Derbyshire Healthcare NHS
NHS Foundation Trust

NOTICE OF BOARD MEETING
WEDNESDAY 25 NOVEMBER 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	**-**	Mark Todd
2.	1:05	Service Receiver Story		
3.	1:30	Apologies for Absence Declarations of Interest		Mark Todd
4.	1:30	Minutes of Board of Directors meeting held on 28 October 2015	**A**	Mark Todd
5.	1:35	Matters arising – Actions Matrix	**B**	Mark Todd
6.	1:40	Chairman's Report	**C**	Mark Todd
7.	1:50	Acting Chief Executive's Report	**D**	Ifti Majid
FINANCE, STRATEGY AND GOVERNANCE				
8.	2:00	Finance Director's Report Month 7	**E**	Claire Wright
9.	2:10	Board to consider delegation of sign off to Audit Committee of Annual Accounts, Quality Report, Annual Report and Annual Governance Statement	**F**	Claire Wright Carolyn Green
10.	2:20	Strategic Review/Quarterly Progress	**G**	Kate Majid
11.	2:30	Integrated Service Delivery	**H**	Kate Majid
12.	2:50	Board Committee Minutes: - Quality Committee - Safeguarding Committee	**I**	Committee Chairs
B R E A K 3:00				
13.	3:25	Changing Face of the Workforce - People Strategy Update Metrics	**K**	Kate Majid
PATIENTS, QUALITY AND SAFETY				
14.	3:35	Annual Patient Survey	**L**	Carolyn Green
15.	3:45	Position Statement on Quality and Quality Dashboard	**M** **to follow**	Carolyn Green
OPERATIONAL PERFORMANCE REVIEW				
16.	3:55	Integrated Performance and Activity Report	**N**	Carolyn Gilby
17.	4:05	Items Escalated from the Finance & Performance Committee: 1. The breaches of the agency nurse ceiling and framework cost 2. Lack of assurance and need for an action plan to address inconsistency in cluster recording and the potential quality and financial implications 3. Need to improve assurance around securing formal clinical confidence, buy-in and medical clinical leadership in the PARIS EPR system	**Verbal**	Jim Dixon
FOR INFORMATION				
18.	4:15	I. Board Forward Plan II. Identification of any issues arising from the meeting for inclusion or updating of the Board Assurance Framework III. Discussion on future deep dives IV. Comments from observers on Board performance and content of meeting	**O**	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 or because of information which is likely to reveal the identities of an individual or commercial bodies.

There will be no Board meeting in December.
The next meeting is to be held on 27 January 2016, 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, 28 October 2015

MEETING HELD IN PUBLIC

Commenced: 1:00 pm Closed: 4:20 pm

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

PRESENT:	Mark Todd	Chairman
	Ifti Majid	Acting Chief Executive
	Caroline Maley	Senior Independent Director
	Maura Teager	Non-Executive Director
	Jim Dixon	Non-Executive Director
	Phil Harris	Non-Executive Director
	Tony Smith	Non-Executive Director
	Claire Wright	Executive Director of Finance
	Dr John Sykes	Executive Medical Director
	Carolyn Gilby	Acting Director of Operations
	Carolyn Green	Executive Director of Nursing and Patient Experience
	Jayne Storey	Director of Transformation
	Jenna Davies	Interim Director of Corporate & Legal Affairs
IN ATTENDANCE:	Jayne Davies	Involvement Manager
	Sue Turner	Executive Administrator and Minute Taker
For item DHCFT 2015/144	PJ	Service Receiver/Carer
For item DHCFT 2015/144	Lesley Bryant	Crisis Team
For item DHCFT 2015/144	Fiona White	Crisis Team
For item DHCFT 2015/153	Keith Waters	Honoury Research Fellow and Director Centre Self-Harm and Suicide Prevention
For item DHCFT 2015/153	Bob Gardner	Nurse Consultant Mental Health Liaison
For item DHCFT 2015/153	Jenny Ness	Research Project Manager
For item DHCFT 2015/153	Emma Flanders	Lead Professional for Patient Safety
For item DHCFT 2015/153	Amy Johnson	Family Liaison & Investigation Facilitator
For item DHCFT 2015/155	Rob Morgan	Health and Safety Advisor
VISITORS:	Carole Riley	Derbyshire Voice Representative
	John Morrissey	Public Governor, Amber Valley South
	David Waldram	Member of the Public
APOLOGIES:	Mark Powell	Director of Business Development and Marketing

DHCFT 2015/143	**CHAIRMAN'S OPENING REMARKS, APOLOGIES, DECLARATIONS OF INTEREST** The Chairman opened the meeting by welcoming all present and declared that he could not see a direct reference to a conflict of interest in today's agenda.
DHCFT 2015/144	**SERVICE RECEIVER AND CARER STORY** The family and service receiver visitor today was PJ who described her family's experience of the Crisis Team. She was accompanied by Lesley Bryant and Fiona White from the Chesterfield Crisis Team. PJ defined the care her family received from the Crisis Team as second to none. She apologised that her husband E was not able to join her. She explained that in the African culture stigmatisation attached to mental health issues is very prevalent. Men are expected to be silent if they are suffering otherwise they are not considered "man enough". PJ felt it was a good sign that E felt able to tell her that it would be too difficult for him to meet with the Board today. PJ described the traumatic time she and her family experienced when her husband had his breakdown. She had called the emergency services and E was taken to Chesterfield hospital. E was seen by Dr Johnson who was able to talk to him and calm him and he was referred to the Crisis Team. The Crisis Team gave PJ and E courage and confidence and supported them and made them both feel they could face things together. PJ told of her disappointment with professional members of other agencies who threatened to take their children away from them. Throughout this time the Crisis Team focussed on the whole family and the family's wellbeing and understood that this would result in an improvement in E's mental health. PJ related her experience from other statutory services and the impact of safeguarding interventions, education and social care and how that had impacted upon family life. These experiences were not positive and the family were desperate for support and the Crisis team had reached them and supported them in a critical period. PJ pointed out she had logged formal complaints with those bodies for their actions. PJ thought there were two exceptional members of the Crisis Team, Lesley and Cheryl but she felt all members of the team were wonderful. The Chairman thanked PJ for the tributes she paid to the Crisis Team. He was intrigued with the connection Lesley had with the family and how she gave the family courage. The Crisis Team understood the family were victims of the circumstances they found themselves in and helped the family look on the positive side and look to the future. They saw PJ as a mother and a friend and they connected with the children too. PJ felt cultural adaptations and sensitivities to E his ethnicity, culture and respect as head of the family had been provided. Ifti Majid acknowledged the Crisis Team's role was not purely about E's mental health, they had also taken a holistic approach to his and the family's recovery. He recognised they had experienced barriers when trying to get the help they needed from other agencies. The Crisis Team was determined to keep E safe and social workers were adding to his trauma by trying to make E leave the family home. Lesley from the Crisis Team had pleaded with social workers to

	let her and the team support E and the family and keep him at home as she did not believe he would harm his wife or children. Maura Teager highlighted the bravery of Lesley and the professional risk she took and felt this was possible because she had a strong team behind her and this helped with the courageous decisions she and the team had made. The Chairman thanked PJ for sharing her story and thanked Lesley Bryant and Fiona White and the Crisis Team that delivered this service to PJ and her family. He felt there was learning that could be taken from this case regarding co-ordination with other services and how mental health issues are seen within the African culture. This required further work especially as it is not purely confined to African men. The Board met the junior members of PJ's and E's family, their three daughters, and welcomed them and thanked them for their attendance. **ACTION: Ifti Majid to write to the Crisis Team and extend the Board's thanks and appreciation for their work.** **RESOLVED: The Board of Directors expressed thanks to PJ for sharing her family's story which allowed them to understand the difficulties they faced and the responsive and effective work of members of the Crisis Team.**
DHCFT 2015/145	**MINUTES OF DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST BOARD MEETING, HELD ON 30 SEPTEMBER 2015** The minutes of the Derbyshire Healthcare NHS Foundation Trust Board meeting, held on 30 September were accepted and approved, subject to declarations of interest being amended to show they were with regard to the employment tribunal and associated investigations.
DHCFT 2015/146	**MATTERS ARISING** **Actions Matrix:** All green completed items were removed and all other updates were noted directly on the matrix.
DHCFT 2015/147	**CHAIRMAN'S REPORT** The Chairman's report summarised his meetings and visits during the month and was noted by the Board. **RESOLVED: The Board received and noted the Chairman's report.**
DHCF 2015/148	**ACTING CHIEF EXECUTIVE'S REPORT** This report provided the Board of Directors with some of the key national policy changes and announcements over the last month. The report also provided an update on work within the Derbyshire Health and Social Care Community as well as covering key issues internal to the Trust. Ifti Majid drew attention to the appointment of Jim Mackey as NHS Improvement's Chief Executive.

	Ifti Majid informed the Board that he had recently spent time with a learning disabilities group in south Derbyshire. He felt it was important to recognise the needs of this highly dependent group and proposed to invite them to the Board to tell their service receiver story. The Spotlight on Leaders event was held on 21 October and was highlighted from the report. This event was attended by senior managers and clinical leads and was led by Carolyn Green with the focus on Quality and the Quality strategy. Tony Smith and Maura Teager fed back that previous focus groups held some years ago had identified that leaders and staff wanted more direction and the freedom to lead. The Board recognised this and would continue to support this. Ifti Majid also talked about the leadership of the Crisis Teams and staff on the front line. He felt it would be good to give real examples of leadership in action and show what empowers leaders and get the message across to staff that leadership does not just come from the top. He felt that today's service receiver story was a good example of how everyone can lead. Non-Executive Directors asked to be informed of the dates for future leadership events so they can attend. Tony Smith asked Ifti Majid for his reflection on the effectiveness of the People Forum. This was the first People Forum Ifti Majid had chaired and he felt there is some work to be done to connect the Trust's Strategy with the People Strategy. Tony Smith agreed that the People Strategy required an urgent review on the effectiveness and assurance it provides. He was pleased with the feedback that had been received from the leadership event and he asked that elements of the feedback be captured in considering the refreshed People and Organisational Development Strategy. Ifti Majid outlined the intention to refresh the existing Trust Strategy in the New Year, and then the enabling strategies, such as the People and Organisational Development Strategy would be developed. **ACTION: Dates of the upcoming Leadership Events to be provided to Non-Executive Directors.** **ACTION: People Strategy to be reviewed in line with the Trust Strategy and considered within the People Forum.** **RESOLVED: The Board of Directors received and noted the Acting Chief Executive's Report.**
DHCFT 2015/149	**<u>COMMITTEE SUMMARY REPORTS</u>** The draft minutes of the recent meeting of the Audit Committee held on 8 October and ratified minutes of the meeting of the Quality Committee held on 15 October were received by the Board. It was agreed that committee chairs would decide if minutes received at Board meetings would be in their ratified or draft form. **RESOLVED: The Board of Directors noted the contents of the Committee Summary Reports and the draft minutes of the Audit Committee.**

DHCFT 2015/150	**INFORMATION GOVERNANCE UPDATE** This report provided the Board with a performance update on Quarter 2 progress towards meeting the requirements of the 2015-16 Version 13 Information Governance Toolkit as well as the work of the Information Governance Committee and Information Governance breach monitoring. The report was received and noted by the Quality Committee on 15 October. The Board noted that the IGC Terms of Reference would be updated and there will be a change of SIRO as noted in the amendments. The Chairman felt it was worth reflecting the Trust had followed the due process in line with Caldicott guidance. Discussions had taken place with internal auditors regarding internal governance processes and the Board supported the request to look at all underlying processes. The Board approved the IG Work Plan, IGC Terms of Reference and IG Management Framework as fit for purpose **RESOLVED: The Board of Directors:** **1) Acknowledged the initial IG Toolkit baseline** **2) Acknowledged the progress made with the IG work plan** **3) Confirmed the IGC Terms of Reference, IG Management Framework, IG Annual work plan and IG Specialist training work plan was fit for purpose.**
DHCFT 2015/151	**BOARD ASSURANCE FRAMEWORK (BAF) 2015/16 UPDATE REPORT** The Board Assurance Framework (BAF) is a high level report which enables the Board 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 second formal presentation of the Board Assurance Framework to the Board (and Audit Committee) for 2015/16. An interim update report was provided to the Audit Committee in July 2015 detailing the recommendation that a new risk (2c) be added to the BAF. The report informed the Board of the developments that had taken place to the BAF since the last update was received by the Board in May. The BAF was reviewed at the Audit Committee on 8 October and members of the Board had received an updated version for review. The Board noted from one of the recommendations contained in the report that the Board would continue to receive a formal update on the BAF three times a year for 2015/16. However, Monitor have recommended that the BAF is reported the Board on a quarterly basis. Due to capacity reasons and to ensure the correct processes are followed it was decided to delay reporting on a quarterly basis until 2016/17. Jenna Davies assured the Board that the Trust would not be criticised for this delay and a Board Development session would take place in February to focus on how the BAF will be reported on a quarterly basis.

	Ifti Majid asked for a clarification of Risk 2c. This risk is described as a governance process and he did not feel issues referring to staff morale fitted within this risk and believed this risk should be contained within the "people type risks" around transformation. It was agreed that the elements contained within risk 2c were challenging and would be discussed further by Rachel Kempster and Jenna Davies in line with the actions resulting from the October meeting of the Audit Committee. Maura Teager asked that the medicine management deep dive be reflected within risk 1a. Tony Smith pointed out there is a gap in control within risk 4a. Two meetings of the People Forum were postponed during the summer months due to the absence of core members and this was a considered to be a gap in control. **ACTION: Discussions on elements of risk 2c will take place outside of the meeting with Jenna Davies and Rachel Kempster.** **RESOLVED: The Board of Directors:** **1) Agreed that the Responsible Committee for risks 4a and 4b be centralised with the Finance and Performance Committee to enable a 'deep dive' to be undertaken on both risks at the same meeting.** **2) Received part assurance on the second presentation of the Board Assurance Framework for 2015/16** **3) Agreed for the Audit Committee and Board to continue to receive a formal update on the BAF three times a year for 2015/16.**
DHCFT 2015/152	**<u>FINANCE DIRECTORS REPORT MONTH 6</u>** This report provided the Board with an update on financial performance against the Trust's operational financial plan as at the end of September 2015. Claire Wright pointed out that the Trust was expected to achieve plan by year-end. The gap in CIP had now been closed, albeit with non-recurrent schemes but overall this was a positive indicator. The Trust was currently behind plan on capital expenditure and Claire Wright would keep the Board updated on the changes that are due to clinical priorities. In response to Maura Teager, Claire Wright explained how the reasons for pay underspends have been explained to staff and been accepted. She also reiterated other reasons for current underspends and described to the Board how financial communication with individual staff and teams took place. Carolyn Green pointed out that this year saw a peak in statutory standards and the Trust had established changes to ligature risk minimisation. There had also been changes to never events and the specification for seclusion rooms. Claire Wright and Carolyn Green had discussed these factors and they have been taken into account in capital spend assumptions. The Board acknowledged that the Cost Improvement Programme (CIP) was ahead of plan in the quarter due to the phasing of some of the replacement schemes. The Chairman wished to congratulate all staff who had contributed to this exercise and expressed his appreciation of their hard work.

	RESOLVED: The Board of Directors considered the content of the paper and were assured on the current and forecast financial performance for 2015/16.
DHCFT 2015/153	**<u>DEEP DIVE INTO SUICIDE PREVENTION</u>** Dr John Sykes introduced Keith Waters, Bob Gardner and Jenny Ness to members of the Board. The report on Suicide Prevention summarised the work undertaken to reduce the suicide rate in the Trust's patient population and in the general population. The report also detailed the standard Trust Suicide Prevention Training performed to date and set out the Trust's Suicide Prevention Training. John Sykes pointed out that the Derbyshire County Council launched its Suicide Prevention Strategic Framework which mirrored national ones with the addition of building resilience in local communities. Keith Waters started the discussion by summing up that suicide prevention is about getting people to feel comfortable talking about their suicidal thoughts and trying to make it normal to talk about thoughts and feelings. It also involves establishing whether a person has thoughts about wanting to live or to die and. Having an influence on people's feelings is an important factor as well as helping people experience their difficulties and keep them safe when they are facing distress and despair. Ifti Majid made the point that in today's service receiver story the Board heard that there are social improvements that can be made that have a significant impact on someone's mental wellbeing. Bob Gardner added that achieving good mental health before people get to this stage is vital. There are a lot of things that contribute to people getting to a point of wanting to harm themselves. The Chairman acknowledged evidence of this and that a lot of people who have not had contact with the Trust's services were going through crisis triggered by events such as job losses that could potentially produce suicidal thoughts. He considered that working with other agencies might produce a better outcome and imagined stress and anxiety could be identified at Job Centres. He wondered if this had been explored and asked how advice and support could be offered to people who are at high risk and who are not in our services. Keith Waters replied this is why suicide prevention is the responsibility of the whole society. When asked by Phil Harris what would be the ideal point of intervention, Bob Gardner replied it is important to make sure people do not progress on to the point of despair. It is crucial to build support around the person to deal with their despair. The key is for people to have access to GPs and helplines in order to get through to the person before despair starts to build up. Bob Gardner went on to say that the Trust helps people with high levels of distress and despair. People can present at any point and contact our services. He believed the Trust's services need to be more joined up. There should be the right communications in place so people know who they can go to for help. Some 70% of presentations at A&E are from people who have self-harmed. People go to ED to get help because they don't want to see their GP. Carolyn Gilby made the point that the Trust needed to embed its services into

	resilient communities. Keith Waters added that in terms of suicide prevention we have the knowledge of predictive factors and can be reflected into what a resilient community looks like. It is about having people who care for you and activities developed that will occupy people's time and distract them from despair. It was agreed that more support should be offered to families. This would be one of the new advantages of the national strategy. Bereavement processes are felt by doctors and nurses and all staff involved in a patient's care. Families and friends touched by suicide need support and staff should be too especially when they are required to undergo an inquiry process which can be very distressing procedure. Amy Johnson, from the Family Liaison Team explained that she worked and engaged with families when suicide occurs and helps them access more specialised services that can support them longer term. She had access to this information and would be happy to circulate it. It was clear there is a lot of work to be carried out with awareness training of staff who are helping people with suicidal tendencies. Training will progress and will form part of the staff training passport. The Board required assurance that the Trust has the suicide prevention strategy which is shared across the teams / agencies and that this strategy contains a success criteria. John Sykes pointed out that the Trust will carry out bespoke suicide prevention training work which will sit within person centred safety planning. The timeline for the safety plan roll out will start with e-training and will then be followed by face to face training. Jenny Ness explained that all self-harm presentation is monitored. This is carried out electronically and the data is captured within routine systematic, up to date clinical work that fits with NICE Guidelines. The teams see this data and any new information is circulated to the team members. This is easier with electronic systems and this could replicated with other teams. They are concentrating on work for 2016 and there are some very important systems that help on a daily level. Carolyn Green asked that in the development of the Suicide strategy a key focus is made on family support, options for family education if an individual is suicidal, how to spot early warning signs and talk about suicide, staff support when attending coroners courts and attention to the psychological impact on staff dealing with suicidal people and coping with the distress. Carolyn Green asked that a trajectory for improved training compliance and update on performance be received by the Quality Committee. She also asked for the Suicide strategy to be submitted to the Quality committee, together with confirmation of when the draft will be received. The Chairman thanked the Suicide Prevention Team for attending the meeting and remarked that deep dive had introduced a number of areas of thought. He acknowledged that some great work was being done to raise public awareness of suicide prevention but further assurance was required on areas of training and how this will work in the future. **ACTION: Trajectory of improved suicide prevention training compliance**

	and update on performance be received by the Quality Committee. Suicide strategy to also be submitted to the Quality Committee, together with confirmation of when the draft will be received. **RESOLVED: The Board of Directors:** **1) Considered the report** **2) Considered that further assurance was required from the Quality Committee regarding the development and content of the suicide strategy and suicide prevention training**
DHCFT 2015/154	**<u>POSITION STATEMENT ON QUALITY</u>** The Position Statement on Quality provided the Board with an update on the Trust's continuing work to improve the quality of services it provides in line with the Trust Strategy, Quality Strategy and Framework and strategic objectives. Carolyn Green pointed out that the Quality Committee will receive at its next meeting the results of the Annual Community Patient Survey. The committee will also receive a paper on care planning and this will follow to the Board at the November meeting. The report provided the Board with good assurances relating to emergency response process, the trust monitoring status, our current clinical performance on suicide and death rates (sudden death) and showed that the Trust was compliant and working on improvements on non-suicide related deaths. The Board confirmed that the performance on quality was in a satisfactory position although routine assurance must be triangulated and communicated with front line staff. The continued good work on safer staffing and fill rates was noted and gave the board assurance on progress encouraged. Non-Executive Directors have sight of services and there are no gaps in this type of care. **RESOLVED: The Board of Directors noted the Quality Position Statement.**
DHCFT 2015/155	**<u>INTEGRATED HEALTH & SAFETY GOVERNANCE ANNUAL REPORT</u>** This report provided the Board with an Annual Health and Safety Report. The report outlined the activities and achievements in Fire, Health and Safety, Moving and Handling and Security Management for April 2014 to March 2015 and provided the Board with assurance that the Health and Safety Group have oversight of all aspects of the Safety at Work Act and the Trust has satisfactory monitoring systems in place. The report also provided assurance on operational activities and gave strategic oversight on operational risks. Discussions developed around the programme of work on workplace stress and it was agreed that this would be looked at further within the Health and Safety Committee to see how this can improve. **ACTION: Improvements in the work programme on workplace stress to be addressed at the Health and Safety Committee and reported to the Quality committee to give Board assurance that workplace stress is being attended to and with appropriate action plans.**

	RESOLVED: The Board of Directors approved the content of the report.
DHCFT 2015/156	**INTEGRATED PERFORMANCE AND ACTIVITY REPORT AND SAFER STAFFING** This report presented by Carolyn Gilby defined 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. Key areas of the report confirmed the following: • The Trust continues to be 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 however there have been recent improvements • The rate of outpatients who did not attend is still causing concern • 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 is most adversely effected. An audit is currently underway to establish the accuracy of the information used to feed the Safer Staffing return The Board was pleased to note that the Trust was compliant with all monitoring targets on recovery rates and health visitors. There were some areas of concern regarding safer staffing but in a significantly improved level of performance. It was noted that an audit is being carried out to gain assurance on the process and systems in place for recruitment and whether there are improvements to be made if training is not being delivered satisfactorily. The results of the audit will be featured in future reports received by the Board. Carolyn Gilby explained that meetings were taking place with commissioners who have asked for an action plan to be developed to manage outpatient letters as letters are still not completed to the agreed timescales. A penalty and intervention due to performance is being considered as a means to manage output more efficiently and the medical leadership team will address areas of improvement on an individual basis to establish who is consistently failing the agreed standards. Carolyn Gilby drew attention to the new variance summary section of the report and the Board was pleased to note that an action plan is in place to monitor performance and focus on areas of difficulty. **RESOLVED: The Board of Directors:** **1) Acknowledged the current performance of the Trust** **2) Noted the actions in place to ensure sustained performance**

DHCFT 2015/141	**FOR INFORMATION** **I. Board Forward Plan:** Carolyn Green requested that the Safeguarding Children Report and Safeguarding Adult Report six-monthly report be devolved to the Safeguarding committee and received by the Board on an annual basis in September as historical performance issues raised by Safeguarding Boards in 2013 and early 2014 are now resolved. **II. Board Assurance Framework:** This was covered in item DHCFT 2015/151 above. **III. Future deep dives:** It was agreed that Estates Environment – conditions and risks would be the focus of the deep dive to be held at the next meeting in November. **IV.** Comments were received from David Waldram a member of the public who showed empathy in the deep dive in suicide prevention. John Morrissey, Public Governor, Amber Valley South considered that the interest declared by seven board members to the employment tribunal in the minutes of the last meeting was an ambiguous statement. He did not consider that it gave an indication of the decision of the Trust.
DHCFT 2015/142	**CLOSE OF THE MEETING** The Chairman thanked all of those present for their attention and comments and closed the public meeting at 4:20 pm.

DATE OF NEXT MEETING

The meeting of the board in public session is scheduled to take place on Wednesday, 25 November, 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 - NOVEMBER 2015						
Date	**Minute Ref**	**Action**	**Lead**	**Status of Action**	**Current Position**	**Enc B**
28.1.2015 **29.4.2015**	DHCFT 2015/010 DHCFT 2015/064	Committee Summary Reports Corporate Governance Framework	Jenna Davies	Actions to address consistency and level of detail of the summary reports would form part of the governance framework exercise. Jenna Davies will lead the development of an improved Corporate Governance Framework	New guidance shows that minutes should be provided to the Board rather than summary reports. Minutes of meetings of the Board's committees are now being provided rather than summary reports. Timeframe for governance framework exercise was reported to the Audit Committee on 8 October. 28.10.2015 The Governance Framework and Well Led Exercise has been covered in the in the confidential Board session. Jenna Davies will show realistic timelines for the Governance Framework Exercise and Well Led Framework into the actions matrix.	Yellow
24.6.2015	DHCFT 2015/099	Staff Health Check	Jayne Storey	Jayne Storey to lead the Cultural Change Programme	In progress. Group who attended deep dive Staff Health Check in July will be meeting with leaders and will be encouaged to act on outcome of Health Check. Programme will be developed. Governors have asked for a update on this area. This is on the agenda for next meeting of COG.	Green
29.7.2015	DHCFT 2015/119	Verbal Workforce Strategy Update	Jayne Storey	Jayne Storey to provide an interim report to the Board outside of the meeting prior to a full update to the Board in September	Update circulated after July Board. It was agreed that the refreshed Strategy would follow the refreshed Trust Strategy in the new year.	Green
29.7.2015	DHCFT 2015/122	Position Statement on Quality	Jayne Storey	Jayne Storey to raise current performance of training at the People Forum, together with the staff health check and preceptorship admission.	Mandatory training, absence and appraisal compliance had been discussed at the People Forum in October. Further paper on absence following the September Board deep dive will be provided to Finance & Performance Committee in November.	Green
29.7.2015	DHCFT 2015/126	AOB - Board Development Programme	Jenna Davies	Jayne Storey to provide a clearer definition of the Board Development Programme at the next meeting of the Board in September	The Forward Plan for Board Development will be in place for January 2016.	Yellow
30.9.2015	DHCFT 2015/134	Committee Summary Reports	Jenna Davies	Revised draft of the Raising Concerns at Work (Whistleblowing) Policy and Procedures to be submitted to the Board at the October meeting. Committee minutes to be submitted to the Board in future rather than summary reports.	Revised draft of the Raising Concerns at Work (Whistleblowing) Policy and Procedures deferred to January meeting.	Yellow

30.9.2015	DHCFT 2015/137	Deep Dive in Managing Sickness and Absenteeism	Jayne Storey	The results of the deep dive in sickness absence will be reported to the People Forum at the next meeting on 13 October. The Finance & Performance Committee will receive a report from the People Forum at its next meeting in November and an update report on the action plan and results from these actions will be provided to the Board at its meeting in November. Monitor to receive an update report by the end of October.	Update report and action plan on Managing Sickness and Absenteeism will be submitted to the November meeting of the Finance & Performance Committee and any concerns will be escalated to the Board. 20.11.2015 Action Plan received by Finance & Performance Committee. Consideration of the report will be given at ELT and an enhanced report will be resubmitted to the next meeting of the committee in January.	Yellow
28.10.2015	DHCFT 2015/148	Acting Chief Executive's Report	Jayne Storey/ Sue Turner	Dates of upcoming Leadership Events to be provided to Non-Executive Directors.	ACTION COMPLETE	Green
28.10.2015	DHCFT 2015/148	Acting Chief Executive's Report	Ifti Majid/ Jayne Storey	People Strategy to be reviewed in line with the Trust Strategy and considered within the People Forum	People Strategy is being reviewed in line with the Trust Strategy and monitored through the People Forum.	Green
28.10.2015	DHCFT 2015/148	BAF Update	Jenna Davies	Discussions on elements of risk 2c will take place outside of the meeting with Jenna		Amber
28.10.2015	DHCFT 2015/153	Deep Dive into Suicide Prevention	John Sykes	Trajectory of improved suicide prevention training compliance and update on performance to be received by the Quality Committee. Suicide strategy to be submitted to the Quality Committee, together with confirmation of when the draft will be received.		Amber
28.10.2015	DHCFT 2015/155	Integrated H&S Governance Annual Report	Carolyn Green	Improvements in the work programme on workplace stress to be addressed at the Health and Safety Committee and reported to the Quality Committee to give the Board assurance that workplace stress is being attended to and with appropriate action plans.	Report expected by the Quality Committee.	Amber

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 25 November 2015

Chairman's Report

Background

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

Meetings attended

The following substantial meetings/visits have been made over the period since the last Board:

- Joined-Up Care event for the Southern Derbyshire area on 5 November
- Governor Development Working Group on 10 November
- Board Development session focused on strategy development and the Well-led Review on 11 November
- Finance and Performance Committee on17 November
- Governor Membership Development Working Group on 24 November

I attended meetings relating to the appointment of an interim chairman. Consistent with my note to staff and governors concerning my resignation I have also sought to spend some more time this month on family support. Finally it seemed inappropriate to attend relationship meetings with local voluntary groups and the like shortly before my departure, reducing my normal meeting activity.

Points arising:

1. The encouraging event setting out the key goals and work streams of the Joined-Up Care project. There were many positives (for example the strong clinical leadership demonstrated) but I remain in some doubt as to how delivery will managed across multiple entities with complex stakeholder relationships.

2. The need to clarify the terms of reference and quorum arrangements of governor working groups. Some confusion has arisen.

3. The importance of building robust governor involvement into the strategy review.

4. Our Trust's strong financial grip through a difficult year but the need for an early start to cost improvement delivery for 2016-17.

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 to note the paper and challenge me on any item.

Report prepared by: **Mark Todd**
Chairman

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

Acting Chief Executive's Report

1. Introduction

This report provides the Board of Directors with some of the key national policy changes or announcements over the last month that we should consider and use to inform strategic discussions within the Board meeting. The report also provides an update on work within the Derbyshire Health and Social Care Community as well as covering key issues internal to the Trust.

2. National Context

2.1 Monitor and NHS England are analysing feedback to their consultation on national tariff payment system for 2016/17 Whilst not a direct impact on our Trust it is worth noting the key issues raised by the acute sector as they may add pressure locally potentially impacting on our contract settlement:

- The removal of some cardiac devices from the high cost drugs and devices list
- The effect of proposed relative prices on provider sustainability for some services, e.g. orthopaedics and renal dialysis.
- The absence of efficiency factor and specialised and complex care (top-ups and risk share) from the engagement.

Separately, Monitor and NHS England is currently consulting on potential changes to local price setting rules for mental health

2.2 National improvement and leadership development strategy. Ed Smith is chairing a steering group to implement the recommendations from the review of centrally funded improvement and leadership development functions and the Rose report on leadership in the NHS.

A new national governing board for improvement and leadership development met in October, and will now meet monthly. The board is jointly chaired by Ian Cumming (for leadership development) and Ed Smith (for improvement), pending the arrival of Jim Mackey as Chief Executive for NHS Improvement.

Monitor, TDA and CQC are leading a new two year programme to provide tools, methods and good practice guidance to enable providers to develop a local leadership strategy to enable cultural change. It is perhaps not surprising that this is very much likely to focus on system leadership and change management.

2.3 The National Audit Office has published their report *Capacity and capability to regulate the quality and safety of health and adult social care*. This is an update released this year following on from the 2011 NAO report on the CQC that found the organisation "not fit for purpose". This latest study, published in July 2015, was broadly positive and made eight further recommendations which the CQC has developed an action plan to address. The full report can be seen at:

https://www.nao.org.uk/wp-content/uploads/2015/07/Capacity-and-capability-to-regulate-the-quality-and-safety-of-health-and-adult-social-care-Summary.pdf

2.4 The Secretary of State has written directly to all junior doctors setting out the details of the offer and how it is likely to affect different junior doctors.

Danny Mortimer of NHS Employers wrote to the BMA asking them to meet to discuss how the BMA and NHS Employers can work together to move the offer from firm to final by the new year.

The Department of Health also announced that the Care Quality Commission will be asked to take account of junior doctors' working hours as part of its inspection regime, to help address concerns that an end to the current banding system will open the door to unsafe working practices.

In response to the new contract offer, the BMA announced that it will 'press ahead' with a strike ballot for junior doctors in England, describing the offer as "fundamentally flawed".

The Trust, with Dr John Sykes as lead is currently preparing our contingency plans to minimise disruption to people who use our services in the event of any action

3. Derbyshire Health and Social Care Community

3.1 Consultation plans have slipped slightly for the 21st Century business case and it is now likely that formal consultation will not commence until February 2016. It is vital for our Trust to ensure that service developments we are leading still get included in the upcoming contract round and the likely outcomes of the business case feature in our Strategy review.

3.2 Southern Derbyshire Joined Up Care Programme held a stakeholder event during November that shared with partner organisations and other local stakeholders progress against the work streams and future plans. In addition following this event a 'stocktake' meeting will happen on the 3 December to review current progress and risks to the plan. This will be fed into our January Board meeting

4. Inside Our Trust

4.1 I attended the Trust Medical Advisory Committee on Thursday the 12th November and was involved in a planned session hosted by the General Medical Council around raising concerns and professional boundary issues. The session was well attended and generated much discussion. Part of the session

was about the culture needed to create a climate where staff feel able to raise concerns and I have attached verbatim comments in appendix 1 from our Consultants about what they see as important.

4.2 It was a great pleasure to host our staff awards ceremony on Monday the 16th November where we were able to celebrate the dedication, passion and commitment of our staff in delivering care to residents of Derbyshire. Feedback during and after the event was very positive about bringing it 'in house' and about the tone and style of the event. Thanks to all who were involved in preparing for it.

Legal Issues

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

Equality Delivery System

There are no issues raised in this paper that would have a negative impact on any regards groups

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 using its content to inform strategic discussion.

Report Prepared by: **Ifti Majid**
Acting Chief Executive

Appendix 1

WHAT SUPPORTS A CULTURE WHERE STAFF FEEL ABLE TO RAISING CONCERNS

(Information given to Ifti Majid from TMAC meeting 11 November 2015 – in no particular order and based upon information received on handwritten post-its)

1. Regular "check in's" and clear opportunities to raise issues / concerns for ALL staff
2. Feedback to staff from routinely gathered data
3. Time given for frontline staff to develop understanding of quality improvement models / techniques such as PDSA cycles
4. Time given for staff to reflect on their work (e.g. Schwartz)
5. Senior management in the workplace
6. The system achieves the outcome it is designed to achieve
7. Opportunity for confidentiality (externally)
8. The community being listened to and acknowledged
9. Actions that are minuted are sorted
10. Recognising and promoting good examples of safe practice
11. Respectful attitudes for all staff, free from prejudice
12. No blame culture
13. Timely feedback from concerns raised on investigations
14. Positive proactive process
15. Transparent process (outcome)
16. Supportive process
17. Not to be seen as a trouble maker! (Non-personalised concern)
18. Positive reinforces should be a positive, proactive process
19. Transparent
20. No secrets
21. Listening
22. Supportive
23. Permissive
24. Collaborative
25. Open
26. Can do
27. Problem solving
28. Individual team accountability
29. Individual concerns raised to be analysed in context of the environment
30. Organisation listening
31. Ask to criticise own practice in constructive atmosphere
32. Evaluation of performance
33. Active seeking of feedback
34. Aspiration to learn from mistakes
35. Responses are made to concerns that have been raised
36. Considered as normal behaviour to raise concerns
37. Giving staff / patients time and space to express
38. Broader engagement and diversing of opinion

39. Open and interactive decision making

40. Visible leadership
41. Non-defensive
42. Solution focused
43. The risk identifier should not have to be the person leading on action
44. Equal voice regardless of designation
45. Being able to speak to patients / carers
46. Quality, openness, culture
47. Approachable staff meetings
48. Honesty
49. Non accusatory
50. Developmental resilience
51. Fair
52. Open
53. To avoid policing of plan by management
54. Clarity from leadership
55. Openness
56. Accountable
57. Honesty
58. Encouragement
59. Transparency
60. Openness
61. Some form of anonymised electronic feedback system for those who feel unable to use line management processes
62. Non-adversarial
63. “No blame” style corporate language throughout the organisation
64. Learning from mistakes
65. Non-punitive
65. Shared responsibility
66. Team culture
67. Start E-learning
68. Team support
69. Working meetings
70. EPR
71. Good clinical supervision where patient safety is freely discussed
72. Openness
73. Good communication at all levels
74. Good structure
75. Positive
76. Encouraging
77. Clear goals
78. Listen / learn / lead – ‘leadership culture’
79. People / Systems / System understanding processes – SOP’s / Patients / Environmental and Equipment – Outcome

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

Finance Director's Report Month 7

Purpose of Report

This paper provides the Trust Board with an update on financial performance against our operational financial plan as at the end of October 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 at the end of October, we are ahead of plan by £1.2m, and the forecast is to achieve the planned underlying surplus of £1.3m. However there continue to be both cost and income pressures within the financial forecast for the coming months.

- The forecast necessarily includes a set of assumptions based on knowledge and expectations at this point in time. There remains a large performance range from worst-case to best-case outturn which is primarily dependant on the successful mitigation of emerging risks. The range is shown in the chart.

- The Financial Sustainability Risk Rating is a 4 year to date and forecast to achieve a 3 at the end of the year.

- The forecast assumes continued full achievement of all CIP efficiencies. The previous CIP gap has now been closed, albeit with largely non-recurrent schemes. Due to the phasing of the replacement schemes the year to date CIP is now ahead of plan.

- Cash is currently above plan but is forecast to be lower than plan at year end.

- Capital expenditure is now forecast to be less than plan at the end of the financial year due to the reprioritisation of schemes and revised start dates, but the variance is not material and has been discussed with Monitor.

- The Trust has breached both the qualified nursing agency expenditure ceiling of 3% and the framework rule for October.

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 discuss and agree the key assumptions contained in the forecast financial position and agreed risk management actions to enable delivery of the planned financial surplus.
- Finance and Performance Committee challenges key strategic aspects of financial performance and financial risks and 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.
- Capital Action Team oversees delivery of the Capital Expenditure.

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

Governance or Legal issues

Monitor aspects:
The information reported in this report is consistent with the information contained in the month 7 compliance return sent to Monitor on 20th November 2015 which does not require Trust Board sign off.

The Trust has breached both the qualified nursing agency expenditure ceiling of 3% and the framework rule for October. A return is due to be submitted to Monitor on 25th November 2015 reporting the framework breach on a shift by shift basis.

There are no other governance or legal exceptions to note.

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
OCTOBER 2015

1. Overall Financial Performance

Income & Expenditure – key statistics

We have achieved an underlying surplus of £235k in the month of October which is £17k worse than plan. Operational profitability as measured by EBITDA[1] is better than plan by £42k in the month. This equates to 8.0% of income compared to a plan of 7.4%.

Year to date we are ahead of plan by £1.2m in both EBITDA and bottom line surplus. This equates to 7.7% of income compared to a plan of 6.0%.

The forecast position is an underlying surplus, excluding impairments, of £1.3m which is as per plan. EBITDA is forecast to be ahead of plan by £177k which equates to 6.4% compared to the plan of 6.2%.

The reported forecast position is deemed to be the most "likely" outcome assuming the successful mitigation of risks that are currently emerging in financial performance. The Trust Board's attention is drawn to the forecast range of outturns which illustrates best case and worse case scenarios.

STATEMENT OF COMPREHENSIVE INCOME	OCT 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	10,199	9,997	(202)	71,117	69,766	(1,351)	121,914	120,480	(1,434)
Non Clinical Income	961	851	(110)	6,090	5,931	(158)	10,248	9,890	(358)
Pay	(8,223)	(7,838)	385	(57,462)	(55,723)	1,739	(98,335)	(96,123)	2,213
Non Pay	(2,112)	(2,143)	(31)	(15,121)	(14,132)	988	(25,646)	(25,890)	(244)
EBITDA	**825**	**867**	**42**	**4,624**	**5,842**	**1,218**	**8,181**	**8,358**	**177**
Depreciation	(283)	(303)	(20)	(1,983)	(2,059)	(75)	(3,389)	(3,369)	20
Impairment	0	0	0	0	(0)	(0)	(300)	(300)	(0)
Profit (loss) on asset disposals	0	0	0	0	31	31	0	31	31
Interest/Financing	(181)	(177)	4	(1,316)	(1,265)	51	(2,221)	(2,137)	85
Dividend	(108)	(152)	(43)	(758)	(802)	(43)	(1,300)	(1,559)	(259)
Net Surplus / (Deficit)	**253**	**235**	**(17)**	**566**	**1,748**	**1,182**	**971**	**1,024**	**53**
Technical adj - Impairment	0	0	0	0	(0)	(0)	(300)	(300)	(0)
UnderlyingSurplus / (Deficit)	**253**	**235**	**(17)**	**566**	**1,748**	**1,182**	**1,271**	**1,324**	**53**

- Clinical income was behind plan in the month by £202k increasing the year to date under achievement to £1.4m due to the continuation of two main drivers:
    - cost per case income is lower than planned due to lower activity levels and lower occupancy levels

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

  - 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 dates of service developments, clinical income is forecast to remain behind plan by £1.4m at the end of the financial year. The key risks to clinical income are achieving forecast cost per case income in light of updated transformation planning requirements and staffing levels.

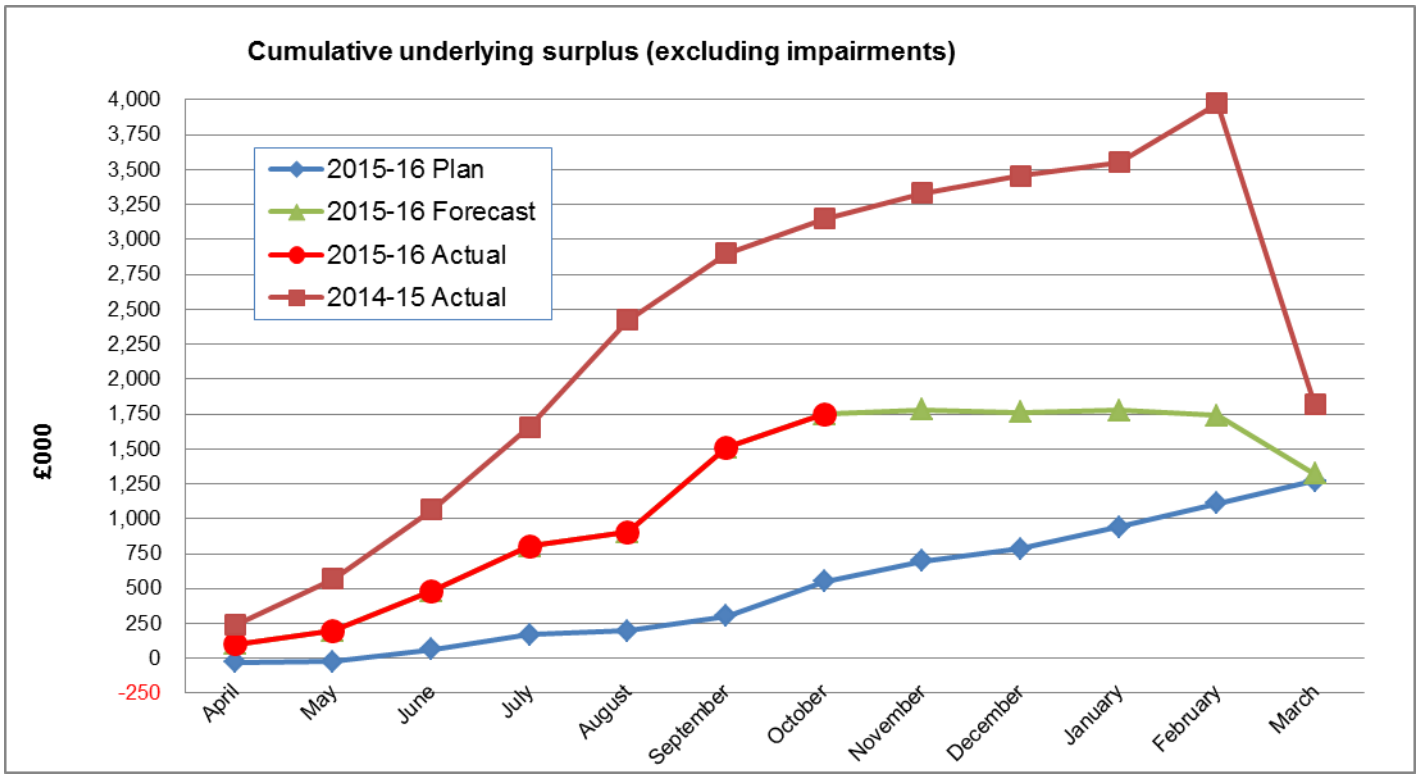
- Non-clinical income is slightly behind plan in the month by £110k increasing the year to date adverse variance to £158k and is forecast to be behind plan by £358k. The underachievement of the forecast income relates to miscellaneous other income.

- Pay expenditure is underspent by £385k in the month which has increased the year to date underspend to £1.7m. The forecast more or less remains in line with the previous month's forecast of £2.2m underspend with a small improvement of £70k. The main drivers within the forecast underspend are changes to staffing levels as a result of activity levels (offset by less income in some places), the later assumed start dates for service developments (less cost but also less income as above), unspent contingency reserves along with the balance of the budgeted pay-award funding now that all awards have been actioned.

  The key risks to pay expenditure performance are successfully containing the cost of temporary (particularly agency) staffing and capping the use of contingency reserves.

- Non pay expenditure is overspent in the month by £90k reducing the year to date underspend to £1.0m. This is mainly driven by the phasing of some of the replacement efficiency schemes which has a different phasing to the original plan. The forecast year end position is an adverse variance to plan of £368k. The forecast underspend is driven by additional expenditure forecast in the later part of the financial year and changes in CIP schemes between pay and non-pay. The main non pay risks are PICU cost-pressure containment and managing the use of contingency reserves.

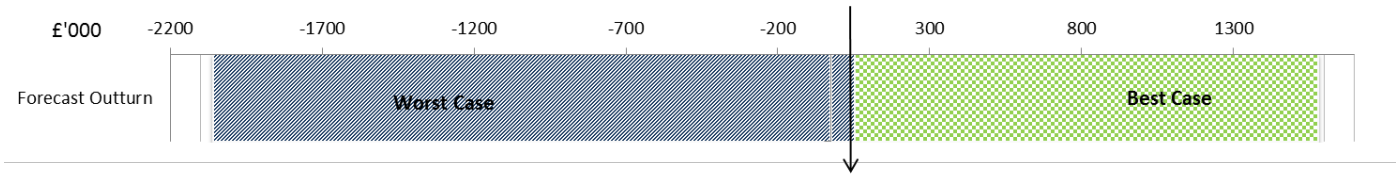
The graph below shows the cumulative underlying surplus for both actual and forecast compared to the plan, along with a comparison of the previous year's performance.



The forecast is fairly static over the coming months until March when year-end transactions are forecast.

Forecast Range

Best Case	Likely Case	Worst Case
£1.68m favourable variance to plan	On plan	£2.06m adverse variance to plan



NB: Position of arrow shows current likely case forecast outturn

The best case of £1.68m better-than-plan assumes clinical income could improve by £0.5m, staff cost savings being reduced by different recruitment timings and current cost pressures improve sooner than in the likely case.

The worst case forecast includes an assumption that clinical income could worsen by £1.2m due to reductions in activity levels and delays in service developments. Other factors include increases in PICU out of area placement cost pressures and further continuation of other cost pressures for which improvements are assumed in the likely case.

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

What transpires in terms of actual financial performance will be a mixture of outcomes depending on risk crystallisation, the timing and success of the effect of management action, success of cost improvement delivery and any as-yet unforeseen events or pressures.

2. Regulatory Compliance

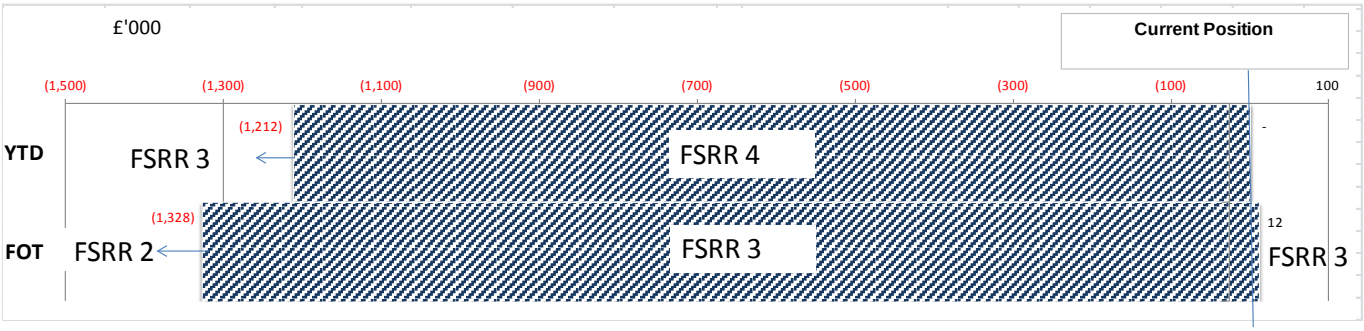
2.1 Financial Sustainability Risk Rating (FSRR)

Year to date our Financial Sustainability Risk Rating (FSRR) is an overall score of 4, with a 4 on three of the four individual metrics. The forecast FSRR is a 3 overall with a 3 on three of the individual metrics and a 4 on the variance to plan metric.

Financial Sustainability Risk Rating	**YTD Actual**	**Forecast**
Debt Service Cover	3	3
Liquidity	4	3
I&E Margin	4	3
I&E Margin Variance	4	4
Weighted Average	**3.75**	**3.25**
Overall FSRR	**4**	**3**

The headroom in £'000s, to a FSRR of 2/3 and up to a 4 is shown in the 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 FSRR 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.



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. At the end of October the number of days is +3.3 and is forecast to be -1.5 at the end of the financial year (which would still generate a rating of 3 for that metric). The Trust Board is reminded that benchmarking provided by external auditors illustrates that the peer average is nearer to +24 days, therefore our liquidity must remain a strategic priority for us to continue to improve.

The Board are reminded that if significant financial risks materialise then our level of liquidity is a determining factor in whether we would be able to self-fund an unplanned deficit for any length of time. Current and forecast liquidity levels for 2015/16 would not enable that.

2.2 Agency Nursing Rules

Monitor Agency Nursing rules took effect from 1st October. Contained within these rules is a maximum ceiling for the cost of qualified nursing agency expenditure that Foundation Trusts can spend. The cost ceiling for our Trust is 3%, which is based on the Trust average for last financial year. For October we have breached the ceiling with qualified nursing agency expenditure of 4.6%.

2015-16 £'000s	April	May	June	July	August	September	October	Total
Total qualified nursing	3,037	3,134	2,914	2,941	3,044	2,927	2,922	20,920
Agency qualified nursing	164	171	116	139	199	112	135	1,037
	5.4%	5.5%	4.0%	4.7%	6.6%	3.8%	4.6%	5.0%

The second rule which took effect from 19th October relates to the procurement of nursing agency staff through approved frameworks. For October we have breached this rule because some nursing agency staff that were procured through a framework were charged to us at an hourly rate which 'exceeds the maximum rate for a particular agency within the framework'.
This will be reported to Monitor in a return due on 25th November.

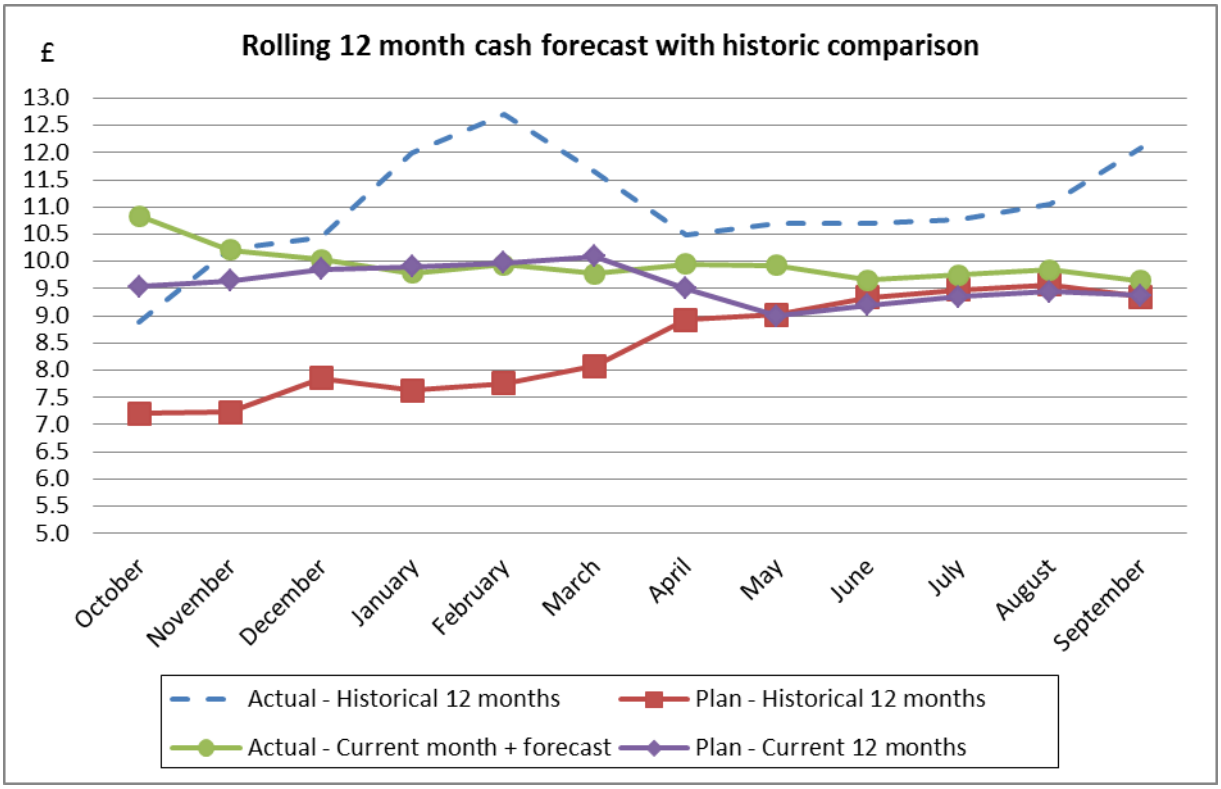
Monitor is also currently consulting on introducing bank and agency pay rate caps, for all staff at all grades. The outcome of the consultation will be known in November. If agreed, the caps will be put into force in November with a staged reduction in rates from November 2015 to April 2016.
Monitor have also signalled their intent to extend the spend ceilings to other staff groups.

3. Efficiency / Cost Improvement Programme (CIP)

Year to date CIP achieved is £2.4m which is ahead of plan by £149k (6.7%). The reason for the CIP being ahead of plan is due to replacement schemes having a different phased delivery than that of the original schemes. The full programme has been assured which is reflected in the forecast. Programme Assurance Board continues to performance-monitor CIP delivery which is reported to Finance and Performance Committee who have delegated authority from Trust Board for oversight of CIP delivery.

4. Cash Balances

The cash balance at the end of October was £10.8m which is ahead of plan by £1.3m which is driven by the surplus and lower capital expenditure. Some of the larger invoices that were outstanding in previous months have been paid.
The levels of cash are then forecast to reduce in November due to payment of outstanding debts. Cash is then forecast to remain fairly constant over the remaining months, where it ends the financial year £0.3m behind plan.



At the end of October we have achieved a net current assets position of £1.4m. We are forecasting to end the year with net current liabilities of £0.3m.

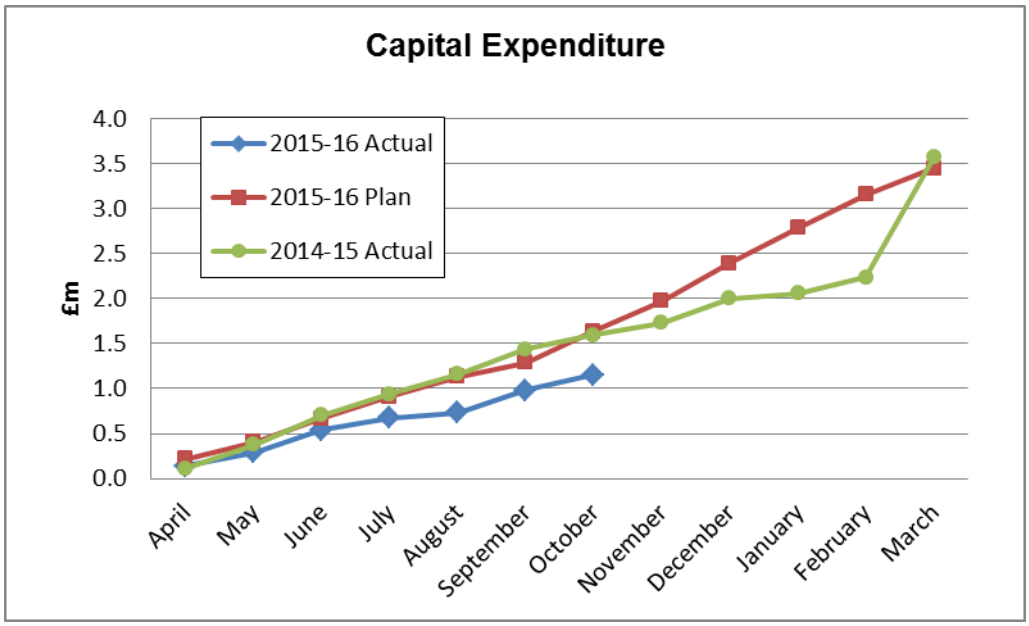
5. Capital Expenditure

Capital Expenditure is £489k behind the plan at the end of October.

The 2015/16 schemes have been regularly reviewed by Capital Action Team (CAT) and a reprioritisation to fund clinical priorities has been approved, which is the reason for the change in expected capital expenditure profile compared to original plan.

Following a recent review of schemes and urgent priorities the capital expenditure is now forecast to be behind plan by £0.2m at the end of the financial year.

Trust Board has received a draft forward five-year capital expenditure plan at this month's confidential Board meeting.



Public session

Derbyshire Healthcare NHS Foundation Trust
Report to Trust Board 25th November 2015

Confirmation of formal delegation for approval of Annual Report and Accounts for 2015/16 onwards

Executive Summary

The final audited Annual Report and Accounts must be formally adopted by the Trust Board as part of the statutory process, this authority can be delegated to Audit Committee.

Derbyshire Healthcare Trust Board first delegated approval of Annual Report and Accounts last year for the 2014/15 year.

The process went very well; concluding in sign-off of report and accounts a week ahead of deadline. There were no adverse governance or statutory impacts.

This paper is requesting that the Trust Board of Derbyshire Healthcare NHSFT confirm continued delegation from the Trust Board to Audit Committee for 2015/16 Annual Accounts and Report process, onwards.

Governance

Terms of Reference for Audit Committee have been updated to include this approval and delegated authority.

Legal Issues

There are no legal issues arising from this report.

Equality Delivery System

This report has a neutral impact on REGARDS groups.

Recommendations

The Trust Board is requested:

1) To confirm delegation for approval of annual report and accounts for 2015/16.
2) Consider and confirm whether they wish to confirm delegation each year, or delegate indefinitely.

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

Derbyshire Healthcare NHS Foundation Trust
Report to Board of Directors 25 November 2015

Improving Lives, Strengthening Communities, Shaping A Better Future Together
Update on our refreshed strategy for 2015 – 2016, Quarter 1 and 2

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.

Executive Summary
- Given the changing environment and today's agenda of integrated services and collaborative partnerships, we have refreshed this strategy for its final year.
- This update provides a reflection on current key issues, whilst continuing the vision outlined in our 2013-16 strategy.
- The report reflects the current position across the organisation with regard to our achievement of the refreshed strategic outcomes and pillars of delivery. Our current position is: All 21 goals are 'on plan' (green).
- The report also provides examples of evidence of progress.

Strategic Considerations
This paper reflects the work in progress against all the strategic outcomes as outlined within the report.

(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:
Note the content of the report and receive assurance on progress to date.

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

Background

Our current strategy, ‘Improving lives, strengthening communities, getting better together’ was adopted in April 2013, and was set against the backdrop of the day, focusing on quality of service delivery. Given the changing environment and today’s agenda of integrated services and collaborative partnerships, we have refreshed this strategy for its final year. Titled ‘Improving lives, strengthening communities, shaping a better future together’, this update provides a reflection on current key issues, whilst continuing the vision outlined in our 2013-16 strategy.

As an organisation we need our refreshed strategy to:

- Enable us to focus and have a clear direction
- Provide a framework within which we can both “be ahead of the curve” and react to events
- Give the people in our organisation a framework within which to work and clear objectives around which our divisions and service lines can plan
- Provide stakeholders, service users, carers, governors and the public with a clear understanding of what our organisation’s ambition and focus is and where it is heading in the future.

We are already working in partnership with others, and beginning to develop integrated services, and plan to focus more on this area in the forthcoming year. Our ambition is to become acknowledged leaders, building on our achievements to date and developing our thinking from our growing experience.

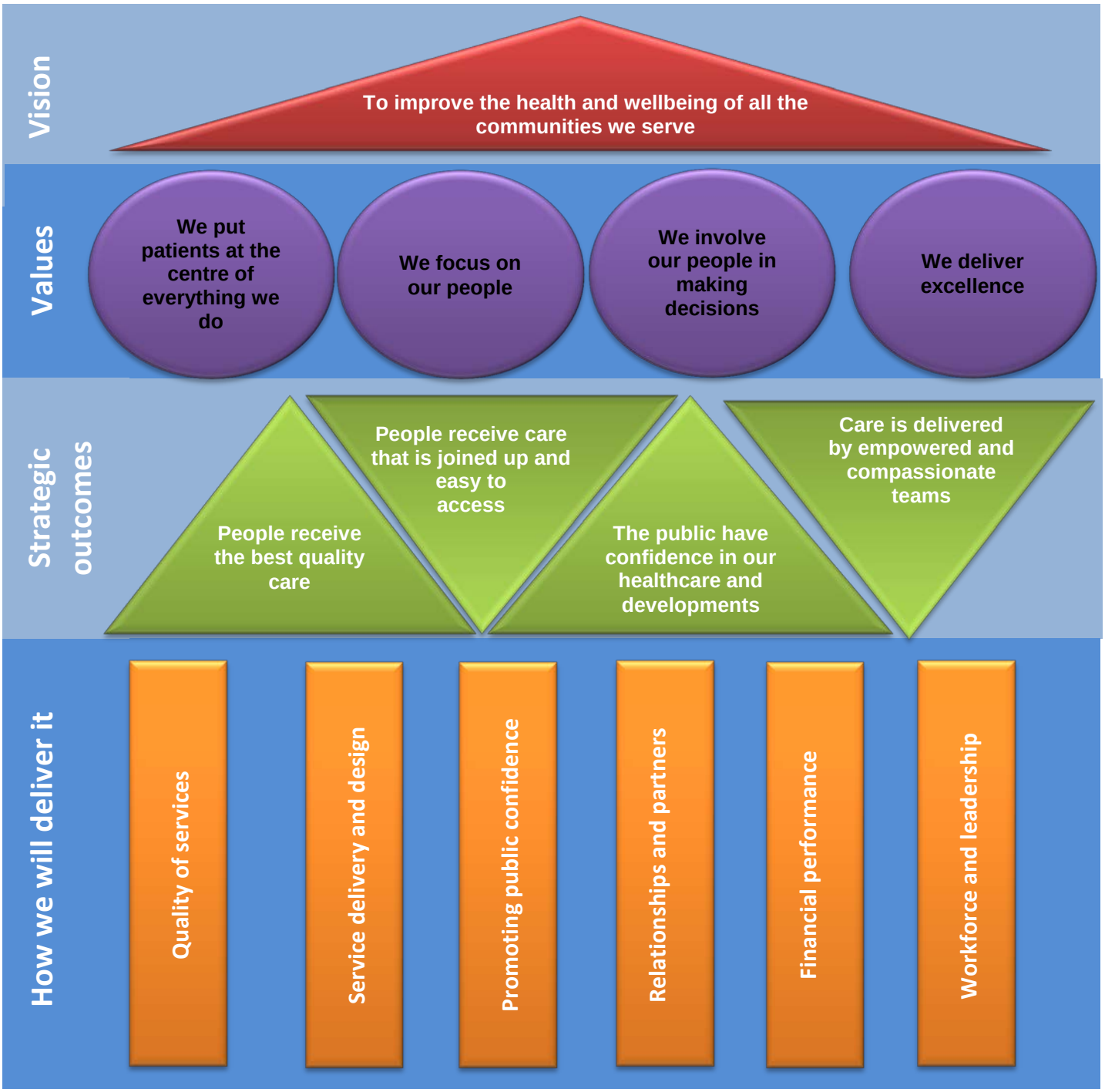
In this strategy we restate our intention that all our services will be delivered by compassionate and caring, well-trained, motivated and engaged staff working in highly performing teams. Our staff will be committed to excellence in all they do and to providing patient centred care of the highest quality. They will be proud to work for our Trust and will understand their contribution to the delivery of safe, caring, well led, responsive and effective care. We will recruit, develop and retain staff of the highest calibre to meet the needs of our local communities.

Our revised strategy is broad enough to cope with changing events, but detailed enough to provide overall direction and to aid planning and decision making. It needs to contain strategic principles and objectives which can be shared with, understood and owned by everyone across the organisation.

The four Strategic Outcomes (SO) are:

- People receive the best quality care (SO1)
- People receive care that is joined up and easy to access (SO2)
- The public have confidence in our business and developments (SO3)
- Care is delivered by empowered and compassionate teams (SO4)

The following diagram illustrates our vision, the outcomes we want to achieve and how we will deliver the detail of this strategy. It is a plan on a page of our direction over the next three years to deliver integrated services and be part of a Trust that we continue to be proud of.



Outcome 1 - People receive the best quality care

Pillar 1: Quality of Services

Pillar	Outcome	How we will measure this	Target for 2015/16	Progress against plan at Q1+2	Position against Plan at Q1+2	
Pillar1 - Quality of Services	Patients will report that they are involved in their care plan and that it reflects their needs, strengths and aspirations	We will use the Community and In-patient Survey results and other national benchmarking. We will aim to see an annual improvement and receive baseline scores 'better' against similar Trusts	Annual improvement and score 'better' when benchmarked against 'similar' Trusts	Community patient survey results remain under embargo	On Plan	CGr
Pillar 1 - Quality of Services	We will embed the Friends and Family test across all our services	We will aim for annual improvements in our results and look to identify any learning through the results of this data through proactively looking for recurring issues	Quarterly submission of evidence of identification of learning based upon recurring issues and themes such	Deep dive patient experience report by Divisional nurses will include evidence of changes made to services as a result of patient feedback. The templates are being reviewed with learning being embedded form organisations who have achieved a good rating	On Plan	CGr

		and themes	as 'You said - We did'	following a regulatory visit. Our completion rates of the Friends & Family test require additional improvement in performance when benchmarked with other Trusts		
	We have established a Research and Development Centre and we will gradually increase our reputation for driving research into practice to enhance quality, improve patient outcomes and the experience of those who use our services	We will continue to build the research experience of this centre, and develop research bids based upon our organisational and quality priorities	Evidence that the research bids submitted are developed in line with our organisational and quality priorities	Progress continues and we have established experience in chosen areas of Dementia, Compassion and Self-harm & Suicide Prevention. We are consulted in our speciality areas frequently and influence research evidence applied clinically in the Trust and shaping national policies and guidance. Research bids made to date were in line with Trust and Quality priorities: to improve physical health care, self-harm and suicide prevention and apply compassion focused approaches to care. Successful research bids are require partnership working with other organisations and Patient & Public Involvement.	On Plan	**JSy**

				Future bids will always consider Trust and Quality priorities but must also remain flexible and opportunistic to maximise our and partner strengths to meet gaps in physical and mental health needs in innovative ways. A further progress report is due to the Trust Board in January 2016 to demonstrate contributions to the delivery of Trust Strategic Outcomes through other work wider than research bids		
	We will support our teams to develop expertise to support the physical health of our patients, embedding the holistic person approach	We will expect to see opportunities within teams being developed to support staff training needs in this area. We will use the results from the patients survey to indicate that teams are developing expertise in this area through an improvement in the	We will expect to see opportunities within teams being developed to support staff training needs in this area. We will use the results from the patients survey to	Commissioning for quality and innovation agreements for 2015/16 include two national physical healthcare indicators. Monies for Q1 and Q2 secured. One national and one local audit will be undertaken in Q3. By January 2016 clinical staff training plan will have been fully implemented (assessed locally by commissioners). Electronic recording of outcomes fully implemented	On Plan	**CGr**

		annual results	indicate that teams are developing expertise in this area through an improvement in the annual results			
	We will continue to deliver good standards of cleanliness for hospital wards and rooms	We will use the results from the annual inpatient survey and PLACE	Maintain current good standards of cleanliness as measured by PLACE. Improvement shown in annual in-patient survey results against baseline	PLACE results show that against the national average we are higher in every area and considerably so in some areas. Derbyshire Voice are on the group and plans are in place to maintain the high standards achieved to date	On Plan	**CGr**

Internal Evidence – Pillar 1: Quality of Services

Ref: We have established a Research and Development Centre…
Fig. 1.1 – Research Bid Agreement

Dear Sir/Madam

Multicentre Study of Self-harm in England

The Department of Health ("Funding Body") has funded the above titled project to Professor Keith Hawton at The Chancellor Masters and Scholars of the University of Oxford ("the Lead Collaborator"). The co-investigators include Mr Keith Waters at the Derbyshire Healthcare Foundation Trust ("Derby"). The parties to this letter agreement are referred to as "Collaborators", or a "Collaborator" as the case may be.

The funds will be administered by the Lead Collaborator. The Collaborator will co-operate to perform the project as set out in Annex 1 (the "Project"). The Project start date is 1 April 2015 for a period of 12 months.

All intellectual property generated in the course of the Project ("Arising IP") shall belong to Oxford. Each Collaborator is granted a licence to use the Arising IP for academic and research purposes and for routine clinical care.

The Lead Collaborator will forward to Derby the total sum of up to £25,687 towards the cost of its contribution to the Project, subject always to receipt by the Lead Collaborator of the funds from the Funding Body. Derby will invoice the Lead Collaborator quarterly in arrears on the basis of actual expenditure against the budget headings listed in Annex 2 and the Lead Collaborator shall pay Derby within 30 days of receipt of said invoice. The final invoice will be sent by Derby to the Lead Collaborator within two (2) months of the end of the Project to allow preparation of the final cost statement by the Lead Collaborator

In the event that the Funding Body requires the reimbursement by the Lead Collaborator of any sums paid under this letter agreement, then to the extent that such requirement arises from the acts or omissions of a Collaborator, the Collaborator hereby agrees to reimburse the Lead Collaborator the sum received by the Collaborator together with any interest charged thereon.

BREAKDOWN OF COSTS TO COLLABORATOR

Funding Body Grant Ref: 59401

Multicentre Study of Self-harm in England

Summary Totals	**Derby Funds**
DI costs	
Staff costs	£14,318
Consumables	£552
Travel	£1,093
Other	£5,443
TOTAL DI COSTS	£21,406
Indirect Costs	£4,281
Total	**£25,687**

Ref: We have established a Research and Development Centre…
Fig. 1.2 – The Health Foundation Application

The Health Foundation
Inspiring Improvement

Innovating for Improvement

Outline application form

Deadline for submission of the outline application:

12 noon, Tuesday 4 August 2015

Important information: The Health Foundation reserves the right to close ahead of the outline application deadline date if this programme is oversubscribed. We anticipate a high volume of applications and therefore encourage applicants to submit outline applications early, ahead of the deadline to avoid disappointment.

Project title (as per answer 1.1 below)	Implementation of Compassion Focused Clinical Supervision to improve resilience, self-efficacy and compassion towards self and others amongst newly-qualified healthcare practitioners.
Lead organisation (as per answer 1.2 below)	Derbyshire Healthcare NHS Foundation Trust (DHCFT)
Type of organisation (as per answer 1.2 below)	NHS Trust
Primary contact (as per answer 1.3 below)	Tracy Shaw
Partner organisation(s) (as per answer 1.4 below)	University of Nottingham
Proposed budget (£) (as per answer 1.7 below)	£74,986
Please fill in this table before submitting your application. You should repeat the answers that appear in the application questions below.	

The Health Foundation
Tel: 020 7257 8000
www.health.org.uk

We will continue to deliver good standards of cleanliness for hospital wards and rooms…
Fig. 1.3 - PLACE Results

Org Code	Organisation Name	Organisation Type	Commissioning Region	Site Code	Site Name	Site Type	Cleanliness	Food	Organisational Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia
RXM	DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST	NHS	MIDLANDS AND EAST OF ENGLAND COMMISSIONING REGION	RXM14	KINGSWAY HOSPITAL	Mental Health only	98.56%	95.04%	88.04%	100.00%	94.03%	96.55%	96.09%
RXM	DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST	NHS	MIDLANDS AND EAST OF ENGLAND COMMISSIONING REGION	RXM31	DERBYSHIRE ROYAL INFIRMARY RESOURCE CENTRE	Mental Health only	99.25%	92.62%	89.00%	95.34%	93.18%	94.07%	
RXM	DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST	NHS	MIDLANDS AND EAST OF ENGLAND COMMISSIONING REGION	RXM51	THE HARTINGTON UNIT	Mental Health only	99.10%	92.01%	89.00%	94.58%	95.00%	96.33%	
RXM	DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST	NHS	MIDLANDS AND EAST OF ENGLAND COMMISSIONING REGION	RXM54	THE RADBOURNE UNIT	Mental Health only	99.35%	95.05%	88.18%	100.00%	95.67%	98.91%	

Ref: We have established a Research and Development Centre…
Fig. 1.4 - Extract from Board Report (R&D Section)

Report to Board of Directors 25 June 2015

Research & Development Update

Executive Summary

• This report highlights the main areas of activity in research relating to National Research participation and local areas of focus in Compassion, Dementia and Self-harm and Suicide Prevention.

• The report also includes updates on the other aspects of the R&D centre: The Library and Knowledge Service and Clinical Audit.

• Our performance in delivering national clinical research continues to be strong but the new funding model implemented by the East Midlands Clinical Research Network means that we need to increase participation in interventional studies which attract more funding; although we remain committed to selecting studies for their clinical benefit rather than the design of the study.

• The work of all our three centres of excellence demonstrates good progress and significant activities with impact locally and wider reaching dissemination and learning.

• The Centre for Compassion is expected to change direction during the course of this year moving away from a research focus to more implementation and application of compassion models of care for service development.

• The Library and Knowledge Service impact survey provides important feedback and demonstrates the value of the service in its impact on patient care, research, learning and teaching.

• There is a positive culture of continuous quality improvement through the use of the Clinical Audit process within the organisation, and even where projects are delayed in completing, outcomes are positive as results are acted upon through improvement action plans.

• Progress has been made since approval of the revised Trust R&D Strategy but the reduced infrastructure continues to be a significant challenge that severely limits the scope of our work.

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

Pillar 2: Service Delivery and Design

Pillar	Outcome	How we will measure this	Target for 2015/16	Progress against plan at Q1+2	Position against Plan at Q1+2	
Pillar 2 Service Delivery and Design	Implement our Neighbourhood and Campus model	Neighbourhood Model in place for April 2016*. There will be a revised dementia pathway in place linked to the development of DRRT by March 2015	Submission of Quarterly evidence that provides assurance that we are progressing towards implementation November 2015 of the Neighbourhood model and report against campus planned timeline	Quarter 1: Neighbourhood model is progressing as per timeline. Campus service developments have not progressed as much as we would have wished due to lack of clarity regarding use of London road estate which is a key interdependency for or plans. Despite this DRRT continues to develop and show positive outcomes Please refer to November Board report for further detail Quarter 2: Following staff consultation it was agreed to delay the implementation date for the Neighbourhoods to 01 April 2016. This is recognition of the need of staff to feel confidently neighbourhood ready. Campus consultation delayed as clarification regarding plans has been requested by commissioners. Please see November Board report for further detail	On Plan	**CGi**

	Actively contribute to the design and implementation of community hubs and integrated community support teams	We will support the development of the Erewash Multi-Speciality Community Provider Vanguard project and 21C community hubs project ensuring all opportunities for delivering our core services in an integrated way to ensure easy to access joined up care provision	Provide quarterly evidence of how we have supported developments within the wider health and social care community	Whole system Transformation group is attended by DoF & DO. MCP Board and JuC attended by CEO. CEO chairs building community resilience project group, Head of Transformation attends urgent care north group. Childrens workstream 3 is co-chaired by DO & Local Authority, workstream 2 (developmental pathway) is co-chaired by ACD & GP. We monitor the support given via ISDPB (TOMM). We also monitor via the BAF risk 2a	On Plan	**CGi**

Pillar 2 – Service Delivery and Design	Optimise the benefits of PARIS (electronic patient record), including developing and implementing a mobile working offer for our staff	We will see an overall increase in the number of teams that have an implemented agile working offer in place to support optimization of the PARIS system	Quarterly increase of the number of identified teams who have access to this offer	Quarter 1: As soon as lap tops were available they were deployed team by team based on the priority which had been determined by Kath Lane (See evidence) The timescales for Wi-Fi enablement are governed by what Anthony Meehan is doing as part of the Neighbourhood Project. There are no plans for the GEM enablement in GP practices Quarter 2: • 231 laptops have been deployed to clinical staff in all Planned Care teams, LD and CAMHS. All clinical staff now have computers to enable them to access Paris • A Project is currently in progress to install Wi-Fi as required to support the creation of the Neighbourhoods • All staff who have laptops have the ability to access the central system using Remote Access Facility (RAS) from any location where there is Wi-Fi. This includes all Trust locations, Third Party locations (e.g. GP practices), their own homes, service user homes • Approx. 80% of GP practices in Derbyshire have Wi-Fi facilities. GEM are currently installing Wi-Fi into all GP Practices • A training video has been produced to help staff to set up Wi-Fi connectivity on their computers (available to staff on Connect)	On Plan	CGi

				• All of the above enables all staff to access and update the Paris system • The development of electronic input forms to replace paper forms is continuing • The Full Single Record Project will ensure all patient data being stored in one place (Paris)		
	Lead the development of an innovative integrated service model for children, young people and their families in Southern Derbyshire	We will demonstrate leadership in the development of an integrated service model for this group	Submission of Quarterly evidence that provides assurance that we are leading this development with progress update	Workstreams co-chaired by Director Operations & Assistant Clinical Director. Futures in Mind - successful in bid for EDS new service development Highlight report submitted as evidence	On Plan	**CGi**

Internal Evidence – Pillar 2: Service Delivery and Design

Ref: Optimise the benefits of PARIS…
Fig. 2.1 – Laptop Deployment Plan

Priority	Service Area
1	Bolsover and Clay Cross
1	Bolsover and Clay Cross
1	High Peak and Dales
1	High Peak
1	North Dales OA CMHT
2	Chesterfield CMHT Older People
2	EIS North
2	Memory Clinic/MAS
2	North East CMHT Older People
3	Chesterfield Central Pathfinder and Recovery Team
4	Killamarsh and North Chesterfield
5	Erewash Recovery Team
6	Amber Valley OA CMHT
6	Erewash OA CMHT
7	Amber Valley
8	Derby City CMHT OP
8	Discharge and Liaison Team
9	Derby City Recovery Team 1
9	Recovery and Pathfinder Team 2
10	County South and Dales Pathfinder and Recovery Team
10	Derby City and South County Early Intervention Service
11	South Dales CMHT OP
12	Medics

Ref: Lead the development of an innovative integrated service model for children…
Fig. 2.2 - Children's Transformation Delivery Group Highlight Report, October 2015

Children's Transformation Delivery Group Highlight Report – October 2015

The purpose of the Children's Transformation Delivery Group Highlight Report is to assist the process that enables the Joined Up Care Board, Trust Boards and Governing Bodies to understand and support progress against the PMO Plan.

Children's Transformation Delivery Group Programme Workstream 3	
CAMHS Liaison - rapid response service	
1. Progress and completed work	**2. Immediate priorities and actions for next month**
WS 3 • Recruitment has gone well. Appointment confirmed of four Band 6s and two Band 5s to the team. The first recruit has now started in post. Other staff will start mid-November and all recruits will be in post by the end of December. The full service will Go Live early January 2016. • A plan for the immediate increase of cover over weekends is being developed. This will involve the use of overtime for existing staff plus phased utilisation of new staff. • The plan for the delivery of the' rapid access follow up clinics' is agreed. There will be three slots a day delivered from Temple House on week days and from CED at weekends. • A business case is being considered to address the underspend issue that has been created by slippage in recruitment.	• Agree the way forward for the outstanding recruitment of the 0.5 FTE Band 6 post. • Discuss the risk and agree the interim and long term options/plan for the 0.5 WTE Consultant Psychiatrist lead role. • Develop a revised timeline to achieve a fully functioning team for early January 2016. (7day service 08.00 to 23.00hrs) • Agree the start date for the increased number of daily 'rapid access follow up sessions' • Discuss options and identify suitable accommodation at CED • Draft the Communications Plan. • Refine the data dashboard and produce the baseline data • Discuss the outcomes that will be used • Agree a process for monitoring and reporting self-referrals • Consider the implications/opportunities arising from the Future in Mind Transformation Plan • Consider service requirements and provision for CYP in rural areas • Agree a name for the service

3. **Risks (including barriers) and mitigation** (new risks for this month's risk report)	4. **Successes, opportunities for shared learning and lessons learnt**
• The 0.5 FTE Consultant Psychiatrist not yet appointed, it is hard to recruit to a part-time role. • New provision will Increase demand that the service cannot manage. • Creates a 'back door' access route for CAMHS.	**Successes -** majority of team recruited, first new recruit in post. - increased cover at weekends started - increased visibility on the wards noted **Opportunities for shared learning** - consider links/learning from the SPOA re-single telephone access point, teaching across CAMHS and CED staff. **Lessons learnt**

Date: 14/10/2015 Completed by: Catherine Eaton

Outcome 3 - The public have confidence in our business and developments

Pillar 3: Promoting Public Confidence

Pillar	Outcome	How we will measure it	Target for 2015/16	Progress against plan at Q1+2	Position against Plan at Q1+2	
Pillar3 - Promoting Public Confidence	Retain and improve our services for children, including core services such as child and adolescent mental health	We will have retained these services throughout the year and utilisation of service receiver and parental feedback (Friends and Family test) to demonstrate improvement in service provision	Retention of Children's Services. Year-end improvement against baseline	Quarter 1: Project team agreed and in place to respond to the tender in a timely way. Partners also in place to help deliver a fully integrated service model Quarter 2: Preferred bidder for Derby City Childrens 0-19 service. Contract negotiation being undertaken	On Plan	**MP**

Pillar3 - Promoting Public Confidence	Utilise the models set out in the Dalton Review to grow business in a number of new markets such as integrated prison health care	We will have a clear business development plan in place that is linked to core service portfolio to grow business in existing and new markets	Evidence by Q4 that we have a clear business development plan in place, linked to core service portfolio to grow business in existing and new markets. Evidence will be submitted each quarter that demonstrates that the Trust is considering, and where possible, using new vehicles for delivery	Quarter 1: Business Planning process developed and agreed by F&P Committee. Progress against the plan regularly reported to ELT and F&P. On track to have in place a clear annual plan by the end of quarter 4 for 16/17 Quarter 2: Draft business plans received from each service area. Feedback being provided to each service on areas for improvement within the plans, alongside describing next steps. Further planning development days planned in quarter 3 to progress draft plans towards being finalised	On Plan	**MP**

Internal Evidence – Pillar 3: Promoting Public Confidence

Ref: Utilise the models set out in the Dalton Review to grow business…
Fig. 3.1 – Extract from Meeting of the Finance & Performance Committee, July 2015

F&P 2015/070	**<u>BUSINESS PLANNING PROCESS</u>** Mark Powell's report provided the committee with a Business Planning Cycle and set out the business planning process to commence in 2015/16 for plans to be in place for 2016/17. The key features of the proposed process are: • A unified process including delivery of the Trust's strategy, budget setting and planning to meet national and local commissioner requirements • Divisional leadership and ownership of the planning process, focussing on the development of realistic and deliverable plans which will become the focus of review in year • The inclusion of cost improvement schemes and business development opportunities as an integral and key part of the business planning process impacting on workforce and financial plans • To maximise the opportunities for investment during 2016/17 contract negotiations • To provide a joined up approach to delivery against the 4 key domains of quality, finance, operations and people The committee agreed the timetable and welcomed the refreshed planning process of the Business Planning Cycle and recognised the cycle was in line with Monitor's requirements and that this process would permit vital discussion with teams. **RESOLVED: The Finance & Performance Committee discussed and approved the Business Planning Cycle for 2016/17.**

Ref: Utilise the models set out in the Dalton Review to grow business…
Fig. 3.2 – Extract from Meeting of the Finance & Performance Committee, September 2015

F&P 2015/087	**<u>BUSINESS PLANNING 2016/17 UPDATE</u>** This report was presented by Jenny Moss, Head of Contracting and Commissioning, and provided the Finance & Performance Committee with an update of the business planning cycle and identifying forthcoming priorities for 2016/17 contract negotiations in relation to the CCG commissioned services and specialised commissioned services. Key achievements were highlighted as follows: • The business planning process has been started with services • The output from the workbook development will be reviewed at the Transformation Development Days and used to inform forthcoming CIP schemes • Discussions have started with commissioners around identifying joint priorities for investment in the 2016/17 contract Jenny Moss informed the committee that a corporate review meeting will take place in October and will involve key corporate and clinical services and will consider the first draft plans; Nursing and Quality, Finance, Transformation, Contracting and Estates. This will give a sense of the current position of these plans and their sense of maturity and will pick up any issues that need to be addressed. The Chair and members of the committee praised Jenny Moss for the quality of the report. **RESOLVED: The Finance & Performance Committee noted the content of this paper.**

Pillar 4: Relationships & Partners

Pillar	Outcome	How we will measure it	Target for 2015/16	Progress against plan at Q1+2	Position against Plan at Q1+2	
Pillar 4 - Relationships and Partners	Rebalance our service portfolio through partnerships, transfers and mergers – within the Local Health Economy (LHE), we wish to work closely in integrated service delivery to provide joined-up care with our local NHS colleagues and also the independent sector providers	We will review the Trusts Core Service portfolio and demonstrate the implementation of the outcome of the review	We will provide quarterly evidence of the implementation of the outcome of the review of the Trusts Core Service portfolio (the provision of papers/evidence in respect of any shift in core service provision would align to the content of this objective)	Quarter 1: Core Service decision making framework planned to be considered at July's Trust Board meeting Quarter 2: Trust's Core Service portfolio reviewed by the Executive Team and Trust Board. Core Service decision making framework agreed at July's Trust Board meeting for future use. This is being used as a framework for new and existing business	On Plan	MP
	Strengthen the infrastructure around our communication with our communities, stakeholder engagement,	We will have a programme of engagement via 4Es that encompasses	Programme of 4Es across each Neighbourhood. Evidence of 4Es influencing	Quarter 1: The time timetable of 4Es meetings within Neighbourhood Communities is in place and the first meeting of these is planned for October in Erewash	On Plan	MP

	listening events and market-promoting capabilities	each Neighbourhood over the year. We will demonstrate through 4Es that engagement is seen as key to influencing decisions and helping to shape services	decision making to support shaping of services	Quarter 2: Agenda and attendees agreed to support the new approach for 4Es to commence in October in Erewash		

Internal Evidence – Pillar 4: Relationships & Partners

Ref: Strengthen the infrastructure around our communication with our communities…
Fig. 4.1 – Extract from 4Es Newsletter, April 2015

4Es Stakeholder Alliance Meeting Dates
4Es meetings are to be held on a quarterly basis from 10:00am to 12:30pm. A discussion took place and it was decided that there would be a neighbourhood focused approach, which will include organisations and stakeholders within each neighbourhood. Future meetings are: • 23 February 2016 – Chesterfield • 21 June 2016 - Swadlincote • 18 October 2016 - Belper • 20 December 2016 – Derby

Ref: Strengthen the infrastructure around our communication with our communities…
Fig. 4.2 – Extract from 4Es Agenda, October 2015

4Es Stakeholder Alliance Agenda

Date: Tuesday, 20 October, 2015
Time: 10.00am - 12.30pm
Location: Granville Centre, Granville Avenue, Long Eaton, Derbyshire NG10 4HD

Item No.	Time	Subject	Facilitator/Lead
1	10.00 (15)	**Welcome & Introductions** **Apologies** **Share something positive…..**	4E's Chair
2	10.15 (30)	**Erewash vanguard**	Rakesh Marwaha, Chief/Accountable Officer,NHS Erewash CCG
3	10.45 (30)	**Smoking Cessation**	April Saunders, Acting Physical Health & Wellbeing Lead DHCFT
4	11.15 (15)	Coffee Break	
5	11.30 (45)	**Erewash Mental Health Innovation Project** **Erewash Mental Health Innovation Project - group session**	Kate Burley / Stella Scott Mental Health Senior Commissioning Officer | NHS Hardwick CCG / Chief Executive Officer Erewash Voluntary Action – CVS
6	12.15 (15)	**4Es Newsletter** **Action Matrix - Updates from:** **Carers Update** **Complaints analysis by REGARDS/equality groups**	 Wendy Slater Core Care Standards and CPA Manager, and Carers Lead Anne Reilly Complaints Manager – Patient Experience Team
7	12.30 (10)	**Summary and learning points** **Close**	4E's Chair

Pillar 5: Financial Performance

Pillar	Outcome	How we will measure it	Target for 2015/16	Progress against plan at Q1+2	Position against Plan at Q1+2	
Pillar 5 – Financial Performance	Make productivity improvements in current services - we need to focus on improving efficiency and financial return in those services that currently perform the least well in Service Line Reporting (SLR), and the need to make more efficient use of our PFI estate and deliver our wider estate strategy.	We will measure efficiency and financial return using Service Line Reporting and other relevant KPIs as reported to Finance and Performance Committee and other meetings. Delivery against our estate strategy will be reported twice yearly to Trust Board	Provide quarterly evidence of how services have performed financially Report estate strategy delivery to Trust Board twice yearly	Quarter 1: Financial reports to Finance and Performance Committee include analysis of how services are performing. Estate Strategy update is due for report to Trust Board in October Quarter 2: Financial reports to Finance and Performance Committee include analysis of how services are performing. Estate strategy update is due for report to Trust Board in November (moved from Oct). Please see Board papers for detailed evidence	On Plan	**CW**
	Achieve Continuity of Service Risk Rating (COSRR) of at least three each quarter	We will report each quarter on the risk rating reported	Maintain risk rating of 3	Q1 Risk rating =3 (COSRR) Evidence: Q1 Return to Monitor included in July Board papers	On Plan	**CW**

				Q2 Risk rating: 4 (FSRR) Evidence: Q2 return included in October Trust Board papers NB: Name of financial rating now changed to 'Financial Sustainability Risk Rating'		

Internal Evidence – Pillar 5: Financial Performance

Ref: Achieve Continuity of Service Risk Rating…
Fig. 5.1 – Extract from paper submitted to Trust Board, July 2015

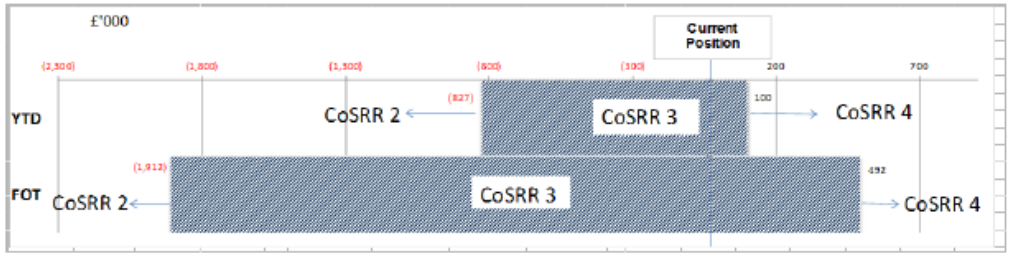
2. Regulatory Risk Rating

This narrative describes performance against the current regulatory regime and rating metrics, which is out to consultation. When the outcome of the consultation is confirmed by Monitor, this section will be updated for future reporting.

Against the current metrics, using the Continuity of Services Risk Rating (CoSRR), our score is a 3 on each of the metrics and therefore a 3 overall year to date.

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. This chart will need to be revisited when the new risk rating metrics are published.

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. This override rule will continue into the new metrics.



Ref: Achieve Continuity of Service Risk Rating…
Fig. 5.2 – Extract from paper submitted to Trust Board, October 2015

Finance Director's Report Month 6

Executive Summary

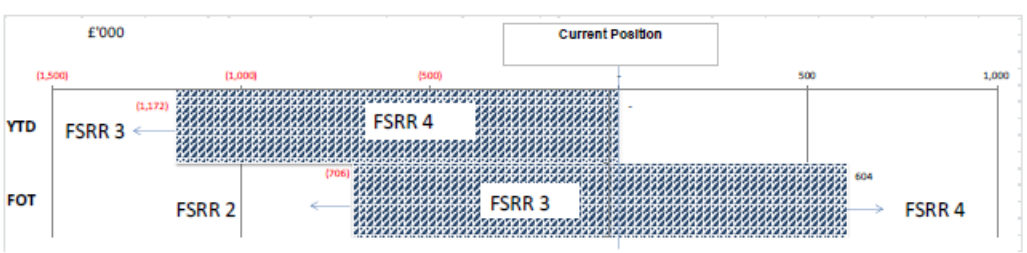
• The forecast necessarily includes a set of assumptions based on knowledge and expectations at this point in time. There remains a large performance range from worst-case to best-case outturn which is primarily dependant on the successful mitigation of emerging risks. The range is shown in the chart.

• The Financial Sustainability Risk Rating is a 4 year to date and forecast to achieve a 3 at the end of the year.

Regulatory Compliance

2.1 Financial Sustainability Risk Rating (FSRR)

Year to date our Financial Sustainability Risk Rating (FSRR) is an overall score of 4, with a 4 on three of the four individual metrics. The forecast FSRR is a 3 overall with a 3 on three of the individual metrics and a 4 on the variance to plan metric.



Outcome 4 - Care is Delivered by Compassionate and Empowered Teams

Pillar 6: Workforce and Leadership

Pillar	Outcome	How we will measure it	Target for 2015/16	Progress against plan at Q1+2	Position against Plan at Q1+2	
Pillar 6 - Workforce and Leadership	Quality improvement objectives as outlined in our quality strategy , as well as addressing any service areas displaying symptoms of what we call “distress” (early warning signs of potential or actual service failure) or any actions from feedback from CQC inspections	We will report each quarter on progress of our teams in care planning (performance form in-patient and community survey) number of in-pts team having personalised care planning and documentation of capacity errors as a concerns in 2015, from April 1st. a narrative on development of accountability	Improved performance than 2014 for care planning and capacity/consent documentation and narrative on Quality Leadership Teams (QLT) - feedback from team and team defined outcomes	Quality Leadership Teams report to Quality Committee through minutes and quarterly reports. Care planning remains a priority until March 2016 Quarterly Report From The Urgent And Planned Care Quality Leadership Team submitted. Includes overarching strategic objectives and work plan for QLT. Leads for work plan identified. Target dates/progress not yet included	On Plan	**CGr**

		and development of our QLT's				
	Continuing with our approach to leadership and management development based on our Trust's values to encourage compassionate relationships, compassionate teams and a compassionate culture of care	We will report each quarter on the approach utilised to develop leaders within the organisation	To have a programme of leadership development in place based upon Trust Values that encourages compassionate relationships, compassionate teams and a compassionate culture of care. We will measure the impact of this through use pre and post impact evaluation assessment. Narrative on QLT development	The Education Department continue to commission leadership development interventions that are based on and incorporate Trust Values such the Colleague to Team Leader programme for new and aspiring team managers (one delivered, two more commissioned) and how to have effective conversations using a coaching approach (one delivered, one commissioned), as well as places on external training programmes for individuals, such as Step into Team Leading and difficult conversations. Internally we have run three Tackling Feedback programmes to give managers a framework with which to approach those difficult conversations with staff. Team coaching interventions have continued to be utilised, as might be expected at a time of great change, and are especially key in the promotion of this approach. However, the numbers of these has necessarily reduced due to lack of staff within the Education and Leadership Development teams with the skills to run these valuable interventions, following retirement and sickness absence.	On Plan	**JSt**

				We have continued the ethos of our monthly Leadership Community Engagement events with the development of the new Spotlight on our Leaders format. The final Leadership Community Engagement Event was run in-house and had representatives from our Commissioners as guest speakers, followed by a question time style discussion that provided insight into transformation across Derbyshire as well as in our own Trust. Talent Management across Derbyshire, supporting the Aspiring General Managers programme by running action learning sets for groups of delegates and providing one to one coaching, as well as mentoring, for individuals on the programme		
	We will continue to strengthen the organisational performance framework to strengthen service line management leading to further de-centralisation, bringing decision making closer to teams and patient care following our key	We will use the Annual staff survey as an indicator of Effective Team Working. We will also monitor our compliance with regulatory performance	Improvement against baseline for staff survey and maintainace of the regulatory baseline	Quarter 1: 3.84% baseline is green for all Monitor targets Quarter 2: Improvement against baseline for staff survey and maintenance of the regulatory baseline	On Plan	**CGi**

	transformational changes	requirements				
	As a result of our creation of neighbourhoods, the structure of the organisation will be transformed in a way that enables decision making to be made closer to direct patient care so that operational managers and clinical leaders will have the freedom to make service improvements and determine resources in line with service line management best practice, and executives become more strategic in horizon scanning, influencing the local and national agenda.	We will use the annual staff survey through staff pledge 4 - *To engage staff in the decisions that affect them, the services they provide and empower them to put forward ways that deliver better and safer services*. Using the % of staff reporting good communication between senior management and staff as a baseline by which to measure against	Improvement against baseline	The measurement is based on the annual staff survey, which will be reported on in February 2016 ; A quantifiable update will be provided at this stage	On Plan	**JSt**

	We will create leaders at every level of our organisation who are able to continually improve the quality of care provided and enhance our patients' experience by driving forward innovation, transformation and modernisation of our services. We will introduce a leadership offer aimed at preparing our leaders for the transition needed and challenges ahead	We will create and implement a leadership offer personalised to each level of leadership that prepares our leaders for the transition needed and challenges ahead	To have a programme of leadership development in place that is accessible to leaders across the organisation	The Education Department continue to commission leadership development interventions, as above, using the principles that we have adhered to over the last five years, i.e. that every member of staff has a leadership role, whether that be as part of their job description, or to do with them being a subject expert, or to do with them being required to 'step up to the plate'. This is reflected in the way the Leadership Community Development events have morphed successfully into quarterly Spotlight on our Leaders events with two delivered so far. The launch, at Derbyshire Cricket Club, provided an opportunity to give leaders across the Trust an insight into our strategic aims as well as funding issues in order to begin to develop a common vision. The second event focussed on quality, with the third one, due to be delivered in the new year, having the emphasis on development of strategy. These events are now delivered on Trust premises to preserve funding with plans to instate regular Senior Leaders events in between main events	On Plan	**JSt**
	Coaching competencies and development will form a significant facet in our leadership approach by developing	We will use the health check & key HR metrics to demonstrate changes within	We will see an improvement in the health check & HRKPIs relating to this measure	We have continued to deliver coaching skills programmes, now badged as 'How to have effective conversations using a coaching approach' in order to emphasise to staff that it is not just about formal one to one coaching	On Plan	**JSt**

	a culture where coaching is the preferred leadership and management style. Fostering this preferred approach, we will be continually equipping our leaders with the skills and competencies to develop a compassionate culture	the wellbeing of our workforce		but also about the approach we use in our communications. One delivered, one commissioned as above. We are working in partnership with Derby Hospitals to share places on programmes to encourage networking and to develop a coaching conference. The recent appointment of an interim Leadership Development Manager (01 October 2015) has meant that we can now refresh and relaunch coaching within the Trust, starting with a scoping of how widely it is used, refreshing the coaching network meetings etc. Coaching continues to be promoted in training programmes as the Trust's preferred management style		

Internal Evidence – Pillar 6: Workforce and Leadership

Ref: Quality improvement objectives as outlined in our quality strategy…
Fig. 6.1 - Quarterly Report from the Urgent and Planned Care Quality Leadership Team: Strategic objectives and work plan

Quality area	Objectives
Quality priorities	• Suicide prevention • Think! Family • Physical Healthcare • Friends and Family test • Clinical outcomes including – Payment by results • Positive and Safe including safe ward • Recovery principles
CQUIN	**1.** Physical Healthcare **-** Two part indicator: • 1a: Cardio Metabolic Assessment and treatment for patients with psychoses. • 1b Communication with General Practitioners. **2.** To work with acute trust to support reduction in the rate of mental health re-attendances at A&E. **3.** Think Family **4.** Suicide prevention **5.** Dementia and delirium
Learning from complaints, incidents and feedback from patients, carers and our partners	• Complaints • Incidents • Feedback from patients, friends and family test, patient surveys etc. • Feedback from partners, Healthwatch, external visits etc.

Learning from CQC	We know from our previous CQC inspections that there are a few areas where we routinely do not perform well. These include: • Individual, personalised care planning • Capacity assessments forming part of clinical records • Shared planning and decision making between health care professionals and patients Also to look at inspection reports which reflect how the following key questions are evidenced: Are services safe? Are services effective?, Are services caring?, Are services responsive to people's needs?, Are services well led?
Other areas relevant to TOR of committee	NICE guidance, audit, research, waiting times, safe staffing etc.

WORKPLAN FOR URGENT AND PLANNED CARE QLT - QUALITY PRIORITIES 2015/16

(CQC area is Caring, Safe, Effective, Well Led, Responsive)

No	CQC area (1-5)	What we are going to do?	Who is going to do it?	By when?	Progress	RAG rating
Quality Priorities						
1	Physical Healthcare 1,2,3,4,5	Improve physical healthcare to reduce premature mortality in people with SMI through a number of key metrics and national measures.	Physical Care Committee Chairs to report to QLT			
2	Friends and Family Test 3,5,		Sarah Butt, Anne Reilly, QLT			
3	Preventing Suicide through patient safety planning 1,2,3,5	Implement and evaluate the new safety plan	Feedback from group led by John Sykes.			
4	Positive and Safe 1,2,3,4,5	Reduce our use of restrictive practice	Led by Sarah Butt			
5	Think! Family 1,2,3,4,5	Developing and implementing our family safeguarding work.	Tracey Holtom/Tina Ndili, QLT			
6	To become a recovery focussed organisation 1,2,3,4,5	Develop through Neighbourhood Model, personalised care planning.	Sara Baines, QLT			
7	Clinical Outcomes 1,2,3,4,5	Part of NHS standard contract	Mark Ridge, QLT			

CQUIN						
1	Improving Physical Healthcare	Monitor progress and support	Hayley Darn			
2	Improving diagnosis and attendance rates at ED	Monitor progress and support	Sam Mortimer			
3	Suicide Prevention through safety planning	Monitor progress and support	John Sykes			
4	Think! Family	Monitor progress and support	Tina Ndili, Tracey Holtom			
5	Dementia and Delirium	Monitor progress and support	Philomena O'Hanlon			
Learning from Complaints, incidents, feedback etc.						
1	SIRI thematic reviews	Review monthly	Divisional Nurses			
2	Complaints	Feedback of key themes from Divisional Complaints meeting	Kath Lane to feed into QLT			
Learning from CQC						
1	Feedback from CQC preparedness	Review and disseminate	Chair QLT			

2	CQC literature	Review of CQC reports and publications	Chair QLT			
Any other areas of clinical priority NICE guidance implementation, audits, research, etc.						
1	Audit	Review of Divisional Audit Programme	Rubina Reza			
2	NICE	Ownership of applicable NICE Guidance	QLT			
3	Engagement of staff with CRG and reporting structure	Meeting with Chairs of CRG, feedback of quality priorities to all clinical staff groups.	QLT – to be discussed			

Ref: Continuing with our approach to leadership and management development…
Fig. 6.2 – Message from Ifti Majid, Acting Chief Executive, 23 October 2015

Dear all

On Wednesday we held another successful leadership event, bringing together managers and senior clinical leaders from all services to receive an update on key issues affecting the Trust at the moment. Whilst we hold these sessions to support our managers, I am aware that we have leaders at all levels across the organisation. Although your managers will be feeding back about the topics discussed, I thought it would be useful to highlight a few key areas and wider updates with you all.

I opened the event with a review of the current position of the health sector in general, looking at both performance financially and against key targets. We discussed how performance was clearly deteriorating across all sectors, the risks this poses us, but also positively how well we as a Trust are doing to remain on plan from both a financial and target perspective. We then discussed the pressure of change within health and social care in Derbyshire, looking at the demographic pressure points – particularly around the growing population aged over 70 and the general healthiness of the Derbyshire population compared to the rest of England. We had some good discussion around the risks this could give our Trust and some of the change we would need to deliver to cope with this pressure.

I updated managers on the Trust's current position in relation to our ongoing governance rating, including a review of our governance framework which is likely to conclude early in the new year. The two investigations led by the independent panels are continuing and it's anticipated that we will start to see some outcomes from that process towards the end of the calendar year. In November we are also expecting the outcome of the final stage of the recent employment tribunal and I will keep staff up to date in relation to the outcome of that process. We did also touch upon the Trust's pending CQC visit, which is also likely to take place between February and June 2016. Whilst we do not have any confirmed dates for this yet, we will share updates with staff as they occur.

Mark Powell, Director of Business Development and Marketing, provided an update on the Trust's recent business development activity and asked teams to think about three key issues: creativity, competition and collaboration. Claire Wright, Director of Finance, provided an update on our financial position and stressed how we all need to start thinking about ways in which we will meet our cost improvement plans for 2016/17. Claire thanked everyone for their creative money-saving ideas received to date and asked for people to continue sharing ways in which we could improve the efficiency and effectiveness of our services. Carolyn Green, Director of Nursing and Patient Experience, provided an update on the Trust's quality strategy and associated quality priorities and urged us to

celebrate those areas where we were already ahead nationally, whilst remembering the need to focus on personalised care planning and preparing for the further role out of our EPR (electronic patient record) system.

It is clear that we are moving into increasing challenging times and that the environment in which we work requires us to operate in very different ways. This is evident through our increasing partnership work with colleagues across the health economy through the 21C and Joined Up Care boards in north and south Derbyshire respectively. For that purpose the Trust Board has agreed that it is time to revisit the Trust's strategy, to ensure it is relevant to the outcomes we are working towards and the approaches we are currently adopting. Mark Powell will lead the next Spotlight on our Leaders session to ensure you have an opportunity to input into this.

In the afternoon we heard from two guest speakers, Geoff Brennan and Peter Bullimore, who shared their own insights into mental health services. Geoff provided an update on independent homicide reviews as well as Star Wards and Safewards, which are both in implementation (or coming!) to our inpatient wards. Peter spoke powerfully about his experience of hearing voices and how he is supporting staff on the Radbourne Unit in Derby to support others via use of the Maastrict interview tool.

Amy Johnson, our Family Liaison and Investigation Facilitator, spoke about the importance of family inclusive practice and the role of her team to support staff to achieve this. You can access Amy's video on the service on YouTube – please log out of Citrix before trying the link.

Finally, as many of you are aware, Chris Wheway is leaving the Trust today to take up his new role in Lincolnshire. We wish Chris the very best in his new role. In the meantime, Kath Lane has agreed to cover the role of Acting Deputy Director of Operations, supporting Carolyn Gilby as Interim Director of Operations. Claire Biernacki will become the Acting General Manager for Neighbourhoods.

Best wishes
Ifti

Ifti Majid
Acting Chief Executive

Ref: Continuing with our approach to leadership and management development…
Fig. 6.3 – Colleague to Team Leader Programme Details

Course Rationale	The transition from team member to team leader is highly demanding. The course will help you become fully effective as smoothly and quickly as possible. As a supervisor / team leader, you focus on the day to day implementation of your organisations strategies so your contribution is vital in getting things done. This course will help you to see how your role and style affects your teams ability to meet the organisations expectations
Learning Outcomes	At the end of the course delegates will be able to: -Understand the role of the supervisor / team leader -Effectively plan and delegate the work of the team to meet your organisations objectives -Inspire and motivate the team and individuals to achieve their maximum potential -Develop your style as a coach -Lead your team with vision and passion making it matter
Topics	Day 1 -The role and responsibilities of a team leader -Establishing your leadership sty -Understanding your team - identifying learning and communication styles -Effective communication skills Day 2 -Planning and setting SMART objectives -Developing effective delegation skills -Dealing with conflict Day 3 -Improving performance -Coaching in the workplace -Personal Development Planning and Action Plan
Target Groups	The Colleague to Team Leader Development Programme is recommended for newly-appointed supervisors and team leaders, those about to be promoted to that role and experienced supervisors who would welcome refresher training

Ref: The structure of the organisation will be transformed…
Fig. 6.4 - Performance Indicators, Quarter 1

15-16 Trust Key Performance Indicators

	Apr, 2015			May, 2015			Jun, 2015		
	No.	%	Target	No.	%	Target	No.	%	Target
Monitor Targets									
CPA 7 Day Follow Up	104	96.15%	95.0%	83	97.59%	95.0%	117	99.15%	95.0%
CPA Review in last 12 Months (on CPA > 12 Months)	3778	96.72%	95.0%	3723	96.35%	95.0%	3712	96.36%	95.0%
Delayed Transfers of Care	461	0.75%	7.5%	434	0.67%	7.5%	484	0.68%	7.5%
Data Completeness: Identifiers	22391	99.31%	97.0%	22404	99.29%	97.0%	22508	99.37%	97.0%
Data Completeness: Outcomes	3778	94.15%	50.0%	3723	93.67%	50.0%	3712	93.41%	50.0%
Community Care Data - Activity Information Complet...	89962	91.47%	50.0%	89649	91.39%	50.0%	91219	91.05%	50.0%
Community Care Data - RTT Information Completeness	89962	92.31%	50.0%	89649	92.31%	50.0%	91219	92.31%	50.0%
Community Care Data - Referral Information Complet...	89962	72.42%	50.0%	89649	72.00%	50.0%	91219	72.00%	50.0%
18 Week RTT Less Than 18 Weeks - Non-Admitted	206	95.63%	95.0%	207	95.65%	95.0%	253	95.26%	95.0%
18 Week RTT Less Than 18 Weeks - Incomplete	402	95.77%	92.0%	397	95.47%	92.0%	384	96.35%	92.0%
Early Interventions New Caseloads	18	163.6%	95.0%	29	126.1%	95.0%	43	126.5%	95.0%
Clostridium Difficile Incidents	0	N/A	7	0	N/A	7	0	N/A	7
Crisis GateKeeping	90	100.00%	95.0%	77	100.00%	95.0%	83	100.00%	95.0%
IAPT Referral to Treatment within 18 weeks	538	99.44%	95.0%	510	99.41%	95.0%	579	99.48%	95.0%
IAPT Referral to Treatment within 6 weeks	538	89.03%	75.0%	510	85.69%	75.0%	579	85.15%	75.0%

Ref: The structure of the organisation will be transformed…
Fig. 6.5 - Performance Indicators, Quarter 2

15-16 Trust Key Performance Indicators

	Jul, 2015			Aug, 2015			Sep, 2015		
	No.	%	Target	No.	%	Target	No.	%	Target
Monitor Targets									
CPA 7 Day Follow Up	108	97.22%	95.0%	96	98.96%	95.0%	144	97.22%	95.0%
CPA Review in last 12 Months (on CPA > 12 Months)	3671	96.30%	95.0%	3624	96.66%	95.0%	3634	96.23%	95.0%
Delayed Transfers of Care	476	0.69%	7.5%	474	0.41%	7.5%	490	0.35%	7.5%
Data Completeness: Identifiers	22739	99.37%	97.0%	22132	99.37%	97.0%	22185	99.38%	97.0%
Data Completeness: Outcomes	3671	93.50%	50.0%	3624	93.65%	50.0%	3634	93.84%	50.0%
Community Care Data - Activity Information Complet...	90686	90.92%	50.0%	89164	90.84%	50.0%	91818	90.90%	50.0%
Community Care Data - RTT Information Completeness	90686	92.31%	50.0%	89164	92.31%	50.0%	91818	92.31%	50.0%
Community Care Data - Referral Information Complet...	90686	72.25%	50.0%	89164	71.96%	50.0%	91818	71.78%	50.0%
18 Week RTT Less Than 18 Weeks - Non-Admitted	235	96.17%	95.0%	182	96.15%	95.0%	251	96.02%	95.0%
18 Week RTT Less Than 18 Weeks - Incomplete	386	96.11%	92.0%	417	96.40%	92.0%	420	95.48%	92.0%
Early Interventions New Caseloads	55	119.6%	95.0%	66	115.8%	95.0%	27	112.5%	95.0%
Clostridium Difficile Incidents	0	N/A	7	0	N/A	7	0	N/A	7
Crisis GateKeeping	101	100.00%	95.0%	96	100.00%	95.0%	83	100.00%	95.0%
IAPT Referral to Treatment within 18 weeks	631	99.05%	95.0%	490	98.98%	95.0%	607	98.85%	95.0%
IAPT Referral to Treatment within 6 weeks	631	87.00%	75.0%	490	90.61%	75.0%	607	89.29%	75.0%

Ref: Coaching competencies and development…
Fig. 6.6 – Three Day Introduction to Coaching Handout

COACHING

Coaching helps…

- Transport someone from one place to another
- Move forward
- Create a change

Coaches…

- Facilitate conversations that benefit the coachee in a way that relates to the coachee's learning and progress
- Do not need to be experts in a field. They need to develop powers of observation and feedback. It is all about helping others to improve performance, regardless of whether the coach can do what the coachee is trying to do.

Coaching has different forms…

- Sports
- Music
- Relationship
- Voice
- Writing
- time management etc.

Coaching conversations…

- Can be formal or informal
- You are probably already coaching friends, relatives and staff by giving advice, listening to others, giving feedback/observations etc.

When is coaching conversation a coaching conversation?

- When the coachee recognises that the focus is primarily on them and their circumstances
- Their thinking actions and learning benefited significantly from the conversation

- They were unlikely to have had those benefits in thinking or learning within the timeframe if the conversation hadn't happened

Coaching skills…

- Observation
- Talking
- Listening
- Questioning
- Reflecting

Coaching can be undertaken…

- On a one-to-one basis
- Through observation of someone at work
- Through a casual discussion
- Through a particular challenge/situation

The coaching relationship

- Coaching is about how the individual can be helped to recognise and realise their full potential.
- The coach concentrates on the individual's situation and gives attention and commitment that the coachee will rarely get anywhere else.
- The only agenda in a coaching conversation is the one that the coachee wants.
- Coaches support coachees when things don't go so well; acknowledge when things go well and pinpoint why things go well so that you can do it again.
- The coaching relationship is about objectivity and commitment to the goals of the individual.

When is coaching appropriate?

- Understanding aims, goals and purpose – putting a plan together
- Finding ways to reduce stress
- Building work/life balance
- Improving ability to relate to others
- Improving awareness of ourselves
- Improving self-discipline and motivation
- Improving lifestyles

When not to coach

- Where someone has issues that need to be addressed by a therapist e.g. addiction, abuse or where someone has a mental illness.
  THESE ISSUES SHOULD BE ADDRESSED BY A THERAPIST

Language to use in coaching

- Non-directive – use what and how; directive language suggests you will come up with the solutions
- When to use directive language – where a skill or knowledge needs to be acquired quickly

What makes a good coach?

- Honest and open
- Make someone feel listened to
- Helps individuals to tap into their own inspiration
- Makes the coaching conversation seem effortless
- Remains impartial and objective throughout
- Gently probes to gain all relevant facts
- Builds rapport
- Supports individuals to achieve more than they normally would
- Is able to clarify the thoughts and goals of the coachee
- Is encouraging and challenging
- Is realistic about solutions
- Coachees feel buoyant, positive and optimistic at the end of sessions

Additional acronyms used within the report not referenced at source:

Acronym	Definition
@NHSFFF	Twitter feed for Future Focused Finance
APR	Annual Plan Report
CBT	Cognitive Behaviour Therapy
CCG	Clinical Commissioning Group
CEO	Chief Executive Officer
CFT	Compassion Focused Therapy
CHDRH	Chesterfield and North Derbyshire Royal Hospital
CIP	Cost Improvement Plan
COEBA	Commercial Opportunity or Existing Business Assessment
COSRR	Continuity of Services risk rating
CPA	Care Programme Approach
CQUIN	Commissioning for Quality and Innovation
CRHT	Crisis Resolution and Home Treatment Team
DH	Department of Health
DHcFT	Derbyshire Healthcare Foundation Trust
DRI	Derby Royal Infirmary
DToC	Delayed Transfers of Care
EBITDA	Earnings Before Interest, Taxes, Depreciation and Amortization
EDS	Equality Delivery System
ELT	Executive Leadership Team
EPR	Electronic Patient Record
ESR	Electronic Staff Record
F&P	Finance and Performance Committee
FFF	Future Focused Finance
FFT	Friends & Family Test
GEM	Software provider
HFMA	Healthcare Financial Management Association
HoNOS	Health of the Nation Outcome Scores
IPA	Involvement and Participation Association
KPIs	Key Performance Indictors
LETB	Local Education and Training Boards
LRCH	London Road Community Hospital
MCM	Multi Centre Monitoring
MD	Medical Director
MH	Mental Health
MP	Member of Parliament
n/a	Not applicable
NICE	National Institute for health and Care Excellence
OPA	Out Patient Appointment
OT	Occupational Therapy / Therapist
PADR	Personal Appraisal Development Review
PbR	Payment by Results
PCOG	Performance and Contract Overview Group
PPG	Patient Participation Groups
Q	Quarter

R&D	Centre for Research and Development
RAID	Rapid Assessment Interface and Discharge
SLR	Service Level Agreement
TMAC	Trust Medical Advisory Committee
TUPE	Transfer of Undertakings (Protection of Employment)
VIBE	Viability Assessment
W/C	Week Commencing
WPITeam	Workforce Planning and Information Team
AS	Anna Shaw
CG	Carolyn Green
CW	Claire Wright
HD	Hayley Darn
IM	Ifti Majid
JSt	Jayne Storey
JSy	John Sykes
KL	Kath Lane
KM	Kate Majid
PS	Paul Sample
RL	Rachel Leyland

Derbyshire Healthcare NHS Foundation Trust
Report to Board of Directors 25 November 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 and Campus developments

- Neighbourhood Readiness
- Learning Disability Services
- Early Intervention Services
- Urgent Assessment and Home Treatment
- WorkPro
- Dementia Rapid Response Team
- Development of Community Pathways for people with a Complex Personality Disorder
- Identification of transformation and efficiency schemes 2016-17

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 monthly Integrated Service Delivery Programme Board meetings as part of TOMM
- Sections of this paper have also been presented to Transformation Board 13 April and the Executive Leadership Team 20 April 2015 and 26 October 2015
- Sections of this paper have been considered in the Finance and Performance Committee 17 November 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 could be potential to impact REGARDS groups with respect to any workforce changes, we must therefore ensure any redeployment or role changes take account of any protected characteristics.

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 services creating Neighbourhood teams based on local geographical communities and the needs of the population.

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

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

Neighbourhood Readiness
Staff consultation commenced in the summer and was paused in response to staff feedback that they didn't feel Neighbourhood ready, in part due to additional review of Job Descriptions being undertaken and a clearer direction regarding training & upskilling being available. This work has now been completed and consultation resumed in November. Job Descriptions have been shard with staff to support Neighbourhood readiness.

In response to staff feedback the implementation date of the Neighbourhoods has been delayed to 1st April 2016. The implementation date referenced within the Strategy report will be adjusted to reflect this position.

A training programme has now been agreed at the Neighbourhood Project Board.

- E-learning modules that will support transition to an ageless service. These modules are available in ESR and so are accessible to staff, free of charge, from any trust PC and staff records will automatically update on completion. These programmes are on Connect (*intranet*) on the following page:

  http://connect/Corporate/WorkforceOrganisationalDevelopment/learningdevelopment/SitePages/Development%20Courses%20Available.aspx

- Classroom based learning. These programmes are, traditionally, not booked in as such but can be organised as soon as we have enough people on the reserve list to know a programme is viable.

- A series of 'bite size' programmes, delivered by staff. Initially these will be programmes that staff have offered to deliver (in line with supporting transformation) but the overall programme of these events will be developed according to what service requests.

- Details of the longer courses of study will be found on the websites of the universities. We are also developing the LBR page on Connect so that the details of these programmes, costs and funding are more easily accessible to staff, from our own intranet rather than having to search for the University web pages

- The training needs analysis will be circulated shortly. It has been agreed that this will go out in the form of a spreadsheet. Instead of offering a list of possible programmes, as in recent years, we will be asking for subjects that staff require skills in, in line with developing the new service model. We will then be able to source programmes (off the shelf or design and deliver) to meet those training needs and have some data to determine which of our current programmes we need to run on a more frequent basis. This will enable the training to be much more focused and cost effective.

Learning Disability (LD)

An option appraisal has been discussed at Neighbourhood Project Board in October as planned and was due to be discussed at the Integrated Service Delivery Programme Board (ISDPB) in November unfortunately this has been postponed and it is likely that this discussion will now take in the Executive Leadership Team meeting so as to not incur a project delay in implementing recommendations.

Early Intervention (EI)

The review of evidence to support decision making with respect to the future delivery model for the Early Intervention (EI) service has been delayed.
The review was due to report at the end of October. Following consultation with the Leads for the EI Service and in agreement with the report Sponsor, Dr W Brown Consultant Psychiatrist and Clinical Director, Urgent and Planned Care Division the draft report will now be submitted to the ISDPB at the end of November.

Primarily, this is due to the preliminary recommendations, which, if accepted, would significantly alter the current service model. For this reason the project lead has co-opted the EI service Managers to co-author the final report in order to improve engagement and ownership of the proposals, both by the service managers and the Consultant Psychiatrist.

Urgent Assessment and Home Treatment

An option appraisal has been discussed at Campus Project Board and the Integrated Service Delivery Programme Board (ISDPB) outlining the process of option review undertaken by the Urgent Assessment and Home Treatment project group and giving a preferred option for consideration.

The preferred option outlined by the group is:

- Extend the existing CRHT service, both north and south to include all older adults with a functional mental illness, and with no upper age limit.

- The existing service model for adults 18-65 (south) and 18-70 (north) will be replicated for adults over 65 years old, in all of its functions. Thus, the service will offer advice and consultation to internal and external partners, urgent assessment, home treatment, gatekeeping of inpatient admissions and inreach to facilitate transfer home.

- An iterative approach is proposed, whereby an initial group of staff, with expertise in assessment and care provision for older people experiencing acute mental health crisis is deployed within the teams.

A business case will be submitted to commissioners that provide details of the financial and quality implications of commissioning this service. Monitoring and further discussion regarding funding implications will take place in Performance Contract Overview Group (PCOG)

WorkPro

In previous updates detail has been provided about the process undertaken to create a work force modelling tool.

Since then work has focused on validating assumptions with local teams to determine a localised picture for each Neighbourhood based on working practices. The cluster profiles of the neighbourhoods indicate that most interventions occur in levels 2 and 3 resulting in an increase in Band 3 and Band 5 clinicians and fewer Band 6 and above.

The objective of these sessions has been to:

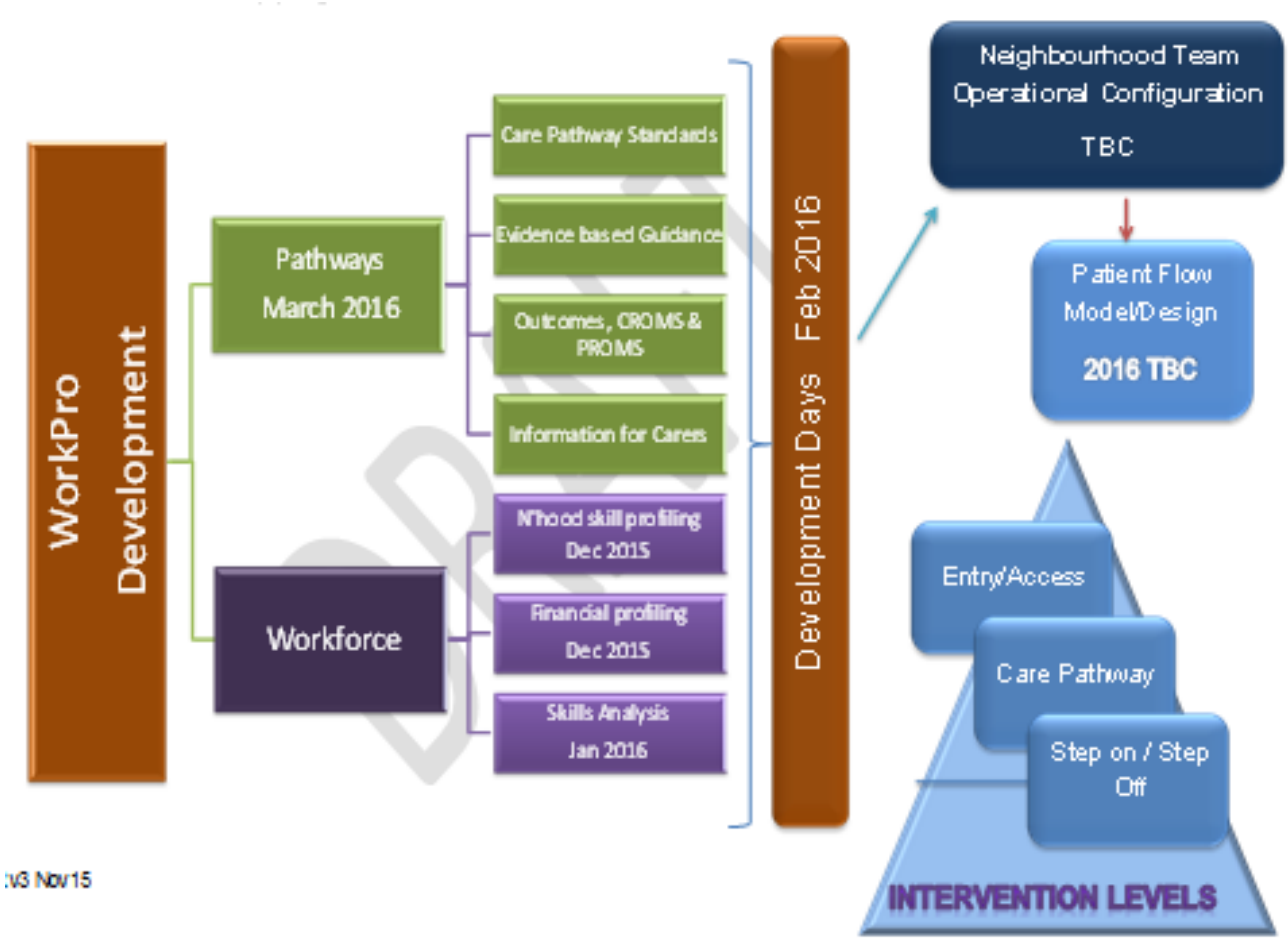
- Validate the outputs
- Undertake skills assessment
- Review working practices

Emerging themes

- There is no indication from discussions with staff that assumptions made with regard to the skill level (and therefore banding) required to deliver the interventions within the 3 defined levels (Appendix 1) are incorrect.
- We are aware that there is clinical activity undertaken that is not currently captured due to the methodology and contracting requirements of data capture with respect to face to face clinical activity.
- The feedback from staff has identified several areas where capacity within teams could be increased:

- Efficiencies to be made in both initial assessment and follow up contacts.
- Appointments could be kept in a team electronic diary allowing easier reallocation of vacant appointments.
- A greater use of evidence based approaches and routine use of outcome measures, will help to give staff confidence to reduce the overall length of a clinical spell and have confidence close cases earlier.
- Having a 'Step On – Step Off' approach to care would be preferable to the 'Taken on – Discharged' system currently practised.
- Non-medical caseload size appears to be dictated by a range of factors from appointment frequency, access to support if needed, by someone who knows the patient and anxiety over being able to keep a hold of all the activity underway for each patient.
- Introduction of any new, policy, process, champion request etc. requires impact assessment in terms of the individual staff's time needed to implement the change.

Next Steps



- Evaluation of WorkPro November 2015
- Adjustment of WorkPro fields to include information gathered from the inventory of clinical and non-clinical team activity November 2015
- Medical Staffing version of WorkPro – November 2015
- Neighbourhood amended and provisionally costed version of WorkPro December 2015

Dementia Rapid Response Team

The purpose of the Dementia Rapid Response Team is to respond to people who have dementia who are experiencing some degree of crisis or difficulty and who require urgent health intervention in order to maintain them in their home environment, support relationships, maintain quality of life and reduce the need for hospital admission. The DRRT also works in collaboration with inpatient services to ensure people admitted for care are enabled to return home in the optimum time
The team offers a timely assessment and agrees a plan of care with the person and those close to them. The assessment and care will be offered within the person's home, where home treatment is planned this will be through interventions that are evidence based and NICE compliant.

DRRT appears to have had an unprecedented impact on the number of beds currently needed to deliver a bedded care service to people with dementia. As a result of this Tissington House has no patients – staff have been temporarily redeployed to support other older adult campus services. This situation is reviewed daily and business continuity plans are in place to address an increase in need for organic bedded care should this be indicated.

A business case will be submitted to commissioners that provide details of the financial and quality implications for the future commissioning of this service.

Development of Community Pathways for people with a Complex Personality Disorder

The development of alternatives to inpatient care is fundamental to the delivery of a community model that provides a true alternative to inpatient care.
At present there is limited community support offer available for clients presenting with a personality disorder. The current lack of specialist community services for these service users is having a detrimental impact on our inpatient beds as well as the resilience, safety and wellbeing of service users and of Trust staff who are trying to care for them without the availability of specialist support or services.
To overcome this DHCFT has identified the need for a service to specifically support this client group in both returning to and re-engaging with their local communities and to ensure that their wellbeing requirements are met and supported during times of need.

The proposal outlined by the project group:

- Aims to build community resources to support and treat people with a Personality Disorder in a more effective and cost efficient manner and importantly with equitable access to services for all.

- The proposed pathway will enable 'Specialist Personality Disorder Provision' to a subset of neighbourhood team caseload. The proposed model has a capacity of 32 service users in each neighbourhood. Indicators for acceptance will be a primary diagnosis Emotionally Unstable Personality Disorder / Borderline Personality Disorder, high level of risk and motivation to change and engage in treatment.

A business case will be submitted to commissioners that provide details of the financial and quality implications of commissioning this service.

Identification of transformation and efficiency schemes 2016-17
The Cost Improvement Programme for the Trust continues to be organised and monitored through the Transformation and Assurance Team. The Programme Assurance Board co-ordinates packages of work in the work-streams for the Transformational Programme 2014-2019 and drives forward delivery with respect to time, quality and finance.

Delivery of this year's target has proved more challenging than in the past, but the 15/16 gap is now closed.

Areas of focus will continue to be:

- Medical workforce transformation
- Development of community pathways for individuals with a complex personality disorder
- Reducing temp staff spend
- Development of harvested ideas from staff from DoF podcast and meetings

With respect to 2016-17; progress has been made with formatting the programme to commence reporting in October 2015. Schemes will focus on the next stage of transformation and enabling schemes as well as wider Health and Social Care transformation related schemes and the longer term podcast and other harvested ideas.

In addition, at a more global level the Director of Transformation is preparing a review of lean and other more broad transformational efficiency approaches.

Development Days have commenced and initially these will be internally focused to support identification of transformational efficiency schemes. Once completed each group will commit to sharing these plans with external stakeholders to ensure any interdependencies across health and social care are noted and implementation plans can be formed.

Appendix 1

Levels of intervention within each Neighbourhood are predicated on clinical coding to support capacity analysis. This allowed identification of:

Definition of three levels of care intervention
A correlation of care clusters and interventions identified in the NICE guidance the clusters were broadly categorized in three levels:

- *Level 1: Symptom Recovery (High dependency/Complex)*

Needs are very complex or more resistant to change
Intervention requiring specialist skills and tend to be more complex or more resistant to change. Skills found in senior medical staff and Band 6 and above clinicians

- *Level 2: Symptom and Occupational Recovery*

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

- *Level 3: Recovery and Resilience (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.

DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST

MINUTES OF A MEETING OF THE QUALITY COMMITTEE

Held in the Board Room, Bramble House, Kingsway, Derby DE22 3LZ

Thursday, 15 October 2015

PRESENT:	Maura Teager	Chair and Non-Executive Director
	Mark Todd	Trust Chairman
	Tony Smith	Non-Executive Director
	Carolyn Green	Director of Nursing and Patient Experience
	Claire Wright	Executive Director of Finance
	Sangeeta Bassi	Chief Pharmacist
	Nicola Fletcher	Lead Professional for Patient Safety
	Emma Flanders	Lead Professional for Patient Safety
	Deepak Sirur	Consultant Psychiatrist in Substance Misuse
	Wendy Brown	Clinical Director
	Sarah Butt	Assistant Director of Clinical Practice and Nursing
	Clare Grainger	Head of Quality & Performance
	Rachel Kempster	Risk & Assurance Manager
	Rubina Reza	Research and Clinical Audit Manager
	Chris Fitzclark	Derbyshire Voice representative
Deputising for Catherine Ingram	Nikki Rhodes	Involvement Manager, Derbyshire Voice
	Pam Dawson	Carer Forum
IN ATTENDANCE:	Sue Turner	Board Secretary and Minute Taker
APOLOGIES:	Phil Harris	Non-Executive Director
	Carolyn Gilby	Acting Director of Operations
	Jenna Davies	Interim Director of Corporate & Legal Affairs
	Bev Green	Releasing Time to Care Lead
	Jayne Storey	Director of Transformation
	Dr John Sykes	Executive Medical Director
	Petrina Brown	Consultant Clinical Psychologist
	Catherine Ingram	Chief Executive, Derbyshire Voice

QC/2015/139	**WELCOME AND APOLOGIES** The Chair, Maura Teager, opened the meeting, welcomed everyone and introduced Emma Flanders who will take on Nicola Fletcher's role as Lead Professional for Patient Safety.
QC/2015/140	**MINUTES OF THE MEETING DATED 10 SEPTEMBER 2015** The minutes of the meeting, dated 10 September 2015 were accepted and agreed, subject to a correction to Dr Wendy Brown's title and Sangeeta Bassi shown as present at the meeting.
QC/2015/141	**ACTIONS MATRIX** The committee agreed to close all completed actions and updates were provided by members of the committee and noted directly on the actions matrix.

QC/2015/142	**MATTERS ARISING** **QC/2015/114 Suicide Prevention: Report on Chesterfield Central Neighbourhood Team:** Following concerns raised at the last meeting, Sarah Butt presented a high level report compiled by Brenda Rhule, Acting Divisional Nurse, Planned Care, regarding the size of caseloads and capacity issues within the Chesterfield Central Neighbourhood Team. Further concerns had also been raised regarding the high level of referrals to the Crisis Team. Sarah Butt gave a verbal update on sizes of caseloads and patients received by the Crisis Team. The teams are working with their caseloads and are having to work two to three hours over their contracted working hours and time off in lieu arrangements are being reviewed. An anonymised version of the report will be submitted to the next meeting of the committee and will also include care planning records. Wendy Brown believes there is an unknown issue within the Chesterfield Team that is keeping people out of the reach of the Crisis Team and asked for this to be investigated. It was noted that the Service Manager is planning to meet with consultants and the results of these discussions will be built into the next report (Sarah Butt would relay this to Brenda Rhule). The committee agreed that in order to obtain assurance and for completeness this further report will be an item on the November agenda for the committee to understand the recommendations, milestones and additional analysis of the Chesterfield Team that Wendy Brown asked for. **ACTION: A further report would be received by the committee at the next meeting that would give greater understanding of the report's recommendations. The report would also include an anonymised version of Brenda Rhules's report, milestones, results of the Service Manager's discussions with consultants and an analysis of what is keeping people out of the reach of the Chesterfield Crisis Team.** **RESOLVED: The Quality Committee received partial assurance from the report on the Chesterfield Central Neighbourhood Team and would seek further assurance of the report's recommendations at the next meeting in November.**
QC/2015/143	**SERIOUS INCIDENT REPORT** Nicola Fletcher presented the Serious Incident Report which provided the Quality Committee with information relating to all Serious Incidents (SIs) occurring during September 2015. This was her final report to the committee in her current role and Emma Flanders Lead professional for Patient safety would present this report in future. The committee noted that overdue actions compared to the previous month were included in the report. Discussions took place on how outstanding incidents would be captured and it was agreed that these would be shown in a graph with accompanying narrative and be trialled in next month's report. Maura Teager queried the incident marked 'alleged abuse by staff' which is currently under investigation. Carolyn Green would check the detail regarding this member of staff and confirm what action has been taken in an email to the chair of the committee. Maura Teager thanked Nicola Fletcher on behalf of the committee for bringing a fresh approach to the SI report and wished her well in her new role.

	ACTION: Emma Flanders to include a graph and accompanying narrative to reflect outstanding incidents in next month's report. **ACTION: Carolyn Green will confirm to the committee chair by email the results of her investigation into action taken to address 'alleged abuse by staff'.** **RESOLVED: The Quality Committee scrutinised the report and received partial assurance of the emergent and current issues under a monitoring brief by the SI Group.**
QC/2015/144	**SERIOUS INCIDENT ACTION PLAN** Nicola Fletcher explained that the SI Action Plan relates to the annual Serious Incident Report and covers actions updated from that report and that the RAG rating gave an indication of current status of incidences. The committee considered the SI Action Plan to be a positive development and discussions took place on how it could be made smarter in terms of timescale and how the rag rating is explained. Care planning was noted as a key theme would also be clarified on how this would be measured and show specific actions in relation to the SI annual report. It was suggested that an additional column could show how the Action Plan is connected with other work perhaps another column could be added at the end to show the connection. **ACTION: Action Plan to be developed further to include care planning criteria and show actions relating to the SI Annual Report and connection to other work.** **RESOLVED: The Quality Committee noted the Serious Incident Action Plan.**
QC/2015/145	**URGENT AND PLANNED CARE QLT QUARTERLY REPORT** Wendy Brown's quarterly report covered work completed by the Quality Leadership Team for the last quarter and gave an indication of plans for future work and highlighted key areas of progress: • Engagement of staff in the Clinical Reference Groups and reporting structures • Individualised Care Planning • Physical Healthcare Ongoing work is being carried out with the clinical reference groups to encourage and fully engage clinical staff and this will be aligned through the new management structure. The committee noted the progress of work to date and the gaps in assurance: Wendy Brown explained that the new proposed management structure of the QLT post Neighbourhoods and Campus will have a more overreaching range and Associate Clinical Directors will be appointed to lead the QLT agenda. The committee understood that the QLTs' approach is evolving and the new structure will allow an enabling process and looked forward to receiving the proposed QLT structure contained in Wendy Brown's next report with engagement and feedback from CRG's Clinical Reference Groups. **ACTION: QLT Management Structure to be included in the next Urgent and Planned Care QLT quarterly report, together with the proposed QLT structure.**

	RESOLVED: The Quality Committee noted the contents of the report.
QC/2015/146	**NEVER EVENTS REPORT** This report provided the committee with assurance relating to 'Never Events' as defined and agreed by the Trust Board in May 2010 and updated via the document revised Never Events policy and framework March 2015. The report identified and updated areas for action in consideration of the early warning signs for 'Never Events'. The report covered the period Q4 2014/2015 and Q1 2015/2016. The committee acknowledged that this level of detail of Never Events had not been received before. A high level of assurance was obtained on the content of the report and thanks were extended to Nicola Fletcher for a good piece of work. **RESOLVED: The Quality Committee** **1) Received a high level of assurance on the content of the report** **2) Agreed to receive future updates on a bi–annual basis as an addendum to the Serious Incident Report.**
QC/2015/147	**GENDER SENSITIVE SERVICES** Sam Mortimer and Carolyn Green's report provided the committee with a review of the Trust's current compliance with safe working practices, dignity for service receivers, standards, and required standards of practice and CQC regulations. The report prompted interesting discussions and Maura Teager asked for thanks to be extended to the authors of this work The committee acknowledged this as a comprehensive report that examined all the risks and mitigations and showed how the Trust had engaged with the CQC and commissioners to proactively mitigate those risks. The key balance between the risk of bed occupancy for service receivers and full compliance with gender specific assisted bathrooms. The committee agreed with the recommendation that the report be received by the Safeguarding Committee for other elements to be considered. **RESOLVED: The Quality Committee** **1) Noted the complexity of the issue that showed the risks associated with bed occupancy and additional changes to gender sensitive services. The regulators feedback and potential recommendations.** **2) Received a high level of assurance on the Trust's position and work plan.** **3) Scrutinised the report and recommended that it be received by the Safeguarding Committee at the next meeting on 23 October for specific scrutiny on additional proactive measures to manage safeguarding and dignity issues outlined in this area of mitigated risk.**
QC/2015/148	**INFORMATION GOVERNANCE REPORT** This report provided a performance update on Quarter 2 progress towards meeting the requirements of the 2015-16 Version 13 Information Governance Toolkit as well as the work of the Information Governance Committee and Information Governance breach monitoring. Audrey Sirrel could not attend the meeting and the committee accepted the report as self-explanatory and noted the key theme: • The IG Toolkit baseline was submitted on 30th July 2015 at 62% and not

	satisfactory. This is line with expectation for this time in the IG Cycle • There has been a marked decrease in the number of reported IG incidents and no new reportable incidents this quarter. The committee questioned whether this was a normal period for low reporting. The committee also questioned whether gaps in records allowed information to be added later (low compliance) and wondered if there were any particular areas or professional gaps that can be improved on. These questions would be put to Audrey Sirrel on her return from sick leave. The committee accepted the report with limited assurance in areas that could be identified as "post Shipman Report" practice action. **ACTION: Audrey Sirrel to provide response to query on low report and gaps in records.** **RESOLVED: The Quality Committee:** **1) Acknowledged the initial IG Toolkit baseline** **2) Acknowledged the progress made with the IG work plan.**
QC/2015/149	**NICE GUIDANCE UPDATE** Rachel Kempster's report updated the committee on progress against the plans presented to the Committee in May for improving the Trust systems and processes for monitoring the effectiveness of implementation of NICE guidance and advice. Rachel Kempster pointed out that some clinical guidelines require more work and she will meet with Deep Sirur and Wendy Brown to focus on guidelines that are linked through QLTs. This will lead to an escalation for completion in December. The committee accepted the report, noted progress and received limited assurance on what has been achieved to date. A completion date for further work on clinical guidelines is set for the end of December and a further report will be submitted to the committee in January. **ACTION: Further report on progress is scheduled for January 2016 and this will be reflected in the forward plan.** **RESOLVED: The Quality Committee:** **1) Noted the paper and accepted the progress underway to improve the Trusts systems and processes for monitoring the effectiveness of the implementation of NICE guidance and advice** **2) Agreed to a report on progress in January 2016**
QC/2015/150	**ITEMS INCLUDED FOR INFORMATION** • Specialist Services Quality Leadership Team minutes • Urgent and Planned Care Quality Leadership Team Minutes
QC/2015/152	**FORWARD PLAN** The forward plan would be updated in line with today's discussions and presented for reference at the next meeting of the committee.

QC/2015/153	**EFFECTIVENESS OF THE MEETING** The committee commented on the light agenda and understood this was because some items have been deferred to November. Late changes to the agenda and late issue of some papers created an issue. However, the reports promoted good effective discussions.
QC/2015/154	**VENUE FOR FUTURE MEETINGS** From 28 October we will be moving offices to the Ashbourne Centre, Kingsway. The venue for future meetings of the Quality Committee will be Meeting Room 1, Albany House, Kingsway, Derby.

Date and Time of next meeting: The next meeting of the Quality Committee will take place on:
Thursday, 15 September 2015 at 2.15 pm
Venue: Meeting Room 1 – Albany House, Kingsway, Derby

DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST

MINUTES OF A MEETING OF THE SAFEGUARDING COMMITTEE

Held in the Board Room, Bramble House, Kingsway, Derby DE22 3LZ

Friday, 23 October 2015

PRESENT:	Maura Teager	Chair and Non-Executive Director and Deputy Trust Chair
	Tony Smith	Chair, Non-Executive Director
	Carolyn Green	Director of Nursing and Patient Experience
	Tina Ndili	Head of Safeguarding Children
	Deepak Sirur	Consultant Psychiatrist in Substance Misuse
	Gulshan Jan	Consultant Psychiatrist in Learning Disability
	Lesley Smales	Designated Nurse for Children In Care
	Tracy Shaw	Training Manager
	Samragi Madden	Healthwatch Derby
	Bill Nicholl	Southern Derbyshire CCG
	Andrew Stokes	Crime Support, Derbyshire Constabulary
IN ATTENDANCE:	Sue Turner	Board Secretary
For item SC/2015/032	Marek Hoffman	Assistant Practitioner, New and Emerging Communities Team
	Ameera Zaman	Work Experience Student
APOLOGIES:	Mark Todd	Trust Chairman
	Ifti Majid	Acting Chief Executive
	Michelina Racioppi	Southern Derbyshire CXG
	Jayne Storey	Director of Transformation
	Joanne Kennedy	Consultant Child & Adolescent Psychiatrist
	Jenna Davies	Interim Director of Corporate & Legal Affairs
	John Sykes	Executive Medical Director
	Tracey Holtom	Service Line Manager
	Brenda Rhule	Interim Head of Nursing
	Wendy Brown	Consultant Psychiatrist and Clinical Director
	Richard Morrow	Service Manager
	Hamira Sultan	Consultant in Public Health, Children and Young People
	Kate Sargeson	Divisional Nurse
	Garry Southall	Principal Workforce & OD Manager
	David Tucker	General Manager, Special Services

SC/2015/024	**WELCOME AND APOLOGIES** The Chair, Maura Teager welcomed everyone to the meeting. Introductions were made around the table and apologies were noted as listed above.
SC/2015/025	**MINUTES OF THE MEETING DATED 7 AUGUST 2015** The minutes of the meeting, dated 7 August were accepted and agreed.
SC/2015/026	**ACTIONS MATRIX** The committee agreed to close all completed actions and updates were provided by members of the committee and noted directly on the actions matrix.

SC/2015/027	**MATTERS ARISING** **SC/2015/009 Safeguarding Adults Performance Data Dashboard**: This dashboard is a matter for the City and County Safeguarding Boards. This can be included in the Safeguarding Adults work plan but it is not an action for this committee. **SC/2015/018 Safeguarding Adults – Annual Report:** Maura Teager queried whether there was a difference in the way agencies manage what appears to be variable thresholds. This is a multi-agency initiative and Tina Ndili explained that work had taken place on threshold criteria and the escalation policy. The escalation process with regard to safeguarding casework drift requires further work and Tina Ndili will progress this. **SC/2015/020 Safeguarding Adults – Prevent Duty Guidance:** Samragi Madden was concerned that she had not received information regarding accompanying colleagues to the PREVENT training planned for October or an invitation to the PREVENT / CHANNEL meeting. Carolyn Green felt this was because the training had been delayed and she agreed to keep her informed of developments. The committee noted that Tracey Holtom attends the PREVENT Strategy / CHANNEL meetings and Tina Ndili will also attend the next meeting to represent Children's Safeguarding. Michelina Racioppi attends on behalf of the CCGs and it was noted that full police clearance is required to attend these groups and can often cause delays.
SC/2015/028	**SAFEGUARDING CHILDREN STRATEGY UPDATE** The purpose of the Safeguarding Children Strategy is to provide the Safeguarding Committee and the Trust's Board with an overview of the safeguarding children agenda. Tina Ndili emphasised the key areas within the strategy that described the team's vision, key goals and how they would be accomplished. She highlighted the five priority areas which are critical for continual improvement in order to achieve better outcomes for children, young people and their families: 1. Culture 2. Workforce 3. Leadership 4. Quality of Practice 5. Performance management and quality assurance The committee acknowledged that safeguarding is everyone's responsibility. Discussions developed around quality of practice, training and access to training and it was agreed that the leadership teams should support staff to understand they have to protect/allocate time for training. It was recognised that the strategy has the right foundations and shows forward thinking priorities. Tony Smith and Maura Teager offered to work with Tina Ndili and Joanne Kennedy to develop the strategy further. This will include matching the strategic aims to tangible outcomes and success criteria to each key domain and will enable easy measurement of achievements. The draft work plan will be linked to the April 2015 outline Strategic Priorities Position Statement. An operational group review of the strategy will take place on a six-monthly basis and a revised version of the strategy will be received by the committee at the next meeting in January. **ACTION: Sue Turner to co-ordinate a meeting with Tina Ndili, Joanne Kennedy, Maura Teager and Tony Smith to develop the strategy further.** **ACTION: Revised version of the strategy will be an item for the agenda of the next meeting in January.**

	RESOLVED: The Safeguarding Committee challenged the detail and content of the report and recognised it was the responsibility of all professional, service receivers, carers, children and young people, their families and volunteers to implement the strategy for Safeguarding Children.
SC/2015/029	**DRAFT SAFEGUARDING CHILDREN – WORK PLAN 2015-16** The purpose of the Safeguarding Children Work Plan is to give clear strategic direction with timescales of the work to be completed by the safeguarding team, service line managers and operational managers in order to deliver the safeguarding children strategy and agenda. The committee acknowledged the work plan was a good starting point and would be developed further once the strategy has been refined. A revised version of the work plan would be received by the committee at the next meeting in January that will prioritise the mitigation plans to reduce the risks and vulnerabilities/areas of concern and show the safeguarding governance process across partnerships linked with the terms of reference. **ACTION: Revised version of the work plan will be an item for the agenda of the next meeting in January.** **RESOLVED: The Safeguarding Committee received partial assurance on the work within DHCFT around safeguarding children and young people and the continued 'Think Family' agenda operational level planning and performance.**
SC/2015/030	**UPDATE ON SAFEGUARDING CHILDREN TRAINING REPORT** The committee received a combined update report on safeguarding training for children and adults. The committee discussed the content of the report and agreed that future updates should specify vulnerable areas of non-compliance rather than contain the level of detail shown in the report and the use of graphs would provide a better level of assurance. An operations analysis group would be asked to look for gaps in DATIX reports to establish any gaps in training. The committee's terms of reference state that the Safeguarding Committee is accountable for safeguarding training. There are concerns about achieving the required level of trajectory for training compliance and this concern would be escalated to the Executive Leadership Team. Carolyn Green pointed out that the prime focus would be to achieve level 3 and she hoped that the next report to the committee will show the actions in place to drive this forward and the engagement with key stakeholders to achieve this. Samragi Madden asked whether there was a mechanism in place to monitor number of people who do not have adult level one or children level one certification and whether this reflected an increase in incidents or lower reporting of incidents. Carolyn Green confirmed that this level of analysis was not available at this stage. **ACTION: Operations analysis group to look for gaps in DATIX reports to establish gaps in training.** **ACTION: Concerns relating to non-compliance with Safeguarding Children Training to be escalated to Executive Leadership Team.**

	RESOLVED: The Safeguarding Committee received partial assurance on the level of compliance with Safeguarding Children Training, due to the change in style of the training report and this concern would be escalated to the Executive Leadership Team to rectify this reporting issue.
SC/2015/031	**THINK FAMILY TRAINING REPORT** The Think Family training information showed the data collated from the system and was provided for information purposes. **RESOLVED: The Safeguarding Committee received Think Family Training Data.**
SC/2015/032	**NEW AND EMERGING COMMUNITIES (SM13 – SCR)** This report informed the Safeguarding Committee of the new and emerging community service and the challenges faced by this very small team and the wider workforce in child and family services. The report highlighted the roles and responsibilities of the teams within children's services and described the current projects being undertaken. The report also showed the learning from SCR SM13 of areas for consideration for staff working with new and emerging communities with regard to parenting and safeguarding. Marek Hoffman, Assistant Practitioner for the New and Emerging Communities Team Child and Family Service attended the meeting and discussed the key challenges he faces engaging with vulnerable families who are new to the UK from Eastern European countries. Marek Hoffman explained how he and Sue McCrea, a Specialist Health Visitor, work with these communities to encourage people to have confidence and trust in the services that the Trust provides. Serious case examples were discussed which provided the committee with a good oversight of the concerns arising within the organisation from these new and emerging communities. The committee understood the reasons for gaps in the service and felt that a community nurse would be a valuable addition and would enable work to be carried out with children. The committee was pleased to note that Marek Hoffman was engaged with the healthy child programme and commended this work. The committee agreed that resources and capacity issues would be considered in line with the challenges the team faces delivering this service within this growing population. Carolyn Green would escalate these challenges to the Safeguarding City Adults Board and Quality Assurance Group and place this as a risk on the risk register. When Carolyn Green escalates this issue she is acutely aware of the financial envelopes operating in the Derby City public health agenda and restrictions and retractions to many services. She would escalate these risks, but did not want to give the clinical team false hope of a straight forward resolution. Samragi Madden offered Marek Hoffman support from Healthwatch Derby with health and social care services. The committee congratulated Market Hoffman and Sue McCrea on their work and recognised the challenges they face and agreed this matter would be raised on other board platforms. **ACTION: Carolyn Green will escalate the challenges of the New and Emerging Communities Team with the Safeguarding City Adults Board and Quality Assurance Group and place this as a risk on the risk register.** **RESOLVED: The Safeguarding Committee noted the service provided by the New and Emerging Communities Team Child and Family Service and the**

	challenges it faced and gave consideration to how this could be mainstreamed where relevant to other services within the Trust.
SC/2015/033	**SAFEGUARDING CHILDREN ADVICE THEMES – JULY – SEPTEMBER 2015** Tina Ndili's report highlighted the issues encountered when staff contacted the advice system to seek support / advice to inform strategic planning. This report was provided for information and the committee noted that information on referrals will be available at the next meeting in January. It was acknowledged that the report did not accurately capture data for children coming into care or the reasons why CAMHS are not accessing the helpline and this would be explored. Carolyn Green felt this was a cold area and there were gaps that required further analysis and she would like the CAMHS and Children's Clinical Reference Group and the ACD for CAMHS, Joanne Kennedy to pursue this action and asked that the committee support this action. in order to influence a rethink and review on why CAMHS s do not access the helpline, Although the 'Safeguarding Children Advice and Themes' national report was provided more for information, it was suggested that the report could be an item for a future agenda of Council of Governors. Carolyn Green suggested that the CAMHS CRG could be invited to attend a meeting of this committee to give a presentation on their bid submission on CAMHS future developments by ACD Jo Kennedy. **ACTION: Information on referrals will be given at the next meeting in January.** **ACTION: Gaps in CAMHS accessing the helpline requires further analysis. Joanne Kennedy to pursue this action.** **RESOLVED: The Safeguarding Committee is requested to:** **1) Appropriately challenged the process of the advice system and how this can be improved.** **2) Noted the themes and issues to gain an understanding of Safeguarding related issues and the reference to 'Think Family' and considered this information and its impact in setting the strategic direction.**
SC/2015/034	**SAFEGUARDING ADULTS STRATEGY** Carolyn Green provided a verbal report on the current status of the Safeguarding Adults strategy. In April the committee received a report on the strategic intentions for Safeguarding Adults drawing upon the population needs, the strategic plans for the two Safeguarding Boards and key requirements from national policy drivers. This document and analysis was to inform the then interim lead professional for Safeguarding Adults and named doctor on the key frameworks to devise the Trust's Safeguarding Adults strategy. Due to clinical activity of the Safeguarding Team and the need for Tracey Holtom to work part time to provide immediate cover as Service Line Manager to the Radbourne Unit for a period of time, the strategy development work has been paused until direct service input stabilised. This has now occurred. Apologies were provided for Tracey Holtom, Lead Professional for Safeguarding Adults who was unable to attend the meeting due to an immediate serious Safeguarding

	Adults risk issue. It had been agreed that the Safeguarding Adults Strategy presentation of the draft strategy would be deferred to the next meeting in January. Carolyn Green provided a verbal report and assurance that the strategy would be developed and the risk level to the organisation was mitigated by the interim arrangement of the strategic intentions and the current Safeguarding Adult's work plan. Key specific areas Carolyn Green has identified as organisational priorities which may be slightly different priorities to the national agenda was in light of the development of early warning signs of staff misconduct or blurring of professional boundaries leading to relationships with patients in their care. Carolyn Green highlighted a key area of the Safeguarding Adults Strategy and recommended that the adequacy of the Trust's service offered to victims of historical sexual abuse and the development of pathways and procedures within our organisation, or within our wider communities, both for children and adults, be developed along with clinical standards in line with the independent investigation into the care of children and young adults in Rotherham. **ACTION: Safeguarding Adults Strategy to be an agenda item for the January 2016 meeting.**
SC/2015/035	**<u>SAFEGUARDING ADULTS WORK PLAN 2015-16</u>** The purpose of the safeguarding adult work plan is to provide board level assurance on the strategic and operational direction. The work plan is based upon the strategic intentions of the Derby City and Derbyshire Safeguarding Boards, the Care Act, the statutory duty to the PREVENT policy and the making of a safeguarding personal policy document. This will inform the Board on timescales of the work to be undertaken within Safeguarding Adults. The lead professional for Safeguarding Adults will lead, put systems in place and inspire the workforce to deliver the Safeguarding Adult Strategy. The committee appreciated that a lot of progress had been made to the work plan and Carolyn Green explained that she would like Tracey Holtom and Gulshan Jan to work together to write the strategy. She asked for other members of the committee to forward their thoughts on the strategy directly to Tracey Holtom. Carolyn Green asked for Bill Nichol's support in developing an internal safeguarding work plan to look at the issues around institutional views and personal relationships at work. She also asked for Andrew Stokes' support in this endeavour. The committee supported the approach to the work plan and its primary objectives and noted the work plan had been developed against local and national safeguarding adults priorities. **ACTION: Tracy Holtom and Gulshan Jan to work together and write the Safeguarding Adults Strategy** **RESOLVED: The Safeguarding Committee:** **1) Reviewed the work plan** **2) Accepted and agreed the work plan and bi-monthly subsequent up-date priorities.**
SC/2015/036	**<u>UPDATE ON PREVENT DUTY GUIDANCE AND TRAINING</u>** Bill Nichol presented the update on this guidance which is designed for the specified authorities on the duty in the Counter-Terrorism and Security Act 2015 to have due

	regard to the need to prevent people from being drawn in to terrorism. The Act states that the Trust as a NHS provider must have regard to this guidance when carrying out its duty and place an appropriate amount of weight on the need to prevent people being drawn into terrorism. The committee acknowledged that in fulfilling section 26 of the Act, the Trust will participate fully in the work to prevent people from being drawn into terrorism. The Prevent Strategy has 3 specific strategic objectives: • Respond to the ideological challenge of terrorism and the threat we face from those who promote it • Prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support; and • Work with sectors and institutions where there are risks of radicalisation that we need to address It was understood that this is a high profile extremism strategy and will be circulated to the committee for information and it would assist in the development of a PREVENT Policy statement that would inform staff of what to do if they have a concern. The committee discussed the appropriate progression of training frontline staff so they understand how to obtain support for people who may be exposed to radicalising influences. Tina Ndili will be the children's PREVENT lead and Tracey Holtom will be the Adult PREVENT lead for the Trust. **The Named professional has confirmed that the Safeguarding Adults Level 3 Learning Objectives meets the required standard.** The committee acknowledged the good work being carried out and felt the strategy was a good way for organisations to share risks. **ACTION: PREVENT Strategy to be recirculated to members of the committee.** **RESOLVED: The Safeguarding Committee received and noted the PREVENT Duty guidance update and full assurance that a named lead is in place, a PREVENT policy is in place and a training plan. A future up-date will be included in the Safeguarding adults work plan presentations.**
SC/2015/037	**<u>UPDATE ON SAFEGUARDING ADULTS TRAINING REPORT AND RAP</u>** The committee received a combined update report on safeguarding training for children and adults. As with Safeguarding Children, the committee would prefer future updates to specify vulnerable areas of non-compliance rather than contain the level of detail shown in the report and the use of graphs would provide a better level of assurance. The committee noted that training is progressing well and there were no concerns with training or groups. RAP 3 is included in Safeguarding Level 2. Level 2's will be put in place this year for induction days. There were concerns about achieving the required level of trajectory for training compliance and partial assurance was obtained on the level of compliance with Safeguarding Adults training. **RESOLVED: The Safeguarding Committee received full assurance on the training plan and limited assurance on the level of compliance with Safeguarding Adults Training due to the report format.**

SC/2015/038	**MIXED SEX ACCOMMODATION AND SEXUAL SAFETY (GENDER SENSITIVE SERVICES)** Carolyn Green's report provided the Safeguarding Committee with a review of the Trust's current compliance with safe working practices, dignity for service receivers, standards, required standards of practice and CQC regulations. This report was also received and discussed at length by the Quality Committee on 15 October. The committee acknowledged this as a comprehensive report that examined all the risks and mitigations and showed how the Trust had engaged with the CQC and commissioners. The committee was satisfied that the Trust was meeting the required regulations with mixed accommodation and noted that Carolyn Green would meet outside of the meeting to discuss the challenges and progress collaborate work with Andrew Stokes of Derbyshire Constabulary and Healthwatch Derby colleagues on a potential event in the Trust to develop sexual safety in our services. **RESOLVED: The Safeguarding Committee:** **1) Noted the complexity of the report and considered the risks associated with bed occupancy and additional changes to gender sensitive services. The regulators feedback and potential recommendations.** **2) Received assurance on the Trust's position and work plan.**
SC/2015/039	**FORWARD PLAN** The forward plan will be updated with actions arising from today's meeting.
SC/2015/039	**MEETING EFFECTIVENESS** The meeting ran to time and included some good discussions. Membership of the committee would be looked at. It was suggested that the children/adult agenda could be alternated.

Date and Time of next meeting:

The next meeting of the Safeguarding Committee will take place on:
Friday, 22 January 2016 at 1.00 pm
Venue: Meeting Room 1 –Albany House, Kingsway, Derby

Derbyshire Healthcare NHS Foundation Trust

Report to Board of Directors 25th November 2015

Changing Shape of the Workforce 2016-2017

Purpose of Report
This paper is presented to provide Trust Board an overview of organisational transformation that will have an impact on the shape of the workforce 2016-17

Executive Summary
This paper provides a brief overview of the changing shape of our workforce (retrospective) and focuses on changes to the workforce aligned with organisational transformation plans.

As of 31st October 2015 we directly employ 2090.54 full-time equivalent (FTE) staff, This is a decrease of 26.65 FTE (27 headcount) since the last iteration of this plan (31st March 2015).

Mental Health

- A move away from bedded care delivery focusing more on enhanced community clinical pathways.
- Development of a workforce skilled to deliver interventions based upon need rather than just age whilst maintaining some degree of speciality as indicated by the community needs

Substance Misuse

- There are a number of key learning needs that existing pre-registration courses that staff across the health sector will access will need to develop the understanding of the impact of alcohol.
- The development of care pathways on effective treatments and interventions such as self-medication with substance misuse.

Children's Services

- It has been agreed with commissioners in the city and South Derbyshire that we are to be the lead provider of services to children and their families.
- As we progress towards a Public Health tender reorganisation of roles and staff there is potential for significant impact upon individual staff and training and development needs of our workforce.
- The struggle to recruit qualified staff such as medical prescribers, community paediatricians, CAMHs staff provides a challenge for our workforce.
- We are aware of the need to also increase the number of staff who can contribute to the assessment and ongoing management of ASD and

Learning Disability

- The Transforming care agenda will drive forward skilled and experience workforce needs for community-based alternatives to bedded care.
- Investing in the workforce at Assistant practitioner level such as a Mental Health and Learning disability foundation degree with a transition plan and skills escalator to a registered training if required would be a sound workforce and educational investment.
- The development of 'On the way to a good life and a place to call home' will

provide high intensity wrap around services and requires the establishment of a core team working directly within the persons home.

One of the key drivers for our efficiency programme remains the shrinking financial envelope. As the programme gains momentum, we are forecasting an overall net increase in Budgeted FTE of 29.83 up to March 2016 driven by a combination of Service Developments, skill mix changes and Cost Improvement Programmes.

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 considerations assumed when developing workforce plans and their alignment to organisational transformation plans

Consultation

- The content of this paper has not been presented to any other committee of group

Governance or Legal issues

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

Equality Delivery System

There could be potential to impact REGARDS groups, we must therefore ensure any redeployment or role changes take account of any protected characteristics.

Recommendations

The Board of Directors is requested to:

1) Consider the proposed workforce and wider organisational implications of transformation
2) Consider their level of assurance

Report presented by:	**Jayne Storey, Director of Transformation**
Report prepared by:	**Kate Majid, Head of Transformation and Patient Involvement** **Liam Carrier, Workforce Systems & Information Manager**
And contributed to by:	**Lorraine Statham, Assistant Director Leadership & Organisational Development**

Changing Shape of the Workforce 2016-2017

Introduction

Derbyshire Healthcare NHS Foundation Trust has embarked on a transformational change process since 2013. Our frontline clinical services are delivered through a Divisional structure. However, the structure of these divisions is undergoing a process of change in order to align services with a Neighbourhood and Campus model. This new structure went live on 1st July 2015. The Division is responsible for the delivery of all Adult and Older People's mental health services, organised into Campus (inpatient areas) and Neighbourhood (community services). Children and Young People's Services element of the Division is responsible for delivering children and young people's services (universal and mental health) along with some of our more specialised, Central Support Neighbourhood services.

We provide the following services for the whole of Derbyshire:

- Services for adults of working age (inpatient, community and emergency care/crisis care)
- Forensic services (low secure, prison in-reach and court diversion)
- Perinatal mental health services (inpatient and community)
- Community services for Older People
- Memory Assessment and treatment services
- Substance Misuse Services

In addition we provide the following services for the population of Southern Derbyshire:

- Universal Children's services (Derby City)
- Community Paediatric Services
- Specialist Children's Services (Derby City)
- Safeguarding Services (Derby City)
- Child and Adolescent Community Mental Health Services

As of 31st October 2015 we directly employ 2090.54 full-time equivalent (FTE) staff, contracted staff in post headcount 2398 (ESR 31st October 2015, this excludes the Chairman and Non-Executive Directors). This is a decrease of 26.65 FTE (27 headcount) since the last iteration of this plan (31st March 2015).

One of the key drivers for our efficiency programme remains the shrinking financial envelope. However, as the transformation programme gains momentum, we are forecasting an overall net increase in Budgeted FTE of 29.83 up to March 2016, driven by a combination of Service Developments, skill mix changes and Cost Improvement Programmes (Figure 1).

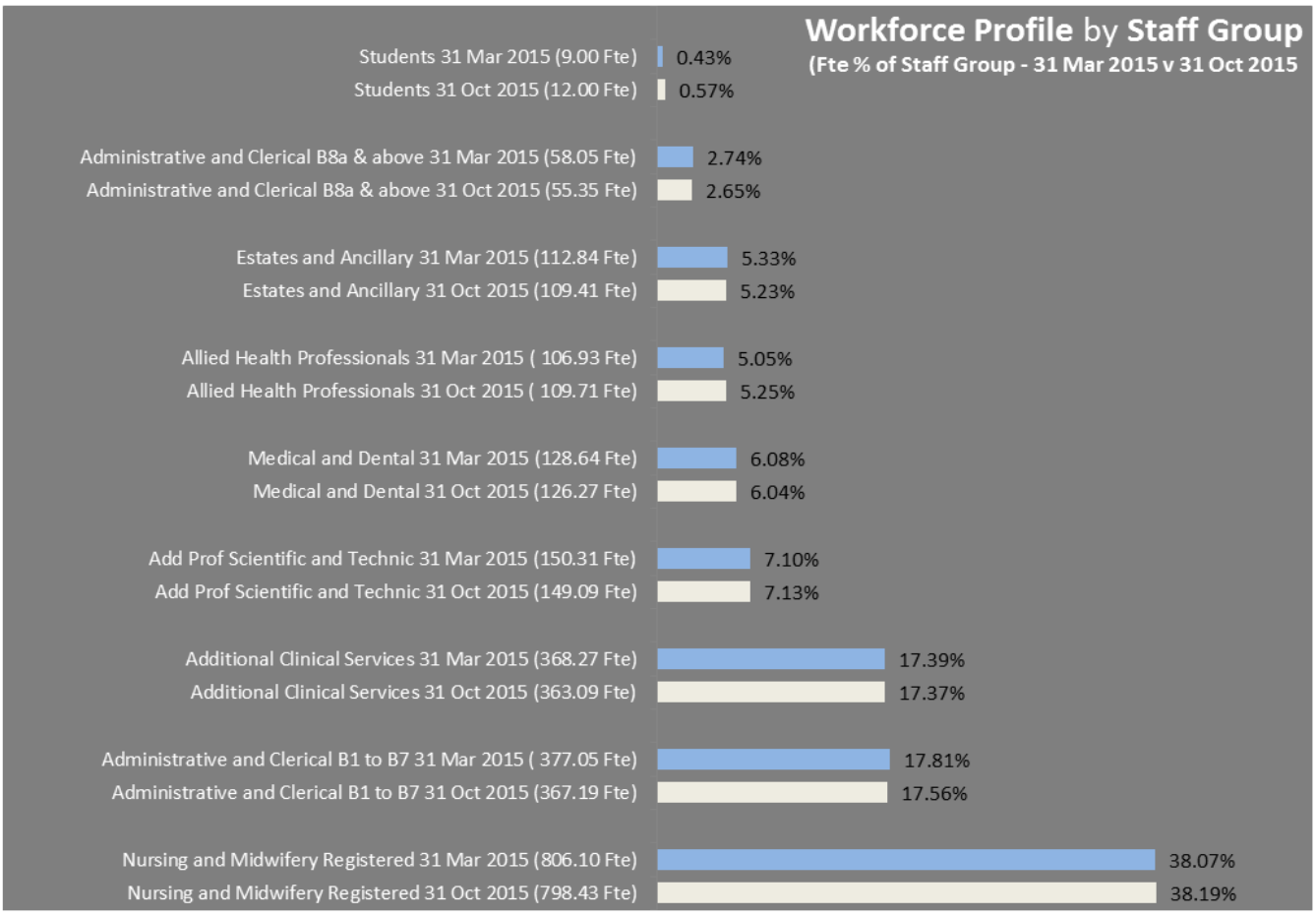
Staff Group	31-Mar-15	CIP	Service Developments/ Budget Change	31-Mar-16	Varience
Clinical	1775.25	-29.49	41.42	1787.18	11.93
Non Clinical	682.88	-10.46	28.36	700.78	17.9
Total	**2458.13**	**-39.95**	**69.78**	**2487.96**	**29.83**

The Cost Improvement Programme (CIP) FTE reflects the reduction in funded posts during the 2015-16 financial year across both clinical and non-clinical Divisions.

Service Developments and Budget Changes is a combination of the increase in funded FTEs due to new developments during the year and any movements due to skill mix changes.

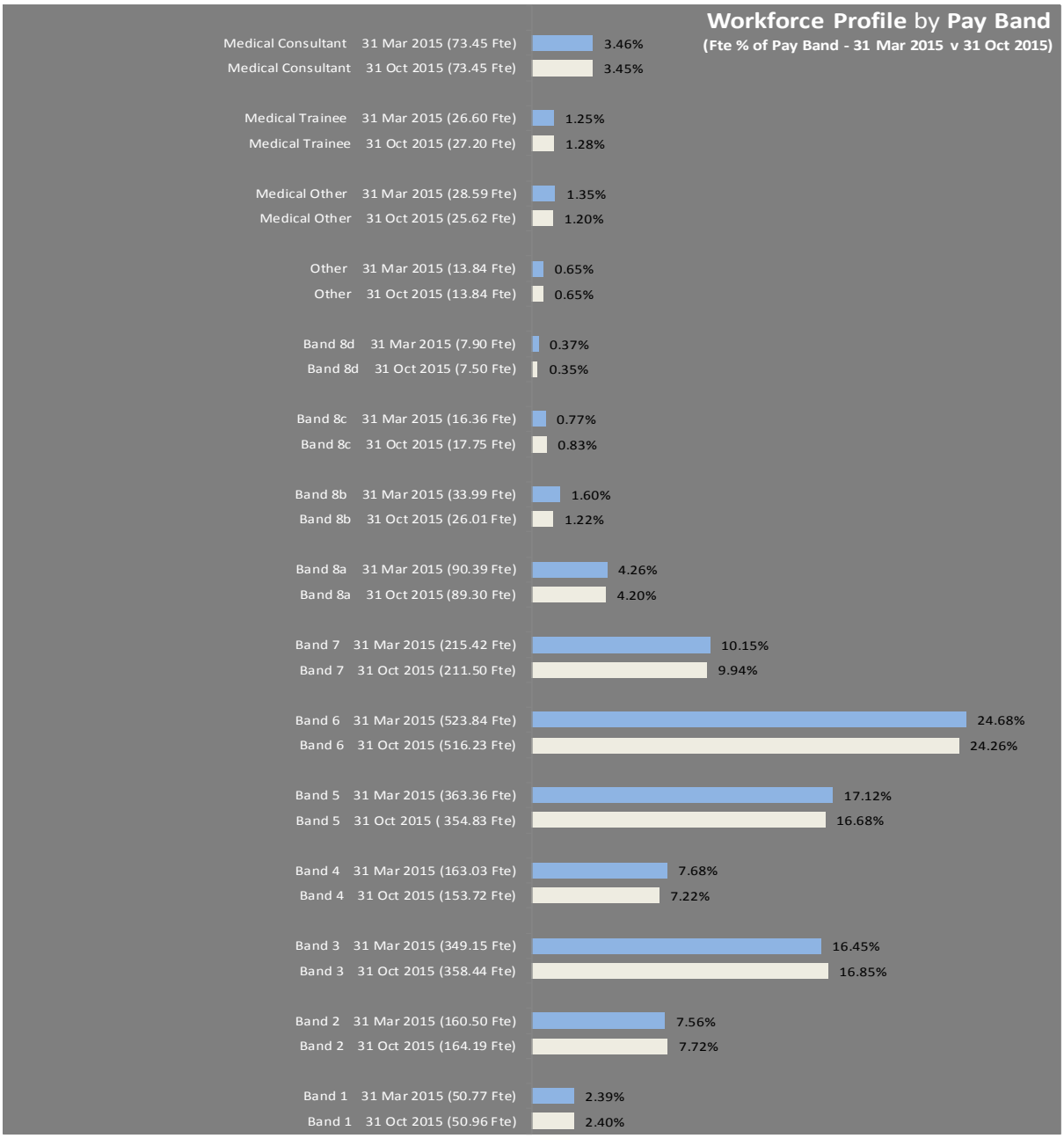
The continuing financial pressures push the health and social care community as a whole to continue to look at system wide workforce solutions. Various projects continue to look at how we can collaborate with partner organisations in areas such as recruitment, pooling staffing resource and placing staff employed by one Trust on another Trust's premises if that is where the expertise is required.

Snap shot changes to workforce landscape from last year to this year



What this is telling us

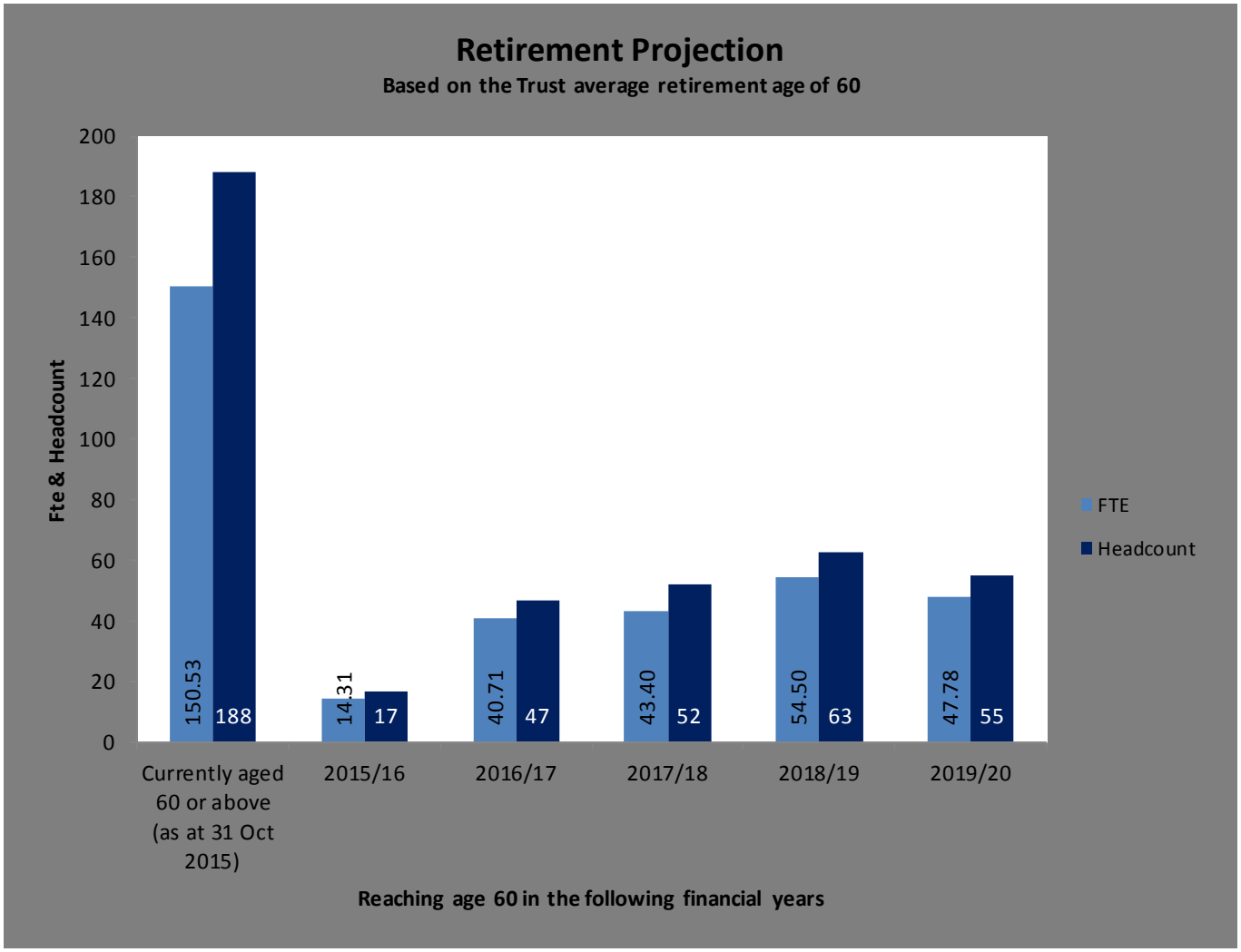
- There has been a decrease in clinical staff in post of 10.66 Fte – 0.68% reduction in clinical staff in post
- There has been a decrease in non- clinical staff in post of 15.97 Fte – 2.92% reduction in nonclinical staff in post
- This is a snap shot of staff in post ‘as at’ – current active recruitment averages are at around 45 posts a month
- The gap from staff in post to budgeted will be vacancy/bank/agency/additional hours/ overtime usage. Additional resource is budgeted to provide a buffer for inpatient and 24 hour services absence pressures caused by sickness for example.
- Services are currently running at 84.69% staff in post with 15.31% notional vacancy



What this is telling us

- There has been a reduction in FTE staff in post in higher bands
- There has been an increase in staff in post FTE in lower bands:
    - 13.17 FTE increase in B1 to B3
    - 17.84 FTE reduction in B4 and B5
    - 11.53 FTE reduction in B6 and B7
    - 8.08 FTE reduction in B8's
    - 2.37 FTE reduction in medical

Retirement profile of Trust workforce

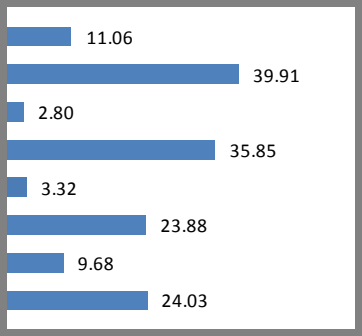


What this is telling us

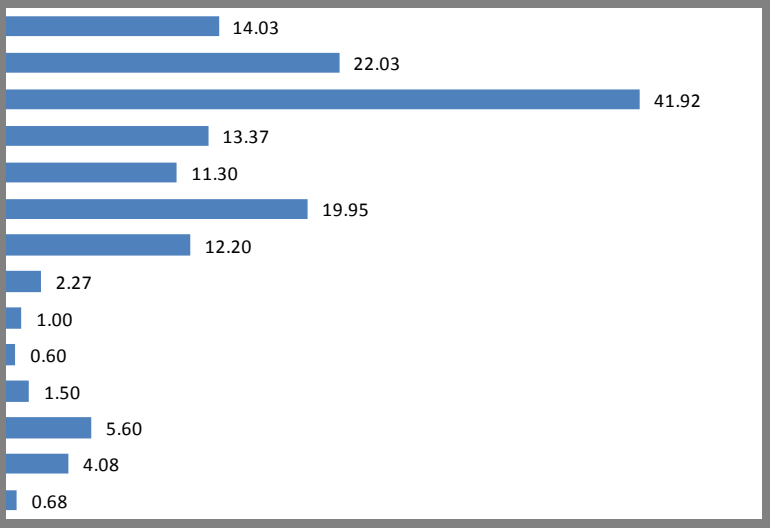
- Succession planning is essential as we move forward so that we are prepared to fill openings created by retirements and other, unexpected, departures. in order to maintain the capability within the Trust to deliver our desired strategic outcomes.
- There is a high level of staff currently aged over 60. As 60 is the average Trust retirement age the implications are that there are a large number of staff in a group with a high probability of exiting the Trust at any one time.
- The Trust average retirement age is still being driven by normal NHS pension scheme retirement age; this will start to change in the future with the introduction of the 2008 and now the 2015 NHS pension scheme plus changes to the state pension date when people can claim the pension
- Retirements can allow easier service redesign/CIP etc
- Retirement projection over next 5 years looks to be steady with no major peaks/baby boom

Retirement Projection - currently aged 60 or above by Staff Group & Pay Band

Staff Group	Fte	Headcount
Add Prof Scientific and Technic	11.06	16
Additional Clinical Services	39.91	47
Administrative and Clerical B8a & above	2.80	44
Administrative and Clerical B1 to B7	35.85	3
Allied Health Professionals	3.32	4
Estates and Ancillary	23.88	31
Medical and Dental	9.68	11
Nursing and Midwifery Registered	24.03	32
	150.53	**188**

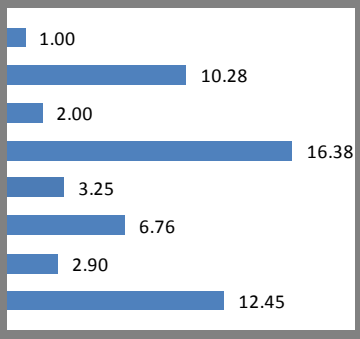


Pay Band	Fte	Headcount
Band 1	14.03	19
Band 2	22.03	28
Band 3	41.92	50
Band 4	13.37	15
Band 5	11.30	13
Band 6	19.95	28
Band 7	12.20	16
Band 8 - Range A	2.27	3
Band 8 - Range B	1.00	1
Band 8 - Range C	0.60	1
Band 8 - Range D	1.50	2
Medical Consultant	5.60	6
Medical Other	4.08	5
Other	0.68	1
	150.53	**188**

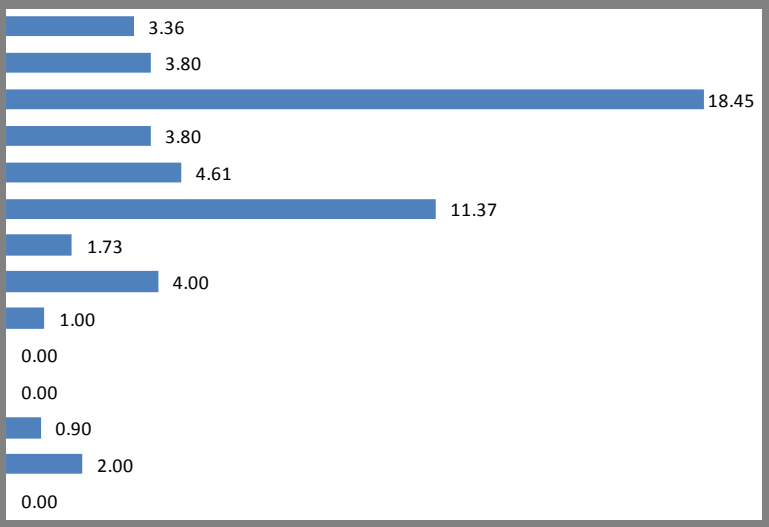


Retirement Projection - reaching age 60 by 2016/17 by Staff Group & Pay Band

Staff Group	Fte	Headcount
Add Prof Scientific and Technic	1.00	1
Additional Clinical Services	10.28	12
Administrative and Clerical B8a & above	2.00	2
Administrative and Clerical B1 to B7	16.38	18
Allied Health Professionals	3.25	4
Estates and Ancillary	6.76	8
Medical and Dental	2.90	4
Nursing and Midwifery Registered	12.45	15
	55.02	**64**



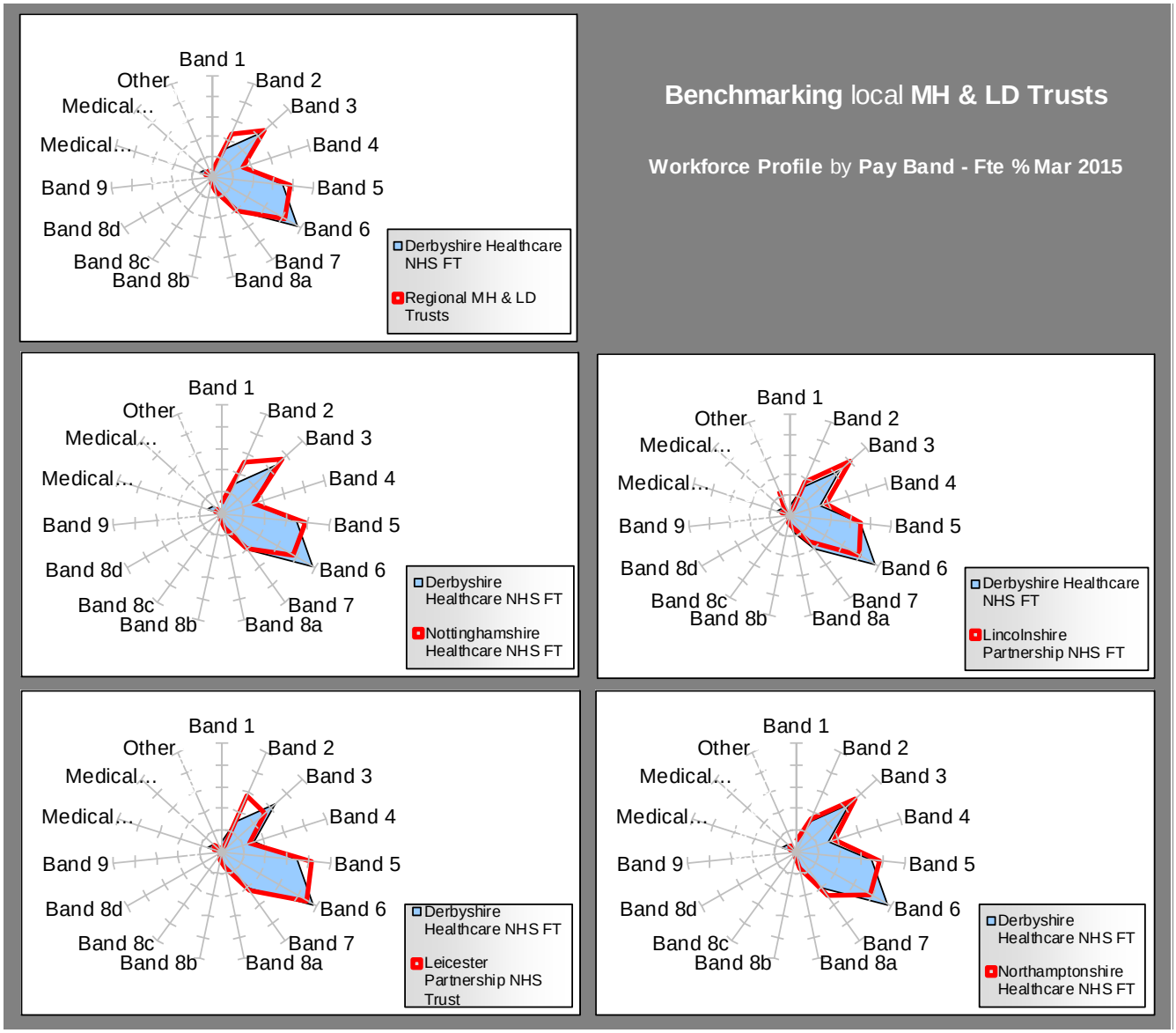
Pay Band	Fte	Headcount
Band 1	3.36	4
Band 2	3.80	5
Band 3	18.45	21
Band 4	3.80	4
Band 5	4.61	5
Band 6	11.37	14
Band 7	1.73	2
Band 8 - Range A	4.00	4
Band 8 - Range B	1.00	1
Band 8 - Range C	0.00	0
Band 8 - Range D	0.00	0
Medical Consultant	0.90	2
Medical Other	2.00	2
Other	0.00	0
	55.02	**64**



What this is telling us

- The retirement pattern for ‘aged 60 now’ and ‘reaching age 60 by 2016/17’ very similar in both staff group and pay band.
- There is no major risk for retirements looking at staff group/pay band for currently aged 60 and reaching aged 60 by 2016/17. Nursing percentage and FTE detail below:
    - Of all aged 60 now:
        - 16% (24.03 FTE) qualified nursing
        - 27% (39.91 FTE) unqualified nursing (24% admin and clerical)
    - Of all reaching aged 60 by 2016/17:
        - 23% (12.45 FTE) qualified nursing
        - 19% (10.28 FTE) unqualified nursing (30% admin and clerical)

Benchmarking data from across our region



What this is telling us

- It is difficult to benchmark directly with other services due to the service variation for each Trust, for example we have a Children's Services and substance misuse services as part of our portfolio, and others may not.
- Geographic demographics pay a large part in staff makeup and the potential impact of this should not be under estimated
- Compared to the region our Trust has more band 6's, less band 5's and less band 2's
- Excluding the band 6 our profile is very similar to Lincolnshire and Northamptonshire

How transformation will change the face of our Workforce

Mental Health

We provide a workforce that delivers bedded care to older people with a functional mental ill health presentation in the north of Derbyshire and both functional and organic in-patients needs in the south and city; we are committed to delivering all their services to people with dementia on a needs-led, integrated and coordinated basis, alongside other health and voluntary care providers.

These services will respond to the predicted increase in the number of people with dementia and will be aligned with the aims of the National Dementia Strategy, and the revised Derbyshire Dementia Strategy 2013-16. This will maximise independence and the opportunity to live well by 'wrapping' care around the individual in their own community. These services are dependent upon the recruitment of Registered Mental Health Nurses (RMN), which has been a focus during 2014/15 and we will continue to require a supply of RMNs to support their bedded care environments.

Our Transformation Change programmes identifies high demand for more intensive interventions in treatment resistant depression and for personality disorders. The audit of psychosis shows the need to routinely offer CBT (Cognitive Behavioural Psychotherapy) to everyone with a psychosis. The NICE guidance also shows PSI (Psychosocial Interventions) as the treatment approach of choice in all cases.

In Adult and Older Adult mental health services work had been undertaken to use the information provide by National Tariff Payment System Care Clustering to consider the interventions required to meet the needs identified. By examining the levels of need and the appropriate interventions a model is being developed to consider the skill level of staff needed to provide the necessary interventions. From the current cluster breakdown the total number of contacts per cluster have been identified for each Neighbourhood

The majority of clusters contain a range of diagnoses but, regardless of diagnosis, users/citizens are presenting with a similar need. Each cluster has a range of NICE guidelines which are applicable to the disorders identified in the cluster. From the interventions identified in the NICE guidance the clusters were broadly categorized in 3 levels

- Level 1 needs relate to interventions requiring specialist skills. These needs tend to be more complex or have proven to be more resistant to change. These skills are normally found in senior medical staff and other clinicians practicing at Band 6 and above, caseloads are typically around 20 people

- Level 2 needs tend to be found in those more responsive to change. The interventions require skilled clinical application using evidence based approaches to care. These skills are normally found in senior medical staff and other clinicians practicing at Band 5 and above. Caseloads are typically 35 +.
- Level 3 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. Care planning skills are required and care plans will tend to be outward looking, helping the person sustain their mental well-being and ensuring supportive systems around them. Work will tend to be more interagency. These skills are normally found in senior medical staff and other clinicians practicing at Band 3 and above

We will implement Recovery and Wellbeing orientated practice across all neighbourhood areas in Derbyshire healthcare and support communities to develop resilience. All national evidence supports the need for services to promote recovery, wellbeing and resilience approaches to enable people using the services and the wider community

The leading cause of death in the UK across the majority of age groups is suicide. Accessible services, with the ability to provide evidence based interventions for depression, psychological distress, and trauma and suicide prevention, are critical to ensure the effective journey of individuals through the pathway. Under investment in a psychologically skilled workforce and lack of access to psychological therapy, would be experienced by all partners across the systems. With the potential of higher levels of presentation of self-harm in accident and emergency, costs of treatment of overdoses, higher cost to the police service, higher costs to social care through use of detention of the mental health act where an accessible secondary care talking therapy service would be available in evening and weekends across a seven day service.

Other system impacts of not investing in a psychological service capability would be increased rates of conduct disorder, untreated or unspotted Autism and ADHD which would manifest in individuals and families accessing services in crisis at high cost to the community when early assessment and treatment would pay dividends in reducing both long term physical and mental health life outcomes and needs for high costs services.

A bed reduction option across the North of the county is being considered in relation to the Older Persons Mental health beds currently provided by DCHS as part of the transformation of health and social care services. We would support the reduction of beds with the further development of DRRT services across Derbyshire.

The potential for bed reduction for older adults with organic in-patient needs within DHcFT (and DCHS) involves development of a Rapid Response and Home Treatment Service for the South of the County and the City. The model is based on the Sheffield approach where the number of inpatient dementia beds was halved through this initiative, resulting in reduced admissions to residential and nursing care as well as inpatient admissions.

Crisis/rapid response services are being developed within a transformational framework across a range of mental health and learning disability services. The aim is to continue to provide a “bedless” service and retain the rapid assessment and crisis intervention function that remains unique feature of the learning disability service in Derby City and South Derbyshire.

This work will also look creatively at future options for delivery of crisis/rapid response services in a transformational framework across a range of mental health and learning disability services. To continue to provide a “bedless” service and retain the rapid assessment and crisis intervention function that remains unique feature of the Learning Disability service in Derby City and South Derbyshire Ageless Services.

This group will explore the options around delivering needs based functional urgent care services looking at demand, capacity, funding and accommodation, linked to the approach of an ageless and needs based Neighbourhood service.
Need based Services will explore the options around delivering needs based functional urgent care services looking at demand, capacity, funding and accommodation, linked to the approach of an ageless Neighbourhood and Campus services

An ongoing ambition for the Trust is the development of Peer Support Workers as part of our workforce. This project will nurture and support the development of an environment within DHCFT and our communities that promotes and utilises Peer Support and Volunteering. This will enable the co-production and delivery of the Recovery Education Programme for DHCFT’s communities.

The development of a Complex Trauma Pathway Development takes the work already underway within DHCFT and augments it with recognised national best practice, delivery of alternative ‘sanctuary’ in communities to avoid hospital admission and supports the development of voluntary sector involvement around local resilience to ensure individuals with a complex trauma are able to access the most appropriate local joined up care

Substance Misuse

Substance misuse is often overlooked by workforce and health care planners, however the leading cause of use of emergency departments are alcohol induced harm as well as physical harm of novel or new psychoactive substances; often referred to inappropriately as legal highs. There are a number of key learning needs that existing pre-registration courses that staff across the health sector will access will need to develop the understanding of the impact of alcohol, NPS as a health prevention model and health behaviour change model.

This would include preregistration training for all registered professionals and a Mental Health and Learning disability foundation degree having a substance misuse component. Care pathways with high risk would benefit from personalised CPD on effective treatments and interventions such as self-medication with substance misuse is a common sign of psychological disturbance and a key factor in spotting to childhood trauma and PTSD following childhood adverse events

Learning Disability

The impact of the Winterbourne View learning and the Transforming care agenda will drive forward skilled and experience workforce needs for community-based alternatives to bedded care. Investing in the workforce at Assistant practitioner level such as a Mental Health and Learning disability foundation degree with a transition plan and skills escalator to a registered training if required would be a sound workforce and educational investment, this coupled with supply and demand issues with local university providers would be a sound investment into the community workforce employment pool. The dual diagnosis of individuals with mental health and learning disability is well researched fact and a coupling of those skills sets in line with a patient activation model would be a medium to long term investment in a new future workforce for individuals currently part of the Transforming care agenda as well as new individuals and families who will transition from Children's services.
In the city of Derby, we, in partnership with Derby City Council and Hardwick CCG, are developing a new initiative called 'On the way to a good life and a place to call home'. This high intensity wrap around services will support people and their families within their communities. This initiative will require the establishment of a core team working directly within the person's home and an outer support team of professional support and treatment staff working with existing services to maintain the person at home.

In South Derbyshire and City we have commissioned a project group to specifically look at the skill mix requirements within Learning Disability Services to support Neighbourhood developments for future years' transformation.

Children's

Through our collaborative partnership work with colleagues across the local health economy, we have agreed with commissioners in the city and South Derbyshire to be the lead provider of services to children and their families. We will actively promote an approach that supports early detection and early intervention across all health conditions and all age groups.

Many people who come into contact with our universal and child services have early identifiable health needs. Helping our children and families in the early years to achieve and thrive is now part of our core business and the continued integration of our children's care offer in health, wellbeing and psychological mindfulness is one of the unique capabilities in our Trust.

We believe that having these services we strengthen our ability to build healthier communities for Derbyshire in the future and to support children and their families at an early stage and reduce the future need for acute care and adult mental health services through effective early work.

By adopting a public health model with young people and their families at an early stage we aim to tackle the known contributors to mental distress and mental illness that may show in later years. The Trust has well established Child and Adolescent Mental Health Services (CAMHS) in Southern Derbyshire and our priority is to ensure that young people receive local care and, when needed, have a positive transition to adult services.

As we progress towards a Public Health tender reorganisation of roles and staff there is potential for significant impact upon individual staff and training and development needs of our workforce.

The struggle to recruit qualified staff such as medical prescribers, community paediatricians, CAMHs staff is well known and provides a challenge for our workforce as we have identified these skills as being core to the delivery of our services. In addition to this we have identified development and training needs to support a wider role for public health nurses; IAPT for non CAMHs staff.

We are aware of the need to also increase the number of staff who can contribute to the assessment and ongoing management of ASD and ADHD as this is likely to be a commissioning priority going forward.

WorkPro

We have mapped across National Tariff Payment System (NTPS) data set information, activity and financial data, NICE guidance, Sim:pathy outputs and information pertaining to the levels of intervention within a Neighbourhood to derive a workforce profile for each Neighbourhood using an internal capacity calculating tool called WorkPro.

The cluster profiles of the neighbourhoods give early indications that most interventions occur in levels 2 and 3. This would result in an increase in Band 3 and Band 5 clinicians and fewer band 6 and above across the Neighbourhood workforce. The outputs from WorkPro are currently being subjected to robust validation with local teams. Once this is completed transition planning will commence to support the changing skill mix.

Next Steps

In addition to this work will soon commence to develop the tool to support medical workforce profiling identifying the current and changing workforce in line with the transformation plans and Workpro. The next stage is to develop a robust future workforce plan that identified the skills and training needed.

Key People Metrics

Derbyshire Healthcare NHS
NHS Foundation Trust

Enc K

	Oct 2014		Sep 2015	Oct 2015	Target	Benchmark
Annual Staff Turnover	9.96%	Regularly review hot spot areas	9.33%	9.45%	10%	NHS **8.99%** National MH&LD **13.22%** East Mids MH&LD **12.97%**
Compulsory Training	81.31%	Continued focus and improved access	83.50%	84.25%	95%	East Mids MH&LD **80%**
Appraisal Compliance	83.78%	Live Workforce Dashboard and ESR MSS	64.06%	64.70%	90%	NHS **83%** National MH&LD **88%** East Mids MH&LD **87%**
Sickness Absence	5.72% M 4.83% A	Leaders receive alerts and reports via FirstCare	6.10% M 5.11% A	6.52% M 5.22% A	3.9%	NHS **4.33%** A National MH&LD **4.86%** A East Mids MH&LD **4.98%** A
Active Recruitment	46 posts	Establishment Control Group	23 posts	38 posts		
Variance from Funded Establishment	14.18%	5% tolerance against target	15.31%	14.67%	90% staff in post	

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

Annual Staff Turnover Aug 2015 & Annual Sickness Absence Jul 2015 Benchmark source: ***HSCIC NHS iView***

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

Sep 2015 V Oct 2014

Oct 2015 V Sep 2015

126

Within Trust Target Parameters

Outside Trust Target Parameters

WE FOCUS ON OUR PEOPLE

Better together

Derbyshire Healthcare NHS Foundation Trust
Report to Board of Directors 29 October 2015

Annual Patient Survey

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

CQC community services- National and trust performance. The Patient survey

Mental Health date of release 21 October 2015

We use national surveys to find out about the experiences of people who receive care and treatment.

At the start of 2015, a questionnaire was sent to 850 people who received community mental health services. Responses were received from 252 people at Derbyshire Healthcare NHS Foundation Trust.

Patient response For each question in the survey, people's responses are converted into scores, where the best possible score is 10/10.

Compared with other trusts Each trust received a rating of Better, About the same or Worse on how it performs for each question, compared with most other trusts.

Health and social care workers **7.8/10** About the same

Listening for the person or people seen most recently listening carefully to them. **8.3/10** About the same

Time for being given enough time to discuss their needs and treatment **7.7/10** About the same

Understanding for the person or people seen most recently understanding how their mental health needs affect other areas of their life **7.3/10** About the same

Organising care **8.4/10** About the same

Being informed for having been told who is in charge of organising their care and services **7.6/10** About the same

Contact for those told who is in charge of organising their care, being able to contact this person if concerned about their care **9.5/10** About the same

Organisation for those told who is in charge of organising their care, that this person organises the care and services they need well 8.2/10 About the same

Planning care **7.0/10** About the same

Agreeing care for having agreed with someone from NHS mental health services what care and services they will receive **6.1/10** About the same

Involvement in planning care for those who have agreed what care and services they will receive, being involved as much as they would like in agreeing this **7.3/10** About the same

Personal circumstances for those who have agreed what care and services they will receive, that this agreement takes into account their personal circumstances **7.7/10** About the same

Reviewing Care **7.5/10** About the same

Care review for having had a formal meeting with someone from NHS mental health services to discuss how their care is working in the last 12 months **7.2/10** About the same

Involvement in care review for those who had had a formal meeting to discuss how their care is working, being involved as much as they wanted to be in this discussion **7.8/10** About the same

Shared decisions for those who had had a formal meeting to discuss how their care is working, feeling that decisions were made together by them and the person seen **7.7/10** About the same

Changes in who people see 6.4/10 About the same

Continuity of care for those for whom the people they see for their care changed in the last 12 months, that their care stayed the same or got better **6.6/10** About the same

Information for those for whom the people they see for their care changed in the last 12 months, knowing who was in charge of their care during this time **6.2/10** About the same

Crisis care **6.1/10** About the same

Contact for knowing who to contact out of office hours if they have a crisis **6.0/10** About the same

Support during a crisis for those who had contacted this person or team, receiving the help they needed **6.2/10** About the same

Treatments **7.4/10** About the same

Involvement in decisions for those receiving medicines, being involved as much as they wanted in decisions about medicines received 7.0/10 About the same

Understandable information for those prescribed new medicines, being given information about it in a way that they could understand **6.9/10** About the same.

Medicine review for those receiving medicines for 12 months or longer, that a mental health worker checked how they are getting on with their medicines **7.8/10** About the same

Other treatments and therapies for those who received treatments or therapies other than medicine, being involved as much as they wanted in deciding what treatments or therapies to use **7.9/10** **Better**

Other areas of life 5.4/10 About the same

Help finding support for physical health needs for those with physical health needs receiving help or advice with finding support for this, if they needed this **5.5/10** About the same

Help finding support for financial advice or benefits for receiving help or advice with finding support for financial advice or benefits, if they needed this **4.6/10** About the same

Help finding support for finding or keeping work for receiving help or advice with finding support for finding or keeping work, if they needed this **4.5/10** About the same

Help finding support for finding or keeping accommodation for receiving help or advice with finding support for finding or keeping accommodation, if they needed this **4.8/10** About the same

Local activities for someone from NHS mental health services supporting them in taking part in a local activity, if they wanted this **4.5/10** About the same

Involving family or friends for NHS mental health services involving family or someone else close to them as much as they would like **7.0/10** About the same

Information on support from others for being given information about getting support from others with experiences of the same mental health needs, if they wanted this **4.2/10** About the same

Understanding for the people seen through NHS mental health services understanding what is important to them in their life **6.3/10** About the same.

Support for the people seen through NHS mental health services helping them achieve what is important to them **6.2/10** About the same.

Feeling hopeful for the people seen through NHS mental health services helping them feel hopeful about what is important to them **6.1/10** About the same.

Overall views and experiences **7.2/10** About the same

Contact for feeling that they have seen NHS mental health services often enough for their needs in the last 12 months **6.0/10** About the same

Respect and dignity for feeling that they were treated with respect and dignity by NHS mental health services **8.5/10** About the same

Overall experience **7.0/10** About the same

Overall view of mental health services for feeling that overall they had a good experience **7.0/10** About the same

Overall analysis, our current Trust performance is average.

About these scores
Most questions are grouped under the section in which they appear in the questionnaire.

We asked people to answer questions about different aspects of their care and treatment. Based on their responses, we gave each NHS trust a score out of 10 for each question (the higher the score the better).

Each trust also received a rating of 'About the same', 'Better' or 'Worse'.

Better: the trust is better for that particular question compared to most other trusts that took part in the survey.

About the same: the trust is performing about the same for that particular question as most other trusts that took part in the survey.

Worse: the trust did not perform as well for that particular question compared to most other trusts that took part in the survey.

We do not provide a single overall rating for each NHS Trust. This would be misleading as the survey assesses a number of different aspects of people's experiences (such as health and social care workers, treatments etc.) and trust performance varies across these different aspects. The structure of the questionnaire also means that there are a different number of questions in each section. It is better to look at the trusts in your area and see how they perform across the aspects that are most important to you.

Our actions
This report will be formally reported in the November Quality committee with a further detailed analysis and work plan.

2. SAFE SERVICES CQC Safeguarding report-

The attached paper is the final CQC report. The accuracy checks have a 5 day turnaround for submission and this has been led by the Safeguarding team at time of reading this report will have been submitted.

The Trust safeguarding team and the Safeguarding committee will lead the implementation and monitoring of the recommendations and progress.

Strategic considerations

- We will consider the findings from local and national reports in our planning for 2016/17.

(Board) Assurances

- General assurance on the overall high quality of care we provide through our positive assessment of our community and children's services
- Indications of on-going and continued work on clinical variation, care planning and record keeping.
- An average performance, across the board but no worsening areas. One key improvement of a significant improvement. Other treatments and therapies for those who received treatments or therapies other than medicine, being involved as much as they wanted in deciding what treatments or therapies to use 7.9/10 Better than average and a higher improvement

Consultation

This report has not been previously shared.

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.

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

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 recently published information

Report prepared by:

Carolyn Green
Executive Director of Nursing and Patient Experience

Patient survey report 2015

Survey of people who use community mental health services 2015

Derbyshire Healthcare NHS Foundation Trust

Survey of people who use community mental health services 2015

National NHS patient survey programme
Survey of people who use community mental health services 2015

The Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England.

Our purpose:

- We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

Our role:

- We register care providers.
- We monitor, inspect and rate services.
- We take action to protect people who use services.
- We speak with our independent voice, publishing regional and national views of the major quality issues in health and social care.

Our values:

- Excellence – being a high-performing organisation
- Caring – treating everyone with dignity and respect
- Integrity – doing the right thing
- Teamwork – learning from each other to be the best we can

Survey of people who use community mental health services 2015

To improve the quality of services that the NHS delivers, it is important to understand what people think about their care and treatment. One way of doing this is by asking people who have recently used their local health services to tell us about their experiences.

The 2015 survey of people who use community mental health services involved 55 NHS trusts in England[1] (including combined mental health and social care trusts, Foundation Trusts and community healthcare social enterprises that provide mental health services). We received responses from more than 13,000 people, a response rate of 29%.

People aged 18 and over were eligible for the survey if they were receiving specialist care or treatment for a mental health condition and had been seen by the trust between 1 September 2014 and 30 November 2014. For more information on the sampling criteria for the survey please see the instruction manual for the survey (see Further Information section). Fieldwork for the survey (the time during which questionnaires were sent out and returned) took place between February and July 2015.

Similar surveys of community mental health services were carried out between 2004-2008 and 2010-2014[2]. However, the questionnaire for the 2014 survey was substantially redeveloped and updated in order to reflect changes in policy, best practice and patterns of service. New questions were added to the questionnaire and existing questions modified. The questionnaire remained largely the same between 2014 and 2015, which means that the 2015 results can be compared back to the 2014 survey data. However, the results from the 2014 and 2015 survey are not comparable with the results from previous national community mental health surveys[3].

[1] Although 58 trusts were eligible to take part in the survey, two trusts were not able to take part in the 2015 survey as they were unable to draw a sample as specified in the survey instruction manual. The data for one trust that took part in the survey was excluded from the publication as the trust committed a sampling error which would introduce bias into their results.

[2] In 2009 a survey of mental health inpatients took place.

[3] Please note that the survey was also substantially redeveloped in 2010. This means that surveys carried out between 2010 and 2013 are comparable with each other but not with any previous surveys.

The community mental health survey is part of a wider programme of NHS patient surveys which covers a range of topics including acute inpatient, children's inpatient and day case services, A&E (emergency department) and maternity services. To find out more about the programme and to see the results from previous surveys, please see the links in the 'further information' section.

The Care Quality Commission will use the results from this survey in our regulation, monitoring and inspection of mental health trusts in England. We will use data from the survey in our system of Intelligent Monitoring, which provides inspectors with an assessment of risk in areas of care within an NHS trust that need to be followed up. The survey data will also be included in the data packs that we produce for inspections.

NHS England will use the results to check progress and improvement against the objectives set out in the NHS mandate, and the Department of Health will hold them to account for the outcomes they achieve. The Trust Development Authority will use the results to inform their oversight model for NHS.

Interpreting the report

This report shows how a trust scored for each evaluative question in the survey, compared with other trusts. It uses an analysis technique called the **'expected range'** to determine if your trust is performing 'about the same', 'better' or 'worse' compared with most other trusts. For more information, please see the 'methodology' section below. This approach is designed to help understand the performance of individual trusts, and to identify areas for improvement.

This report shows the same data as published on the CQC website available at the following link (www.cqc.org.uk/cmhsurvey). The CQC website displays the data in a more simplified way, identifying whether a trust performed 'better', 'worse' or 'about the same' as the majority of other trusts for each question and section. For more information on the analysis, please see the methodology section below.

A 'section' score is also provided, labelled S1-S10 in the 'section scores' on page 5. The scores for each question are grouped according to the sections of the questionnaire, for example, 'health and social care workers' and 'organising care' and so forth. Please note that Q3 *(In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?)* is in section nine ('Overall views of care and services') as this was the only question that could be scored in the 'Care and Treatment' section of the questionnaire.

Standardisation

Trusts have differing profiles of people who use their services. For example, one trust may have a higher proportion of male service users than another trust. This can potentially affect the results because people tend to answer questions in different ways, depending on certain characteristics. For example, older respondents tend to report more positive experiences than younger respondents, and women tend to report less positive experiences than men. This could potentially lead to a trust's results appearing better or worse than if they had a slightly different profile of people.

To account for this, we 'standardise' the data. Results have been standardised by the age and gender of respondents to ensure that no trust will appear better or worse than another because of its respondent profile. This helps to ensure that each trust's age-gender profile reflects the national age-gender distribution (based on all of the respondents to the survey). It therefore enables a more accurate comparison of results from trusts with different population profiles. In most cases this standardisation will not have a large impact on trust results; it does, however, make comparisons between trusts as fair as possible.

Scoring

For each question in the survey, the individual (standardised) responses are converted into scores on a scale from 0 to 10. A score of 10 represents the best possible response and a score of zero the worst. The higher the score for each question, the better the trust is performing.

It is not appropriate to score all questions in the questionnaire as not all of the questions assess the trusts in any way, for example, they may be may be 'routing questions' designed to filter out

respondents to whom following questions do not apply. An example of a routing question is Q23 *(In the last 12 months, have you been receiving any medicines for your mental health needs?)*.

For full details of the scoring please see the technical document (see further information section).

Graphs

The graphs in this report show how the score for the trust compares to the range of scores achieved by all trusts taking part in the survey. The black diamond shows the score for your trust. The graph is divided into three sections:

- If your trust's score lies in the orange section of the graph, its result is 'about the same' as most other trusts in the survey.
- If your trust's score lies in the red section of the graph, its result is 'worse' than would be expected when compared with most other trusts in the survey.
- If your trust's score lies in the green section of the graph, its result is 'better' than would be expected when compared with most other trusts in the survey.

The text to the right of the graph clearly states whether the score for your trust is 'better' or 'worse'. If there is no text the score is 'about the same.' These groupings are based on a rigorous statistical analysis of the data, as described in the following 'methodology' section.

Methodology

The 'about the same,' 'better' and 'worse' categories are based on a statistic called the '**expected range**' which determines the range within which the trust's score could fall without differing significantly from the average, taking into account the number of respondents for each trust and the scores for all other trusts. If the trust's performance is outside of this range, it means that it performs significantly above or below what would be expected. If it is within this range, we say that its performance is 'about the same'. This means that where a trust is performing 'better' or 'worse' than the majority of other trusts, it is very unlikely to have occurred by chance.

In some cases there will be no red and/or no green area in the graph. This happens when the expected range for your trust is so broad it encompasses either the highest possible score for all trusts (no green section) or the lowest possible for all trusts score (no red section). This could be because there were few respondents and / or a lot of variation in their answers.

Please note that if fewer than 30 respondents have answered a question, no score will be displayed for this question (or the corresponding section[4]). This is because the uncertainty around the result is too great.

A technical document providing more detail about the methodology and the scoring applied to each question is available on the CQC website (see further information section).

Tables

At the end of the report you will find tables containing the data used to create the graphs, the response rate for your trust and background information about the people that responded.

Scores from last year's survey are also displayed where available. The column called 'change from 2014' uses arrows to indicate whether the score for this year shows a statistically significant increase (up arrow), a statistically significant decrease (down arrow) or has shown no statistically significant change (no arrow) compared with 2014. A statistically significant difference means that the change in the results is very unlikely to have occurred by chance. Significance is tested using a two-sample t-test.

Please note that comparative data is not shown for sections as the questions contained in each section can change year on year.

If the report for your trust is missing comparative data, this is because comparisons are not able to be shown where it has been found that a trust committed a sampling error in 2014.

[4]A section score is not able to be displayed as it will include fewer questions compared with other trusts so is not a fair comparison.

Notes on specific questions

This section provides information about the analysis of particular questions:

Q9 and Q10: Q9 (*Do you know how to contact this person if you have a concern about your care?*) and Q10 (*How well does this person organise the care and services you need?*)
Respondents who stated at Q8 that their GP is in charge of organising their care and services have been removed from the base for these questions. This is because results will not be attributable to the mental health trust.

Q14: (*In the last 12 months have you had a formal meeting with someone from NHS mental health services to discuss how your care is working?*)
Respondents who stated at Q2 they had been in contact with mental health services for less than a year have been removed from the base for this question. This is because it is not fair to penalise trusts for not having reviewed a person's care, if they have not been in contact with services for long enough.

Further information

The full national and trust level results can be found on the CQC website. You can also find a 'technical document' here which describes the methodology for analysing the trust level results:
www.cqc.org.uk/cmhsurvey

The trust results from previous surveys of community mental health surveys that took place 2004-8 and 2010-2014[5] are available at the below link. Please note that due to redevelopment work, results from the 2015 survey are only comparable with 2014[6].
www.nhssurveys.org/surveys/290

Full details of the methodology for the survey, including questionnaires, letters sent to people who use services, instructions on how to carry out the survey and the survey development report, are available at:
www.nhssurveys.org/surveys/820

More information on the patient survey programme, including results from other surveys and a programme of current and forthcoming surveys can be found at:
www.cqc.org.uk/public/reports-surveys-and-reviews/surveys

More information on how CQC monitor trusts that provide mental health services is available at:
www.cqc.org.uk/content/monitoring-trusts-provide-mental-health-services

[5] In 2009 a survey of mental health inpatient services took place.

[6] Please note that the survey was also substantially redeveloped in 2010. This means that surveys carried out between 2010 and 2013 are comparable with each other but not with any previous surveys.

Survey of people who use community mental health services 2015
Derbyshire Healthcare NHS Foundation Trust

Section scores

Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
About the same	◆	This trust's score (NB: Not shown where there are fewer than 30 respondents)
Worst performing trusts		

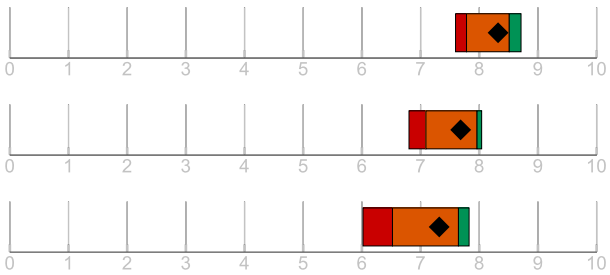
Survey of people who use community mental health services 2015
Derbyshire Healthcare NHS Foundation Trust

Health and social care workers

Q4. Did the person or people you saw listen carefully to you?

Q5. Were you given enough time to discuss your needs and treatment?

Q6. Did the person or people you saw understand how your mental health needs affect other areas of your life?

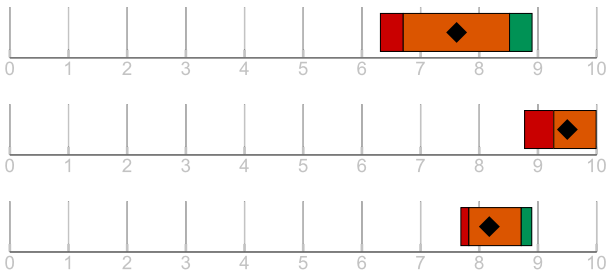


Organising care

Q7. Have you been told who is in charge of organising your care and services?

Q9. Do you know how to contact this person if you have a concern about your care?

Q10. How well does this person organise the care and services you need?

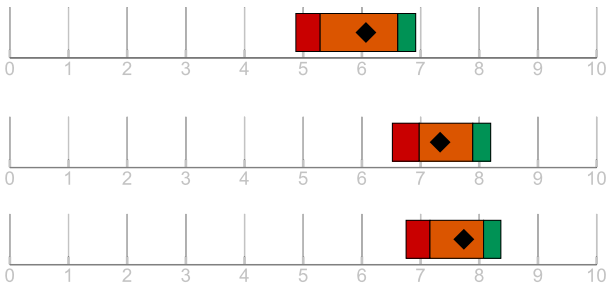


Planning care

Q11. Have you agreed with someone from NHS mental health services what care you will receive?

Q12. Were you involved as much as you wanted to be in agreeing what care you will receive?

Q13. Does this agreement on what care you will receive take your personal circumstances into account?

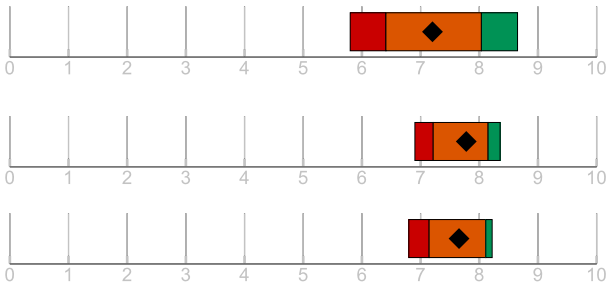


Reviewing care

Q14. In the last 12 months have you had a formal meeting with someone from NHS mental health services to discuss how your care is working?

Q15. Were you involved as much as you wanted to be in discussing how your care is working?

Q16. Did you feel that decisions were made together by you and the person you saw during this discussion?

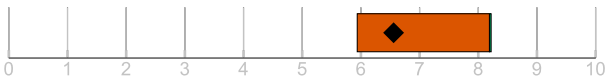


Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
About the same	◆	This trust's score (NB: Not shown where there are fewer than 30 respondents)
Worst performing trusts		

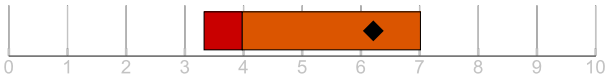
Survey of people who use community mental health services 2015
Derbyshire Healthcare NHS Foundation Trust

Changes in who people see

Q18. What impact has this had on the care you receive?

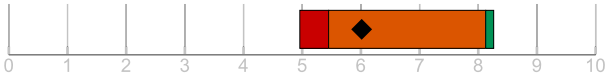


Q19. Did you know who was in charge of organising your care while this change was taking place?

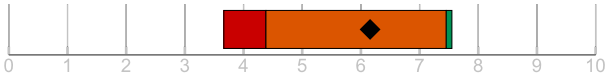


Crisis care

Q20. Do you know who to contact out of office hours if you have a crisis?



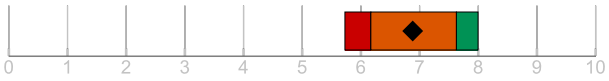
Q22. When you tried to contact them, did you get the help you needed?



Treatments

Q24. Were you involved as much as you wanted to be in decisions about which medicines you receive?

Q26. Were you given information about new medicine(s) in a way that you were able to understand?



Q28. In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines?

Q30. Were you involved as much as you wanted to be in deciding what treatments or therapies to use?

Better

Best performing trusts

About the same

Worst performing trusts

'Better/Worse' Only displayed when this trust is better/worse than most other trusts

◆ This trust's score (NB: Not shown where there are fewer than 30 respondents)

Survey of people who use community mental health services 2015
Derbyshire Healthcare NHS Foundation Trust

Other areas of life

Q31. In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs?

Q32. In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?

Q33. In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work?

Q34. In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping accommodation?

Q35. Has someone from NHS mental health services supported you in taking part in an activity locally?

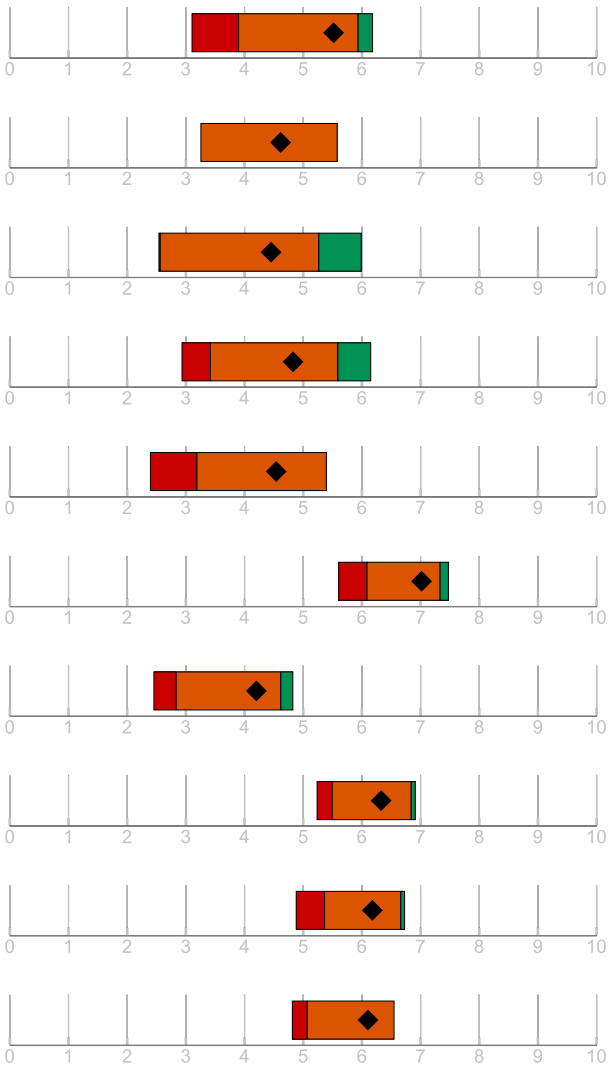
Q36. Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?

Q37. Have NHS mental health services given you information about getting support from people with experience of the same mental health needs?

Q38. Do the people you see through NHS mental health services understand what is important to you in your life?

Q39. Do the people you see through NHS mental health services help you with what is important to you?

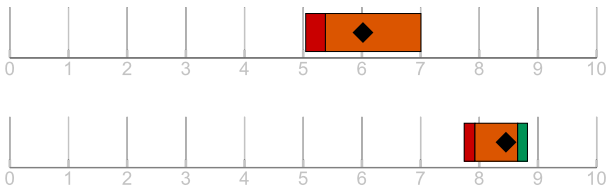
Q40. Do the people you see through NHS mental health services help you feel hopeful about the things that are important to you?



Overall views of care and services

Q3. In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?

Q42. Overall in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?

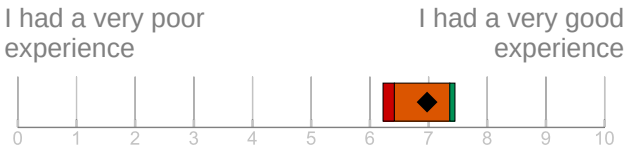


Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
About the same	◆	This trust's score (NB: Not shown where there are fewer than 30 respondents)
Worst performing trusts		

Survey of people who use community mental health services 2015
Derbyshire Healthcare NHS Foundation Trust

Overall experience

Q41. Overall...



Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
About the same	◆	This trust's score (NB: Not shown where there are fewer than 30 respondents)
Worst performing trusts		

Survey of people who use community mental health services 2015

Derbyshire Healthcare NHS Foundation Trust

		Scores for this NHS trust	Lowest trust score achieved	Highest trust score achieved	Number of respondents (this trust)	2014 scores for this NHS trust	Change from 2014
Health and social care workers							
S1	Section score	7.8	6.8	8.2			
Q4	Did the person or people you saw listen carefully to you?	8.3	7.6	8.7	239	8.3	
Q5	Were you given enough time to discuss your needs and treatment?	7.7	6.8	8.0	235	7.9	
Q6	Did the person or people you saw understand how your mental health needs affect other areas of your life?	7.3	6.0	7.8	231	7.4	
Organising care							
S2	Section score	8.4	7.9	9.1			
Q7	Have you been told who is in charge of organising your care and services?	7.6	6.3	8.9	216	8.0	
Q9	Do you know how to contact this person if you have a concern about your care?	9.5	8.8	9.9	140	9.6	
Q10	How well does this person organise the care and services you need?	8.2	7.7	8.9	142	8.4	
Planning care							
S3	Section score	7.0	6.1	7.6			
Q11	Have you agreed with someone from NHS mental health services what care you will receive?	6.1	4.9	6.9	239	6.3	
Q12	Were you involved as much as you wanted to be in agreeing what care you will receive?	7.3	6.5	8.2	187	7.5	
Q13	Does this agreement on what care you will receive take your personal circumstances into account?	7.7	6.8	8.4	180	8.0	
Reviewing care							
S4	Section score	7.5	6.8	8.2			
Q14	In the last 12 months have you had a formal meeting with someone from NHS mental health services to discuss how your care is working?	7.2	5.8	8.7	207	7.4	
Q15	Were you involved as much as you wanted to be in discussing how your care is working?	7.8	6.9	8.4	165	7.4	
Q16	Did you feel that decisions were made together by you and the person you saw during this discussion?	7.7	6.8	8.2	157	7.6	

↑ or ↓	Indicates where 2015 score is significantly higher or lower than 2014 score (NB: No arrow reflects no statistically significant change) Where no score is displayed, no 2014 data is available.

Survey of people who use community mental health services 2015

Derbyshire Healthcare NHS Foundation Trust

		Scores for this NHS trust	Lowest trust score achieved	Highest trust score achieved	Number of respondents (this trust)	2014 scores for this NHS trust	Change from 2014
Changes in who people see							
S5	Section score	6.4	4.7	7.5			
Q18	What impact has this had on the care you receive?	6.6	5.9	8.2	68	7.4	
Q19	Did you know who was in charge of organising your care while this change was taking place?	6.2	3.3	6.8	65	5.4	
Crisis care							
S6	Section score	6.1	5.1	7.2			
Q20	Do you know who to contact out of office hours if you have a crisis?	6.0	5.0	8.3	198	6.7	
Q22	When you tried to contact them, did you get the help you needed?	6.2	3.7	7.6	41	6.4	
Treatments							
S7	Section score	7.4	6.3	7.9			
Q24	Were you involved as much as you wanted to be in decisions about which medicines you receive?	7.0	6.2	7.7	194	7.1	
Q26	Were you given information about new medicine(s) in a way that you were able to understand?	6.9	5.7	8.0	96	6.4	
Q28	In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines?	7.8	6.5	8.6	180	8.1	
Q30	Were you involved as much as you wanted to be in deciding what treatments or therapies to use?	7.9	6.2	8.2	89	7.0	

↑ or ↓	Indicates where 2015 score is significantly higher or lower than 2014 score (NB: No arrow reflects no statistically significant change) Where no score is displayed, no 2014 data is available.

Survey of people who use community mental health services 2015

Derbyshire Healthcare NHS Foundation Trust

		Scores for this NHS trust	Lowest trust score achieved	Highest trust score achieved	Number of respondents (this trust)	2014 scores for this NHS trust	Change from 2014
Other areas of life							
S8	Section score	5.4	3.9	5.8			
Q31	In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs?	5.5	3.1	6.2	140	5.8	
Q32	In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?	4.6	3.3	5.5	142	5.1	
Q33	In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work?	4.5	2.5	6.0	62	4.3	
Q34	In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping accommodation?	4.8	2.9	6.2	67	6.1	
Q35	Has someone from NHS mental health services supported you in taking part in an activity locally?	4.5	2.4	5.4	119	5.9	↓
Q36	Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?	7.0	5.6	7.5	161	6.7	
Q37	Have NHS mental health services given you information about getting support from people with experience of the same mental health needs?	4.2	2.5	4.8	143	4.2	
Q38	Do the people you see through NHS mental health services understand what is important to you in your life?	6.3	5.2	6.9	233	6.6	
Q39	Do the people you see through NHS mental health services help you with what is important to you?	6.2	4.9	6.7	229	6.6	
Q40	Do the people you see through NHS mental health services help you feel hopeful about the things that are important to you?	6.1	4.8	6.5	228	6.0	
Overall views of care and services							
S9	Section score	7.2	6.4	7.7			
Q3	In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?	6.0	5.0	7.0	237	6.6	
Q42	Overall in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?	8.5	7.7	8.8	245	8.7	
Overall experience							
S10	Section score	7.0	6.2	7.4			
Q41	Overall...	7.0	6.2	7.4	231	7.2	

↑ or ↓	Indicates where 2015 score is significantly higher or lower than 2014 score (NB: No arrow reflects no statistically significant change) Where no score is displayed, no 2014 data is available.

Survey of people who use community mental health services 2015
Derbyshire Healthcare NHS Foundation Trust

Background information

The sample	This trust	All trusts
Number of respondents	252	13292
Response Rate (percentage)	31	29

Demographic characteristics	This trust	All trusts
Gender (percentage)	(%)	(%)
Male	44	43
Female	56	57
Age group (percentage)	(%)	(%)
Aged 18-35	14	14
Aged 36-50	24	22
Aged 51-65	25	26
Aged 66 and older	37	38
Ethnic group (percentage)	(%)	(%)
White	92	87
Multiple ethnic group	0	2
Asian or Asian British	2	4
Black or Black British	1	3
Arab or other ethnic group	0	0
Not known	5	4
Religion (percentage)	(%)	(%)
No religion	23	21
Buddhist	1	1
Christian	66	66
Hindu	0	1
Jewish	0	1
Muslim	0	3
Sikh	0	1
Other religion	5	3
Prefer not to say	4	4
Sexual orientation (percentage)	(%)	(%)
Heterosexual/straight	89	89
Gay/lesbian	2	2
Bisexual	3	2
Other	1	1
Prefer not to say	6	6

Derbyshire Healthcare NHS Foundation Trust
Report to Board of Directors 25 November 2015

POSITION STATEMENT ON QUALITY (Including Quality Dashboard)

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 Publication of whistleblowing policy

On 16th November 2015 the first ever national whistleblowing policy was published for consultation. The policy has been drawn up by Monitor, NHS England and the NHS Trust Development Authority (TDA).

All NHS organisations will be required to implement the policy. The policy aims to provide more support to staff when raising concerns and for organisations to learn from the issues raised.

We have a local raising concerns (whistleblowing) policy in place and this national policy does not replace local arrangements. Dr Mike Durkin, NHS England's director of patient safety said:

"A safe NHS is an open and honest NHS where we routinely learn from mistakes and use that learning to improve patient safety. If we are to truly put our patients first, we must create a culture where owning up to mistakes and speaking out about poor care is fully encouraged and embraced. This policy should support that," Durkin added.

Our response:

We welcome this national support and will contribute to the consultation and refine our processes in line with the requirements of the new national policy.

1.2 The Infection Control Committee (TICC)

The Committee continues to oversee a work plan to ensure that high clinical standards are maintained, staff receive training and support, and that any clinical developments reflect high standards of patient safety and preventing the spread of infection.

1.2.1 PLACE inspections

The PLACE inspections for 2015 have been reviewed by the Committee, and the action plan generated from this will be supported by the team (Senior Nurses and Facilities), and funded from the dedicated Capital Funding allocation for Infection Prevention & Control. Recent developments include replacement lounge furniture for inpatient ward settings, and purchase of replacement commodes / shower chairs.

1.2.2 Audit

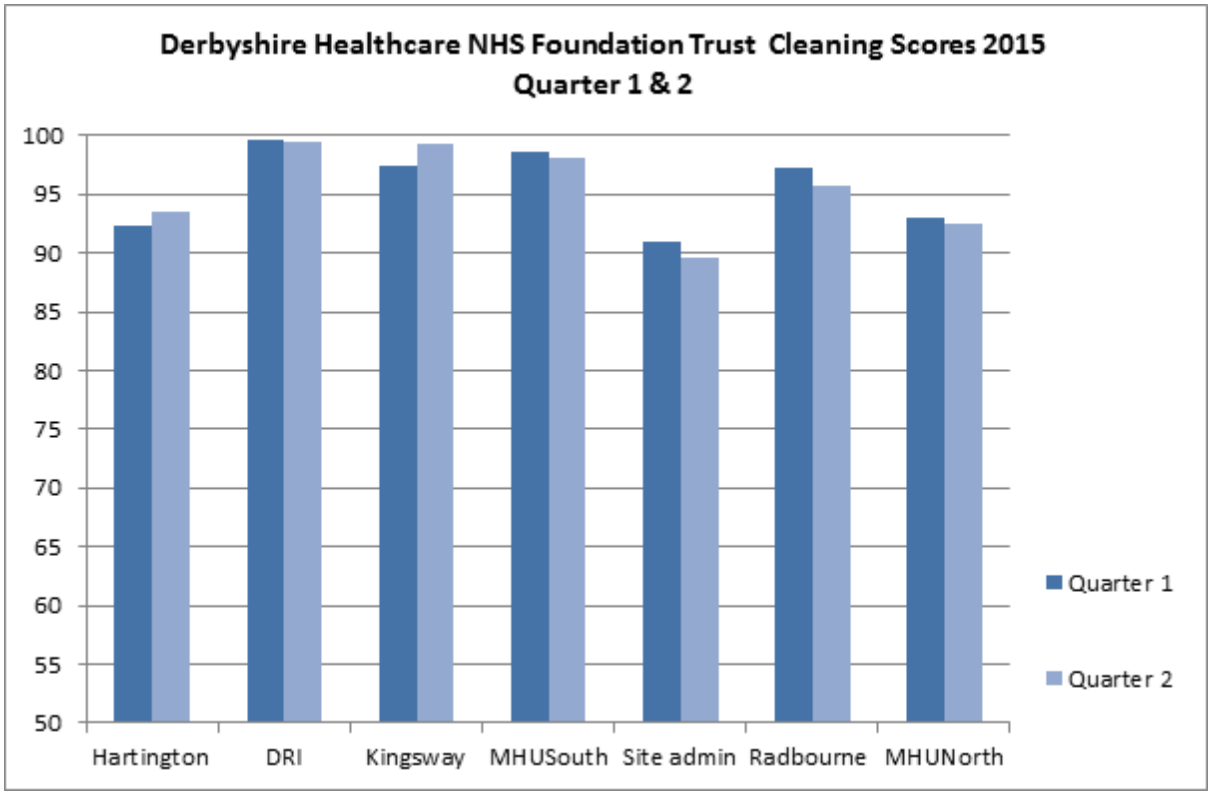
The audit programme continues, with Community bases (including Recovery team bases, Substance Misuse and Special Schools) have all received audit visits from the Infection Control team to look at key standards, which the TICC have reviewed, with this information now being taken forward for the Divisions to consider and resolve.

The staff Influenza Vaccination programme is delivered by Occupational Health during October and November at a number of locations across the county. Inpatient ward staff are supported to administer influenza vaccinations to inpatients that fulfil the 'at risk' criteria also during this time. We continue to develop and adapt our response to any potential pandemic via the emergency planning structures to ensure we are able to respond as part of a wider health economy.

1.2.4 Cleaning scores

The strategic cleaning plan has been reviewed by the Facilities team against key national standards and supported by the Trust Infection Control Committee. The Committee recommends that this plan continues to be endorsed by the Board of Directors in order that we maintain the excellent standards across our clinical areas. We continue to monitor externally delivered contracts such as some cleaning services in North County premises, pest control, waste and laundry with no issues identified in the delivery of any of these services.

Table: Cleaning scores Quarter 1 & Quarter 2 2015/16



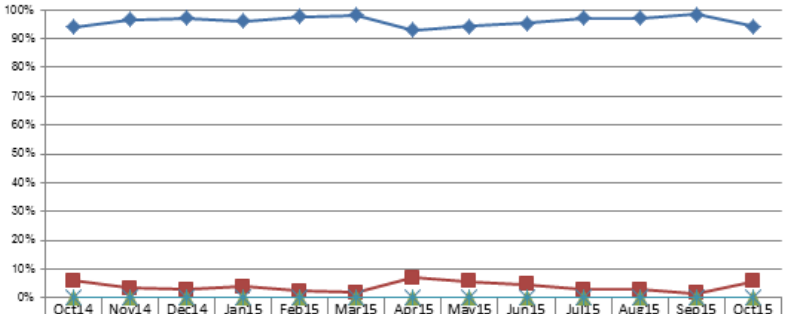
Excellent = >94%
Good = 82% to 94%

1.2.5 Safety Thermometer

This national collection aims at reducing the prevalence of pressure ulcers and falls as measured by Safety Thermometer to ensure that the prevalence of:-

- (1) New Pressure Ulcer is less than 0.5% per quarter (as the average of 3mnth)
- (2) Falls with harm is no greater than 5% per quarter (as the average over 3 months)
- 'Harm free' care as defined by >95% Harm Free across the 4 measured parameters

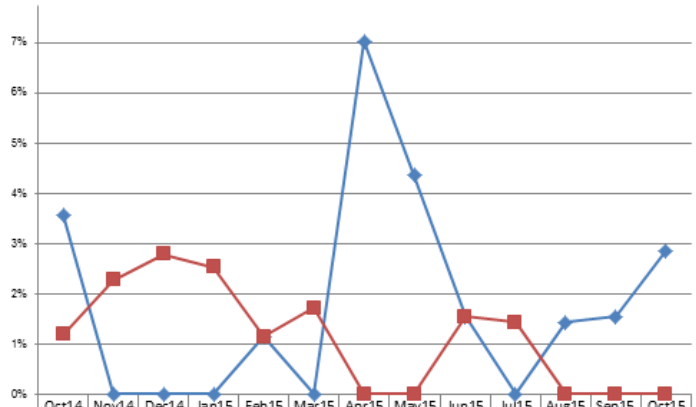
Harm Free: patients with Harm Free Care



	Oct14	Nov14	Dec14	Jan15	Feb15	Mar15	Apr15	May15	Jun15	Jul15	Aug15	Sep15	Oct15
Harm Free	94.05	96.59	97.22	96.2	97.73	98.28	92.98	94.2	95.38	97.14	97.14	98.46	94.29
One Harm	5.95	3.41	2.78	3.8	2.27	1.72	7.02	5.8	4.62	2.86	2.86	1.54	5.71
Two Harms	0	0	0	0	0	0	0	0	0	0	0	0	0
Three Harms	0	0	0	0	0	0	0	0	0	0	0	0	0
Four Harms	0	0	0	0	0	0	0	0	0	0	0	0	0
Patients	84	88	72	79	88	58	57	69	65	70	70	65	70

Pressure ulcers

Pressure Ulcers - New & Old: patients with an old or new pressure ulcer

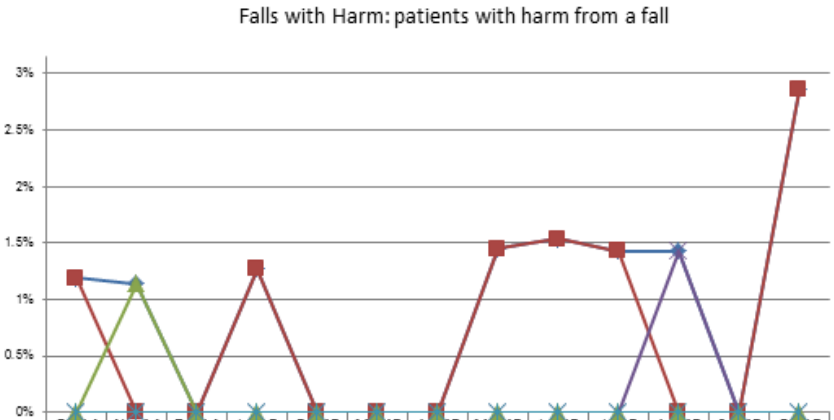


	Oct14	Nov14	Dec14	Jan15	Feb15	Mar15	Apr15	May15	Jun15	Jul15	Aug15	Sep15	Oct15
Pressure Ulcers - Old	3.57	0	0	0	1.14	0	7.02	4.35	1.54	0	1.43	1.54	2.86
Pressure Ulcers - New	1.19	2.27	2.78	2.53	1.14	1.72	0	0	1.54	1.43	0	0	0
Patients	84	88	72	79	88	58	57	69	65	70	70	65	70

Previous months as detailed on the graphs show that overall numbers of pressure ulcers are low, however a proactive approach is taken to prevention. This identifies patients who have developed an ulcer elsewhere but has been identified as part of care. Careful consideration is given to other data collection methods and reporting due to the limitations of the point

prevalence methodology. Please note the scale of the graph.

Falls



	Oct14	Nov14	Dec14	Jan15	Feb15	Mar15	Apr15	May15	Jun15	Jul15	Aug15	Sep15	Oct15
Falls with Harm	1.19	1.14	0	1.27	0	0	0	1.45	1.54	1.43	1.43	0	2.86
Low Harm	1.19	0	0	1.27	0	0	0	1.45	1.54	1.43	0	0	2.86
Moderate Harm	0	1.14	0	0	0	0	0	0	0	0	0	0	0
Severe Harm	0	0	0	0	0	0	0	0	0	0	1.43	0	0
Death	0	0	0	0	0	0	0	0	0	0	0	0	0
Patients	84	88	72	79	88	58	57	69	65	70	70	65	70

The same is true of falls, where proactive work being led by the falls prevention lead ensures that critical reflection of practice is well embedded. The 'harm' is identified and recorded as 'low' – which may be a very minor injury such as a bruise. Our quality team continually monitor all falls, learning and improvements in practice to minimise the risks of falls.

2. CARING SERVICES

2.1 Nursing conference

Our next Nursing conference will be held on 16th December 2015. The main focus of the third 'Nursing in our Trust' conference will be to develop nursing assessment and care planning approaches to improve the quality of the care planning across the organisation. There will be external speakers alongside Trust clinicians showcasing innovative national work in personalised care and outcomes. The day is planned to support the work plan to meet the Quality strategy.

3. EFFECTIVE SERVICES

3.1. Think Family - Adfam training: families, drugs and alcohol - Opioid substitute medications in drug treatment and tackling risks to children

This free training aims to help organisations to enhance local practice to better safeguard children from the risks posed by medications used in Opioid Substitute Therapy (OST) (i.e. methadone and buprenorphine). It also helps practitioners know how to conduct robust risk assessments and to develop effective ways of joint working and information sharing. The

training took place on 13th November 2015 at our drug service base at Bay Heath House at Chesterfield, members of our local safeguarding and staff from drug services attended. The training is for multi agencies and is based on research findings. The training is a one day workshop and at the end of it participants will be able to:

1. Make an appropriate risk assessment for children under the age of five coming into contact with an adult prescribed OST medications.
2. Consider the evidence base on the impact of substance use on parenting capacity.
3. Conduct improved welfare checks for children, including signs of drug ingestion, to keep children safe.
4. Create and implement a shared safety plan to enhance local practice.
5. Identify mechanisms to establish inter-agency partnerships and future joint working to promote safety for children.

3.2 Quick Guides to get ready for winter

Six 'Quick guides to get ready for winter' have been published by NHS England. The guides showcase great examples of how people across the country are working with the care sector to reduce unnecessary hospital admissions and delayed transfers of care.

Our response

The Quality Leadership teams and Physical health committee will be using them with teams and that specific neighbourhood teams will consider the Think Family training offers and the Physical Healthcare committee.

3.3 Update on the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards

On 22nd October the policy lead for the Department of Health wrote to trusts to provide them with an update on the mental capacity act and deprivation of liberty safeguards. The update sets out plans to set up a National Mental Capacity Forum, the call for review of MCA support materials, the availability of MCA Rights Cards, and more information about the deprivation of liberty safeguards proposals.

Our response

The Mental Health Act committee will consider this update and agree any changes in practice as a result of this update. Our new DOLS/MCA technician who will be commencing in post imminently to assist with the roll out of these new practice aids to minimise clinical variation and scrutinise our practices, to ensure effective and responsive care in line with the Mental Health Code of practice and our required regulations.

4 RESPONSIVE SERVICES

4.1 Rapid Assessment Interface and Discharge (RAID) model of liaison psychiatry

This team was commissioned in April 2014. Based in Chesterfield Royal Hospital the aim of the new liaison team is to be a rapid response 24/7, age inclusive (>16 years of age) service providing a comprehensive range of specialist knowledge (mental health, substance misuse, self-harm, suicidal ideation, old age) for patients and staff within the CRH. The service has a one hour target for becoming involved in the care of patients with mental health or substance misuse care needs presenting to the Emergency Department

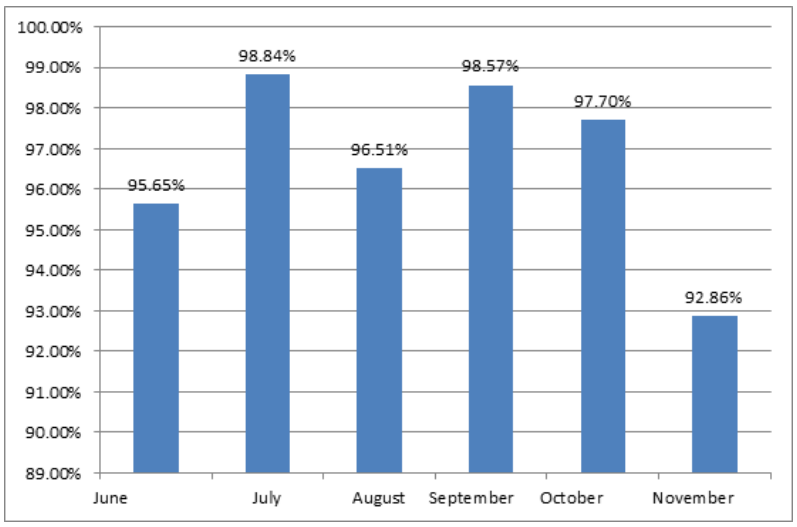
and a 24 hour target for seeing patients who are on a hospital ward.

A recent evaluation report of the first 6 months of operation have confirmed that response times are meeting met as follows:

Response times
Reliable data for this calculation is available from May 2015 onwards. The team aim to begin work with a patient who is located in ED within one hour of the team becoming aware of them. This was achieved in 94.9% of cases. The team aim to begin work with patients located on wards within 24hours, this was achieved in 82% of cases.

4.1.1 The one hour response time

The following graph sets out the one hour response time by month



The full evaluation which has recently been discussed at the Quality Assurance Group also reports on high levels of patient, carer and family satisfaction with the service., based on 32 responses over 2 months examples have included:

a. 97% felt listened to

b. 90.9% felt the nature of their circumstances were understood

c. 100% felt they had been helped to put a useful plan together

d. 86.4% felt that they would be better able to face such challenges again now

e. 94% would recommend the team to friends and relatives

Service user feedback collected so far is positive and will continue to form a key component of the Liaison team's evaluation. A further evaluation will be completed following 12 months of operation.

A full evaluation report is available and these early findings are ensuring improved parity of esteem for mental health patients presenting at Chesterfield Royal Hospital.

4.2 Care Quality Commission - Building on strong foundations: Shaping the future of health and care quality regulation

The Care Quality Commission has published this document as a starting point before they publish their strategy which will commence in April 2016. This document will continue to be refined as a result of feedback on the key issues. The Trust will review and feedback to the CQC consultation.

Our response

We will comment, review and feedback and consider this document in our planning for 2016/17.

5 WELL LED

5.1. Openness and transparency

On 22nd September 2015 the Quality Surveillance group who monitor the Trust from a wider systems perspective. Following discussions our CEO was informed that our surveillance rating was agreed as 'Routine'.

5.2 Professional Governance Nursing revalidation

The Nursing & Midwifery Council (NMC) agreed plans to introduce the process of 'Revalidation' at its October board meeting, and the planning is well underway for its introduction in April 2016.

A revalidation project team had already been established and is now working on the development of resources and support for our approximately 850 Registered Nurses who will need to be supported through this process in the coming months. A series of briefing sessions will be advertised soon, along with some key communications and support both for those going through the process and those who line manage Registered Nurses as part of their service. For many clinicians this will not be a substantial change in how they undertake their practice and continuing professional development, but some may need more support, including those who are not currently employed in a direct patient care role who need to evidence clinical practice hours. The process of revalidation also requires 'confirmation' – i.e. the signing off of the production of evidence as required by the NMC, which we are planning to link to the Trusts appraisal and supervision processes.

5.3 Developing an organisational culture that spreads good practice and champions the Trust values in quality of the services.

The Trust held the Annual awards on the 16th November ceremony which champions positive practice.

5.3.1 Delivering Excellence Awards 2015 - winners announced

The Trust held its Delivering Excellence Awards ceremony (16 November) to celebrate some of the outstanding achievements of our staff and volunteers, who were nominated by their colleagues for their amazing work over the last year.

The shortlisted individuals were invited to attend a 1940s-themed afternoon tea ceremony at

the Centre for Research & Development on the Kingsway Site, with a spread laid on by our Catering team. The inspiring and heart-warming stories about the efforts of the winners to deliver the Trust values were shared on camera by those who had taken the time to nominate them.

And the winners were…

Compassion in practice award
Laura Boyle, Nursing Assistant - Cubley Court

Nominated by the daughter of a service user for being "a great support to mum and the family as a whole. She always has time to talk about what mum has been like when she has been on shift. She is always smiling and bubbly. Nothing is too much trouble, no matter what the question or task. It is obvious she cares very much for the patients and I feel that when she is around my mum I know she is well looked after."

Efficiency award
Alison Reynolds, Clinical Team Manager - Derby City CAMHS
For leading on the development of a 'single point of access' for the child and adolescent mental health service (CAMHS) in the city, which has significantly reduced inappropriate referrals for specialist assessments and ensured a more integrated way of working, with a focus on prevention.

Innovation Award
Claire England, Lead Nurse - Crisis Team (North)
For developing physical healthcare services for patients with severe mental health problems, achieved by securing a £62,000 Innovations Bid from the East Midlands Innovation Centre to implement physical health screening for patients being treated at home following an initial crisis assessment.

Inspirational leader award
Claire Biernacki, Service Manager - Derby City
For her "outstanding leadership" within the Trust's older adult mental health services, including her "exceptional" people skills and compassionate and supportive approach to her colleagues.

Rising star award
Louise Haywood, Lead Nurse - LD Assessment, Treatment & Support team
A qualified learning disability (LD) nurse for three years, Louise has developed links with the county-wide dental service to ensure improvements for LD patients and worked on a national research project to reduce anti-psychotic medication for patients with a learning disability. She has also acted as the on-call LD nurse.

Stigma/social inclusion award
Jackie Fleeman, Lead Strategic Health Facilitator - Learning Disabilities
For developing a system that allows commissioners to compare the health of people with a learning disability (LD) alongside the rest of the population, and then lobbying commissioners, GPs and public health services to improve access to weight management services for people with LD.

Unsung hero award
Liz Edward & Rachel Robinson, Cashier/Welfare Officers, Finance
For providing vital 'banking' services for patients, ensuring payments are received from family members or pension schemes, keeping patients informed of their balances and arranging for patients' monies and valuables to be returned to families in the sad event that someone passes away in our care.

Volunteer award
Kate Smith, Volunteer - Derbyshire Early Intervention Service
Kate has committed her time to lead the All Being Well art group, which encourages young people to use art as a form of self-expression. In addition she has supported the recreation team at the Hope & Resilience Hub at the Radbourne Unit, offering art workshops there. She also designed the hub's logo and is involved in other projects within the Trust and at QUAD in Derby.

DEED of the year award
Craig Neesham, Community Psychiatric Nurse

Winner of our DEED colleague of the month award for February 2015, Craig was put forward for the DEED of the year award. Craig walked through the snow to ensure a service user had the change in medication he needed. A couple of days later, he took an urgent referral from a GP and, as there were no medics available for a domestic visit, visited and made the assessment. The service user required an in-patient assessment and Craig arranged this, working four hours beyond the end of his shift.

The Trust Platinum awards ceremony is planned for 7th December 2015 to inspire sharing best practice in clinical and service provision.

This awards and celebration of good practice was held following Board to Ward visits of all clinical and governance showcasing visits to the clinical services. This is the sixth season of quality visits

Season 6 commenced in January 2015 and aimed to and finish in July 2015 on target

The previous awards from Season 5 will not be taken into account. Progression should be shown against the previous year showcase areas and practice and recommendations should build upon last year's performance.

This year saw some changes to the composition of the panel members. Governors now have one place on every visit and Directors and Non-Executive Directors share one place. New clinical and non-clinical representatives have been invited to join the visiting panels this year, with active recruitment for commissioners to visit the services and to understand how services are functioning.

The theme for this year is based on the Care Quality Commission key areas of questioning, known as the Key Lines of Enquiry that are used when they complete their new inspections (see below).

Key areas this year were:

a) There will be on focus on multi-disciplinary working. Teams have to be represented by all professional groups within the team during the quality visit. This is about team demonstrating all team members pulling in one direction. The scoring for well led (key question 5) will be based on this
b) The introduction of open and transparent conversations as part of the feedback will be fully implemented this season. All panels will discuss the outcome of the visit with the teams directly as the showcases are completed.
c) The quality team will continue to use performance data for their visit, however, in moderation week all the information over the previous 12 months (where available) will be used and information from all other visits, i.e. MH Act visits (CQC Mental Health Act arm) will be taken into consideration.
d) This year's visits have taken into account the whole year's performance and ensure

teams are not disadvantaged if they have one month of underperformance, for example. This was reviewed this year with a multi-professional and operational team's moderation panel.

e) Performance data was included in the visitors' quality visit packs and was shown current information as part of the visit.

f) Teams achieving gold three years in a row have been awarded platinum status. Platinum team members will be invited to contribute to future Quality Visits as visiting team members.

g) The number of teams achieving this status this year was: 13 teams moved from Gold to Platinum, 29 teams maintained platinum. The teams that achieved platinum this year were:

Early Interventions South & City
Morton Ward
Amber Valley CTLD
Derby City Substance Misuse Service
Specialist Psychodynamic Psychotherapy Therapy Service
Specialist Behaviour & ADHD Nurse Service
Children In Care
Safeguarding Children + Safeguarding Admin
County CAMHS Learning Disabilities
Early Interventions North
Enhanced Care/IPCU
Talking Mental Health Derbyshire (IAPT),
High Peak Pathfinder & Recovery Service and North Dales Recovery Service

6 Our Overall Quality of Care Quality Dashboard

We have added in a trend column, the trend is based on previous reporting data and comparisons with national average are also taken into account. The key is as follows:

Improving an upward trend overall	
Equal to previous results or on track	
Worsening an overall downward trend	

We have added in a summary of the number of indicators and the trend broken down by the five key areas. (Excluding area six which is our overall care section). The figure in brackets is the June figure.

6.2 Summary of trends

Area	Upward trend	Downward trend	Equal or on track
Safe	6(6)	1(1)	7(8)
Effective	3(2)	0(1)	5 (5)
Caring	0(0)	0(1)	2(2)
Responsive	2(1)	3(4)	2(2)
Well led	1(0)	3(3)	1(1)
Total	12(9)	7(10)	17 (18)

Strategic considerations

- To consider the national guidance and publications set out in this report in our future work and planning.

(Board) Assurances

- The high level of assurance to keep our staff and patients safe as evidenced by our infection control standards.
- Our positive surveillance rating of 'Routine'.
- The assurance of our responsiveness for people presenting in the Emergency department at Chesterfield Royal evidenced in our early findings from the evaluation of work by our RAID team.
- Our work towards the Quality Strategy and to the Trust strategy in being a learning organisation that values its staff and says thank you to our Trust for their hard work and commitment.

Consultation

This paper has not been previously presented.

Governance or Legal issues

Evidence of our compliance with the Health and Social Care Act 2008 (Regulation activities) regulations 2014 Part 3 and Care Quality Commission (Registration) Regulations 2009 (Part 4)

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 and attached dashboard and trends.
2) Give direction or further scrutiny on our current position, work plan or a steer from the Board on additional information to provide Board level assurance.
3) To receive our quality dashboard, and note areas of improvement *definitely" felt enough care taken of physical health* and *purposes of medications explained "Completely" 2012 (Q24)*
4) Key areas to develop a greater understanding of our performance, which each committee to have oversight with a named improvement plan:

a) safety on our wards and patient experience (Quality committee and Positive and safe work plan)
b) When you arrived on the ward, or soon afterwards, did a member of staff tell you about the daily routine of the ward, such as times of meals and visitors times? (Quality committee and patient experience work plan) (QA3),
c) Were you able to get the specific diet that you needed from the hospital? (Quality committee and Positive and Physical Healthcare committee) (Q8),
d) % of staff having well-structured appraisals in last 12 months (Q8) (Finance and Performance committee/ People forum)

Report prepared by:

Clare Grainger
Head of Quality and Performance on behalf of:

Carolyn Green
Executive Director of Nursing and Patient Experience

SUMMARY QUALITY DASHBOARD

1. ARE OUR SERVICES SAFE?					
Frequency	**Indicator**	**Baseline 2012**	**Trajectory Point for March 2016**	**Position as of November 2015**	**Trend**
INCIDENTS AND LEARNING					
Annually	Never events	0 This indicator is monitored and reported in the monthly serious incident report to the Quality Committee.			
Twice yearly	To decrease the level of harm of incidents reported	8.1% moderate or above	5.00%	7.9% (March 2015 data)	
Quarterly	Suicide prevention and safety planning commissioning for quality and innovation agreement 2015/16	New	New	Q2 Monies secured for achievement	
Quarterly	Number of serious incidents and range	New indicator 2014	N/A	Reported in monthly serious untoward incident report	N/A
ENVIRONMENTS					
Annually	PLACE scores	New indicator 2014	N/A	2015 results all above national average	
Annual Inpatient survey	Hospital ward or room “very clean” (Q10)	59%	90%	64% Above average for all Trusts of 57%.	
Annual Inpatient Survey	Toilets and bathrooms very clean (Q11)	44%	59.33%	49% Above average for all Trusts of 47%.	
Monthly	Overall score for Harm Free Care across all elements as measured by the ‘Safety Thermometer’(falls, urinary tract	95.45% harm free	>95% harm free across the year as a median	>95% harm free across the year as a median	

	infections, venous thromboembolisms, and pressure ulcers)				

1. ARE OUR SERVICES SAFE? (continued)

Frequency	Indicator	Baseline 2012	Trajectory Point for March 2016	Position as of November 2015	Trend
Annual Inpatient Survey	Patient saying that they **"**always" feel safe on our inpatient wards (Q6)	49%	56.33%	39% Trend downwards compared to 2013 by 15%. Below average for all Trusts of 40%.	
Annually National policy	Use of restraint	New indicator 2014	N/A	Positive and safe strategy sets out 9 key success criteria, the Quality Committee will monitor its implementation over 2 years.	
	TRANSITIONS AND INTERFACES				
Monthly	CPA 7 day follow up Monthly collection using national datasets	95%	98%	98.04%	
Annual Inpatient Survey	"Definitely" felt enough care taken of physical health (Q34)	47%	N/A	56% Trend upwards compared to 2013 by 1%. Well above average for all Trusts of 43%.	
Quarterly	Physical Healthcare commissioning for quality and innovation agreement 2015/16	New	Achieve	Q2 Monies secured for achievement	
Quarterly	Dementia and Delirium commissioning for quality and innovation agreement 2015/16	New	New	Q2 Monies secured for achievement	

Quarterly	To work with acute providers to reduce the rate of mental health re-attendances at A&E commissioning for quality and innovation agreement 2015/16	Achieve	Achieve	Q2 Monies secured for achievement	
Frequency	**Indicator**	**Baseline 2012**	**Trajectory Point for March 2016**	**Position as of November 2015**	**Trend**
2. ARE OUR SERVICES EFFECTIVE?					
TRANSITIONS AND INTERFACES					
Monthly	Crisis Gatekeeping -Monthly collection using national datasets	95%	100%	100%	
Monthly	Delayed transfers of care National dataset- Monitor	<6.8%	<1%	1.64% Achieved Monitor target of <7.5%	
OUTCOME MEASURES					
Monthly	Patient clustered not breaching today National dataset	81.43%	100%	79.01%	
New Indictor 2014	Patient reported outcome measures and Patient reported experience measures	TBC	TBC	When implemented	N/A
COORDINDATION OF CARE					
Annual Community Survey	Quality of care plans taken from a number of questions in national community survey	7.2 out of 10	8.20 out of 10	7.0 Trend about the same as other MH trusts	
Annual Community Survey	Quality of care co-ordinators taken from a number of questions in national community survey	8.4 out of 10	9.0 out of 10	8.4 Trend about the same as other MH trusts	
Annual Community Survey	Quality of care reviews taken from a number of questions in national community survey	7.5 out of 10	8.5 out of 10	7.5 Trend about the same as other MH trusts	
MEDICATION					

Annual Inpatient Survey	Purposes of medications explained "Completely" 2012 (Q24)	34%	45.67%	50% Trend upwards compared to 2013 by 13%. Above average for all Trusts of 43%.	
Frequency	**Indicator**	**Baseline 2012**	**Trajectory Point for March 2016**	**Position as of November 2015**	**Trend**
2. ARE OUR SERVICES EFFECTIVE? (continued)					
TRAINING FOR STAFF					
Monthly	Compliance with essential training for all eligible staff	70%	90%	84.16%	
3. ARE OUR SERVICES CARING?					
PATIENT EXPERIENCE OF OUR COMMUNITY MENTAL HEALTH SERVICES					
Annual Community Survey	Overall Patient experience of community mental health	6.8 out of 10	7.4 out of 10	7.0 Trend about the same as other MH trusts	
Annual Community Survey	Overall patients experience of health and social care workers	8.4 out of 10	9.0 out of 10	7.8 Trend about the same as other MH trusts	
National indicator	Friends and Family Test -Staff	To be reported next report			N/A
4. ARE OUR SERVICES RESPONSIVE TO PEOPLES NEEDS?					
EQUALITY AND DIVERSITY					
Annual	EDS Annual assessment grading – benchmark locally with health organisations	"Developing"	"Achieving"	Developing EDS2 assessment commences November 2015	
Annual Staff Survey	% of staff having equality and diversity training in last 12 months (Q26)	72%	88%	70% Below internal	

				trajectory but above average for MH trusts score of 67%. Trend downwards 80% in 2013	

Frequency	Indicator	Baseline 2012	Trajectory Point for March 2016	Position as of November 2015	Trend
RESPONSIVENESS IN OUR WARD ENVIRONMENT					
Annual inpatient Survey	When you arrived on the ward, or soon afterwards, did a member of staff tell you about the daily routine of the ward, such as times of meals and visitors times? (QA3)	37% said "yes"	60% saying "yes"	33% said "yes" Trend downwards compared to 2013 by 5%. Average for all Trusts of 35%.	
Annual inpatient Survey	Were you able to get the specific diet that you needed from the hospital? (Q8) Please note small numbers of patients responded to this question i.e. 6 patients.	25% said "yes"	60% saying "yes"	30% said "yes Below internal trajectory trend downwards compared to 2013 by 27%. Below average for all Trusts of 39%.	
RESPONSIVENESS IN THE COMMUNITY					
Monthly National Dataset - Monitor	18 week referral to treatment, non-admitted patients started treatment	>95%	100%	98.06%	
RESPONSIVENESS TO THE WIDER FAMILY					
Quarterly	When we assess a patient we will consider the wider family, in particular, any children within the home 'Think Family' standards, DOH guidance	New indicator 2014	100% achievement of CQUIN monies	Q2 monies secured	
Annual Community Survey	Have NHS mental health services involved a member of your family or someone else close to you as much as you would like? (Q36)	6.6 out of 10	8.50 out of 10	7.0 In middle ranking for trusts highest score for MH trust 7.5 lowest 5.6. Increase since last survey	

Frequency	Indicator	Baseline 2012	Trajectory Point for March 2016	Position as of November 2015	Trend
5. ARE OUR SERVICES WELL- LED?					
STABILITY AND CLINICAL LEADERSHIP					
Monthly	Number of staff in acting positions	N/A	N/A	86 November increase from June baseline 74 staff in acting positions	
Annual Staff Survey	Staff recommendation of the Trust as a place to work and receive treatment.(Q24)	3.33 out of 5	3.80 out of 5	3.60 out of 5 Above median for MH trusts 3.57.Trend slightly down compared to 2013 score of 3.68	
Annual staff survey	Overall engagement of staff taken from a number of questions from staff survey	3.55 out of 5	3.80 out of 5	3.75 Better than average for MH trusts but trend slightly down on 2013.	
Annual staff survey	% of staff having well-structured appraisals in last 12 months (Q8)	34%	51%	37% Below internal trajectory and below average for MH trusts score of 41%.	
SKILL MIX AND SAFER STAFFING LEVELS					
Annual staff survey	% of staff believing the Trust provides equal opportunities for career progression and promotion (Q27)	87%	96%	85% Below internal trajectory slightly below national average of 86%	

Frequency	Indicator	Baseline 2012	Trajectory Point for March 2016	Position as of November 2015	Trend
New Indictor 2014	Safer Staffing levels	N/A	N/A	Reported in performance report, exceptions reported where fill rate goes over 125% or below 90%. Displayed on the internet as required by NHS England.	N/A
6.OVERALL QUALITY OF CARE					
New Indictor 2014	Care Quality Commission Visits Actions outstanding	0	0	0	N/A
New indicator 2015	Intelligent monitoring banding	Based on our latest intelligent monitoring report we remain in band 4 which is the lowest risk banding.			N/A
New Indictor 2014	Mental Health Act Visits Actions recommended	Actions plans in place.			N/A
New Indictor 2014	Quality Visit bandings	Visit programme complete awards event planned for early December.			N/A
New Indictor 2014	Number and themes of complaints	Reported in annual complaints report and patient experience deep dives.			N/A
New Indictor 2015	New duty of Candour	Meeting our responsibilities			N/A
New indicator 2015	Health and Social Care Act 2008 (Regulation activities) regulations 2014 Part 3 and Care Quality Commission (Registration) Regulations 2009 (Part 4)	Meeting our responsibilities			N/A

Clare Grainger Head of Quality
November 2015

On behalf of Carolyn Green
Executive Director of Nursing and Patient Experience

Derbyshire Healthcare NHS Foundation Trust
Report to Board of Directors 25th November 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

Executive Summary

- The Trust continues to be 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 however there have been recent improvements
- The rate of outpatients who did not attend is still causing concern
- 28 day re-admissions have increased above the target
- Health Visitor performance remains strong and IAPT recovery rates remain above target
- The Trust continues to have qualified staffing vacancies in the Hartington Unit that impact on staffing fill rates, Ward 34 at the Radbourne Unit is most adversely effected. An audit is currently underway to establish the accuracy of the information used to feed the Safer Staffing return.

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

(Board) Assurances

- This report provides full assurance for;
    - Monitor Targets
    - Performance related elements of schedule 6
    - Health Visitors
    - IAPT Performance (recovery rates only)
    - Fixed Submitted Returns
- The report provides partial assurance for ;
    - Locally Agreed Targets
    - Performance related elements of schedule 4
    - 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

Report presented by: **Carolyn Gilby**
Acting Director of Operations

Report prepared by: **Peter Charlton and Vicky Williamson**
Information Management and Technology

Performance Summary Dashboard November 2015

Performance Dashboard (Monitor & Exceptions)

15-16 Performance Dashboard	Target	Sep	Oct
- Monitor Targets			
- CPA 7 Day Follow Up	95.00%	97.24%	99.14%
- CPA Review in last 12 Months (on CPA > 12 Months)	95.00%	96.39%	95.79%
- Delayed Transfers of Care	7.50%	0.35%	0.79%
- Data Completeness: Identifiers	97.00%	99.41%	99.33%
- Data Completeness: Outcomes	50.00%	93.93%	94.74%
- Community Care Data - Activity Information Completeness	50.00%	90.89%	91.35%
- Community Care Data - RTT Information Completeness	50.00%	92.31%	92.31%
- Community Care Data - Referral Information Completeness	50.00%	71.95%	72.00%
- 18 Week RTT Less Than 18 Weeks - Incomplete	92.00%	95.71%	97.16%
- Early Interventions New Caseloads	95.00%	108.70%	107.80%
- Clostridium Difficile Incidents	7	0	0
- Crisis GateKeeping	95.00%	100.00%	100.00%
- IAPT Referral to Treatment within 18 weeks	95.00%	98.85%	99.51%
- IAPT Referral to Treatment within 6 weeks	75.00%	89.29%	91.64%
- Locally Agreed			
- Patients Clustered not Breaching Today	99.00%	76.63%	78.20%
- Patients Clustered Regardless of Review Dates	100.00%	94.52%	94.73%
- CPA HoNOS Assessment in last 12 Months	90.00%	82.57%	86.14%
- Schedule 4 Contract			
- Consultant Outpatient Appointments Trust Cancellations	5.00%	5.60%	6.69%
- Consultant Outpatient Appointments DNAs	15.00%	16.65%	15.05%
- Outpatient Letters Sent in 10 Working Days	90.00%	57.20%	74.04%
- Outpatient Letters Sent in 15 Working Days	100.00%	83.67%	90.23%
- Inpatient 28 Day Readmissions	10.00%	10.34%	15.07%

Safer Staffing(October 2015)

Ward name	Day		Night	
	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	100.0%	100.0%	100.0%	100.0%
Child Bearing / Perinatal Inpatient	106.2%	127.6%	100.0%	127.5%
CTC Residential Rehabilitation	98.4%	98.9%	100.0%	100.0%
Enhanced Care Ward	74.2%	118.4%	90.0%	104.5%
Hartington Unit Morton Ward Adult	97.8%	104.8%	78.6%	140.5%
Hartington Unit Pleasley Ward Adult	93.0%	103.9%	122.6%	90.3%
Hartington Unit Tansley Ward Adult	90.8%	113.3%	65.5%	146.3%
Kedleston Unit - Curzon Ward	100.0%	100.8%	100.0%	100.0%
Kedleston Unit - Scarsdale Ward	91.9%	103.9%	100.0%	98.4%
KW Cubley Court Female	114.5%	90.9%	90.7%	100.0%
KW Cubley Court Male	100.0%	99.2%	89.8%	101.7%
KW Melbourne House	92.7%	98.8%	85.2%	117.7%
LRCH Ward 1 OP	103.1%	99.3%	90.6%	105.3%
LRCH Ward 2 OP	97.9%	100.7%	94.6%	96.9%
RDH Ward 33 Adult Acute Inpatient	95.9%	104.8%	97.6%	122.9%
RDH Ward 34 Adult Acute Inpatient	90.3%	133.6%	51.6%	247.6%
RDH Ward 35 Adult Acute Inpatient	104.8%	75.5%	121.9%	117.1%
RDH Ward 36 Adult Acute Inpatient	103.1%	103.7%	94.0%	122.9%

IAPT Recovery Rates

Indicator name	Sep-15	Oct-15
Recovery Rates KPI 6 / (KPI 5 - KPI 6b)	56.83%	51.94%
Partial and Full Recovery Rates	74.64%	68.60%

Health Visitors

15-16 Health Visitor Dashboard	Sep-15	Oct-15
% 10-14 Day Breastfeeding coverage	98.20%	95.10%
% 6-8 Week Breastfeeding coverage	99.40%	98.60%
% Still Breastfeeding at 6-8 Weeks	66.90%	69.90%

Variance Commentary

Indicator	Target	Over/under Performance	Rationale for Variance	Actions	Confidence in Actions
Patients clustered regardless of Review Dates and Patients clustered not Breaching Today	100% clustered and 99% in date	Under	Patients not cluster and clusters not reviewed to required timescale	Working with teams to address under-performance and increasing training. Contract Variation raise to adjust the targets. Proposed targets are 96% and 80% however our current performance is still below these levels.	Low
Consultant Outpatient Trust Cancellations (within 6 weeks)	5%	Under	Staff sickness	Continue to adhere to clinic cancellation authorisations process. Investigate moves between clinics within the 6 week period where the date, time and location are the same.	Medium
Consultant Outpatient did not attends	15%	Under	Patients missing appointments without giving prior notice	A paper regarding opt out approach to be produced for consideration by the Information Governance Group.	Medium
Outpatient Letters	100% in 15 days and 90% in 10 days	Under	Letters not completed to agreed timescales	To implement and monitor the agreed action plan against recovery trajectory	Medium
Inpatient 28 Day Readmission	10%	Under	An in-depth review of 28 day readmissions is underway within the wider transformation of the campus project. Initial analysis suggests this does not relate to the older adult population.	Review of 28 day readmissions to be included within the scope of the length of stay project	Medium

Indicator	Target	Over/under Performance	Rationale for Variance	Actions	Confidence in Actions
Safer Staffing	Between 90% and 125 % of planned roster	Under	Staff vacancies and increased observations	Recruitment currently underway/ audit has been undertaken to establish the accuracy of the information. Additional training information being delivered to teams.	Medium

Please note: New Assistant Clinical Director structure has been appointed to and a medical management forum will include Assistant Clinical Directors and General Managers to monitor Key Performance Indicators.

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

Introduction

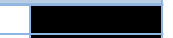
The following Performance Compliance report is organised into the following sections;

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

Key to colour coding	
Compliant with target	
Target exception	

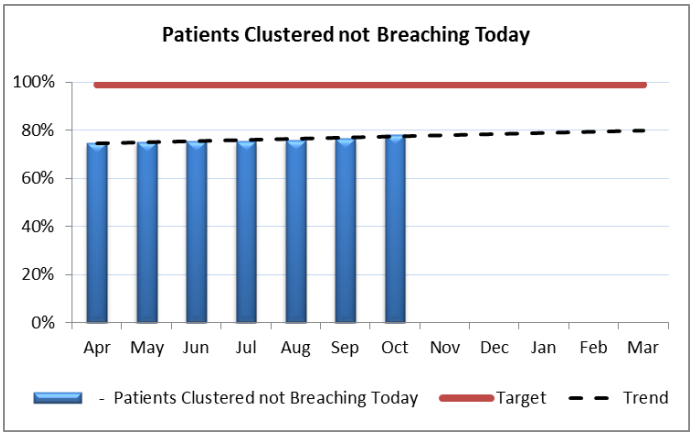
15-16 Performance Dashboard	Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trend
- Monitor Targets														
- CPA 7 Day Follow Up	95.00%	96.15%	97.59%	99.15%	97.25%	98.97%	97.24%	99.14%						
- CPA Review in last 12 Months (on CPA > 12 Months)	95.00%	96.79%	96.37%	96.43%	96.40%	96.79%	96.39%	95.79%						
- Delayed Transfers of Care	7.50%	0.75%	0.67%	0.68%	0.69%	0.41%	0.35%	0.79%						
- Data Completeness: Identifiers	97.00%	99.30%	99.28%	99.36%	99.37%	99.39%	99.41%	99.33%						
- Data Completeness: Outcomes	50.00%	94.13%	93.67%	93.40%	93.48%	93.63%	93.93%	94.74%						
- Community Care Data - Activity Information Completeness	50.00%	91.48%	91.37%	91.04%	90.94%	90.83%	90.89%	91.35%						
- Community Care Data - RTT Information Completeness	50.00%	92.31%	92.31%	92.31%	92.31%	92.31%	92.31%	92.31%						
- Community Care Data - Referral Information Completeness	50.00%	72.69%	72.38%	72.39%	72.61%	72.20%	71.95%	72.00%						
- 18 Week RTT Less Than 18 Weeks - Incomplete	92.00%	95.71%	95.44%	96.58%	96.51%	96.70%	95.71%	97.16%						
- Early Interventions New Caseloads	95.00%	163.60%	130.40%	126.50%	119.60%	115.80%	108.70%	107.80%						
- Clostridium Difficile Incidents	7	0	0	0	0	0	0	0						
- Crisis GateKeeping	95.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%						
- IAPT Referral to Treatment within 18 weeks	95.00%	99.44%	99.41%	99.48%	99.05%	98.98%	98.85%	99.51%						
- IAPT Referral to Treatment within 6 weeks	75.00%	89.03%	85.69%	85.15%	87.00%	90.61%	89.29%	91.64%						
- Locally Agreed														
- CPA Settled Accommodation	90.00%	99.26%	99.09%	98.89%	98.85%	98.81%	98.48%	98.09%						
- CPA Employment Status	90.00%	99.41%	99.27%	99.24%	99.20%	99.09%	98.86%	98.64%						
- Data Completeness: Identifiers	99.00%	99.30%	99.28%	99.36%	99.37%	99.39%	99.41%	99.33%						
- Data Completeness: Outcomes	90.00%	94.13%	93.67%	93.40%	93.48%	93.63%	93.93%	94.74%						
- Patients Clustered not Breaching Today	99.00%	74.69%	75.05%	75.36%	75.50%	75.92%	76.63%	78.20%						
- Patients Clustered Regardless of Review Dates	100.00%	95.62%	95.46%	95.09%	94.85%	94.76%	94.52%	94.73%						
- CPA HoNOS Assessment in last 12 Months	90.00%	81.63%	80.46%	79.84%	80.20%	80.86%	82.57%	86.14%						
- 7 Day Follow Up – All Inpatients	95.00%	95.90%	97.80%	98.56%	97.78%	97.37%	96.97%	97.67%						
- Ethnicity Coding	90.00%	94.36%	95.38%	95.84%	95.24%	94.78%	93.92%	92.13%						
- NHS Number	99.00%	99.86%	99.93%	99.96%	99.96%	99.97%	99.98%	99.98%						

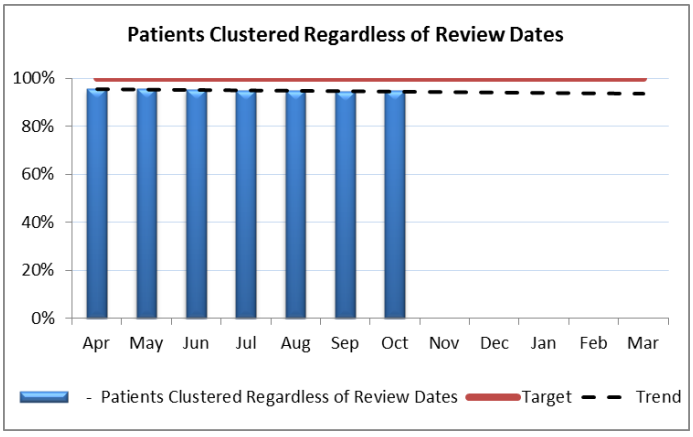
15-16 Performance Dashboard	Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trend
- Schedule 4 Contract														
- Consultant Outpatient Appointments Trust Cancellations (Within 6 Weeks)	5.00%	4.12%	3.28%	4.95%	3.89%	6.32%	5.60%	6.69%						
- Consultant Outpatient Appointments DNAs	15.00%	15.90%	15.72%	17.26%	17.62%	15.70%	16.65%	15.05%						
- Under 18 Admissions To Adult Inpatient Facilities	0	0	0	0	0	0	0	0						
- Outpatient Letters Sent in 10 Working Days	90.00%	78.23%	69.44%	72.40%	66.26%	58.44%	57.20%	74.04%						
- Outpatient Letters Sent in 15 Working Days	100.00%	88.45%	85.89%	87.30%	85.99%	85.22%	83.67%	90.23%						
- Average Community Team Waiting Times (Weeks)	N/A	6.05	5.93	5.52	5.16	5.17	4.95	4.32						
- Inpatient 28 Day Readmissions	10.00%	11.97%	5.88%	5.44%	11.84%	10.40%	10.34%	15.07%						
- MRSA - Blood Stream Infection	0	0	0	0	0	0	0	0						
- Mixed Sex Accommodation Breaches	0	0	0	0	0	0	0	0						
- 18 Week RTT Greater Than 52 weeks	0	0	0	0	0	0	0	0						
- Discharge Fax Sent in 2 Working Days	98.00%	98.52%	98.96%	97.04%	98.67%	100.00%	98.68%	99.18%						
- Fixed Submitted Returns														
18 Week RTT Greater Than 52 weeks	0	0	0	0	0	0	0	0						
18 Week RTT Less Than 18 weeks - Incomplete	92.00%	93.66%	92.94%	94.48%	94.35%	95.00%	94.48%	96.90%						
Mixed Sex Accommodation Breaches	0	0	0	0	0	0	0	0						
Completion of IAPT Data Outcomes	90.00%	98.33%	97.65%	96.35%	96.66%	98.36%	97.36%	98.36%						
Ethnicity Coding	90.00%	93.62%	94.75%	95.64%	93.60%	94.54%	94.67%	92.72%						
NHS Number	99.00%	100.00%	100.00%	99.99%	99.99%	99.99%	99.77%	99.99%						

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 – Patients clustered regardless of Review Dates and Patients clustered not Breaching Today





The Payment by Results Advisor continues to work with teams and individuals offering training, support and advice. We are taking the opportunity of the WorkPro road-test to emphasise the importance of timely and accurate clustering. We highlight the importance of Clusters for understanding demand and in the commissioning of relevant training.

We now have an added driver to improve compliance in that monitor are pressing for Outcomes based payment systems to be introduced. In light of this we are implementing performance management for National Tariff Payment System compliance.

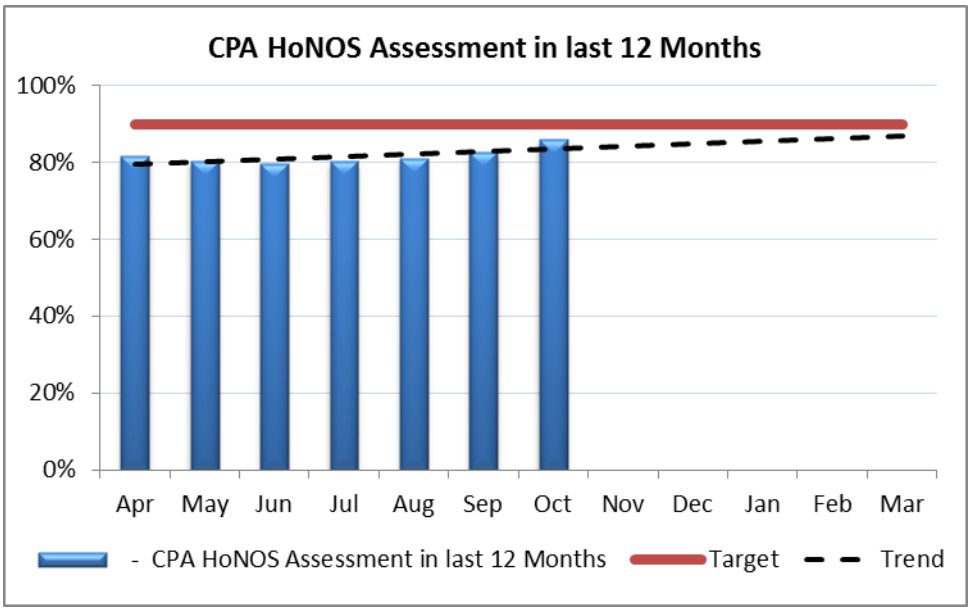
Trust	Board meeting	Cluster in date		Clustered	
		Target	Actual	Target	Actual
5 Boroughs Partnership	October	-	-		67.8%
Barnet, Enfield and Haringey	September	85%	85%	-	-
Berkshire	September	95%	74%	-	-
Coventry and Warwickshire	September	-	-	95%	96.3%
Cumbria	July	80%	83.1%	90%	87.3%
Derbyshire Healthcare	November	99%	78.5%	100%	94.6%
Dudley and Walsall	November	75%	49.9%	75%	94.4%
Greater Manchester West	October	100%	84.1%	100%	93.3%
Norfolk and Suffolk	July	-	-	99%	97%
South West Yorkshire	October		76%	98%	96%

Action planned: There are solutions being deployed on an ongoing basis:

- Data cleansing
- Make improvements in practitioner clustering
- Highlight to staff responsible for clustering the issues needing to be resolved
- Team based training
- Contract Variation raise to adjust the targets. Proposed targets are 96% and 80% however our current performance is still below these levels.

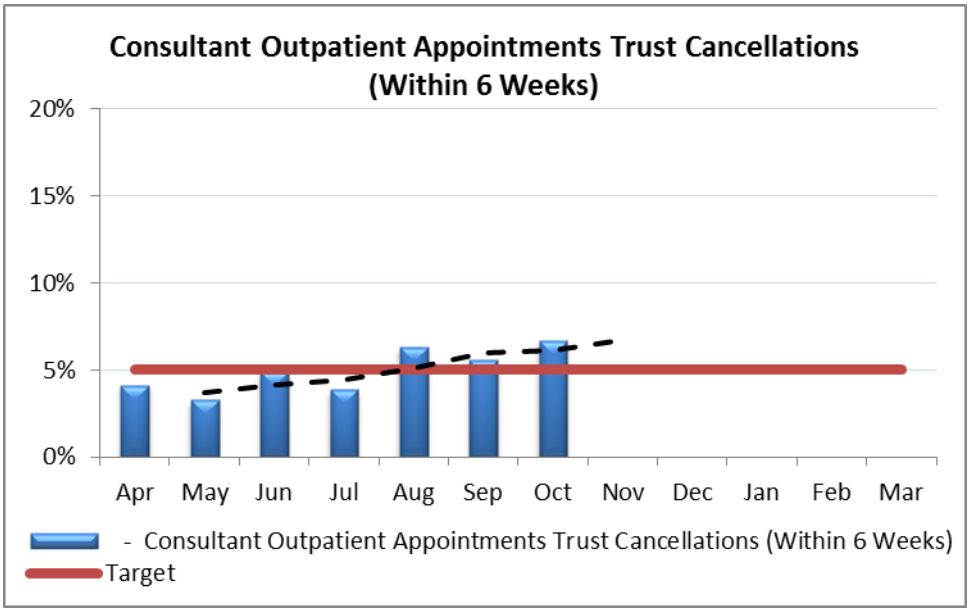
- New Assistant Clinical Director structure has been appointed to and a medical management forum will include Assistant Clinical Directors and General Managers to monitor Key Performance Indicators.

1.1.2 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 by default. Please see comments and action plan in section 1.1.1

1.1.3 Schedule 4 – Consultant Outpatient Trust Cancellations (Within 6 Weeks)



- Clinics moved from the junior doctor to the consultant and vice versa currently get counted in the clinic cancellations even when they are held at the exact date, time and venue and therefore do not inconvenience the patient. This issue has been raised at the Paris User Group to be fed back to Information Management and Technology. A modification is being

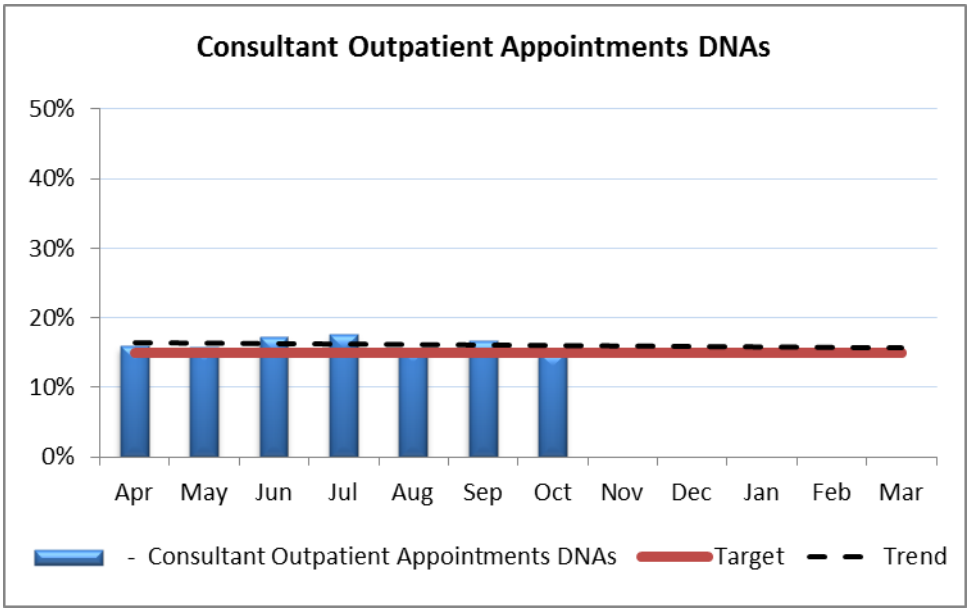
implemented to exclude moves when the time, date and location of the appointment are not changed.

- A number of appointments were brought forward to reduce the time the patients had to wait to be seen
- A number of appointments had to be moved owing to closure for refurbishment of the health centre in which the clinics are normally held.
- Several appointments were cancelled owing to the locum consultant training needs.
- Consultant sickness continues to be the main reason for cancellation

Action planned:

- Associate Clinical Directors to take a lead responsibility of clinic cancellation approval
- Information Management and Technology to implement agreed modification.
- New Assistant Clinical Director structure has been appointed to and a medical management forum will include Assistant Clinical Directors and General Managers to monitor Key Performance Indicators.

1.1.4 Schedule 4 – Consultant Outpatient Did Not Attends



- We are yet to see the impact of text message reminders as the number of service users who have opted in to receive text messages is so low.
- Review of national practice and performance:
    - At least 40 NHS trusts operate an opt-out text message reminder service, including 4 mental health trusts
    - The 40 trusts who operate on an opt-out basis all have lower Did Not Attend rates than our target, with 75% of them (30) having a Did Not Attend rate under 10%.
    - 2 of these trusts switched from opt-in to opt-out (presumably through having the same difficulty we are experiencing in terms of increasing opt-in numbers)
    - There is NHS England advice online to “offer an opt-out consent system rather than opt-in, as this increases take-up”.

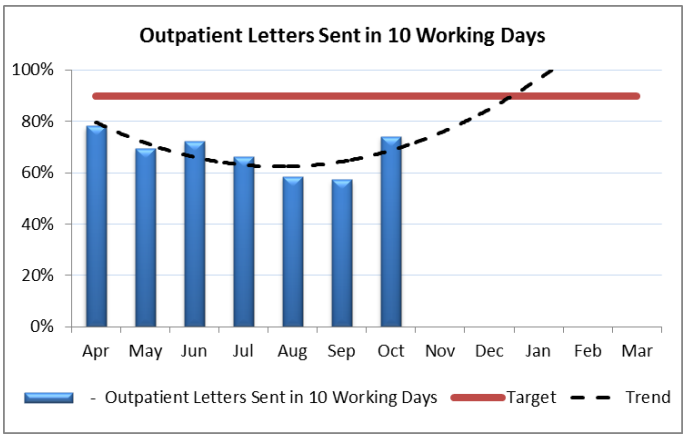
- https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2014/08/txt-messag-howto.pdf

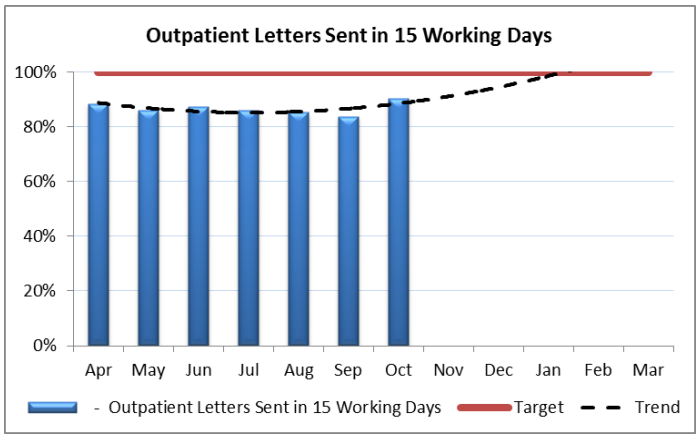
o To ensure compliance with data protection law on the use of personal information, other trusts either have a web page specifically about text message reminders and how to opt out, or include information about it in their website section on confidentiality and "how we use your information". Where this has been adopted did not attend rates are significantly improved.

Action planned:

- Text message reminders commenced on 19th October 2015
- In light of this additional information a paper to be produced for consideration by the Information Governance Group.

1.1.5 Schedule 4 –Outpatient Letters



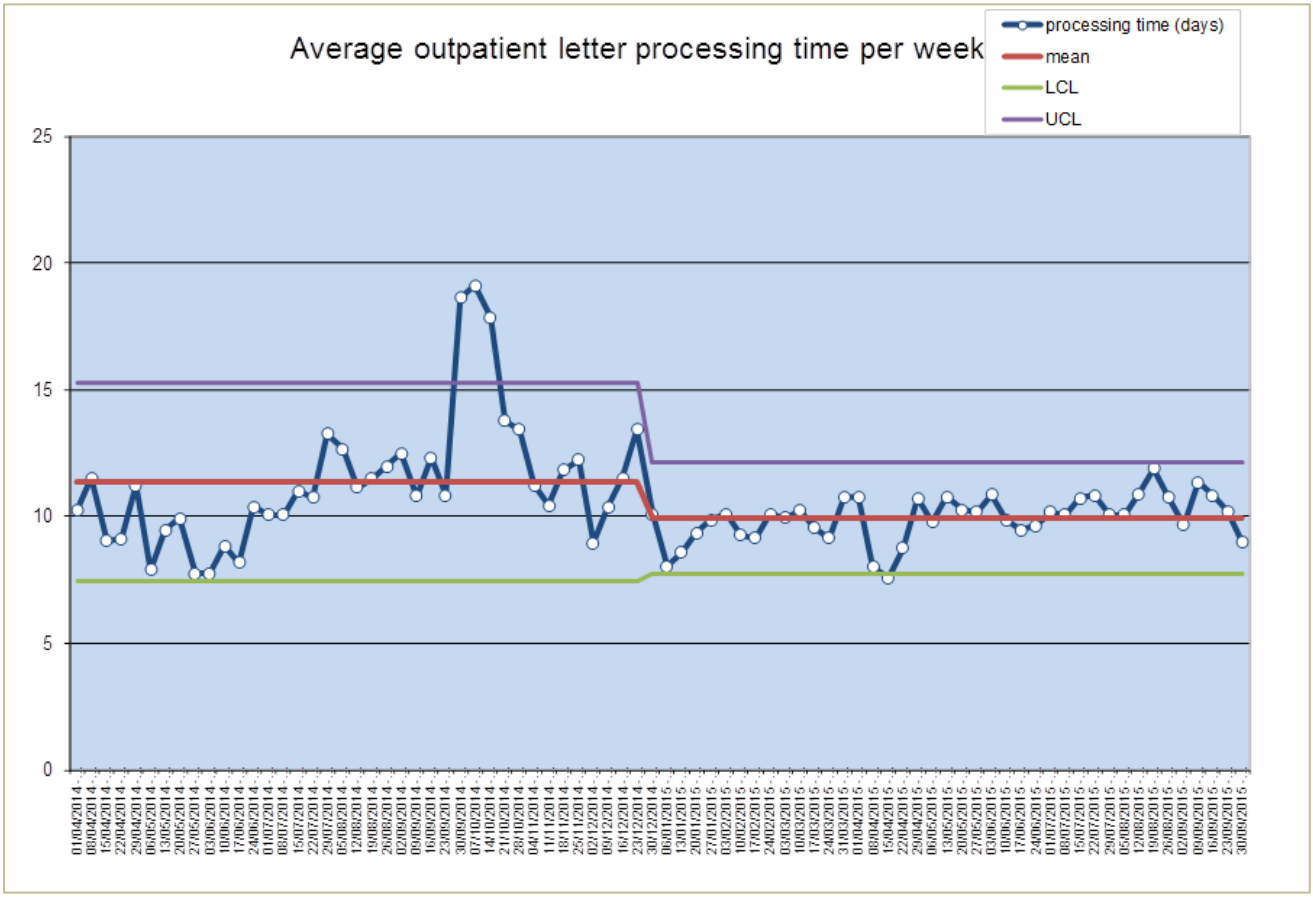


Identified Issues in Relation to Achieving Target

Eighteen months ago we did work to improve the productivity of letter typing. This improved the overall position but did not fully resolve the issue. Once digital dictation and availability of information was put in place, we identified there were a number of elements to the issue. The elements of the process are 1. Event to upload. 2. Upload to typing. 3. Typing to sign off. 4. Sign off to GP receipt. The team developed reports showing performance in each of the stages and set targets for each stage to enable overall compliance. We are currently working on 'hot spots' i.e. areas where we are experiencing repeat breaches to understand why and to implement change to resources and processes.

Impact

Whilst compliance isn't where it needs to be yet, what is worthy of consideration is that the data shows an improvement in the length of time it takes breaching letters to reach destination. About a year ago, letters that breached were often breaching by a week to two weeks. It can be seen from the graph below that the process is now tighter in terms of common cause variation and that breaching letters on average breach by a couple of days. That said if every letter arrived on day 11 compliance would be 0% so this doesn't distract from the task at hand.

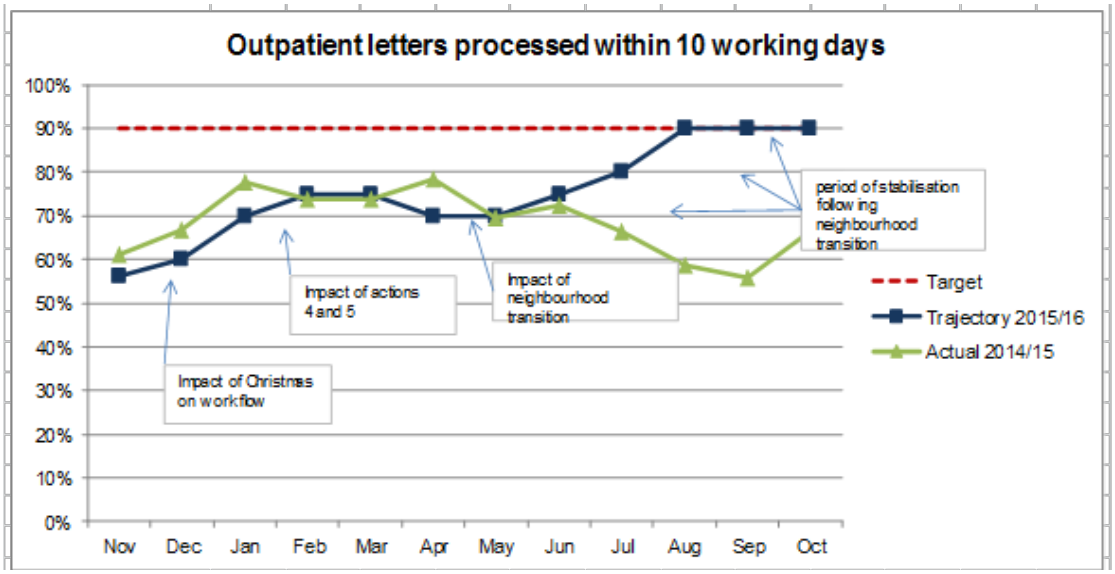


There Are a Number of Actions in Place to Remedy

- A mapping exercise of med sec resource has been undertaken to ensure most effective deployment of resources.
- Looking to equitably deploy med sec / support sec team based on consultants per area. Each area will then have the resources to manage their own challenges. This will also improve familiarity and sense of team.
- Developing the model to work with a complement of typists. Exploring whether individually dedicated to teams or operate as one separate team has a greater impact.
- Revision of admin leadership and med sec management structure. The structure will focus on ensuring supervision and performance management as well as more senior point of contact for teams.

Trajectory for GP Outpatient Letters to GP in 10 Working Days

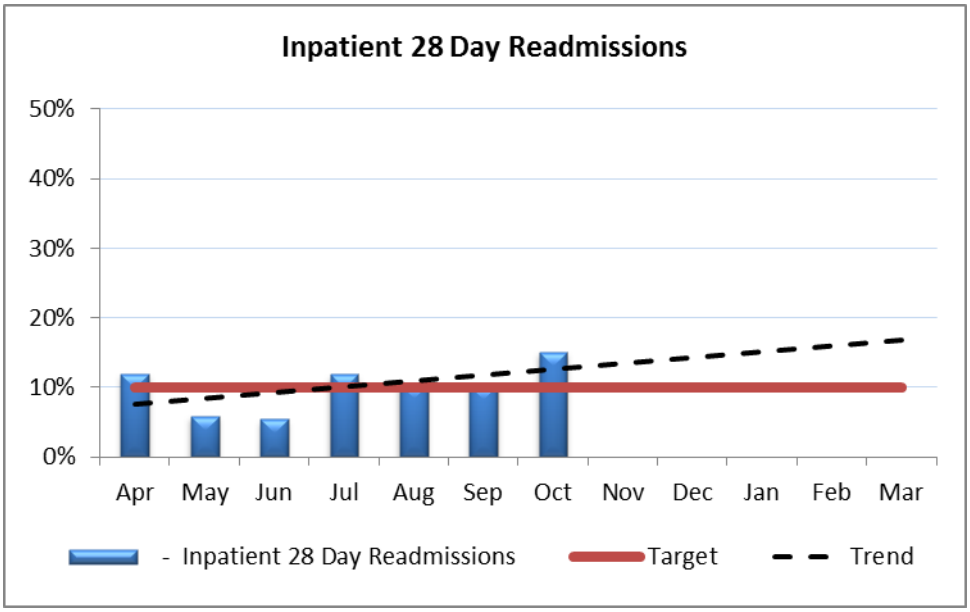
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Trajectory 2015/16	56%	60%	70%	75%	75%	70%	70%	75%	80%	90%	90%	90%
Actual 2014/15	61%	67%	78%	74%	74%	78%	69%	72%	66%	59%	56%	66%



Action planned:

- To implement and monitor the agreed action plan against recovery trajectory

1.1.6 Schedule 4 – Inpatient 28 Day Readmission



An in-depth review of 28 day readmissions is underway within the wider transformation of the campus project. Initial analysis suggests this does not relate to the older adult population.

Action planned:

- Review of 28 day readmissions to be included within the scope of the length of stay project

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	68.72	67.65	67.36	67.36	71.07	70.83					
Health Visitors in Post (Headcount)	N/A	82	81	80	79	79	83	83					
Number of Student Placements (Headcount)	N/A	9	9	9	9	9	11	11					
Number of Student Placements (FTE)	N/A	9	9	9	9	9	11	11					
Number of mothers receiving antenatal check	N/A	195	152	204	226	167	197	192					
% Births that receive NBV within 10-14 days	N/A	88.00%	88.41%	92.00%	91.47%	92.84%	87.94%	90.64%					
% NBVs undertaken after 15 days	N/A	12.00%	10.20%	8.00%	6.10%	6.00%	9.90%	6.40%					
% Children who received a 3-4 month review	N/A	5.30%	11.40%	7.80%	9.60%	9.50%	6.90%	9.80%					
% Children who received a 12 month review	N/A	97.70%	98.40%	98.20%	97.60%	98.20%	98.00%	96.90%					
% Children who received a 12 month review at 15 months	N/A	97.50%	95.10%	97.30%	97.70%	98.40%	98.20%	98.80%					
% Children who received a 2 to 2.5 year review	N/A	94.90%	95.40%	97.60%	98.50%	97.70%	98.40%	96.50%					
% Staff who have received child protection training	N/A	63.40%	63.00%	62.50%	63.30%	63.30%	61.40%	61.40%					
% 10-14 Day Breastfeeding coverage	95.00%	99.00%	99.00%	98.50%	99.00%	99.40%	98.20%	95.10%					
% 6-8 Week Breastfeeding coverage	95.00%	100.00%	99.70%	100.00%	99.20%	97.40%	99.40%	98.60%					
% Still Breastfeeding at 6-8 Weeks	65.00%	65.10%	70.40%	71.70%	72.90%	62.70%	66.90%	69.90%					

2.1.1 Exception Comments

No exceptions

3 IAPT Services Dashboard

3.1 Dashboard

Total Derbyshire CCSs AQP KPI and Activity Data 2015/16

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)	997	936	966	1132	931	1200	1135	0	0	0	0	0	7297
3b	The number of active referrals who have waited more than 28 days for treatment	427	384	352	266	251	274	301	0	0	0	0	0	
4	The number of people who have entered Psychological Therapies	817	733	855	861	753	882	708	0	0	0	0	0	5609
5	The number of people who have completed treatment (for any reason)	535	511	577	629	488	606	564	0	0	0	0	0	3910
6	The number of people who are "moving to recovery"	274	253	313	294	249	316	268	0	0	0	0	0	1967
6b	The number of people completing treatment who did not achieve caseness at the commencement of treatment	38	51	38	48	48	50	48	0	0	0	0	0	321
7	The number of people moving off sick pay and benefits	35	40	45	42	42	54	46	0	0	0	0	0	304

	Recovery Rates KPI 6 / (KPI 5 - KPI 6b)	**55.13%**	**55.00%**	**58.07%**	**50.60%**	**56.59%**	**56.83%**	**51.94%**						**54.81%**
	Partial and Full Recovery Rates	**75.45%**	**72.17%**	**75.32%**	**68.50%**	**72.05%**	**74.64%**	**68.60%**						**72.36%**

3.1.1 Exception Comments

No exceptions regarding recovery rates.

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%.

Key to colour coding	
Between 90% and 125%	
Under 90% or Over 125%	

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	100.0%	100.0%	100.0%	100.0%	No	No comments required
Child Bearing / Perinatal Inpatient	106.2%	127.6%	100.0%	127.5%	Yes	Fill rate tolerance for care staff (day and night) were broken due to a long term sickness and high clinical activity in particular observation levels.
CTC Residential Rehabilitation	98.4%	98.9%	100.0%	100.0%	No	No comments required
Enhanced Care Ward	74.2%	118.4%	90.0%	104.5%	Yes	We now have all three new registered nurses in place but unfortunately have had 3 registered nurses on long term sick, one has now returned. As per previous statements we continue to ensure that the Nurse in Charge is a trust RN and that the team meets the requirements for training.
Hartington Unit Morton Ward Adult	97.8%	104.8%	78.6%	140.5%	Yes	The reasons for the discrepancies are that the ward is still carrying 4.36 vacancies at band 5, also we have a band 6 redeployed to act up on another ward and one on maternity leave.
Hartington Unit Pleasley Ward Adult	93.0%	103.9%	122.6%	90.3%	No	No comments required
Hartington Unit Tansley Ward Adult	90.8%	113.3%	65.5%	146.3%	Yes	Currently the ward is carrying vacancies for band 5's which is making it difficult to allocate x2 band 5 registered nurses to nights. We are having to compensate by allocating an extra band 3 HCA. This accounts for the discrepancy i.e. being under the fill rate tolerance for band 5 and over for band 3 care staff.

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 (%)		
Kedleston Unit - Curzon Ward	100.0%	100.8%	100.0%	100.0%	No	No comments required
Kedleston Unit - Scarsdale Ward	91.9%	103.9%	100.0%	98.4%	No	No comments required
KW Cubley Court Female	114.5%	90.9%	90.7%	100.0%	No	No comments required
KW Cubley Court Male	100.0%	99.2%	89.8%	101.7%	Yes	The breach was caused in October due to high levels of qualified nurses sickness which directly impacted on the availability of qualified nurses to cover all shifts on the ward.
KW Melbourne House	92.7%	98.8%	85.2%	117.7%	Yes	we continue to have difficulties in recruiting into RN posts, as such we have directed our resources to times of highest clinical need. On the shifts we are unable to provide with 2 RN's we attempt wherever possible to fill these with experienced NA's who are familiar to the ward.
LRCH Ward 1 OP	103.1%	99.3%	90.6%	105.3%	No	No comments required
LRCH Ward 2 OP	97.9%	100.7%	94.6%	96.9%	No	No comments required
RDH Ward 33 Adult Acute Inpatient	95.9%	104.8%	97.6%	122.9%	No	No comments required
RDH Ward 34 Adult Acute Inpatient	90.3%	133.6%	51.6%	247.6%	Yes	recruitment continues to be ongoing - due to this the ward is unable to fulfil safer staffing requirements
RDH Ward 35 Adult Acute Inpatient	104.8%	75.5%	121.9%	117.1%	Yes	We have broken current fill rates on care staff. As we have a number of NA's off long term from the ward.
RDH Ward 36 Adult Acute Inpatient	103.1%	103.7%	94.0%	122.9%	No	No comments required

Action planned:

- An audit has been undertaken to establish the accuracy of the information used to feed the Safer Staffing return. It found that out of 5760 entries recorded on the Safer Staffing Solution, 145 were incorrect which 2.52%. As result of this information is being distributed to all teams to explain how to record the required information correctly. Work is also underway to review potentially sourcing the information directly from the eRoster.
- Additional training information being delivered to teams.

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**	**19-Oct**	**16-Nov**	**18-Jan**	**15-Feb**	**21-Mar**	**18-Apr**
MT	Apologies given		X	X	X	X	X	X	X	X	X	X	X
JD	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
IM	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
IM	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				
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

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
IM	Strategic review/quarterly progress to include Transformation Board update	Strategic Outcomes (all)		X					X			X	
MP	IM&T Strategy Updates that will include update on optimisation of EPR	Strategic Outcome 1 Strategic Outcome 2			X					X			
MP	Information Governance Updates	Strategic Outcome 1 Strategic Outcome 3 Information Gov toolkit	X					X				X	
MP	Communications Strategy - Yearly Report	Strategic Outcome 3					X						Next one Sept 2016
JSt	People 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		
JD	Review S.O.'s, SFI's, SoD	FT Constitution Standing Orders					X						
JD	Trust Sealings	FT Constitution Standing Orders	X										
JD	Annual Review of Register of Interests	FT Constitution Annual Reporting Manual	X										
CG	Board Assurance Framework Update	Licence Condition FT4		X				X				X	
JD	Raising Concerns (whistleblowing)	Strategic Outcome 1 Public Interest Disclosure Act			X					X		X	
JD	Whistleblowing Policy - annual nomination of NED role (one year rotation)	Francis Report								X			
JD	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

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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
JD	Corporate Governance Framework											X	
MT	Annual Members' Meeting - arrangements	FT Constitution				X							
OPERATIONAL PERFORMANCE													
CGi	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	Position Statement on Quality (Incorporates Integrated Governance, Patient Experience and Patient Safety Reports) and Quality Dashboard	Strategic Outcome 1 CQC and Monitor		X	X	X	X	X	X	X	X	X	X
CG	Safeguarding Children Annual Report	Children Act Mental Health Standard Contract					X						
CG	Safeguarding Adult Annual Report	CQC Mental Health Standard Contract					X						
CG	Control of Infection Report	Health Act Hygiene Code		X									
CG	Integrated Clinical Governance Annual Report including MHA/Governance/Complaints and Compliments/SIRI's/Patient Safety/NHS Protect (LSMS) and Emergency Preparedness/H&S (including H&S and Fire Compliance and Associated Training)	CQC and H&S Act						X					
CG	Annual Patient Survey	Clinical Practice CQC						X					
CG	CQC Update - Verbal unless report required *Confidential*	Monitor Risk Assurance Framework (RAF)	X	X	X	X	X	X	X	X	X	X	X
JSy	Re-validation of Doctors	Strategic Outcome 3			X								