limited to depreciation levels. Asset disposal receipts not received
											Additional financial reporting to F&P, and other meetings as appropriate, to triangulate and validate overarching Trust financial performance.	For each meeting of F&P	Papers provided to F&P during 15/16 will provide evidence of additional reporting. 15/16 F&P feedback reports to Trust Board will provide evidence of assurance levels gained
3b	Risk to delivery of the Commercial Strategy, If not delivered it could cause the Trusts financial position to deteriorate resulting in regulatory action	Director of Business Development and Marketing Finance and Performance Committee	15 HIGH	5	3	1) Fortnightly briefing to ELT resulting in clear decision making about new / current service opportunities. 2) F&P reporting resulting in assurance on the key objectives of the Commercial Strategy. 3) Stakeholder and relationship management resulting in keeping the Trust competitive, with a strong reputation. 4) Inclusive approach in response to tender opportunities, resulting in a coherent joined up approach internally.	Unclear business development strategy Lack of clarity around collaboration and competition (i.e. Children's Services) Limited infrastructure to fully deliver the totality of the Commercial Strategy Unclear process for VFM review of current service lines	Successful retention of existing business in competitive market (i.e. Substance Misuse).	VFM review of support services (Deloitte).		Review Commercial and Business Development infrastructure to ensure it aligns to the Strategy.	31/07/2015	
											Formulate a clear business development plan for 15/16 (PYE) and 16/17.	30/09/2015	
											Develop a robust and fully resourced project plan to retain Children's Services.	31/05/2015	
											In line with action 2, agree where the finite resource will be best used to make the greatest impact commercially.	30/09/2015	
											Refresh Commercial Strategy	31/12/2015	
											Agree use of 1 Commercial Assessment Framework Tool to use across all service lines (new / current).	31/08/2015	

	Strategic Outcome 4. Care is delivered by empowered and compassionate teams												
	Principal Risk	**Director Lead and named responsible Committee**	**Risk Rating**	**Impact (1-5)**	**Likelihood (1-5)**	**Key Controls**	**Gaps in control**	**Assurances on Controls (Internal)**	**Positive Assurances**	**Gaps in Assurance**	**Action plan: To increase effective controls. To gain assurance.**	**Action: due/review date**	**Progress on action**
4a	Failure to recruit, retain and engage capable and compassionate staff, leading to a risk that could impact on service receiver care	Director of Transformation Quality Committee	12 MODERATE	4	3	1) Communication strategy to engage and inform staff: to take staff on the journey through national, county and Trust changes 2) 2013-2015 People Strategy in place, and reports on progress if the strategy it Board on a monthly basis 3) Workforce planning process 4) Proactive recruitment based on workforce profile 5) Established ESEC committee that assures the progress of the People Strategy 6) Transformation programme which defines and assures progress of the programme of change 7) Training and Development framework which defines training needs for staff 8) Partnership approach with staff side 9) Visible leadership 10) Leadership structures 11) Recruitment & attraction process	Identified activities to support the delivery of the People Strategy - values based recruitment, proactive actions following staff survey	Structured approach to responding to the Annual Staff Survey Key metrics Safer staffing data	Benchmarking data provided at a National and Regional level External recognition re values based recruitment Annual staff survey CQC visits / inspection 2015/16 Appraisals 2015/16 HR processes - recruitment	Action plan to support staff survey findings Evaluation of interventions - leadership development	Establish a robust action plan to support staff survey outcomes	Quarterly review	Plan in place to develop an annual 'health check'
											People strategy to be supported by people plan and monitored through F&P, People Forum and Board as appropriate	Quarterly review	
											Establish an evaluation process of leadership development and monitor through the People forum	30/09/2015	
4b	Failure to have sufficient capability and capacity to deliver required standard of care resulting in a risk to our service receivers	Director of Transformation Finance and Performance Committee	12 MODERATE	4	3	1) Robust workforce planning process 2) Regular reports to board provides assurance on People Strategy progress and key metrics 3) QIA system in place 4) Safe staffing reports to Board, actual v target level of staff per inpatient area 5) Regular reports to F&P on workforce planning and costs (payroll v agency/bank) 6) Timeliness of recruitment activity - vacancy control process 7) Quarterly workforce planning reports to ESEC (People Forum) demonstrating actual v plan	Failure to have a robust talent management process which aligns appraisals to succession plan and identifies personal and professional development needs	Tracking and delivery of Training Needs Analysis Triangulation of appraisal output, TNA and workforce skills against workforce plan Safer staffing data	HEEM spend v actual Annual Staff survey: Progress against specific actions	Gap in assurance on talent management process Closer alignment of transformation workforce requirements to workforce planning process/L&D activities	Establish a robust talent management process and monitoring system	30/09/2015	
											Refreshed People Strategy with key activities defined	31/12/2015	
											Additional reporting to ESEC (People Forum), F&P and Board	31/12/2015	Learning & Development & Education teams attending transformation / workforce workstream

Abbreviations

CAMHS	Child and Adolescent Mental Health Services
CBT	Cognitive Behavioural Therapy
CEO	Chief Executive Officer
CIP	Cost Improvement Programme
CORA	a project management software tool
COSRR	Continuity of Services Risk Rating
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation payment
DHCFT	Derbyshire Healthcare NHS Foundation Trust
EBITDA	Earnings before interest, taxes, depreciation and amortization
ELT	Executive Leadership Team
EPR	Electronic Patient Record
ESEC	People committee
F&P	Finance and Performance Committee
FRR	Financial Risk Rating
HEEM	Health Education East Midlands
JNCC	Joint Negotiation Consultative Committee
KIP	Key Performance Indicator
NICE	National Institute for Health and Care Excellence
PAB	Programme Assurance Board
PARIS	Electronic Patient Record solution provided by Civica
PCOG	Performance and Contracts Overview Group
POMH-UK	Prescribing Observatory for Mental Health
PSPP	Public Sector Payment Policy
PYE	Part Year Effect
QLT	Quality Leadership Teams
QC	Quality Committee
SIRI	Serious Incidents Requiring Investigation
SLA	Service Level Agreement
TOMM	Trust Operational Management Meeting
VFM	Value for Money

Public Session

Derbyshire Healthcare NHS Foundation Trust
Report to Board of Directors 27th May 2015

POSITION STATEMENT ON QUALITY

The purpose of this report is to provide the Trust Board of Directors with an update on our continuing work to improve the quality of services we provide in line with our Trust Strategy, Quality Strategy and Framework and our strategic objectives.

Executive Summary

1. SAFE SERVICES

1.1 Care Quality Commission Intelligent Monitoring Report

On 28th April the Care Quality Commission issued our end of the financial year monitoring report. Our final report will be sent us on 8th June 2015 prior to publication on 11th June. The Care Quality commission use 59 'indicators' to help them decide when, where and what to inspect. This information helps them to understand which trusts may not be providing safe or high quality care. We have not received a visit yet under the new inspection model and therefore our current banding (4 based on October information) is based on this monitoring report only.

1.2 Quality Report

Our Quality Report for 2014/15 has been completed and reviewed by our auditors. Third party comments were received from both Healthwatch organisations, Derby City Health and Wellbeing Board and our commissioners. Feedback was very positive with some good recommendations for our future work.

1.3 No voice unheard, no right ignored – a consultation for people with learning disabilities, autism and mental health conditions

The consultation finishes on 29th May 2015. This document sets out the vision for all disabled people, including those with learning disability, autism or mental health needs. The scope of the consultation primarily relates to:

(i) assessment and treatment in mental health hospitals for people (all age) with learning disability or autism;

(ii) adult care and support, primarily for those with learning disability but also for adults with autism (and the links to support for children and young people); and

iii) *all* those to whom those Mental Health Act currently applies (including children and young people);

Other elements relate to the Care Act 2014 which may be of relevance to adults in receipt of social care, including those with other disabilities. We will be working in partnership with our commissioners over the coming financial year to focus on

improving the lives of people with mental health needs, learning disability and autism to realise the vision. We will be particularly looking at our services for people with autism.

2. CARING SERVICES

Carers and the Triangle of Care

The Trust had joined the national 'Triangle of Care: Carers Included' membership scheme, managed by Carers UK, and presented the first annual progress report about the implementation process to the regional group for approval on 28th April. This was granted, and the Trust can now add a star to its membership logo. We have made considerable progress towards meeting the six standards of the Triangle of Care: Carers included, and thereby improving the experience of and support for carers and families.

Our Triangle of Care membership logo now includes one star, and we will be recorded on the national website as meeting some key standards for carers

Overall feedback was positive with a lot more work to complete. As part of the assessment all inpatient and crisis teams have undertaken a self-assessment against 36 elements of the six standards, and are forming action plans, which include introducing welcome packs, and giving carers an opportunity for separate discussions with staff. To progress this work it is essential that the self-assessments are reviewed by the ward team, including carers. Ward teams will be asked over the following months to prioritise this work.

As updated action plan will be presented to the regional meeting in 6 months' time. The Triangle of Care is managed by the 4E's Carers Sub-Group, which reports to the 4E's Group.

3. EFFECTIVE SERVICES

3.1 Improving patient outcomes

Working Communities programme is a NEDDC employment project that is set up to support the long term unemployed back into employment in North East Derbyshire, they received funding through Public Health for this project. The Bolsover Recovery Occupational Therapists were approached because they wanted to offer their clients on the programme who were experiencing mental health difficulties , a similar course to the "Active Confidence" that the Bolsover OTs facilitate in partnership with Pleasley Vale, (Bolsover District Council). So this was work delivered and paid for outside of our commissioned remit.

Karen Wheeler Acting Lead Occupational Therapist for mental health said "the impact of the course on the participant's mental wellbeing was amazing and the feedback from the staff in the job centres in regards to behaviour change and hopefulness was fantastic. Long term impact on their employment status is being measured. A second course has now been funded and planned.

The aim of the course is to improve motivation and self-belief, and enable a more positive frame of mind through involvement in a variety of outdoor pursuits and reflective workshops. The longer term goal for participants is to get back into work. The group is made up of a maximum of 14 participants and runs over 4 days. The target group is adults of working age referred by the Working Communities project who have been on the Work Programme for over 2 years, referred from the job centre and have been identified as experiencing mental health difficulties .The Occupational Therapist (Louise Stewart) developed the course and facilitates the workshops, working with participants to develop coping skills that they then actively put into practice through “doing the activities". Pleasley Vale outdoor pursuits Instructors facilitate outdoor activities and co-facilitation of workshops.
The programme is as follows:

Day 1 - Session theme: adapting to the journey of life, coping with change
Day 2 Theme - Coping with emotions such as anxiety and fear
Day 3 - Theme - safety and fitness, setting targets and coping with setbacks.
Day 4 - Theme - taking risks, finding support, developing trust in self and others

Anticipated Outcomes may include:

- new social networks and friendships
- improved understanding of self and others
- improved motivation
- greater commitment to fitness
- continued participation in activities
- greater capacity for change
- development of skills in problem solving
- development of skills in communication
- greater confidence in self and others

Evalution of the course demonstrated good outcomes for participants as follows:

Things enjoyed, achieved:

'Being brought from out my comfort zone, and experiencing new things'
'Team work, Map reading, Talking in groups, Feeling motivated'

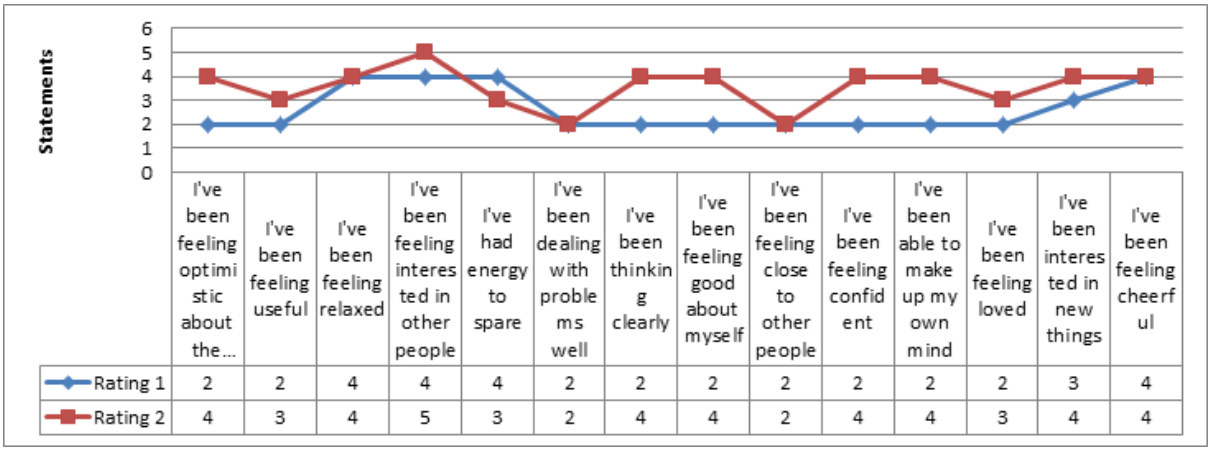
Ways in which it improved self-esteem, confidence and motivation:

'talking in groups helped me gain confidence because it’s something I am not good at but feel I could now do'
'The activities buzzed me up and gave me something to look forward to each week, also feeling better and more energized after'
'Meeting new people has helped my confidence, getting along with others; getting help from others has helped my motivation'

Managing anxiety and stress
'I learnt to breath more easy to try and help stress, always let more air out'
'used the breathing techniques i.e short breaths in and longer breaths out. I used this technique before a mock interview and found it to be very beneficial'

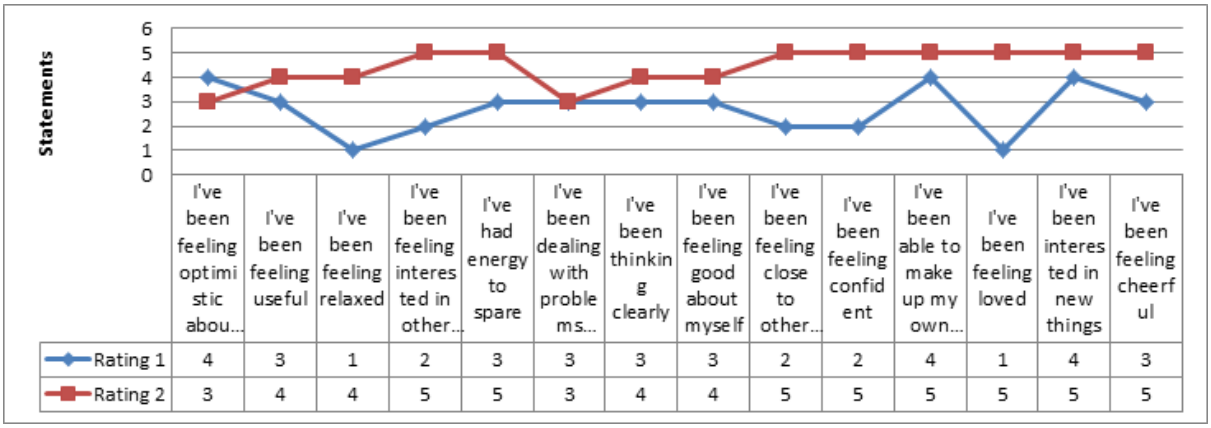
Below are 3 examples of changes in outcome for individuals, rating one is taken before the course and rating 2 afterwards based on their answers to the following statements.

Outcome example 1



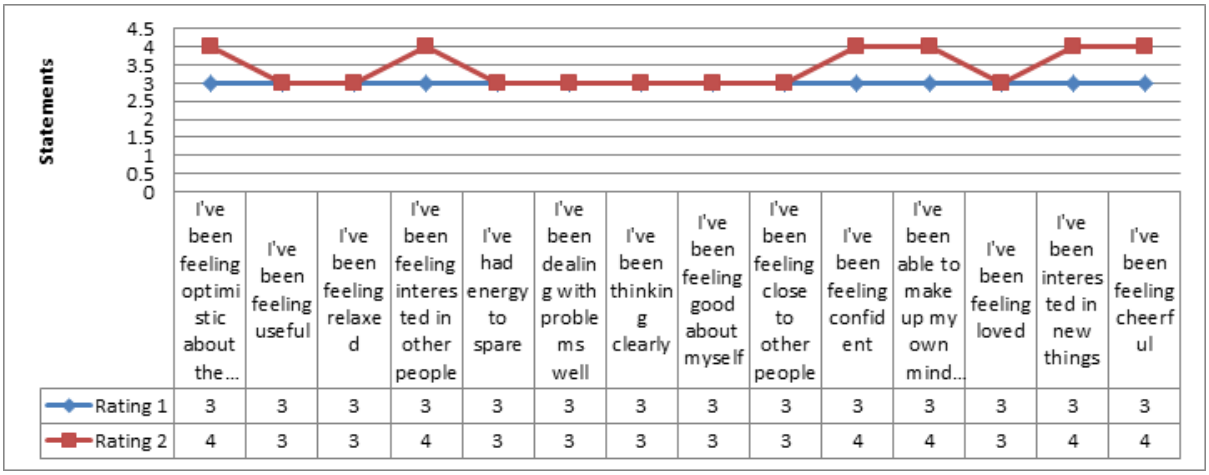
	I've been feeling optimistic about the...	I've been feeling useful	I've been feeling relaxed	I've been feeling interested in other people	I've had energy to spare	I've been dealing with problems well	I've been thinking clearly	I've been feeling good about myself	I've been feeling close to other people	I've been feeling confident	I've been able to make up my own mind	I've been feeling loved	I've been interested in new things	I've been feeling cheerful
Rating 1	2	2	4	4	4	2	2	2	2	2	2	2	3	4
Rating 2	4	3	4	5	3	2	4	4	2	4	4	3	4	4

Outcome example 2



	I've been feeling optimistic abou...	I've been feeling useful	I've been feeling relaxed	I've been feeling interested in other...	I've had energy to spare	I've been dealing with problems...	I've been thinking clearly	I've been feeling good about myself	I've been feeling close to other...	I've been feeling confident	I've been able to make up my own...	I've been feeling loved	I've been interested in new things	I've been feeling cheerful
Rating 1	4	3	1	2	3	3	3	3	2	2	4	1	4	3
Rating 2	3	4	4	5	5	3	4	4	5	5	5	5	5	5

Outcome example 3



	I've been feeling optimistic about the...	I've been feeling useful	I've been feeling relaxed	I've been feeling interested in other people	I've had energy to spare	I've been dealing with problems well	I've been thinking clearly	I've been feeling good about myself	I've been feeling close to other people	I've been feeling confident	I've been able to make up my own mind...	I've been feeling loved	I've been interested in new things	I've been feeling cheerful
Rating 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Rating 2	4	3	3	4	3	3	3	3	3	4	4	3	4	4

4. RESPONSIVE SERVICES

Commissioning for Quality and Innovation agreements 2014/15

Our commissioning for quality and innovation agreements are in Q1 implementation stage. The main changes are as follows:

National agreements

Physical Healthcare

- To continue for a second year to improve the physical healthcare of people with Severe Mental Illness (SMI). This is a two part indicator which measures the effectiveness of our Cardio Metabolic Assessments and our treatment for Patients with psychoses. The second part looks at our communication with General Practitioners about physical health of patients with severe mental illness.

Emergency Care partnership work

- We will be working with our partners within the acute sector to improve diagnosis and re-attendance rates of patients with mental health needs at A and E. This indicator has been developed to incentivise better data recording, improved relapse prevention and crisis care plans for those already known to services, and improved care pathways across providers - including timely communication between acute trusts and mental health providers.

Local agreements

Dementia and delirium

- We will be working with our partners in the acute trust to improve the diagnosis and treatment of people with dementia and delirium, we will specifically helping to support them to ensure that appropriate dementia training is available to staff through a locally determined training programme.

Suicide prevention

- For a second year our work will continue on suicide prevention. In 2014 the clinical risk project group reviewed current risk assessment and management processes within the trust. The outcome of the review was to implement a patient safety plan approach. The work will include how we bring about the change in culture required to implement this new plan, a comprehensive training programme and evidence of our collaboration with service users.

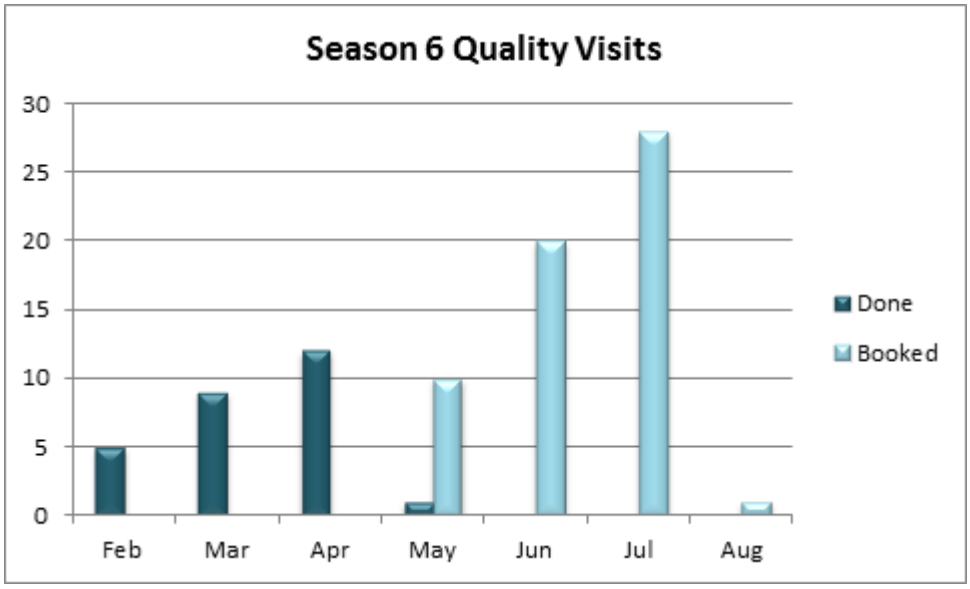
Think Family

- This work will include the establshment from April 2015 onwards of a Board level committee, strengthening our strategies to prevent or minimise safeguarding issues and to pilot them in parts of our services.

5. WELL LED SERVICES

5.1 Quality Visits

The Quality Visit season is now well underway. All teams now have a dated booked, with June and July being our busiest months.



We will complete 87 visits this season over the 7 months. We have had good take up by Governors and Commissioners this season.

TOTAL VISITS OFFERED TO GOVERNORS/COMMISSIONERS SO FAR	**92%** (of visits confirmed/offered to teams)
VISITS WITH GOVERNOR CONFIRMED ON, SO FAR	**57%** (of visits confirmed/offered to teams)
VISITS WITH COMMISSIONER CONFIRMED ON, SO FAR	**15%** (of visits confirmed/offered to teams)

We will once again be evaluating our quality visit programme in September, overall feedback to date has been positive from staff.

Strategic considerations

- The continuation of all our quality improvement work to maintain our positive bandings with our regulator the Care Quality Commission.
- To learn from national and regional work to improve services for all disabled people, including those with learning disability, autism or mental health needs.
- To learn from the work completed on recovery by the Bolsover team.
- The Trust membership of The Triangle of Care has been endorsed.

(Board) Assurances

Assurance on the overall high quality of care we provide as reported in our Quality Report and in our current banding with the Care Quality Commission.

Assurance that we have plans in place to secure monies within our contract relating to national and local commissioning for quality and innovation agreements.

Assurance on progress of our quality visit programme.

Consultation
This report has not previously been presented.

Governance or Legal issues

The Quality position statement supports our evidence of compliance with the Care Quality Commission regulations, Monitor's quality framework and the fundamental standards of quality and safety published by the Care Quality Commission.

The Triangle of Care meets some of the requirements of the various Carers Acts, and supports the Care Act 2014, as well as meeting standards under the CQC guidelines and inspection process.

Equality Delivery System

Any impacts or potential impacts on equality have been considered as part of all our quality work.

Recommendations

The Board of Directors is requested to:

1. Note the quality position statement

2. For Board members to offer direction on any aspects of quality or additional information that would be beneficial to the Board, to be briefed on our approach to quality management and our delivery of our quality strategy.

Report prepared by: **Clare Grainger**
Head of Quality and Performance

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

Public Session

Derbyshire Healthcare NHS Foundation Trust
Report to Board of Directors – 25th March 2015

Finance Director's Report Month 1

Purpose of Report

This paper provides the Trust Board with an update on current financial performance against our operational financial plan as at the end of April 2015.

Recommendations

The Board of Directors is requested to:

1) Consider the content of the paper and consider their level of assurance on the current and forecast financial performance for 2015/16.

Executive Summary

- There is a favourable performance in the first month of the year; we are ahead of plan by £111k, however the forecast is an underachievement of planned surplus by £201k. This is mainly driven by lower levels of expected income and expected/emerging cost pressures.
- At this early point in the year the forecast necessarily includes a set of assumptions based on knowledge and expectations at this point in time. There is a large performance range from worst-case to best-case outturn.
- The risk rating is a 3 in the month and forecast to achieve a 3 at the end of the year which is slightly worse than the plan of a 4. Also included in the report on page 6 is a new chart showing the "headroom" in the overall risk rating – i.e. by how much the performance would have to change to either drop the risk rating to the next level down, or to improve it to the next rating up.
- The forecast assumes full achievement of all efficiencies and there is not yet full assurance that this will be delivered.
- Cash is currently above plan but is forecast to be lower than plan at the end of the financial year.
- Capital expenditure is forecast to spend the full plan.

Strategic considerations

This paper should be considered in relation to the Trust strategy and specifically the financial performance pillar.

Board Assurances

This report should be considered in relation to the financial risk contained in the Board Assurance Framework 2015/16:

- 3a Risks to delivery of 15/16 financial plan.
  If not delivered, this could result in regulatory action due to breach of Provider Licence with Monitor.

Consultation

- The Executive Leadership Team has considered the key assumptions contained in the forecast financial position.
- Finance and Performance Committee challenges key strategic aspects of financial performance and financial risks and now receives additional financial performance information to support its assessment of assurance in financial plan delivery.
- Performance and Contracts Overview Group regularly discuss many aspects of financial performance and forecast assumptions.
- Asset Planning and Agile Working Board oversee the Capital Expenditure plan which is operationally managed by the Capital Action Team on a monthly basis.

Financial information presented to all of these meetings is entirely consistent with financial information presented to Trust Board.

Governance or Legal issues

In the usual way, Monitor will ask for supporting explanation at Q1 for any significant variances from elements of our operational plan.
There are no other governance or legal exceptions.

Equality Delivery System

This report has a neutral impact on REGARDS groups.

Report presented by: **Claire Wright, Executive Director of Finance**

Report prepared by: **Claire Wright Executive Director of Finance and Rachel Leyland, Deputy Director of Finance**

FINANCIAL OVERVIEW
APRIL 2015

1. Overall Financial Performance

Income & Expenditure – key statistics

We have achieved an underlying surplus of £100k in the month which is £111k better than the plan as we had planned for a small deficit in the first month of the financial year. Operational profitability as measured by EBITDA[1] is better than plan by £91k in the month. This equates to 6.5% of income compared to a plan of 5.6%.

The forecast position is an underlying surplus, excluding impairments, of £1.1m which is worse than the plan by £0.2m. EBITDA is forecast to be £0.3m behind plan which equates to 6.1% against a plan of 6.2%

STATEMENT OF COMPREHENSIVE INCOME	APRIL 2015								
	Current Month			Year to Date			Forecast		
	Plan	Actual	Variance Fav (+) / Adv (-)	Plan	Actual	Variance Fav (+) / Adv (-)	Plan	Actual	Variance Fav (+) / Adv (-)
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Clinical Income	10,102	9,931	(171)	10,102	9,931	(171)	121,914	120,843	(1,071)
Non Clinical Income	854	791	(62)	854	791	(62)	10,248	9,566	(682)
Pay	(8,162)	(8,031)	130	(8,162)	(8,031)	130	(98,336)	(97,552)	784
Non Pay	(2,183)	(1,989)	194	(2,183)	(1,989)	194	(25,646)	(24,966)	680
EBITDA	**611**	**702**	**91**	**611**	**702**	**91**	**8,181**	**7,892**	**(288)**
Depreciation	(283)	(283)	0	(283)	(283)	0	(3,389)	(3,388)	1
Impairment	0	0	0	0	0	0	(300)	(300)	0
Profit (loss) on asset disposals	0	0	0	0	0	0	0	0	0
Interest/Financing	(230)	(210)	20	(230)	(210)	20	(2,221)	(2,135)	87
Dividend	(108)	(108)	0	(108)	(108)	0	(1,300)	(1,300)	0
Net Surplus / (Deficit)	**(11)**	**100**	**111**	**(11)**	**100**	**111**	**971**	**770**	**(201)**
Technical adj - Impairment	0	0	0	0	0	0	(300)	(300)	0
UnderlyingSurplus / (Deficit)	**(11)**	**100**	**111**	**(11)**	**100**	**111**	**1,271**	**1,070**	**(201)**

- Clinical income was behind plan in the month by £171k due to two main drivers:
  - £98k relates to cost per case income that is lower than planned activity levels and occupancy levels
  - £99k from service developments that were planned to start from the beginning of the year but are now forecast to start later on in the year, these have corresponding expenditure reductions.

  With the assumed levels of activity and occupancy, along with the start of service developments, clinical income is forecast to remain behind plan by £1.1m at the end of the financial year.

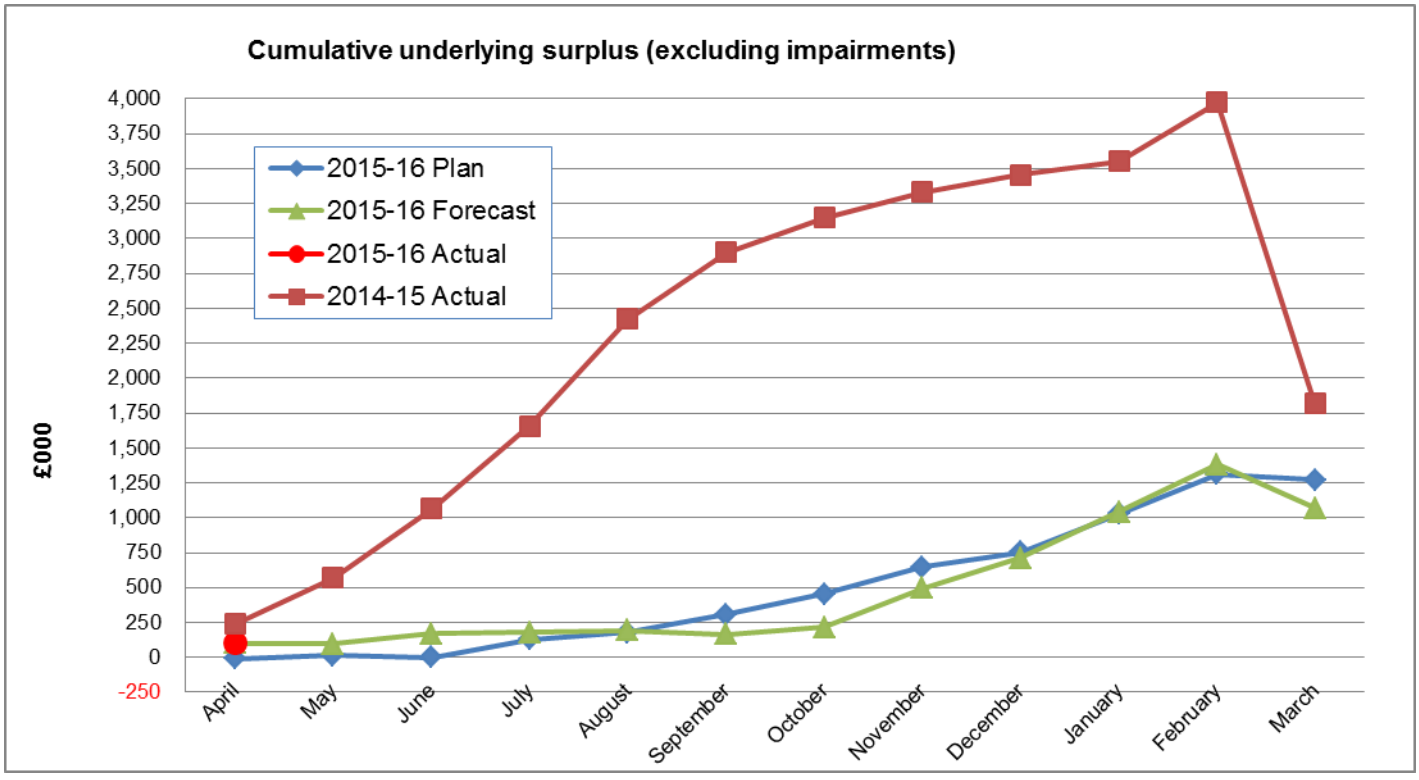
[1] EBITDA = **E**arnings **B**efore **I**nterest, **T**ax, **D**epreciation and **A**mortisation. This is a measure of operational profitability

- Non-clinical income is behind plan in the month by £62k and is forecast to be £682k worse than the plan by the end of the financial year. £265k relates to Pharmacy recharges with corresponding cost reduction and £400k relates to an as-yet unachieved income target.

- Pay expenditure is underspent by £130k in the month and is forecast to remain under budget by £784k at the end of the financial year. The two main drivers within the forecast underspend are the later assumed start dates for service developments and the balance of the general contingency remaining unspent.

- Non pay expenditure is underspent in the month by £194k with a forecast underspend of £680k at the end of the financial year. The forecast underspend is driven by Pharmacy costs (which have a corresponding income reduction), start dates of service developments, uncommitted contingency and reserves.

The graph below shows the cumulative underlying surplus for both actual and forecast compared to the plan, along with a comparison of the previous year's performance.



The forecast for the first quarter is slightly above plan which is mainly driven by cost per case income being higher than the plan. The forecast for July and August is to be on plan. From September the forecast starts to be lower than the plan until December when additional income is forecast and remains in line with the plan. March then sees a further dip due to year-end transactions.

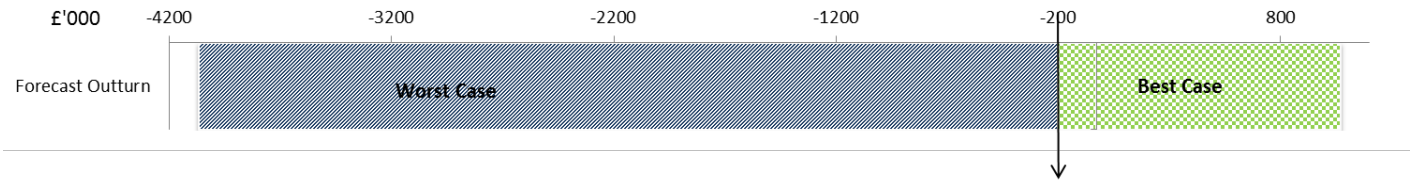
Forecast Range

Best Case	Likely Case	Worst Case
£1.074m favourable variance to plan	£0.20m adverse variance to plan	£4.064m adverse variance to plan

The best case of £1.074m better than plan assumes clinical income could improve by £217k due to further increases in activity levels, increases in miscellaneous income of £200k and that current cost pressures improve more quickly than assumed in the likely case.

The worst case forecast includes an assumption that clinical income could worsen by £2.1m due to reductions in activity levels and delays in service developments, some efficiency savings not being realised, increases in PICU out of area placements and further continuation of some cost pressures where improvements had been assumed in the likely case.

It is important to note that the range is based on an accumulation of all the worst case or all best case scenarios happening together rather than a combination of a small group of scenarios.



NB: Position of arrow shows current likely case forecast outturn

2. Risk Rating

The Continuity of Services Risk Rating (CoSRR) is a 3 on each of the metrics and therefore a 3 overall year to date.

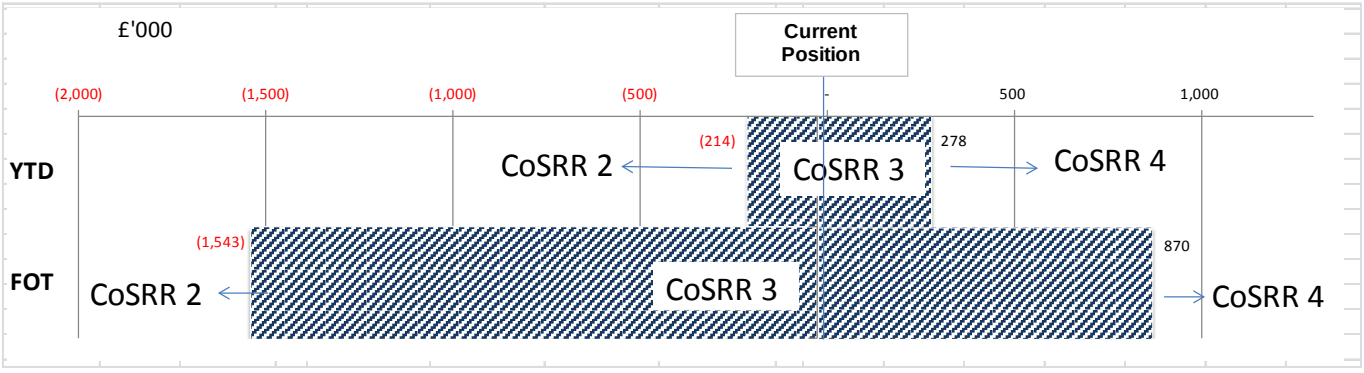
The forecast CoSRR is a 3 on each of the metrics and therefore a 3 overall, which is less than the plan of a 4 by the end of the year. This difference to the plan is driven by the liquidity metric which was planned to be a 4 at the end of the year but is now forecast to achieve a 3 due to lower forecast surplus and lower cash levels.

The liquidity ratio measures the Trust's ability to pay its bills from its liquid assets in terms of days and therefore the higher the number of days, the better. In the first month of the financial year the number of days is minus 4 and is forecast to be nearly minus 3 at the end of the financial year (which still generates a rating of 3). Benchmarking suggests peer average is nearer to +24 days, therefore liquidity remains a strategic priority for us to continue to improve.

Continuity of Service Risk Rating (CoSRR)	**YTD Actual**	**Forecast**
Capital Service Cover	3	3
Liquidity	3	3
Weighted Average	**3.0**	**3.0**
Overall CoSRR	**3**	**3**

The headroom in £'000s, from a CoSRR of 2 and 4 is shown in the new chart below, both for year to date (YTD) and forecast outturn (FOT). This is for indicative use based on a set of assumptions. It serves to illustrate the impact of improving or worsening revenue and cash, but there would be other variables that could also have an impact.

It is also important to note that if any individual CoSRR metric scores at 1 then, regardless of the other metric score, Monitor operate an overriding rule to trigger investigation or regulatory action. It is no longer a simple average and rounding calculation.

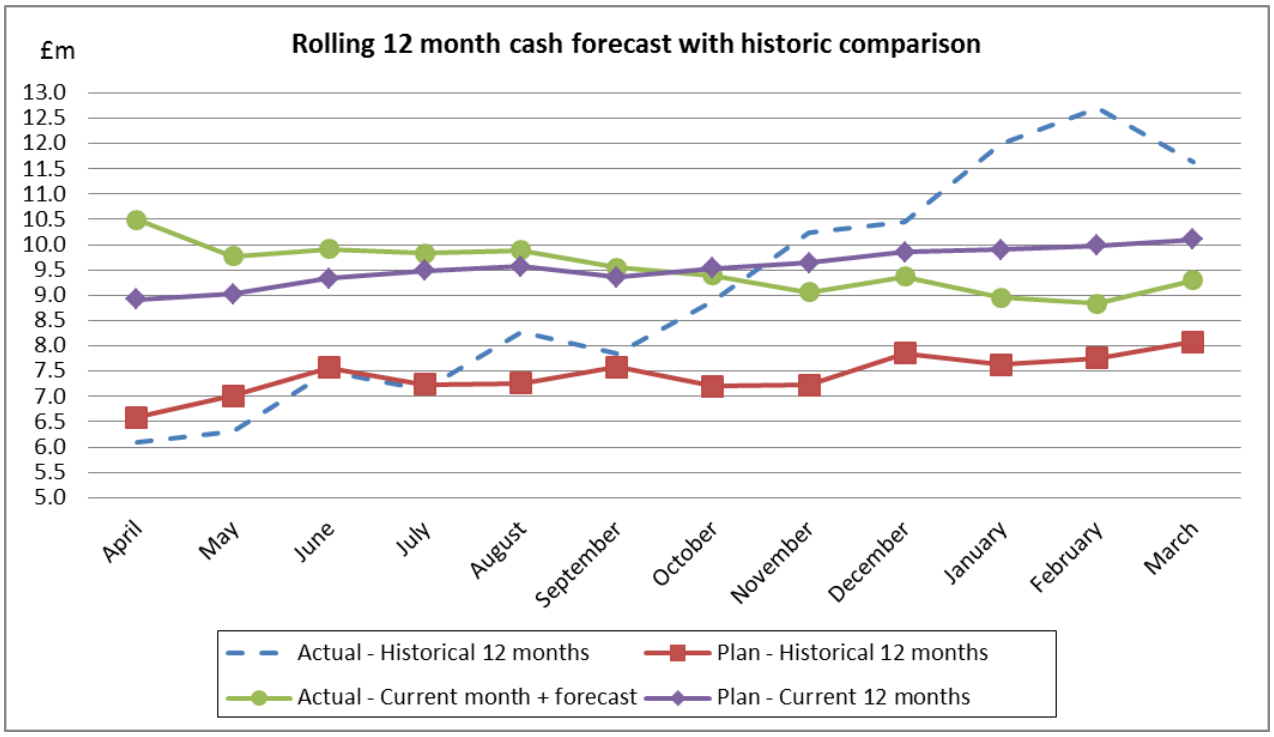


3. Efficiency / Cost Improvement Programme (CIP)

Year to date CIP is on plan with £84k achieved in the first month of the year. The forecast assumes that all efficiency savings are fully achieved by the end of the financial year. Programme Assurance Board continues to performance-monitor CIP delivery which is reported to Finance and Performance Committee.

4. Cash Balances

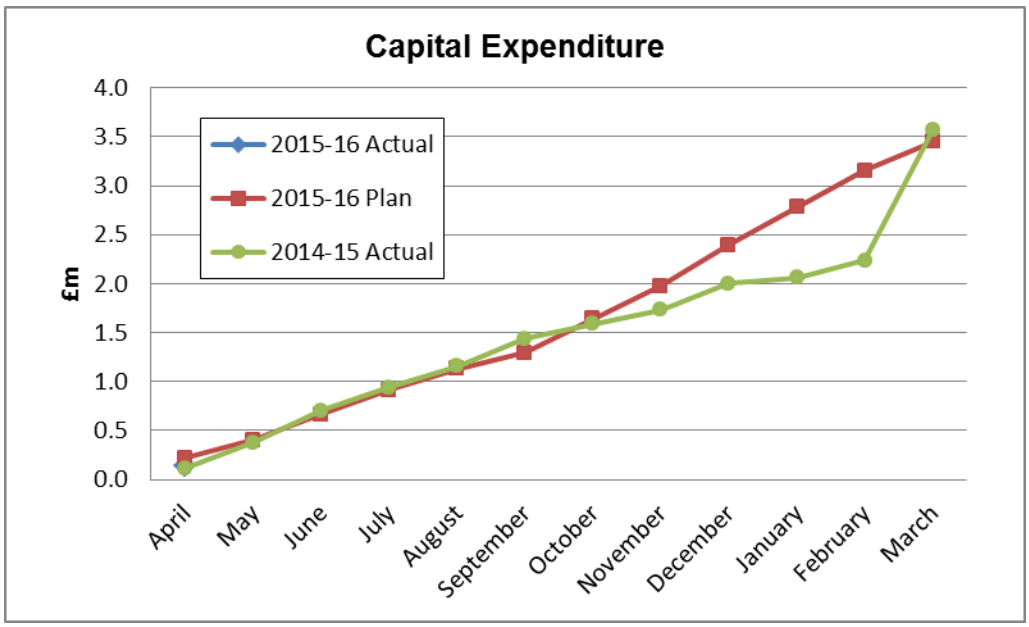
The cash balance at the end of April was £10.5m which is ahead of plan by £1.6m.
The levels of cash are forecast to reduce in May following the payment of some outstanding creditors. The forecast remains above plan until September when an additional cash outlay is expected. From November onwards cash remains below plan which is driven by the Income and Expenditure position and capital expenditure which is higher in the second half of the financial year.



At the end of month one our net current liabilities were £1.1m. We are forecasting to end the year with net current liabilities of £0.7m, which is an adverse change from the plan (which had generated net current assets).

5. Capital Expenditure

Capital Expenditure is £80k behind the plan at the end of April. However capital expenditure is forecast to spend to plan. This is tightly managed by Capital Action Team (CAT) and (Agile Working and) Asset Planning Board. The 2015/16 schemes have been reviewed by CAT. A reprioritisation to fund clinical priorities was approved by Asset Planning Board.



Public Session

Derbyshire Healthcare NHS Foundation Trust
Report to the Trust Board 27th May 2015

REFERENCE COST SUBMISSION 2014/15

Purpose of Report

The Department of Health guidance relating to Reference Cost submissions for 2014-15 requires that the Trust Board or other appropriate sub-committee is required to approve the costing processes that support the reference cost submission.

Recommendations

The Trust Board is requested to confirm that they consider that:

1) Costs have been prepared with due regard to the principles and standards set out in Monitor's Approved Costing Guidance

2) Appropriate costing and information capture systems are in operation

3) Costing teams are appropriately resourced to complete reference costs

4) Procedures are in place such that the self-assessment quality check list will be completed at the time of the reference cost return.

Executive Summary

The report explains the costing standards that the Trust follows and that there have been no changes to the costing principles that the Trust follows, which have been previously audited by CAPITA.

The costing and information capture systems have not changed from the previous year's submission and the last CAPITA audit.

Also contained in the report is the check list which is required to be completed as part of the submission along with the rationale for the chosen responses.

Strategic considerations

- This paper should be considered in relation to the Trust strategy and specifically the financial performance pillar.

Board Assurances

This report should be considered in relation to the financial risks contained in the Board Assurance Framework, which for 15/16 is proposed to be:

- Risks to delivery of 15/16 financial plan.
  If not delivered, this could result in regulatory action due to breach of Provider Licence with Monitor.

Consultation

No groups have been consulted with.

Governance or Legal Issues

The Trust's Provider licence contains obligations around the collection of cost information and that it is prepared and assured to certain standards.

- Pricing Condition 1: recording of information
- Pricing Condition 2: provision of information
- Pricing Condition 3: assurance report on submissions to Monitor

Equality Delivery System

This report has a neutral impact on REGARDS groups.

Report presented by: **Claire Wright, Executive Director of Finance**

Report prepared by: **Rachel Leyland, Deputy Director of Finance**
Kathie Prescott, Project Accountant

Reference Cost Submission 2014-15

The 2014/15 Reference Costs guidance requires Boards (or their Audit Committee or other appropriate sub-committee) to confirm in advance of the reference costs submission, that it is satisfied with the Trust's costing processes and systems, and that the Trust will submit its reference cost return in accordance with the guidance.

The Departmental of Health in this year's Reference Cost guidance states that '*The general feedback has been that the guidance for 2013-14 was of a high standard, this was re-enforced by the Capita data assurance programme. With this in mind we have made minimal changes for this year's guidance. A consistent approach to reference costs will help to support PLICS implementation in the future.'*

1. Costing process that supports the reference costs submission

Costs will be prepared with due regard to the principles and standards set out in Monitor's *Approved Costing Guidance,* which was updated in February 2015.

Monitor's guidance is split into 4 chapters, covering Costing Principles (Monitor), Costing Standards (HFMA), Reference Cost collection guidance (Department of Health) and Patient Level Information Costing System (PLICS) collection guidance (Monitor).

- Chapter 1- Costing Principles is recommended practice for all Trusts.
- Chapter 2 – HFMA Clinical Costing Standards recommended for both Acute and Mental Health Providers.
- Chapter 3 - Reference Costs guidance, is mandatory for all Trusts.
- The Trust is in complete compliance with the mandatory Reference Costs guidance and in so far as possible without the adoption of a PLICS, the Trust follows the Costing Principles & HFMA Costing Standards.

Adherence to these principles and standards was tested and proven by a CAPITA Payment by Results audit carried out in 2013/14 and the Trust has not moved away from these principles when completing this year's submission.

2. Costing & information capture systems are in operation

The Trust uses SAPPs costing system which fully complies with the reference costs requirements e.g. full absorption of overheads. It is the same system that has been used for previous years reference costs submissions & which is used for Service Line Reporting.

As in previous years, the costing team liaise closely with the Information Management (IM) team to try to ensure the correct parameters are used for activity extracts. The previous year's specification has been updated on a rolling basis following a continuous review of the data following other data capture exercises.

The cost information is extracted from the Finance ledger and fully reconciles to the Trial Balance produced for the annual accounts. The reference cost quantum has to be reconciled to the annual accounts as part of the standard templates produced by DoH for the submission.

The existing costing system also has the functionality of a PLICS system and the Costing team are working with Information Management and Technology department to develop this further.

3. Costing team resource

The costing team are appropriately resourced to produce the reference cost submission. This is built into the team's annual timetable. The team also input into the national guidance and liaise with other regional costing teams during the year.

Identified in the previous CAPITA audit was the fact that the team has good processes in place for apportionments and allocations of costs along with good documentation and procedure notes, which is deemed good practice and this continues.

4. Self-assessment quality checklist

The self-assessment checklist must be completed in Unify2 (the DoH corporate data collection system used to upload the submissions) as part of the 2014/15 return. The checklist requires one of the responses detailed in each of the checks below to be selected from a drop down menu.
As part of the validation process each of the elements in the checklist has been reviewed and the relevant response highlighted is what is planned to be submitted with the return.

Please note the following check list points:

Check 1 – Reference Cost quantum is currently fully reconciled to *draft* annual accounts, but when reference cost is submitted in June the quantum will be fully reconciled to *audited* annual accounts.

Check 2 – Previously, activity for reference costs has not directly been reconciled against Mental Health & Learning Disabilities Data Set (MHLDDS). However the Trust Level Activity report is reconciled against the MHLDDS as part of the Commissioner contractual requirements. Both are sourced from the same data. Some further adjustments to the data are undertaken after the extract has been created. A reconciliation is being developed and will be available prior to the submission to reconcile the activity for the reference costs against the MHLDDD and will also capture any further adjustments that are made following the extract.

Checks 3 and 4 – All relevant costs under £5 or above £50k will be reviewed and justified, if there are not costs under £5 or above £50 the second options will be picked.

Check 5 – As part of the work plan all costs will be reviewed and if any outliers exist they will be reviewed and adjusted, if no outliers exit the second option will be picked.

Check 6 – The National Benchmarker only provider information on non-admitted services and therefore not all costs and activity could be benchmarked through that.

However as in previous years all costs and activity for each of the services are benchmarked against the previous year's information and national average.

Checks 7 and 8 – An external audit has been carried out on the systems and processes involved in the production of reference costs in 2013/14 and these same systems and procedures are still in place and will be followed in the 2014/15 reference cost submission.

Self-Assessment checklist

Check	Response
Total costs: The reference costs quantum has been fully reconciled to the signed annual accounts through completion of the reconciliation statement workbook in line with guidance	• Fully reconciled to within +/- 1% of the signed annual accounts • Fully reconciled to within +/- 1% of the draft annual accounts [state reason]
Total activity: The activity information used in the reference costs submission to report admitted patient care, outpatient attendances and A&E attendances has been fully reconciled to provisional Hospital Episode Statistics and documented	• Fully reconciled and documented • Partly reconciled • n/a – reconciliation completed but to another source [state reason] • Not reconciled
Sense check: All relevant unit costs under £5 have been reviewed and are justifiable (applicable exemptions: Mental Health Care Clusters)	• All relevant unit costs under £5 reviewed and justified [state reason-*tbc following review]* • n/a – no relevant costs under £5 within the submission
Sense check: All relevant unit costs over £50,000 have been reviewed and are justifiable	• All relevant unit costs over £50,000 reviewed and justified [state reason – *tbc following review*] • n/a – no relevant costs over £50,000 within the submission
Sense check: All unit cost outliers (defined as unit costs less than one-tenth or more than ten times the previous year's national mean average unit cost) have been reviewed and are justifiable	• All unit cost outliers reviewed and justified [state reason – tbc following review] • n/a – no unit cost outliers within the submission
Benchmarking: Data has been benchmarked where possible against national data for individual unit costs and for activity volumes (the previous year's information is available in the Audit Commission's National Benchmarker)	• All cost and activity data within the submission has been benchmarked using the National Benchmarker prior to submission • All cost and activity data within the submission has been benchmarked using another benchmarking process [Nationally published reference costs from previous year]

	• Some but not all cost and activity data within the submission has been benchmarked using the National Benchmarker prior to submission • Some but not all cost and activity data within the submission has been benchmarked using another benchmarking process [state] • No benchmarking performed on the cost data prior to submission
Data quality: Assurance is obtained over the quality of data for 2014-15	• An external audit has been performed on data quality • An internal audit has been performed on data quality • Internal management checks have provided assurance over data quality • Assurance has been obtained over data quality but not for 2014-15 • No assurance has been obtained over data quality
Data quality: Assurance is obtained over the reliability of costing and information systems for 2014-15	• An external audit has been performed on costing and information system reliability • An internal audit has been performed on costing and information system reliability • Internal management checks have provided assurance over costing and information system reliability • Assurance has been obtained over costing and information system reliability but not for 2014-15 • No assurance has been obtained over costing and information system reliability
Data quality: Where issues have been identified in the work performed on the 2014-15 data and systems, these issues have been resolved to mitigate the risk of inaccuracy in the 2014-15 reference costs submission	• All exceptions have been resolved and the risk of inaccuracy in the 2014-15 reference costs submission fully mitigated • Some exceptions have been resolved but not all • Exceptions have yet to be resolved • n/a – no exceptions noted
Data quality: All other non-mandatory validations as specified in the guidance and workbooks have been investigated and necessary corrections made	• All non-mandatory validations have been considered and necessary revisions made • All non-mandatory validations have been considered and some but not

	all necessary revisions have been made [specify and state reason] • Some non-mandatory validations have been considered and necessary revisions made [specify and state reason] • No non-mandatory validations have been investigated [state reason] • n/a – no non-mandatory validations have occurred

Public Session

Derbyshire Healthcare NHS Foundation Trust
Report to Board of Directors 27th May 2015

Trust Performance Report – Key Performance Indicators Compliance

The purpose of this report is to define the Trust's performance against its Key Performance Indicators plus any actions in place to ensure performance is maintained. Compliance with the Trust's performance indicators is being actively monitored and corrective actions are put in place where appropriate. Areas covered in this report include, the Main Performance Indicators, Health Visitors, IAPT and Ward Safer Staffing. In addition this report takes a longitudinal look at performance compliance along with exploring reporting styles used by other organisations.

Executive Summary

- The Trust is compliant with all Monitor regulatory indicators
- The recording of Payment by Result Clusters and Health of the Nation Outcome Scores 12 month reviews continue to be challenging.
- The rate of outpatients who did not attend is still causing concern though performance has improved
- Health Visitor performance remains strong and IAPT recovery rates remain above target
- The Trust continues to have qualified staffing vacancies that impact on staffing fill rates, Ward 34, Enhanced Care Ward and Tansley remain most adversely effected
- The deep dive this month considers analysis over a longer period (up to three years) to see if any trends can be identified.
  - The report shows that performance has remained consistent until oct/Nov 2014 through periods of significant change
  - The report suggests a link between increased absence, vacancies, temporary staffing and reductions in data quality coupled with a changed system. It hypothesises we *may* be seeing the very start of a downward performance trajectory due to these competing demands
- The report also reviews how performance is reported by other Trusts to their Board of Directors to consider if we should modify our approach.

Strategic considerations

- This report supports the achievement of the following strategic outcomes :
  - People receive the best quality care
  - The public have confidence in our healthcare and developments
- In addition the Board should use this report to consider
  - Is performance being negatively impacted by the quantity of change at the present time
  - Are the Board receiving the right information, presented in a clear way that supports assurance in a time of heightened risk
  - Is there a need to alter the Board Assurance Framework to take account of this risk

(Board) Assurances

- This report provides full assurance for;
  - Monitor Targets
  - Performance related elements of schedule 6
  - IAPT Performance
- The report provides partial assurance for ;
  - Locally Agreed Targets

- Performance related elements of schedule 4
- Health Visitor Performance
- Ward Staffing

Consultation

- Performance is managed at an operational level through the Trust performance and Contract Overview group

Governance or Legal issues

Failure to comply with key performance indicators could lead to regulatory action being taken by Monitor for breach of licence conditions. In addition these core indicators contribute to the Trusts compliance with the CQC Quality domains

Equality Delivery System

This report is not requesting the Board agree to any service delivery changes that have an impact on any particular protected group. The Report details current performance against a range of performance criteria and the Board may wish to explore the impact of any variance in performance on particular groups

Recommendations

The Board of Directors is requested to:

1) To acknowledge the current performance of the Trust
2) To note the actions in place to ensure sustained performance
3) Consider if the longitudinal study may indicate a growing performance risk
4) Consider the feedback from other Organisations performance reporting structures and agree any changes they would like to see within what timescale

Report presented by: **Ifti Majid**
Chief Operating Officer/Deputy Chief Executive

Report prepared by: **Ifti Majid**
Chief Operating Officer/Deputy Chief Executive

Derbyshire Healthcare NHS FT
Key Performance Indicators Compliance Report
Based on April 2015 Information

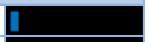
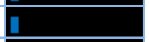
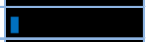
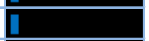
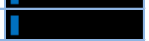
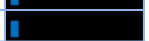
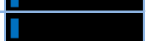
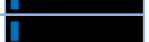
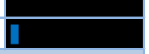
Introduction

The following Performance Compliance report is organised into the following sections;

1. Trust Performance Dashboard including exceptional items and specific areas of interest
2. Health Visitors Dashboard
3. IAPT Services Dashboard
4. Ward Safer Staffing Return

1 Trust Performance Dashboard

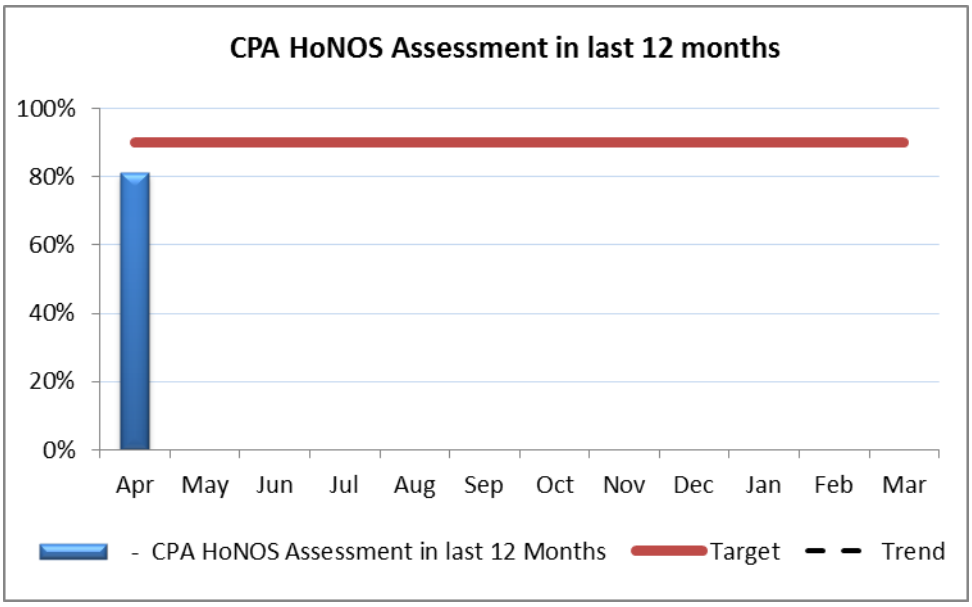
15-16 Performance Dashboard	Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trend
- Monitor Targets														
- CPA 7 Day Follow Up	95.00%	95.19%												
- CPA Review in last 12 Months (on CPA > 12 Months)	95.00%	96.37%												
- Delayed Transfers of Care	7.50%	0.40%												
- Data Completeness: Identifiers	97.00%	99.34%												
- Data Completeness: Outcomes	50.00%	93.90%												
- Community Care Data - Activity Information Completeness	50.00%	87.11%												
- Community Care Data - RTT Information Completeness	50.00%	92.31%												
- Community Care Data - Referral Information Completeness	50.00%	70.80%												
- 18 Week RTT Less Than 18 Weeks - Non-Admitted	95.00%	95.22%												
- 18 Week RTT Less Than 18 Weeks - Incomplete	92.00%	93.19%												
- Early Interventions New Caseloads	95.00%	163.00%												
- Clostridium Difficile Incidents	7	0												
- Crisis GateKeeping	95.00%	100.00%												
- Locally Agreed														
- CPA HoNOS Assessment in last 12 Months	90.00%	81.18%												
- CPA Settled Accommodation	90.00%	99.06%												
- CPA Employment Status	90.00%	99.30%												
- Data Completeness: Identifiers	99.00%	99.34%												
- Data Completeness: Outcomes	90.00%	93.90%												
- Patients Clustered not Breaching Today	99.00%	71.47%												
- Patients Clustered Regardless of Review Dates	100.00%	89.41%												
- 7 Day Follow Up – All Inpatients	95.00%	95.08%												

15-16 Performance Dashboard	Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trend
- Schedule 4 Contract														
- Consultant Outpatient Appointments Trust Cancellations (Within 6 Weeks)	5.00%	4.06%												
- Consultant Outpatient Appointments DNAs	15.00%	15.69%												
- Under 18 Admissions To Adult Inpatient Facilities	0	0												
- Outpatient Letters Sent in 10 Working Days	90.00%	79.80%												
- Outpatient Letters Sent in 15 Working Days	100.00%	91.52%												
- Average Community Team Waiting Times (Weeks)	N/A	4.77												
- Inpatient 28 Day Readmissions	10.00%	8.39%												
- Crisis Home Treatments	0	103												
- CPA Review in last 12 Months	90.00%	96.37%												
- Assertive Outreach Caseload	N/A	266												
- Mixed Sex Accommodation Breaches	0	0												
- MRSA Incidents	0	0												
- Discharge Fax Sent in 2 Working Days	98.00%	98.45%												
- Schedule 6 Contract														
- CPA In Settled Accommodation	N/A	90.20%												

1.1 Exception Items and Specific Areas of Interest

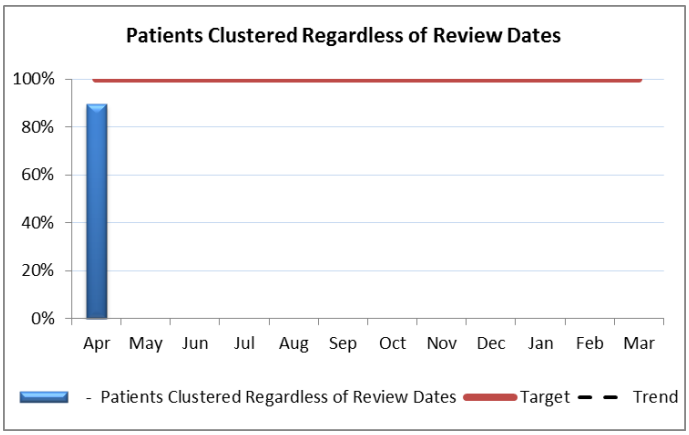
The following section reviews a number of indicators in more detail, identifying where actions are in place to address areas of performance.

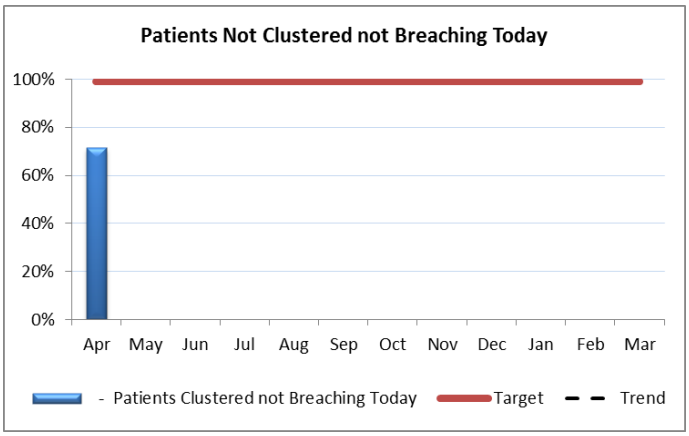
1.1.1 Locally Agreed – Care Programme Approach Health of the Nation Outcome Score Assessment in Last 12 Months



Health of the Nation Outcome Score assessments are part of clustering so by improving the clustering position we will improve the Health of the Nation Outcome Score assessments position. Please see comment and action plan in section 1.1.2

1.1.2 Locally Agreed – Patients clustered regardless of Review Dates and Patients clustered not Breaching Today





There has been a little improvement in reported compliance with Payment by Results requirements. This is despite some people making significant inroads into their backlog of exceptions. The Payment by Results Advisor has continued working mostly with Consultants to identify strategies to clear the backlog of exceptions and to avoid future exceptions. This has included one-to-one sessions exploring Payment by Results related functions in PARIS, provision of exception/proposed action reports and manual inputting of paper assessments. Some of the

recent changes within Paris, e.g. the ability to copy the previous Payment by Results assessment, have supported this work.

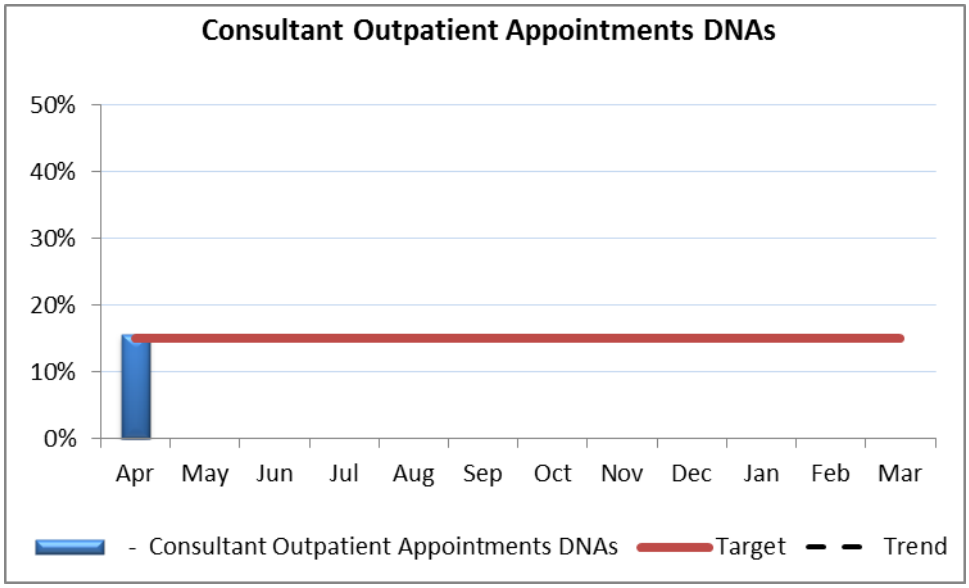
In March some admin support was put in place to assist mainly with inputting of assessments. The admin worker has also started to contact individual non-medical staff in community teams with their list of exceptions. This admin support was only in place until the end of April.

It has become clear that not all reported exceptions can be addressed at the front end of Paris, ie by clinicians; there are some data quality issues caused by the interface between PARIS and Data Warehouse. For instance, we still have a large number of patients appearing on exception reports multiple times and there is no easy fix. This is being looked at by Information Management and Technology.

The Payment by Results Advisor post has been extended until the end of June to continue to work with clinicians to improve the position.

Action planned: Payment by Results Advisor to continue to work with individual clinicians

1.1.3 Schedule 4 – Consultant Outpatient Did Not Attends



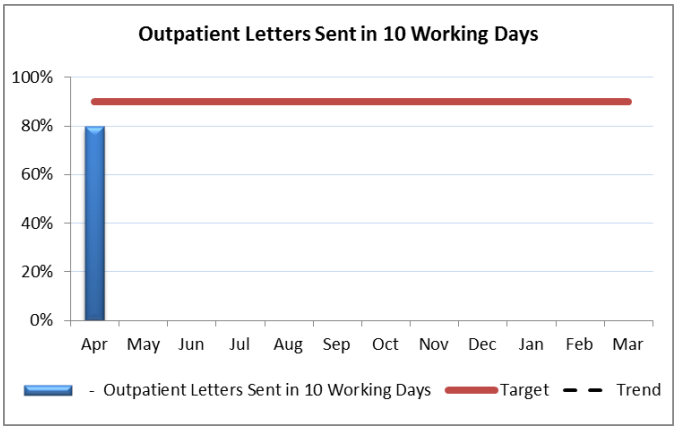
Recent study: http://qir.bmj.com/content/3/1/u202228.w1114.full

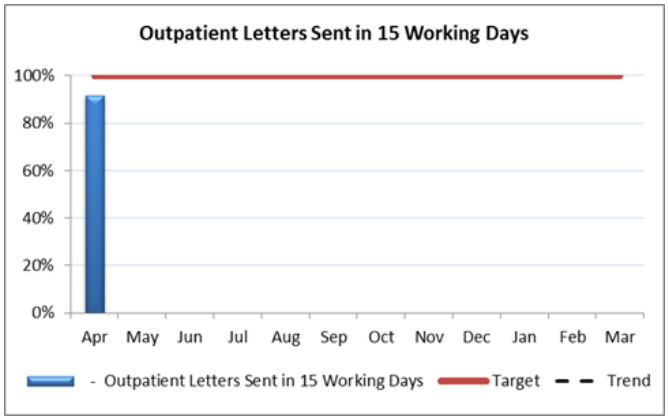
Research: http://ps.psychiatryonline.org/article.aspx?articleID=433008

Both suggest that text message reminders are effective in reducing did not attends.

Action planned: Information Management and Technology have set up text message reminder functionality on Paris. We now need to ensure that mobile numbers held are valid and that service users are willing to receive text reminders. A form has recently been approved for this purpose. This will be sent out over the coming months with all patient letters and, where staffing allows, completed with service users while they wait for their appointments

1.1.4 Schedule 4 –Outpatient Letters (Exceptions)





- Dictate IT Software – Adjustments made and further test carried out on updated version of software last week. Tests ran OK so Dictate are now building the client for deployment. From receipt, Greater East Midlands Commissioning Support Unit would need approx. 20 working days to action their part.
- Breaches last month were mainly due to 3 particular doctors. Reasons vary between late upload/sign-off, incorrect dating of activity and perceived problems with time uploading. Those 3 doctors to be contacted and offered solutions/support. Will also feedback to them the specific impact on the backlog figures.
- Conflicts with the software when Greater East Midlands Commissioning Support Unit perform remote Windows upgrades will remain until the new Client is in place. Doctors at times experience an increase in upload time but the Olympus upgrade contained in the new Client should resolve this.
- Concerns remain that Greater East Midlands Commissioning Support Unit / Dictate Support Teams have been passing the buck on calls to Helpdesk. Information Management and Technology are aware and discussions are taking place in regard to improving the service we receive.
- Business As Usual – handover to the Organisation. Initial meetings held and further planned to define Greater East Midlands Commissioning Support Unit, Information Technology and any Super User tasks going forward. To look at handing over as soon as the new Client is deployed.

Action planned

- Additional support offered to Doctors
- Meeting arranged between Information Management and Technology and administrative lead to drive forward arrangements and agree a sign-off date.

2 Health Visitor Dashboard

2.1 Key Performance Indicators

15-16 Health Visitor Dashboard	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Health Visitors (FTE) in Post ESR	N/A	69.85											
Health Visitors in Post (Headcount)	N/A	82											
Number of Student Placements (Headcount)	N/A	9											
Number of Student Placements (FTE)	N/A	9											
Number of mothers receiving antenatal check	N/A	195											
% Births that receive NBV within 10-14 days	N/A	89.80%											
% NBVs undertaken after 15 days	N/A	9.90%											
% Children to received a 12 month review	N/A	96.40%											
% Children who received a 12 month review at 15 months	N/A	97.60%											
% Children who received a 2 to 2.5 year review	N/A	93.20%											
% Staff who have received child protection training	N/A	63.40%											
% 10-14 Day Breastfeeding coverage	95.00%	99.00%											
% 6-8 Week Breastfeeding coverage	95.00%	99.60%											
% Still Breastfeeding at 6-8 Weeks	65.00%	63.90%											

2.1.1 Exception Comments

% Still Breastfeeding at 6-8 Weeks - For mothers of infants who were advised to supplement breast milk with formula due to issues around weight gain concerns in the infant may then have chosen to exclusively formula feed. Plus a mother had repeated mastitis a decided to stop breastfeeding following treatment

Action Planned: To ensure all Health Visitor staff are aware to refer clients with such issues to the Infant feeding specialist for support.

3 IAPT Services Dashboard

3.1 Dashboard

Indicator no.	Indicator name	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
3a	The number of people who have been referred for Psychological Therapies (during the reporting quarter)	992	0	0	0	0	0	0	0	0	0	0	0	992
3b	The number of active referrals who have waited more than 28 days for treatment	2070	0	0	0	0	0	0	0	0	0	0	0	
4	The number of people who have entered Psychological Therapies	479	0	0	0	0	0	0	0	0	0	0	0	479
5	The number of people who have completed treatment (for any reason)	536	0	0	0	0	0	0	0	0	0	0	0	536
6	The number of people who are "moving to recovery"	273	0	0	0	0	0	0	0	0	0	0	0	273
6b	The number of people completing treatment who did not achieve caseness at the commencement of treatment	39	0	0	0	0	0	0	0	0	0	0	0	39
7	The number of people moving off sick pay and benefits	35	0	0	0	0	0	0	0	0	0	0	0	35

	Recovery Rates KPI 6 / (KPI 5 - KPI 6b)	**54.93%**												**54.93%**

3.1.1 Exception Comments

No exceptions

4 Ward Safer Staffing

This section of the board performance report contains the information submitted to NHS England to demonstrate our compliance with the Safer Staffing initiative. The information is also displayed on the internet as requested by NHS England. Comments are provided by each Ward when the percentage fill rate is either over 125% or below 90%.

Ward name	Day		Night		Comments Required	Analysis and Action Plan for 'Average fill rate' above 125% and below 90%
	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)		
Audrey House Residential Rehabilitation	98.9%	97.7%	100.0%	100.0%	No	none required
Child Bearing / Perinatal Inpatient	130.2%	173.0%	111.1%	212.9%	Yes	With regard to Registered Nurses breaking the current fill rate tolerances we have 4 shifts per week of maternity leave that need to be covered. Care staff for day and night is to cover the observation levels and care for the baby when the mother is too unwell to do this herself.
CTC Residential Rehabilitation	103.2%	98.9%	100.0%	100.0%	No	none required
Enhanced Care Ward	78.3%	121.8%	78.6%	132.5%	Yes	Enhanced Care ward continues to carry vacancies at RN level, we have recruited now into 4 posts but the starting dates for new staff are mid to late September to allow them to complete their Nurse training We have also had 1 RG on long term sick throughout April. All shifts including nights have at least one trust RN with a ILS qualification to act as Nurse in charge. Where we are unable to backfill with our own staff we request bank, and where we are unable to fill we attempt to cover with our own unqualified to ensure that shift competencies are maintained and that minimum numbers are provided.
Hartington Unit Morton Ward Adult	110.9%	97.7%	87.5%	128.6%	Yes	I am currently carrying 3.36 band 5 vacancies which equates to 18 shifts per week approximately. In addition to this I have a band 5 on maternity leave and a band 6 also on maternity leave.
Hartington Unit Pleasley Ward Adult	97.2%	115.0%	100.0%	103.3%	No	none required

Ward name	Day		Night		Comments Required	Analysis and Action Plan for 'Average fill rate' above 125% and below 90%
	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)		
Hartington Unit Tansley Ward Adult	104.7%	82.5%	73.2%	103.2%	Yes	Tansley is currently carrying 7.61 band 5 vacancies. The ward has also carried high levels of nursing observations through out much of April, particularly level 2 observations, as well as one case of long term sick and an episode of short term sick. These factors have had an impact on staffing levels despite recruitment of band 5 agency staff and prompt use of nurse bank who have struggled to meet our demands
Kedleston Unit - Curzon Ward	104.2%	100.8%	100.0%	103.2%	No	none required
Kedleston Unit - Scarsdale Ward	96.6%	102.5%	100.0%	101.7%	No	none required
KW Cubley Court Female	99.3%	98.1%	71.7%	108.3%	Yes	The ward has vacancies waiting to be filled and we have long term sickness on the ward
KW Cubley Court Male	99.3%	95.5%	94.4%	101.2%	No	none required
KW Melbourne House	96.7%	98.3%	98.3%	97.8%	No	none required
KW Tissington Unit Older People	98.6%	96.9%	85.0%	113.3%	Yes	we have an issue with a high level of R/N off sick at present
LRCH Ward 1 OP	110.6%	103.9%	91.5%	202.8%	Yes	We had a patient at RDH from April 4th to 28th who required 1 to 1 nursing so we managed this within the numbers on the early and late shifts but needed an extra 1 at night as it would have been unsafe to leave just 2 staff on the ward so we planned for 4 night staff in stead of our usual 3 (either 1 qualified and 3 unqualified or 2 and 2).
LRCH Ward 2 OP	100.7%	94.7%	100.0%	91.8%	No	none required
RDH Ward 33 Adult Acute Inpatient	98.3%	103.0%	92.5%	97.7%	No	none required
RDH Ward 34 Adult Acute Inpatient	96.1%	133.6%	52.5%	280.0%	Yes	Vacancy numbers do not allow for 2 RN's at night, continued recruitment programme to address vacancies on the ward.
RDH Ward 35 Adult Acute Inpatient	83.6%	114.6%	93.3%	120.0%	Yes	We currently have vacancies for qualified nurses on the ward which accounts for our shortfall
RDH Ward 36 Adult Acute Inpatient	102.1%	104.9%	100.0%	136.8%	Yes	we continue to have a female who requires increased support at night, therefore increasing our staffing ratio

5 Long Term Trend Analysis

Information has been collected within the Trust for over three years now and allows a longitudinal view to be taken of the Trusts performance. Over that period of time there have been many changes in organisation, commissioning and information systems. Each has introduced it’s own challenges.

5.1 Performance Dashboard

Performance Dashboard April 2012 to April 2015	Target	Apr-12	Apr-15	Trendline	Min	Avg	Max
- Monitor Targets							
- CPA 7 Day Follow Up	95.0%	98.11%	95.24%		95.19%	98.05%	100.00%
- CPA Review in last 12 Months (on CPA > 12 Months)	95.0%		96.47%		86.53%	93.11%	97.69%
- Delayed Transfers of Care	7.5%	1.10%	0.41%		0.00%	1.02%	2.79%
- Data Completeness: Identifiers	97.0%	99.32%	99.36%		99.01%	99.19%	99.36%
- Data Completeness: Outcomes	50.0%		93.91%		93.60%	97.00%	97.97%
- Community Care Data - Activity Information Completeness	50.0%	83.27%	87.08%		82.34%	85.88%	87.97%
- Community Care Data - RTT Information Completeness	50.0%	92.31%	92.31%		92.31%	92.31%	92.31%
- Community Care Data - Referral Information Completeness	50.0%	76.22%	70.89%		67.81%	73.31%	76.22%
- 18 Week RTT Less Than 18 Weeks - Non-Admitted	95.0%	100.00%	95.26%		94.15%	97.00%	100.00%
- 18 Week RTT Less Than 18 Weeks - Incomplete	92.0%	100.00%	93.18%		93.18%	96.69%	100.00%
- Early Interventions New Caseloads	95.0%	118.2%	163%		65.20%	110.58%	163.00%
- Clostridium Difficile Incidents	7	0	0		-	-	-
- Crisis GateKeeping	95.0%	100.00%	100.00%		95.06%	98.85%	100.00%
- Locally Agreed							
- CPA HoNOS Assessment in last 12 Months	90.0%		81.22%		79.67%	90.01%	92.98%
- CPA Settled Accommodation	90.0%		99.06%		99.06%	99.83%	100.00%
- CPA Employment Status	90.0%		99.30%		99.30%	99.87%	100.00%
- Data Completeness: Identifiers	99.0%	99.32%	99.36%		99.01%	99.19%	99.36%
- Data Completeness: Outcomes	90.0%		93.91%		93.60%	97.00%	97.97%
- Patients Clustered not Breaching Today	99.0%	82.13%	71.52%		69.89%	85.79%	91.43%
- Patients Clustered Regardless of Review Dates	100.0%	93.68%	89.39%		89.39%	95.56%	97.43%
- 7 Day Follow Up – All Inpatients	95.0%	98.20%	95.12%		92.93%	97.46%	100.00%
- Schedule 4 Contract							
- Consultant Outpatient Appointments Trust Cancellations (Within 6 We	5.0%	3.71%	4.06%		1.18%	3.94%	8.22%
- Consultant Outpatient Appointments DNAs	15.0%	14.20%	15.66%		12.97%	15.29%	18.47%
- Under 18 Admissions To Adult Inpatient Facilities	0	0	0		-	0	1
- Outpatient Letters Sent in 10 Working Days	90.0%		78.80%		36.33%	69.50%	86.14%
- Outpatient Letters Sent in 15 Working Days	100.0%		91.58%		48.82%	83.83%	95.27%
- Average Community Team Waiting Times (Weeks)	N/A	5.33	4.92		4.92	5.92	6.92
- Inpatient 28 Day Readmissions	10.0%	4.13%	9.03%		1.71%	6.89%	14.63%
- Crisis Home Treatments	N/A	115	103		88	130	163
- CPA Review in last 12 Months	90.0%		96.47%		86.53%	93.11%	97.69%
- Assertive Outreach Caseload	N/A	254	266		245	256	268
- Mixed Sex Accommodation Breaches	0	0	0		0.00%	0.00%	0.00%
- MRSA Incidents	0	0	0		0.00%	0.00%	0.00%
- Discharge Fax Sent in 2 Working Days	98.0%		97.67%		92.62%	97.58%	100.00%
- Schedule 6 Contract							
- CPA In Settled Accommodation	N/A		90.106%		90.11%	91.92%	93.92%

In general over the three year period the performance level has been sustained however it can be clearly seen that since October 2014 some data recording issues have developed which need to be addressed. This could be linked to the introduction of PARIS. This period is also significant for the issues with recruitment and the development of new models of working. It is possible that clinicians, who are under significant pressure to perform, see data recording as a lower priority than clinical service provision.

5.2 HR Dashboard

HR Dashboard April 2012 to April 2015	Target	Apr-12	Apr-15	Trendline	Min	Avg	Max
- Headcount Info	N/A	2387	2409		2,366	2,412	2,443
- FTE Info	N/A	2050	2082		2,031	2,080	2,105
- Outstanding RTW Info	N/A	0	0		-	-	-
- Annual Turnover KPI	10.0%	10.75%	9.63%		8%	9%	11%
- IPR Completion KPI	90.0%	84%	73.18%		50%	72%	85%
- RTW Interview Completion KPI	95.0%	95.42%	86.82%		83%	89%	95%
- Sickness Absence KPI	4.7%	4.56%	5.55%		4%	5%	6%
- Bank Usage KPI	5.0%	4.88%	7.91%		3%	6%	8%
- Agency Usage KPI	1.9%	2.76%	1.57%		0%	3%	6%
- Compulsory Training KPI	95.0%	83.12%	83.41%		78%	81%	84%
- Trust Induction KPI	100.0%	97.4%	50%		39%	89%	100%
- Workplace Induction KPI	100.00%	21.28%	60.87%		17%	56%	100%

It can be seen that there appears to be a linkage between the rate of sickness and the use of Bank and Agency. The majority of the indicators have varied over the years however they have not changed significantly.

5.3 Safer Staffing

Ward Staffing Monthly Fill Rates

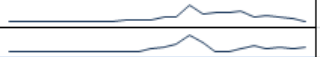
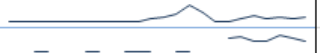
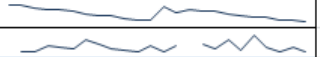
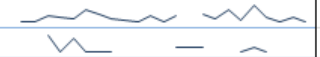
> 125%
< 90%

Ward	Shift	Resource	Aug-2014 In Progress	Sep-2014 Complete	Oct-2014 Complete	Nov-2014 Complete	Dec-2014 Complete	Jan-2015 Complete	Feb-2015 Complete	Mar-2015 Complete	Apr-2015 Complete
AUDREY HOUSE RESIDENTIAL REHABILITATION	Day	Average fill rate - registered nurses/midwives (%)	97.83%	97.20%	100.93%	92.13%	97.75%	98.98%	100%	100%	98.92%
		Average fill rate - care staff (%)	102.11%	101.43%	102.60%	103.19%	100%	100%	100%	97.87%	97.67%
	Night	Average fill rate - registered nurses/midwives (%)	100%	100%	100%	100%	100%	100%	100%	100%	100%
		Average fill rate - care staff (%)	104%	96.43%	103.85%	100%	100%	100%	100%	100%	100%
CTC RESIDENTIAL REHABILITATION	Day	Average fill rate - registered nurses/midwives (%)	100.80%	99.24%	100%	96.61%	101.55%	100.78%	100%	93.70%	103.23%
		Average fill rate - care staff (%)	100%	99.42%	100%	100.56%	98.88%	98.35%	96.20%	101.60%	98.88%
	Night	Average fill rate - registered nurses/midwives (%)	100%	100%	100%	100%	100%	100%	106.67%	100%	100%
		Average fill rate - care staff (%)	100%	100%	100%	95.08%	100%	101.54%	100%	100%	100%
ENHANCED CARE WARD	Day	Average fill rate - registered nurses/midwives (%)	80.54%	73.33%	76.76%	78.89%	72.13%	68.31%	84.52%	80.65%	78.33%
		Average fill rate - care staff (%)	111.11%	115.82%	119.90%	125.96%	121.65%	123.12%	110.29%	106.28%	121.83%
	Night	Average fill rate - registered nurses/midwives (%)	93.55%	90%	98.39%	81.36%	81.67%	72.41%	81.63%	76.36%	80.36%
		Average fill rate - care staff (%)	107.14%	105.26%	111.11%	112.37%	114.47%	128.57%	118.06%	126.92%	131.33%
HARTINGTON UNIT - MORTON WARD ADULT	Day	Average fill rate - registered nurses/midwives (%)	84.62%	86.67%	84.07%	83.82%	83.33%	92.47%	110%	105.88%	110.87%
		Average fill rate - care staff (%)	126.12%	118.18%	114.58%	126.23%	124.26%	107.86%	101.69%	101.57%	97.67%
	Night	Average fill rate - registered nurses/midwives (%)	93.75%	88.57%	97.06%	89.47%	75.61%	72.09%	86.84%	108%	87.50%
		Average fill rate - care staff (%)	116.13%	103.08%	104.92%	107.69%	112.50%	118.33%	114.89%	92%	128.57%
HARTINGTON UNIT - PLEASLEY WARD ADULT	Day	Average fill rate - registered nurses/midwives (%)	94.38%	91.18%	87.93%	83.14%	90.59%	89.22%	84.66%	99.43%	97.22%
		Average fill rate - care staff (%)	86.89%	77.14%	85.96%	91.26%	92.17%	78.66%	78.21%	88.02%	115%
	Night	Average fill rate - registered nurses/midwives (%)	100%	102.94%	97.14%	100%	91.89%	103.13%	73.47%	106.98%	100%
		Average fill rate - care staff (%)	89.02%	93.85%	93.94%	100%	95.38%	90.91%	135.19%	95.24%	103.28%
HARTINGTON UNIT - TANSLEY WARD ADULT	Day	Average fill rate - registered nurses/midwives (%)	95.15%	87.35%	90.48%	96.88%	88.30%	88.37%	89.54%	106.32%	104.73%
		Average fill rate - care staff (%)	91.60%	80.29%	85.29%	90%	96%	92.62%	96.89%	73.86%	82.47%
	Night	Average fill rate - registered nurses/midwives (%)	75.86%	66.07%	63.16%	64.29%	67.92%	73.47%	80.77%	73.02%	73.21%
		Average fill rate - care staff (%)	129.73%	131.43%	97.83%	134.88%	107.55%	100%	119.23%	118.75%	103.17%
KEDLESTON UNIT - CURZON WARD	Day	Average fill rate - registered nurses/midwives (%)	100.81%	86.09%	86.18%	82.20%	86.29%	84.68%	84.68%	85.48%	104.17%
		Average fill rate - care staff (%)	94.26%	111.29%	110.74%	114.05%	108.87%	111.20%	115.18%	113.71%	100.77%
	Night	Average fill rate - registered nurses/midwives (%)	100%	100%	100%	100%	100%	100%	100%	103.13%	100%
		Average fill rate - care staff (%)	100%	100%	103.33%	100%	100%	101.61%	100%	106.45%	103.23%
KEDLESTON UNIT - SCARSDALE WARD	Day	Average fill rate - registered nurses/midwives (%)	90.16%	89.74%	90.35%	92.11%	75.42%	79.03%	91.51%	88.24%	96.64%
		Average fill rate - care staff (%)	108.73%	111.38%	112.40%	111.76%	117.46%	110.85%	105.93%	112%	102.48%
	Night	Average fill rate - registered nurses/midwives (%)	103.23%	100%	100%	100%	100%	100%	100%	103.23%	100%
		Average fill rate - care staff (%)	98.39%	100%	100%	101.72%	98.39%	100%	100%	101.64%	101.72%
KINGSWAY CUBLEY COURT - FEMALE	Day	Average fill rate - registered nurses/midwives (%)	109.03%	110.88%	108.18%	108.75%	110.43%	112.84%	98.37%	100%	99.29%
		Average fill rate - care staff (%)	88.93%	89.02%	93.43%	92.17%	90.27%	90.18%	93.75%	88.97%	98.07%
	Night	Average fill rate - registered nurses/midwives (%)	75.93%	67.92%	78.57%	71.70%	74%	76.67%	75.56%	70.97%	71.67%
		Average fill rate - care staff (%)	111.88%	116.33%	114.14%	121.10%	108.41%	113.54%	109.57%	106.93%	108.33%
KINGSWAY CUBLEY COURT - MALE	Day	Average fill rate - registered nurses/midwives (%)	100%	97.32%	98.06%	98.85%	96.76%	100.68%	97.66%	98.67%	99.32%
		Average fill rate - care staff (%)	97.76%	96.09%	94.03%	99.66%	97.68%	95.04%	99.23%	90.77%	95.50%
	Night	Average fill rate - registered nurses/midwives (%)	94.64%	100%	94.64%	100%	90%	98.11%	93.18%	88.64%	94.44%
		Average fill rate - care staff (%)	100.89%	107.69%	108.55%	97.39%	110.68%	100%	97.25%	99.20%	101.18%
KINGSWAY MELBOURNE HOUSE	Day	Average fill rate - registered nurses/midwives (%)	80.67%	80.67%	91.80%	101.65%	104.69%	102.36%	100%	97.58%	96.67%
		Average fill rate - care staff (%)	107.22%	109.44%	100.53%	95%	94.57%	97.27%	98.81%	97.85%	98.32%
	Night	Average fill rate - registered nurses/midwives (%)	96.55%	100%	76.74%	98.25%	96.88%	96.77%	96.43%	95.08%	98.33%
		Average fill rate - care staff (%)	101.11%	102.20%	104.12%	103.23%	106.59%	100%	104.76%	97.87%	97.78%
KINGSWAY TISSINGTON UNIT - OLDER PEOPLE	Day	Average fill rate - registered nurses/midwives (%)	95%	95.48%	87.04%	91.12%	94.58%	91.33%	95.62%	98.67%	98.60%
		Average fill rate - care staff (%)	100%	96.67%	99.56%	96.36%	95.15%	96.06%	90.37%	93.63%	96.88%
	Night	Average fill rate - registered nurses/midwives (%)	79.03%	93.33%	96.83%	88.14%	86.89%	90.16%	82.14%	96.77%	85%
		Average fill rate - care staff (%)	90.67%	103.23%	98.41%	104.94%	104.55%	102.82%	105.88%	100%	113.33%
LONDON ROAD COMMUNITY HOSPITAL - WARD 1 OP	Day	Average fill rate - registered nurses/midwives (%)	94%	98.63%	99.28%	99.32%	99.29%	98.01%	97.74%	99.30%	110.64%
		Average fill rate - care staff (%)	100%	96.06%	95.77%	93.80%	92.68%	97.04%	95.87%	93.48%	103.88%
	Night	Average fill rate - registered nurses/midwives (%)	97.73%	100%	100%	92.31%	97.56%	98.11%	83.33%	79.59%	91.49%
		Average fill rate - care staff (%)	102.13%	95.65%	94.44%	95.24%	90.70%	106.25%	109.09%	108.33%	202.78%
LONDON ROAD COMMUNITY HOSPITAL - WARD 2 OP	Day	Average fill rate - registered nurses/midwives (%)	98.55%	97.78%	100.79%	100%	100%	97.44%	95.58%	100.77%	100.75%
		Average fill rate - care staff (%)	98.77%	100%	98.71%	97.22%	100%	96.89%	97.18%	95.04%	94.70%
	Night	Average fill rate - registered nurses/midwives (%)	98.08%	92.16%	96.30%	97.78%	100%	95.24%	100%	100%	100%
		Average fill rate - care staff (%)	86.89%	100%	98.31%	96.43%	93.44%	98.39%	93.22%	91.30%	91.80%
PERINATAL PSYCHIATRY INPATIENT	Day	Average fill rate - registered nurses/midwives (%)	124.56%	103.28%	117.86%	126.42%	131.67%	101.61%	120.69%	121.54%	130.16%
		Average fill rate - care staff (%)	322.81%	228.57%	232.81%	230.51%	239.39%	167.19%	138.18%	169.12%	172.97%
	Night	Average fill rate - registered nurses/midwives (%)	103.33%	124%	110.71%	187.50%	129.17%	124%	155.56%	110.71%	111.11%
		Average fill rate - care staff (%)	248.28%	165.52%	186.21%	134.48%	190%	110.71%	122.22%	170.97%	212.90%
RADBOURNE UNIT - WARD 33 ADULT ACUTE INPATIENT	Day	Average fill rate - registered nurses/midwives (%)	97.13%	99.44%	99.44%	98.19%	98.46%	97.24%	98.82%	95.08%	98.32%
		Average fill rate - care staff (%)	102.11%	100.90%	98.65%	103.42%	98.47%	101.35%	99.12%	101.47%	102.99%
	Night	Average fill rate - registered nurses/midwives (%)	92.59%	96.23%	96.23%	92.68%	85.71%	98%	89.74%	94.44%	92.45%
		Average fill rate - care staff (%)	113.79%	104.35%	100%	101.33%	96.88%	94.52%	101.67%	103.30%	97.70%
RADBOURNE UNIT - WARD 34 ADULT ACUTE INPATIENT	Day	Average fill rate - registered nurses/midwives (%)	98.47%	98.84%	97.93%	100%	101.41%	96.25%	91.30%	82.35%	96.11%
		Average fill rate - care staff (%)	98.51%	99.52%	100%	98.51%	97.47%	100%	110.87%	129.66%	133.58%
	Night	Average fill rate - registered nurses/midwives (%)	100%	98.08%	97.78%	91.11%	85%	91.89%	58.82%	54.84%	52.54%
		Average fill rate - care staff (%)	104.76%	102.70%	101.82%	102.44%	98.84%	102.22%	150%	271.43%	280%
RADBOURNE UNIT - WARD 35 ADULT ACUTE INPATIENT	Day	Average fill rate - registered nurses/midwives (%)	84.83%	96.15%	95.70%	84.44%	83.33%	84.32%	92.81%	86.96%	83.62%
		Average fill rate - care staff (%)	116.54%	113.61%	102.38%	125%	125.81%	120.16%	114.91%	107.09%	114.63%
	Night	Average fill rate - registered nurses/midwives (%)	109.68%	103.33%	106.25%	120%	135.48%	108.11%	119.35%	105.26%	93.33%
		Average fill rate - care staff (%)	97.18%	115.05%	103.28%	91.67%	93.55%	101.82%	92.59%	110.91%	120%
RADBOURNE UNIT - WARD 36 ADULT ACUTE INPATIENT	Day	Average fill rate - registered nurses/midwives (%)	97.85%	94.92%	97.84%	101.07%	104.76%	97.44%	108.19%	103.57%	102.13%
		Average fill rate - care staff (%)	106.35%	104.58%	100.76%	96.72%	89.06%	104.35%	94.40%	92%	104.93%
	Night	Average fill rate - registered nurses/midwives (%)	102.94%	100%	106.45%	100%	100%	102.63%	117.86%	108.82%	100%
		Average fill rate - care staff (%)	101.64%	112.68%	107.59%	113.10%	121.52%	129.33%	149.12%	126.47%	136.76%

It can be clearly seen that some wards are having to compensate for gaps in registered staff with other care staff. Perinatal are consistently seem to require more staff than planned due to high observations and high occupancy levels.

5.4 Childrens Services

Service	TOTAL OF ALL DERBYSHIRE CCG	Apr-	Mar-1	Trend	Min	Avg	Max
Community Paediatrics	First Face to Face	95	172		95	204	277
	First Other		1		1	4	9
	F/up Face to Face	90	335		90	323	511
	F/up Other	55	161		55	222	316
	Total Attend	**240**	**669**		**240**	**753**	**959**
	DNA		1		1	3	9
	DNA%		0.15%		0%	0%	1%
	No Of Referrals	388	139		139	243	388
	No Of Discharges	99	63		32	100	248
	Referral To Contact Median (Days)	148	30		30	158	301
Community Therapy (Occupational Therapy)	First Face to Face	12	48		9	32	63
	First Other		2		1	3	10
	F/up Face to Face	127	364		62	196	364
	F/up Other	53	208		16	137	267
	Total Attend	**192**	**622**		**104**	**367**	**651**
	DNA	13	15		3	22	48
	DNA%	6.77%	2.35%		2%	6%	16%
	No Of Referrals	46	18		4	31	68
	No Of Discharges	10	48		1	35	87
	Referral To Contact Median (Days)	128	119		15	134	242
Community Therapy (Physiotherapy)	First Face to Face	26	29		15	37	89
	First Other		3		1	4	10
	F/up Face to Face	399	481		255	515	872
	F/up Other	69	147		42	159	303
	Total Attend	**494**	**660**		**312**	**714**	**1225**
	DNA	25	34		11	59	143
	DNA%	5.06%	4.90%		2%	7%	13%
	No Of Referrals	50	12		8	29	50
	No Of Discharges	6	37		1	21	58
	Referral To Contact Median (Days)	145	224		43	121	242

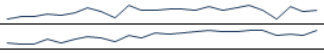
Service	TOTAL OF ALL DERBYSHIRE CCG	Apr-	Mar-1	Trend	Min	Avg	Max
Health Visiting	First Face to Face	804	838		641	791	887
	First Other	19	16		8	16	24
	F/up Face to Face	4088	5143		3,487	4,518	5,564
	F/up Other	1035	1710		1,035	1,444	1,759
	Total Attend	**5946**	**7707**		**5520**	**6769**	**8054**
	DNA	178	463		178	376	513
	DNA%	2.99%	5.67%		3%	5%	7%
	No Of Referrals	1420	1125		983	1,230	1,420
	No Of Discharges	375	1067		117	663	2,078
	Referral To Contact Median (Days)	14	22		11	50	189
School Nursing Service	First Face to Face	94	976		1	633	3,476
	First Other	3	18		1	10	29
	F/up Face to Face	546	1574		186	641	1,574
	F/up Other	508	337		241	458	735
	Total Attend	**1151**	**2905**		**436**	**1738**	**4776**
	DNA	44	17		7	34	85
	DNA%	3.82%	0.58%		0%	3%	6%
	No Of Referrals	770	414		406	779	1,621
	No Of Discharges	153	185		53	243	643
	Referral To Contact Median (Days)	383	22		22	194	383
Specialist Nursing (ADHD)	First Face to Face		2		1	5	16
	First Other		1		1	2	5
	F/up Face to Face		162		10	118	219
	F/up Other		86		7	90	158
	Total Attend		**251**		**18**	**214**	**381**
	DNA				1	2	6
	DNA%				0%	1%	2%
	No Of Referrals	2	40		2	53	207
	No Of Discharges	1	4		1	16	86
	Referral To Contact Median (Days)	133	20		20	79	260

Service	TOTAL OF ALL DERBYSHIRE CCG	Apr-	Mar-1	Trend	Min	Avg	Max
Specialist Nursing (Continence)	First Face to Face	10	18		7	12	23
	First Other		6		1	4	16
	F/up Face to Face	22	27		15	33	53
	F/up Other	16	34		11	39	70
	Total Attend	**48**	**85**		**45**	**86**	**130**
	DNA		4		1	5	9
	DNA%		4.49%		1%	5%	10%
	No Of Referrals	15	25		7	25	50
	No Of Discharges	10	3		3	18	43
	Referral To Contact Median (Days)	50	19		1	56	255
Specialist Nursing (Health Visitors)	First Face to Face		17		2	9	18
	First Other				1	3	5
	F/up Face to Face		104		66	128	207
	F/up Other		53		1	50	93
	Total Attend		**174**		**6**	**181**	**305**
	DNA		5		1	6	16
	DNA%		2.79%		1%	3%	7%
	No Of Referrals	303	11		1	22	303
	No Of Discharges	183	1		1	16	183
	Referral To Contact Median (Days)	381	28		28	95	381
Specialist Nursing (Learning Disabilities)	First Face to Face	2	8		1	11	46
	First Other	2	13		1	7	20
	F/up Face to Face	8	18		8	40	79
	F/up Other	10	13		5	31	68
	Total Attend	**22**	**52**		**22**	**86**	**175**
	DNA				1	1	2
	DNA%				1%	2%	2%
	No Of Referrals	22	18		4	14	43
	No Of Discharges	14	1		1	10	42
	Referral To Contact Median (Days)	65	30		30	75	127

Service	TOTAL OF ALL DERBYSHIRE CCG	Apr-	Mar-1	Trend	Min	Avg	Max
Specialist Nursing Children in Care	First Face to Face	13	9		1	14	24
	First Other				1	2	3
	F/up Face to Face	34	45		14	42	73
	F/up Other	16	17		4	15	28
	Total Attend	**63**	**71**		**21**	**70**	**116**
	DNA	1	2		1	2	5
	DNA%	1.59%	2.74%		1%	2%	7%
	No Of Referrals	25	22		13	24	32
	No Of Discharges	13	4		2	13	29
	Referral To Contact Median (Days)	54	28		27	59	238

During the two year period Childrens Services migrated to a new system, SystmOne, from paper based processes. This meant that there was a significant amount of impact on the first few months recording. It is clear that DNA recording is not being captured correctly by the teams. Some services have seen significant increases in activity such as Health Visitors. School Nurses now capture National Child Measurement Programme information into SystmOne which is then uploaded to a national database and shared with Public Health England.

5.5 IAPT

Indicator no.	Indicator name	Apr-13	Mar-15	Trend	Min	Avg	Max
3a	The number of people who have been referred for Psychological Therapies (during the reporting quarter)	805	1117		675	914	1138
3b	The number of active referrals who have waited more than 28 days for treatment	1286	1963		1119	1522	1963
4	The number of people who have entered Psychological Therapies	309	515		309	496	649
5	The number of people who have completed treatment (for any reason)	333	597		308	483	607
6	The number of people who are "moving to recovery"	165	276		145	225	287
6b	The numgber of people completing treatment who did not achieve caseness at the commencement of treatment	35	47		22	41	51
7	The number of people moving off sick pay and benefits	21	43		13	33	50
Discharge Data	Total number of discharges with only **ONE** contact	95	222		95	159	222
	Total number of discharges with 1 contact and 1 step 3 contact	14	30		9	23	47
	Total number of Step 2 discharges not meeting recovery rate	41	45		37	56	80
	Total number of Step 2 discharges meeting recovery rate	59	31		17	34	59
	Total number of Step 3 discharges not meeting recovery rate	108	138		88	122	171
	Total number of Step 3 discharges meeting recovery rate	102	241		94	187	251
	Total number of Step 3 discharges above case-ness but meeting 5 point reduction (partial recovery)	60	109		44	84	115
	Total Discharges	479	816		459	665	816
	Recovery Rates KPI 6 / (KPI 5 - KPI 6b) - TARGET 50%	**55.37%**	**50.18%**		**46.55%**	**51.09%**	**56.30%**

IAPT have seen a significant amount of increased referrals however this can be seen to have had an impact on referrals waiting longer than 28days.

5.6 Conclusion

Through a period of significant change within the Trust performance has in general been comparatively stable. However there could be an underlying symptom that is causing sickness to increase resulting in increased use of Bank and Agency staff. This may contribute to a reduction in the quality of information recorded. This might be a change of system however it could be the early signs of the level of “stress” within the system.

6 Performance Reporting by other Trusts

As part of the continual review of our performance reporting the Trust has reviewed the performance reports of other organisations. The findings have been summarised below;

Organisation		Heading	Comment
South London And Maudsley	 SLAM april_2015.pdf	Location	95-106
		Structure	Structured around an "Issue Tracker", Monitor compliance, CQC Key Lines of Enquiries and Ward Staffing. Includes activity, risk, HR, Quality. Note: Reviewing month 11.
Nottinghamshire Healthcare	 Notts April 2015.pdf	Location	1-58
		Structure	Organised by Division. Includes CIP and CQUINs. Organised around CQC Key Lines of Enquiries. Extremely comprehensive and thorough. Includes all the definitions for all the indicators including a Data Quality Rating.
Cambridgeshire and Peterborough	 Cambridgeshire and Peterborough NHS Fc	Location	109-118
		Structure	High level summary of the main issues. High level table of the indicators
Lincolnshire Partnership	 Lincs April 2015.pdf	Location	1-18
		Structure	High level view of compliance. Concentration on "Reds". Review of other indicators focused on current month.
Leeds And York Partnership	 Leeds April 2015.pdf	Location	26-82
		Structure	includes reports from; Workforce, Medical Revalidation, and performance against the Mental Health Payment Scheme. Also includes finance. Compares Leeds vs York. Shows snap shot of indicators for this month and then separate page for indicators over the financial year. Structured around the Trusts Strategic Goals.
West London Mental Health	 West London April 2015.pdf	Location	52-70
		Structure	Includes Quality, finance and workforces. Assess performance in current month plus comparison over 2 year period. Mostly focused on explanations rather than actions to address under performance.
Manchester Mental Health and Social Care	 Manchester April 2015.pdf	Location	140-157
		Structure	Section explaining significant issues. High level table addressing each indicator. Only review 2 months information plus year(?). Includes indicators from Quality and workforce. Includes safer staffing.
Derbyshire Community Health Services	 DCHS April 2015.pdf	Location	388-433
		Structure	focus areas of Quality People, Quality Service and Quality Business. States high level KPI compliance. Focus on "Red" rated KPIs. Includes Workforce, Quality, comms, activity and finance. Exception report section.

Derby Teaching Hospitals	Derby Royal May 2015.pdf	Location	27-58
		Structure	Structured around four domains; Monitor, Contract, Workforce and Finance. Section focused on issues to be addressed. Supporting data is presented in a different way with less numbers and more graphs

The analysis has identified that there are many differing approaches to the way in which performance is reported to organisations boards. Each have there own merits and short comings. Some have a very defined focus others have a wider all encompassing approach. There appears to be a theme developing to structure reports around the CQCs Key Lines of Enquiries. The amount and depth of the data displayed must be a decision made by the board balancing the need for visibility and control with the effort required to create and maintain the performance management capability.

2015-2016 Board Annual Forward Plan

Exec Lead	Item	Purpose of Item - Statutory or Compliance Requirement Alignment to FT Strategic Objectives	Apr-15	May-15	Jun-15	Jul-15	Sep-15	Oct-15	Nov-15	Jan-16	Feb-16	Mar-16	Apr-16
		PAPERS DUE	**17-Apr**	**15-May**	**12-Jun**	**17-Jul**	**18-Sep**	**16-Oct**	**13-Nov**	**14-Jan**	**12-Feb**	**18-Mar**	**15-Apr**
GFG	Apologies given		X	X	X	X	X	X	X	X	X	X	X
GFG	Declaration of Interests	FT Constitution	X	X	X	X	X	X	X	X	X	X	X
MT	Minutes/Matters arising/Action Matrix	FT Constitution	X	X	X	X	X	X	X	X	X	X	X
MT	Board Forward Plan	Licence Condition FT4	X	X	X	X	X	X	X	X	X	X	X
X	Comments from observers during meeting	Statutory Outcome 3	X	X	X	X	X	X	X	X	X	X	X
MT	Board review of effectiveness of the meeting	Statutory Outcome 3	X	X	X	X	X	X	X	X	X	X	X
STRATEGIC PLANNING AND CORPORATE GOVERNANCE													
MT	Chairman's report	Licence Condition FT4	X	X	X	X	X	X	X	X	X	X	X
ST	Chief Executive's report	Licence Condition FT4	X	X	X	X	X	X	X	X	X	X	X
MP	APR Monitor Annual Plan submissions and governance statements, including financial planning (subject to change for Monitor deadlines each year) *Confidential*	FT Constitution/Monitor Risk Assurance Framework (RAF)	APR Progress update/ approval	APR Progress update/ approval						Self-assessm't if not covered in Bd Devpmt	APR Progress update	Approve start budgets. APR progress update/approval	APR Progress update/ approval
CW	Monitor Compliance Return *Confidential*	Monitor Risk Assurance Framework (RAF)	X			X		X		X			X
ST	Monitor Feedback	Monitor Risk Assurance Framework (RAF)		X					X				
MP	Commercial Strategy updates *Confidential*	Licence Condition FT4			X		X				X		
CW	Estates Design and Agile Working Strategy update *Confidential*	Monitor Risk Assurance Framework (RAF)	X					X					X
CW	5 Year Capital Programme (required by Monitor)	Monitor Risk Assurance Framework (RAF)							X				

2015-2016 Board Annual Forward Plan

Exec Lead	Item	Purpose of Item - Statutory or Compliance Requirement Alignment to FT Strategic Objectives	Apr-15	May-15	Jun-15	Jul-15	Sep-15	Oct-15	Nov-15	Jan-16	Feb-16	Mar-16	Apr-16
CW/CG	Annual Accounts and Annual Report and Quality Report & Annual Governance Statement (sign-off of final versions is delegated to Audit Committee annually)	FT Constitution	*Drafts* to be issued to Board for comment	Summary of key changes raised at Audit Com		Annual audit letter			Board to consider deleg'n of sign off to Audit Com				*Drafts* to be issued to Board for comment
ST	Strategic review/quarterly progress to include Transformation Board update	Strategic Outcomes (all)		X					X			X	
IM	IM&T Strategy Updates that will include update on optimisation of EPR	Strategic Outcome 1 Strategic Outcome 2			X	Progress Report							X
IM	Information Governance Updates	Strategic Outcome 1 Strategic Outcome 3 Information Gov toolkit	X					X				X	
AS	Communications Strategy - Yearly Report	Strategic Outcome 3					X						Next one Sept 2016
JSt	Workforce Strategy / Updates	Strategic Outcome 4 Licence Condition FT4		X		X		X		X			
JSy	Research & Development Strategy	Strategic Outcome 1 and 3			X					X Progress Report			
JSt	Staff Survey Results & Follow up activity	Strategic Outcome 3 and 4			Progress Report		Progress Report				X Results		
GFG	Review S.O.'s, SFI's, SoD	FT Constitution Standing Orders				X							
GFG	Trust Sealings	FT Constitution Standing Orders	X										
GFG	Annual Review of Register of Interests	FT Constitution Annual Reporting Manual	X										
CG	Board Assurance Framework Update	Licence Condition FT4		X				X				X	
GFG	Raising Concerns (whistleblowing)	Strategic Outcome 1 Public Interest Disclosure Act			X			X				X	
GFG	Whistleblowing Policy - annual nomination of NED role (one year rotation)	Francis Report						X					
GFG	Committee Annual Report - Audit - F & P - Mental Health Act - Quality	Licence Condition FT4			X								Next due Jun 2016

Exec Lead	Item	Purpose of Item - Statutory or Compliance Requirement Alignment to FT Strategic Objectives	Apr-15	May-15	Jun-15	Jul-15	Sep-15	Oct-15	Nov-15	Jan-16	Feb-16	Mar-16	Apr-16
GFG	Committee Reports (following every meeting) - Audit - Finance & Performance - Mental Health Act - Quality Committee - Safeguarding	Strategic Outcome 3	X	X	X	X	X	X	X	X	X	X	x
MT	Annual Members' Meeting - arrangements	FT Constitution			X								
OPERATIONAL PERFORMANCE													
IM	Integrated performance and activity report to include pre agreed deep dive based on risk	Licence Condition FT 4 Strategic outcome 1 Strategic Outcome 3	X	X	X	X	X	X	X	X	X	X	x
CW	Financial Performance Report	Licence Condition FT4	X	X	X	X	X	X	X	X	X	X	x
CW	Reference cost sign off	Best practice		X									
QUALITY GOVERNANCE													
CG	Quality Dashboard	CQC and Monitor			X							X	
CG	Position Statement on Quality (Incorporates Integrated Governance, Patient Experience and Patient Safety Reports)	Strategic Outcome 1		X	X	X	X	X	X	X	X	X	x
CG	Safeguarding Children	Children Act Mental Health Standard Contract			X					X			
CG	Safeguarding Adult	CQC Mental Health Standard Contract			X					X			
CG	Control of Infection Report	Health Act Hygiene Code		X									
CG	Integrated Clinical Governance Annual Report (inc MHA/Governance/Complaints and Compliments/SIRI's/Patient Safety/NHS Protect (LSMS) and Emergency Preparedness	CQC			X			X					

2015-2016 Board Annual Forward Plan

Exec Lead	Item	Purpose of Item - Statutory or Compliance Requirement Alignment to FT Strategic Objectives	Apr-15	May-15	Jun-15	Jul-15	Sep-15	Oct-15	Nov-15	Jan-16	Feb-16	Mar-16	Apr-16
CG	Integrated H & S Governance Annual Report (including H&S and Fire Compliance and Associated Training)	CQC and H&S Act			X			X					
CG	Annual Patient Survey	Clinical Practice CQC					X						
Jsy	Clinical Incidents Update *Confidential*	Monitor Risk Assurance Framework (RAF)	X	X	X	X	X	X	X	X	X	X	X
CG	CQC Update - Verbal unless report required *Confidential*	Monitor Risk Assurance Framework (RAF)					X	X	X	X	X	X	X
JSy	Re-validation of Doctors	Strategic Outcome 3			X								
CG	Health and Safety (Carrina Gaunt)	Health & Safety At Work Act					X						