Derbyshire Healthcare NHS Foundation Trust
Board of Directors Meeting

Conference Rooms A and B, Centre for Research and Development, Kingsway Hospital, Derby

2 July 2019 09:30 - 2 July 2019 12:30

INDEX

Derbyshire Healthcare
NHS Foundation Trust

NOTICE OF PUBLIC BOARD MEETING – TUESDAY 2 JULY 2019
TO COMMENCE AT 9:30am at
CONFERENCE ROOMS A & B, CENTRE FOR RESEARCH AND DEVELOPMENT, KINGSWAY, DERBY

	TIME	AGENDA	LED BY
1.	9:30	Chair's welcome, opening remarks, apologies and Register of Interests	Caroline Maley
2.	9:35	Patient Story	Carolyn Green
3.	10:00	Minutes of Board of Directors meeting held on 4 June 2019	Caroline Maley
4.		Matters arising – Actions Matrix	Caroline Maley
5.		Questions from governors or members of the public	Caroline Maley
6.	10:05	Chair's Update	Caroline Maley
7.	10:15	Chief Executive's Update	Ifti Majid
OPERATIONAL PERFORMANCE, QUALITY, STRATEGY AND GOVERNANCE			
8.	10:25	Integrated Performance and Activity Report	C Wright/A Rawlings/ C Green/M Powell
9.	10:45	Annual Report on Revalidation of Doctors	John Sykes
10.	10:55	Proposal to amend the Trust's Constitution relating to the Governors Nominations and Remuneration Committee	Justine Fitzjohn
11:00 B R E A K			
11.	11:15	Revised Trust Strategy 2018 - 2022	Ifti Majid/ Gareth Harry
12.	11:35	Interim People Plan	Amanda Rawlings
13.	11:55	Treat Me Well Campaign Update Report	Carolyn Green
14.	12:05	Board Committee Assurance Summaries and Escalations: Mental Health Act Committee 7 June, Quality Committee 11 June, People and Culture Committee 25 June 2019 *(minutes of these meetings are available upon request)*	Committee Chairs
CLOSING MATTERS			
15.	12:20	- Identification of any issues arising from the meeting for inclusion or updating in the Board Assurance Framework - Forward Plan for 2019/20 - Meeting effectiveness	Caroline Maley
FOR INFORMATION			
Glossary of NHS Acronyms			

Questions that are applicable to the agenda, and at the Chair's discretion, can be sent by email to the Board Secretary up to 48 hours prior to the meeting for a response provided by the Board at the meeting. Email: sue.turner17@nhs.net

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

There will be no August meeting. **The next meeting will be held at 9.30am on 3 September 2019 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 Chair's discretion

Derbyshire Healthcare
NHS Foundation Trust

Our vision

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

Making a positive difference

Our values

As a Trust, we can only provide good quality services through our dedicated staff, working together with a common purpose. Our values reflect the reasons why our staff choose to work for the NHS and Derbyshire Healthcare and the principles that bind us together in a common approach, no matter what our employed role is.

Our Trust values are:

People first – We put our patients and colleagues at the centre of everything we do.
Respect – We respect and value the diversity of our patients, colleagues and partners and support a respectful and inclusive environment.
Honesty – We are open and transparent in all we do.
Do your best – We work closely with our partners to achieve the best possible outcomes for people.

Derbyshire Healthcare
NHS Foundation Trust

DECLARATION OF INTERESTS REGISTER 2019/20		
NAME	**INTEREST DISCLOSED**	**TYPE**
Margaret Gildea Non-Executive Director	• Director, Organisation Change Solutions Limited • Non-Executive Director, Derwent Living	(a, b) (a)
Carolyn Green Director of Nursing & Patient Experience	• Husband employed by Derbyshire Probation Service	(d)
Gareth Harry Director of Director of Business Improvement & Transformation	• Chairman, Marehay Cricket Club • Member of the Labour Party	(d) (e)
Geoff Lewins Non-Executive Director	• Director, Arkwright Society Ltd	(a)
Ifti Majid Chief Executive	• Board Member NHS Confederation Mental Health Network • Kate Majid (spouse) is Hospital Director, The Priory Group	(e) (a, e)
Mark Powell Chief Operating Officer	• Chair of Governors, Brookfield Primary School, Mickleover, Derby	(e)
Amanda Rawlings Director of People and Organisational Effectiveness (DHCFT)	• Director of People and Organisational Effectiveness, Derbyshire Community Healthcare Services (DCHS) • Co-optee Cross Keys Homes, Peterborough	(e) (e)
Dr Julia Tabreham Deputy Trust Chair and Non-Executive Director	• Non-Executive Director, Parliamentary and Health Service Ombudsman • Director of Research and Ambassador Carers Federation	(a) (d)
Dr John Sykes Medical Director	• Undertakes paid assessments of patients at the request of the local authorities under the Mental Health Act and Mental Capacity Act and acts likewise for solicitors representing patients.	(e)
Richard Wright Non-Executive Director	• Executive Director, Sheffield Chamber of Commerce • Chair Sheffield UTC Multi Academy Trust • Board Member, National Centre of Sport and Exercise Medicine Sheffield	(a) (a) (d)

All other members of the Trust Board have nil interests to declare.

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

Derbyshire Healthcare
NHS Foundation Trust

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

Held in the Sporton Room,
The Post Mill Centre, Market Street
South Normanton, Alfreton, Derbyshire DE55 2EJ

Tuesday 4 June 2019

MEETING HELD IN PUBLIC

Commenced: 9.30am Closed: 12:40pm

PRESENT	Caroline Maley	Trust Chair
	Dr Julia Tabreham	Deputy Trust Chair and Non-Executive Director
	Geoff Lewins	Non-Executive Director
	Dr Anne Wright	Non-Executive Director
	Richard Wright	Non-Executive Director
	Ifti Majid	Chief Executive
	Claire Wright	Director of Finance & Deputy Chief Executive
	Mark Powell	Chief Operating Officer
	Carolyn Green	Director of Nursing & Patient Experience
	Dr John Sykes	Medical Director
	Amanda Rawlings	Director of People Services & Organisational Effectiveness
	Gareth Harry	Director of Business Improvement & Transformation
	Suzanne Overton-Edwards	Non-Executive Director under NHSI NExT Director scheme
IN ATTENDANCE	Anna Shaw	Deputy Director of Communications & Involvement
	Justine Fitzjohn	Trust Secretary
	Sue Turner	Board Secretary (minutes)
	Lisa-Anne Mack	Senior Nurse, Crisis Team North
	Nicola Fletcher	Assistant Director of Clinical Professional Practice
VISITORS	John Morrissey	Lead Governor and Public Governor, Amber Valley
	Lynda Langley	Public Governor, Chesterfield
	Al Munnien	Staff Governor, Nursing
	Sandra Austin	Derby City & South Derbyshire Mental Health Carer's Forum and Trust Volunteer
	Tamera Howard	Freedom to Speak Up Guardian
	April Saunders	Staff Governor, Allied Professions
APOLOGIES:	Margaret Gildea	Senior Independent Director

DHCFT 2019/073	**CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND DECLARATION OF INTERESTS** The Trust Chair, Caroline Maley, welcomed all to the meeting. Introductions were made to Lisa-Anne Mack, Senior Nurse, Crisis Team North who attended the meeting to shadow Caroline following the visit that Caroline made to the High Peak and Chesterfield Crisis Team. No declarations of interest in agenda items were raised. Justine Fitzjohn was welcomed to her first Board meeting held in public session in her official capacity as Trust Secretary.
DHCFT 2019/074	**PATIENT STORY** Assistant Director of Clinical Professional Practice, Nicola Fletcher attended the meeting to relay a story to the Board from Ashley regarding his difficulty and frustration in accessing and navigating this way through the Trust's services. Ashley's story was based on a complaint that had been investigated and resolved through the Patient Experience Committee concerning problems in delays in receiving treatment and physical health testing, delays in a smooth and effective access to care with doctors not writing prescriptions. Ashley had also felt upset when his appointments had been cancelled especially as he had requested that his appointments with consultants and clinicians be offered at times to enable him to attend work. The Board recognised that themes emerging from the clinical strategy review were echoed in Ashley's story and that communicating clearly and staying engaged with patients while they are waiting for test results and to commence treatment is important so they do not feel they are being forgotten. The demand on neighbourhood services and with waiting times means that this is not an isolated case as people often have very complex needs. The Trust's clinical strategy work is being driven to enable services to be more efficient and joined up to improve accessibility with outpatients and community services. It is expected that this will make it easier for people to attend appointments, particularly if they need to work as keeping people in work is important for their recovery. The Board also heard how delays in writing letters and prescriptions had also been raised in Ashley's story. It was felt that improved relationships within the primary care network and the physical healthcare structure will improve the speed with which letters and prescriptions can be issued. This in reality has to be balanced where individuals are attending rural clinics where fast track solutions are not possible. The Board also discussed themes with regard to: 1. Safe prescribing and having access to GP records so as not to prescribe in isolation 2. New ways of internal integration to ensure, more responsive care 3. The role of clinical staff in explaining what to expect and the 'why' 4. The future model of working hours and how the services work 5. The substantial pressure and doubling of outpatient clinic caseload and the need to review this pathway.

	It was understood that Ashley is now happier in terms of the treatment he is receiving. It was noted that a formal response will be made to Ashley from Chief Executive, Ifti Majid to inform him that his story has been heard and of the work that will take place to ensure that services respond to people's needs and are made more accessible. **ACTION: Formal response to be made to Ashley on how improvements can be made to the Trust's services to ensure they are more accessible.**
DHCFT 2019/075	**MINUTES OF THE BOARD OF DIRECTORS MEETING HELD ON 7 MAY 2019** The minutes of the previous meeting, held on 7 May 2019, were accepted as a correct record of the meeting with the exception of one minor correction to replace "non-recurrent costs" with "non-recurrent schemes" in the last sentence of the second paragraph of item DHCFT2019/063.
DHCFT 2018/076	**ACTIONS MATRIX** The Board agreed to close all completed actions. Updates were provided by members of the Board and noted on the actions matrix. All completed 'green' actions were scrutinised to ensure that they were fully complete and actions that were not complete were challenged with Executive Director leads.
DHCFT 2019/077	**QUESTIONS FROM GOVERNORS OR MEMBERS OF THE PUBLIC** No questions had been received from members of the public or governors in advance of the meeting.
DHCFT 2019/078	**CHAIR'S UPDATE** This report provided the Board with the Trust Chair's summary of activity and visits to the Trust's services undertaken since the previous Board meeting held on 7 May. The Board was updated on the work that is underway through the Nominations and Remuneration Committee to consider the process for the appointment of a clinical Non-Executive Director (NED) and the extension of terms of office for three of existing NEDs, Julia Tabreham, Margaret Gildea, and Richard Wright with recommendations being made to the Council of Governors for their reappointment on 2 July. Caroline also referred to John Morrissey's resignation as Lead Governor to the Council of Governors and thanked him for the valuable contribution he has made in this role since 2016. On 23 May Caroline joined the Audit and Risk Committee for the final review and approval and signing of the 2017/18 annual report and accounts on behalf of the Board. She was pleased to see how these reports had been prepared to the usual high standard and extended her thanks to the Finance team, the Communications team and others from the Nursing and Patient Experience team who contributed so well to this annual process. The report also detailed Caroline's attendance at the Joined Up Care Derbyshire Board meeting on 16 May when the Risk Sharing Agreement was discussed. This is covered in more detail in item DHCFT2019/082 and is reported more extensively in terms of system collaboration in the CEO report.

	Caroline was pleased that the Trust had hosted two separate visits from Simon Stephens, CEO of NHSI/E and Saffron Cordery, Deputy CEO of NHS Providers on 15 May that provided the opportunity to showcase different services within the Trust which gave them both a good understanding of the work that we do. Deputy Trust Chair and Non-Executive Director, Julia Tabreham referred to Caroline's recent visit to the Kedleston Unit where she saw that the new Oxe Health vital signs monitors are in place and will be installed in high prioritised areas to observe and record patients' vital signs and detect patients who are at risk of falls, self-harm or other injuries. She was pleased to see that patient privacy and dignity will continue to be observed as this equipment will not be installed in bathrooms or toilets. **RESOLVED: The Board of Directors noted the activities of the Trust Chair since the last meeting held on 7 May 2019.**
DHCFT 2019/079	**CHIEF EXECUTIVE'S UPDATE** Ifti Majid's report reflected on a wider view of the Trust's operating environment and served to highlight risks that may affect the organisation. His report provided an update on the national health and social care sector as well as developments within the local Derbyshire health and social care community. Ifti referred to the NHS Long Term Plan and the need to develop strong clinical leadership in enabling high quality care both within the Trust and the new system architecture. This will involve clinical leaders working together to improve issues such as talent management and organisational culture and will be linked through discussions to be held by the People and Culture Committee on how this will be taken forward through clinical leadership. Caroline Maley endorsed Ifti's comments and emphasised the need to ensure that the Trust Strategy captures these components as well as the importance of diversity in order to improve the culture across the organisation. The JUCD met on 16 May and issues that are relevant to the Trust were outlined in the report. Of particular note was that the focus on the Learning Disability (LD) work stream will be broadened to run alongside the mental health work stream. Ifti highlighted to the Board that he is the JUCD SRO (Senior Responsible Officer) and hoped that this would enable the Trust to be influential in the system in transforming care. Ifti shared with the Board his recent involvement in the first Derbyshire Trainee Awards and feedback received from junior doctors in training. The main themes included making our Electronic Patient Record system (EPR) more intuitive and the need to be more flexible in designing local roles and programmes of activity to provide greater flexibility for our workforce. He also talked about a new innovation that had been developed and used at the Hartington Unit through a new virtual reality kit which is being used as an aid for relaxation and de-escalation on the acute units and can be tailored to an individual's own interests. This innovation had been developed by Martyn Revis from the Hartington Unit and could also be used as a tool for research projects. **RESOLVED: The Board of Directors scrutinised the Chief Executive's update, noting the risks and actions being taken.**

DHCFT 2019/080	**INTEGRATED PERFORMANCE AND ACTIVITY REPORT** The Integrated Performance Report (IPR) provided the Board with an integrated overview of performance as at the end of April was presented by Chief Operating Officer, Mark Powell. There were a number of challenging areas where performance is persistently below the required standard in the month, these included out of area placements, sickness absence and the completion of annual appraisals. Mark referred to the challenges around Community Paediatric waiting times and the actions being taken to address residual risks associated with providing a consultant led service when it is difficult to recruit paediatricians. He reported that the Finance and Performance Committee on 21 May discussed interventions that are being developed to improve waiting times and the Committee will receive an update on the delivery of these actions in November. He reported that discussions are also taking place with commissioners to agree an updated service specification for this service to help understand, and resolve the continued rise in demand for this service. The Trust still has a high number of out of area placements. However, these are substantially lower than some other organisations when compared to National benchmarking. The urgent care programme of work has now been agreed by the STP which is seen as a positive step forward. It is expected that transformation money allocated for crisis resolution and treatment teams and family liaison will enable the number of outpatients out of area reduced. Mark also talked about activity that is underway to reduce the CAMHS (Child and Adolescent Mental Health Service) waiting list. A set of actions are being developed and will be progressed through by the Finance and Performance Committee at the next meeting in July. At the previous Board meeting concern was raised about health visitor and school nurse caseloads. The Board was pleased to hear that a report is being taken to the Quality Committee in July to discuss and agree actions in support of managing the complex and growing number of safeguarding issues involved in these services. Director of Finance and Deputy Chief Executive, Claire Wright referred to a significant number of financial risks that the Trust is set to manage in order to reach the planned outturn of £1.8m surplus. Although it is early in the financial year the risk to achievement is rated as extreme in the BAF. The control total had been set at £1.4m surplus, prior to late notification to adjust the planned surplus for additional income of £0.4m related to local authority Agenda for Change issues. A significant increase in work is being focussed on mitigating risks and achieving the Cost Improvement Programme (CIP) gap which will be scrutinised by the Finance & Performance Committee in an additional meeting. Ifti emphasised the need for all Board members to be fully aware of the Trust's financial position as well as the risks associated with achieving the control total. In addition but separate to this, the Board must be sighted on system risks associated with the JUCD risk sharing agreement that is also on today's agenda for discussion. Julia Tabreham asked about the focus taking place on non-recurrent financial schemes. Director of Business Improvement and Transformation, Gareth Harry told her he had confidence in the pipeline of schemes for 2019/20 and in 2020/21 that will shift the plan between recurrent and non-recurrent schemes. Reducing the

	amount of time and energy that people are covering through travel in their work will be planned as part of the Estates Strategy and will also play a part in managing sustainability. Director of People and Organisational Effectiveness, Amanda Rawlings gave an overview of people performance which remained static this month despite there being an increase in long term sickness absence. She informed the Board that a focussed level of support is in place to scrutinise long term cases in inpatient areas. NExT Director, Suzanne Overton Edwards had observed a reduction in training compliance and asked what impact this might have on staff performing their roles. Amanda responded that work is taking place to improve training compliance levels in inpatient areas by understanding how staff can be released to attend training. All new starters to the Trust receive a comprehensive training package through their induction process and there are data systems that identify individuals who need to refresh their training. Non-Executive Director, Richard Wright asked about staff retention and how many staff were due to retire from the Trust. Amanda advised that the Trust focusses on retaining its staff for as long as possible by continually developing career pathways throughout the workforce. There is also a strong focus on retire and return schemes throughout the NHS and on replenishing the workforce across the age range and provide roles that are suitable for people across the whole career pathway. Employee relations are continually being focussed on by the Trust and are discussed in detail by the People and Culture Committee. Caroline Maley asked about the Friends and Family Test Quarter 4. Amanda was pleased to report that this quarter's survey showed the most positive feedback to date that reflected a marked increase in the number of people who would recommend the Trust both as a place to work and as a place for their friends and family to receive care or treatment. **RESOLVED: The Board of Directors:** **1) Received limited on current performance across the areas presented** **2) Further assurance will be provided through detailed reporting to the Quality Committee and Finance and Performance Committee**
DHCFT 2019/081	**<u>QUALITY REPORT - CARING</u>** This paper presented by Director of Nursing and Patient Experience, Carolyn Green provided the Board with a focused report on 'caring' as part of wider reporting relating to Care Quality Commission (CQC) domains. The report set out how the Trust is transforming its services as a central core of caring and showed evidence that the Trust has achieved strong compliance and internal and external assurance. The Trust is also performing strongly in responsiveness and in acceptance of feedback and has made significant headway in the Family and Friends Test Trust-wide feedback. The 2018/19 Quality Report showed that the number of compliments received by the Trust had increased. The significant increase in compliments was recognised by the Board particularly the high number of comments relating to the care, kindness and compassion of Trust staff. Learning from complaints relating to cancelled appointments, access to services and involving people in implementing their care treatment plans is being improved.

	The report showed a need to make improvements to areas of privacy and dignity and the Safeguarding Committee is working on this strategy. The Board discussed the national criteria for complaints and concerns while recognising that there are still 25% of service users who are dissatisfied with the service they received. It was noted that the CQC is content with the way that the Trust transparently manages its complaints and concerns process. Non-Executive Director, Geoff Lewins, challenged the Trust's increased cost relating to each complaint compared to the model hospital cost per complaint. It was explained that this extra expense was due to the Trust having a Family Liaison Team Service in operation which is an expensive but valuable support service to patients and their families. Amanda Rawlings referred to the RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) 2017/18 report that showed that the Trust's reporting is significantly lower than the national median and advised that she and Carolyn Green were working to explore the RIDDOR reporting model to obtain assurance from the accuracy of the data. (RIDDOR is the law that requires the Trust as an employer to keep records of and to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses) where this results in an absence from work.) Caroline Maley observed from the report that the NHS Choices website had received heartfelt feedback that resonated with today's patient story about Ashley which would be extremely valuable in enabling quality improvement within the Trust and she looked forward to seeing improved results in this area being reported through the Integrated Performance Report. Members of the Board considered that the report showed that the Trust is performing well in areas associated with caring and received significant assurance through the retention of the CQC's overall rating of the Trust as 'good' in the domain of caring. **RESOLVED: The Board of Directors:** **1) Received significant assurance in the areas presented and the rating by the CQC as good.** **2) Considered the current priorities for quality improvement in the domain of Caring** **3) Agreed that improvements to care planning are to be included in the Integrated Performance Report.**
DHCFT 2019/082	**<u>DERBYSHIRE JUCD SYSTEM RISK SHARE AGREEMENT</u>** This paper with an earlier draft of the JUCD Board paper was discussed at a confidential Board meeting on 7 May. The Finance and Performance Committee on 21 May sought clarity on the schemes that comprise the risk shared value, system savings oversight and governance and resources, quality impact assessments and capacity to deliver and supported the principles proposed, subject to further discussion on points of clarity to be discussed by the Board. Claire Wright emphasised that the system risk share agreement is separate to the risks associated with the Trust's own financial position and that the Trust will fail to meet its control total if it has to mitigate these external risks. She also made the Board aware that the updated list of schemes to be transformed and mitigated will

	be received at the DOF (JUCD Directors of Finance) meeting on 7 June and would be circulated to the Board at the end of the week. In order to discharge their responsibilities Board members considered the scope of the proposals for risk share and asked for assurance that if this agreement is transacted there would be no risks involved to the quality of care provided by the Trust to its patients and that the risk share value of £36m worth of programmes being developed in support of the risk share agreement are on track. The Board acknowledged the concerns raised that related to the level of risk associated with the schemes involved in the risk share and agreed to manage risks differently as a Board in 2019/20 across Derbyshire system partners, through a JUCD approach. It was agreed that the concerns raised by Board members who have a lack of sight of the schemes involved in the risk share would be escalated to the JUCD Board by Ifti Majid and Claire Wright. The Trust's governance processes are to capture reporting of the progress being made with the schemes involved in the risk share. **ACTION: Concerns raised by Board members regarding the lack of sight of schemes involved in the risk share agreement to be escalated to the JUCD Board.** **RESOLVED: The Board of Directors:** **1) Considered the Joined Up Care Derbyshire paper** **2) Confirmed Derbyshire Healthcare's support and participation in the risk share and risk management approach in Derbyshire for 2019/20 but with the concerns mentioned above.**
DHCFT 2019/083	**<u>GUARDIAN OF SAFE WORKING REPORT</u>** Medical Director John Sykes, presented the report from the Trust's Guardian of Safe Working which focused on ensuring safe working for junior doctors within the new junior doctor contract. The report showed that there is good engagement with junior doctors and that trainees are being supported through effective resolution of exception reporting. The Board noted that vacancies in trainee posts reflect the national issue with recruitment in psychiatry and that the business continuity model has been developed to ensure compliance with safe working. The Board acknowledged that quarterly reports from the Guardian of Safe Working are received by the Quality Committee. On 14 May the Committee received significant assurance from the processes being followed for ensuring compliance with safe working. It was therefore agreed that the Board forward plan will reflect quarterly and annual reporting from the Trust's Guardian of Safe Working. **ACTION: Board forward plan to capture quarterly and annual reporting from the Guardian of Safe Working.** **RESOLVED: The Board of Directors noted:** **1) There are vacancies in trainee posts that reflect the national issue with recruitment in psychiatry** **2) Trainees are being supported with exception reporting to ensure they are resolved in a timely fashion**

	3) There have been very few exception reports in this period **4) The delay in resolving exception reports is mainly due to allocation related issues – logging issues or supervisors unable to read the exception report despite it having been logged in. Allocates were invited to attend the last junior doctors forum (in January) at which they gave assurance that they would respond quickly to any such issues** **5) That the consultant group takes the responsibility to ensure smooth operation of consultant on call rota with prompt resolution of any issues arising due to sickness or any other reasons for a gap so that it does not impact the Higher Specialist Trainees during their on call shifts.**
DHCFT 2019/084	**<u>BUSINESS PLAN PROPOSAL FOR 2020/21</u>** Gareth Harry presented the Board with the final 2019/20 Service Delivery Plans (previously Business Plans) for clinical divisions, clinical support services and corporate areas. These are the final plans which have been developed directly with each service area and support the vision and strategic objectives outlined in the new Trust strategy. Geoff Lewins challenged the ambitions that have been developed within the Service Delivery Plans and asked whether the Trust had enough capacity to support these plans. Gareth reiterated that he had a high level of confidence that these plans are integrated with individual services and with team objectives and individual objectives. The Board recognised that the plans have been developed to ensure they are meaningful to services and that they reflect the requirements of the wider organisation and approved the final version of the Trust's Service Delivery Plans. **RESOLVED: The Board of Directors:** **1) Noted the contents of the plans and be assured over the development process** **2) Approve the final Trust Service Delivery Plans.**
DHCFT 2019/085	**<u>FIT AND PROPER PERSON DECLARATION</u>** Caroline Maley presented the annual declaration and assurance that Fit and Proper Persons requirements (FPPR) are being met by the Trust's Executive Directors and Non-Executive Directors. It is the Chair's responsibility at the end of every year to declare that processes are maintained for ensuring compliance with FPPR. The report confirmed that a robust process is in place to ensure that FPPR processes have been applied to all Board members and that this is recorded in Executive Directors' and NEDs' personal files. Caroline Maley declared that appropriate checks have been undertaken in reaching her judgment. She was satisfied that all Directors of the Trust, including Non-Executive Directors, and Executive Directors (including voting and non-voting) are deemed to be fit and that none meet any of the 'unfit' criteria. Specified information about Board Directors is available to regulators on request. **RESOLVED: The Board of Directors received full assurance from the Chair's declaration that that all Directors meet the fitness test and do not meet any of the 'unfit' criteria.**

DHCFT 2019/086	**WORKFORCE DEVELOPMENT DELIVERY PLAN 2019/20** Amanda Rawlings presented the Board with the Workforce development delivery plan for 2019/20 which outlined current position and forthcoming plans for workforce transformation linked to future service provision. The report outlined how the Trust's training and development requirements for the next twelve months which will support the Trust's operational plan and strategic approach which aims make a positive difference in people's lives by improving health and wellbeing. The delivery of the 2019/20 plan will be overseen by the People and Culture Committee in partnership with the Workforce Delivery Group. The Board acknowledged that the delivery plan has been developed so that it is transparent to staff and highlighted the need for it to be linked to the workforce plan and the outcome of the clinical strategy work. **RESOLVED: The Board of Directors:** **1) Noted the training and development required to attain the workforce transformation that will enable delivery of future service models to continue to provide high quality care to the people of Derbyshire** **2) Received the plan and the actions and outputs of the Strategic Workforce Development and Education Group** **3) Received assurance that a monitoring process is being developed** **4) Received assurance that access to the training policy is adhered.**
DHCFT 2019/087	**BOARD ASSURANCE FRAMEWORK (BAF) SECOND ISSUE FOR 2019/20** This report presented by Trust Secretary, Justine Fitzjohn detailed the second issue of the BAF for 2019/20 and showed that no changes have been be made to the current risk ratings of the BAF risks since Issue 1. Justine outlined the discussion that was held at the Audit and Risk Committee on 23 May regarding the outstanding gaps in controls and assurances identified against the 2019/20 BAF risk 1a relating to Mental Health Act and Mental Capacity Act (MHA/MCA) compliance. It was noted that a paper responding to the mitigation of the gaps and assurances has been prepared and will be considered by the Mental Health Act Committee on 7 June. In addition to this additional scrutiny on wider compliance with basic controls and how these can best be assured will be held by the Executive Leadership Team. The Board agreed and approved the second issue of the BAF for 20109/20. The plan for the BAF deep dive programme was accepted and would be worked into the forward plan programme of the relevant Board Committees. **RESOLVED: The Board of Directors:** **1) Agreed and approved this second issue of the BAF for 2019/20 and the significant assurance the paper provides of the process of the review, scrutiny and update of the BAF in seeking to identify and mitigate risks to achieving the Trust's strategic objectives** **2) Accepted the proposed plan for 'deep dives' for 2019/20** **3) Agreed to continue receive a quarterly update of the 2019/20 BAF risks as outlined in the forward plan.**
DHCFT 2019/088	**BOARD COMMITTEE ASSURANCE SUMMARIES AND ESCALATIONS**

	Assurance summaries were received from the Board Committees and highlights were provided by the respective Non-Executive Chair. **Safeguarding Committee 14 May:** Chair, Anne Wright summarised that lack of capacity with health visiting and school nursing was continuing to impact upon the service's ability to meet the population's needs and would continue to be closely monitored by the Committee and the Quality Committee. **Quality Committee 14 April:** In the absence of the Chair Margaret Gildea, Non-Executive Director, Anne Wright reported that risks escalated from the Safeguarding Committee regarding the need for improvement areas to be made to safeguarding training for health visitors and school nurses was raised and would be reported on in detail to the July meeting of the Quality Committee. Continued learning and improvement actions are being taken from serious incident investigations. The Committee will be undertaking a review into urgent care services at the next meeting in July. **Finance and Performance Committee 21 May:** Chair, Richard Wright considered that much of what was discussed by the Committee has been covered in detail during the discussion on JUCD risk sharing at today's meeting. The complex challenges involved in the timeframe for the re-procurement of Improving Access to Psychological Therapies (IAPT) were discussed at the May meeting and will be further progressed in July. **Audit and Risk Committee 23 May:** Chair, Geoff Lewins reported that the main focus of this meeting had been the approval and signing of the Annual Report and Accounts which was well delivered by the Finance, Communications and Quality teams to an extremely challenging timetable. Significant assurance had been received on the work taking place on Data Security and Protection and with cyber security. A report on the shared business services provided assurance on the integrity of the overall processes. However, the Finance team will continue to take active measures to monitor the provision of the payroll service to ensure that there is no impact on the Trust's employees. **RESOLVED: The Board of Directors received and noted the Board Committee Assurance Summaries.**
DHCFT 2019/089	**<u>IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK</u>** The Mental Health Act Committee is to receive a paper outlining the updated status in controls and assurances identified in the 2018/19 BAF in relation to compliance with the MHA/MCA to assess whether these have now been mitigated to a level that no longer poses a significant threat to the achievement of the Trust's strategic objectives.
DHCFT 2019/090	**<u>2019/20 BOARD FORWARD PLAN</u>** The 2019/20 forward plan was noted by the Board and would be updated in line with today's discussions.

DHCFT 2019/091	**SUMMARY OF COUNCIL OF GOVERNORS MEETING HELD 7 MAY 2019** This summary report was received for information and was not discussed.
DHCFT 2019/092	**MEETING EFFECTIVENESS** Attendees and visitors were thanked for their attendance at today's meeting. The main focus of discussions had taken place on the IPR and the JUCD Risk Share Agreement. Lisa-Anne Mack, Senior Nurse, within the Chesterfield Crisis and Home treatment Team fed back to the Board that attending today's meeting had helped her recognise that the Board is facing complex strategic and operational challenges. She felt assured by the way these issues were discussed in such detail so they can be taken forward and would feed this information back to her team. This was the last Board meeting that Suzanne Overton-Edwards would be attending under the NHSI NExT Director placement scheme. Thanks were extended to her for her involvement with the Board and for the valuable contribution she has made to discussions held over recent months.
The next meeting of the Board to be held in public session will take place at 9.30am on Tuesday 2 July 2019 in Conference Rooms A and B, Centre for Research and Development, Kingsway Hospital, Derby DE22 3LZ	

				BOARD OF DIRECTORS (PUBLIC) ACTION MATRIX - JULY 2019			
Date	**Minute Ref**	**Item**	**Lead**	**Action**	**Completion Date**	**Current Position**	
7.5.2019	DHCFT 2019/062	CEO Update	Ifti Majid	The potential for NEDs to attend STP work stream meetings is to be raised at the next JUCD meeting by the CEO	4.6.2019	This was discussed as part of an integrated care system development program. It was agreed that the use of NEDs from all organisations will be considered when the governance structure that supports Joined Up Care Derbyshire is reviewed.	Green
7.5.2019	DHCFT 2019/062	CEO Update	Ifti Majid Mark Powell	Cycle of STP work stream reporting to the Board to be captured in the forward plan to include Urgent Care, Children's Services and PLACE	4.6.2019	CEO and COO are to agree cycle of work stream reporting to the Board for inclusion in forward plan. Board will be updated about STP via board development sessions and by having NEDs more involved in STP groups	Green
7.5.2019	DHCFT 2019/064	Quality Report on Responsiveness	Mark Powell Claire Wright	Finance and Performance Committee to address the service delivery, skills and resources that are required to achieve the new national access standards in areas of urgent care and community services	12.7.2019	This is on the agenda for the meeting of the Finance and Performance Committee taking place on 12 July.	Yellow
7.5.2019	DHCFT 2019/064	Issues Arising for Inclusion/Updating in the BAF	Carolyn Green Mark Powell	BAF to be updated to include risks associated with delivering the national responsiveness requirement	4.6.2019	BAF will be updated when proposed standards are formally agreed by NHSE and NHSI	Amber
4.6.2019	DHCFT 2019/082	JUCD System Risk Share Agreement	Ifti Majid Caroline Maley	Concerns raised by Board members regarding the lack of sight of schemes involved in the risk share agreement to be escalated to the JUCD Board.	2.7.2019	CEO/DoFs received list of schemes in risk share which was shared with Board members. Letter sent to JUCD to outline Board agreement to risk share and conditions under which that agreement is made.	Green
4.6.2019	DHCFT 2019/083	Guardian of Safe Working Report	Sue Turner	Board forward plan to capture quarterly and annual reporting from the Guardian of Safe Working	2.7.2019	Forward plan reflects quarterly and annual reporting from the Guardian of Safe Working	Green

Resolved	**GREEN**	**4**	**66%**
Action Ongoing/Update Required	**AMBER**	**1**	**17%**
Action Overdue	**RED**	**0**	**0%**
Agenda item for future meeting	**YELLOW**	**1**	**17%**
		6	**100%**

Derbyshire Healthcare NHS Foundation Trust
Report to the Public Board of Directors – 2 July 2019

Trust Chair's report to the Board of Directors

Purpose of Report

This report is intended to provide the Board with the Trust Chair's reflections on my activity with and for the Trust since the previous Board meeting on 4 June 2019. The structure of this report reflects the role that I have as Trust Chair.

Our Trust and Staff

1. I continue to make a point of visiting as many front line services as possible, so that my leadership is grounded on the reality of what our staff face every day, and also to ensure that I have a good understanding of the services provided by the Trust.

2. On 5 June we were visited by Peter Wyman, Chair of CQC, after I invited him to visit our Trust and see the work that we did. I was delighted to take him to visit Rebecca Mace at the Kedlestone unit; Emily Shaw, Shirley Heldreich and Karen Sangha at the Hope and Resilience Hub at the Radbourne Unit; and Rebecca Whibberley at the Beeches Perinatal Unit. I am pleased with how positive and enthusiastic all of our staff were who met Peter, and again were able to show innovation, compassion, patient focus and commitment through everything that they do. Peter wrote to me following the event: *I very much enjoyed my day with you yesterday. Will you please pass on my thanks to everyone who gave up their time to talk and to show me what they do. Everyone was so enthusiastic; it was great.*

Council of Governors

3. On 12 May I attended the Governance Committee of the Council of Governors, and part of the training provided in the afternoon. A focus of the work that we are undertaking with governors is the engagement with members and the community, and this was a main focus in the agenda for both sessions. It is good to see the level of discussion around how governors can and do carry out this part of their role, and how we use the "intelligence" that they gather to feed into the work of the Trust. This is the most difficult part of the governor role.

4. The Council of Governors will be meeting on the afternoon of 2 July following the Public Board meeting. Based on the recommendations of the Nominations and Remuneration Committee, the Council will consider the reappointment of three of our existing Non-Executive Directors (NEDs), and approve revised terms of reference for the committee.

5. The Nominations and Remuneration Committee met on 21 June to progress the recruitment a clinical NED. Julia Tabreham chaired this meeting in my absence.

6. Lynda Langley has been appointed as the new Lead Governor, and I look forward to working with her over the course of her term of office. Lynda will assume the role at the beginning of September, following a period of annual leave. John Morrissey has kindly offered to stay in post until Lynda's return from leave. Outstanding business is the appointment of a Deputy Lead Governor.

7. The next meeting of the Council of Governors will be on 2 July 2019 after the public Board meeting. The next Governance Committee takes place on 6 August. The Nominations and Remuneration Committee will be meeting as required over the course of July and August to appoint a new NED.

Board of Directors

8. Over the course of the month, I have been supporting the recruitment of a clinical NED by making myself available for meetings and phone calls with interested parties. At the time of writing I have spoken to some six potential candidates. We are also specifically trying to extend our reach into the BME communities to encourage BME candidates who meet the criteria of a clinical background / qualification and experience at Board level. This is to ensure we are doing all that we can to be inclusive in our recruitment processes and perhaps address the diversity of the Board to be more representative of the communities we serve. I sincerely hope that the use of social media and targeted approaches will yield a strong field.

9. The Board met on 4 June at the Post Mill Centre in South Normanton. This was a planned opportunity to be out and about in our area. I was pleased with the attendance by governors and members of the public.

10. Board Development this month will be taking place on 26 June, and I will cover this in my report next month.

11. In June I met with Margaret Gildea and Suzanne Overton-Edwards for their regular NED development meetings. During these meetings we review performances against objectives set at the beginning of the appointment / review cycle, as well as discuss generally mutual views on the progress of the NED and the Trust and any personal development requirements.

12. On 13 June I met a potential candidate for a placement via the NHSI NExT Director programme, and I am delighted that Perminder Heer will be joining us shortly for a year long placement. Perminder's background is in HR, organisational development and talent management. Once all the recruitment checks are completed, I look forward to Perminder joining our Board as a NExT director with a portfolio of committees to join.

System Collaboration

13. Richard Wright attended the JUCD (Joined Up Care Derbyshire) Board on 20 June 2019.

    Attached as Appendix 1 are the key messages noted from the meeting.

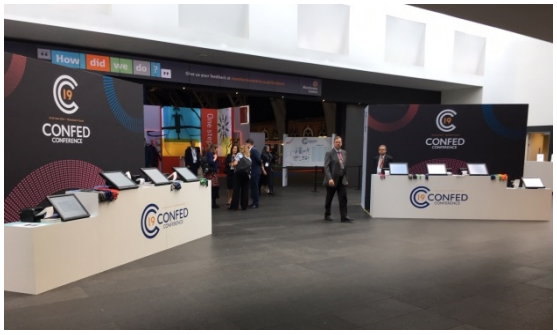
14. On 29 May attended a system wide ICS (Integrated Care System) development session in Stafford with Ifti Majid. At this meeting we considered where JUCD is on the maturity matrix for a developing ICS, as well as reminding ourselves of the vision for our ICS, and the values and behaviours that we want within our system. It is clear that we have an opportunity now as we refresh our ICS plans to ensure that the programme is focussed on achieving what is right for Derbyshire. This day is part of an ICS Development Programme, which has a number of modules, of which this was the first, followed by Governance workshop attended by Ifti Majid and Geoff Lewins on 17 June, and two further workshops in July around care redesign and finance.

15. I also met privately with Paul Wood, Chair of JUCD, to feed in my views on the progress of JUCD and the performance of the Board. The process to appoint an independent chair in underway, and I have also spoken to one of the other shortlisted candidates. This process will complete within the next few weeks. Once again we will host the Chair appointed as the employing organisation.

Regulators; NHS Providers and NHS Confederation and others

16. As mentioned at the start of this report, we hosted Peter Wyman, Chair of CQC, at our Trust on 5 June. Not only did we show him some of our services, but we also created time for him to meet with Ifti Majid and me in our roles as Chair and CEO, and time with the Executive Directors and NEDs to talk about our experience of CQC inspections and what we might wish to see being different. I was encouraged by how he listened to our views, and I have no doubt that we will be taking a few issues back to the CQC for consideration. This was a good opportunity to engage with our regulator in a positive way.

17. I attended along with Ifti Majid, Claire Wright, Margaret Gildea and Mark Broadhurst the NHS Confederation 2019 conference held in Manchester. There was an increased focus on Mental Health, Workforce and Diversity and Inclusion. It was good to see Ifti Majid being name checked in this forum, and Ifti led a session on the second day of the conference within the inclusion agenda. There were a lot of areas of interest to attend and take in, and as always one comes back from the conference weary but energised by new thoughts, ideas and practices.



Beyond our Boundaries

18. I am taking part in the assessment panels for the Regional Talent Board (Aspire Together). The vision of Aspire Together is to move talent management from

individual organisations to a place where it is owned and valued by the whole system. This is a pilot scheme being carried out in the Midlands and East and Dido Harding (Chair of NHSI (NHS Imp;rovement)) has an appetite to move faster with the pilot to identify more potential directors for a national talent pool.

Strategic Considerations	
1) We will deliver **quality** in everything we do providing safe, effective and service user centred care	X
2) We will develop strong, effective, credible and sustainable **partnerships** with key stakeholders to deliver care in the right place at the right time	X
3) We will develop our **people** to allow them to be innovative, empowered, engaged and motivated. We will retain and attract the best staff.	X
4) We will **transform** services to achieve long-term financial sustainability.	X

Assurances

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

Consultation

This report has not been to other groups or committees.

Governance or Legal Issues

None

Public Sector Equality Duty & Equality Impact Risk Analysis

The author has a responsibility to consider the equality impact and evidence on the nine protected characteristics (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation)).

There are no adverse effects on people with protected characteristics (REGARDS).	x
There are potential adverse effect(s) on people with protected characteristics (REGARDS). Details of potential variations /inequalities in access, experience and outcomes are outlined below, with the appropriate action to mitigate or minimise those risks.	

Actions to Mitigate/Minimise Identified Risks

This report reflects a wide range of activities across the Trust, and consideration relating to ensuring inclusion is embedded in operational work of the Trust. The

specific services visited provide support to those with protected characteristics by the nature of their work.

With respect to our work with governors - we work actively to encourage a wide range of nominees to our governor elections, and strive that our Council of Governors is representative of the communities they serve. We also provide support to any current or prospective governors to enable them to carry out their role to address any specific needs they may have. This includes providing transport for those who may not be able to access public transport due to physical needs, accommodating communication requirements and providing support workers at meetings.

Demonstrating inclusive leadership at Board level

Through the Trust's involvement in the NExT Director scheme we are supporting the development of those who may find it more difficult to be appointed as a NED in the NHS. As Suzanne Overton-Edwards' placement has ended, we have again sought a new NExT Director to continue to support the system development of future potential NEDs from diverse backgrounds.

As we are recruiting for a new clinical NED, we have made a conscious effort to recruit from the BME community using networks and social media to reach those who might not usually consider a NED role. We will continue to consider this as we look at succession planning for NEDs and Executives in the future.

Recommendations

The Board of Directors is requested to consider the content of this report, and to ask for any clarification or further information.

Report prepared and presented by: **Caroline Maley**
Trust Chair

Joined Up Care Derbyshire Board – 20 June 2019

Key Messages

Primary Care Networks

Joined Up Care Derbyshire (JUCD) Board received an update on progress towards establishing Primary Care Networks (PCN). PCNs are groups of GP practices, working at scale to offer resilient services, and serving a population of 30-50,000. PCNs will be GP-only in 2019/20 with a requirement to collaborate with non-GP providers from 2020/21. Derbyshire is proposing 15 PCNs to NHS England. In many cases the PCNs are within place boundaries, but there are 4 PCNs which spread across more than one place.

In 2020/21 PCNs will be commissioned to provide structured medication reviews, enhanced health in care homes, anticipatory care, supporting early cancer diagnosis and personalised care. In 2021/22, this will broaden to include extended access, CVD prevention and diagnosis and tackling neighbourhood inequalities.

Each PCN will be led by a Clinical Director and funding will be available for additional staff at a PCN level. These staff will be Clinical Pharmacists and Social Prescribers in 19/20, Physician Associates and first contact Physiotherapists in 20/21 and first contact Community Paramedics in 21/22.

Work Stream Delivery Plans 19/20

To support system transformation and financial recovery, the eight identified JUCD STP work streams (Cancer, Children's, Learning Disability and Autism, Maternity, Mental Health, Place, Planned Care (MSK, Ophthalmology, Outpatients and Theatres) and Urgent & Emergency Care) have developed delivery plans for 2019/20. Further work is taking place on Urgent & Emergency Care and Place before these plans are finalised. Information on the achievements of our work streams and their plans for the year will be available shortly at www.joinedupcarederbyshire.co.uk

Engagement Opportunities in STP Refresh

The Derbyshire STP is being refreshed this summer to take the original 2016, review it in the context of emerging priorities from the recently-published NHS Long Term Plan, and ensuring that the aims and direction of travel remains relevant. JUCD is aiming to secure a significant amount of public and broader stakeholder engagement in the refresh, to ensure those interested in the work of our work streams, places and the JUCD Board itself can have a chance to hear about the plans and make comment before they are submitted to NHS England in the autumn.

Chief Executive's Report to the Public Board of Directors

Purpose of Report

This report provides the Board of Directors with feedback on changes within the national health and social care sector as well as providing an update on developments occurring within our local Derbyshire health and social care community. The report also updates the Board on feedback from external stakeholders, such as our commissioners, and feedback from our staff. The report should be used to support strategic discussion on the delivery of the Trust strategy. The Board should note that the report reflects a wider view of the Trust's operating environment and serves to horizon scan for risks that may affect the organisation. Risks identified are highlighted in the report and taken forward to assess their operational and strategic impact, and recorded on operational risk registers, or the Board Assurance Framework as appropriate.

National Context

1. NHS Improvement (NHSI), NHS England (NHSE) and Health Education England (HEE) have published the interim NHS People Plan with the final plan being published soon after the 2019 spending review is published in the autumn.

   The plan has four pillars with key areas of focus in each pillar. It is reassuring to note the pillars within the plan as well as the key focus areas have significant similarities to both our people plan and our 'Great Place to Work' strategic objective.

   NHS – The Best Place to Work

   The NHS Constitution will be revised to form the basis of a people dashboard that in effect will inform future CQC well led inspections. We can expect to see commitments around three broad themes

   - Creating a healthy, inclusive and compassionate culture focussing on equality, inclusion, bullying and harassment
   - Enabling development and fulfilling careers
   - Ensuring voice, control and conditions for NHS staff though improving health and wellbeing, work life balance and conditions for whistle blowers.

   Workforce Devolution

   The document proposes a new operating model whereby greater clarity is achieved between the long term (15 year+) planning requirements for workforce or where nationwide standardisation is required where planning will be carried out nationally, the assurance role associated with national plans that will be carried out at a regional level and the creation of strong local partnerships at an ICS (Integrated Care System) and local organisational level to manage local workforce flows, recruitment and retention initiatives and the management of health and wellbeing of local staff

   The document announces plans for the creation of an ICS maturity framework which will enable us to benchmark workforce activities at a local level.

Transformation and Skill Mix

It is pleasing to see the plan does not just focus on nurses and doctors but calls for a 'transformed workforce with a more varied and rich skills mix'. To this end the plan commits to undertaking a review of the number and mix of new posts needed over the next five years. Some of the non-medical/nursing commitments include:

- Expanding the NHSI national retention scheme to include the AHP (Allied Health Professions) workforce
- All sustainability and transformation partnerships (STPs) will be expected to develop a collaborative approach to apprenticeships
- Development of a new pharmacy foundation training programme
- Greater flexibility for career entry for healthcare scientists
- Training to ensure a core level of digital competency for all non IT technical staff.

Tackling Nursing Shortages

There is of course recognition that the current 40,000 nursing shortage needs urgent action. The NHS average vacancy rate of 11% has an ambitious but essential target to fall to 5% in the next ten years under the people plan.

There is a recognition that key to this ambition is increasing the number of undergraduate training places for nurses and a rapid increase, by 5,000 this year, of the number of available clinical placements. We can expect to see new recruitment campaigns co-ordinated nationally and support to students to ensure they understand the various final support packages available to undergraduate nursing students.

The draft people plan sets out clear expectations of boards to have greater visibility of people issues and for discussions about culture to have a higher priority on board agendas.

In the light of this national people plan we need to review the Trust People Plan to ensure it is in line with the expectations set out here, that we have a clear line of sight through the People and Culture Committee to the Board and that we continue to build on the discussions we are already having about the development of the open, transparent and inclusive culture we as a Board aspire to.

2. NHSI has released details of the provider sector performance up to year end 2018/19. Whilst three months ago, for us as a Board it is worth noting the trends risks and achievements last year as we look to finalise our understanding of how we are performing at the end of quarter 1 this year. Key headlines across the whole provider sector include:

    - Deficit of £571m at year end - £177m worse than planned
    - Capital spending totalled £3.9bn, less than forecast but £400m above plan
    - Recurrent efficiencies totalled £2.2bn along with another £1bn of non-recurrent savings meaning the average provider CIP (Cost Improvement Plan) was 3.6%
    - The overall number of vacancies in providers stood at 96,348wte (whole time

equivalent) which is 8.1% vacancy rate.
- Roughly the same amount was spent on bank and agency by the provider sector in 18/19 - £2.4bn.
- As a whole the mental health sector met all of its performance standards
- Twelve hour trolley waits are reducing down by 800 year on year
- At year end the 18 week referral to treatment standard performance had deteriorated down to 86.7% compliance about a half percent from the previous year.

Local Context

3. The Joined up Care Derbyshire (JUCD) Board met on 20 June 2019. Due to a clash with the 2019 NHS Confederation Conference the JUCD Board was attended by Gareth Harry and Richard Wright. The formal communications following the meeting is an appendix to the Chair's report however I also think it is important to share those issues I think are particularly relevant to our Trust:

    - JUCD reviewed the latest financial position of the system at Month 2, with the amended year-end position at UHDB (University Hospitals of Derby and Burton NHS Foundation Trust) was discussed.
    - Clive Newman presented the Primary Care Strategy (GP Practices) and the Board discussed and approved the strategy.
    - The Board received an update report on the development of Primary Care Networks (PCNs). The PCNs are groups of GP practices who have come together to provide enhanced services and be a potential vehicle for closer integration in community services across a 30-60k population. In Derbyshire, the PCNs are coterminous with our Place and Local Authority Boundaries with four exceptions. The Board and community providers noted that as the role of PCNs move on from the provision of enhanced services to start to integrate with community services, the boundaries of the PCNs will need to be reviewed and amended.
    - The Board received a concerning report about the potential funding reductions to 0-19s children's services in the county, due to reductions in the Council's Public Health allocations from central government. The Board requested that additional work be undertaken to understand the options available to providers of children's services in the county and to understand the potential risks to the safeguarding responsibilities of the system.

4. Healthwatch Derby has released its annual report for 2018/19. The organisation met with 6735 people who shared views about health and social care providers in the city. Some of the key themes from the report included:

    - Patients wanting faster access to see doctors and nurses
    - Healthcare receptionists should be non-judgemental and support patients to find the best solutions
    - Better access to NHS dental care in the city needed
    - Clearer communication is needed to ensure patients and their families really understand treatment options.

Within our Trust

5. The Trust has now received a final report from the Care Quality Commission (CQC)

following their visit to our acute inpatient wards in March 2019. The report highlights a number of areas where positive improvements have been made following feedback from the CQC's previous visit. However, the overall rating for the service remains inadequate and it is clear that there remains a significant level of change and improvement needed to our acute mental health wards in order to meet the requirements outlined by the CQC.

We are committed to acting quickly to address the issues raised by the report and - given the seriousness of this position - we are looking at new and innovative ways to make the changes necessary. Acute care colleagues came together for focused improvement sessions on Monday 3 June and Monday 24 June to explore meaningful ways we can address the issues raised by the report, how they can be implemented at speed across all of our acute wards and how we sustain improvements for the future.

The report highlights a number of issues that are organisation-wide. The Executive Leadership Team (ELT) is considering the Trust's approach to each of these issues and will be developing further short and long term plans to review, support or implement a new approach where necessary.

The report also shares a number of local issues – this is what our campus colleagues will be focusing on in terms of our improvements and action planning at a local level. We need to make improvements across both the Radbourne and Hartington Units and ensure a consistent approach across all wards on the two sites. Our rating for the 'caring' domain in the CQC report has dropped from 'good' to 'requires improvement', which is clearly very disappointing for our patient care and not where we would aspire to be.

Throughout the report the CQC acknowledged that we were on a journey of improvement and many examples of positive changes that had taken place since their last visit were noted. They also observed a number of kind and caring interactions by staff and overall patients felt staff were kind and respectful.

Services were described as being increasingly responsive to people's needs – as a result, the report indicates that the rating for 'responsiveness' will increase from 'requires improvement' to 'good'.

6. On Monday 10 June, over 100 colleagues came together at our annual staff conference. This year the event, which was held in Chesterfield, focused on the theme of 'moving with the times' and we explored local and national changes and challenges and how the Trust would be best positioned to address these.

   Guests were treated to two guest speakers throughout the day, each with their own unique perspective on how to 'move with the times', address change and work effectively as a team to overcome any hurdles. Our first speaker was Bonita Norris – the youngest woman to ever climb Everest. Bonita shared her story and motivations, following a chance encounter with climbing, that was set to change her life forever. Bonita's story was truly inspirational and colleagues watched in awe as she shared images of repaired household ladders that the team used to walk across 100 feet crevasses, high up in the Himalayas. Whilst a very different setting to our workplaces, Bonita's insight provided teams with a number of techniques that could be used to effectively achieve change. She also confirmed the importance of effective team work.

Our second speaker was Andrew McMillan, formerly the Head of Customer Services for John Lewis. Andrew made clear parallels between customer and patient experience and confirmed that the approach of John Lewis echoed the Trust – that an engaged and supported workforce resulted in improved patient care. Andrew challenged colleagues to think about how the Trust would be described, if it were a person (our culture), and how the experiences we give need to be consistently good in order to become the organisational brand in the eye of our patients. “Be conscious of your behaviour” he advised, “because everybody else is.”

Andrew spoke about the importance of having a clear organisational vision and values and understanding the ‘why’ of an organisation. For us this is our vision ‘to make a positive difference’ and Andrew even commented that the Trust’s new vision and values wheel was one of the best he’d ever seen

Thank you to everyone who attended and participated on the day. The feedback received has been overwhelmingly positive and it is clear that the staff conference has become a popular part of our programme of staff engagement throughout the year. I would also like to thank Hollie Cowan, from our communications team for her time and energy in organising the event – it was a great success. Throughout the day we were joined by an artist Cara, who visually captured the conversations of the day so we could share this with colleagues who were unable to attend.

7. The staff conference was immediately followed by the 2019 Quality Awards ceremony. The awards celebrated initiatives ranging from improving the lives of children and new mothers to working with service users in substance misuse to give them new hope. Three finalists in each category were chosen following quality visits and a detailed shortlisting process. For the first time Trust staff then voted to choose the winner in each category.

   Award winners in each category were:

   - Clinical Team of the Year for showing how excellence has been consistently delivered over the past year - Dementia Rapid Response Team South, for its

work on carer support and education.

- Non-Clinical Team of the Year for showing how non-clinical teams have a direct impact on care - Hartington Unit Reception, for work to provide single-label printers in each consulting room at the unit
- Inclusion and Involvement Award for actively involving a person in their care - Perinatal Services, for the team's work with a mum with a complex presentation, including physical health problems and difficulties with engagement.
- Improving and Innovating Award where presentations evidenced how teams have improved or developed their service offer - 0-19 Integrated Family Service, for work on emotional wellbeing training for Health Visitors, working with new mothers.
- Green Shoots Award for innovative practice, where it might be too soon to see the full outcomes or benefits - Derbyshire Substance Misuse Service – Derbyshire Recovery Partnership, for a focus on service user involvement with a Recovery Through Nature programme.
- Hearing the Person's Voice Award for demonstrating the different ways that service users were listened to - Safeguarding Children and Adults Teams for their work to support the survivors of the abuse identified at Aston Hall.
- Resilience Award for presentations showing improvements in services in the context of high clinical demand or service pressures - Memory Assessment Services, for the way in which the assessment process supports needs-led clinical assessment and a holistic approach to interventions.
- Working in Partnership Award for strong connectivity with teams both in and out of the Trust - Children in Care Team, for improving processes to increase the number of looked-after children who have a robust and detailed Initial Health Assessment.

My thanks to all teams who were nominated, there was a huge amount of pride, compassion and innovation on show by all involved.

8. On Wednesday 12 June Emma Frudd, Carol Fordham and Claire Wright from our LGBT+ Network along with many other Derbyshire Healthcare colleagues attended the second Derbyshire LGBT+ Partnership Conference held at the University of Derby with a theme of Reaching Out. There were many thought-provoking sessions on the main stage many of which had related themes of mental health issues and LGBT+ equality and inclusion issues.

   Very fittingly Emma and Carol ran one of the most popular workshops, which was about LGBT+ mental health and wellbeing. As part of that the delegates also heard from Leanne Walker our CAMHS (Child and Adolescent Mental Health Services) expert by experience who shared her moving and inspirational personal story in a spoken word piece. Claire and Leanne are working on a way for us all to hear it soon, personally I can't wait!

   In recent days we have heard abhorrent alarming stories of phobic behaviour against members of the LGBT+ community. At Derbyshire Healthcare we are proud to have our thriving LGBT+ network, our LGBT+ rainbow lanyards and our LGBT+ commitments to celebrate the wealth of different identities with in our LGBT+ community and to inspire confidence for everyone to be themselves. My thanks to Emma, Carol, Claire and Leanne for doing Derbyshire Healthcare proud!

9. On 19 and 20 June myself, Caroline Maley, Claire Wright, Margaret Gildea and Mark Broadhurst attended the annual NHS Confederation Conference. As you would expect in the current environment there was much focus on the journey to becoming an integrated care system, the developments outlined in the new people plan, technology and pleasingly sessions on suicide prevention and a great focus on inclusion. In my role as co-chair of the NHS Confederation's national BME leaders network I hosted two events during the conference – a breakfast session looking at how to bridge the clear gap in career progression for colleagues from diverse communities in the NHS and a breakout session entitled 'the view from the new frontline' a session focussed on recognising alternative challenges around community engagement in our journey to becoming ICSs.

10. It has been a busy month for the Trust in terms of positive and proactive media coverage. We received coverage from both the Derby Telegraph and Derbyshire Times following visits by Saffron Cordery and Simon Stevens to Kingsway Hospital in May. Local innovations have also been highlighted – for example our Health Visitors 'Bushtucker trial' to encourage children at a secondary school in Sinfin to try new foods as part of a healthy eating initiative.

    The Trust also received national attention following our CEO involvement in the publication of the draft People Plan. My comments as part of an article on the issue of fewer women and people from BME backgrounds in key jobs at NHS trusts received wide coverage from 6 - 7 June, including a story on the front page of The Guardian which was then picked up by several news websites. My piece published by NHS Confederation on how we create a culture on the board to enable colleagues from diverse backgrounds to flourish was also published on 12 June 2019 – highlighted the importance of an inclusive and representative Board, and how diversity is used to instil confidence in an organisation.

    It has also been an active month on social media following positive reactions to the Trust's posts to support International Nurses' Day and Mental Health Awareness Week. There was also significant coverage of the Trust's recent involvement in the LGBT+ partnership conference, in particular following a workshop led by Leanne Walker, CAMHS Expert by Experience. Social media followers also joined in celebrations for the Trust's Quality Awards in June and people were able to follow the Trust's Staff Conference following a series of live tweets from the day.

11. During June engagement visits have continued. I have held *Ifti on the Road* engagement events at the Revive Healthy Living Centre, Derby where I was able to meet some of our school nurses and health visitors and at Dale Bank View, Swadlincote. I also attended Dr Simon Taylors ASD clinic in Chesterfield.

    On the Road feedback

    - The pressure that continuous rounds of tendering can place on services like our school nursing service (and other universal children's and substance misuse services) and the importance of timely and honest communication with colleagues in those services
    - The need for clarity on home working arrangements and availability
    - Issues in relation to health visiting services and the increasing complexity and capacity issues for our school nurses
    - Some really helpful feedback about our new induction programme and a reminder that colleagues who are just starting in the Trust feel we could have got them into post sooner
    - Confusion and lack of clarity around bed finding responsibilities in areas such as Castle Donnington
    - Questions raised about career pathways for assistant practitioners on completion of training.

Strategic considerations	
1) We will deliver **quality** in everything we do providing safe, effective and service user centred care	X
2) We will develop strong, effective, credible and sustainable **partnerships** with key stakeholders to deliver care in the right place at the right time	X
3) We will develop our **people** to allow them to be innovative, empowered, engaged and motivated. We will retain and attract the best staff.	X
4) We will **transform** services to achieve long-term financial sustainability.	X

Assurances

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

The author has a responsibility to consider the equality impact and evidence on the nine protected characteristics (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation)).

There are no adverse effects on people with protected characteristics (REGARDS).	
There are potential adverse effect(s) on people with protected characteristics (REGARDS). Details of potential variations /inequalities in access, experience and outcomes are outlined below, with the appropriate action to mitigate or minimise those risks.	x

Actions to Mitigate/Minimise Identified Risks

This document is a mixture of a strategic scan of key policy changes nationally and locally, that could have an impact on our Trust, and the reporting of internal actions and feedback I have received relating to the strategy delivery.

Any implementation of national policy in our Trust would include a repeat Equality Impact Assessment, even though this will have been completed nationally.

This paper has had a strong feature on good practice relating to inclusion and diversity in its broadest sense. The profile of senior leaders in the Trust relating to both national BME issues in particular community involvement and senior leadership representation and LGBT+ issues relating to awareness raising using some great role modelling and focus on LGBT+ and wellbeing is a tribute to the profile and importance placed on inclusion by our Trust.

The national people plan places a priority on inclusion and for the first time will compel organisations to set stretching targets for inclusion at a senior level. Something we will be discussing as a Trust in coming months.

Our PSED (Public Sector Equality Duty) also relates to internal structures creating differing patient experiences within Derbyshire and some of the feedback I had from Long Eaton around struggling to get bed access due to lack of clarity is a demonstration of that. Action is underway though the Deputy Director of Operations to address this issue.

Recommendations

The Board of Directors is requested to:

1) Scrutinise the report, noting the risks and actions being taken
2) Seek further assurance around any key issues raised.

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 2 July 2019

Integrated Performance Report (IPR) 2019/20 - Month 2

Purpose of Report

This paper provides the Board of Directors with an integrated overview of performance at the end of May 2019. The focus of the report is on workforce, finance, operational delivery and quality performance.

Executive Summary

The Trust continues to perform favourably against many of its key indicators, with maintenance or improvement ongoing across many of the Trust's services. This can be seen within the body of the report.

There are a number of challenging areas where performance is persistently below the required standard in the month. In order to ensure that there is a focused discussion on key issues these have been listed below:

1. Regulatory compliance dashboard:

   - Out of area placements
   - Sickness absence
   - Annual appraisals

2. Strategy performance dashboard:

   - Cost improvement programme
   - Delayed transfers of care
   - Neighbourhood waiting lists
   - CAMHS waiting list
   - Paediatric referral to treatment
   - Health Visitor caseloads

Section 3 of the IPR contains benchmark performance information in the following areas:

- Friends and Family Test
- Outpatient referrals and rate of non-attendance
- Mental Health Community Survey
- Delayed Transfers of Care
- Mental Health Servcices Dats set indicators

This information has been added to provide a wider context for Board members and also to help inform the development of Clinical Strategies and associated clinical models, particularly for working age adults.

In line with the Trust's refreshed strategy a revised Inteagrated Performance Report has been developed which is being considered at June's Board Development session. It is expected that a new Integrated Performance Report will be presented to September or October's Board meeting.

Strategic Considerations	
1) We will deliver **quality** in everything we do providing safe, effective and service user centred care	X
2) We will develop strong, effective, credible and sustainable **partnerships** with key stakeholders to deliver care in the right place at the right time	X
3) We will develop our **people** to allow them to be innovative, empowered, engaged and motivated. We will retain and attract the best staff.	X
4) We will **transform** services to achieve long-term financial sustainability.	X

Assurances

This paper relates directly to the delivery of the Trust's strategy by summarising performance across the four key performance measurement areas.

This report should be considered in relation to the relevant risks in the Board Assurance Framework.

As an integrated performance report the content provides assurance across several BAF risks related to workforce, operational performance, quality performance, financial performance and regulatory compliance.

Consultation

This paper has not been considered elsewhere, however some content supporting the overview presented is regularly provided to Finance and Performance Committee, People and Culture Committee and Quality Committee.

Governance or Legal Issues

Information supplied in this paper is consistent with the Trust's responsibility to deliver all parts of the Single Oversight Framework and the provision of regulatory compliance returns.

Public Sector Equality Duty & Equality Impact Risk Analysis The author has a responsibility to consider the equality impact and evidence on the nine protected characteristics (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation)).	
There are no adverse effects on people with protected characteristics (REGARDS).	
There are potential adverse effect(s) on people with protected characteristics (REGARDS). Details of potential variations /inequalities in access, experience and outcomes are outlined below, with the appropriate action to mitigate or minimise those risks.	X

Actions to Mitigate/Minimise Identified Risks

This report reflects performance related to our whole staff and service receiver population and therefore includes members of those populations with protected characteristics in the REGARDS groups.

Any specific impact on members of the REGARDS groups is described in the report itself.

Recommendations

The Board of Directors is requested to:

1) Confirm the level of assurance obtained on current performance across the areas presented.
2) Determine whether further assurance is required and if so, at which Committee this needs to be provided and by whom.

Report presented by:

Mark Powell, Chief Operating Officer
Claire Wright, Director of Finance/Deputy CEO
Amanda Rawlings, Director of People and Organisational Effectiveness
Carolyn Green, Director of Nursing and Patient Experience

Report prepared by:

Liam Carrier, Assistant Head of Systems & Information/Project Manager
Peter Charlton, General Manager, IM&T
Hayley Darn, General Manager, Children's Services
Peter Henson, Head of Performance, Delivery & Clustering
Rachel Kempster, Risk and Assurance Manager
Kathryn Lane, Deputy Director of Operational Services
Rachel Leyland, Deputy Director of Finance
Celestine Stafford, Assistant Director of People & Culture Transformation
Darryl Thompson, Deputy Director of Nursing
David Tucker, General Manager, Community Mental Health Services for Adults of Working Age

1. Regulatory Dashboard

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Last 12 Months	DQ
Finance	Finance Score	Finance Scorecard	YTD	1	1	G	→		
			Forecast	1	1	G	→		
		Capital Service Cover	YTD	2	2	G	→		
			Forecast	2	2	G	→		
		Liquidity	YTD	1	1	G	→		
			Forecast	1	1	G	→		
		Income and Expenditure Margin	YTD	1	1	G	→		
			Forecast	1	1	G	→		
		Income and Expenditure variance to plan	YTD	1	2	R	→		
			Forecast	1	1	G	→		
		Agency variance to ceiling	YTD	1	1	G	→		
			Forecast	1	1	G	→		
	Single Oversight Framework	Agency costs as % of total pay costs	YTD	2.87%	2.56%	G	→		
			Forecast	2.87%	2.78%	G	→		
		NHS I Segment	YTD		2		→		
Quality and Operations	KPIs	CPA 7 Day Follow-up (M)	May, 2019	95.00%	98.18%	G	↓		
			Apr, 2019		100.00%	G			
		Data Quality Maturity Index (DQMI) - MHSDS Data Score (Q)	May, 2019	95.00%	96.30%	G	→		
			Apr, 2019		96.70%	G			
		IAPT RTT within 18 weeks (Q)	May, 2019	95.00%	100.00%	G	→		
			Apr, 2019		100.00%	G			
		IAPT RTT within 6 weeks (Q)	May, 2019	75.00%	95.44%	G	↓		
			Apr, 2019		97.10%	G			
		Early Intervention in Psychosis RTT Within 14 Days - Complete (Q)	May, 2019	56.00%	70.00%	G	↓		
			Apr, 2019		79.17%	G			
		Early Intervention in Psychosis RTT Within 14 Days - Incomplete (Q)	May, 2019	56.00%	77.78%	G	↓		
			Apr, 2019		93.75%	G			
		Patients Open to Trust In Employment (M)	May, 2019		10.25%	G	→		
			Apr, 2019		10.29%	G			
		Patients Open to Trust In Settled Accommodation (M)	May, 2019		59.39%	G	→		
			Apr, 2019		60.00%	G			
		Under 16 Admissions To Adult Inpatient Facilities (M)	May, 2019	0	0	G	→		
			Apr, 2019		0	G			
		IAPT People Completing Treatment Who Move To Recovery (Q)	May, 2019	50.00%	53.89%	G	→		
			Apr, 2019		54.05%	G			
		Physical Health - Cardio-Metabolic - Inpatient (Q)							
		Physical Health - Cardio-Metabolic - EI (Q)							
		Physical Health - Cardio-Metabolic - on CPA (Community) (Q)							
		Out of Area - Number of Patients Non PICU (M)	May, 2019		19		↓		
			Apr, 2019		22				
		Out of Area - Number of Patients PICU (M)	May, 2019		28		↓		
			Apr, 2019		31				
		Out of Area - Average Per Day Non PICU (M)	May, 2019		9.3		↓		
			Apr, 2019		11.3				
		Out of Area - Average Per Day PICU (M)	May, 2019		15.9		↑		
			Apr, 2019		15.1				
		Written complaints – rate (Q)	Q42018/19		0.03		→		
			Q32018/19		0.03				
		Staff Friends and Family Test % recommended – care (Q)	Q4 2018/19	81%	76%	R	↑		
			Q3 2018/19		61%	R			
		Occurrence of any Never Event (M)	May, 2019	0	0	G	→		
			Apr, 2019		0	G			
		Patient Safety Alerts not completed by deadline (M)	May, 2019		1		→		
			Apr, 2019		1				
		CQC community mental health survey (A)	1905		6.9/10		↑		
			2017		7.3/10				
		Mental health scores from Friends and Family Test – % positive (M)	May, 2019	81%	97%	G	↑		
			Apr, 2019		96%	G			
		Potential under-reporting of patient safety incidents per 1000 bed days(M)	Apr18-Sep18		40.90	G	↑		
			Oct17-Mar18		36.10	G			
Workforce and Engagement	KPIs	Turnover (annual)	May, 2019	10.00%	10.44%	G	↑		
			Apr, 2019		10.32%	G			
		Sickness Absence (monthly)	May, 2019	5.00%	5.90%	R	↓		
			Apr, 2019		6.52%	R			
		Sickness Absence (annual)	May, 2019	5.00%	6.07%	R	↑		
			Apr, 2019		5.99%	R			
		Vacancies (funded fte)	May, 2019		10.26%		↑		
			Apr, 2019		10.15%				
		Appraisals All Staff (number of employees who have received an appraisal in the previous 12 months)	May, 2019	90.00%	77.85%	R	↑		
			Apr, 2019		74.43%	R			
		Medical Appraisals (number of medical employees who have received an appraisal in the previous 12 months)	May, 2019	90.00%	99.00%	G	↑		
			Apr, 2019		98.00%	G			
		Compulsory Training (staff in-date)	May, 2019	85.00%	85.91%	G	↑		
			Apr, 2019		85.48%	G			
		NHS Staff Survey (A)	Work		60.92%				
			Treatment		72.77%				

Key:

Period Current Month / Previous Month

Achieving target
Not achieving target
Within tolerance
No Target Set

Target

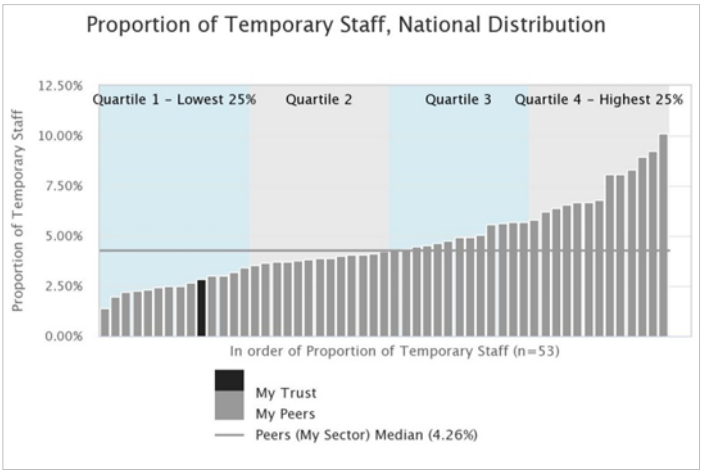
↑ → ↓ Trend compared to previous month/quarter with tolerance of 1%

1.1 Finance position

The overall finance risk rating score of a '1' is in line with plan. The Income and Expenditure variance to plan YTD is reporting behind plan due to the YTD overspend position. This is forecast to achieve the plan at the end of the financial year. There are significant risks to achieving the control total due to known and emerging cost pressures which are currently being appraised and plans are being developed to mitigate those pressures.

Comparing the actual expenditure on Agency to the ceiling, we are below the ceiling value by £42k at the end of May. This generates '1' on this metric within the finance score. The agency expenditure is forecast to be below the ceiling at the end of the financial year by £19k. The forecast also includes a level contingency spend for any unforeseen agency posts.

The agency expenditure equates to 2.6% of pay budgets at the end of May and 2.8% at the end of the financial year. Published on the Model Hospital is data for March 2019 which compares our percentage of agency costs of 2.8% against the peer median of 4.3% and the national median of 4.3%.



1.2 Inappropriate out of area adult placements (non-PICU)

The number of patients whom the Trust admitted to out of area beds in May reduced slightly to an average of around 11 patients on any given day. The Trust has continued to participate in the NHS Improvement regional learning collaborative that is focused on supporting Trusts to reduce out of area placements, with the final workshop scheduled to take place in July. A paper was prepared for Trust Management Team and commissioners which included an overarching project plan for eliminating out of area placements and a work plan reflecting key deliverables over the next two years. This programme of work has been approved by the CCG (Clinical Commissioning Group) and STP (Sustainability and Transformation Partnership) Delivery Board.

The Trust is in the process of recruiting a Programme Manager to lead this programme of transformation. A project Board is now established which is reviewing progress against all projects contributing to elimination of out of area placements.

1.3 People position

Work is ongoing across all Divisions in the Trust to tackle increasing levels of sickness absence, particularly in the inpatient areas. The main reason for sickness absence is stress and anxiety, which accounted for 33% of all sickness absence during May 2019. Through Employee Relations and support where necessary from Divisional People Leads (DPLs), focus is particularly aimed at long term sickness cases and what support is in place to either support the employee back to work in a more timely way or to look at alternative solutions. Each case is treated individually working within policy and where available with staff side support. Progress is being made in reducing the number of long term sickness cases, however the emphasis continues to focus in this area as new cases come through. The attendance masterclasses are up and running and it is mandatory that all line managers attend this training to support proactive management in this area.

Compulsory training compliance is running at 86% and appraisals at 78%. Through performance reviews Divisions are asked to focus with support from their DPL's at their particular teams who are appearing in our hotspot data which includes sickness, compulsory training compliance and appraisal completion.

The Trust vacancy rate includes funded FTE (Full Time Equivalent) surplus for flexibility, including sickness and annual leave cover and is currently running at 10.3%, a decrease of 1.7% compared to May 2018. During the last twelve months (June 2018 to May 2019) 326 people have joined the Trust through external recruitment and 265 employees have left the Trust, which included 75 retirements.

Targeted recruitment has been taking place over the last quarter to fill the hard to recruit areas, in particular this refers to inpatient acute areas where the People Resourcing team has been working closely with operational colleagues to chase at each stage of the recruitment process through the 'Trac' recruitment system. Weekly updates have been escalated to senior colleagues and any blockages e.g. shortlisting delays etc have been investigated and are now being resolved in a more timely way.

There continues to be pressure from inpatient areas where turnover is higher than average and where sickness levels are also high, leading to staff choosing to move to community posts, not necessarily leaving the Trust. Work is ongoing to develop different approaches to aid retention in these areas and further updates will be reported once these are in process.

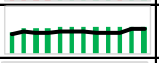
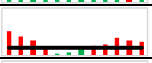
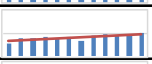
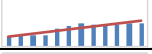
1.4 Corporate workforce performance

	Apr-19	May-19		Apr-19	May-19
Annual Turnover (Target 8-12%)	10.4%	10.4%	Appraisal Completion (Target 90%)	74.4%	77.9%
Corporate Services	7.5%	7.6%	Corporate Services	71.3%	69.1%
Business Improvement + Transformation	25.0%	25.0%	Business Improvement + Transformation	14.3%	21.4%
Corporate Central	13.0%	12.5%	Corporate Central	86.2%	76.7%
Estates + Facilities	6.7%	6.6%	Estates + Facilities	79.6%	74.0%
Finance Services	0.0%	0.0%	Finance Services	90.9%	90.9%
Med Education & CRD	2.2%	2.2%	Med Education & CRD	33.3%	37.5%
Nursing + Quality	3.8%	3.8%	Nursing + Quality	41.2%	47.1%
Ops Support	12.4%	13.1%	Ops Support	87.8%	83.9%
IT,rmation Management + Patient Records	10.0%	9.8%	IT,rmation Management + Patient Records	97.6%	100.0%
Ops Management	16.7%	16.7%	Ops Management	50.0%	50.0%
Pharmacy	14.3%	16.2%	Pharmacy	82.4%	71.1%
Operational Services	10.9%	10.9%	Operational Services	75.0%	79.6%
Campus	9.8%	9.2%	Campus	74.3%	75.9%
Central Services	11.6%	12.2%	Central Services	73.1%	78.2%
Children's Services	17.2%	18.1%	Children's Services	75.9%	80.8%
Clinical Serv Management	3.1%	3.1%	Clinical Serv Management	84.4%	81.3%
Complex Care	0.0%	0.0%	Complex Care	25.0%	75.0%
Neighbourhood	8.0%	7.7%	Neighbourhood	76.4%	83.7%

	Apr-19	May-19		Apr-19	May-19
Bank Usage (Target 4.98%)	6.2%	5.2%	Agency Usage (Target 1.9%)	1%	1%
Corporate Services	2.1%	1.3%	Corporate Services	1%	1%
Business Improvement + Transformation	0.0%	0.0%	Business Improvement + Transformation	0%	0%
Corporate Central	0.0%	0.0%	Corporate Central	3%	3%
Estates + Facilities	2.9%	2.6%	Estates + Facilities	2%	1%
Finance Services	0.0%	0.0%	Finance Services	0%	0%
Med Education & CRD	0.0%	0.0%	Med Education & CRD	0%	0%
Nursing + Quality	2.8%	0.3%	Nursing + Quality	0%	0%
Ops Support	1.4%	0.7%	Ops Support	0%	0%
IT,rmation Management + Patient Records	0.0%	0.0%	IT,rmation Management + Patient Records	0%	0%
Ops Management	0.0%	0.0%	Ops Management	0%	0%
Pharmacy	3.2%	1.7%	Pharmacy	0%	0%
Operational Services	7.1%	6.1%	Operational Services	1%	1%
Campus	16.2%	13.5%	Campus	1%	1%
Central Services	2.2%	2.0%	Central Services	0%	0%
Children's Services	2.0%	1.5%	Children's Services	1%	1%
Clinical Serv Management	0.0%	0.9%	Clinical Serv Management	0%	0%
Complex Care	0.0%	0.0%	Complex Care	8%	15%
Neighbourhood	1.6%	1.6%	Neighbourhood	2%	2%

	Apr-19	May-19		Apr-19	May-19
Sickness Absence (Target 5%)	6.5%	5.9%	Compulsory Training (Target 85%)	85.5%	85.9%
Corporate Services	5.0%	4.1%	Corporate Services	86.9%	85.1%
Business Improvement + Transformation	0.8%	5.4%	Business Improvement + Transformation	84.9%	85.7%
Corporate Central	0.9%	1.3%	Corporate Central	78.3%	78.3%
Estates + Facilities	7.4%	5.9%	Estates + Facilities	86.5%	84.8%
Finance Services	9.7%	6.5%	Finance Services	97.1%	95.2%
Med Education & CRD	1.6%	0.2%	Med Education & CRD	78.9%	77.5%
Nursing + Quality	6.5%	5.8%	Nursing + Quality	85.3%	85.1%
Ops Support	2.8%	2.2%	Ops Support	94.4%	89.4%
IT,rmation Management + Patient Records	1.2%	3.1%	IT,rmation Management + Patient Records	99.3%	95.9%
Ops Management	12.8%	0.0%	Ops Management	87.0%	87.0%
Pharmacy	1.9%	1.6%	Pharmacy	89.2%	81.9%
Operational Services	6.8%	6.3%	Operational Services	85.2%	86.1%
Campus	7.9%	7.0%	Campus	83.8%	84.7%
Central Services	5.8%	6.8%	Central Services	87.7%	88.6%
Children's Services	6.4%	5.6%	Children's Services	83.1%	84.6%
Clinical Serv Management	8.5%	3.5%	Clinical Serv Management	77.2%	79.3%
Complex Care	N/A	0.0%	Complex Care	86.1%	83.3%
Neighbourhood	6.3%	5.9%	Neighbourhood	86.8%	87.4%

2. Strategy Delivery

Category	Metric	Period	Target	Actual	Variance	Trend	Last 12 Months	DQ
Finance Scorecard	Finance Scorecard	YTD	1	1	G	→		
		Forecast	1	1	G	→		
	Control Total position £000	YTD	505	492	R	↑		
		Forecast	1800	1800	G	↑		
	CIP achievement £m	YTD	0.883	0.763	R	↑		
		Forecast	4.598	4.598	G	→		
		Recurrent	3.016	3.297	G	↑		
	Agency £m	YTD	0.505	0.462	G	↑		
		Forecast	3.030	3.011	G	→		
	Cash £m	YTD	25.661	27.964	G	↑		
		Forecast	26.128	26.128	G	↓		
Quality and Operations Scorecard	RTT Incomplete Within 18 Weeks (%)	May, 2019	92%	93.3%	G	→		
		Apr, 2019		92.9%	G			
	CPA Review in last 12 Months (on CPA > 12 Months)	May, 2019	95%	95.0%	G	→		
		Apr, 2019		95.0%	R			
	Delayed Transfers of Care (%)	May, 2019	0.8%	1.44%	R	→		
		Apr, 2019		1.62%	R			
	North Neighbourhood Average Wait (weeks)	May, 2019		10.5		↑		
		Apr, 2019		8.0				
	North Neighbourhood Current Waits (number)	May, 2019		1814		↑		
		Apr, 2019		1797				
	City Neighbourhood Average Wait (weeks)	May, 2019		8.2		↓		
		Apr, 2019		8.8				
	City Neighbourhood Current Waits (number)	May, 2019		1517		↑		
		Apr, 2019		1445				
	South Neighbourhood Average Wait (weeks)	May, 2019		9.5		↑		
		Apr, 2019		8.5				
	South Neighbourhood Current Waits (number)	May, 2019		1857		↑		
		Apr, 2019		1794				
	CAMHS Average Wait (weeks)	May, 2019		9.9		↓		
		Apr, 2019		10.9				
	CAMHS Current Waits (number)	May, 2019		946		↑		
		Apr, 2019		944				
	Community Paediatrics Average Wait (weeks)	May, 2019		18.3		↓		
		Apr, 2019		20.0				
	Community Paediatrics Current Waits (number)	May, 2019		887		↓		
		Apr, 2019		889				
	Number of Adult Acute Inpatients (Hartington and Radbourne) LoS > 50 Days	May, 2019		71		↓		
		Apr, 2019		73				
	Health Visiting 0-19 Caseload (based on 50.8 WTE)	May, 2019	250	330	R	↑		
		Apr, 2019		328	R			
	Distinct LD Caseload	May, 2019		1031		↓		
		Apr, 2019		1049				
	Distinct Substance Misuse Caseload	May, 2019		5590		↑		
		Apr, 2019		5498				
	RTT Incomplete Within 18 Weeks inc Paediatrics (%)							
Workforce and Engagement Scorecard	RETAIN - Staff engagement score	2018 Annual	To see an improvement in the staff engagement score	0.540	G	↑		
		2017 Annual		0.450				
		Q2 Sep 2018		76%	G	↑		
		Q1 Jun 2018		74%				
	DEVELOP - Recruitment of preceptorship staff	2018/19	Number of students recruited into preceptorship	50	R	↓		
		2017/18		52				
	ATTRACT - Retention of preceptorship staff	2018 Annual	Number of students recruited into preceptorship who stay for at least one year	96%	G	↑		
		2017 Annual		85%				
	LEADERSHIP & MANAGEMENT - Employee relations cases	Q4 Mar 2019	To see a reduction in the number of cases	31	G	↓		
		Q3 Dec 2018		34	G			
		Q2 Sep 2018		34	G			
		Q1 Jun 2018		40				

Key:

Period Month
Previous Month

Achieving target
Not achieving target
No Target Set

Target
Trend

↑ → ↓ Trend compared to previous month with tolerance of 1%

2.1 Control Total

At the end of May the surplus was behind plan by £13k which has reduced due to the favourable in month variance. The Trust resubmitted its financial plan on 15 May as requested by NHS Improvement in light of additional income to fund Agenda for Change cost pressures. Therefore this month the planned surplus has increased to £1.8m from £1.4m.

The forecast assumes the plan of £1.8m is achieved which assumes the CIP (Cost Improvement Programme) plan is delivered in full. However, there are significant risks to achieving the control total due to known and emerging cost pressures which are currently being appraised and plans are being developed to mitigate those pressures.

2.2 Cost Improvement Programme

The plan submission identified schemes for £4.1m against a target of £4.6m, leaving an unidentified gap of £0.5m. At month 2 the gap has been reduced to £0.4m.

As at month 2 CIP has been transacted in the ledger totalling £3.6m for the full year, leaving a balance in the ledger of £1.04m. The forecast assumes that the identified schemes will deliver in full and that the current gap of £0.4m will be closed.

Plans to close the gap will be presented to Finance and Performance Committee during July.

2.3 Delayed Transfers of Care

Currently there are 3 patients whose discharges are being delayed. We continue to work with relevant partners to address and minimise delays to avoid unnecessary waits in beds and have internal improved escalation processes. NHS England have recently advised that our target threshold for delayed transfers is 3.5%, which is a level we consistently achieve.

2.4 Neighbourhood Waiting Lists

As reported previously, the number of referrals received has been steadily increasing over time. This is likely to continue in line with population growth. A clinical strategy is under development for both working age and older adult community mental health services.

Service Managers in all areas review their waiting lists regularly and Area Service Managers review at management meetings. Datix is used to report growing wait lists in specific areas. All teams prioritise inpatient and crisis referrals for allocation; because of this there is a group of patients of lower priority need who are waiting longer, most of whom are open to outpatients and therefore reviewed by medics during their wait for care coordination.

The Waiting Well Protocol has recently been reviewed and teams are working towards compliance with the changes that this has generated. Patients awaiting allocation are written to advising of who to contact should their condition deteriorate and duty workers can be contacted to escalate need for more urgent interventions. Work is currently underway to develop the system to provide assurance regarding compliance with the protocol.

2.5 CAMHS Waiting List

The planned review of CAMHS (Child and Adolescent Mental Health Service) by the CCG is still placed on hold. The CCG have advised that they will recommence it for completion by March 2020. Meanwhile, we have submitted an investment proposal as requested by the CCG to add resource to the CAMHS supported care service.

Weekly monitoring is in place to review progress in reducing the external waits for first assessment. CAMHS ASIST is currently offering 20 assessments per week to manage the external referrals. This has increased to circa 27 assessments per week from May 2019 which we anticipate will have a positive impact on the waiting list. Staff wellbeing and workload is an important consideration here and is being monitored

by local management. Internal waits for therapy such as CBT have improved, however pressure remains in the neurodevelopmental assessment and support services in CAMHS. Any investment will help supplement this. Waiting well standards are being developed for CAMHS.

2.6 Paediatric Waiting List

As reported in the last 3 months, the CCG have suggested that a joint working group be set up and we proactively responded with suggested representatives and dates. We have written to the CCG for confirmation on when this will commence. We continue to working internally to maximise current capacity, respond to referrals and actively reduce long waits and review the 18 week referral to treatment process and reporting.

The improvement plan presented at May's Finance and Performance Commiteee continues to be delivered. Progress aginst the plan will be presented at November's committee.

2.7 Health Visitor Caseloads

Caseloads and staffing have been reviewed. Findings are being considered and options will be explored with commissioners in due course. The safeguarding workload remains high and of concern in this service and rising demand is being discussed with commissioners to seek to find a satisfactory resolution.

Recruitment to vacancies is underway, and confirmation of 3 Health Visitor training places , commencing in September 2019, has recently been received and recruitment for trainees is also underway. We are looking forward to our 3 health visitor students qualifying in September taking up substantive posts.

3. Benchmarking

3.1 Friends and Family Test (April 2019)

Trust Code	Trust Name	Total Responses	Total Eligible	Percentage Recommended
	England (including Independent Sector Providers)	**21,597**	**672,743**	**90%**
	England (excluding Independent Sector Providers)	**20,713**	**658,125**	**89%**
	Selection (excluding suppressed data)	**21,597**	**672,743**	**90%**
RKL	WEST LONDON NHS TRUST	0	7,994	NA
RR7	GATESHEAD HEALTH NHS FOUNDATION TRUST	90	308	100%
AM5	OUTLOOK SW LTD	15	5,186	100%
R0B	SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST	294	1,053	99%
NNF	CITY HEALTH CARE PARTNERSHIP CIC	248	2,642	98%
TAJ	BLACK COUNTRY PARTNERSHIP NHS FOUNDATION TRUST	174	7,796	97%
R1F	ISLE OF WIGHT NHS TRUST	27	3,550	96%
RXM	DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST	343	15,948	96%
RTV	NORTH WEST BOROUGHS HEALTHCARE NHS FOUNDATION TRUST	350	12,385	96%
TAH	SHEFFIELD HEALTH & SOCIAL CARE NHS FOUNDATION TRUST	237	9,632	96%
RHA	NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST	301	17,270	96%
RNK	TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST	23	3,157	96%
RH5	SOMERSET PARTNERSHIP NHS FOUNDATION TRUST	46	5,230	96%
NQL	NAVIGO HEALTH AND SOCIAL CARE CIC	194	2,608	95%
RDY	DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST	717	8,521	95%
RXG	SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST	174	3,217	94%
RXY	KENT AND MEDWAY NHS AND SOCIAL CARE PARTNERSHIP TRUST	589	13,056	94%
RXL	BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	81	1,653	94%
RWV	DEVON PARTNERSHIP NHS TRUST	454	4,249	94%
TAF	CAMDEN AND ISLINGTON NHS FOUNDATION TRUST	180	1,908	93%
RNN	CUMBRIA PARTNERSHIP NHS FOUNDATION TRUST	155	4,268	93%
RW4	MERSEY CARE NHS FOUNDATION TRUST	454	12,994	93%
RNU	OXFORD HEALTH NHS FOUNDATION TRUST	968	10,879	92%
RAL	ROYAL FREE LONDON NHS FOUNDATION TRUST	39	133	92%
RW1	SOUTHERN HEALTH NHS FOUNDATION TRUST	363	11,117	92%
RW5	LANCASHIRE CARE NHS FOUNDATION TRUST	372	26,268	92%
R1C	SOLENT NHS TRUST	153	1,699	92%
RWK	EAST LONDON NHS FOUNDATION TRUST	604	16,100	91%
RRP	BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST	593	8,612	91%
RXT	BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST	548	17,931	91%
RT5	LEICESTERSHIRE PARTNERSHIP NHS TRUST	118	11,309	91%
NR5	LIVEWELL SOUTHWEST	293	2,279	90%
RY4	HERTFORDSHIRE COMMUNITY NHS TRUST	20	673	90%
RXX	SURREY AND BORDERS PARTNERSHIP NHS FOUNDATION TRUST	329	9,190	90%
RY6	LEEDS COMMUNITY HEALTHCARE NHS TRUST	138	932	90%
RAT	NORTH EAST LONDON NHS FOUNDATION TRUST	617	18,412	90%
RT1	CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST	320	6,555	89%
RV9	HUMBER TEACHING NHS FOUNDATION TRUST	159	4,539	89%
RTF	NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	28	242	89%
NV2	THE HUNTERCOMBE GROUP	37	650	89%
RVN	AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST	969	5,830	89%
RXE	ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST	137	19,470	89%
RV3	CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST	825	24,408	89%
NDK	FRESHNEY PELHAM CARE LIMITED	9	10	89%
RMY	NORFOLK AND SUFFOLK NHS FOUNDATION TRUST	187	14,369	89%
RJ8	CORNWALL PARTNERSHIP NHS FOUNDATION TRUST	124	4,211	89%
RX4	NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST	679	27,407	89%
R1L	ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	160	11,643	88%
RT2	PENNINE CARE NHS FOUNDATION TRUST	352	13,996	88%
RP1	NORTHAMPTONSHIRE HEALTHCARE NHS FOUNDATION TRUST	533	6,164	88%
RX3	TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST	1,995	84,306	88%
RP7	LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST	734	3,440	87%
NWX	HERE	76	692	87%
RWR	HERTFORDSHIRE PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	448	12,557	87%
RWX	BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	657	3,515	87%
RLY	NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST	298	2,233	87%
RX2	SUSSEX PARTNERSHIP NHS FOUNDATION TRUST	149	15,583	87%
TAD	BRADFORD DISTRICT CARE NHS FOUNDATION TRUST	66	8,181	86%
RCU	SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST	34	687	85%
RXA	CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST	121	9,279	84%
RPG	OXLEAS NHS FOUNDATION TRUST	413	8,823	84%
RV5	SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST	650	33,871	83%
RYG	COVENTRY AND WARWICKSHIRE PARTNERSHIP NHS TRUST	81	10,337	81%
RBS	ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	125	916	81%
RRE	MIDLANDS PARTNERSHIP NHS FOUNDATION TRUST	249	11,805	80%
R1A	WORCESTERSHIRE HEALTH AND CARE NHS TRUST	290	2,213	80%
RQY	SOUTH WEST LONDON AND ST GEORGE'S MENTAL HEALTH NHS TRUST	128	16,180	77%
RGD	LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST	12	7,035	75%
NMJ	CYGNET HEALTH CARE LIMITED	8	422	75%
RXV	GREATER MANCHESTER MENTAL HEALTH NHS FOUNDATION TRUST	123	13,239	68%
RYK	DUDLEY AND WALSALL MENTAL HEALTH PARTNERSHIP NHS TRUST	108	7,608	68%

Data source: https://www.england.nhs.uk/publication/friends-and-family-test-data-april-2019/

Neighbourhood Division are working towards utilising this information in a much more transparent way. The Friends and Family returns are now reviewed on a regular basis. Any concerns are shared with the relevant service areas who are asked to consider whether changes to services are required as a result of the comments made. Often positive comments mention individual clinicians and these are shared with the relevant clinician directly to ensure that they receive the acknowledgement and praise made by our service users.

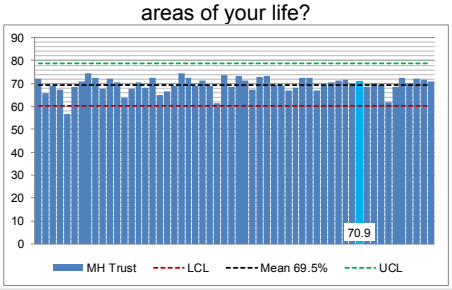
3.2 Outpatient referrals and rate of non-attendance (Quarter 4, 2018/19)

Org Name	GP Referrals Made	Other Referrals Made	First Attendances Seen	First Attendances DNA	Subsequent Attendances Seen	Subsequent Attendances DNA	Referrals	DNA Rate
LEICESTERSHIRE PARTNERSHIP NHS TRUST	236	282	307	77	909	286	518	23%
BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST	-	-	792	170	2,604	664	-	20%
NORTH WEST BOROUGHS HEALTHCARE NHS FOUNDATION TRUST	1,917	-	1,188	246	12,471	2,762	1,917	18%
BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST	1,310	2,511	3,187	907	19,513	3,952	3,821	18%
PENNINE CARE NHS FOUNDATION TRUST	13	-	1,167	217	4,522	973	13	17%
DUDLEY AND WALSALL MENTAL HEALTH PARTNERSHIP NHS TRUST	1,149	612	1,172	285	6,513	1,255	1,761	17%
ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	-	1,266	810	170	2,613	512	1,266	17%
CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST	-	-	328	55	1,576	319	-	16%
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST	81	2,639	1,998	471	7,192	1,287	2,720	16%
CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST	127	516	154	26	713	127	643	15%
NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST	98	277	306	81	3,016	502	375	15%
BLACK COUNTRY PARTNERSHIP NHS FOUNDATION TRUST	469	1,426	1,857	349	5,572	848	1,895	14%
COVENTRY AND WARWICKSHIRE PARTNERSHIP NHS TRUST	572	225	681	105	1,014	156	797	13%
NORTH EAST LONDON NHS FOUNDATION TRUST	463	2,028	2,292	35	5,958	1,214	2,491	13%
SOUTHERN HEALTH NHS FOUNDATION TRUST	887	36	963	135	2,563	358	923	12%
SOMERSET PARTNERSHIP NHS FOUNDATION TRUST	48	31	380	63	1,527	197	79	12%
CUMBRIA PARTNERSHIP NHS FOUNDATION TRUST	237	306	393	60	1,033	119	543	11%
MIDLANDS PARTNERSHIP NHS FOUNDATION TRUST	1,336	696	2,369	244	5,247	710	2,032	11%
OXLEAS NHS FOUNDATION TRUST	26	144	331	39	409	49	170	11%
MERSEY CARE NHS FOUNDATION TRUST	3,667	2,674	1,458	417	8,350	746	6,341	11%
SOUTH WEST LONDON AND ST GEORGE'S MENTAL HEALTH NHS TRUST	3,607	5,420	6,320	570	63,024	7,580	9,027	11%
SOLENT NHS TRUST	1,199	1,524	879	123	3,779	410	2,723	10%
BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	244	372	515	118	983	52	616	10%
CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST	345	458	407	77	1,218	82	803	9%
HUMBER TEACHING NHS FOUNDATION TRUST	413	64	388	37	446	40	477	8%
WORCESTERSHIRE HEALTH AND CARE NHS TRUST	2,647	2,006	1,716	172	3,972	303	4,653	8%
NORTHAMPTONSHIRE HEALTHCARE NHS FOUNDATION TRUST	27	483	283	35	649	41	510	8%
DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST	1,651	198	1,229	82	1,640	141	1,849	7%
ISLE OF WIGHT NHS TRUST	8,325	8,334	13,658	1,117	21,802	1,549	16,659	7%
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	15,178	11,781	29,872	1,826	68,943	4,600	26,959	6%
CORNWALL PARTNERSHIP NHS FOUNDATION TRUST	309	218	483	5	-	-	527	1%
BRADFORD DISTRICT CARE NHS FOUNDATION TRUST	636	-	362	-	-	-	636	0%
NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST	-	45	32	-	79	-	45	0%
EAST LONDON NHS FOUNDATION TRUST	3,533	1,994	7,991	-	-	-	5,527	0%
KENT AND MEDWAY NHS AND SOCIAL CARE PARTNERSHIP TRUST	-	-	-	-	-	-	-	-

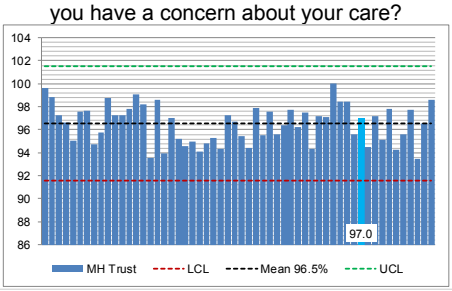
Data source: https://www.england.nhs.uk/statistics/statistical-work-areas/hospital-activity/quarterly-hospital-activity/qar-data/

3.3 Mental Health Community Survey 2018/19 (DHCFT = ■)

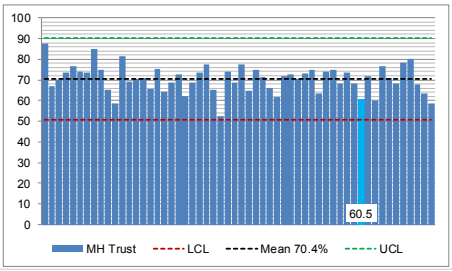
Did the person or people you saw understand how your mental health needs affect other areas of your life?



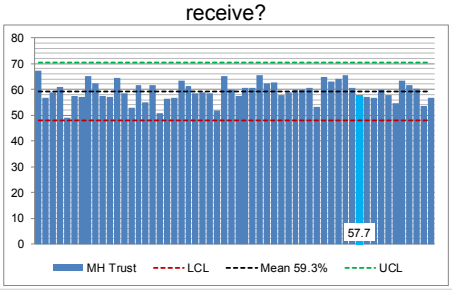
Do you know how to contact the person in charge of organising your care and services if you have a concern about your care?



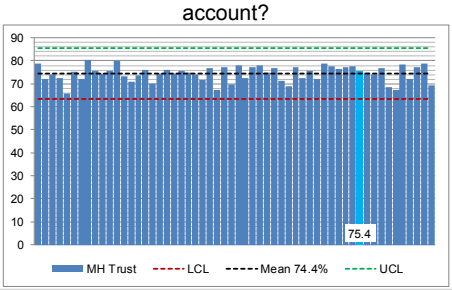
Do you know who to contact out of hours if you have a crisis?



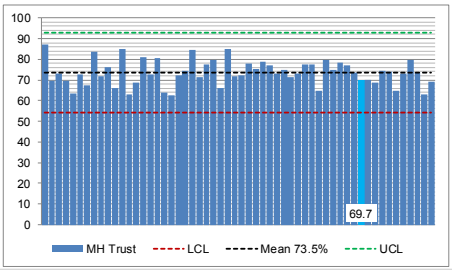
Have you agreed with someone from NHS mental health services what care you will receive?



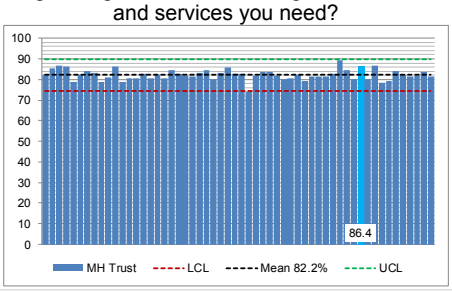
Does this agreement on what care you will receive take your personal circumstances into account?



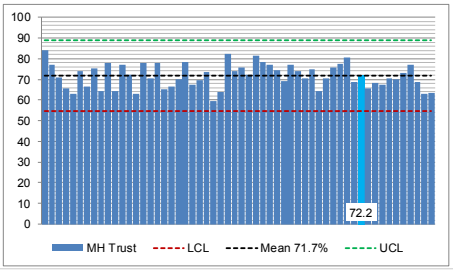
Have you been told who is in charge of organising your care and services?



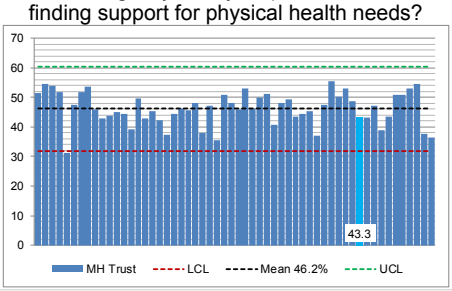
How well does this person in charge of organising care & services organise the care and services you need?



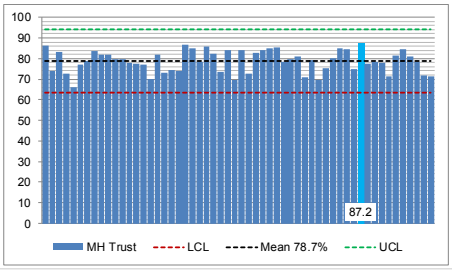
In the last 12 months have you had a formal meeting to discuss how your care is working?



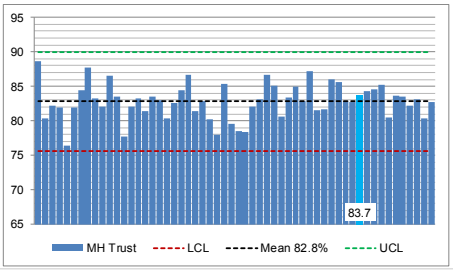
In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs?



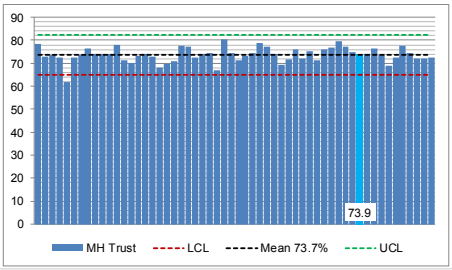
In the last 12 months, have your medicines been reviewed?



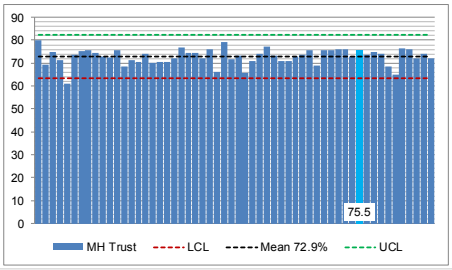
Overall in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?



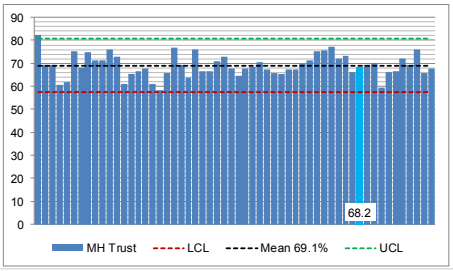
Were you given enough time to discuss your needs and treatment?



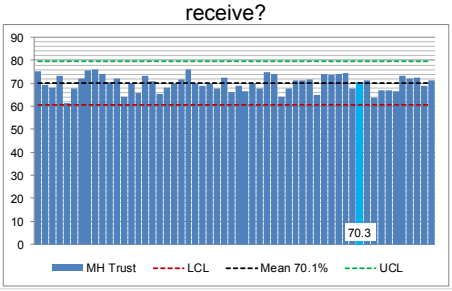
Were you involved as much as you wanted to be in agreeing what care you will receive?



Were you involved as much as you wanted to be in deciding what NHS therapies to use?



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



Data source: https://www.england.nhs.uk/statistics/statistical-work-areas/pat-exp/sup-info/

3.4 Delayed transfers of care

	Delayed Days			
Name	**NHS**	**Social Care**	**Both**	**Total**
England	82,964	35,810	12,068	130,842
East Kent Hospitals University NHS Foundation Trust	2,859	25	31	2,915
Manchester University NHS Foundation Trust	1,448	1,204	114	2,766
University Hospitals Birmingham NHS Foundation Trust	1,218	1,169	235	2,622
Barts Health NHS Trust	1,672	392	6	2,070
University Hospital Southampton NHS Foundation Trust	821	921	327	2,069
University Hospitals Of North Midlands NHS Trust	2,009	27	0	2,036
Lancashire Teaching Hospitals NHS Foundation Trust	681	1,131	144	1,956
York Teaching Hospital NHS Foundation Trust	1,203	530	0	1,733
Hampshire Hospitals NHS Foundation Trust	852	341	446	1,639
Oxford University Hospitals NHS Foundation Trust	1,035	104	487	1,626
University Hospitals Coventry And Warwickshire NHS Trust	1,130	238	232	1,600
Southern Health NHS Foundation Trust	446	822	221	1,489
Nottingham University Hospitals NHS Trust	1,416	20	41	1,477
Royal Cornwall Hospitals NHS Trust	858	588	27	1,473
Frimley Health NHS Foundation Trust	819	438	161	1,418
South Tees Hospitals NHS Foundation Trust	1,286	122	0	1,408
Mersey Care NHS Foundation Trust	887	268	204	1,359
North West Anglia NHS Foundation Trust	1,209	90	18	1,317
Leeds And York Partnership NHS Foundation Trust	761	54	498	1,313
Cambridge University Hospitals NHS Foundation Trust	925	281	105	1,311
North Bristol NHS Trust	645	503	148	1,296
Oxford Health NHS Foundation Trust	444	159	680	1,283
Gloucestershire Hospitals NHS Foundation Trust	421	607	254	1,282
University Hospitals Of Derby And Burton NHS Foundation Trust	800	413	35	1,248
Mid Yorkshire Hospitals NHS Trust	1,129	98	0	1,227
Cornwall Partnership NHS Foundation Trust	545	422	260	1,227
Dorset Healthcare University NHS Foundation Trust	661	145	391	1,197
Leeds Teaching Hospitals NHS Trust	1,173	1	0	1,174
Birmingham And Solihull Mental Health NHS Foundation Trust	826	94	248	1,168
Brighton And Sussex University Hospitals NHS Trust	721	233	192	1,146
East Suffolk And North Essex NHS Foundation Trust	737	356	29	1,122
Northampton General Hospital NHS Trust	354	628	121	1,103

	Delayed Days			
Name	NHS	Social Care	Both	Total
Sussex Partnership NHS Foundation Trust	595	450	52	1,097
London North West University Healthcare NHS Trust	588	396	49	1,033
Buckinghamshire Healthcare NHS Trust	969	54	0	1,023
Royal Devon And Exeter NHS Foundation Trust	781	225	0	1,006
Sheffield Teaching Hospitals NHS Foundation Trust	466	302	226	994
Great Western Hospitals NHS Foundation Trust	803	151	31	985
Portsmouth Hospitals NHS Trust	690	178	106	974
Greater Manchester Mental Health NHS Foundation Trust	641	246	68	955
Kettering General Hospital NHS Foundation Trust	450	451	49	950
Guy's And St Thomas' NHS Foundation Trust	506	239	204	949
Birmingham Community Healthcare NHS Foundation Trust	447	461	33	941
Pennine Care NHS Foundation Trust	398	337	166	901
Maidstone And Tunbridge Wells NHS Trust	522	361	10	893
Salford Royal NHS Foundation Trust	570	305	6	881
Royal United Hospitals Bath NHS Foundation Trust	593	269	0	862
Worcestershire Health And Care NHS Trust	479	202	179	860
Pennine Acute Hospitals NHS Trust	573	272	12	857
Rotherham Doncaster And South Humber NHS Foundation Trust	294	432	126	852
Kent And Medway NHS And Social Care Partnership Trust	215	539	97	851
East Sussex Healthcare NHS Trust	684	162	0	846
Norfolk And Norwich University Hospitals NHS Foundation Trust	377	435	32	844
University Hospitals Of Morecambe Bay NHS Foundation Trust	406	435	0	841
Hull University Teaching Hospitals NHS Trust	473	359	5	837
University Hospitals Bristol NHS Foundation Trust	292	341	199	832
Royal Berkshire NHS Foundation Trust	552	154	125	831
East Lancashire Hospitals NHS Trust	607	117	82	806
Norfolk And Suffolk NHS Foundation Trust	423	319	61	803
North Cumbria University Hospitals NHS Trust	410	231	162	803
University Hospitals Plymouth NHS Trust	705	84	7	796
Western Sussex Hospitals NHS Foundation Trust	738	53	0	791
Leicestershire Partnership NHS Trust	503	122	150	775
Countess Of Chester Hospital NHS Foundation Trust	264	308	182	754
Stockport NHS Foundation Trust	280	440	9	729
Sherwood Forest Hospitals NHS Foundation Trust	689	35	0	724
Midlands Partnership NHS Foundation Trust	614	92	17	723
Barking, Havering And Redbridge University Hospitals NHS Trust	633	67	21	721
Cumbria Partnership NHS Foundation Trust	365	202	151	718
North West Boroughs Healthcare NHS Foundation Trust	212	346	140	698
Hertfordshire Partnership University NHS Foundation Trust	590	103	0	693
Central And North West London NHS Foundation Trust	516	143	30	689
The Royal Wolverhampton NHS Trust	264	421	0	685
Essex Partnership University NHS Foundation Trust	514	73	96	683
West Hertfordshire Hospitals NHS Trust	346	123	207	676
Tees, Esk And Wear Valleys NHS Foundation Trust	252	96	325	673
Sussex Community NHS Foundation Trust	368	253	42	663
South London And Maudsley NHS Foundation Trust	424	201	30	655
Royal Free London NHS Foundation Trust	447	202	0	649
Oxleas NHS Foundation Trust	332	223	90	645
Milton Keynes University Hospital NHS Foundation Trust	612	8	24	644
Royal Liverpool And Broadgreen University Hospitals NHS Trust	547	96	0	643
United Lincolnshire Hospitals NHS Trust	440	51	136	627
Blackpool Teaching Hospitals NHS Foundation Trust	231	301	81	613
Bedford Hospital NHS Trust	554	7	35	596
St Helens And Knowsley Teaching Hospitals NHS Trust	475	108	7	590
Luton And Dunstable University Hospital NHS Foundation Trust	481	20	71	572
Northern Lincolnshire And Goole NHS Foundation Trust	488	35	43	566
Dorset County Hospital NHS Foundation Trust	532	34	0	566
Avon And Wiltshire Mental Health Partnership NHS Trust	324	210	25	559
West Suffolk NHS Foundation Trust	330	107	116	553
Tameside And Glossop Integrated Care NHS Foundation Trust	166	381	0	547
Bolton NHS Foundation Trust	156	260	129	545
University College London Hospitals NHS Foundation Trust	385	159	0	544
Poole Hospital NHS Foundation Trust	457	80	0	537
Hertfordshire Community NHS Trust	408	116	4	528
Calderdale And Huddersfield NHS Foundation Trust	346	95	81	522
Mid Cheshire Hospitals NHS Foundation Trust	387	135	0	522
Torbay And South Devon NHS Foundation Trust	232	275	12	519
Worcestershire Acute Hospitals NHS Trust	286	13	216	515
Northumberland, Tyne And Wear NHS Foundation Trust	139	105	269	513
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	484	26	0	510
Kent Community Health NHS Foundation Trust	471	34	4	509
Northamptonshire Healthcare NHS Foundation Trust	181	311	16	508
Aintree University Hospital NHS Foundation Trust	481	25	0	506
Imperial College Healthcare NHS Trust	310	194	0	504
Norfolk Community Health And Care NHS Trust	321	139	34	494

	Delayed Days			
Name	NHS	Social Care	Both	Total
Cambridgeshire And Peterborough NHS Foundation Trust	354	88	50	492
Chelsea And Westminster Hospital NHS Foundation Trust	446	28	18	492
Warrington And Halton Hospitals NHS Foundation Trust	468	16	3	487
Wye Valley NHS Trust	205	278	0	483
The Walton Centre NHS Foundation Trust	273	186	0	459
Sandwell And West Birmingham Hospitals NHS Trust	251	204	0	455
The Royal Bournemouth And Christchurch Hospitals NHS Foundation Trust	453	0	0	453
Isle Of Wight NHS Trust	246	143	58	447
Croydon Health Services NHS Trust	173	267	0	440
Berkshire Healthcare NHS Foundation Trust	237	135	67	439
University Hospitals Of Leicester NHS Trust	435	0	0	435
St Martins Hospital	262	169	0	431
Csh Surrey	364	39	27	430
Somerset Partnership NHS Foundation Trust	249	173	7	429
Walsall Healthcare NHS Trust	366	62	0	428
Livewell Southwest	351	76	0	427
Wiltshire Health And Care	205	211	7	423
Nottinghamshire Healthcare NHS Foundation Trust	302	0	117	419
East Cheshire NHS Trust	218	198	0	416
Salisbury NHS Foundation Trust	175	231	0	406
King's College Hospital NHS Foundation Trust	147	185	68	400
Royal Surrey County Hospital NHS Foundation Trust	347	50	0	397
South Warwickshire NHS Foundation Trust	231	154	6	391
Homerton University Hospital NHS Foundation Trust	113	269	2	384
Medway NHS Foundation Trust	216	157	0	373
Nottingham Citycare Partnership	295	77	0	372
North Tees And Hartlepool NHS Foundation Trust	353	18	0	371
Devon Partnership NHS Trust	283	58	30	371
Kingston Hospital NHS Foundation Trust	317	44	0	361
West London NHS Trust	89	139	129	357
North East London NHS Foundation Trust	131	217	0	348
Solent NHS Trust	169	144	35	348
Lewisham And Greenwich NHS Trust	39	300	0	339
Southend University Hospital NHS Foundation Trust	192	95	40	327
Surrey And Sussex Healthcare NHS Trust	177	148	0	325
The Robert Jones And Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	259	56	0	315
The Dudley Group NHS Foundation Trust	115	74	120	309
Dartford And Gravesham NHS Trust	202	107	0	309
Coventry And Warwickshire Partnership NHS Trust	212	32	53	297
Shrewsbury And Telford Hospital NHS Trust	184	25	87	296
The Hillingdon Hospitals NHS Foundation Trust	268	27	0	295
Mid Essex Hospital Services NHS Trust	205	49	35	289
Barnet, Enfield And Haringey Mental Health NHS Trust	156	46	84	286
Epsom And St Helier University Hospitals NHS Trust	110	172	0	282
Sirona Care And Health	29	252	0	281
South Tyneside And Sunderland NHS Foundation Trust	195	77	4	276
Bradford Teaching Hospitals NHS Foundation Trust	219	55	0	274
Surrey And Borders Partnership NHS Foundation Trust	229	30	15	274
Gateshead Health NHS Foundation Trust	192	81	0	273
Weston Area Health NHS Trust	132	137	0	269
The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust	168	99	0	267
The Rotherham NHS Foundation Trust	133	129	0	262
The Princess Alexandra Hospital NHS Trust	227	31	0	258
Wirral University Teaching Hospital NHS Foundation Trust	172	84	0	256
Northern Devon Healthcare NHS Trust	101	149	1	251
Virgin Care Services Ltd	162	58	30	250
Wrightington, Wigan And Leigh NHS Foundation Trust	120	124	5	249
Doncaster And Bassetlaw Teaching Hospitals NHS Foundation Trust	151	92	0	243
Ashford And St Peter's Hospitals NHS Foundation Trust	162	77	0	239
Taunton And Somerset NHS Foundation Trust	151	80	8	239
East And North Hertfordshire NHS Trust	229	9	0	238
George Eliot Hospital NHS Trust	224	12	0	236
Cheshire And Wirral Partnership NHS Foundation Trust	188	30	0	218
James Paget University Hospitals NHS Foundation Trust	28	186	0	214
Basildon And Thurrock University Hospitals NHS Foundation Trust	127	43	31	201
Whittington Health NHS Trust	127	60	0	187
Southport And Ormskirk Hospital NHS Trust	183	0	0	183
North Middlesex University Hospital NHS Trust	160	15	0	175
Camden And Islington NHS Foundation Trust	0	105	60	165
East London NHS Foundation Trust	50	114	0	164
Lancashire Care NHS Foundation Trust	60	100	0	160
Chesterfield Royal Hospital NHS Foundation Trust	124	14	12	150
St George's University Hospitals NHS Foundation Trust	117	32	0	149
Sheffield Health And Social Care NHS Foundation Trust	0	30	119	149
Harrogate And District NHS Foundation Trust	101	40	0	141

	Delayed Days			
Name	**NHS**	**Social Care**	**Both**	**Total**
Anglian Community Enterprise Community Interest Company	76	64	0	140
North Staffordshire Combined Healthcare NHS Trust	130	1	6	137
Northumbria Healthcare NHS Foundation Trust	111	19	0	130
Royal Brompton And Harefield NHS Foundation Trust	108	18	0	126
Humber Teaching NHS Foundation Trust	66	60	0	126
Central London Community Healthcare NHS Trust	111	14	0	125
Birmingham Women's And Children's NHS Foundation Trust	90	30	0	120
South West London And St George's Mental Health NHS Trust	87	24	8	119
Derbyshire Healthcare NHS Foundation Trust	60	28	30	118
County Durham And Darlington NHS Foundation Trust	94	2	0	96
Lincolnshire Partnership NHS Foundation Trust	62	0	30	92
South West Yorkshire Partnership NHS Foundation Trust	32	0	60	92
2Gether NHS Foundation Trust	57	0	32	89
Gloucestershire Care Services NHS Trust	66	22	0	88
North Somerset Community Partnership Community Interest Company	12	76	0	88
Yeovil District Hospital NHS Foundation Trust	62	24	0	86
Airedale NHS Foundation Trust	79	6	0	85
Liverpool Heart And Chest Hospital NHS Foundation Trust	71	9	0	80
Derbyshire Community Health Services NHS Foundation Trust	66	0	0	66
Dudley And Walsall Mental Health Partnership NHS Trust	28	37	0	65
Hounslow And Richmond Community Healthcare NHS Trust	52	11	0	63
Black Country Partnership NHS Foundation Trust	0	30	30	60
Barnsley Hospital NHS Foundation Trust	32	21	0	53
First Community Health And Care Cic	32	15	0	47
Shropshire Community Health NHS Trust	18	24	2	44
Lincolnshire Community Health Services NHS Trust	29	1	7	37
Provide	30	0	0	30
The Royal Marsden NHS Foundation Trust	30	0	0	30
Royal National Orthopaedic Hospital NHS Trust	19	9	0	28
Royal Papworth Hospital NHS Foundation Trust	17	0	0	17
The Royal Orthopaedic Hospital NHS Foundation Trust	5	11	0	16
Navigo Health And Social Care Cic	14	0	0	14
The Clatterbridge Cancer Centre NHS Foundation Trust	7	3	0	10
Bradford District Care NHS Foundation Trust	8	0	0	8
The Christie NHS Foundation Trust	8	0	0	8
City Health Care Partnership Cic	7	0	0	7
East Coast Community Healthcare C.I.C	6	0	0	6
Queen Victoria Hospital NHS Foundation Trust	3	0	0	3
Moorfields Eye Hospital NHS Foundation Trust	0	0	0	0
John Taylor Hospice Charity	0	0	0	0
Leeds Community Healthcare NHS Trust	0	0	0	0
Liverpool Women's NHS Foundation Trust	0	0	0	0

Data source: https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/delayed-transfers-of-care-data-2019-20/

3.5 Mental Health Services Data Set Indicators (March 2019)

PRIMARY_LEVEL_DESCRIPTION	AMH01 - People in contact with adult mental health services at the end of RP	AMH02 - People in contact with adult mental health services on CPA at the end of RP	**Proportion of patients on CPA**	AMH03 - People in contact with adult mental health services on CPA aged 18-69 at the end of RP	AMH05 - People in contact with adult mental health services on CPA for 12 months at the end of RP	AMH06 - People in contact with adult mental health services on CPA for 12 months with review at the end of RP	**CPA review rate**	MH01 - People in contact with mental health services at the end of RP	MH08 - People in contact with mental health services subject to the MHA at the end of RP	**Proportion of patients subject to the MHA**
SOLENT NHS TRUST	3180	540	17%	375	340	315	93%	6620	55	0.8%
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	3505	80	2%	10	45	45	100%	3505	15	0.4%
ISLE OF WIGHT NHS TRUST	3510	425	12%	360	285	*		3510	35	1.0%
HUMBER TEACHING NHS FOUNDATION TRUST	6155	2460	40%	2025	1465	1325	90%	10080	170	1.7%
BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION TRUST	7280	850	12%	730	375	*		7365	*	
CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST	7375	1520	21%	1225	830	785	95%	9870	100	1.0%
WORCESTERSHIRE HEALTH AND CARE NHS TRUST	7625	940	12%	870	595	565	95%	9035	115	1.3%
CUMBRIA PARTNERSHIP NHS FOUNDATION TRUST	8280	1025	12%	920	590	520	88%	10340	10	0.1%
CORNWALL PARTNERSHIP NHS FOUNDATION TRUST	8415	3435	41%	2155	1380	1080	78%	10455	100	1.0%
SOMERSET PARTNERSHIP NHS FOUNDATION TRUST	8860	1790	20%	1065	660	570	86%	8880	75	0.8%
DUDLEY AND WALSALL MENTAL HEALTH PARTNERSHIP NHS TRUST	10195	1365	13%	1170	1060	*		14265	20	0.1%
CAMDEN AND ISLINGTON NHS FOUNDATION TRUST	10645	1905	18%	1770	1555	1365	88%	10645	415	3.9%
DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST	11005	2250	20%	1530	1095	955	87%	14565	255	1.8%
SHEFFIELD HEALTH & SOCIAL CARE NHS FOUNDATION TRUST	11355	1330	12%	1310	845	745	88%	11355	205	1.8%
NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST	11375	1450	13%	1315	925	890	96%	12940	120	0.9%
2GETHER NHS FOUNDATION TRUST	11880	1365	11%	1210	900	875	97%	15030	205	1.4%
BLACK COUNTRY PARTNERSHIP NHS FOUNDATION TRUST	12465	695	6%	665	695	*		15000	65	0.4%
ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST	13250	1880	14%	1685	1525	950	62%	17090	140	0.8%
WEST LONDON NHS TRUST	13285	2565	19%	2400	1840	1760	96%	16910	770	4.6%
OXFORD HEALTH NHS FOUNDATION TRUST	13400	4855	36%	4055	3470	1865	54%	26405	440	1.7%
BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST	13815	3200	23%	2830	2020	1940	96%	19080	555	2.9%
BRADFORD DISTRICT CARE NHS FOUNDATION TRUST	13880	3240	23%	2905	1885	1535	81%	14140	175	1.2%
LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST	14215	2165	15%	1945	1205	1015	84%	14375	360	2.5%
HERTFORDSHIRE PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	14660	2690	18%	2435	1430	1300	91%	18200	250	1.4%
NORTHAMPTONSHIRE HEALTHCARE NHS FOUNDATION TRUST	14940	1320	9%	945	710	555	78%	17260	120	0.7%
LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST	15160	1140	8%	930	435	335	77%	15255	110	0.7%
NORTH WEST BOROUGHS HEALTHCARE NHS FOUNDATION TRUST	15615	2735	18%	2155	1720	*		19345	165	0.9%
OXLEAS NHS FOUNDATION TRUST	15760	2130	14%	1700	1385	1355	98%	18465	175	0.9%
DEVON PARTNERSHIP NHS TRUST	16035	820	5%	695	560	*		16035	155	1.0%
SOUTHERN HEALTH NHS FOUNDATION TRUST	16175	2020	12%	1710	1100	850	77%	16175	410	2.5%
SOUTH WEST LONDON AND ST GEORGE'S MENTAL HEALTH NHS TRUST	16220	3135	19%	2790	1925	1890	98%	17565	395	2.2%
BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	16365	985	6%	860	595	505	85%	20725	90	0.4%
SURREY AND BORDERS PARTNERSHIP NHS FOUNDATION TRUST	16725	2705	16%	2565	1450	980	68%	26545	210	0.8%
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST	18650	2470	13%	2025	1790	1680	94%	20455	235	1.1%
NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST	19250	1885	10%	1545	930	895	96%	22220	670	3.0%
MIDLANDS PARTNERSHIP NHS FOUNDATION TRUST	19485	3975	20%	3540	2215	2090	94%	23950	195	0.8%
NORFOLK AND SUFFOLK NHS FOUNDATION TRUST	19800	4395	22%	3685	2340	220	9%	24835	370	1.5%
SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST	20805	3975	19%	3205	2490	30	1%	25995	*	
KENT AND MEDWAY NHS AND SOCIAL CARE PARTNERSHIP TRUST	21060	3010	14%	2580	1800	1600	89%	21060	350	1.7%
CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST	21700	2755	13%	2345	1875	985	53%	25805	340	1.3%
NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST	21800	3550	16%	3100	1755	1455	83%	29810	555	1.9%
LEICESTERSHIRE PARTNERSHIP NHS TRUST	21940	1600	7%	1305	940	510	54%	25250	270	1.1%
PENNINE CARE NHS FOUNDATION TRUST	22410	3445	15%	2765	2670	2155	81%	31070	510	1.6%
AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST	22935	5820	25%	4840	3150	2960	94%	25030	515	2.1%
CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST	25735	3555	14%	3185	2645	2185	83%	30755	790	2.6%
EAST LONDON NHS FOUNDATION TRUST	27300	4670	17%	4245	2825	2710	96%	33065	800	2.4%
COVENTRY AND WARWICKSHIRE PARTNERSHIP NHS TRUST	27330	1860	7%	1525	885	845	95%	38435	185	0.5%
GREATER MANCHESTER MENTAL HEALTH NHS FOUNDATION TRUST	28415	8415	30%	7330	5885	4725	80%	29765	855	2.9%
MERSEY CARE NHS FOUNDATION TRUST	28430	3995	14%	3740	3010	775	26%	28430	455	1.6%
ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	29765	4780	16%	3790	3140	2700	86%	29765	360	1.2%
SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST	30810	4950	16%	4145	3535	2705	77%	36325	375	1.0%
SUSSEX PARTNERSHIP NHS FOUNDATION TRUST	31850	4835	15%	3760	2960	2600	88%	44835	400	0.9%
NORTH EAST LONDON NHS FOUNDATION TRUST	34725	3470	10%	3055	2550	2350	92%	37155	305	0.8%
BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST	35010	5165	15%	4650	3010	2860	95%	36530	860	2.4%
TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST	35980	8745	24%	6485	4730	4040	85%	48165	570	1.2%

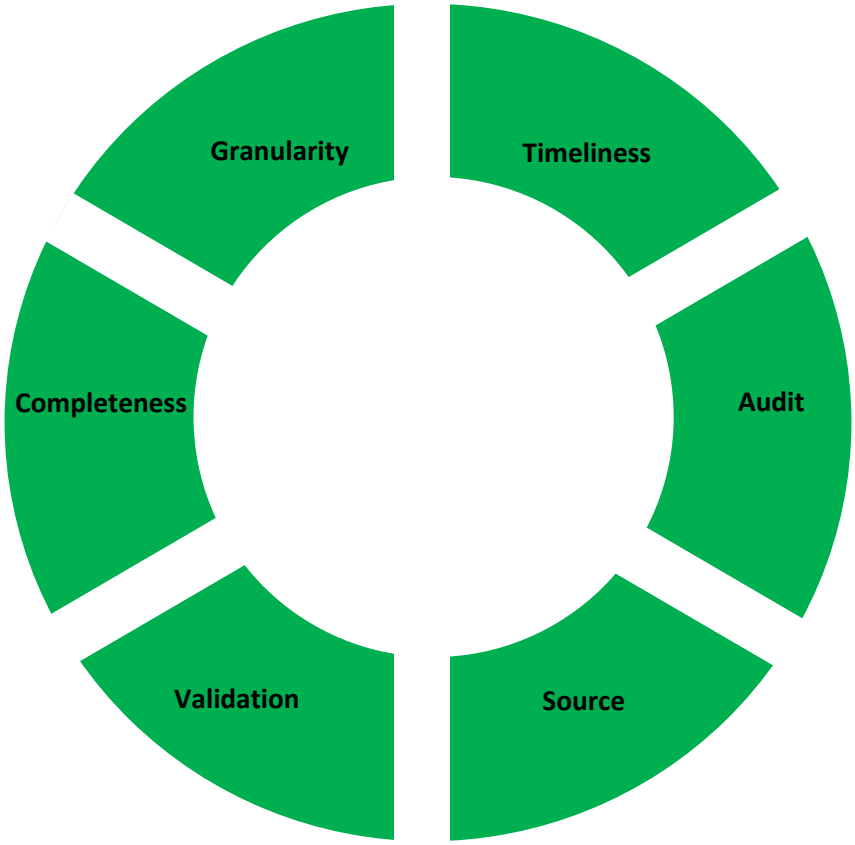
Data source: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics/final-march-2019

Data Quality Kite Mark

Background

A number of Trusts prepare data quality kite marks to support members' review and assessment of performance indicator information reported in integrated performance reports (IPRs). Alternative methods include a simpler data quality scoring in a range, such as 1-5 which are more reliant on judgement. The kite mark is used to assess the system against six domains: timeliness; audit; source; validation; completeness; and granularity to provide assurance on the underlying data quality.

Approach



The Trust has adopted this Data Quality Kite Mark. The assessment of each domain will be based on the following criteria:

Data Quality Indicator	Definition	Not yet assessed	Sufficient	Insufficient
Timeliness	Is the data the most up to date and validated available from the system?	Not yet assessed	The data is the most up to date available.	Data is not available for the current month due to the time taken to extract / prepare from the system.
Audit	Has the system or processes used to collect the data been subject to audit (Internal Audit/ External Audit / self-audit) in the last 12 months?	Not yet assessed	The system and processes involved in the collection, extraction and analysis of the data have been audited and presented to the oversight committee.	No formal audit has taken place in the last 12 months. Exceptions have been identified and corrective action has not yet been implemented.

Data Quality Indicator	Definition	Not yet assessed	Sufficient	Insufficient
Validation	Prior to publication, is the data subject to validation, e.g. spot checks, random sample checks, involvement of a clinician, the associated service or approval by Executive Director?	Not yet assessed	The data is validated against a secondary source. The indicator owner can assure the data is a true reflection of performance, supported by a sign off process and underlying information.	No validation has taken place. The information owner cannot assure that the data truly reflects performance. A random sample may reveal errors.
Source	Is the source of the data fully documented and understood?	Not yet assessed	All users understand how to extract the data in line with the indicator definition. The data source is well documented in the event that there is a change in personnel producing the indicator.	The data source is poorly documented and could be inconsistently extracted.
Completeness	Is the indicator a reflection of the complete performance of the Trust	Not yet assessed	All the appropriate activity has been included within the indicator	A material amount of activity has not been included within the indicator that may alter the Trust level performance.
Granularity	Can the data be disaggregated into smaller parts? E.g. evaluated at a division or ward level as well as a Trust level.	Not yet assessed	Data can be drilled down to a division or ward level in order to understand and drive performance improvement.	Data is only available at a Trust level.

Each indicator on the operational component of the NHSI Dashboard has been reviewed and rated against these dimensions. As issues are identified and addressed, the ratings will change to reflect the work undertaken.

KPI Data Quality Reviews

A review will be undertaken every 6 months of 5 to 10 indicators to review their compliance with the defined indicators of quality. This will be done to complement any reviews undertaken by internal or external audit. The results will be shared with the Finance and Performance Committee together with any remedial action required.

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 2 July 2019

A Framework of Quality Assurance for Responsible Officers and Medical Revalidation

Purpose of Report

To provide the Trust Board with an overview and assurance regarding medical appraisal and revalidation.

Executive Summary

The report provides the necessary assurance that the Trust has fully achieved all the standards stated in the Statement of Compliance required by NHS England by September 2019.

Strategic Considerations	
1) We will deliver **quality** in everything we do providing safe, effective and service user centred care	X
2) We will develop strong, effective, credible and sustainable **partnerships** with key stakeholders to deliver care in the right place at the right time	
3) We will develop our **people** to allow them to be innovative, empowered, engaged and motivated. We will retain and attract the best staff.	X
4) We will **transform** services to achieve long-term financial sustainability.	

Assurances

100% of available doctors completed appraisals or had approved postponement. The quality of appraisals is improving. Appraiser numbers are satisfactory.

Final assurance is given so that the compliance statement can be signed off for submission to NHS England.

Consultation

Feedback has been taken from both appraisers and appraisees. The report has been received by the Quality Committee.

Governance or Legal Issues

The Annual Organisation Audit was submitted to NHS England on time.

The Trust Board is required to provide a Statement of Compliance to NHS England by September 2019.

Public Sector Equality Duty & Equality Impact Risk Analysis

The author has a responsibility to consider the equality impact and evidence on the nine protected characteristics (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation)).

There are no adverse effects on people with protected characteristics (REGARDS).	
There are potential adverse effect(s) on people with protected characteristics (REGARDS). Details of potential variations /inequalities in access, experience and outcomes are outlined below, with the appropriate action to mitigate or minimise those risks.	X

Actions to Mitigate/Minimise Identified Risks

These procedures are in place to support doctors and protect patients. Although the Trust followed all the correct employment checks this failed to detect a psychiatrist who practiced within the Trust for eleven weeks between 6 March 2016 and 30 June 2016 as a locum Learning Disability consultant without a primary medical qualification. This was due to failures in GMC (General Medical Council) scrutiny over twenty years ago when this individual presented fraudulent qualifications to the Regulator when they emigrated from New Zealand. The Trust has learnt from this incident and improved its recruitment checking process and has contacted all affected patients and carers and liaised with the police and GMC. A national inquiry and police investigation is ongoing. This individual is currently in prison. Patients and carers have been supported and full duty of candour discharged.

Recommendations

The Board of Directors is requested to accept the report and note the Statement of Compliance is to be submitted by September 2019.

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

Report prepared by: **Dr Edward Komocki**
Medical Appraisal Lead

A Framework of Quality Assurance for Responsible Officers and Revalidation

Annex E - Statement of Compliance

Statement of Compliance

Version number: 2.0

First published: 4 April 2014

Updated: 22 June 2015

Prepared by: Gary Cooper, Project Manager for Quality Assurance, NHS England

Classification: OFFICIAL

Publications Gateway Reference: 03432

NB: The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the NHS Commissioning Board has used the name NHS England for operational purposes.

Designated Body Statement of Compliance

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

- an AOA has been submitted,
- the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013)
- and can confirm that:

1. A licensed medical practitioner with appropriate training and suitable capacity has been nominated or appointed as a responsible officer;

Yes – Dr John R Sykes

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

Yes - Maintained and updated by DHCFT HR Department and utilised by the Medical Appraisal Lead and relevant administrative staff to monitor and record appraisal rates:

3. There are sufficient numbers of trained appraisers to carry out annual medical appraisals for all licensed medical practitioners;

Yes - 20 trained appraisers presently functioning within DHCFT with two more doctors awaiting training to adopt this role

4. Medical appraisers participate in ongoing performance review and training / development activities, to include peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers[1] or equivalent);

Yes – On-going review of appraiser practice co-ordinated by Medical Appraisal Lead with refresher training/ feedback meetings and Appraiser Dashboards ongoing since the 2017-18 appraisal cycle

5. All licensed medical practitioners[2] either have an annual appraisal in keeping with GMC requirements (MAG or equivalent) or, where this does not occur, there is full understanding of the reasons why and suitable action taken;

Yes - All medical staff with a link to DHCFT have an annual appraisal utilising the updated MAG form to satisfy GMC requirements of “Good Medical Practice”. Locum doctors also offered appraisal depending on need and strength of links to DHCFT. Review of all doctors unable to complete appraisal performed by Responsible Officer and Medical Appraisal Lead – the latter ensures follow up of all postponed appraisals to ensure doctors complete these when their circumstances are more favourable.

[1] http://www.england.nhs.uk/revalidation/ro/app-syst/
[2] Doctors with a prescribed connection to the designated body on the date of reporting.

6. There are effective systems in place for monitoring the conduct and performance of all licensed medical practitioners[1] (which includes, but is not limited to, monitoring: in-house training, clinical outcomes data, significant events, complaints, and feedback from patients and colleagues) and ensuring that information about these matters is provided for doctors to include at their appraisal;

Yes - Medical Appraisal Lead co-ordinates and audits appraisals to ensure all appropriate components are completed effectively. All complaints and SIRI's are cross-referenced with completed appraisals and the appropriate trust departments to ensure adequate reflection and learning from adverse events.

7. There is a process established for responding to concerns about any licensed medical practitioners[1] fitness to practise;

Yes – There are regular meetings with the GMC Liaison Officer when all concerns/cases are reviewed.

8. There is a process for obtaining and sharing information of note about any licensed medical practitioner's fitness to practise between this organisation's responsible officer and other responsible officers (or persons with appropriate governance responsibility) in other places where the licensed medical practitioner works;[3]

Yes – all new appointments are asked to supply a reference from their RO. The Medical Director contacts ROs directly if he is concerned about a locum or another doctor who has left the Trust.

9. The appropriate pre-employment background checks (including pre-engagement for locums) are carried out to ensure that all licenced medical practitioners[4] have qualifications and experience appropriate to the work performed;

Yes – Completed by HR

10. A development plan is in place that ensures continual improvement and addresses any identified weaknesses or gaps in compliance.

Compliance rates are reviewed monthly at a Medical Management meeting and scrutinised at Trust Board.

Signed on behalf of the designated body

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

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

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

Name: _ _ _ _ _ _ _ _ _ _ _ _ _

Signed: _ _ _ _ _ _ _ _ _ _ _ _

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

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 2 July 2019

Proposal to amend the Trust's Constitution relating to the Governors Nominations and Remuneration Committee

Purpose of Report

The Council of Governors, at its meeting on 2 July, will be asked to approve an updated version of the Terms of Reference for the Nominations and Remuneration Committee. If approved, this will also require an amendment to the Trust's Constitution. Any changes to the Constitution require approval of both the Trust Board and the Council of Governors.

Executive Summary

The Trust's Constitution currently outlines the membership and duties of the 'Nominations Committee' and the 'Remuneration Committee'. At the Trust these are combined in the one Nominations and Remuneration Committee which makes recommendations to the Council of Governors on its statutory duties to appoint (or remove) the Chair and Non-Executive Directors and decide their remuneration and allowances, and the other terms and conditions of office.

There is a proposal to amend the membership, increasing the Public Governor membership by one and reducing the seats for Staff and Appointed Governors to one each (currently two each). The rationale around the increase to five Public Governors (currently four) is in the spirit of the strength of the Public Governor voice to support the Council of Governors in its key statutory role (mirroring the Council of Governors composition), without the need to have a majority binding within the quorum, which was proving impractical.

This change will to go back to the previous number of Staff/Appointed Governor seats on the Committee. In practical terms we would be looking for nominated deputies in these constituencies to provide cover for the named members. The Committee also has a provision for 'step in' members but ideally this should only be used by exception so we have continuity of experience.

It is recommended that the detail on membership and duties be removed from the Constitution on the basis that this is covered fully in the Committee's Terms of Reference, which have to be approved by the full Council of Governors. There is no requirement to list this level of detail in the Constitution.

The extract of Section 9 of ANNEX 5 - Additional Provisions - Council of Governors is attached at Appendix 2 with the proposed changes at Appendix 3.

Strategic Considerations	
1) We will deliver **quality** in everything we do providing safe, effective and service user centred care	
2) We will develop strong, effective, credible and sustainable **partnerships** with key stakeholders to deliver care in the right place at the right time	x

3) We will develop our **people** to allow them to be innovative, empowered, engaged and motivated. We will retain and attract the best staff.	x
4) We will **transform** services to achieve long-term financial sustainability.	

Assurances

The Governors Nominations and Remuneration Committee is recommending approval of the revised Terms of Reference to the Council of Governors.

Consultation

Governors Nominations and Remuneration Committee.

Governance or Legal Issues

It is the statutory role of the Governors to approve any amendments to the Trust Constitution. The Trust Board is also required to approve any amendments to the Constitution. Amendments will be reported to the Annual Members meeting.

Public Sector Equality Duty & Equality Impact Risk Analysis

The author has a responsibility to consider the equality impact and evidence on the nine protected characteristics (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation)).

There are no adverse effects on people with protected characteristics (REGARDS).	x
There are potential adverse effect(s) on people with protected characteristics (REGARDS). Details of potential gaps/inequalities are outlined below, with the appropriate action to mitigate or minimise those risks.	

Actions to Mitigate/Minimise Identified Risks – there is no direct impact on those with protected characteristics arising from this report.

Recommendations

The Board of Directors is requested to approve the amendment to Annex 5 of the Trust's Constitution as outlined, subject to the Council of Governors approving the revisions to the Governors Nominations and Remuneration Committee's Terms of Reference and the required changes to the Trust Constitution.

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

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

Appendix 2 – Extract – Annex 5 of the Trust's Constitution

9. Council of Governors: Committees and Sub-Committees

9.1 A committee, chaired by the Chair, shall be established to assist the Council of Governors with the nomination and selection of the Non-Executive Directors (the "Nomination Committee for Non-Executive Directors"). In the case of the nomination and selection of the Chair the Nominated Committee for Non-Executive Director shall be chaired by the Deputy Chair.

9.2 The Nominations Committee for Non-Executive Directors will comprise:

9.2.1 The Chair (or, if the Chair is not available, the Deputy Chair or one of the other Non-Executive Directors who is not standing for appointment);

9.2.2 *six* Elected Governors including Public Governors and Staff Governors and *two* Appointed Governors;

9.2.3 no two Governors will be appointed from the same Public Constituency or Staff Class of the Staff Constituency,

9.2.4 not more than one may be a Local Authority Governor and not more than one may be a Governor appointed by the voluntary sector.

9.3 A committee may be established to assist the Council of Governors with the remuneration of the Chair and Non-Executive Directors (the "Remuneration Committee for Non-Executive Directors").

9.4 The functions of the Nominations Committee for Non-Executive Directors shall be as follows:

9.4.1 to determine the criteria and process for the selection of candidates for office as Chair or other Non-Executive Director of the Trust having first consulted with the Board of Directors and Governors as to those matters and having regard to such views as may be expressed by the Board of Directors and Council of Governors;

9.4.2 to assess and select for interview such candidates as are considered appropriate and in doing so the Nominations Committee for Non-Executive Directors shall be at liberty to seek advice and assistance from persons other than members of the Nominations Committee for Non-Executive Directors or of the Council of Governors;

9.4.3 to make recommendation to the Council of Governors as to potential candidates for appointment as Chair or other Non-Executive Director, as the case may be.

9.5 The Council of Governors shall resolve in general meeting to appoint such candidate or candidates (as the case may be) as it considers appropriate and in reaching its decision it shall have regard to the views of the Board of Directors and of the Nominations Committee for Non-Executive Directors as to the suitability of the available candidates and the remuneration and allowances and other terms and conditions of office.

Appendix 3 – Revised extract – Annex 5 of the Trust's Constitution

9. Council of Governors: Committees and Sub-Committees

9.1 A committee, chaired by the Chair, shall be established to assist the Council of Governors with the nomination and selection of the Non-Executive Directors (the "Nomination Committee for Non-Executive Directors"). In the case of the nomination and selection of the Chair the Nominated Committee for Non-Executive Director shall be chaired by the Deputy Chair.

9. 2 A committee may be established to assist the Council of Governors with the remuneration of the Chair and Non-Executive Directors (the "Remuneration Committee for Non-Executive Directors").

9.3 The Trust has established the Governors Nominations and Remuneration Committee for the purposes of 9.1 and 9.2 above and the functions and membership are listed within its Terms of Reference, which will be approved by the Council of Governors.

9.4 The Council of Governors shall resolve in general meeting to appoint such candidate or candidates (as the case may be) as it considers appropriate and in reaching its decision it shall have regard to the views of the Board of Directors and of the Nominations Committee for Non-Executive Directors as to the suitability of the available candidates and the remuneration and allowances and other terms and conditions of office.

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 2 July 2019

Revised Trust Strategy 2018-2022

Purpose of Report

Following initial conversations at the May 2019 Board of Directors meeting, further engagement has taken place on the draft revised strategy. This has included significant promotion with colleagues and groups across the Trust. Feedback has been captured and a revised strategy is included alongside this report.

Board members are asked to approve the updated draft, prior to further engagement with the Council of Governors at their meeting in the afternoon of 2 July.

Executive Summary

The feedback received through engagement of the draft Trust Strategy provides a broad consensus that the update achieves its two key aims:

- To make sure the Trust Strategy is relevant to addressing local/national challenges of the day
- To be simpler and easily accessible to staff, who can relate the strategy to their areas of work.

Positive feedback has been received about the three new strategic objectives and how these are easy to remember and neatly summarise the priorities of the Trust in an accessible way.

There are a number of positive suggestions and changes that have been made, which are outlined in the report and reflected in the updated strategy. Of particular note, the clinical ambition has revised, following detailed discussions at the Trust's Medical Advisory Committee (TMAC).

The update also includes clarification of the Trust's 'people first' value and how it applies to staff, in order to improve patient care.

Strategic Considerations	
1) We will deliver **quality** in everything we do providing safe, effective and service user centred care	x
2) We will develop strong, effective, credible and sustainable **partnerships** with key stakeholders to deliver care in the right place at the right time	x
3) We will develop our **people** to allow them to be innovative, empowered, engaged and motivated. We will retain and attract the best staff.	x
4) We will **transform** services to achieve long-term financial sustainability.	x

Assurances
The Trust Strategy outlines refreshed strategic objectives, alongside a set of detailed building blocks that detail how these priorities are to be achieved.

Consultation

Engagement on the Trust Strategy has included promotion of the revised draft with all staff via Team Brief, which has been cascaded through team meetings. A short survey was set up to capture responses.

Focused conversations have taken place with the Staff Forum, the Trust's three Staff Networks, Trust Management Team (TMT) and the Trust's Medical Advisory Committee (TMAC). The strategy was a significant discussion point at the staff conference in June, with a number of polls being taken on the day, to collate feedback from those present. Comments were also invited from members of the Trust's emerging patient council, EQUAL.

Engagement with the Trust's Council of Governors is scheduled to take place in the afternoon of 2 July.

Governance or Legal Issues

- There is a requirement for the Trust to have a strategy for its future development, setting out its strategic objectives over the medium-long term
- There is a requirement that the Trust Board Assurance Framework is informed by the Trust's strategic objectives
- The Trust's strategic objectives and priority actions will inform the agendas and remit of the Trust's management committees and those of the Committees of the Board.

Public Sector Equality Duty & Equality Impact Risk Analysis

The author has a responsibility to consider the equality impact and evidence on the nine protected characteristics (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation)).

There are no adverse effects on people with protected characteristics (REGARDS).	
There are potential adverse effect(s) on people with protected characteristics (REGARDS). Details of potential variations /inequalities in access, experience and outcomes are outlined below, with the appropriate action to mitigate or minimise those risks.	x

Actions to Mitigate/Minimise Identified Risks

Our strategic objectives to provide 'great care' and be a 'great place to work' will both need to take into account and address the existing disadvantages faced by people with protected characteristics within our care and our workforce. Systems are in place to monitor the impact on people with protected characteristics.

Recommendations

The Board of Directors is requested to:

1) Note progress and changes following engagement on the Trust Strategy
2) Approve the updated Trust Strategy, with a Chair's action to accommodate any further feedback received from the Council of Governors.

Report presented by: **Gareth Harry**
Director of Business Improvement and Transformation

Report prepared by: **Anna Shaw**
Deputy Director of Communications

Revised Trust Strategy 2018-2022

Background

The Trust Strategy has been revised in order to meet two clear aims:

- To address current local/national challenges
- To be simpler and easily accessible to staff, who can relate the strategy to their areas of work.

In May 2019, the Board of Directors received an updated draft Trust Strategy for 2018-22, following a refresh in order to meet the aims outlined above. At this meeting members agreed to move forwards to engage Trust colleagues and stakeholders on the revised content. Since this date, the refreshed Trust Strategy has been shared widely with colleagues and key internal stakeholder groups, providing clear opportunities for discussion and feedback.

This has included the following:

- Information in the May and June Team Brief, providing opportunities for discussion in team meetings
- Discussion with colleagues at all of our staff networks
- Feedback from our Staff Forum
- Medics focused discussion at the Trust's Medical Advisory Committee (TMAC)
- Meeting with senior managers at Trust Management Team (TMT)
- Discussions with JNCC and Staff Side
- Dedicated article in the staff magazine, Team Talk
- Focused conversations and poll feedback at the 2019 staff conference
- An internal survey has been available to capture feedback from teams and individuals following the above promotion mechanisms
- Feedback from the Trust's emerging patient council, EQUAL.

Due to the scheduling of meetings, a wider discussion with the Trust's Council of Governors has been scheduled for this afternoon's meeting. Further amendments will be made following these conversations, where relevant.

Feedback received

All feedback following the engaging mechanisms outlined above has been captured and considered for the updated Strategy being presented to Board today.

In summary, feedback has been very positive, with colleagues confirming that the new approach is simple, memorable and easy to understand. A poll at the staff conference, held towards the end of the engagement period on 10 June, provided the following feedback:

88% felt new strategic objectives made sense
89% felt the building blocks were a good way of representing the aims of the strategy
60% understood the clinical ambition
82% could relate the strategy to their role
88% felt the right priorities had been identified.

A consistent theme in the feedback received has been to further clarify and simplify the language contained in the new clinical ambition, whilst retaining its original sentiment. Following this early feedback, TMAC held a focused discussion on how to update the clinical ambition to ensure it felt part of the wider strategy and that the key priorities were expressed in a way that was easily understood by our clinical workforce. Following these conversations, an updated clinical ambition is included in today's refresh. In addition to the language used, changes include:

- Removing the reference to care within the last 1000 days of a person's life to throughout someone's life
- Clarifying that we seek to provide hospital admissions in Derbyshire where possible, to acknowledge services that are not commissioned in the county
- Adding reference to wider partnership working (within and outside of the NHS)
- Referencing the need for compassion alongside our ambition to take account of trauma informed practice
- Providing further explanation of the principles of co-production and run this theme throughout the clinical ambition.

Wider themes that arose in the engagement period have also been reflected in the new draft and include the following:

- There has been broad support to focus the Trust's 'people first' value on colleagues although conversations suggested that further clarification was included about our intention to do this in the knowledge that a well-supported engaged and empowered workforce has a direct positive impact upon good patient care. This has been rewritten as '**People first** – We focus on our colleagues, in the knowledge that a well-supported, engaged and empowered workforce results in good patient care'
- A desire to develop a single 'plan on a page', to present the strategy in a visual way
- Use of simple language where we can e.g. ongoing rather than recurrent
- Consistency of colour coding the strategic objectives and building blocks for clarity and wider staff promotion.

Positive comments received include:

"It's clear and easy to understand"

"Great to see a new strategy to support staff health and wellbeing"

"Staff development and retention is a very important factor in providing excellent patient care"

Plans to re-launch the new strategy

Following approval of the new strategy, colleagues will receive an update and link to the strategy, which will be uploaded to the Trust's website and intranet. Colleagues will be thanked for their feedback and the changes that have been made as a result of the engagement will be shared with staff.

The clinical ambition will be created as a visual image, in a similar way to the Team Derbyshire Healthcare Promise. A Trust 'roadmap' showing our direction of travel will also be created and shared with all staff.

Whilst the Trust values have remained largely consistent, there has been a small change to the text that accompanies the 'People First' value, to confirm the Trust's focus on its staff. Additional messages will be shared with colleagues to express this and also to embed the values further amongst our staff.

The Trust's Communications Team will launch and promote this change during Values Week, held nationally by Health Education England between 15 - 18 July. This provides an ideal opportunity to focus on the Trust's values through a short internal campaign #livingthevalues.

A new vision and values card will be developed and shared with all staff through payslips in August 2019, also including the visual 'roadmap' and designed clinical ambition. Further consideration will be made about how staff sign-up to the new strategy, with the potential to include this activity in local engagement visits.

The new strategy will be shared with external stakeholders through the first issue of a new stakeholder newsletter.

Link to clinical strategies work

The clinical strategies work will result in the development of a series of new three to five year strategies covering each service area. These documents will outline how the service plans to change and improve over future years and will provide a shared vision of the purpose for the service for both colleagues and patients.

The clinical strategies have been developed in partnership between colleagues working in the service and people with lived experience, echoing the principles outlined in the new Trust Strategy.

A number of development projects will come out of the clinical strategies work, contributing to achievement of the Trust's strategic objectives and building blocks.

Monitoring and evaluation

Progress towards achieving the priority actions outlined for each building block will be discussed and monitored regularly through meetings of the Executive Leadership Team. The Board of Directors will also continue to receive an update on an annual basis, alongside wider quarterly reports on progress against the risks to delivering the Trust Strategy, as outlined in the Board Assurance Framework.

NHS
Derbyshire Healthcare
NHS Foundation Trust

Trust Strategy

2018-2022

(Refresh June 2019)

DHCFT @derbyshcft

www.derbyshirehealthcareft.nhs.uk

Making a positive difference

Foreword by Chief Executive: Welcome to our refreshed Trust Strategy (2018 – 2021)

We find ourselves at an exciting point in the development of our Trust. This strategy is important because it identifies the common purpose all of us who work in the Trust share, the way we go about doing business and what outcomes people can expect to see from us over the next few years.

It is important we continue to refresh our strategy because as a Board of Directors we have recognised the absolute need to focus on 'people first' and by that we mean colleagues who work in the Trust. We are clear that only by doing this, can we together, create a culture that supports continuous improvement, that learns from mistakes and promotes innovation. Focusing on people will enable us to attract colleagues to work with us and will ensure we create new and exciting roles to give more opportunity for personal development.

In this refresh we have simplified our strategic objectives (see p3) to make them clear and easy to use so colleagues and teams can simply identify how they contribute to the achievement of the Trust objectives.

Things are changing in our wider health and social care environment too, a focus on delivering care as close to home as possible, more collaboration across clinical pathways and a focus on prevention; all things we need to take into account when working together to refine and improve how we deliver our services.

Nationally the launch of the NHS Long Term Plan has an impact on every single service we deliver with some great opportunities for service improvement but equally clarity on the challenges we face together in this new environment.

I look forward to working together to make our strategy a reality for the people of Derbyshire.

Ifti Majid
Chief Executive

Introduction: Background

What is a Trust Strategy?

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

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

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

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

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

- The NHS it at a point of change with a number of major policy changes being released in 2019 such as the NHS Long Term Plan and changes to the Mental Health Act
- Best practice is continuing to evolve and develop
- There is a growing focus on how organisations in a system work together to provide more integrated care. In Derbyshire this is called Joined up Care Derbyshire (JUCD). The purpose of JUCD is:
  - Improve health and wellbeing
  - Improve care and quality of services
  - Improve financial efficiency and sustainability
- Demand for all of our services is growing and we are seeing people with more complex needs living longer.

Our vision, values and strategic objectives

Our vision

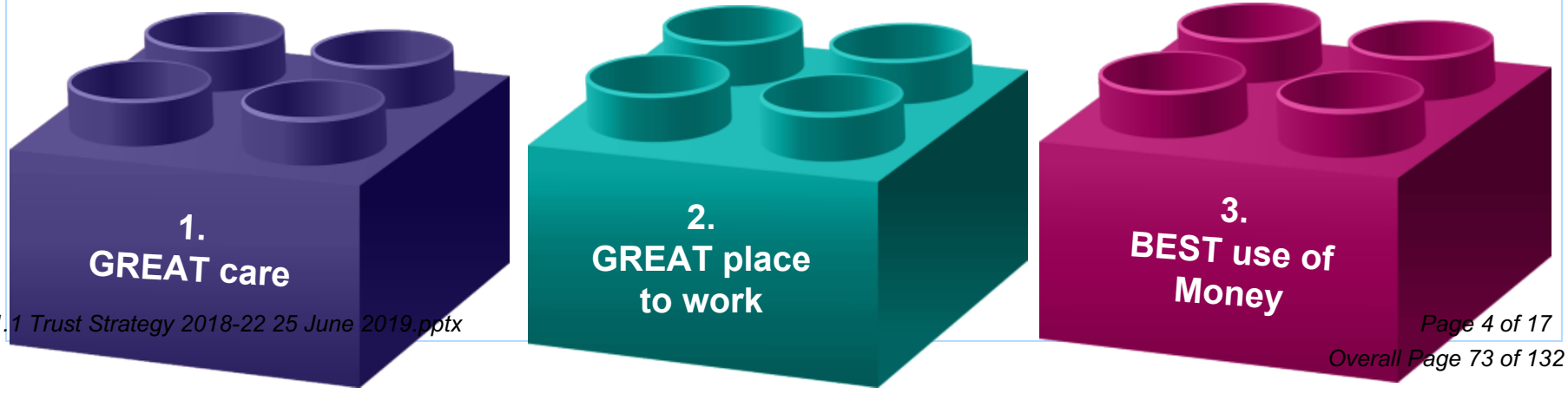
'To make a positive difference in people's lives by improving health and wellbeing'

Our values

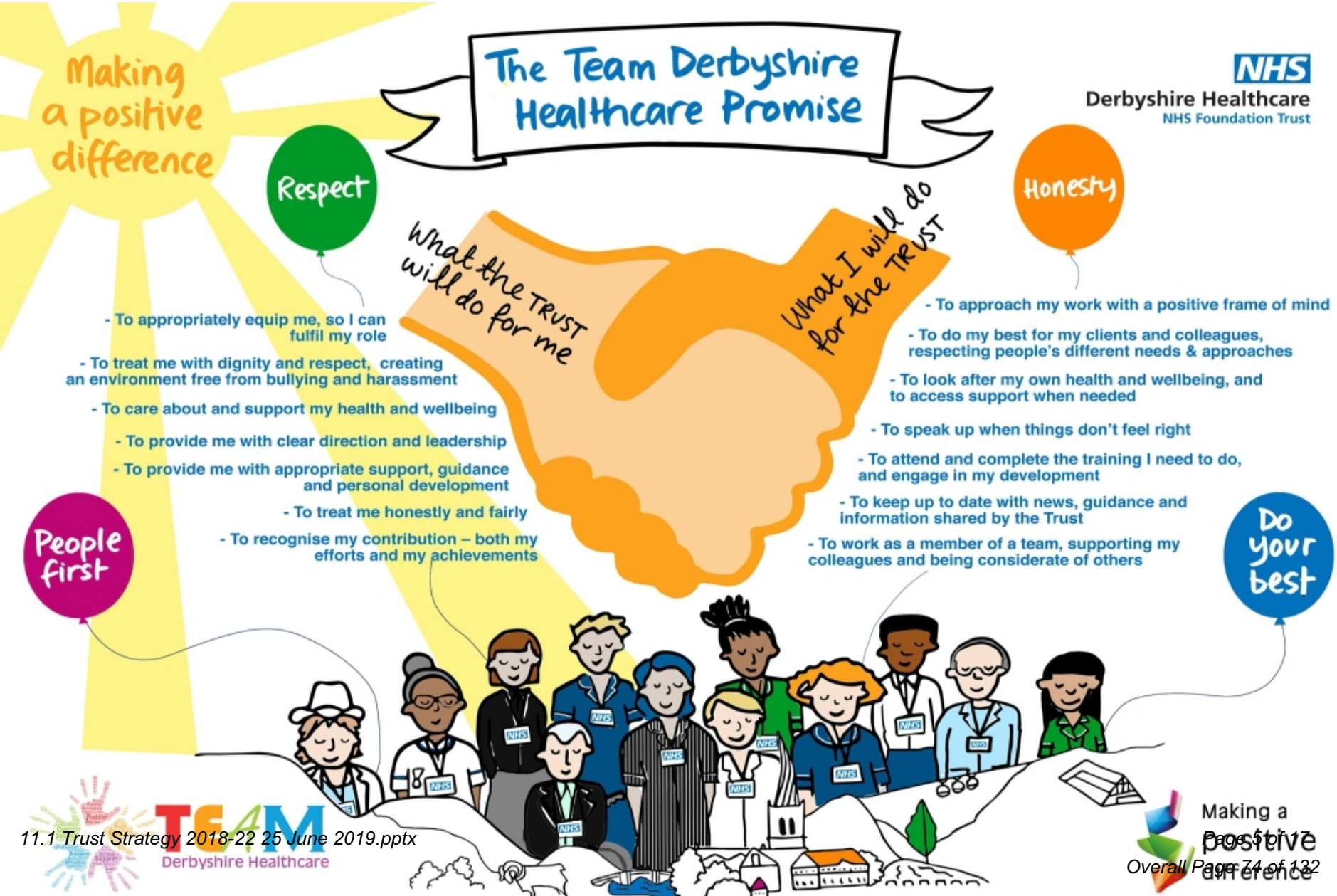
Our vision is underpinned by four key values, which were developed in partnership with our patients, carers, colleagues and wider partners.

- **People first** – We focus on our colleagues, in the knowledge that a well-supported, engaged and empowered workforce results in good patient care
- **Respect** – We respect and value the diversity of our patients, colleagues and partners and support a respectful and inclusive environment
- **Honesty** – We are open and transparent in all we do
- **Do your best** – We work closely with our partners to achieve the best possible outcomes for people.

Our strategic objectives



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



TEAM Derbyshire Healthcare

Making a positive difference

Our clinical ambition

Our services will:

- Be based on the best clinical evidence
- Be designed in consultation with our colleagues and people who use our services.

Our clinical model will:

- Be person centred, seek to prevent ill health and support our patients beyond periods of acute illness
- Involve people who use our services in designing their care and treatment, to meet personal goals throughout their lives
- Provide care at home or in the community where possible, through a partnership approach to promote individual and community resilience
- Ensure any admission to hospital is within Derbyshire where possible and kept to the shortest effective period of time
- Be compassionate and take account of trauma informed practice.

GREAT care, GREAT place to work, BEST use of money means…

GREAT care

Delivering compassionate, person-centred, innovative and safe care.

Choice, empowerment and shared decision making is the norm.

GREAT place to work

Attracting colleagues to work with us who we develop, retain and support by excellent management and leadership

An empowered, compassionate and inclusive culture that actively embraces diversity.

BEST use of money

Making financially-wise decisions every day and avoid wasting resources

Always striving for best value by finding ways to make our money go further.

Achieving our vision

What we need to achieve – to deliver GREAT care

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

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

Measuring the success of our strategy

How will we measure our achievements?

Building blocks to deliver GREAT care in all our services	What are the key priority actions?	How will we know we have improved?
Improving patient and carer experience	• Introduction of the 'EQUAL' approach to patient and carer engagement an involvement • Implementing effective care planning for everybody who uses our services • Implement a process to ensure we receive routine feedback on patient experience on discharge or service transition	• All service developments reporting co-production and evidence of impact • Feedback from patients and regulators • Feedback from carers/family and regulators • Evidence from services of using routine feedback, systematically and routinely in service improvement.
Improving physical healthcare	• Deliver physical healthcare implementation plan • Agree with primary (integrated) care the principles of shared care across our care pathways.	• Physical health care (PHC) will feature as an active part in every patient's care plan • The LESTER tool approach will be embedded in all relevant care plans and smoking reduction/cessation will be an accepted approach throughout our care pathways • High fidelity to policies regarding for example Speech and Language Therapy (SALT) assessments, PHC in substance misuse services, PHC interventions after restrictive practices and in the eating disorder service.
Improving access to services	• Develop a plan to meet the national and local access standards across all our service.	• There will not be a "one way valve" effort when accessing our services • Reduction in waiting times, out of area placements. Increase in bed availability including (Psychiatric Intensive Care Unit) PICU placements • Improved clinical outcomes and these are routinely measured in all services.

How will we measure our achievements?

Building blocks to deliver GREAT care in all our services	What are the key priority actions?	How will we know we have improved?
Improve clinical outcomes	• Review and revise our clinical pathways • Deliver the quality improvement strategy • Deliver implementation plan to achieve Royal College of Psychiatrists (RCPsy) standards for acute services.	• Implementation of new pathways • Comprehensive compliance/audit programme • Every individual/team able to demonstrate involvement in Quality Improvement • External accreditation from RCPsy for acute services • Acute services rated as good by the Care Quality Commission (CQC).
Improving safety	• Implementation of medicines optimisation strategy • Delivery of a relapse prevention programme • Implementation of safety planning and suicide prevention strategy • Implement the digital transformation strategy.	• Improvement in staff reporting in staff survey in safety. • Reduction in inpatient suicides • Reduction in suicide rates of patients open to Trust services.
Improve our estate to deliver the new models of care	• Refresh estates strategy and deliver the associated implementation plan based on outcomes from clinical strategies work • Implement the agreed interventions to enable the eradication of adults being placed out of Derbyshire to access a bed • Scope a long term plan for the eradication of dormitories • Reduce bed numbers per ward • Scope a plan for the delivery of PICU services locally.	• No inappropriate gender/age mixes on wards • We are implementing our estate strategy. With achievements year on year • Reduction in sexual safety incidents • Achievement of best practice norms • No waiting list for PICU services. Confirmed plans to establish PICU within Derbyshire.

How will we measure our achievements?

Building blocks to be a GREAT place to work	What are the key priority actions?	How will we know we have improved?
Retain our colleagues	• Provide colleagues with health and wellbeing campaigns and a support package that provides rapid access to wellbeing services when needed • Increase staff involvement and engagement across all teams to ensure all colleagues work in a positive environment • Implement actions from the bullying and harassment working group.	• Increased availability of staff who feel supported and engaged in their roles to be able to provide great care.
Develop our colleagues	• To make available supervision, coaching and mentoring for staff • Provide career pathways for registered and un registered staff with access to the development, using the Health Education England (HEE) money and apprenticeship levy where required • Development of an integrated workforce strategy and implementation plan.	• Staff with the right skills and training to be able to provide great care.

How will we measure our achievements?

Building blocks to be a GREAT place to work	What are the key priority actions?	How will we know we have improved?
Attract new colleagues	• Proactive recruitment campaigns to reach a broad range of applicants • Grow our bank to reduce the need to use agency staff • Offer flexible contracts to attract a broader range of colleagues to join and stay with our Trust.	• Staff available to deliver great care who know our systems, processes and live our values.
Support our leaders and managers	• All leaders to attend the Leading - Team Derbyshire Healthcare expectations session • All new and recent leaders in post to attend an induction and be supported with a mentor • Roll out the 360 process and coaching and a menu of master classes to support development.	• Well run and engaged teams who can provide great care to our patients.
Be a 'positively inclusive' and fair employer	• Thriving Staff Networks to guide the Trust on 'what matters to staff' • Develop an quality improvement programme to ensure we record protected characteristics to evidence improvements in inclusion • Scale up the Reverse Mentoring programme • Co-produce and implement a plan to reduce the gender pay gap.	• To provide services that meet the needs of the people we serve, that is respectful and Inclusive • Reduction and closure of the gender pay gap • Metrics equalised with respect to disciplinary, grievances and training opportunities.

How will we measure our achievements?

Building blocks to make BEST use of our money	What are the key priority actions?	How will we know we have improved?
Be financially sustainable by delivering ongoing cost improvement plans	• Achieve full Cost Improvement Plan (CIP) for current year • Meet the overall financial position as planned each year • Continually identify the pipeline of future efficiencies • Develop long term financial management strategy.	Achievement of in-year CIP plan Achievement of Trust overall financial plan Approval of future year CIP plans.
Achieve best value from future investment and current resources	• Monitor and hold to account for benefits realisation for delivery of all future investments • Deliver continuous improvement plans to improve productivity and reduce waste in current resources • Implement e-roster/e job planning and the new shift pattern.	Achievement of planned benefits and efficiencies Improved outcomes from continuous improvement activity Reduced temporary staffing costs, reduced absence and improved productive time.
Work with partners to achieve best value across Derbyshire	• Articulate and maintain up-to-date view of the risk mitigation and risk management of the whole system plans • Ensure that our specific workstreams deliver objectives as described (e.g. where Senior Responsible Officer or SRO) • Ensure organisational capacity to deliver system objectives is directed appropriately.	Evidence of Derbyshire-wide system delivery – in total and in workstreams Risk is managed as opposed to transferred Good governance is not compromised.

Derbyshire Healthcare NHS Foundation Trust
Report to Board of Directors - 2 July 2019

NHS Interim People Plan

Purpose of Report

This presentation has been developed to provide board members with an insight into the NHS Interim People Plan; the five key themes supported by eight national work streams and the implications of the plan for us a Trust.

Executive Summary

NHS England/NHS Improvement released on 3 June 2019 an Interim People Plan for the NHS. This has been developed over the last few months and sets an agenda to tackle the range of workforce challenges in the NHS with a particular focus on the actions for this year. The substantive People Plan will be published following the Spending Review and key financial commitments will be decided as part of the Spending Review.

The plan is structured into five key themes, with each theme having a number of immediate actions of focus:

1. Make the NHS the best place to work

Paying greater attention to why staff leave the NHS, taking action to retain existing staff and attract more people to join.

Nationally there will be the development of a new offer for all people working in the NHS, through widespread engagement with our people and staff representatives over the summer of 2019.

All local NHS systems and organisations will be asked to set out plans to make the NHS the best place to work as part of their NHS Long Term Plan implementation plans, to be updated to reflect the people offer published as part of the full People Plan.

As part of the theme of making the NHS the best place to work, the government is bringing forward a consultation on a new pension flexibility for senior clinicians. The proposal would give senior clinicians the option to halve the rate at which their NHS pension grows, in exchange for halving their contributions to the scheme. NHS Employers are making the case that this proposed flexibility should be available to support the retention of all members of our workforce.

2. Improve the leadership culture

This will be accomplished by addressing how we need to develop and spread a positive inclusive person-centred leadership culture across the NHS, with a clear focus on improvement and advancing equality of opportunity as well as undertaking system-wide engagement on a new NHS leadership compact that will establish the cultural values and leadership behaviours NHS expects from NHS leaders, together with the support and development leaders should expect in return.

3. Prioritise urgent action on nursing shortages

Supporting and retaining existing nurses while attracting nurses from abroad and ensuring we make the most of the nurses we already have within our NHS.

Deliver a rapid expansion programme to increase clinical placement capacity by 5,000 for September 2019 intakes. Work directly with trust directors of nursing to assess organisational readiness and provide targeted support and resource to develop the infrastructure required to increase placement capacity.

4. Developing a workforce to deliver 21st century care

Develop a multi-professional and integrated workforce to deliver primary and community healthcare services. While ensuring we have a flexible and adaptive workforce that has more time to provide care.

Establish a national programme board to address geographical and specialty shortages in doctors, including staffing models for rural and coastal hospitals and general practice.

Support local health systems (STPs/ICSs (Sustainability Transformation Programmes/Integrated Care Systems) to develop five-year workforce plans, as an integral part of service and financial plans, enabling us to understand better the number and mix of roles needed to deliver the NHS Long Term Plan and inform national workforce planning.

5. Develop a new operating model for workforce

Putting workforce planning at the centre of our planning processes, continuing to work collaboratively with more people planning activities devolved to local ICSs.

Co-produce an ICS maturity framework that benchmarks workforce activities in STPs/ICSs which also informs decisions on the pace and scale of devolution of workforce activities

To develop the final plan and to progress the current actions eight national work streams have been launched:

1. Making the NHS the best place to work
2. Improving the leadership culture
3. Tackling urgent nursing workforce challenges
4. Releasing time to for care
5. Workforce re-design: optimising skills
6. Securing current and future supply
7. Analysis, insight and affordability
8. New operating model for workforce

Each work stream has a chair, core team and a range of strategic partners from across the NHS and wider stakeholders.

Strategic Considerations	
1) We will deliver **quality** in everything we do providing safe, effective and service user centred care	X
2) We will develop strong, effective, credible and sustainable **partnerships** with key stakeholders to deliver care in the right place at the right time	X
3) We will develop our **people** to allow them to be innovative, empowered, engaged and motivated. We will retain and attract the best staff.	X
4) We will **transform** services to achieve long-term financial sustainability.	X

Risks and Assurances

We are finalising our revised Trust Strategy and aspire to be a Great Place to Work is a key strategic priority. The Trusts People Strategy on initial review aligns to the Interim People Plan and we will track the actions and requirements to our work plan. There is a need to increase the pace on defining our core offer, quality diversity and inclusion and our workforce transformation programme.

Consultation

The Interim People Plan was developed with wide range of stakeholders and the final plan will be developed through the eight national work steams.

Governance or Legal Issues

There are eight work streams who will have the oversight for developing the final plan and for overseeing the delivery of the initial 2019 actions.

Public Sector Equality Duty & Equality Impact Risk Analysis

The author has a responsibility to consider the equality impact and evidence on the nine protected characteristics age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation)).

There are no adverse effects on people with protected characteristics (REGARDS).	
There are potential adverse effect(s) on people with protected characteristics (REGARDS). Details of potential variations /inequalities in access, experience and outcomes are outlined below, with the appropriate action to mitigate or minimise those risks.	x

Actions to mitigate/minimise identified risks relating to those with protected characteristics

The NHS People plan identifies that we need to increase the pace and focus on becoming a more diverse and inclusive employer. This resonates with us as a Trust and we are reviewing how we can increase our pace and reach.

Recommendations

The Board of Directors is requested to:

1) Note the national plan and the work we are doing as a Trust against the themes
2) Recognise that we need to increase our pace and focus to be a 'Great Place to Work' enabled by inclusive and compassionate leadership.

Report presented by:	**Amanda Rawlings** **Director of People Services and Organisational Effectiveness**
Report prepared by:	**Amanda Rawlings** **Director of People Services and Organisational Effectiveness**

Derbyshire Healthcare
NHS Foundation Trust

NHS Interim People Plan

June 2019

DHCFT @derbyshcft

www.derbyshirehealthcareft.nhs.uk

Making a positive difference

Background

- Workforce supply is seen as the biggest challenge that the NHS faces with the need to improve staff experience or people will not stay, or come at all.
- The NHS Interim People Plan has been developed with involvement of a wide range of stakeholders and sets out the initial approach to the workforce challenges.
- The substantive People Plan will be published following the Spending Review. Key financial commitments will be decided as part of the Spending Review.
- NHS organisations are expected to address the initial actions and to engage in the development of the final People Plan.

Five Key Themes

1. Making the NHS the best place to work
2. Improving NHS leadership culture
3. Addressing workforce shortages
4. Delivering 21st century care
5. Developing a new operating model for workforce.

Theme 1- Making the NHS the best place to work

- Staff are reporting growing pressure, frustration and rising levels of bullying and harassment.
- BME staff report the poorest workplace experiences.
- Sickness absence runs 2 percentage points higher than the rest of the economy.
- 1 in 11 staff leave the NHS permanently each year.
- NHS organisations are asked to develop their approach to making their organisation the best place to work.
- There will be a development of the 'core offer' for staff setting out what to expect from the NHS as a modern employer led by the new chief people officer.

Making the NHS the best place to work

- NHS 'Core Offer' will include:
  - Creating a healthy inclusive and compassionate culture (including equality and diversity, tackling bullying and reducing violence)
  - Enabling great development and fulfilling careers (including CPD and ensuring recognition of qualifications between employers)
  - Ensuring everyone feels they have a voice, control and influence (including freedom to speak up, health and wellbeing and flexible working).
- Developing a new approach to how we assess people issues in the NHS Oversight Framework and the CQC Well Led Assessment.
- An independent review of HR & OD practice in the NHS
- Supporting Trusts to develop tech-enabled banks and establi collaborative banks

Pensions

- To make the NHS the best place to work, there is an acknowledgement of the impact of the current pension taxation policy is having on staff retention, particularly in relation to senior clinicians.
- Accordingly, the government is looking at a new pension flexibility for senior clinicians through an option to halve the rate at which their NHS pension grows, in exchange for halving their contributions to the scheme.
- This consultation is expected to take place over the summer, and it may lead to changes from April 2020.

Theme 1- Making the NHS the best place to work

Focus areas	DHCFT Comparison	What needs focus
Healthy and Inclusive Culture	Advancing our work on EDI Focusing on bullying and harassment	Need to move the dial on WRES, DES, under 25's data and staff reporting on bullying and harassment Protecting staff from violence and aggression
Enabling great development and fulfilling careers (including CPD and ensuring recognition of qualifications between employers)	Increased CPD in 19/20 delivery plan Developing career pathways and 3 year workforce plan – new roles and skills Stream lining focus across Derbyshire	Finalise our 3 year workforce plan, new roles, skills mix Increase apprentices including under 25's Focus system wide on stream lining of recruitment and on boarding
Ensuring everyone feels they have a voice, control and influence (including freedom to speak up, health and wellbeing and flexible working).	Staff Forum, Leadership events Increased our investment into health and wellbeing support	Work on the gender pay gap Testing how flexible we are as an employer Shift pattern review and improved e-roster FTSU and bullying champions
Supporting Trusts in developing tech-enabled banks and establishing collaborative banks	DHCFT has a tech-enabled bank shared support and resource with DHCHS.	Longer range rosters to enable the bank to provide Will track national development and keen to identify other providers to collaborate with

Theme 2 – Improving NHS leadership and culture

- The plan says NHS should have:
  - 'a compassionate inclusive culture' including senior leaders, clinical and non-clinical roles and the 'vital middle manager layer.'
  - Have a greater focus on collaborative talent management and a range of measures for greater board assurance – rolling out talent boards across the country
- NHS England/Improvement will work to develop an agreed set of competencies for senior leadership roles and will engage widely on options for assuring leadership (Kerr and Kark reviews).
- A new 'Leadership Compact' setting out the 'gives and gets' to shape the development of senior leaders.
- Review of regulatory and oversight frameworks to ensure greater focus on leadership culture, improvement and people management

Leadership priority areas

Derbyshire Healthcare NHS Foundation Trust

- System leadership
- Quality improvement
- Talent management
- Inclusion and diversity

These leadership challenges will apply to national NHS arms-length bodies as well as local leaders fostering a new leadership culture.

Theme 2 - DCHS – Leadership and Talent Management

Focus Area	DHCFT Comparison	What needs focus
'a compassionate inclusive culture' including senior leaders, clinical and non-clinical roles and the 'vital middle manager layer	Evolving our leadership development offer, senior, middle leadership programme and aspiring to be to commence in September, masterclasses and induction 360 appraisals rolling out Leadership launch making clear our EDI expectations	To increase the focus on front line clinical leadership, and extend the scope that everyone is a leader - Inclusive leadership
Have a greater focus on collaborative talent management and a range of measures for greater board assurance	Members of the Midlands and East Talent Board. We have a succession plan for key leadership roles . Working with the PA and the Leadership Academy on an inclusive approach to Talent Management	To advance inclusive talent management - embedding career and development conversations across the Trust Work with the system to develop a system wide approach to Talent Management

Theme 3 - Addressing workforce shortages

The plan includes measures to improve workforce supply and retention across the NHS clinical workforce. There is a set of immediate actions for which include:

- NHS England/Improvement expanding its retention support programme with a focus on the most challenged areas
- Increasing clinical placements by 25% to 5,000 by September 2019
- Developing a new return to practice scheme in conjunction with Mumsnet
- Better coordination of international recruitment with a national procurement framework for lead agencies.
- Developing plans for expansion of undergraduate medical places
- Addressing geographic and speciality medical shortages
- Developing incentives to attract students to shortage professions

Addressing workforce shortages

Derbyshire Healthcare NHS Foundation Trust

The final People Plan will cover:

- Entry routes into nursing via the nurse apprenticeship and nurse associate routes
- The development of a 'blended learning nursing degree' programme working with higher education providers
- Greater focus on primary and community nursing.

Subject to resources being allocated within the spending review, the aim would be to achieve a phased restoration of previous CPD funding levels over five years.

Theme 3 - DCHS – Addressing Workforce Shortages

Focus Area	DHCFT Comparison	What needs focus
Increasing the focus on retention	Tracked the NHSI programme, supported the programme, reviewed all the cases studies working on our 'offer' and what is needed for hard to recruit and retain areas of DHCFT	Clear DHCFT 'Offer 'and tackling hygiene issues in teams/areas where we struggle to recruit and retain
Increasing clinical placements	Traditional l model, needs to change	Revising our approach, learning from others, encouraging retirees to provide teaching and motoring support
Return to practice	Hosted the E Midlands team and was the pilot with some successful	Ongoing focus
International Recruitment	Not tried as yet	We are encouraged to work as a system, no interest from other Trusts at this time
A transformed workforce with a more varied and richer skill mix, new types of roles and different ways of working	Work underway across services to shift the skills mix , competency development, new roles and pipelines	Workforce plan will identify where we need to go harder and faster
Greater focus on primary and community nursing.	Welcome news and the increased focus on MH /LD nursing	Opportunity to be part of the national work programme

Theme 4 - Delivering 21st century care

In order to deliver the vision of care set out in the NHS Long Term Plan, the NHS needs to:

- Transform its workforce with a more varied and richer skill mix, new types of roles and different ways of working
- the scaling up of new roles via multi-professional credentialing and more effective use of the apprenticeship levy.

There will be further detailed planning work across all major NHS workforce care groups and discussion with the service over future needs before the final plan.

Delivering 21st century care

- Expand the nursing associate role to reach 7,500 by the end of 2019.
- An expansion of doctors in primary care by 5,000, further roll out of medical credentialing and support for shortage areas and for the development of more generalist roles.
- There will also be action to expand AHP, scientific and other roles as well further develop multi-professional team working starting in primary care networks.
- Reviewing current models of multidisciplinary working across primary and secondary case
- Developing accredited multidisciplinary credentials for mental health, cardiovascular disease and older people services
- Targeting investment in development of advanced clinical roles to areas of greatest service/workforce growth
- Developing a new approach to multidisciplinary training hubs
- A new programme entitled *Releasing Time to Care, focusing on using* technology to support the better deployment clinical teams more effectively and efficiently.
- Supporting consistent and effective implementation of e-rostering and job planning systems, including expanding to multidisciplinary te… primary care

Derbyshire Healthcare
NHS Foundation Trust

Theme 4 - Delivering 21st century care

Focus Area	DHCFT Comparison	What needs focus
Transforming the workforce with a more varied and richer skill mix, new types of roles and different ways of working	Skills mix changes are under consideration across all services. Opportunity to utilise the Apprenticeship levy for new roles	We need to go faster and be more adventurous, Chief Ops, Chief Nurse and Medical Director are supporting Director of People to champion
The scaling up of new roles via multi-professional credentialing and more effective use of the apprenticeship levy.	Launched the ACP role	Opportunity to advance and reposition our skills mix
Expansion Nursing Associates by the end of 2019.	Band 4 roles are now being considered across the Trust	We will have a target year on year to achieve.
An expansion of doctors in primary care by 5,000, rolling out medical credentialing and support for shortage areas and for the development of more generalist roles.	An opportunity for us to provide insight and excitement into the work of MH	To be a key player in supporting the expansion scheme
Expand AHP, scientific and other roles for multi-professional teams in PCN' s	AHP workforce is key to skills mix and area of growth the trust	We wish to continue with development of the advancement and development of the AHP workforce and our role in PCN's
Releasing Time to Care, which has a focused on using technology to support better deployment of staff time and increase productivity	E rostering and electronic job planning roll out in place	Need to move faster to achieve improved forward planning for staff work life balance and improved staffing supply

Theme 5 - A new operating model for workforce

- The interim plan explains that the workforce planning model in the NHS needs to change.
- There will be devolution of responsibility to the Integrated Care Systems (ICSs) to 'take on greater responsibility for people planning and transformation activities, in line with their developing maturity.
- A newly developed ICS workforce 'maturity framework' will be used to assess the readiness of ICS to take on responsibilities including workforce planning
- We can expect clear roles and responsibilities and ways of working at national, regional, system and employer level
- Working with STP/ICS to develop better estimates of the number of mix of staff needed over the next five years.

Developing the final People Plan

- To develop a fully-costed five-year plan, following the Spending Review and the development of five-year STP/ICS plans.
- The final plan will include:
  - Measures to embed culture change and develop leadership capability
  - More detail on changes to professional education and on investment in CPD
  - More detail on additional staff needed
  - The final plan will be developed via National People Board (to be chaired by the CPO, Prerana Issar) and an advisory board (to be chaired by Baroness Harding)
- The way of working will reflect that established in the last phase with working groups chaired by senior leaders including chief executives drawn from the service (Navina Evans, Rob Webst
  Julian Hartley).
- The plan will seek investment from the CSR, but is cle t tr
  but must be focused on the things that are in the control

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 2 July 2019

Progress against Trust Board commitments to Treat me Well made in 2018

Purpose of Report

This report is to share with the Trust Board and the public the national campaign led by MENCAP called Treat Me Well that was shared with the Trust Board on 3 July 2018 when staff attended the Board meeting to support with Board member education on this important matter following a week of national highlights on people with Learning Disabilities (LD) and / or Autism.

Twelve months ago the Board made specific commitments to improve the Trust's performance in this area. This report is intended to provide an update on what has been achieved. The report has also been reviewed by the Quality Committee.

Executive Summary

Overall individuals with Autism and Learning Disabilities struggle to access psychological care, mental healthcare and physical healthcare. LD colleagues attended the Trust Board meeting in July last year to ask for commitments through this national campaign. They presented videos to the Board that highlighted the work of the Treat Me Well campaign that showed how making reasonable adjustments in hospitals and community services can make access to healthcare easier for people with LD. They also asked for the Board's practical assistance in championing the cause of Learning Disability people in our community and in our service transformation developments.

The Board was advised that although there are changes to clinical standards for LD services there are also new standards that our own LD services are developing, which are being benchmarked to meet the standards. These new LD standards directly respond to the Treat Me Well campaign.

This paper is about the voice of people with a learning disability and / autism, the risks associated to their life outcomes throughout discrimination in mainstream services by diagnostic over shadowing where their needs are not met because the focus is placed upon their learning disability, not their other co-morbid health conditions.

The Treat Me Well campaign is lobbying NHS organisations of all forms:

- We know that the treatment people with a learning disability receive in hospital is still not good enough in many parts of the country. This has to change
- 1200 people with a learning disability die avoidably in hospital, each and every year
- The Treat Me Well campaign, calls on NHS staff to make reasonable adjustments for people with a learning disability which can help to save lives.

The Board was briefed that the number of individuals with Profound Multiple Learning Disabilities (PMLD) with complex needs is increasing in our community and the needs of this section of our community are significant. Our system plans to meet

the medium and long term needs of this associated with this group, are not present.

LD colleagues would like the Trust to sign the campaign and also step in to enable the Trust's community to hear the voice of this campaign and influence its partners and improve physical healthcare and communication within our organisation.

We made a number of immediate commitments to make some progress. One year on:

- The Greenlight toolkit has been revised. Learning Disability and Autism Standards will continue to be implemented
- A new checklist model has been designed for assessing the Trust's environments to be Learning Disability and Autism Aware Patient-led assessments of the care environment Autism-friendly environments: checklist for assessors. We will be piloting this tool with our EQUAL ward visits and testing this tool and making refinements in Summer 2019
- Autism boxes have been designed and developed and rolled out to services
- The Trust has championed the voice of individuals using its Learning Disability service with their rights to access
- Equal Patients and Carers Forum for individuals with a Learning Disability and/or Autism have been recruited to champion their voice. The voice of 'M' is included.

The next phase of this work will continue to be implemented with learning from the improvements we have made so far from continually listening to the voice of the Equal Forum and the community.

The Quality Committee reviewed this paper and felt assured that progress had been made and endorsed its recommendations.

In addition the following people plan development has been included in this Trust Board report for completeness.

In addition to these commitment we have also:

1. Influenced Education providers to re-introduce Learning Disability pre-registration nursing at Nottingham and Derby University providers, who have or are immediately re-instating their undergraduate nurse training programmes.

2. Submitted a bid to NHS Improvement to particularly increase training places for student Learning Disability services to secure a sustainable future workforce and requesting funding for legacy mentors. The outcome of the bid is expected to be known in early July 2019.

   Legacy mentor. A legacy mentor post would be offered to an RNLD or an RMN with extensive Learning Disability experience, this Band 6 retire or returnee, or a single mum/dad or carer who would be employed for 17 hours per week as an experienced nurse who requires flexibility in their employment. These mentors will increase the student placements in the Trust's Learning Disability service and additionally support students on additional placements in the voluntary sector and social care in Learning Disability. They will act as a long arm mentor and support students to flourish.

This will enable the Trust to use its extensive retiree knowledge to develop its future workforce.

Strategic Considerations	
1) We will deliver **quality** in everything we do providing safe, effective and service user centred care	
2) We will develop strong, effective, credible and sustainable **partnerships** with key stakeholders to deliver care in the right place at the right time	
3) We will develop our **people** to allow them to be innovative, empowered, engaged and motivated. We will retain and attract the best staff.	
4) We will **transform** services to achieve long-term financial sustainability.	

Assurances

- This is a report to influence Board's thinking and consider the Clinical Strategy in this area.
- The Quality Committee has reviewed and scrutinised this information and was appraised of progress that has been made against the original commitments.
- Since the Trust Board received this briefing twelve months ago. The Chief Executive has been allocated as the Senior Responsible Officer for Learning Disability services. This is in line with a request for Board level ownership of the future of Learning Disability services.

Consultation

- This is a National development supported by MENCAP to raise the profile of people with Learning Disability and Autism and meet their needs. Staff have expressed concern as to why the Board has not signed up to this campaign previously and to make visible and purposeful actions to improve this situation. This feedback was received and the Board has made commitments to improve.
- This has been shared with executive colleagues, Quality Committee members and the content with Trust wide colleagues.

Governance or Legal Issues

- Discrimination means treating you unfairly because of who you are. The Equality Act 2010 protects individuals from discrimination by focusing upon the protected characteristics in this case this is disability.
- The Care Act introduces a single law to replace existing complex legislation around adult social care, new duties for local authorities and partners, and new rights for service users and carers. These include new rules on who qualifies for publicly funded care and support, a stronger focus on wellbeing and prevention and new a safeguarding framework to protect from abuse and

neglect.

- Care and support services, such as practical assistance at home and support engaging in the community, are often vital in enabling the independence and wellbeing of people with Learning Disability and or Autism.
- The Care Act requires councils to make sure any adult with an appearance of care and support needs, and any carer with an appearance of support needs, should receive a needs assessment. If an individual requests an assessment they should receive one regardless of where they (or the person they care for/support) are on the Learning Disability service, their IQ or financial situation.
- The Act also requires councils to undertake 'transition assessments' if a child, young carer or adult caring for a child is likely to have needs when they, or the child they care for, turn 18. This is regardless of whether the individual currently receives any support from children's services. This should be a holistic offer meeting all Health care needs, known as the Health Care Plan.
- Little data on 'sub communities' such as BME, LGBT who have Autism, both nationally and locally.

Public Sector Equality Duty & Equality Impact Risk Analysis

The author has a responsibility to consider the equality impact and evidence on the nine protected characteristics (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation)).

There are no adverse effects on people with protected characteristics (REGARDS).	
There are potential adverse effect(s) on people with protected characteristics (REGARDS). Details of potential variations /inequalities in access, experience and outcomes are outlined below, with the appropriate action to mitigate or minimise those risks.	

Actions to Mitigate/Minimise Identified Risks

There is evidence that people with a learning disability experience inequalities in healthcare. Research has found that men with a learning disability die on average 13 years sooner, and women with a learning disability 20 years sooner, compared to those without learning disabilities.

The number of individuals with Profound Multiple Learning Disabilities (PMLD) with complex needs is increasing in our community and the need of this section of our community is significant. In our own system plans to meet the medium and long term needs of this associated with this group, are not present. This will require ongoing monitoring and gap analysis to review the changing population needs and age and profile of Derbyshire and whether with increasing population that the current configuration and service model is able to meet the medium and long term needs. The CCG and the Senior Responsible Officer for Learning Disability services, Ifti Majid will need to work in partnership with the local authority leads and prospective changes in the statutory duty for autism, changes in the joint strategic needs assessment to continually review the population and trajectories against service size and demand.

There are approximately 193,707 children of school age in the UK who have a learning disability. The Trust's children's and CAMHS (Child and Adolescent Mental Health Services) services are seeing a rise in individuals requiring our services and

help.

Having a profound learning disability is part of the picture, but a number of our services are also supporting Special Educational Needs (SEN) which can affect a child or young person's behaviour, reading and writing, concentration levels, ability to understand things, or their physical ability. (Gov.uk 2016) our current waiting list in the Paediatric service may adversely affect some individuals more than others if there are delays in safe and effective access to assessment.

In England in 2015, 8% of pupils with SEN (Special Educational Needs) attended special schools. Department for Education (2015) there are risks to our special school services who are seeing increasing demand and pressure.

Children and young people with a learning disability are at an increased risk of bullying.

Children and young people with a disability are more likely to live in poverty than those without a disability (Contact a Family 2012). This can lead to psychological distress and social exclusion, leading to increases chances of mental illness in later life in Derbyshire.

Adults with Associative Discrimination already applies to race, religion or belief and sexual orientation. This is now extended to cover age, disability, gender reassignment and sex. It means direct discrimination against someone because they associate with another person with a protected characteristic. Therefore carers and parents of individual may have associate discrimination and potentially indirect discrimination.

The health inequalities experienced by people with a learning disability are partly caused by poor quality healthcare. In addition, there are a number of health conditions that people with a learning disability are more likely to experience, including epilepsy, dementia and respiratory disease.

Additional monitoring of physical healthcare of individuals with Learning Disability or Autism is required within our services, through support teams and in all settings because of the known and significant risk of premature mortality. The LeDeR review monitors this work, however the voice of the Learning Disability community Stop People Dying Too Young (the LeDeR programme). A big part of this work is in the North East and Yorkshire and Humber which focusses on preventing people with a learning disability dying too young. This expert by experience group have been challenging colleagues to have higher clinical standards and expectations in their response to the national programme - an example of their papers is included to give an insight into the. We will use this work and newsletter in our own developments for EQUAL in our Trust.

This is known as the LeDeR programme. Research has shown that people with a learning disability can die up to 29 years earlier than other people – and often these early deaths can be prevented.

Recommendations

The Board of Directors is requested to:

1) Receive the paper and be briefed on the progress so far on the Treat me well campaign and improvements made after 12 months
2) Challenge the executive lead on what key areas should be considered and any wider consideration.
3) The medium term to long term commitment to Profound Multiple Learning Disabilities (PMLD) and the population growth remains a risk for the Trust's wider community and commitments are in place by the Board and commissioners to review these patient groups in particular. Executive Directors have raised this group with local authority colleagues and are giving feedback on the long term plan.
4) Confirm the timescale for the next briefing on progress made against this area of clinical and organisational practice improvement.

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

Child Bereavement UK
REBUILDING LIVES TOGETHER

inclusion north

3 out of 10 is nothing to be proud of.

A response to the Leder Annual Report from the Stop People with a Learning Disability Dying Too Young Confirm and Challenge Group. June 2019

Learning Disabilities Mortality Review (LeDeR) Programme

Last year, the Stop People with a Learning Disability Dying Too Young Group wrote a statement in reply to the LeDeR annual report.

The report about what difference the LeDeR programme made in 2018 was published in May 2019.

Learning Disabilities Mortality Review (LeDeR) Programme

This is our group's response.

Our big question about the report is…

What does it mean?

You have shared facts and figures without giving us any interpretation.

We know more people with a learning disability die in hospital, and more people died in October, November and December than you expected.

But so what?

What does this mean about what needs to change?

We are very disappointed that another year has gone by, and the average age at death has only improved by a single year.

We are very unhappy about the way you have written the report.

You told us “3 in every 10 reviews said people had the best possible care.”

We think the report should say “we are shocked and appalled that 7 out of 10 people did not get the best possible care.”

We are horrified that those numbers are so high. That is over 3000 people who did not get the best possible care.

Every one of those people matters.

STOMP

Stopping over medication of people with a learning disability, autism or both

20% of people who died were on anti-psychotic medication. LeDeR and STOMP have to join up.

This is about people’s rights and the quality of their care.

19 people had a learning disability or Down's Syndrome given as a reason not to resuscitate them.

Other people had learning disability given as their cause of death.

This should not happen, but there is still a big gap between what should happen and what does happen.

This is what kills us 27 years too early.

We aren't respected.
Our lives are not valued like yours.

If this wasn't true, why would you test for Down's Syndrome during pregnancy and offer a termination?

And if we do not have family, friends or advocates speaking up for us, we are likely to receive care that is far from good enough.

Your report told us that 8% of us can expect care so bad that it will make us ill or cause us to die sooner than we should

We struggle when we hear that end of life care is good – when this is 27 years too soon.

We want good end of life care when we are old, not when we should be having the time of our lives.

There are no values in the report.
It doesn't seem to matter.
It is just facts.
There is no comment on why this is happening.

People are dying too young because they are treated differently.

Poor care becomes the norm.

When you tell us that "three in every 10 reviews noted that the person had received the best possible care."

We say

3 out of 10 is nothing to be proud of.

Derbyshire Healthcare
NHS Foundation Trust

Board Committee Summary Report to Trust Board
Mental Health Act Committee (MHAC) - meeting held 7 June 2019

Key items discussed:

- **Minutes from Mental Health Act Committee held 8 March 2019:**
  It was agreed the draft minutes of Committee meetings should be available to the Operational Group. The link between the use of seclusion and the lack of a local PICU needs to be explored further. The adult inpatient visiting policy is overdue and has been escalated to Philomena O'Hanlon, Consultant Nurse Dementia Care.

- **Restrictive Practices Presentation:**
  Committee received a demonstration of the live dashboard used to give clinicians real time data on dynamic factors that could influence the use of restrictive practices. Clinicians are being coached to use this information taking into consideration human factors, eg stress, tiredness that could influence their decision making. New techniques, eg introduction of safety pods and training compliance has top priority. A paper detailing the use of prone restraint is due at the Quality Committee. The use of restrictive practices has not significantly declined over the last two years and these initiatives are intended to produce a downwards trajectory. The Committee welcomed the presentation and found significant assurance from the process described. There is limited assurance on the effectiveness of the approach until the impact is seen.

- **BAF Risk:**
  The risk that "the Trust will fail to provide full compliance with the Mental Health Act (1983) and the Mental Capacity Act (2005)" was reviewed. There is evidence now that the Trust is discharging its statutory duty to detained patients effectively and although practice around care planning/capacity assessment in the community needs to be tighter this is more in the realm of good practice as it is legitimate to assume capacity in most circumstances.

  S136 risks relating to the availability of PICU (Psychiatric Intensive Care Unit), CAMHS (Child and Adolescent Mental Health Service, and LD (Learning Disability) beds are not directly in our control and have been escalated when necessary.

  It was agreed the gaps in control had now been mitigated to a level that they no longer pose a significant threat to the achievement of the Trust Strategic objectives.

- **Minutes of MHA Operational Group and Actions Matrix:**
  The action matrix needs updating from the last meeting on 13 May 2019. It was noted that Local Authority representatives were playing a full part in the meetings. Work around S37/41 cases is progressing well with no breaches following the recent Court Ruling. Training compliance remains problematic and new approaches are being considered. Reviews after Rapid Tranquillisation are still a concern and require better clinical ownership ad grip which is part of work involved in the inpatient improvement plan.

- **Mental Health Act Manager's Report:**
  No obvious trends were noted regarding ethnicity (low numbers) and overall seclusion rates are down in the last quarter (but could be chance variation). The improvement in the requests for SOADs (Second Opinion Appointed Doctor)/use of Section 62 was noted, the one exception being understandable due to late communication form the SOAD service. Significant assurance was received.

- **Associate Hospital Managers (AGM) verbal update:**
  Seven new AHMs have been recruited. We should have between 11 - 12 overall. Ten is the realistic minimum required for hearings. We will explore the role of AHMs as hospital visitors given the direction of travel in the MHA Review.

- **Response to Review of MHA and MCA Briefing Paper:**
  The Medical Director, MHA Manager, and Chris Elkin, MCA/MHA Team Leader, have scoped the MHA Review and MCA Amendment Bill. New developments will be taken forward in existing workstreams where applicable. An increase in workload for the MHA office, Responsible and Approved Clinicians, and ward nurses is anticipated but difficult to model until further detail is available. Practice development to a new level will definitely be needed and further coaching infrastructure will be required. A detailed proposal will be submitted to the Executive Leadership Team (ELT). Cross referencing between the workstreams and Board Committees will be necessary to give assurance.

- **Section 37/41 Review:**
  A multi-agency panel is reviewing all S37/41 cases in the light of the recent Supreme Court judgement. This has replaced the planned audit of cases.

- **Policy Review:**
  The following policies were accepted and ratified in view of the consultation that has taken place:

  - Mental Health Act 1983 Procedure for Managers Hearings Policy and Procedures
  - Mental Health Review Tribunal Guidance
  - Mental Health Act 1983 Section 132 patients' Rights Policy and Procedures
  - Mental Health Act 1983 Receipt and Scrutiny of Section Papers
  - Mental Health Act 1983 Urgent Treatment

Issues escalated to Board or transferred to other committees

Review of MHA and MCA Amendment Bill to be considered further by ELT and a submission for practice development posts to be submitted.

Meeting effectiveness

Top notch.

Decisions made

- To de-escalate the BAF risk
- To develop the role of AHMs as Hospital Visitors
- To track development across Board Committees related to the MHA Review and MCA Amendment Bill

Committee Chair: **Anne Wright**	**Executive Lead:** **John Sykes, Medical Director**

Derbyshire Healthcare NHS Foundation Trust

Board Committee Assurance Summary Report to Trust Board
Quality Committee meeting held 11 June 2019

Key items discussed

- **BAF Risks for Quality Committee:** Acute provision review and risks for BAF Risk 1a. Proposal to review the measures and issues on granular detail for each quality priority and include escalation of quality concerns from Trust Management Team. Exploration of Executive Director capacity and phasing to deliver BAF Risk 1a. Bringing about the connection of the Quality Committee and plans for delivery against draft consultation, with key objectives and deliverable measures.

- **Review of the CQC visits to the acute pathway:** Progress since the last report and anticipation of future expectations was challenged by Non-Executive Directors. Improving and getting intelligence from other trusts, through self-assessment and piloting the new hospital manager's role / with service user and carers work. The intelligence based on the national strategy and issues to keep the Trust continually improving. Smoking policy in particular will be reviewed and remodelled. Challenges arose on and improving the issues on protected characteristics. Monthly reporting and assurances on how we will implement and improve our acute core service. The Executive Directors offered a limited level of assurance while acknowledging that an executive improvement plan was in progress. This acute improved plan will be reviewed monthly by the Committee.

- **Treat Me Well Campaign:** A progress report was provided against this improvement area, and the work that has been completed over the last twelve months.

- **Prone Restraint Annual Report:** Positive report detailing clear assessment and analysis / issues. The training issues and gaps / improvements are key to advanced improvements. Limited assurance due to training improvements required. Recommendations were accepted.

- **Clinical Audit update on resources** required to interconnect with Quality Improvements prior to a comprehensive report due in September, to connect the improvement

- **Patient Experience Quarterly Report:** Executive summary is to be strengthened and impact data on complaints and compliments / what improvements have we made. Significant assurance was offered and improvements on equality monitoring and the impact of improvements.

- **Update on the governance process and operational reporting to the Quality Committee:** The Trust Secretary is to look at operational / improvement model for governance. To be scheduled for the September forward plan.

- **Results of Annual Medical Appraisal:** A summary was presented, including learning on incidents and 100% fitness and the quality of appraisal was challenged. Full assurance on fitness to practice, was offered on compliance and significant assurance on the quality of appraisal.

- **Emergency Preparedness, Resilience and Response – six month report.** Significant assurance

- **Positive and Safe Management of Violence and Acute Psychological Distress Policy** - ratified.

Assurance/Lack of Assurance Obtained

- **Review of the CQC visits to the acute pathway** - limited assurance with improvement plan and monthly monitoring.
- **Treat Me Well Campaign** - significant assurance on progress.
- **Prone Restraint Annual Report** - a limited level of assurance but acknowledged that an executive improvement plan was in progress
- **Patient Experience Quarterly Report** - significant assurance
- **Annual Medical Appraisal** - full assurance on fitness to practice standards.
- **Any other business** - Director of Nursing briefed the Committee on out of area issues. The Safeguarding Committee is to oversee quality risks in out of area placements.

Meeting Effectiveness

- Robust meeting, effective challenge and improvements agreed. Adaptations made to the forward plan to increase acute services monitoring.
- Further work is to take place on reporting on equalities and protected characteristics monitoring.

Decisions made

- Review acute provision and risks for BAF Risk 1a to upgrade from high to extreme on acute pathway with an executive improvement plan and monthly reporting.

Escalations to Board or other committee

- Safeguarding Committee to oversee out of area placements and safeguarding risks, safety issues for patient issues.

Committee Chair: Margaret Gildea	**Executive Lead: Carolyn Green, Director of Nursing & Patient Experience**

Derbyshire Healthcare NHS Foundation Trust

Board Committee Assurance Summary Report to Trust Board
People & Culture Committee – Meeting held 25 June 2019

Key items discussed

People and Culture Committee BAF risk 2a - The Committee reviewed the risk - the Trust will not be able to retain, develop and attract enough staff to protect their wellbeing to deliver high quality care was reviewed. Risk ratings for individual actions relating to effective recruitment and retention are to be revised as they are not yet fully mitigated. Leadership and management development programme is to include measures on the outputs to track against the Trust's aim "to be a great place to work". Gaps in control were highlighted against measures such as safer staffing for recruitment and retention, monitoring of action plans against staff with protected characteristics.

- **Recruitment and Temporary staffing report** – Agreement reached for a single integrated report to be submitted to each meeting showing improvement across recruitment and retention rates, E Roster progress and shift times consultation, closing the gap on safer staffing with progress tracked against bank fill rates and actions required.

- **E Roster update - shift time consultation** – Progress against individual wards to be tracked, project plan to be provided showing timescales to include the Band 2/3 development programme as part of the recruitment solution. Included consultation process to encourage solutions to alternative shift times and flexible working patterns of certain groups of staff.

- **Quality and Volume of Training and Supervision for Inpatient Nursing Staff** – Committee discussed the volume of volume of supervision and training required against the budgeted establishment in inpatient areas. Budgeted establishment to be reviewed to include maternity, career break and sickness absence against number of days training to be compliant.

- **CQC Training compliance plan across inpatient areas** - Measures are in place to improve attendance on courses, support in place for inpatient areas to book staff onto training, escalate shifts to bank and input into ESR to show compliance improvement.

- **2019/20 Workforce Development Delivery Plan Update** – Comprehensive summary of all plans in place and projected financial summary, quarterly update to be provided to show progress against plan.

- **Workforce Performance** - Report to show key points and recommendations as part of the executive summary. Good progress reported with further development of the integrated report to the Committee in November.

- **DBS Update** – Report showed progress is on track with measures and processes in place to move to business as usual in DBS processes across Children's services. Gap in control relating to the BAF and Safeguarding to be added.

- **Strategic Workforce Report** – This included NHS Interim People Plan, Improving People Practices, Junior Doctors Contract changes and the impact of the Exit Payment Consultation. Shows a clear link between what is happening at national level and at local level in the Trust.

- **Supervision Policy and Procedure Update** – Supervision update concluded that performance and compliance is to be included in future integrated workforce performance report.

- **2019/20 Forward Plan** – To be refreshed and realigned with quarterly reports for any workforce standards to be included going forward.

- **Meeting effectiveness** – Recommendation to reduce the number of papers and provide a single integrated report highlighting and measuring against the people metrics, workforce developments, inpatient hot spots, leadership development and people plans and training compliance. A number of papers provided limited assurance. Committee was well chaired with additional Executive Directors and Non-Executive Directors present which added to the value of discussion and challenge.

Assurance/lack of assurance obtained

- Recruitment and Temporary staffing report – limited assurance
- Quality and Volume of Training and Supervision for Inpatient Nursing Staff - limited assurance
- E Roster Update – limited assurance although it is expected to improve following the changes in shifts patterns
- 2019/20 Workforce Development Delivery Plan Update – significant assurance
- DBS Update Report - limited assurance

Key risks identified

- BAF Risk 2a gaps in control were highlighted as an area of concern especially around safer staffing and effective recruitment and retention. Despite the improvements that have been made the impact is still to be materialised.

Decisions made

- To develop an Integrated Workforce Performance report to be developed that will highlight and measure against the people metrics, workforce developments, inpatient hot spots, leadership development, people plans and training compliance to be reported to every meeting**.**

- **Escalations to Board or other committee -** no significant actions to be escalated to Board.

Committee Chair: Margaret Gildea	**Executive Lead: Amanda Rawlings, Director of People Services & Organisational Effectiveness**

2019-20 Board Annual Forward Plan

Exec Lead	Item	2 Apr 19	7 May 19	4 Jun 19	2 Jul 19	3 Sep 19	1 Oct 19	5 Nov 19	3 Dec 19	4 Feb 20	3 Mar 20
	Paper deadline	26 Mar	29 Apr	28 May	24 Jun	27 Aug	23 Sep	28 Oct	25 Nov	27 Jan	24 Feb
Trust Sec	Declaration of Interests	X	X	X	X	X	X	X	X	X	X
CG	Patient Story	X	X	X	X	X	X	X	X	X	X
CM	Minutes/Matters arising/Action Matrix	X	X	X	X	X	X	X	X	X	X
CM	Board Forward Plan (for information)	X	X	X	X	X	X	X	X	X	X
CM	Board review of effectiveness of meeting	X	X	X	X	X	X	X	X	X	X
STRATEGIC PLANNING AND CORPORATE GOVERNANCE											
CM	Chair's Update	X	X	X	X	X	X	X	X	X	X
IM	Chief Executive's Update	X	X	X	X	X	X	X	X	X	X
MP/CW	NHSI Annual Plan - timing to be confirmed							X			
AR	Staff Survey Results										X
AR	Equality Delivery System2 (EDS2)							X			
AR	Workforce Race Equality Standard (WRES)					X					
AR	Workforce Disability Equality Standard (WDES)					X					
AR	Workforce Standards Formal Submission									X	
AR	Gender Pay Gap Report										X
AR	Public Sector Duty Annual Report									X	
AR	Pulse Check Results and Staff Survey Plan					X					
AR	Flu Campaign for 2019/20							X			X
AR	Workforce Plan			X							
Trust Sec	NHS Improvement Year-End Self-Certification		X								
Trust Sec	Year-End Governance Reporting from Board Committees and approval of ToRs		X								
Trust Sec	Corporate Governance Framework							X			
Trust Sec	Trust Sealings (six monthly)	X					X				
Trust Sec	Annual Review of Register of Interests	X									
Trust Sec	Board Assurance Framework Update	X		X		X		X		X	
IM	Deep Dive BAF Risk 3b - risk that the Trust fails to influence external drivers (such as national policy and BREXIT) which could impact on its ability to effectively implement its strategy								X		

Exec Lead	Item	2 Apr 19	7 May 19	4 Jun 19	2 Jul 19	3 Sep 19	1 Oct 19	5 Nov 19	3 Dec 19	4 Feb 20	3 Mar 20
Trust Sec	Freedom to Speak Up Guardian Report (six monthly)					X					X
Trust Sec	Fit and Proper Person Declaration			X							
Trust Sec	Board Effectiveness Survey Report Policy for Engagement between the Board and COG	X							X		
Trust Sec	Report from Council of Governors Meeting (for info)	X		X		X	X		X	X	
Committee Chairs	Board Committee Assurance Summaries (following every meeting) - Audit & Risk Committee - Finance & Performance Committee - Mental Health Act Committee - - Quality Committee - People & Culture Committee - Safeguarding Committee	X	X	X	X	X	X	X	X	X	x
MP	Emergency Planning Report (EPPR)							X			
GH	Business Plan Monitoring close down of 2018/19 (May) Proposal for 2020/21 (June)		X	X				X			
GH	Trust Strategy Review		X		X						
GH	Clinical Strategies					X					
OPERATIONAL PERFORMANCE											
CG/CW/AR/ MP	Integrated performance and activity report to include Finance, Workforce, performance and Quality Dashboard		X	X	X	X	X	X	X	X	X
CG/JS/AR/ MP	Workforce Standards Formal Submission/Safer Staffing										X
QUALITY GOVERNANCE											
CG/CW/MP/ GH/JS/AR	Quality Report - focus on CQC domains		Responsive MP	Caring CG		Use of Resources CW	Safety JS	Quality & Strategy GH	Well-led CQC & NHSI Trust Sec	Effective CG AR	
JS	Learning from Deaths Mortality report (quarterly publication of information on death) Apr/Jul/Oct/Feb/Apr	X				X		X		X	
JS	Guardian of Safe Working Report			X		X			A		X
CG/JS	Safeguarding Children & Adults at Risk Annual Report						X				
JS	NHSE Return on Medical Appraisals sign off					X					
CG	Control of Infection Report					A					
JS	Re-validation of Doctors				A						
CG	Annual Review of Recovery Outcomes								X		
CG	Treat Me Well Campaign Update				X						
CG	Annual Looked After Children Report							X			
CG	Outcome of Patient Stories						X				

Derbyshire Healthcare NHS Foundation Trust

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST TERMS

NHS Term / Abbreviation	Terms in Full
A	
A&E	Accident & Emergency
ACCT	Assessment, Care in Custody & Teamwork
ACE	Adverse Childhood Experiences
ACP	Accountable Care Partnership
ACS	Accountable Care System (now known as ICS)
ADHD	Attention Deficit Hyperactivity Disorder
AfC	Agenda for Change
AHP	Allied Health Professional
ALB	Arms-length body such as NHS Improvement (NHSI) and NHS England (NHSE)
AMHP	Approved Mental Health Professional
AO	Accountable Officer
ASD	Autism Spectrum Disorder
ASM	Area Service Manager
B	
BAF	Board Assurance Framework
BMA	British Medical Association
BAME	Black, Asian & Minority Ethnic group
C	
CAMHS	Child and Adolescent Mental Health Services
CASSH	Care & Support Specialised Housing
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Group
CCT	Community Care Team
CDMI	Clinical Digital Maturity Index
CEO	Chief Executive Officer
CGA	Comprehensive Geriatric Assessment
CIP	Cost Improvement Programme
CMDG	Contract Management Delivery Group
CMHT	Community Mental Health Team
CNST	Clinical Negligence Scheme for Trusts
COAT	Clinical Operational Assurance Team
COF	Commissioning Outcomes Framework
COG	Council of Governors
CPA	Care Programme Approach
CPD	Continuing Professional Development
CPN	Community Psychiatric Nurse
CPR	Child Protection Register
CQC	Care Quality Commission
CQI	Clinical Quality Indicator
CQUIN	Commissioning for Quality Innovation
CRB	Criminal Records Bureau
CRG	Clinical Reference Group
CRS	(NHS) Care Records Service

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST TERMS	
NHS Term / Abbreviation	**Terms in Full**
CRS	Commissioner Requested Services
CSF	Commissioner Sustainability Fund
CTO	Community Treatment Order
CTR	Care and Treatment Review
D	
DAT	Drug Action Team
DBS	Disclosure and Barring Service
DfE	Department for Education
DHCFT	Derbyshire Healthcare NHS Foundation Trust
DIT	Dynamic Interpersonal Therapy
DNA	Did Not Attend
DH	Department of Health
DoLS	Deprivation of Liberty Safeguards
DPA	Data Protection Act
DRRT	Dementia Rapid Response Team
DTOC	Delayed Transfer of Care
DVA	Derbyshire Voluntary Action (formerly North Derbyshire Voluntary Action)
DWP	Department for Work and Pensions
E	
ECT	Enhanced Care Team
ECW	Enhanced Care Ward
ED	Emergency Department
EDS2	Equality Delivery System 2
EHIC	European Health Insurance Card
EHR	Electronic Health Record
EI	Early Intervention
EIA	Equality Impact Assessment
EIP	Early intervention in psychosis
ELT	Executive Leadership Team
EMDR	Eye Movement Desensitising & Reprocessing Therapy
EMR	Electronic Medical Record
EPR	Electronic Patient Record
ERIC	Estates Return Information Collection
ESR	Electronic Staff Record
EWTD	European Working Time Directive
F	
FBC	Full Business Case
FOI	Freedom of Information
FFT	Friends and Family Test
FSR	Full Service Record
FT	Foundation Trust
FTN	Foundation Trust Network
F&P	Finance and Performance
5YFV	Five Year Forward View
G	

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST TERMS	
NHS Term / Abbreviation	**Terms in Full**
GDPR	General Data Protection Regulation
GGI	Good Governance Institute
GMC	General Medical Council
GP	General Practitioner
GPFV	General Practice Forward View
H	
HEE	Health Education England
HES	Hospital Episode Statistics
HoNOS	Health of the Nation Outcome Scores
HSCIC	Health & Social Care Information Centre
HSE	Health and Safety Executive
HWB	Health and Wellbeing Board
I	
IAPT	Improving Access to Psychological Therapies
ICS	Integrated Care System (formerly ACS)
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IDVAs	Independent Domestic Violence Advisors
IG	Information Governance
IM&T	Information Management and Technology
IPP	Imprisonment for Public Protection
IPR	Individual Performance Review
IPT	Interpersonal Psychotherapy
J	
JNCC	Joint Negotiating Consultative Committee
JTAI	Joint Targeted Area Inspections
JUCB	Joined Up Care Board
JUCD	Joined Up Care Derbyshire
K	
KPI	Key Performance Indicator
KSF	Knowledge and Skills Framework
L	
LA	Local Authority
LCFS	Local Counter Fraud Specialist
LD	Learning Disablities
LHP	Local Health Plan
LHWB	Local Health and Wellbeing Board
LOS	Length of Stay
M	
MARS	Mutually Agreed Resignation Scheme
MAU	Medical Assessment Unit
MAS	Memory Assessment Service
MAPPA	Multi-agency Public Protection Arrangements
MARAC	Multi-agency Risk Assessment Conference (meeting where information is shared on the highest risk domestic abuse

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST TERMS	
NHS Term / Abbreviation	**Terms in Full**
	cases between representatives of local police, probation, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors.
MASH	Multi-Agency Safeguarding Hub
MCA	Mental Capacity Act
MDA	Medical Device Alert
MDM	Multi-Disciplinary Meeting
MDT	Multi-Disciplinary Team
MFF	Market Forces Factor
MHA	Mental Health Act
MHIN	Mental Health Intelligence Network
MHIS	Mental Health Investment Standard
MHRT	Mental Health Review Tribunal
MSC	Medical Staff Committee
N	
NCRS	National Cancer Registration Service
NED	Non-Executive Director
NICE	National Institute for Health and Care Excellence
NHS	National Health Service
NHSI	National Health Service Improvement
O	
OBC	Outline Business Case
ODG	Operational Delivery Group
OP	Out Patient
OSC	Overview and Scrutiny Committee
P	
PAB	Programme Assurance Board
PAG	Programme Advisory Group
PALS	Patient Advice and Liaison Service
PAM	Payment Activity Matrix
PARC	Psychosis and the reduction of cannabis (and other drugs)
PARIS	This is an electronic patient record system
PbR	Payment by Results
PCC	Police & Crime Commissioner
PHE	Public Health England
PICU	Psychiatric Intensive Care Unit
PID	Project Initiation Document
PLIC	Patient Level Information Costs
PMLD	Profound and Multiple Disability
PPT	Partnership and Pathway Team
PREM	Patient Reported Experience Measure
PROMS	Patient Reported Outcome Measure
PSF	Provider Sustainability Fund
Q	
QAG	Quality Assurance Group
QC	Quality Committee

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST TERMS	
NHS Term / Abbreviation	**Terms in Full**
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Productivity Programme
R	
RAID	Rapid Assessment, Interface and Discharge
RCGP	Royal College of General Practitioners
RCI	Reference Cost Index
REGARDS	Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation
RTT	Referral to Treatment
S	
SAAF	Safeguarding Adults Assurance Framework
SBARD	Situation, Background, Assessment, Recommendation and Decision (SBARD) tool
SBS	Shared Business Services
SEND	Special Educational Needs and Disabilities
SI	Serious Incidents
SLA	Service Level Agreement
SLR	Service Line Reporting
SOC	Strategic Options Case
SOF	Single Operating Framework
SPOA	Single Point of Access
SPOE	Single Point of Entry
SPOR	Single Point of Referral
STEIS	Strategic Executive Information System
STF	Sustainability and Transformation Fund
STP	Sustainability and Transformation Partnership
S(U)I	Serious (Untoward) Incident
T	
TARN	Trauma Audit and Research Network
TCP	Transforming Care Partnerships
TCS	Transforming Community Services
TDA	Trust Development Authority
TMT	Trust Management Team
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 1981
TMAC	Trust Medical Advisory Committee
W	
WTE	Whole Time Equivalent