Derbyshire Healthcare NHS Foundation Trust
Board of Directors

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

4 February 2020 09:30 - 4 February 2020 12:15

INDEX

NOTICE OF PUBLIC BOARD MEETING – TUESDAY 4 FEBRUARY 2020
TO COMMENCE AT 9:30am
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 3 December 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.	10:10	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	Board Assurance Framework (fifth issue)	Justine Fitzjohn
11:00 B R E A K			
10.	11:15	Learning from Deaths Mortality Report	Carolyn Green
11.	11:25	Electronic Patient Record Transformation Project Mobilisation	Mark Powell
12.	11:35	Clinical Service Strategies - Substance Misuse, Children's, Forensic and Rehab Clinical Services	Gareth Harry
13.	11:45	Estates Strategy	Mark Powell
14.	11:55	Board Committee Assurance Summaries and Escalation *(minutes available on request)*: People & Culture Committee 26 November 2019, Audit & Risk Committee 3 December 2019, Mental Health Act Committee 6 December 2019, Quality Committee 10 December 2019 and 14 January 2020, Finance & Performance Committee 21 January 2020	Committee Chairs
CLOSING MATTERS			
15.	12:10	- Identification of any issues arising from the meeting for inclusion or updating in the Board Assurance Framework - Meeting effectiveness	Caroline Maley
FOR INFORMATION			
Summary of Council of Governors meeting held 7 January 2020			
Glossary of NHS Acronyms and Forward Plan for 2019/20			

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.

The next meeting will be held at 9.30am on 3 March 2020 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

Our vision

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

Our values

As a Trust, we can only provide good quality services through our dedicated staff, working together with a common purpose. Our values reflect the reasons why our staff choose to work for the NHS and Derbyshire Healthcare.

Our Trust values are:

People first – We 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.

NHS
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 (mentoring client from First Steps (Eating Disorders) as part of Organisation Change Solutions)	(a, b) (a)
Gareth Harry Director of Director of Business Improvement & Transformation	• Chairman, Marehay Cricket Club • Member of the Labour Party • Mother is a member of Amber Valley Borough Council	(d) (e) (c, e)
Ashiedu Joel Non-Executive Director	• Trustee at The Bridge (East Midlands) in Loughborough • Director/Owner Ashioma Consults Ltd • Director/Co-owner Peter Joel & Associates Ltd	(a)
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 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 Deputy Trust Chair and 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).

NHS
Derbyshire Healthcare
NHS Foundation Trust

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

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

Tuesday 3 December 2019

MEETING HELD IN PUBLIC	
Commenced: 9.30am	Closed: 12.10pm

PRESENT	Caroline Maley	Trust Chair
	Margaret Gildea	Senior Independent Director and Non-Executive Director
	Geoff Lewins	Non-Executive Director
	Suzanne Overton-Edwards	Non-Executive Director
	Dr Julia Tabreham	Non-Executive Director
	Dr Anne Wright	Non-Executive Director
	Ifti Majid	Chief Executive
	Claire Wright	Deputy Chief Executive & Director of Finance
	Carolyn Green	Director of Nursing & Patient Experience
	Mark Powell	Chief Operating Officer
	Dr John Sykes	Medical Director
	Amanda Rawlings	Director of People Services & Organisational Effectiveness
	Gareth Harry	Director of Business Improvement & Transformation
	Justine Fitzjohn	Trust Secretary
IN ATTENDANCE	Anna Shaw	Deputy Director of Communications & Involvement
	Sue Turner	Board Secretary
	Dr Sheila Newport	Incoming Non-Executive Director
	Celia Robbins	Emergency Planning and Business Continuity Manager
For DHCFT2019/168	Amy Johnson	Family Liaison and Investigation Facilitator
For DHCFT2019/168	Mrs C	
For DHCFT2019/168	Mr C	
VISITORS	Lynda Langley	Lead Governor and Public Governor, Chesterfield
	Julie Lowe	Public Governor, Derby City East
	John Morrissey	Public Governor, Amber Valley
	Al Munnien	Staff Governor
	Carol Sherriff	Public Governor
	David Charnock	Public Governor
	Sandra Austin	Derby City & South Derbyshire Mental Health Carers Forum and Trust Volunteer
	Martyn Bell	Trust Member
	Peter Purnell	Trust Member
	Ursula Cameron	Observer
APOLOGIES	Richard Wright	Deputy Trust Chair and Non-Executive Director
	Perminder Heer	NExT Director

DHCFT 2019/167	**CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND DECLARATION OF INTERESTS**
	The Trust Chair, Caroline Maley, welcomed everyone to the meeting. Introductions were made to Emergency Planning and Business Continuity Manager, Celia Robbins who shadowed Chief Operating Officer, Mark Powell.
	Apologies for absence were noted from Deputy Trust Chair, Richard Wright and NExT Director, Perminder Heer.
	Declarations of interest were made by Director of Business Improvement and Transformation, Gareth Harry and Director of People Services and Organisational Effectiveness Amanda Rawlings in respect of the patient story item due to professional and personal associations.
	Due to purdah restrictions during the General Election period the agenda for today's meeting has been confined to addressing matters that need a board decision or require board oversight.
DHCFT 2019/168	**PATIENT STORY**
	Mrs C who was accompanied by her husband Mr C and Family Liaison and Investigation Facilitator, Amy Johnson gave a summary of her and her family's experience of the Trust's dementia services covering her mother's pathway from diagnosis through to discharge.
	Mrs C gave an account of the difficulties that she and her family faced in accessing services for her mother. Accessing the Living Well with Dementia programme at Ilkeston proved problematic as family members were not allowed to accompany patients and her mother felt unable to attend the consultation alone without her husband there to hold her hand. Other challenges arose when her mother's dementia worsened and urgent respite care was recommended which Mrs C did not wish to pursue as she wished to continue to care for her mother at home. In addition, no respite offer was available and the family were told there were no beds for admission. Mrs C's mother continued to deteriorate at home. This was a difficult experience as the reality of accessing a respite service is a list of telephone numbers to call. The lived experience of this and navigating which service, how and what to expect was difficult. It felt like they were being left without a service.
	A week or so later, Mrs C's mother was admitted to Cubley Court for specialist care where admission was made easy due to the kindness of the admitting nurse. However, Mrs C and her father found it distressing when they discovered that visitors were not allowed access to the ward bed areas which made her and her father feel excluded from caring for her mother. They also felt they were not able to communicate easily with the ward staff.
	During Mrs C's mother's admission a number of items of her property and clothing were lost, including on one occasion Mrs C discovered her mother dressed in another person's clothing. The impact of this was distressing and avoidable.
	Whilst Mrs C felt that admission to Cubley Court would benefit her mother she also felt that she had lost the ability to care for her. She and her father wanted to care for her mother at home and felt that decisions were made to admit her to Cubley Court were

made by medical professionals without the family's involvement.

While she was under the care of Cubley Court Mrs C's mother had a fall and broke her wrist. Mrs C accompanied her mother to the acute hospital. However, transport issues resulted in Mrs C's mother having to be returned to Cubley Court late at night by staff pushing her in a wheelchair. On another occasion Mrs C's mother became physically unwell and it was anticipated that she may require Intravenous (IV) fluids. Mrs C was told that unfortunately it was not possible to provide this level of physical healthcare at Cubley Court. It would be Mrs C's wish to see a more integrated care offer with a more enhanced physical healthcare offer available on the ward.

Several months into Mrs C's mother's admission the family were informed that plans had been made to arrange for a nursing home assessment to take place. The family found this most distressing as this request was made without any consultation with the family and was for a nursing home many miles from the family home. As Mrs C's mother's admission progressed plans were made to discharge her from Cubley Court and transfer her to a nursing home. The family felt this was too rapid and changes to her medication regime should have been given time to be effective, prior to this assessment for nursing care. The chosen placement was not local to the family, even though there was a placement nearby in an accessible location to all family members. Again these decisions were made by medical professionals without the family's involvement in choosing a place and an assessment occurred without the family involvement. Mrs C described how the day of transfer was made easier due to the support of a particular member of staff and the support from the nursing home. Once her mother was settled in the nursing home she and her family were able to actively care for her again until her death in November 2018. This was a positive experience and Mrs C felt there were lessons for the ward to consider from their experiences.

Mrs C and her father received feedback on their visiting and how this was negatively impacting upon her mother. The staff on the ward did not intend to cause upset in these errors but their feedback and actions were upsetting to the family.

Chief Executive, Ifti Majid found Mrs C's account of the professional approach taken to her mother's care difficult to hear and apologised for the care experienced across her mother's pathway of care. He saw that the main issue was around taking a compassionate approach to person centred care and he assured Mrs C and the Board that the service has since improved. Medical Director, John Sykes echoed Ifti's comments. The care that Mrs C's mother received was out of step with the Trust's values. Key decisions were made without the full involvement of the family. The tone of the communication concerning the professional judgements made by staff should have been more compassionate.

Director of Nursing and Patient Experience, Carolyn Green added that she had also discussed Mrs C's and her family's lived experienced with the team. It was upheld that the team did not communicate effectively/appropriately enough with Mrs C or the family. Their intentions were to provide support and respite care and the team have accepted that this did not meet Mrs C's or her family's needs. Since Mrs C's mother was cared for by the Trust the Trust has been working in partnership with specialists in dementia healthcare, Teepa Snow, which has improved the team's practice. Further investment has been made in staffing to expand the practice in physical healthcare and work is taking place to improve care. The Trust has also invested in training and support that will improve its provision of advance care practitioners and frailty model.

Mrs C suggested that provision should be made for families to be able to help care for their loved ones when they are in the care of Cubley Court as this approach would be

helpful to families. Carolyn reported that Cubley Court have since improved their care offer and have employed recreational workers who have made significant headway in creating involvement, activities and special time together with families.

Medical Director, John Sykes felt that it was important to understand the difference between a family requiring respite care as opposed to the need for crisis support which may be additional support at home or admission to hospital.

Non-Executive Director, Julia Tabreham thought Mrs C was an amazing advocate for her mother. She knew that carers provide care in a loving way at home and when they need support it needs to be offered in a sensitive manner.

Sheila Newport who was observing the meeting noted the experience and the lack of humanity and awareness in Mrs C's mother's case. The Trust now has an opportunity through its work with the Sustainability and Transformation Partnership (STP) and emerging Integrated Care System (ICS) to improve how people access social care and improving community care and to work together to make a collective difference.

Senior Independent Director, Margaret Gildea found Mrs C's story heart-breaking and thought that her mother had left a legacy in the work that the Trust was now developing to improve the culture in the dementia care pathway so that thought is focussed on delivering a compassionate approach from those who are delivering care.

Caroline offered Mrs C the Board's heartfelt condolences and thanked her for telling her mother's story. She hoped that she could see that learning had been taken from her and her family's experience and was pleased to hear that Mrs C was actively involved in the Trust's programme of improvement. The Trust is committed to the importance of working with families and carers to support an individual's care access and is working collectively in improving the older adult service and all aspects of frailty.

DHCFT 2019/169	**MINUTES OF THE BOARD OF DIRECTORS MEETING HELD ON 5 NOVEMBER 2019** The minutes of the previous meeting, held on 5 November 2019, were accepted as a correct record of the meeting.
DHCFT 2019/170	**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. **MATTERS ARISING** Caroline Maley opened discussions by asking for an update on flu vaccination rates. Amanda Rawlings responded that the current uptake of flu vaccinations by front line staff stood at 41%. The Executive Leadership Team (ELT) is monitoring compliance rates and has put extra capacity and initiatives in place in order to achieve the targeted Commissioning for Quality Innovation (CQUIN) compliance of 80% compliance. The Board was concerned that cohorts of staff are resisting having the flu vaccination for a variety of reasons and understood that they will be targeted and provided with a wide range of opportunities to be vaccinated. Ifti Majid accentuated the importance of staff being vaccinated to protect themselves, their families and those in the Trust's service and noted that a staff communication will be issued to emphasise that the offer of the flu

	vaccination is part of the Trust's obligation to provide a safe environment for all staff and patients. **ACTION: Communications Team to draft a direct message from CEO on the importance of receiving the flu vaccination.**
DHCFT 2019/171	<u>**QUESTIONS FROM GOVERNORS OR MEMBERS OF THE PUBLIC**</u> None received.
DHCFT 2019/172	<u>**CHAIR'S UPDATE**</u> Caroline's report provided the Board with a summary of her activity and visits to the Trust's services undertaken since the previous Board meeting. This included a visit to Ward 35 at the Radbourne Unit, when she saw at first hand the repatriation of a patient from an out of area placement who was expecting a discharge and the conversations between the clinicians to determine what is in the best interests of the patient. Caroline also visited the Kedleston Unit and spent time talking to patients and staff and was pleased to hear that one of the patients will be taking on a placement in our own kitchens. Other visits included Ward 1 at the London Road Community Hospital. Caroline was particularly struck by the care shown for a patient who was returning home on leave, with staff making sure she had some milk to take home with her to be able to make a cup of tea when she got home. She also saw the good working relationship on the ward with the consultant and staff. Caroline also visited The Beeches perinatal unit and spent time with the senior perinatal nurse, learning about the successes and challenges that the unit has faced over the last year. She heard about the team development days that they hold once a month where learning and working as a team is key and was particularly impressed that staff even want to come in from days off to attend these days. She was touched to hear about fund raising carried out by a retired member of staff, who handed over a cheque for £1,135 for the unit from riding a bicycle across the country. The Delivering Excellence Awards took place on 20 November that reflects the quality of care provided in the Trust. Caroline gave thanks to the teams who put the afternoon together and congratulated all the nominees, finalists and winners. Three key messages from the Joined Up Care Derbyshire (JUCD) Board were included as an appendix to the report. **RESOLVED: The Board of Directors noted the activities of the Trust Chair since the last meeting held on 5 November 2019.**
DHCFT 2019/173	<u>**CHIEF EXECUTIVE'S UPDATE**</u> Ifti's report gave a summary of the changes within the national health and social care sector, as well as an update on developments within the local Derbyshire health and social care community. The report also includes feedback from external stakeholders, such as commissioners, and feedback from staff. The following issues were highlighted: **National context**

Due to the NHS purdah restrictions during the election period this was a curtailed section of the report that summarised the publication of the 2020 national tariff engagement document NHS England (NHSE) and NHS Improvement (NHSI).

Reference was made to the legislation to enable increased independence for the Health Service Safety Investigation Branch (HSSIB) that was progressed through Parliament prior to Parliament being dissolved for the election period. Ifti gave assurance that the Board and the Board Committees are focussed on the processes that the Trust has following an incident. The Trust is committed to investigating and learning from serious incidents while involving and supporting patients, families and carers to ensure the safety of healthcare delivery to ensure appropriate accountabilities.

Local Context
In November Ifti attended a System Performance Review meeting with NHSI and NHSE where positive feedback was received on progress being made towards becoming an Integrated Care System (ICS) in 2021 and some of the innovations that have been enabled through more integrated working. Concerns were raised relating to the number of 12 Hour ED (Emergency Department) breaches for mental health patients, being slightly behind on the Learning Disability (LD) transforming care trajectory and mental health out of area placements, though it was noted that significant improvement had been made around PICU (Psychiatric Intensive Care Unit) out of area and adult mental health out of area (at the time of writing the report).

Ifti briefed the Board on recent meetings and CEO discussions regarding STP developments much of which was included in the key messages from the JUCD Board that was attached as an appendix to the Chair's report. Following visits to various teams in the Trust he also talked about the work that colleagues are carrying out in making an impact in high functioning residential care homes as well as the work taking place towards helping people to be cared for in their own homes for longer.

Ifti was keen to congratulate all the nominees, finalists and winners of the Trust's Delivering Excellence Awards event and praised the number of examples of excellent practice from staff across the Trust and celebrated their success.

Ifti on the Road:
Since the last meeting Ifti has attended on the road sessions at Rivermead, Belper, St Pauls House, Derby and the London Road Resource Centre. Some of the key issues arising from these sessions included the length of time to complete investigations. He was pleased to receive good feedback on our induction programme and the Trust values acting as a draw to applicants which was heard from several new starters in our Children's services.

Julia Tabreham was interested to hear about the HSSIB and how it can complement safety governance within the Trust. Ifti responded that he expects that the HSSIB will add value to understanding investigations and will work alongside the serious incident (SI) framework and the new national strategy will dovetail with the 'people first' culture. This will have an impact on SIs and how we learn from them. John Sykes agreed, the national strategy majors on the Just Culture and will take an integrated approach to investigations.

Drawing from her visits to different services, Carolyn Green added that she has seen some emerging themes around how to work differently with residential care homes by stimulating the market to provide more of the appropriate support. She was concerned that there are no providers in Derbyshire that can offer the right level of wrap around care which can provide the Trust with new opportunities to work within these areas. She

also talked about the difficulties in finding social care support and accessing forensic services and children's services. She was pleased to report that the Quality Committee will be looking further into improving access to forensic services, children's services and social care.

Mark Powell reported that he, Carolyn Green and John Sykes met with colleagues from University Hospitals of Derby and Burton NHS Foundation Trust (UHDB) to understand some of the root causes why individuals are waiting a long time in ED. As a result of a review carried out into children's services access with commissioners and social care colleagues it is evident that the Trust should influence improvements children's services with the STP as there are young people who have very complex needs who need access to services much sooner. Work will continue with UHDB to understand how to help these young people with complex needs to improve 12 hour breaches in ED.

RESOLVED: The Board of Directors scrutinised the Chief Executive's update, noting the risks and actions being taken.

DHCFT 2019/174	**INTEGRATED PERFORMANCE AND ACTIVITY REPORT** The Integrated Performance Report (IPR) provided the Board of Directors with an overview of Trust performance at the end of October 2019. **Quality and Operations:** The main areas of performance were referred to by Mark Powell. Improvements to Child and Adolescent Mental Health Service (CAMHS) waiting lists and capacity to meet demand are hoped to be seen early next year due to the Clinical Commissioning Group (CCG) releasing additional investment to CAMHS services. It is anticipated that recruitment to vacancies will have a positive impact on existing staff and will reduce sickness absence. Waiting list resource management and capacity is also expected to improve within the Community Paediatrics service. Assurance was provided to the Finance and Performance Committee on the work undertaken to understand this service's capacity and working patterns. This service specification is also being reviewed with the CCG. Mark updated the Board on the demand for Psychiatric Intensive Care Unit (PICU) beds and the number of individuals placed out of area. He assured the Board that teams are working hard to minimise the number patients that have to go out of area for treatment and that every endeavour is made to repatriate patents as quickly as possible. Flow of PICU beds is currently very high as some very ill people have presented in the community and EDs. At last week's meeting of the People and Culture Committee a lengthy discussion took place on the management of sickness absence. A report providing assurance on incremental turnover will be taken through the Executive Leadership Team prior to it being received at the Committee's next meeting in January. **Finance:** Claire Wright gave an overview of the Trust's financial position and reported that the Trust is expected to achieve its forecast plan using reserves to mitigate risks. She outlined to the Board the proposal by STP members to all complete a forecast protocol review to ensure full transparency of partners' financial performance, as this is a regulatory requirement for all trusts in outlining how they achieve their financial position. Claire reported that the Finance and Performance Committee have reviewed the financial risks including those associated with out of area costs. The impact of known cost pressures is compounded by the assumed loss of £0.3m income for flu CQUIN. In

addition the Cost Improvement Programme (CIP) is forecast not to deliver in full and will result in a shortfall of £0.3m. In contrast, an impairment that was expected this year will now happen next year. The Finance and Performance Committee had also discussed progress to date with 2020/21 CIP planning which gave no assurance on current progress. Taking all these factors into account Claire confirmed that it remained appropriate to continue to classify the finance plan delivery BAF risk as extreme.

In response to Julia Tabreham asking for clarification around the assumption that the Trust will not achieve its flu CQUIN income, Claire clarified that flu vaccination uptake is not expected to reach the 80% target rate of the compliance and this will amount to a loss of £300k CQUIN income.

Non-Executive Director, Anne Wright asked how out of area placements running costs were being monitored. Gareth Harry explained that a programme team was overseeing the projects in out of area placements and is measuring the delivery of these projects. The main changes will be seen in terms of resource capacity using the new monies from NHSE and the CCG which will enable a fidelity model that will provide for people being supported in their own home in a more intensive way. The improvement work taking place on length of stay will also have a big impact. The Finance and Performance Committee will receive in January a detailed plan on different projects and interventions to improve the rate of out of area placements. This will provide a greater understanding of the actions being taken to improve out of area placement rates. As we do not have a PICU in Derbyshire we are developing a case where there can be a service so we can ensure patients are provided with this level of care within the county.

Mark's expectation is that we will see an impact from investment in February to support people and be cared for at home or if they are admitted it will be for as short a time as possible. We are still 20% short of staff compared with the requirements for the full fidelity model that will provide short-term intensive home treatment to people experiencing mental health crisis. The aim is get skilled experience in place to support people in a better way. Some great new leaders have come into post in the Crisis team and this has improved morale.

Workforce: Amanda Rawlings talked about how people performance is reported to the People and Culture Committee which is aligned to the People Strategy. The people performance report gives important detail and helps to assess the interventions to be put in place. This month improvements have been seen with appraisal and training statistics and this needs to continue. An improving position has been seen in the Trust's turnover profile which can be seen in the IPR report's SPC charts. Some changes have also been seen in sickness absence and the Committee has been asked to take a focussed look at the Trust's sickness management process to establish how to work differently in line with the Dying to Work Charter and how the Trust supports people through to their end of life.

Anne Wright pointed out that the flu virus is expected to have an earlier impact than in previous years and asked what was being done in preparation for people being away from work with flu. The public message about how flu is travelling through the country is a powerful message that will be communicated to staff and will be themed around the health and wellbeing of colleagues and patient safety.

Non-Executive Director, Geoff Lewins observed that supervision rates had reduced and had fallen below the expected target rates. Amanda responded that she thinks this is due to supervision being recorded incorrectly and could be due to supervision being carried out on an ad hoc basis due to low levels of capacity. Areas are being targeted to ensure that supervision is carried out and recorded correctly.

Geoff asked Mark Powell about the levels shown in the data maturity index. Mark responded that levels had reduced due to measures that had to be included in the minimum data set. As this data is now being more robustly collected levels are expected to increase.

Carolyn Green talked about the schedule of work of the Quality Committee. The Committee carried out a review on safer staffing and is starting to see improvements in percentages of fill rates especially in bank and agency rates. Percentage fill rates are not yet up to the expected standard. Levels are constantly being reviewed to ensure safe staffing levels are in place.

A specialised report will be provided to the Quality Committee in the new year based on a questionnaire completed by patients out of area. The Committee will also be looking at serious incidents and risks associated with patients placed out of area.

Gareth Harry referred to the business plans at Quarter 2. He assured the Board that progress against the business plan is constantly reviewed at progress review meetings and is monitored by ELT. The close down of business plan monitoring for 2019/20 will be reported to the Board in May 2020.

Having considered the operational, financial, workforce and quality performance across the Trust the Board agreed that limited assurance was obtained from current performance.

RESOLVED: The Board of Directors received limited assurance on current performance across the areas presented.

DHCFT 2019/375	**ANNUAL EMERGENCY PLANNING REPORT (EPPR)**
	This report had previously been reviewed by the Finance and Performance Committee and provided the Board with assurance that the Trust is fully compliant to the core standards of emergency planning.
	It was noted that areas for further development will be monitored through the EPRR Steering Group.
	The Board acknowledged the significant improvement achieved since the last annual report and gave credit to Celia Robbins for her expertise in emergency preparedness, resilience and response and for the lessons that have been learned following the Trust's multi-agency involvement in responding to the Toddbrook Reservoir incident at Whaley Bridge in August. These will be identified and captured in order to improve preparedness for the next event.
	John Sykes pointed out that the most predictable problems are usually due to the weather. He asked what plans were in place to deliver services in the event of heavy snowfall. Mark Powell assured the Board that detailed business continuity processes are in place for a number of specific roles covering areas from the High Peak to the city of Derby to ensure support is provided for vulnerable people.
	Julia Tabreham referred to conversations she had with staff who had attended the recent Staff Awards Ceremony about the difficulties they had experienced when schools had closed due to recent flooding and asked what measures were in place to prepare for when staff have to leave to care for their children. Mark advised in these circumstances the Trust's practice is to determine plans for caring for both staff and patients with

	advice taken from the Police and Fire Brigade. The Board noted the ongoing improvements that are being made to improve EPPR and received full assurance that the Trust is fully compliant with standards of emergency planning. **RESOLVED: The Board of Directors:** 1) **Received the EPRR Progress update and noted that the Trust's full compliance to the core standards of emergency planning** 2) **Obtained significant assurance of ongoing work to improve and further enhance the Trust's EPRR agenda throughout the Trust.**
DHCFT 2019/176	**ANNUAL REPORT FROM THE GUARDIAN OF SAFE WORKING** The annual report from the Guardian of Safe Working (GOSW) was presented by John Sykes and provided the Board with assurance that the Trust is discharging its statutory duties regarding safe working for medical trainees. The report highlighted the need for improved gender equality and for improvements to be made to the work environment to include rest areas for junior doctors, which has now been resolved. It was noted that issues identified through the Junior Doctors Forum meeting were addressed by the GOSW and Local Negotiating Committee (LNC). It was also noted that business continuity is maintained through the use of Derbyshire Health United to ensure cover in the event of a trainee being unavailable. The report also showed that trainees are being supported with exception reporting and these have been resolved in a timely fashion. There were few exception reports and none were raised by the foundation trainees or GP trainees. Issues persisting with Allocate, the software for logging in ER (Exception Reports) have been problematic but regular communications have been held with the company and they have attended one of the Junior Doctor Forum meetings recently. The report had previously been received by the Quality Committee when discussions took place in relation to the additional pressure junior doctors are experiencing with childcare difficulties and caring for aging parents which indicates that support is required for work/life balance. The Quality Committee obtained significant assurance from the report and requested that the next report includes issues relating to training and inclusivity that will be discussed by the People and Culture Committee in January. Ifti Majid hoped that the GOSW would be able to present the next annual report to the Board and suggested that she be invited to attend the Equality Forum to address gender specific issues experienced by female junior doctors from overseas. Claire Wright welcomed this approach particularly as she is currently involved in receiving feedback from female consultants on matters relating to inclusivity. **RESOLVED: The Board of Directors:** 1) **Noted the vacancies in trainee posts that reflect the national issue with recruitment in psychiatry** 2) **Noted that trainees are being supported with exception reporting and these have been resolved in a timely fashion** 3) **The BMA fatigue and facilities charter for junior doctors is being carefully considered and recently issue with space for juniors in the south has been successfully resolved** 4) **Noted the issues with Allocate, the software for logging in ER (Exception Reports)** 5) **Noted that the Quality Committee received a significant level of assurance**

	from the report.	
DHCFT 2019/177	**REVISIONS TO BOARD COMMITTEE TERMS OF REFERENCE**	
	The Board Committee structure assists and supports the Board in the exercise of its responsibilities. This report presented by Trust Secretary, Justine Fitzjohn provided an overview of the revised structure and changes to the Board Committee terms of reference.	
	The Board recently undertook a review of the Board Committee structure to ensure it is aligned to the new strategic objectives and also to consider frequency of meetings, membership and balance of work and competing demands of Board members' time. The main change is the strategic oversight of safeguarding and the formation of the new Quality and Safeguarding Committee that will take effect from February 2020. In order for the Quality Committee to have the capacity to take on safeguarding aspects of compliance; reporting of Health and Safety and Emergency Planning matters have been transferred to the Finance and Performance Committee. In terms of frequency of meetings, all the committees will continue to meet as current scheduled with the proviso that additional extraordinary meetings will be called if required.	
	The terms of reference of the Board Committees have been updated to take account of their new responsibilities. With the exception of the Audit and Risk Committee all the Board Committee terms of reference have been revised to reflect that the Chief Executive Officer reserves the right to attend any meeting.	
	The Board noted and approved the structure of the Board Committees and the revisions made to the terms of reference. It was noted that the Board will receive copies of all terms of reference in line with the annual effectiveness review in May 2020.	
	RESOLVED: The Board of Directors: 1) **Noted and approved the structure of the Board Committees** 2) **Noted and approved the revisions made to the Board Committee terms of reference.**	
DHCFT 2019/178	**REVISION TO MODERN SLAVERY STATEMENT**	
	The Trust's Modern Slavery Statement has been revised to ensure it covers the areas outlined in Home Office Guidance.	
	Justine Fitzjohn outlined that the draft statement was reviewed by the People and Culture Committee on 26 November and recommended that the revised Modern Slavery Statement for 2018/19 be approved by the Board of Directors and for it to replace the version currently published on the Trust's website.	
	Going forwards, a draft statement will be considered by the People and Culture Committee following financial year-end to allow the Committee to assess that the Trust has met the criteria for the preceding financial year. The Board will then be asked to approve the Annual Modern Slavery Statement and this will be uploaded to the Trust's website.	
	The Board approved the revised Modern Slavery Statement and agreed to the use of the Chair's and the Chief Executive's electronic signatures for the statement to be published on the Trust's website.	
	RESOLVED: The Board of Directors approved the revised Modern Slavery	

	Statement for 2018/19.
DHCFT 2019/179	**BOARD COMMITTEE ASSURANCE SUMMARIES AND ESCALATIONS** The Board received assurance summary updates from recent meetings of the following Board Committees: **Quality Committee** held on 12 November – Chair of the Committee, Margaret Gildea reported that the Committee discussed how risks associated with equality and diversity are captured and has since received assurance from the People and Culture Committee that data is collected through the WRES and the Workforce Disability Equality Standard (WDES) on all aspects relating to BME people and people with protected characteristics and that all risks relating to staff are contained within the BAF. An update on Acute Care Transformation report triangulated observations made through a recent visit to the Hartington Unit by a Non-Executive Director and showed significant progress. Care planning was also discussed with improvements noted in acute care. **Finance and Performance Committee** held on 17 November – in the absence of the Committee Chair, Richard Wright, Committee member Geoff Lewins and the Executive Lead for the Committee, Claire Wright reported that agreement had been reached to reduce the estate compliance BAF risk 1b due to the significant improvements that have been made The Committee also discussed the Continuous Improvement Delivery Programme and Cost Improvement Programme and the system wide savings across the programme spend that will be required to address the gap. **RESOLVED: The Board of Directors received and noted the Board Committee Assurance Summaries.**
DHCFT 2019/180	**IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK (BAF)** There were no additional items for inclusion or updating within the BAF.
DHCFT 2019/181	**2019/20 BOARD FORWARD PLAN** The 2019/20 forward plan was noted and will continue to be reviewed further by all Board members. It was noted that the CQC service inspection visits will be discussed at the next meeting in February.
DHCFT 2019/182	**MEETING EFFECTIVENESS** The Board agreed that given the constraints of purdah the agenda was well constructed. Celia Robbins who had shadowed the Chief Operating Officer was invited to provide feedback from her observation of the Board's discussions. She found it very interesting to witness the commitment and passion displayed by Board members in terms of ownership of issues and partnerships with other organisations. Having participated in her first meeting as a member of the Board, Sheila Newport had observed the desire and willingness of the Board to listen and make a difference. This was particularly evident during the patient story. She thought that this had been an effective and well chaired meeting. Caroline Maley added that the patient story always reminds the Board of its

	responsibilities and provides the opportunity to take learning forward and improve the Trust's services. The Trust's vision and values is always set out at the beginning of the agenda pack and serves as a reminder of the need to work with partners to achieve the best possible outcomes for people.

There will be no Board meeting in January. The next meeting of the Board to be held in public session will take place at 9.30am on Tuesday 4 February 2020 in Conference Rooms A and B, Centre for Research and Development, Kingsway Hospital, Derby DE22 3LZ

				BOARD OF DIRECTORS (PUBLIC) ACTION MATRIX - JANUARY 2020			
Date	Minute Ref	Item	Lead	Action	Completion Date	Current Position	
3.12.2019	DHCFT2019/170	Matters Arising - uptake of flu vaccinations	Comms Team	Communications Team to draft a direct message from CEO on the importance of receiving the flu vaccination	6.12.2019	Direct communication issued from Ifti Majid 4.12.2019	Green

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

2

Derbyshire Healthcare NHS Foundation Trust
Report to the Public Board of Directors – 4 February 2020

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 3 December 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 26 November, I visited the Communications team, where I heard about the work that they do on a number of fronts. This is a small team who deliver a lot for the Trust and are rightly proud of the work that they do. I was given an insight into how they respond to media enquiries, as well as Freedom of Information (FOI) requests and manage the quality of reporting about the Trust. I was able to see the new Intranet which is ready to be rolled out pending resolving some technical issues which are currently subject to testing. I look forward to our staff being able to use this in the near future.

3. On 9 December I visited London Road Ward 1 as part of the Trust wide Christmas decoration competition where I was one of the judges for this ward alongside Director of Nursing and Patient Experience, Carolyn Green and staff governor, Al Munnien. The annual competition engages staff across the Trust and taps into the creative side of so many staff and service users. Congratulations to the winners of the official prizes and a big well done to all the teams who took part. I also joined the Ward 1 team for a Christmas buffet with staff and service users. It was a joy to be a part of this event.

4. On 17 January, I hosted with Chief Executive, Ifti Majid a tea party for staff who had 20, 30 and 40 years working for the NHS. This is the first time that we have hosted a celebration of this type and I look forward to marking these important milestones for our dedicated staff. My thanks go to the catering team who put on a marvellous spread for those attending.

5. On 22 January I visited the Dementia Rapid Response Team (DRRT) for the morning. I joined a member of the team on a visit to a local care home to see a service user who was challenging for the care home to look after. The Trust DRRT has been providing support and help. It gave me a first-hand opportunity to see some of the challenges facing this sector. I joined the handover meeting and was able to spend time exploring some of the ideas and challenge the team face. In particular they raised the issue of GPs and ANPs (Advanced Nurse Practitioners) in Primary Care needing to have more dementia awareness. So many of the care needs for people with dementia are physical healthcare needs which can be masked by the symptoms of dementia and are missed by ANPs and GPs who do not carry out thorough healthcare assessments. In reviewing a number of cases, it was also clear that at times a patient may fall between services as the DRRT staff and primary care cannot resolve who needs to take the lead in the care required. It was also noted that staff in the DRRT cannot undertake physical healthcare checks (such as taking bloods or running ECGs), which would improve patient experience and reduce hand offs between the Trust and Primary Care.

One final issue which was raised was around access to Miniature Insertable Cardiac Monitor (ICM) system, which has been lost since the team upgrade to Windows 10. The ICM system allows our staff to see test results quickly from the Royal Derby Hospital without waiting for them to be sent the old way. I understand that our IT team is working with University Hospitals of Derby and Burton (UDBH) to resolve the issue. The team care passionately about what they do, and also the contribution that they have made to helping look after patients at home and avoiding admission. I hope that one of the team will shadow me at the next board meeting.

My thanks go out to all of the staff for making me so welcome during the many and varied activities and visits that I undertook, and also for being so open and honest with me about what they thought of the Trust and how we are doing in delivering services and putting our people first.

Council of Governors

6. The Council of Governors met on 7 January. The meeting was well attended. There was no public board meeting in the morning. This meeting was the last meeting attended by John Morrissey, former Lead Governor and Public Governor for Amber Valley, and Moira Kerr, Public Governor for Derby City West, and we were able to mark their retirement and thank them for their years of service. At this meeting, the Council received a deep dive from me on my involvement over the past year, and an update from Ifti Majid on the progress being made with Joined Up Care Derbyshire. The Council approved the appointment of Ashiedu Joel as a Non-Executive Director, subject to the completion of the necessary Fit and Proper Person Test requirements.

7. The Nominations and Remuneration Committee of the Council met on 5 December following a day of recruitment activity to appoint our sixth Non-Executive Director (NED), as noted above.

8. The Governance Committee took place on 10 December. Julie Lowe has taken on the role of Deputy Chair for this Committee. The Committee also is considering the attendance requirements for Governors at a wider range of meetings to support the effective working of the Council and its Committees.

9. An election for new public governors and one staff governor is currently underway. It is good to see contested elections in all but one of the public constituencies (Bolsover has no candidates), and I was pleased to welcome Keven Richards back as Public Governor for South Derbyshire as there was no other candidate standing. We continue to review our election process to ensure that it is efficient and is best use of money. The Governors are being engaged in this process through the Governance Committee and the Council of Governors.

10. The next meeting of the Council of Governors will be on 3 March. The next Governance Committee takes place on 11 February. The Nominations and Remuneration Committee will be meeting also on 11 February to receive the appraisal of two of the NEDs; to consider the outline objectives of two new NEDs; and the time commitment and remuneration guidelines which have been published by NHS Improvement (NHSI).

Board of Directors

11. Board Development on 18 December 2019 incorporated mandatory training for NEDs around data protection and cyber security, as well as training on the new eExpenses system which staff have been using for some months now. Once again time was given to preparation for the CQC well led inspection that took place in January.

12. On 7 January we said farewell to Dr Anne Wright who had completed her term of office as our Clinical NED. I thank Anne for her contribution over the three years she was a NED and for her involvement in a number of areas of the Trust including our system work. We have also said farewell to Suzanne Overton-Edwards, interim NED, and thank her for contribution and support over the past year, initially as a NExT Director and then an interim.

13. Since the last board meeting, I have carried out the appraisals of Richard Wright and Geoff Lewins, and have met with Dr Sheila Newport who has now taken over from Anne Wright. I also conducted a six month review of progress against objectives with Ifti Majid. I have also met with Perminder Heer, our NExT director who has just completed six months of her placement with us.

System Collaboration and Working

14. On 19 December, the Joined Up Care Derbyshire (JUCD) Board met, and again on 16 January. Attached as Appendix 1 are the key messages noted from these meetings.

15. Meetings of JUCD are now taking place in public. The next meeting is on 20 February and takes place at The Hub, South Normanton, Off Shiners Way, Market Street, South Normanton, Alfreton DE55 2AA.

16. Ifti Majid and I met with John MacDonald, Independent Chair of JUCD, and Vikki Taylor, Derbyshire Sustainability and Transformation Partnership (STP director, as part of the Governance Review and assessment of the plan to become an Integrated Care System (ICS).

Regulators; NHS Providers and NHS Confederation and others

17. On 17 December I attended a meeting NHS Leaders (CEOs and Chairs) in London following the General Election the week before. It was a very large gathering and we were asked to sit on tables in our regions. We heard from Dido Harding and Simon Stevens, as well as Amanda Pritchard and Prerana Issar. The meeting was confidential.

18. Due to illness and personal circumstances I was not able to attend the NHSI Chairs meeting with Dale Bywater, Regional Director, on 11 December 2019.

19. Early January has been focussed on our Care Quality Commission (CQC) well led inspection. I would like to thank all staff who supported this important process for the Trust and our service users. I know how much effort and involvement is required for this process to run smoothly, and for the whole Trust to work together to show how we live our vision and values. It has been pleasing to receive the initial feedback from the CQC team which will be included in Ifti Majid's report. We should receive the initial report in a few weeks for comment and checking of factual accuracy, and the final report is expected to be published in March.

Beyond our boundaries

20. On 22 November, I attended the Graduation Ceremony at Pride Park for the University Of Derby at which a number of our staff graduated. It was a warm and friendly ceremony and included John Rivers, former Chair of University Hospitals of Derby and Burton, receiving an honorary Doctorate for his contribution to the health of the City and for his work in recognising Florence Nightingale. I look forward to meeting our graduates on my visits to teams.

Strategic Considerations	
1) We will deliver **great care** by delivering compassionate, person-centred innovative and safe care	X
2) We will ensure that the Trust is a **great place to work** by attracting colleagues to work with us who we develop, retain and support by excellent management and leadership	X
3) We will make the **best use of our money** by making financially wise decisions and will always strive for best value to make money go further	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

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

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

This report reflects a wide range of activities across the Trust, and consideration relating to ensuring inclusion is embedded in operational work of the Trust.   The specific services visited provide support to those with protected characteristics by the nature of their work.

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. Perminder Heer has a placement with us thereby continuing to support the system development of future potential NEDs from diverse backgrounds.

New recruitment for NEDs and board members has proactively sought to appoint people from protected characteristics, thereby trying to ensure that we have a Board that is representative of the communities we serve.

Recommendations

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

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

Appendix 1

Board Update on Joined Up Care Derbyshire – 19 December 2019

PURPOSE
This report provides an update on key developments related to Joined Up Care Derbyshire, the local Sustainability and Transformation Partnership (STP). The aim is to ensure partnership boards, cabinets and governing body are kept abreast of progress.

MATTERS FOR CONSIDERATION

Experience and Lessons from Elsewhere
The NHS Confederation hosted a meeting of ICS/STP leaders. Joined Up Care Derbyshire (JUCD) is encountering similar issues to other area in establishing our system working, but as a partnership and a Board we are more advanced in many areas. There are some areas however where there are opportunities to look at what is happening elsewhere including:
   • Development of financial regimes and payment methods such as Staffordshire and Bradford;
   • Working with Health and Wellbeing Boards in Coventry and Warwick.

As part of the system effectiveness work over the next three months, the JUCD Board will be looking at what can be gleaned from experience elsewhere. We are also planning to share experience with Nottinghamshire Integrated Care System (ICS) (a first wave ICS) to see what we can learn from their experience, and Staffordshire.

Hearing the Voice of, and Engaging with, Key Stakeholders
Meetings of the JUCD Chair and local clinicians will result in a report which will (i) recommend ways to strengthen the way the Clinical and Professional Reference Group provides advice and assurance to the JUCD Board and workstreams, and the way the JUCD Board operates to enable this to happen and (ii) provide a map of clinical leads across the system.

As with clinical leadership, there has been some good work in developing mechanisms and strengthening communications with patients and the public. This is however work in progress and we are looking at how to build on this, learn from community engagement experience in local authorities and align this with the developing system architecture.

JUCD has been invited to be part of a 2nd cohort of STP's/ICS's looking at improving partnership working with the VCS, enhancing the role of the sector in strategy development and the design and delivery of integrated care. The 1st cohort has been evaluated and from this has emerged a model of good practice that they wish to roll out to a 2nd cohort. The programme recognises that the voluntary sector are a key strategic voice in the delivery of integrated and personalised care, helping to reduce health inequalities and deliver population health management, and are also a service provider in the broader pathway.

A meeting took place with key partners in the voluntary sector in November to progress this and it was agreed that we would align this work with the Integrated Volunteering Programme, which is focused on maximizing the contribution and impact of volunteering. The group agreed to form the steering group to drive this work forward.

Local Authorities

One of the themes emerging from the discussions with other ICS/STP chairs is the variable maturity in building collaboration with local authorities and building a vision which the NHS and local authorities as well as other stakeholders can own. We have begun meeting with members, chairs of Health and Wellbeing Boards and other key leaders to discuss this.

JUCD STP Governance
The JUCD Board ratified the Terms of Reference (ToR) for the key groups within the governance arrangements in October 2018. Following the ICS development programme, the overarching governance arrangements were amended; with approval in July 2019 that interim governance arrangements would be established to strengthen the arrangements, whilst we progress towards ICS status. All groups within the interim structure have formal ToR which have been approved through the Board and/or the System Executive CEOs group where they have been newly established since the October 2018 Board review.

A formal review of all groups will take place in the new year to align with the Board Governance and Effectiveness review.

JUCD STP Work-stream Challenge and Confirm meetings
A series of challenge and confirm sessions are underway with the JUCD work-streams to review progress and identify any emerging themes and issues that need system consideration or response. A full report on the outputs of the meeting will be presented to the January 2020 JUCD Board.

PICU Development
Work is progressing to enable the building of a new Psychiatric Intensive Care Unit (PICU) facility within Derbyshire. This will mean that patients will be able to be treated in Derbyshire rather than have to be treated outside of the county, as is the case now. The ambition is for the new build to be completed by quarter 3 of 2021/22.

Derbyshire Healthcare Foundation Trust are leading this development with the draft Outline Business Case due to be presented to their Trust Board in February 2020 for review and sign off. This is a significant development with an ambitious timeline, as such there are a number of caveats to delivery including financial, building considerations and planning approvals, stakeholder engagement, contractual and operational (recruitment).

Joined Up Careers Derbyshire
The first of our rotational health and social care apprentices have successfully completed the programme. The aim has been to develop individuals who have an understanding of health and social care, to prepare them for working in a more integrated, person centred way. The apprentices have completed placements at Royal Derby Hospital, London Road Community Hospital, Kingsway Hospital, St Oswald's Hospital, Perth House, the A&E streaming service and District Nursing Teams with DHU, and within the Private, Voluntary and Independent sector with Inspirative Arts, Derby Private Health and Derwent Lodge (Rethink).

All individuals have secured roles in Assistant Clinical Physiologist, Healthcare Assistant and Therapy Assistant positions. The support and commitment of teams across the system in supporting the placements and the programme is gratefully acknowledged. We are currently planning for a second, larger cohort to commence in March 2020.

Patient Story – Mark & Rebecca's Story

This month's patient story was about Mark's diagnosis with lung cancer, and how latterly it had spread to his brain. Having received good care from the NHS, Mark, Rebecca and their family received exceptional home care from Blythe House to support them in Mark's final weeks of life.

The story highlighted the way in which services get things right for patients, how services can ask 'what matters to patients', rather than 'what is the matter with them' and emphasised how we are working through the STP to linkup our operational plans to implement the system's End of Life strategy, including care beyond traditional health care services.

Integrated Care Providers
The JUCD Board has approved a recommendation which will take our integration of joined up care for Derbyshire patients into a new domain. The Board has agreed a recommendation to develop four Integrated Care Providers (ICPs). The ICPs will require providers to increasingly move to integrate provision and delivery in order to deliver the outcomes for the population of Derbyshire at both footprint and Place/PCN levels.. The four ICPs will reflect the current Place Alliances in the following areas:
- Chesterfield, North East Derbyshire and Bolsover
- Derby City
- South Derbyshire, Amber Valley and Erewash
- Derbyshire Dales and High Peak

A detailed briefing to help colleagues understand how ICPs will work within an Integrated Care System, and the ongoing work of Place Alliances and Primary Care Networks will follow early in the New Year, and there will be detailed discussions taking place with all partners, including district and borough councils, ahead of a detailed proposal coming back to Board in March. Early priorities will be for the ICPs to understand their leadership teams and to reflect on the population health issues that are affecting their local populations.

System Quality & Performance Reporting
Understanding the measures of success across the health and care system is crucial to our understanding about how effectively we are working and ensuring we are delivering the best possible joined up care for local people.

The JUCD Board discussed in detail proposals for how we will begin to measure systematically the quality and performance of services in a collective manner, with the aim of bringing one single quality and performance report, informed through all partners, to the JUCD Board.

Improving Healthy Life Expectancy
There is currently an average of 17 years of a Derbyshire person's life that are lived in ill health, with one or more health conditions. There is detailed work taking place to understand what is driving this, to both increase life expectancy and reduce the number of years lived in ill health. Working across CCG and Local Authority commissioners, we are looking to prioritise more spending and any available investment into these areas to benefit our population, and the Board will hear more about that at the February meeting.

Financial Position
The system is forecasting delivery of £100m of savings for this financial year. This is a significant achievement, although balanced somewhat by the fact that we are forecasting we will be £48m away from the final savings target for the year. The CCG can take some measures to achieve its control total and financial balance this year, but

those measures are not available to our acute trusts. The system continues to work together to understand and manage the risks to financial delivery.

Work is also underway across the system to understand how we will tackle the ongoing system financial challenge as we move to 2020/21, with an event held across all partner organisations to review the approach and begin to gather ideas, featuring constructive conversations about how the system will tackle the plan through working together to transform care.

Board Meetings in Public
Joined Up Care Derbyshire Board meetings will be held in public from January 2020. The first meeting will take place at The Hub, South Normanton on 16 January from 9am. Staff are welcome to attend and more information is available at **www.joinedupcarederbyshire.co.uk**

Key Messages - JUCD Board 16.1.20

System Pressure
The health and care system has experienced significant pressure during recent weeks. Our system winter plan has stood us in good stead to work supportively and effectively as a system to manage the pressure as well as possible. It is true though that national performance measures have not been achieved, including long waits in our Emergency Departments. The Midlands region as a whole is performing below average when compared with the rest of England, and we are only average in comparison to colleagues in our region, so we are off the national pace.

The Board expressed its thanks to everyone across the system who is working incredibly hard to keep our patients safe and who continue to provide the highest possible quality of care.

Delivering Financial, Operational and System Goals
The system has a number of separate – but related - challenges to deliver in 2020. Financial recovery continues, with colleagues in the process of working across the system to understand how we tackle the challenge, with a further workshop this last week to make progress. In addition, the system is looking to introduce Integrated Care Partnerships in shadow form by April 2020, the implementation of Primary Care Networks and we do this all in the context of trying to manage rising demand, particularly in the urgent and emergency care sector.

The Board reiterated its commitment to a 'System First' mentally and challenged itself on how these significant challenges can be aligned, with proper resource allocated to support delivery. NHS England/Improvement have confirmed that the more the system is able to demonstrate a credible approach to solving the challenges, the more it will be able to operate with an 'arms-length' relationship from regulation. The achievements of the system in reaching £100m of savings in 2019/20 was noted as a significantly positive thing, in tandem with minimal negative impact on frontline patient care. Whilst the savings target is actually higher, the system working undertaken to save such a significant amount of money was a point not to be lost.

Primary Care Networks
The Board reiterated its approach and support for colleagues in Primary Care in the way they are implementing Primary Care Networks. The national specification for PCN risks forcing Derbyshire practices – and the broader system - into taking potentially retrograde steps if it is delivered to the letter. Locally there has been tremendous progress in forming partnerships and aligning thinking for how primary care can support the broader system aim and we don't want to lose this momentum and commitment. The Board expressed its full commitment to primary care colleagues that the work of PCNs is supported as part of the broader system approach and that the path being forged by primary care leaders is the correct path.

Place Strategy
Board heard about the revised Place Alliance Strategy. The purpose of place is two-fold: Place is a transformative work stream and will aim to deliver new models of care, integration and cost efficiencies by working differently together to improve care in the community. This way of working will inform and support the system leadership in Derbyshire as it develops a new architecture and culture for system working which integrates good health and wellbeing support for those who live and work in Derbyshire.

There are five statements of intent within the strategy:

- We will boost 'out-of-hospital' care, and remove the divide between acute, primary, community health service and social care.
- Patients will have more choices avoiding the need to access emergency hospital based services.
- People will get more control over their health and more personalised care when they need it.
- Digitally-enabled primary and outpatient care will go mainstream.
- Local NHS and other organisations will increasingly focus on population health – moving to an Integrated Care System across Derbyshire

Improving Air Quality

The impacts of air pollution and climate change pose some of the greatest risks to population health. Within Derbyshire County and City, air pollution contributes to an estimated 530 deaths and 5400 life years lost.

Partners of the Joined Up Care Derbyshire have a considerable role in the contribution of both air pollution and greenhouse gas emissions locally and nationally. It is calculated that NHS England alone is responsible for 4% of the UK's total greenhouse gas emissions, with 19% from energy use and 16% from staff and patient travel.

The Board fully supported the drive for all partner organisations to work to see where they could change processes and culture to minimise the system's impact on air quality.

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 4 February 2020

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. On 19 December 2019 the Queen delivered her speech to parliament where she presented the Government's plans for the coming session of parliament. Within the speech were important plans relating to the NHS that the Board needs to be aware of including:

   • Enshrining in law the multi-year funding settlement previously agreed that will give a real term cash increase of £33.9bn by 2023/24.
   • Reconfirming the expectation to deliver in full the NHS Long Term Plan, including legislative change, as needed.
   • As I mentioned in my last Board report, the Health Service Safety Investigations branch will be established to enhance patient safety and promote learning lessons.
   • Implementation of a modern and fair points-based immigration system that importantly will include a fast track NHS visa scheme.
   • Bringing forward proposals for the reform of long-term social care, including an opportunity for Councils to access a further £500m for adult social care and the reform of the Mental Health Act.

   With respect to risks on our Trust Board Assurance Framework (BAF), we still await clarity on any capital funding settlement focussed on mental health organisations, and any specific national initiatives to support the workforce shortages we see in our sector. In addition, given our commitment to the Joined Up Care Derbyshire Plan and the public health services we deliver in Derby City, we await clarity on specific investment targeted at health prevention and promotion and any changes in the way public health services are invested in and commissioned.

2. Board members will be aware from the Long-Term Plan (LTP) that the NHS has committed to significantly reducing waste and making hospitals healthier for patients and staff.

Between 2013 and 2018, NHS services across England used more than 600 million disposable cups and millions of other disposable cutlery pieces, as well as many other avoidable single-use items. While much NHS plastic waste is already recovered for recycling or energy from general waste, we are still a significant contributor to the 34 billion tonnes of plastic that will pollute our natural environment by 2050. One part of the LTP is to reduce the single-use of plastics in hospitals (Acute/MH and Community) with retailers operating in hospitals committing to cut the use of avoidable plastics, starting with straws and stirrers from April 2020, and cutlery, plates and cups phased out over the coming 12 months.

In December the Trust received a letter encouraging us to sign up to the NHS Plastics Pledge to:

- *Phase out avoidable single-use plastic items which are used in catering services and office spaces*
- *By April 2020, no longer purchase single-use plastic stirrers and straws, except where a person has a specific need, in line with the government consultation*
- *By April 2021, no longer purchase single-use plastic cutlery, plates or single-use cups made of expanded polystyrene or oxo-degradable plastics*
- *By April 2021, go beyond these commitments in reducing single-use plastic food containers and other plastic cups for beverages - including covers and lids*

I can confirm that as a Trust we have signed up to the pledge (response id ANON-DGU1-5QTM-R.). In addition, I can confirm that the second point above is already completed and the first point is well underway to being completed.

Local Context

3. The Joined Up Care Derbyshire Board meeting on 16 January was the first meeting held in public with attendees including BBC Radio Derby and the Health Service Journal. Highlights included:

- The integrated volunteer programme, which it is hoped ultimately will result in the development of a Derbyshire Voluntary Sector Alliance, is currently underway supported by central funds.
- As we start to understand more about Integrated Care Partnerships, the Independent Chair, John MacDonald, has met with all CEO's and Chairs within the System, and this will support the discussion at the Governance Leadership session in March.
- Starting to look at how we can streamline system events/meetings to coincide on a Friday to increase efficiency of system organisation.
- Winter pressures, as expected, reached a peak in late December/early January. Measures put in place as part of the winter plan are holding, however performance is being impacted upon, such as ED waiting times.
- Q3 finance numbers have not yet been finalised due to an expected technical requirement. However, both acute Trusts are going through the mandated processes for adjusting their year-end forecast.
- The refreshed Place strategy was received and approved with much discussion about its links through to Integrated Care Partnerships. Given

the importance of the Place approach for our services, I have attached the strategy as appendix 1.

- The Board noted and agreed the Derbyshire Air Quality Strategy. The strategy has three aims:

  - To facilitate travel behaviour change
  - Reduce ……of air pollution
  - Mitigate against the impact of air pollution.

  I was really pleased to note the presentation and discussion about clean air. As Joined up Care Derbyshire we speak regularly about wider determinants of health and this paper starts to bring that to life, as well as noting the part every statutory health and care organisation in the County should play in this approach. I would urge Board members to look at the strategy which is available on the Derbyshire County Council website.

4. I attended the Derby City Health and Wellbeing Board in January and again noted a positive focus on those wider determinants that impact on our health. Some of the key things discussed included:

- A presentation from 'Drinkaware' on their drink free days campaign in Derby. I was really struck by the benefit of supporting such a campaign as a large employer and I have asked our Communications team to link in with the alcohol education charity to look at how we might promote it in our Trust.
- We reviewed a report looking at the condition of housing stock within Derby City. Interesting to note 57% of homes in the City are owner occupied and that we have a specific issue in Derby of having generally older housing stock than elsewhere (about 40% built before 1944). The total cost to bring private sector homes up to standard in Derby would be around £48 million.
- We reviewed Derbyshire Fire and Rescue Services 5-year plan 'making Derbyshire Safer Together' and the consultation document can be seen and commented on at the Derbyshire Fire and Rescue website.

Within our Trust

5. During January the CQC carried out the final component of the current inspection by completing their three day well led review. In addition to this the CQC inspected 5 core services at the end of November and I would like to express my thanks to all colleagues from the Trust who were involved in the total inspection.

   In line with the national approach for inspections, the CQC have issued initial high-level feedback from both the Core Service visits and the Well Led inspection, which I have attached to my report as appendices 2 and 3.

   We would anticipate being able to factual accuracy check the formal reports within the next 4-6 weeks with publication being prior to April.

6. The run up to Christmas featured a wide range of activities in the Trust that focussed on team working and providing an opportunity for those individuals in our care to experience more familiar Christmas experiences for example:

- Our very popular Christmas Decorations competition, lots of entries with the overall winner being Bay Heath House.
- Cubley Court Christmas party
- League of Friends carol singing and present giving
- Reverse advent gifts

7. The Trust's Communications team has continued to support and promote key events and initiatives over recent months. This has included proactive promotion of the Delivering Excellence Awards, which received positive coverage both online and in print, showcasing the commitment and innovative work of Trust colleagues. In wider awards, the Trust – through its partnership with First Steps eating disorders service - won a special recognition award as part of the Markel Third Sector care awards. This success was celebrated on social media as well as in the Trust's internal communications. The Trust's move to TPP SystmOne has been mentioned in specialist national media with positive articles focusing on the Trust's consultation process and collaboration in making the decision. The Trust has also commented locally on the national announcement that Derbyshire is one of 10 areas across the UK to receive funding to provide immediate and longer-term support for those bereaved by suicide.

    Trust colleagues have participated in a number of activities over the winter months, to support people within our services over Christmas and the New Year. Our Children's Services distributed Christmas gifts to local families and the Trust supported Emily, a former service user at the Radbourne Unit, to collect gifts in a Reverse Advent project. Both projects were publicised on social media and have received positive coverage and feedback. A social media highlight in December was the Trust's Christmas decoration competition which involved more wards than ever and saw a real flowering of creativity across wards and offices through the whole of the Trust. This event was publicised with pictures ahead of the judges' decision, and then images of the winners were shared on social media and through the Trust's internal channels. This was a really successful way of promoting a good team spirit and ethic of working together across the Trust's sites.

8. My thanks to Brian and Ali, who were the facilitators, and the attendees at the December Radically Open Dialectical Behaviour therapy session, for allowing me to attend and take part. I don't want to talk about the content of the session as that wouldn't be fair to those who were there sharing, however I learnt so much in that one session about me personally and my thinking, but it really struck me that many of the things covered in the workbook probably apply very well to the leadership approaches and styles we are developing within our Trust.

9. The December Staff Forum celebrated two years of the forum meeting. We had some really helpful and challenging conversations about the Secretary of State's visit to the Trust and staffing levels which particularly focussed on opportunities to improve retention and how the developing culture absolutely supports that. In addition, we had a very engaging conversation about the menopause, how geared up we were to be supportive to colleagues on whom it was impacting, stigma, policies and opportunities for doing something differently. Following on from this great open conversation, we have a booked session on 6 March to meet with Trust colleagues and the national lead.

10. At our January Team Brief we launched our inclusion video where colleagues throughout the organisation shared what inclusion means to them. The video is an accompaniment to our new mini inclusion strategy, which will help our colleagues to be themselves regardless of age, race, gender, sexual orientation or any wider protected characteristics. The actions in the strategy will help the Trust to create a great place to work for our staff. Some of these actions are:

- Review our Board Committees' inclusion objective to: "… actively consider the equality impact and evidence relating to all items of Committee business as part of the Committee's contribution to equality, diversity and inclusion."
- Progress our Recruitment Action Steering Group
- Grow our Reverse Commissioning project
- Grow a network of inclusion champions
- Grow our inclusion networks
- Establish a Gender steering group
- Continue to scale up our Reverse Mentor programme and evaluate its impact
- Celebrate more through inclusion events
- Support and empower our Workforce Race Equality Standard (WRES) expert and frontline representatives.

The mini strategy is currently out for consultation and has been discussed in a variety of groups and networks and will be finalised and launched in the next few weeks.

11. The 17 January was a first for us as we celebrated colleagues' long service with a tea party at Kingsway. As we have come to expect, our catering team did a sterling job in creating a wonderful spread to aid the celebrations. It was a fantastic opportunity to meet colleagues who were celebrating 20, 30 or 40 years' NHS service, hear their stories and celebrate their incredible contribution to improving people's lives. Thanks to all colleagues who helped with the setting up of the session and of course to those who came along.

- Since our last Board meeting, I have attended on the Road sessions at St Mary's Gate, Chesterfield – substance misuse team base and the Hartington Unit

Some of the key issues arising from these sessions included:

- Career progression for admin colleagues and the current lack of consistency relating to management arrangements.
- Benefits of partnership arrangements and the impact of regular service tendering.
- Physical health care improvements in substance misuse services and some of the approaches used.
- Training still perceived to be Derby centric.

Strategic Considerations	
1) We will deliver **great care** by delivering compassionate, person-centred innovative and safe care	X
2) We will ensure that the Trust is a **great place to work** by attracting colleagues to work with us who we develop, retain and support by excellent management and leadership	X
3) We will make the **best use of our money** by making financially wise decisions and will always strive for best value to make money go further	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

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

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

This document is a mixture of a strategic scan of key policy changes nationally and changes in the Derbyshire Health and Social Care environment that could have an impact on our Trust. The report also covers updates to the Board on my engagement with colleagues in the Trust and the reporting of internal actions and feedback I have received relating to the strategy delivery.

As such, implementation of national policy in our Trust would include a repeat Equality Impact Assessment, even though this will have been completed nationally. The confirmation of the direction of travel outlined in the Long Term Plan and the

enshrining in law of the financial investment needed, adds a level of assurance to resourcing services, to engage with groups such as those who are rough sleeping. In addition, any focus on early intervention or prevention must be seen as an opportunity to target culturally relevant interventions to our local communities.

This paper demonstrates some strong features of good practice relating to inclusion and diversity. The launch of our mini strategy demonstrates our desire as an organisation to have a real impact on supporting people to be themselves at work and to co-create and deliver a range of interventions that enhances a great place to work and therefore better outcomes for those who use our services.

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 presented by: **Ifti Majid**
                           Chief Executive

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

Joined Up Care
Derbyshire

Agreed Place Board October 2019

Joined Up Care Derbyshire Place Board Strategy
"Working Together Makes a Difference"

Purpose

This document sets out our vision and strategic ambitions for **the Joined Up Care Derbyshire Place Board**. Our purpose is two-fold: Place is a transformative work stream and will aim to deliver new models of care, integration and cost efficiencies by working differently together to improve care in the community. This way of working will inform and support the system leadership in Derbyshire as it develops a new architecture and culture for system working which integrates good health and wellbeing support for those who live and work in Derbyshire.

Place	Pop
Amber Valley	**133,959**
Bolsover & NE	**183,283**
Chesterfield	**112,712**
Derby City	**340,033**
Derbys Dales	**82,729**
Erewash	**95,545**
High Peak	**60,430**
S Derbys	**54,684**

Why do we need a strategy?

Nationally and locally, we are seeing crisis response all too often. The NHS Long term plan sets out key priorities and service standards for us to consider in Derbyshire. The time is right to work differently and better together to enable proactive empowerment and support for people - citizens and the workforce - when and where it is needed and as close to home as possible.

The organisations we are working with to develop and implement our strategy:

Derby and Derbyshire CCG
Derbyshire Community Health Services NHS FT
Derbyshire Mental Health NHS Trust
Chesterfield Royal NHS FT
University Hospitals of Derby and Burton NHS FT
East Midlands Ambulance Services
DHU Healthcare

Place Alliance Chairs and GP leads
Public Health
Derby City and Derbyshire County Local Authorities
Education
Derby and Derbyshire Local Medical Committee
Voluntary sector

Our Vision

People who live and work in Derbyshire will have their health, care and well-being understood and supported by system leaders who create the conditions for organisations to work better together to improve health and wellbeing, to enhance quality of care, create flexibility and responsiveness, to ensure system value, sustainability and equity.

Our Mission

We want to create the environment and opportunity for organisations and the populations they serve to come together to think, transform and work differently so that people can be well connected and can access communicative and coordinated services. Thus preparing the system to work together for the future.

Place Values – what does collaborative transformative working look like?

Our leaders and those who system work in a Derbyshire Place will:

- Have a spirit of adventure
- Be positive and optimistic
- Will work hard to think "System", agnostic of organisation, but bring their experience to the table
- Be innovative, courageous and push boundaries
- Be open-minded
- Be altruistic and driven by service to others;
- Be influential to encourage others and themselves to 'have a go'
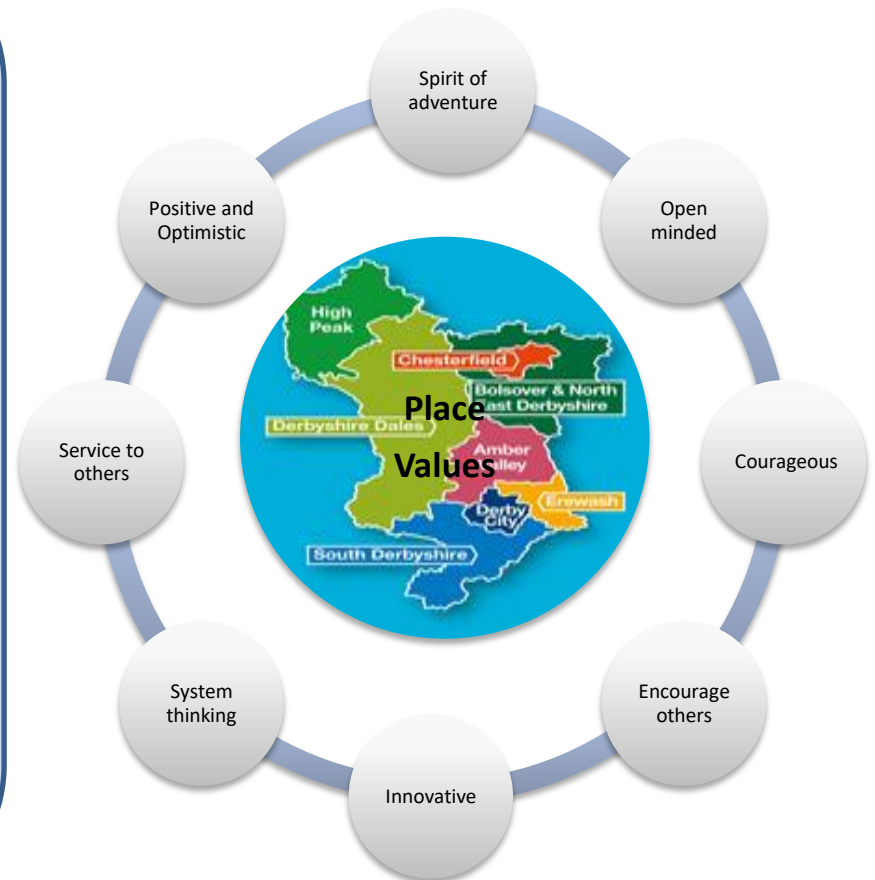
Our Strategic Ambitions

Services

"We will boost 'out-of-hospital' care, and remove the divide between acute, primary, community health service and social care"

● An integrated service model is available 24/7 for all service users, providing right access to the right team in the right place

● We will proactively identify and address health, care and wellbeing needs holistically, working as one primary and community team around a person, wherever they are located out of hospital

● Staff within organisations will be able to work collaboratively with ease of access to truly shared records, joint management protocols which eradicate duplication through agreed and widely understood integrated pathways.

"Patients will have more choices avoiding the need to access emergency hospital based services

● We will be able to respond to urgent health, social and wellbeing crises when they occur, providing much of the support in our communities

● Those admitted to acute care are enabled to leave as quickly and as safely as possible, through integrated community and acute assessment of health and care needs. Discharge teams are readily able to access joint resources to personalise care and support in the community.

People's experience

"People will get more control over their health and more personalised care when they need it"

● My voice is heard and I am involved (or know how to be) and included in the design of services in my community, working alongside those who are leading the changes in my area

● My care and support help me to live the life I want to and do the things that are important to me

● I have access to information that allows me to make decisions and choices about my health and wellbeing and advice about my health and how I can be as well as possible

● I am treated with dignity and respect by staff in relation to the choices I make.

● When I need to move between service or areas, there is always a plan in place and people who know about me to ensure what happens next is easy and seamless caring experience

● My carers and my loved ones are involved and supported to care for me to the best of their ability.

JUCD Place Board "Working Together Makes a Difference"

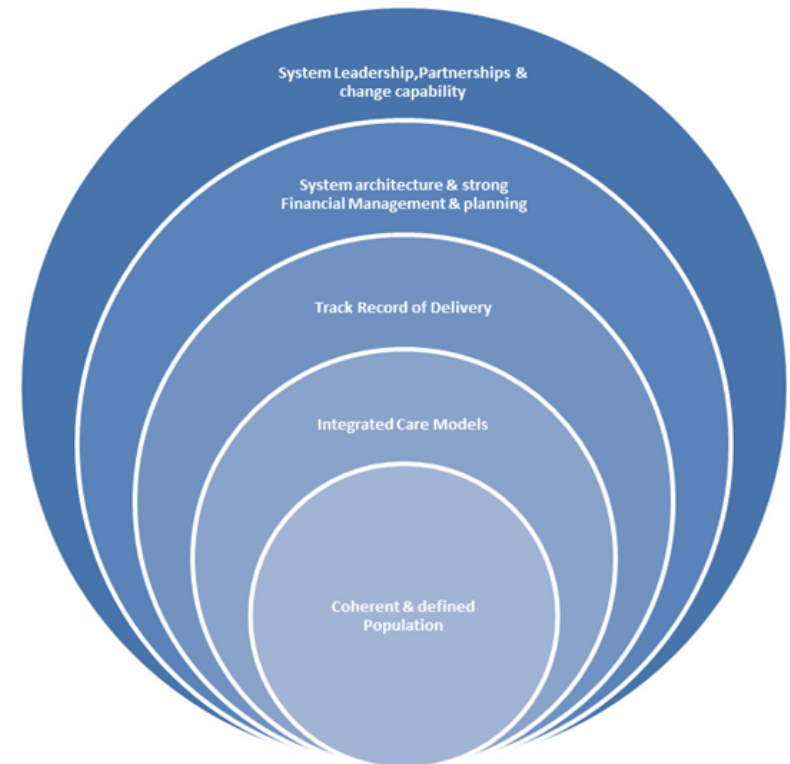# Our Strategic Ambitions

System

"Digitally-enabled primary and outpatient care will go mainstream"

- As a Derbyshire resident, I can to access health services for advice and support, through various technologies
- I can utilise new technologies to meet and connect virtually with others, to help me not feel isolated or lonely
- I can access specialist advice without having to go a hospital.

"Local NHS and other organisations will increasingly focus on population health – moving to an Integrated Care System across Derbyshire"

- Integrated care improves efficiency, eliminating duplication, reducing delays and improving people's flow through the system. This will enable resources to moved where they are needed most
- Emboldening workforce and commissioners to enable primary and community teams to work together differently
- Derbyshire Place Board will be integrally involved in the understanding of population health and the development of the Derbyshire ICS, both advising and being advised on strategic actions; this will include considering and assessing the maturity of Place Alliances and the leadership within the system
- Personalisation of health and care is facilitated through a broad offer of personal budgets.

Characteristics of our Derbyshire Integrated Care System

System Leadership, Partnerships & change capability

System architecture & strong Financial Management & planning

Track Record of Delivery

Integrated Care Models

Coherent & defined Population

Strategic outcomes "How it will look when we are finished"

● My health and social care team and I are aware if I am at higher risk of developing health, or care needs, so that I can access proactive preventative treatment and support

● I can stay independent by being empowered to self-care, by using my personal and community strengths and assets

● If I need care or support, this will be assessed jointly by services involved with me, including care planning, management and discharge planning

● There is seamless access to community based health and care services when I need them

● I have a single point of access when I feel that I am in crisis; whether my emergency is for health, care or social reasons

● I want to only have to tell my story once to get the care and support that I need.

● My care and support is personalised to me and takes into account "who am I" and my carers will be supported
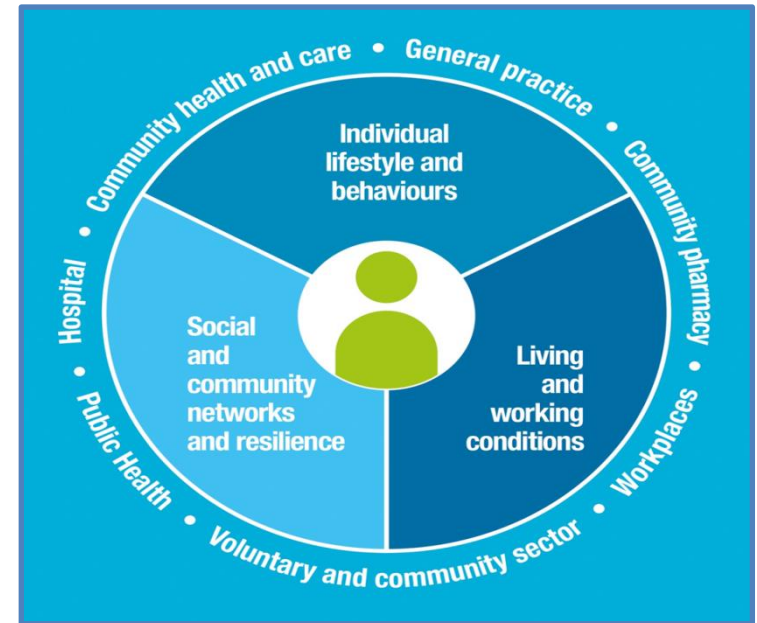
✓ **Place areas will take a person centred approach to care**

✓ **An emphasis on 'doing with' rather than 'doing to'**

✓ **People active in their own care and the design of services**
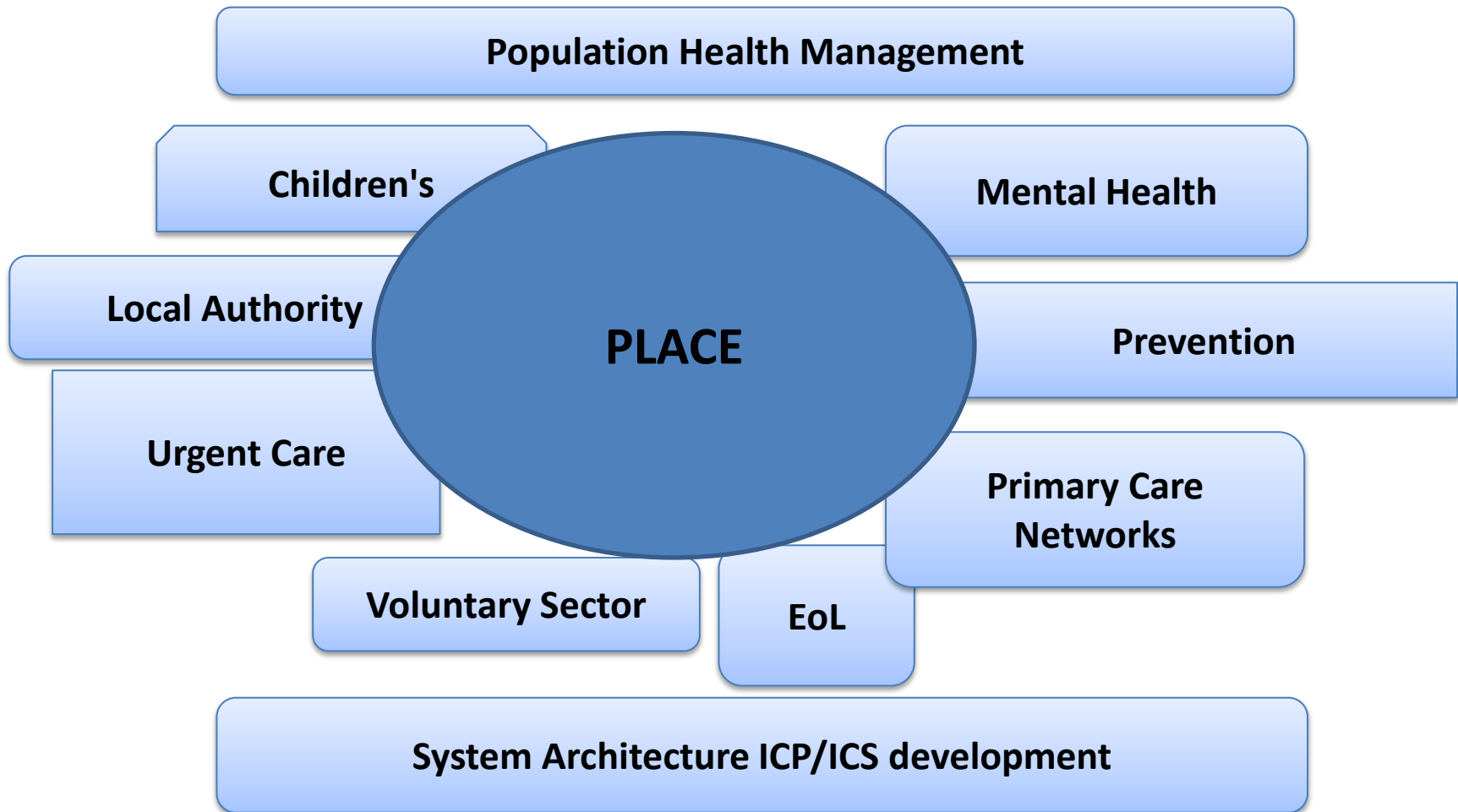
Enablers to transformation

Delivery of our strategy is dependent on the Derbyshire system working and thinking differently to realise our integrated way of working.

- System leaders will be equipped to understand, be skilled and confident to support
- and embody different ways of working, and encourage system-wide organisationally agnostic thinking
- Empowering users to have choice and control through shared decision making and co-design of services
- Integrated and supported workforce with joint cross-discipline training and working
- Proactive & inclusive communications will allow Place to be visible and consistent; good communication which reaches the shop floor workforce as well as managers and senior system-wide leaders. To routinely be asking people to think "wouldn't it be good if…"
- Robust proactive and reactive data availability and sharing with business intelligence support to understand and work on epidemiologically well understood national clinical and social priorities as well as the local variations in these priorities (this may allow inequity of investment to produce equity of outcome); to track changes and measure progress
- Asset mapping to understand individual Place Alliances - physical assets, as well as people, skill sets and overall capacity
- Strong system-wide governance and joined up service planning across organisations
- Integrated electronic records and system sharing of this information as a default
- High quality cross-sector providers who are engaged in system thinking and working
- Pooled and / or aligned resources – people, budgets, skills, assets, physical resource
- Joint system-wide strategic commissioning

Interdependencies

We will ensure our strategy is developed and delivered maximising the opportunities of working collaboratively with the wider system strategies and plans.
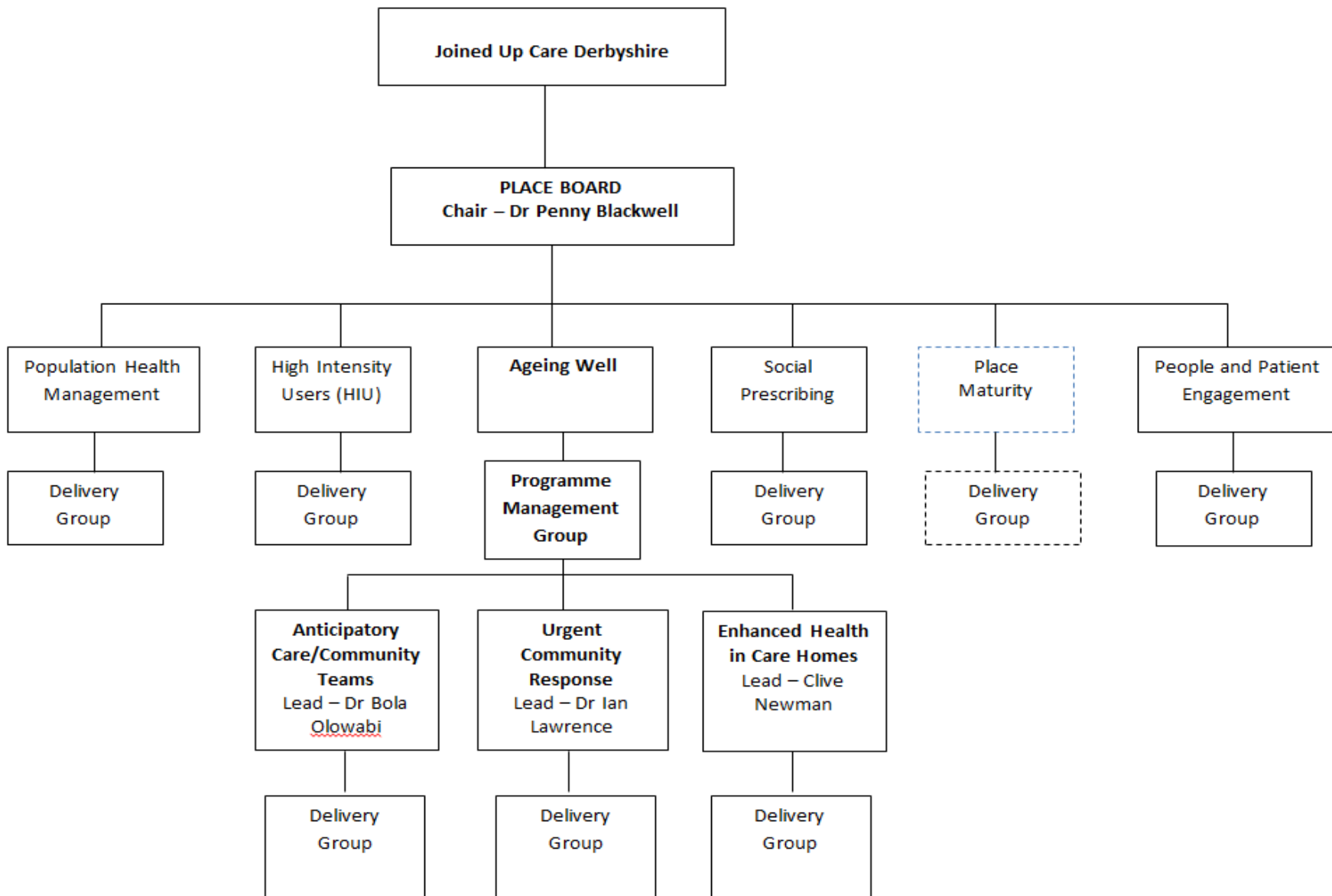

Population Health Management

Children's

Mental Health

Local Authority

PLACE

Prevention

Urgent Care

Primary Care Networks

Voluntary Sector

EoL

System Architecture ICP/ICS development

Place Board Delivery Programme

Place has committed to delivering further progress on fully integrated place based care over the next 5 years 19/20 – 23/24

Key deliverables	Milestones				
	19/20	20/21	21/22	22/23	23/24
Assess and improve integrated community rapid response provision ensuring a 2 hour response is in place where clinically appropriate by 2024					x
Ensure appropriate capacity is in place and transfers of care are quick and effective to deliver reablement within 2 days of referral by 2024					x
Progress towards the ambition of an integrated service model available 24/7 as appropriate					x
Work with PCNs to develop multi-disciplinary teams of community care professionals and review options for greater integration within the emerging ICP structure		x			
Consistent proactive identification and management of people at risk of unwarranted health outcomes through risk stratification, assessment and care planning in line with the anticipatory care element of 'Ageing Well'	x	x			
Improve local provision in line with the Enhanced Care in Care Homes framework		x			
Implement and review targeted case management approach to the most severe 'high intensity users'. Expand if successful	x	x			
Ensure community assets are understood and widen the support available for social prescribing link workers to access in each Place.					
Utilise population health management approaches to understand the use of, and demand for services across the health and care system to inform planning and prioritisation / development of provision for out of hospital care.	x	x			
Further develop opportunities to identify and meet the needs of people with 'lower level' mental health needs within the community			x		
Maximise the benefits of access to the single health care record by integrated community teams and ambulance staff				x	
Consider the opportunities, and maximise the benefits, of digitally enabled care in the community promoting early adoption		x			
Contribute to continued reductions in the number / proportion of delayed transfers of care to achieve Derbyshire share of the national target through ensuring appropriate range and capacity of provision to support people leaving hospital	x	x			
Leaders will feel equipped to deliver in a collaborative and transformative way agnostic of organisation, with a focus on people and communities	x	x			
Ensure continuation of the well-developed wider partnership role in place based working that has been built in Derbyshire to ensure we draw on the widest range of community assets in developing and delivering improvements in care and outcomes	x	x			
Support and manage Places in the transition to a new governance structure in the emerging system architecture, ensuring that the structures and frameworks of ICS/ICP enable true integration of planning and delivery of local services.	x	x			
Identify where increased resource in community could deliver impact on system; costs, outcomes and experience and agree mechanisms to plan and manage that shift, incentivising preventative and proactive care.	x	x			

Place – Flow Chart

Joined Up Care Derbyshire

PLACE BOARD
Chair – Dr Penny Blackwell

- Population Health Management
  - Delivery Group
- High Intensity Users (HIU)
  - Delivery Group
- **Ageing Well**
  - **Programme Management Group**
    - **Anticipatory Care/Community Teams**
      Lead – Dr Bola Olowabi
      - Delivery Group
    - **Urgent Community Response**
      Lead – Dr Ian Lawrence
      - Delivery Group
    - **Enhanced Health in Care Homes**
      Lead – Clive Newman
      - Delivery Group
- Social Prescribing
  - Delivery Group
- Place Maturity
  - Delivery Group
- People and Patient Engagement
  - Delivery Group

![Care Quality Commission logo]

By email

Our reference: INS2-6023250191
Person Name: Mr Ifti Majid
Chief Executive
Derbyshire Healthcare NHS FT
Kingsway site
Ashbourne Centre Trust HQ
Derby
DE22 3 LZ

Care Quality Commission
Citygate
Gallowgate
Newcastle Upon Tyne
NE1 4PA

Telephone: 03000 616161
Fax: 03000 616171

www.cqc.org.uk

02/12/19

CQC Reference Number: INS2-6023250191

Dear Mr Ifti Majid

Re: CQC inspection of Derbyshire Healthcare NHS FT

I thought it would be helpful to give you written feedback of the highlights of the core inspections carried out last week (26-28 November). Please note that we will be going through the evidence collected and analysing it before writing the report.

This letter does not replace the draft report and evidence appendix we will send to you, but simply provides you with a basis to start considering what action is needed.

We would encourage you to discuss the findings of our inspection at the public session of your next board meeting. If your next board meeting takes place prior to receiving a final or draft inspection report and evidence appendix, this correspondence should be used to inform discussions with the board. When scheduling a discussion of this letter, or the draft report, please inform your CQC Regional Communications Manager, who is copied in to this letter.

An overview of our feedback

Community mental health services for adults of working age Core service

Locations inspected:	South Derbyshire and South Dales- Swadlincote Derby City- St Andrew's Bolsover and Clay Cross Chesterfield Central Killamarsh and North Chesterfield
	Areas for improvement
	Well-led concerns at Swadlincote. Staff not feeling supported by managers, impact on morale, policies on sickness and lone working not being followed. Staffing in some teams- sickness and vacancies affecting staff workload, stress levels and waiting lists. Ratings scales and outcome measures collected but unable to show patient outcomes due to the way the information is stored in electronic records system. Waiting times/ the management and recording of waiting times. Patients who are not ready to receive the service when they are referred (e.g. those detained in secure out of area placements) are included in the CMHT waiting time figures, which means the average waiting time for some services appears very long.
	Good practice
	Initiatives to meet patient needs and reducing waiting lists- NMPs, pharmacist input, therapeutic groups. Physical health care and clinic rooms at Derby City and Chesterfield Central. Caseload management tool has been implemented since last inspection. All patients and carers we spoke with were very positive about the input they received from staff. Consultant sends letters to patients about the consulation, copied into the GP (RCOP poster prize).

Acute Adult Admission Wards/PICU Core service

Locations inspected:	Hartington Unit Radborne Unit
	Areas for improvement
	Physical health/ meds monitoring – some omissions in these areas - examples where this could have been responded to better (both units)
	Seclusion – issues: Unable to deep clean seclusion room out of hours, patient reports that staff don't engage with them, and example of dignity not being respected. Records of seclusion not always updated (Radbourne)
	Illicit substances/ paraphernalia in the medicine's cupboard (not sealed) and had been there on one ward for extended period. Not all staff clear about policy for disposing of this (Radbourne)
	Dormitories in place throughout ((both units)
	T2's/T3's not always attached to medicines cards (Radbourne)
	A lack of focus on sexual safety (Hartington)
	Good practice
	Good support for newly qualified nurses reported
	Better morale
	Development of AIMS accreditation as part of phase 2 of Implementation plan
	Improvement in staffing, training supervision and appraisals (require updated data)
	Reducing restrictive interventions and blanket restrictions (require updated data)
	Learning from incidents evident
	Improved governance/ oversight

	HUB activities Good leadership and more direction

Children and Young People Core Service

Locations inspected:	Community health services for CYPF: St Pauls House / Revive / Redwoods Primary School Nurse / Jubilee House / Sinfin Health Centre / Ronnie MacKeith Centre
Organisation representatives present at the feedback session:	Sue Earnshaw Area Service Manager & Scott Lunn Clinical Lead
	Areas for improvement
	• Dissemination of information pertaining to provider level and division level incidents and lessons learnt. Staff were unable to provide examples of incidents or learning outside of their team. • Lack of leadership at local level. Staff members were stepping up to provide leadership. However, the trust are in the process of reintroducing clinical lead roles which should rectify this. • Lone working process is managed separately by each individual team with some inconsistencies with code words and escalation. Staff unable to provide assurance on process for new starters and staff from outside of their team. • Inaccuracies with the RPIR data showing incorrect training figures, incorrect safeguarding referrals (stating zero) and incorrect referral times. • Silo working across the division.
	Good practice
	• Feedback from patients and carers was overwhelmingly positive. • Very happy staff team at all levels. All speak of supportive management. • Good supervision; safeguarding, clinical and managerial • Some positive pilots ongoing with speech and language therapies and dentists. • Use of the Hospital Anxiety Scale at regular stages to assess parent mental health.

	• Health Visitors are consistently using the Red Books well.
	• Use of a QR code which links to a website, with multiple (75) language options, that allows families to access information normally found in leaflets
	• Use of brain box and breast feeding box with new parents to engage them in how to positively bond and support their new baby.

Community Learning Disability Services Core service

Locations inspected:	Derby City CST and IST- St Andrews House Erewash CST- Long Eaton Amber Valley CST – Rivermead Dale Bank CST - Swadlincote
	Areas for improvement:
	• Changes to service need to be more embedded but already showing improvements as detailed below. • Some concerns about clinicians not triaging referrals but measures in place to reduce risks of this.
	Good practice:
	• Good, safe lone working practices and all staff aware of these. • Learning from incidents, staff knew what and how to report. • Good clinical supervision, dysphagia supervision and regular reflective practice sessions. • Reduction of case loads, working proactively with people, clear expectations given as to service provided. • Good MDT working and good working with other teams in trust and external. • Observed staff to be caring and compassionate. • Person centred work - good examples of where staff have found out interests of the person and provided information in an accessible format to the individual to help them enaggae with the service. • Carers reported staff to be caring and carers involved where person agrees. • Staff responsive to referrals and reducing waiting lists. Waiting lists reduced significantly since last inspection – staff know who is on waiting list and working to reduce any risks.

	• Despite big and painful changes staff felt listened to and engaged in process and are now motivated to move forward.
	• Staff signed up to vision and values of trust – embedded in their practice.
	• Quality visits - staff know senior managers – CEO & Chair have visited – staff felt they were interested in their work and in them.

Crisis /HBPOS Core service

Locations inspected:	HBPOS: Radbourne Unit & Hartington Unit Derby City and South Derbyshire Crisis Resolution and HTT North Derbyshire and High Peak Crisis Resolution and HTT
	Areas for improvement:
	• Although checked daily, checking of the emergency equipment in HBPOS wasn't always to the trust standard of three times daily. • Crisis teams rostered one worker at night; the potential additional demands to this role could be high (bleep hold, support wards, supervise S136) and some staff we spoke with had anxieties about this. • We saw no cleaning record for portable health testing equipment. • Although care plans were present, the content and format of care planning was not always consistent among staff. We saw no stated minimum requirement or standard. • Staff did not always record when copies of care plans had been shared with patients. • At the start of a treatment episode, staff did not always routinely inform patients about how to raise a concern/complaint. • Electronic Record: staff not always familiar with the functionality of the system and inconsistencies in where staff recorded information.
	Good practice:
	• Additional monies having a positive impact on staffing indicators. Increasing the number of staff

	• providing a service, additional leadership and multidisciplinary roles. • Environmental improvements to the HBPOS to manage blind spots and ligature risks. • Improved handover practices within crisis teams. • Crisis teams meeting local referral to triage/assessment targets, gatekeeping and no waiting lists to receive a service. • Evidence of good MDT working within teams, and good working relationships with teams internal and external to the trust. • Staff recorded compliments on the service they provided (accounting for 16% of trust total).

A draft inspection report will be sent to you once we have completed our due processes and you will have the opportunity to check the factual accuracy of the report. I am also copying this letter to Rebecca Stone at NHS Improvement.

Could I take this opportunity to thank you once again for the arrangements that you made to help organise the inspection, and for the cooperation that we experienced from you and your staff.

If you have any questions about this letter, please contact me through our National Customer Service Centre using the details below:

Telephone: 03000 616161

Write to: CQC
              Citygate
              Gallowgate
              Newcastle upon Tyne
              NE1 4PA

If you do get in touch, please make sure you quote or have the reference number (above) to hand. It may cause delay if you are not able to give it to us.

Yours sincerely

Julie Meikle

Head of Hospitals Inspection

CC. Rebecca Stone NHS Improvement representative

    Louise Grifferty CQC regional communications manager

![Care Quality Commission logo]

BY EMAIL

Our reference: INS2-6023250191

Mr Ifty Majid, Chief Executive
Derbyshire Healthcare NHS
Kingsway Site
Ashbourne House
Derby
Derbyshire
DE22 3LZ

Care Quality Commission
Citygate
Gallowgate
Newcastle Upon Tyne
NE1 4PA

Telephone: 03000 616161
Fax: 03000 616171

www.cqc.org.uk

Date: 15/01/2020

CQC Reference Number: INS2-6023250191

Dear Mr Ifti Majid

Re: CQC inspection of Derbyshire Healthcare NHS FT – Well Led 13-15 January 2020

Following your feedback meeting with Kathryn Mason HOHI, Surrinder Kaur IM, Gary Marsh and Lisa Crichton-Jones executive reviewers and Yin Naing policy advisor,on the 15 January 2020, I thought it would be helpful to give you written feedback as highlighted at the inspection and given to you and your colleagues; Carolyn Green, Claire Wright and Caroline Maley at the feedback meeting.

This letter does not replace the draft report and evidence appendix we will send to you, but simply confirms what we fed-back on today and provides you with a basis to start considering what action is needed.

We would encourage you to discuss the findings of our inspection at the public session of your next board meeting. If your next board meeting takes place prior to receiving a final or draft inspection report and evidence appendix, this correspondence should be used to inform discussions with the board. When scheduling a discussion of this letter, or the draft report, please inform your CQC Regional Communications Manager, who is copied in to this letter.

An overview of our feedback

The feedback to you was:

We have seen the trust has been on a journey of improvement and we have seen a caring compassionate culture of change being embedded.

Leadership
- The trust had an experienced leadership team who had a comprehensive knowledge of current priorities and challenges.
- A board development program exists and continues to mature.
- The trust recognised the leadership training needs of managers at Band 7 and above.
  The trust should continue to cascade leadership training to all levels across the trust and should be assertive and proactive in monitoring the uptake of leadership training by BME groups.
- Fit and proper person processes had matured and were met.
- Senior leaders made sure they visited all parts of the trust and fed back to the board to discuss challenges staff and the services faced.
- There was evidence of compassionate collaborative leadership and services being clinically led.
- There was continued significant systemic leadership in the health economy by CEO, executive directors and NEDs.
- There was observed good NED challenge at trust board and audit committee, and in the minutes of sub committees. There was clearly a mature relationship established with governors by NEDs.
- Stakeholders recognized the progress of the organisation.

Vision and Strategy
- The board and senior leadership team had refreshed the strategy, set a clear vision and values. They worked hard to make sure staff at all levels understood them in relation to their daily roles.
- The newly developed trust strategy involved clinicians, patients and groups from the local community in the development of the strategy.
- The strategy was linked to the wider plans of the health and social care economy.
- *All board members need to be able to clearly articulate the population needs which inform the strategy and there should be continued engagement of staff of this to inform service development.*

Culture
- There was significant improvement in the culture of the organisation. Staff felt respected, valued, listened too and involved. Staff were proud to work for the trust. Staff were positive about the "people first approach" which was having a positive impact, including a decrease in disciplinaries
- Staff reported a just culture was in place
- Staff felt equality and diversity were promoted in their day to day work
- Good success of reverse mentorship and plans for the involvement of patients in this.

Governance
- The trust had a clear structure for overseeing performance, quality and risk, with board members represented across the divisions. This gave them greater

oversight of issues facing the service and they responded when services needed more support. Action had been taken to respond to external consultant recommendations from Janruary 2018.
- There was good supportive team working at all levels.

- *The organisaton recognized that the current list of manadatory courses to be too long and have plans to review. The compliance with many of the mandatory courses appeared to be below 75%, within core services. (futher evidence to be provided by trust)*
- *The trust had a plan in place for a governance review to ensure governance systems and processes reflect the current position of the trust and future ambitions which should be implemented.*

Management of risk, issues and performance
- The trust had systems in place to identify learning from incidents, complaints and safeguarding alerts and make improvements.
- Robust arrangements were in place for identifying, recording and managing risks, issues and mitigating actions. Recorded risks were aligned with what staff said were on their 'worry list'. There was regular review of the BAF at the board, and through the board subcommittees.
- *The trust should review the annual health and safety audit process in reference to action planning, and monitoring to assure itself that health and safety risks are mitigated.*

Information management
- The board reviewed performance reports that included data about the services. Assurance was gained through triangulation e.g. Quality visits, deep dives, walk about, information from governors.
- Staff had enough access to performance information in the form of dashboards and were complimentary about the IT support they received.
- The trust planned to move to a new electronic patient record system, with clear plans for this to be clinically led.

Engagement
- The trust made sure that it included and communicated effectively with patients, staff, the public, and local organisations. There was encouragement of clinical staff to be involved with the work of the STP.
- The trust sought to actively engage with people and staff in a range of equality groups.
- Staff and patients felt empowered to support the design of services.

Learning, continuous improvement and innovation
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training and change.
- The trust were using the QI approach and methods to bring about improvements and had plans to fully embed across the organisation.
- Lessons learnt were shared e.g. blue light system. Consideration was given as to which teams needed to have lessons learnt shared with.

- There was evidence of the organisaton benchmarking and reaching out to other MH organisations', Staff went to other places to seek good practice and learning, this should continue.
- We heard examples of improvements made.

A draft inspection report will be sent to you once we have completed our due processes and you will have the opportunity to check the factual accuracy of the report. I am also copying this letter to Bekky Stone at NHS Improvement and Karon Glynn NHSE.

Could I take this opportunity to thank you once again for the arrangements that you made to help organise the inspection, and for the cooperation that we experienced from you and your staff.

If you have any questions about this letter, please contact me through our National Customer Service Centre using the details below:

Telephone: 03000 616161

Write to: CQC
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

If you do get in touch, please make sure you quote or have the reference number (above) to hand. It may cause delay if you are not able to give it to us.

Yours sincerely

Kathryn Mason

c.c.   Chair of Trust - Caroline Maley

Bekky Stone NHS Improvement representative

Louise Grifferty - CQC regional communications manager

Karon Glynn NHSE

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 4 February 2020

Performance Report 2019/20

Purpose of Report

The purpose of this report is to provide the Board of Directors with an overview of Trust performance at the end of December 2019.

Executive Summary

The report provides the Board of Directors with information that shows how the Trust is performing against a set of key targets and measures.

Performance is summarised in an assurance summary dashboard with targets identified where a specific target has been agreed. Where a specific target hasn't been agreed or specifically commissioned, colleagues will be able to track performance over time and discuss/challenge any specific variation that may be of concern or unusual. Further detailed charts for the measures are included in appendix 1.

The main body of the report provides detail on a number of the key measures. Board members are also able to triangulate information from this report with the assurance summaries from each Committee, where more in depth reports have been provided for assurance.

The main areas to draw to the Board's attention are as follows:

<u>**Finance**</u>

The financial position for the end of December is ahead of plan by £19k. The forecast assumes that the yearend (stretch) planned surplus of £1.8m can be achieved. However in order to achieve the stretch plan surplus the forecast assumes the reduction or avoidance of forecast expected costs totalling £1.0m.

In general terms, the financial risk is generated by unfunded cost pressures of £1.8m offset by contingency reserves of £750k leaving a net cost pressure of £1.0m.

Out of area (OOA) and Stepdown budget is now forecast to overspend by £205k due to the current overspend position at the end of December of £102k.This is based on the assumptions of 10 OOA and 9 Stepdown placements.

The forecast still assumes that 2019/20 cost improvement programme (CIP) is undelivered by £270k by the end of the financial year due to the Wellbeing scheme and that the Flu CQUIN is not achieved by £280k, however there could be a partial payment made if 60% or more is achieved.

Agency forecast has reduced by £57k due to the reduction of the contingency over the last two months of the financial year. There has been slippage on the recruitment to the Personality Disorder (PD) pathway which has reduced the expenditure forecast by £107k. These improvements have helped to offset the adverse movement in OOA and stepdown forecast along with a slight increase in education and training income of £51k. Agency expenditure is below the ceiling year to date

(YTD) and forecast to be below the ceiling at the end of the financial year. The forecast also includes a contingency of £40k for any unforeseen agency requirements.

Sustaiabilty and Transformatin Partnership (STP) financial position

As at month 8 (the most recent reported position) the STP position is off plan by £21.4m YTD. The two main drivers are Chesterfield Royal at £7.9m off plan due to tariff changes and University Hospitals of Derby and Burton (UHDB) off plan by £12.9m due to the impact of undelivered savings. All parties continue to signal a forecast outturn which will meet their control totals, however there has been a further conversation with NHS England (NHSE) / NHS Improvement (NHSI) on the Chesterfield and Derby positions and the unlikelihood of delivering plan in these two organisations.

National financial update

In summary, the month 6 financial position across the NHS against plan is a year to date revenue overspend of £129.6m (0.2%).

Quality and Operations

7 day follow-up

In December there were three patients on Care Programme Approach (CPA) who were not followed up within seven days of discharge. Persistent attempts were made to make contact in all cases and in the end successful contact was made with all three patients, albeit not within seven days of discharge.

Data quality maturity index

The reduction in data quality is a result of NHSE adding new items of data which take time to collect. Our data quality is higher than the national average. Please see appendix 4.

Early intervention within 14 days – incomplete

The national reporting requirement was recently amended to include this within the mental health services data set submissions rather than as a separate submission. This has reduced the time available for data validation prior to the initial submission. With the appropriate data validation it is expected that we will continue to achieve this standard.

Improving Access to Psychological Therapies (IAPT) people completing treatment who move to recovery

Although statistically the reliable improvement target may pass or fail based on random variation, Talking Mental Health Derbyshire continues to exceed its performance targets for both recovery rates (target >50%) and reliable improvement (target >65%) in every month of 2019/20. Performance is very tightly monitored by the Area Service Manager (ASM).

Out of Area – Psychiatric Intensive Care Units (PICU)

There is currently no local PICU provision, however this is being addressed as part of the Trust's estate transformation project, as for patients who require PICU treatment it is important that they can receive care close to their local support network.

Out of Area – Acute Placements

During December there were 24 patients in out of area placements owing to a lack of available adult acute beds within the Trust. From the Erlang equation we know that with the bed base we have a maximum bed occupancy of 85% which is crucial to enable flow of patients through the system. However, we continue to experience significant demand for beds and over the last three years the actual adult acute bed occupancy has averaged 99%. The availability of beds is impacted upon by length of stay and there is a focused piece of work in process. Throughout December there were very few empty beds, which significantly restricted our ability to return patients from out of area. From previous analysis it was found that a significant proportion of bed capacity was filled by patients with a personality disorder. Establishment of a specialist personality disorder service in the community will help to reduce admissions and readmissions of patients with a personality disorder and offer a better patient experience.

Waiting list for Child and Adolescent Mental Health Services (CAMHS)

The waiting list and capacity to meet demand continue to be a challenge for CAMHS. The Clinical Commissioning Group (CCG) has recently released the agreed additional investment into CAMHS for this financial year, in advance of the CCG planning for the next financial year, which will afford us some additional capacity and positively impact on the waiting list. Investment into the recovery pathway will support throughput within the service, free up capacity within Asist, reduce waits and enable the teams to provide the right service at the right time.

Waiting list for Community Paediatrics

Progress continues to be made. Waits below 52 weeks have been sustained for 18 weeks. Capacity and appointment managing centrally will be initiated formally from 1 February 2020, the Waiting List Coordinator having now commenced in post. The process of reviewing the service specification with the CCG is well underway and positive.

Waiting list for Autistic Spectrum Disorder (ASD) Assessment

The team reached full commissioned capacity in November 2019 and achieved the highest level of assessments to date (35). The team has also achieved their monthly commissioned activity target in September and October. Activity in December was reduced owing to annual leave. However, as previously reported it is important to note that full commissioned capacity is not enough to meet the perennial and increasing levels of demand for this service. To meet demand, the service would need capacity to assess between 49 and 60 patients per month (the 65th to 85th percentile), whereas the service has averaged around 21 assessments per month, with 35 being the highest level ever achieved.

Waiting list for Psychology

Work is ongoing to manage and reduce waiting times and numbers waiting across all community teams. Capacity has increased recently which will impact positively on waiting times.

Patients open to the Trust in settled accommodation

This continues to be a reducing trend; two part-time staff have been recruited in Chesterfield to work as homeless specialist nurses in the community team in Chesterfield with recruitment still being attempted for Derby City.

Percentage of patients who have had their care plan reviewed and have been on CPA for greater than 12 months

The Head of Nursing for the Neighbourhood teams is visiting all Community Mental Health Teams to talk about the new CPA policy prior to its launch and to remind colleagues of the timeframe for standards to be reviewed.

Medication incidents

There is currently an increasing trend in this measure. How incidents are classified, if they are Trust incidents or other provider incidents and our process of review is explained within the text of the paper.

Workforce

Annual appraisals

The systems and Information team have now aligned the appraisal completion process for new starters, employees taking maternity leave or a career break and employees on long term sickness absence, the date is now extended to when the appraisal will be completed instead of showing as non-compliant from the start of that period.

Staff sickness

Sickness absence rates continue to cause concern across areas of the Trust although there has been a slight improvement in December 2019 at 6.85% compared to 7.21% in November 2019. The top reason for absence continues to be anxiety/stress/depression and other psychiatric illnesses, this accounts for 31.19% of sickness absence. The Resolve service is now seeing greater numbers of staff attending with Acute Services making up over 25% of the referrals. All line managers are mandated to attend the Absence Management training module, part of the Leadership masterclasses, which are being delivered by the Employee Relations team. Classes for 2020 are now confirmed, there are a number of managers who have been unable to attend and they will be the focus of a targeted approach going forward.

The number of long term sickness cases is a key focus area for the employee relations team working with managers across the Trust to provide advice support and guidance in managing these cases effectively and sensitively.

Vacancies

Focus on inpatient areas to recruit and initiatives to recruit and retain are now in place. Recruitment rates are now beginning to show some progress although delays in parts of the recruitment process are still causing concern. Further operational support has been provided particularly in inpatient areas and it is expected that this will improve this stage of the process and fill vacancies at a faster rate.

This month's Integrated Performance Report (IPR) also includes further information on safe staffing for all inpatient wards.

Strategic Considerations		
1)	We will deliver **great care** by delivering compassionate, person-centred innovative and safe care	X
2)	We will ensure that the Trust is a **great place to work** by attracting colleagues to work with us who we develop, retain and support by excellent management and leadership	X
3)	We will make the **best use of our money** by making financially wise decisions and will always strive for best value to make money go further	X

Assurances

This report 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. The use of run charts will provide the Board with a more detailed view of performance over time as it enables the differentiation between normal and special cause variation.

Consultation

Versions of this new style report have been considered in various other forums, such as Board development and Executive Leadership Team.

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

This report reflects performance related to all of the Trust's service portfolio and therefore any decisions that are taken as a result of the information provided in this report is likely to affect members of those populations with protected characteristics in the REGARDS groups.

Any specific action will need to be relevant to each service and considered accordingly, so for example, as parts of the report relate specifically to access to Trust services; we will need to ensure that any changes or agreed improvements take account of the evidence that shows variable access to services from different population groups.

Recommendations

The Board of Directors is requested to:

1) Confirm the level of assurance obtained on current performance across the areas presented.

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:	**Karl Faulkner, Advanced Finance Analyst**
	Peter Henson, Head of Performance, Delivery & Clustering
	Kathryn Lane, Deputy Director of Operational Services
	Rachel Leyland, Deputy Director of Finance
	Nadeem Mirza, Safety and Risk Systems Administrator
	Catherine Pynegar, Business Intelligence Manager
	Celestine Stafford, Assistant Director of People & Culture Transformation
	Darryl Thompson, Deputy Director of Nursing & Quality Governance

1. Assurance Summary

Indicator	Rating[1]	Data Quality	Indicator	Rating[1]	Data Quality
Financial					
Cumulative surplus / (deficit)	n/a	(green)	Liquidity	(?)	(green)
Agency expenditure against ceiling	(?)	(green)	Cumulative cost improvement programme	n/a	(green)
Agency costs as a proportion of total pay expenditure	(?)	(green)	Cumulative capital expenditure	n/a	(green)
Out of area and step down expenditure	(F)	(green)			
Operational					
CPA 7 day follow-up	(?)	(green/orange)	Waiting list for care coordination – number waiting	See chart	
Data Quality Maturity Index (DQMI) - MHSDS data score	(P)	(green/orange)	Waiting list for care coordination – average wait	See chart	
Early Intervention (EIP) RTT within 14 days - complete	(P)	(green)	Waiting list for ASD assessment – number waiting	See chart	
EIP RTT within 14 Days - incomplete	(P)	(green)	Waiting list for ASD assessment – average wait	See chart	
IAPT referral to treatment (RTT) within 18 weeks	(P)	(green/orange)	Waiting list for psychology – number waiting	See chart	
IAPT referral to treatment within 6 weeks	(P)	(green/orange)	Waiting list for psychology – average wait	See chart	
IAPT people completing treatment who move to recovery	(?)	(green/orange)	Waiting list for CAMHS – number waiting	See chart	
Patients placed out of area - PICU	See chart	(green)	Waiting list for CAMHS – average wait	See chart	
Patients placed out of area - adult acute	See chart	(green)	Waiting list for community paediatrics – number waiting	See chart	
			Waiting list for community paediatrics – average wait	See chart	

[1]The rating symbols were designed by NHS Improvement

Key:

(P)	The system is expected to consistently pass the target
(?)	The system may achieve or fail the target subject to random variation
(F)	The system is expected to consistently fail the target

Indicator	Rating[1]	Data Quality	Indicator	Rating[1]	Data Quality
Workforce					
Annual appraisals	(F)		Clinical supervision	(F)	
Annual turnover	(?)		Management supervision	(F)	
Compulsory training	(?)		Vacancies	(F)	
Sickness absence	(?)		Bank staff use	(F)	
Quality					
A. Safe					
Incidents of moderate to catastrophic actual harm	(?)		Medication errors	(?)	
Episodes of patients held in seclusion	(?)		Incidents involving physical restraint	(?)	
Incidents involving prone restraint	(?)		Incidents requiring duty of candour	(?)	
Falls on inpatient wards	(?)				
B. Caring					
Formal complaints received	(?)		Compliments received	(?)	
Staff friends and family test - recommended care	(F)				
C. Effective					
Patients in settled accommodation			Patients in employment		
D. Responsive					
Patients on CPA whose care plan has been reviewed	(?)		Delayed transfers of care	(P)	

[1]The rating symbols were designed by NHS Improvement

Key:

(P)	The system is expected to consistently pass the target
(?)	The system may achieve or fail the target subject to random variation
(F)	The system is expected to consistently fail the target

2. Detailed Narrative

Finance

The financial position at the end of December 2019 (month 9) is a surplus of £1.5m which is slightly above plan year to date. The forecast assumes the achievement of the plan surplus of £1.8m. However in order to achieve the £1.8m surplus the forecast requires a cost reduction of £1.0m (£1.0m last month).

The position includes cost pressures totalling £1.0m after the use of contingency reserve. At the time of the plan submission it was assumed that some of these costs could be funded by Mental Health Investment Standard (MHIS) investment. However MHIS investment funded the overspend on Out Of Area (OOA) expenditure non-recurrently, with an agreement to reinvest any savings on OOA expenditure recurrently, which could then fund some of these related cost pressures.

The Cost Improvement Progarmme (CIP) is forecast to under deliver by £270k mainly due to the Wellbeing scheme having had no impact in lost days due to sickness absence as yet.

OOA and stepdown budget now forecasting an overspend of £205k due to the YTD overspend position of £102k. This is based on an assumption of 10 OOA and 9 Stepdown placements on average per month for the remainder of the financial year. However there is a risk that this forecast will worsen again next month.

The forecast assumes a shortfall of CQUIN income of £280k for the Flu CQUIN, however a partial payment could be achieved.

Mitigations for cost reduction of £1.0m include the release of some balance sheet provisions along with not requiring the impairment for capital works completed at Tissington House in this financial year.

Comparing the actual expenditure on Agency to the ceiling we are below the ceiling value by £100k (4%) at the end of December. This generates a '1' on this metric within the finance score.
Agency expenditure is forecast to be £2.95m which is below plan by £53k. This includes a contingency of £40k over the last two months.
Agency expenditure equates to 2.7% of total pay expenditure year to date and 2.7% forecast. Published on the Model Hospital is data for November 2019 which compares our percentage of agency costs of 2.75% against the peer median of 4.8% and National Median of 4.04%.

Capital is behind plan year to date. Original plans have been reviewed and replaced with new schemes that are phased towards the end of the financial year and that are related to CQC requirements and compliance. Therefore the forecast is to spend to the full plan of £5.2m.

STP Financial position:

As at month 8 the Chesterfield position continues to be off plan due to the complexities of the tariff change (year on year assessment and the move to the blended tariff for unscheduled care, in year). University Hospitals of Derby and Burton (UHDB) is now reporting an off-plan year to date performance, largely now due to the impact of undelivered savings including those associated with the Service Benefit Reviews. All parties continue to signal a forecast outturn which will meet their control totals, however there has been a further conversation with NHSE/I on the Chesterfield and Derby positions and the unlikelihood of delivering plan in these two organisations. As a consequence, we have agreed that all the Derbyshire organisations will review the Forecast Change Protocol, although only Derby and Chesterfield are likely to change their forecast on submitting their Quarter 3 financial performance.

The CCG has a year to date funding allocation of £1,096m, and it has overcommitted this allocation, as planned, generating a year to date requirement of Commissioner Support Funding of £9.2m.

The savings position for month 8 is collated at a detailed level by scheme. Of the total efficiency requirement of £151m, the phased level of savings planned at the end of month 8 is £66.3m. The actual recorded level of savings at the end of month 8 are £62.1m, a circa £4.2m negative variance, largely due to shortfall in commissioner elements of the systems savings plan. Key risks to year end relate to the service benefit review work at UHDB and the potential shortfall in system savings three key workstreams.

National financial context:

In summary, the month 6 financial position across the NHS against plan is a year to date revenue overspend of £129.6m (0.2%). This includes a commissioning sector adverse variance to plan of £59.4m. The forecast is that all but two CCGs will recover their position to breakeven by the end of the financial year. The provider sector at month 6 is £70.2m adverse plan which compares to £87m at the same time last financial year. There are 33 trusts reporting a financial position that is worse than plan which compares to 87 trusts last financial year. The provider sector as a whole is forecasting to finish the year essentially on plan.

Operations

A. Seven day follow-up

The purpose of seven day follow-up is to establish the wellbeing of patients and provide support during the period where they may be feeling most vulnerable during the first few days post discharge. In December there were three patients on CPA who were not followed up within seven days of discharge. Persistent attempts were made to make contact in all cases and in the end successful contact was made with all three patients, albeit not within seven days of discharge.

From April 2020 the national standard for follow-up is likely to be reduced to 72 hours (see https://www.england.nhs.uk/wp-content/uploads/2019/12/1-NHSSC-20-21-consultation-document.pdf page 6).

B. Data quality maturity index

The number of items NHS England are monitoring has increased from six items before August 2018, to nine in August 2018, to 17 in November 2018, 29 in April 2019 and then to 36 in May 2019. Each time the focus expands we see a reduction in compliance. We then work to increase our compliance against the increased criteria. Some items prove difficult to address such as provisional diagnosis which clinicians are reluctant to record. The latest data available from NHS England was published in December for data relating to September. Our MHSDS compliance is shown as 90.9%. The graph below in Appendix 4 shows a higher figure as it incorporated modifications made after the data had been submitted to NHS England. This will continue to improve due to modifications we have made to the system to enable clinicians to record information such as the Discharge Plan Creation Time.

C. Early intervention within 14 days – incomplete

The national reporting requirement was recently amended to include this data within the mental health services data set submissions rather than as a separate submission. This has reduced the time available for data cleanse prior to the initial submission. Once data cleanse has been completed we will be back on target for when the data is refreshed next month.

D. IAPT – people completing treatment who move to recovery

Although statistically the reliable improvement target may pass or fail based on random variation, Talking Mental Health Derbyshire continues to exceed its performance targets for both recovery rates (target >50%) and reliable improvement (target >65%) in every month of 2019/20. The drop in IAPT compliance with the 6 weeks from referral to assessment target has been impacted on by our recruitment of 2 Psychological Wellbeing Practitioners (PWPs) into DHCFT vacancies who

previously worked at Derwent Rural Counselling Services (DRCS) (one of our sub-contractors). DRCS also lost a further 2 PWPs, significantly impacting on impacting on overall assessment capacity in IAPT. IAPT remains 15% above the 75% payment threshold and has never failed to meet this target.

Current mitigation in place by IAPT to address the assessment target:
- Requested DRCS open additional assessment slots for sessional counsellors
- Update on PWP recruitment situation from DRCS inc. use of trainees to support capacity
- Review of cancellation bookings to open up additional assessment capacity across all TMHD teams
- Monitoring of referral rate, as significant increase will further impact on assessment capacity
- Approximately nine assessments will put IAPT back on track. Priority to target the longest waiters for cancellation bookings

E. Patients placed out of area – PICU and adult acute

Michelle Hague is now the Area Service manager with responsibility for managing the out of area Band 7 nurses and the flow coordinators.

The team understand the distress that can be caused for patients and families when placed miles from home and aim at all times to place patients as close to home as possible. However, there are times when due to no beds being available on the acute wards out of area placements will be sought. The team review placements daily of all patients who are placed out of area to repatriate them as quickly as possible back to their local community. Opportunities to contract out of area male beds in the Kegworth area on a block basis are being explored. Whilst this does not technically address the issue it does mean that patients will be closer to home.

DHCFT discuss the use of leave beds and aim to utilise clinically safe leave beds to admit into. A safe bed is one where a patient may have had two or more successful leaves home and may be on extended leave prior to discharge.

There are occasions that patients may require detention under the Mental Health Act in a Psychiatric Intensive Care Unit (PICU). A PICU is designed to offer a higher level of environmental and relational security to keep the patient and others safe. DHCFT are not currently commissioned to provide this service so anyone requiring a PICU will be placed out of area.

All patients who are placed out of area receive visits from a member of the DHCFT out of area care managers. It is their role to ensure that patients receive high quality, safe care while not directly in our care.

There is currently no local PICU provision, however this is being considered as part of the Estate transformation project, as for patients requiring PICU treatment it is important that they can receive care close to their local support network.

During December there were 24 patients in out of area acute placements owing to a lack of available adult acute beds within the Trust. From the Erlang equation[1] we know that with the bed base we have, a maximum bed occupancy of 85% is crucial to enable flow of patients through the system. However, we continue to experience significant demand for beds: throughout December there were very few empty beds, which restricted our ability to return patients from out of area. Over the last 3 years the actual adult acute bed occupancy has averaged 99%:

---

[1] Jones, R. (2013) *Optimum bed occupancy in psychiatric hospitals.* Available at:
http://www.priory.com/psychiatry/psychiatric_beds.htm (Accessed: 14 January 2020).

Adult Acute Bed Occupancy

Legend: Target threshold — Occupancy — Mean
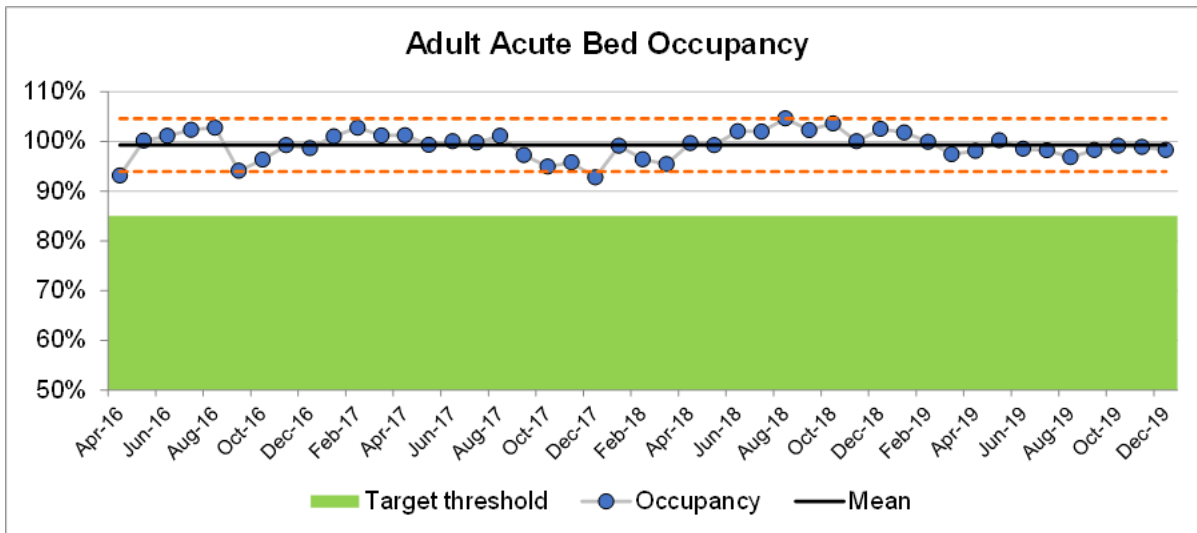
The Acute Services Management Team have systems and processes to ensure the flow of patients is planned to reduce the amount of time patients are out of area as much as possible and to optimise beds in the acute units, within the capacity and demand constraints as described above:

- Monday morning clinical meetings with ward based consultants, senior nurses, Local Authority social care workers and Assessment Services
- Daily ward rounds
- Daily senior nurse meetings to discuss patient flow
- Daily Assurance Calls with senior management team to discuss bed availability
- Weekly discussion with case managers, flow coordinators and senior managers

There is focussed work planned with regard to service improvement in relation to length of stay issues.

From previous analysis it was found that a significant proportion of bed capacity was filled by patients with a personality disorder. Establishment of a specialist personality disorder service in the community in the near future should result in a reduction in admissions and readmissions of patients with a personality disorder and in a better patient experience for this patient group, while also freeing up bed capacity.

F.   Waiting list for autistic spectrum disorder (ASD) assessment

The team reached full capacity in November 2019 and achieved the highest level of assessments to date (35). The team has also achieved their monthly commissioned activity target in September and October. Activity in December was reduced owing to annual leave. However, as previously reported it is important to note that full commissioned capacity is not enough to meet the ongoing and increasing levels of demand for this service. To meet demand, the service would need capacity to assess between 49 and 60 patients per month, whereas the service has averaged around 21 assessments per month, with 35 being the highest level ever achieved.

ASD Assessment Service Monthly Referrals - Trend

Assessments

Legend: Assessments — 65th Percentile — 85th Percentile
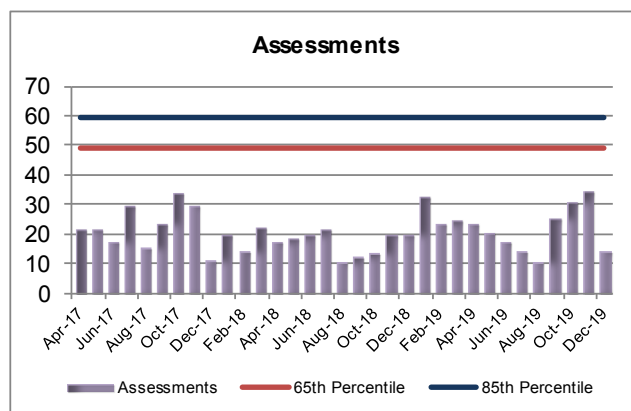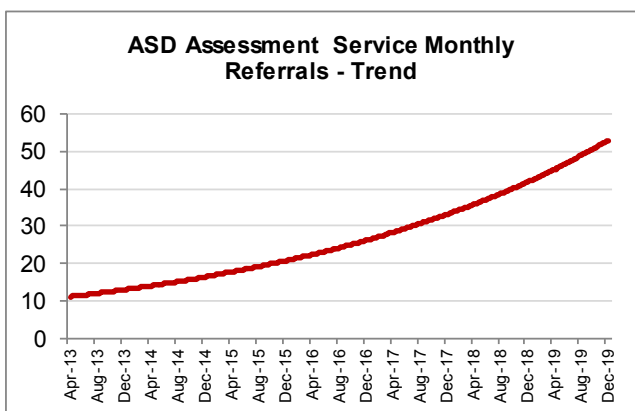
G. Waiting list for psychology

Work is ongoing to manage and reduce waiting times and numbers waiting for psychology services across all community teams. We have several posts out to advert and have appointed a 1.0 wte psychologist to Amber Valley Team who is due to commence in post March/April 2020.

Eight Band 6 CPN's have been appointed to the developing Personality Disorder Pathway and are due to start early in the New Year and from recent recruitment in psychology there will be an additional 0.8 wte psychologists in post to support the developments.

Ongoing recruitment into vacancies is taking place.

H. Waiting list for child & adolescent mental health services (CAMHS)

Context

The external waiting list continues to provide real challenge to the service. We are still managing the legacy of a doubling of referrals in quarter 1 owing to changes in commissioning. New starters to the assessment team are now in post, have completed their induction and are now picking up independent work. This effectively increased the capacity for new assessments from 20 per week to around 30 per week, as vacancy and short term sickness was affecting capacity. There is 1 vacancy at present, hence operating at 30 assessments per week, rather than at full capacity of 38.

Actions taken to date

The follow up groups referred to in the last report are now in place. Routine assessment clinics are now in place following the Christmas break, and the vacant clinical lead post is out to advert for substantive recruitment (currently covered by secondment). The weekly activity and trajectory are monitored, and trecruitment using the funding from the mental health investment standard has commenced and is in a second round now to fill the remaining vacant posts. This follows a significant delay in release of the funding, which was not released by the CCG until December 2019. Approval for use of overtime did not result in additional capacity, however we now have an experienced member of staff who will do limited bank work to help create capacity. Demand & capacity modelling is underway, with some initial work demonstrating the theoretical capacity is not enough to meet demand, but that actual capacity in the last 6 months (affected by turnover and short term sickness) has been significantly short. The graph below illustrates this (caveat: some data limitations). This work assumes the current working model of 2 clinicians per appointment (introduced to manage risk and an more inexperienced workforce)

Further actions to be taken

In order to address the significant challenge and legacy, an action-focused review was led by the General Manager in early January 2020, producing key actions and a revised action plan. This will result in a swift change to the appointment booking process (now offering a fixed assessment appointment rather than an invitation to call and book), review of assessment clinics to increase capacity (single practitioner assessments rather than double), new booking rules, recruitment of a waiting list coordinator (underway) and a revision to the administrative support to the process to streamline and reduce variation. A rapid review to establish whether other therapy capacity could be used to bring swifter family/ parenting intervention is also being scoped.

We continue to triage referrals via SPOA and signpost where clinically appropriate to other CCG funded services for assessment and follow up. Measures are in place to track the impact of the changes to check that progress is achieved and unintended consequence, for example a rise in DNA to change in appointment booking process, could be identified.

The changes proposed above will result in:

- Increased capacity by using single practitioners to undertake most assessments (previous staff used to undertake in pairs). This will increase the full capacity from the current 38 assessments per week (when fully staffed), with calculations being undertaken to assess the capacity gain.
- Better booking process, whilst noting that choice is reduced
- Recruitment of the waiting list co-ordinator will ensure we have grip on booking and will assist the operational managers to respond to demand better
- Recruitment to clinical posts will again increase capacity

Demand and capacity modelling is underway as above, and will be revised to reflect the changes to how the assessment process is to be undertaken.

It is important to note that working at pace in an assessment service can have an impact on staff wellbeing, with some of the turnover in the earlier part of the year attributable to this. Senior managers will ensure they maintain oversight of this concern. A longer term internal review of the construct of the assessment/short term intervention service will be undertaken during 2020/21.

Mitigations:

- Secured an experienced clinician to work (limited hours) on bank to support
- Clinical lead vacancy covered by secondment and in permanent recruitment
- Area Service Manager establishing a weekly situation report 'sitrep' to bring more stringent oversight
- Divisional Clinical Lead involved in review and oversight

I. Waiting list for community paediatrics

Progress continues to be made. Waits below 52 weeks have been sustained for 18 weeks. Capacity and appointment managing centrally will be initiated formally from 1 February 2020, the Waiting List Coordinator having now commenced in post. Work is progressing with IM&T to further enhance the TPP system of appointment booking. The process of reviewing the service specification with the CCG is well underway and positive.

Quality

Particular measures of note are as follows:

A. Patients open to Trust in employment

We are continuing to approach this via our IPS Service (Individual Placement Support). This is an evidence based approach utilising employment advisors who have been employed specifically to support our service users into employment. Five employment advisors have been recruited and started in January. We're also applying for further funding from NHS England to roll this initiative out more widely, and are working in partnership with South Yorkshire Housing for the IPS service to be delivered by them in some of the north areas of the county (Chesterfield Central and Killamarsh teams).

B. Patients open to Trust in settled accommodation

This continues to be a reducing trend, is being reviewed by managers in the community in a bid to understand what might be driving this change, either in the accuracy of our reporting or in our patient population. We have employed two part-time homeless specialist nurses in the community team in Chesterfield, and are continuing to try to recruit to this vacancy in Derby City.

C. Number of falls on in-patient wards

Overall, a reducing trend is apparent over recent months, with one particularly elevated measure in May 2019. Falls reduction is a local Commissioning for Quality and Innovation (CQUIN), and we continue to report our progress to commissioners each quarter.

D. Percentage of patients who have had their care plan reviewed and have been on CPA for greater than 12 months

As this measure remains is showing a reducing trend and is currently below target, the Head of Nursing for the Neighbourhood teams is visiting all Community Mental Health Teams to talk about the new CPA (Care Programme Approach) policy prior to its launch and to remind colleagues of the timeframe for standards to be reviewed.

E. Delayed transfers of care

This continues to be an overall downward (and therefore improving) trend. However, with a change in ward processes of the Red2Green meetings becoming the daily Rapid Review meetings led by the clinical matrons on both the Hartington unit and the Radbourne Unit, there is a potential of this changing for a short period into an upward trend. The expectation is that this could be attributable to a greater accuracy and consistency in the interpretation of formal delayed transfers of care.

F. Medication incidents

There is currently an increasing trend in this measure. It is important to note that not all medication incidents are Trust incidents, the majority of specialist (and a good number of community, including older adults) are other agency incidents discovered by our staff, e.g. community pharmacy making dispensing errors, domiciliary care agencies making errors etc. Medication incidents are all reviewed quarterly by the Heads of Nursing. The older adult's medicines audit has been improved to accommodate these issues and pharmacy is reviewing whether the electronic recording version needs to be amended to cover these new points. There has also been an increase in support from pharmacy technicians which has included increased monitoring and audit of clinic rooms.

Workforce

A. Annual appraisals

All line managers are mandated to attend the appraisal training programme, part of the Leadership Development Programme. Appraisal completion has now improved at 85.68% for December 2019 month (target is 90%) from 80.12% in November 2019. Compared to the same period last year, compliance rates are 11.18% higher. Divisional People Leads (DPLs) continue to monitor and support where there are low rates of completion.

B. Turnover

Turnover for December 2019 stands at 11.02% which is within the Trust target. The average annual turnover for National Mental Health and Learning Disability Trusts was 13.82% and East Midlands Mental Health and Learning Disability Trusts stood at 11.32%.

Retirements continue to rise with the average now at 7.83 in December. The highest number of retirees continues to be in Children services and Older Peoples Care services.

The retire and return policy and the process within the Systems and Information team is being improved and revised and it's hoped this will encourage more employees to return where possible alternative roles may exist. Exit interviews are now actively promoted and the information from these, collated in employee relations will start to show some trends and support further retention initiatives.

C. Compulsory training

There has been continued progress over the last few months to increase compliance particularly in the acute inpatient areas. Current mandatory training compliance is now at 87.11% December 2019 (above the 85% target) and current role specific training compliance is at 76.48% December 2019 (above the 75% target). Extra resources have been secured to improve certain elements of role specific training going forward, this is to fill the gaps where the development team have been unable to run courses due to lack of availability of trainers which is a county wide concern.

D. Staff sickness

The Employee Relations team continues to provide targeted support for those long term sickness cases where a range of options is considered. Long term sickness absence as at December 2019 is at 3.55% and short term sickness is at 3.30%. Studying the trends across the Trust, there is an even spread of long term sickness cases across all services with only a couple of inpatient areas identified as having slightly above the average number of long term sickness cases in their areas.

The DPLs in these areas are working closely with the Service Managers and the Employee Relations team to provide support and advice. Particular focus is on the timing of the return to work meetings, reviews etc. and whether the policy and process is being followed. Concern has been raised with the Head of the Occupational Health Service and this is being monitored through our Well Being service lead. Managers continue to give positive feedback to the mandatory People Masterclass "Managing attendance", however there are still a number of managers who have not yet been able to attend this mandated training and they will be encouraged to attend in 2020.

We continue to receive positive feedback both internally and to People Services leads regarding the Resolve service, their feedback is showing that the increases in clinic attendance and the support this intervention is providing is now preventing more employees going off sick. Current data from Resolve indicates that at least 25% of referrals are coming from the acute inpatient areas.

E. Supervision

Supervision levels are monitored at performance reviews and monthly operational meetings.

F. Vacancies

Focus on inpatient areas to recruit and initiatives to recruit and retain are now in place and this is being monitored to assess their effectiveness.
Recruitment activity continues to remain at high levels with the KPI of 60 days now improved in December at 62.6 working days. Delays in the pre-employment checks is now an area of focus for the recruitment team and recruiting managers are being reminded to inform the People Resource Team as soon as start dates are agreed. Previous delays in shortlisting have now improved which is positive to note.

3. Business Plan Performance Summary

Service Area	Monthly Performance		
	Red	Amber	Green
Acute	1	14	7
Specialist Services	0	7	2
Children's Services	1	5	4
Adult Community	0	12	4
Forensic and Rehabilitation	0	12	2
Pharmacy	0	5	15
Information Management, Technology and Patient Records	0	6	5
Estates and Facilities	1	11	1
Communications	0	6	6
Corporate Governance and Legal Affairs	0	3	11
Contracting and Business Development	0	2	10
Procurement	0	1	5
Transformation	0	6	6
Nursing and Quality	0	10	15
People Services	1	11	8
Finance	0	7	0

Estates and Facilities

Awaiting the launch of Cleaning and Catering National Specifications as yet no date is known, it should have been September.

People Services

People resource has a KPI to reduce agency spend and this currently within the cost that was forecast to meet the NHSI ceiling. In order to achieve this ongoing recruitment is taking place, there have been some areas of success but nationally medical recruitment is a challenge. Likewise, support through agency and negotiating rates to keep costs down again remains challenging and work is taking place with the regional hub to ensure that escalated rates are challenged.

4. Safer Staffing

It is an NHS England requirement that all Trusts publish their inpatient nursing staffing levels each day by ward area, showing the Trust's actual and planned staff fill rates. This is in response to the Francis Report (2013), where a commitment was made that all NHS Trusts with inpatient areas would publish full staffing data (by month, by ward area) from May 2014, and then on an ongoing monthly basis. The intention is to show how Trusts across the NHS ensure the safety of their staffing levels and skill mix. The data is routinely published on the Trust's website.

Table 1 compares the planned staffing levels on each ward with the actual staffing levels for the latest reported month.

Table 2 gives the care hours per patient day (CHPPD) for the latest reported month. CHPPD was developed by NHS Improvement to provide a single, consistent and nationally comparable way of recording and reporting deployment of staff on inpatient wards. (for more information, see: https://improvement.nhs.uk/documents/5604/Care_hours_per_patient_day_CHPPD_guidance_for_all_inpatient_trusts.pdf).

Table 2 also gives the average fill rates on each ward. The fill rate is the extent to which rota hours were filled by registered nurses and unregistered care staff.

Table 1. Ward Staffing Levels – Actual versus Planned (November 2019)

Ward name	Main 2 Specialties on each ward		Day				Night				Allied Health Professionals			
			Registered Nurses/Midwives		Non-registered Nurses/Midwives (Care Staff)		Registered Nurses/Midwives		Non-registered Nurses/Midwives (Care Staff)		Registered allied health professionals		Non-registered allied health professionals	
	Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours
AUDREY HOUSE RESIDENTIAL REHABILITATION	314 - REHABILITATION		900	868.82	765	404.17	630	336	0	294	0	0	0	0
CHILD BEARING INPATIENT	710 - ADULT MENTAL ILLNESS		900	585.75	900	788.73	315	319.45	315	420.25	0	0	0	0
CTC RESIDENTIAL REHABILITATION	314 - REHABILITATION		900	889.97	1665	1141	630	322.5	315	630	0	7.5	0	0
ENHANCED CARE WARD	710 - ADULT MENTAL ILLNESS		1350	1179.5	1350	1707.31	630	440	630	1386	0	0	0	0
HARTINGTON UNIT - MORTON WARD ADULT	710 - ADULT MENTAL ILLNESS		1372.5	1314.4	1372.5	1385.2	555	343.34	555	782.67	457.5	0	0	0
HARTINGTON UNIT - PLEASLEY WARD ADULT	710 - ADULT MENTAL ILLNESS	715 - OLD AGE PSYCHIATRY	1530	1227.5	1372.5	884.75	555	391.99	555	568.28	457.5	322.25	0	0
HARTINGTON UNIT - TANSLEY WARD ADULT	710 - ADULT MENTAL ILLNESS		1530	1487	1372.5	1062.96	555	380.84	555	654.66	915	193.49	0	0
KEDLESTON LOW SECURE UNIT	712 - FORENSIC PSYCHIATRY		1860	1710.2	2250	1889.57	615	636.5	1230	1249.3	0	0	0	4.5
KINGSWAY CUBLEY COURT - FEMALE	715 - OLD AGE PSYCHIATRY		1080	955.21	1890	2910.16	624.9	497.98	1250.1	1592.2	105	0	0	0
KINGSWAY CUBLEY COURT - MALE	715 - OLD AGE PSYCHIATRY		1567.5	997.27	2362.5	2888.29	624.9	546.87	937.5	1480.5	0	0	0	0
LONDON ROAD COMMUNITY HOSPITAL - WARD 1 OP	715 - OLD AGE PSYCHIATRY		1597.5	1177.6	1432.5	1295.85	624.9	552.53	624.9	1017.8	0	0	0	0
RADBOURNE UNIT - WARD 33 ADULT ACUTE INPATIENT	710 - ADULT MENTAL ILLNESS		1350	1064.1	900	1200.17	630	388.5	315	840.25	450	145.75	0	0
RADBOURNE UNIT - WARD 34 ADULT ACUTE INPATIENT	710 - ADULT MENTAL ILLNESS		1350	1199.2	900	913.76	630	430.5	315	630	450	148	0	0
RADBOURNE UNIT - WARD 35 ADULT ACUTE INPATIENT	710 - ADULT MENTAL ILLNESS		1305	1099	870	957.5	630	357	315	625.67	435	313	0	0
RADBOURNE UNIT - WARD 36 ADULT ACUTE INPATIENT	710 - ADULT MENTAL ILLNESS		1350	1238.3	1350	961.85	630	358.5	315	746.82	450	88.5	0	0

Table 2. Ward Care Hours Per Patient Day & Average Fill Rates (November 2019)

Ward name	Cumulative count over the month of patients at 23:59 each day	Care Hours Per Patient Day (CHPPD)							Day		Night		Allied Health Professionals
		Registered Nurses/Midwives	Non-registered Nurses/Midwives	Registered Nursing Associates	Non-registered Nursing Associates	Registered allied health professionals	Non-registered allied health professionals	Overall	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - registered allied health professionals (AHP) (%)
AUDREY HOUSE RESIDENTIAL REHABILITATION	254	4.7	2.7	0.0	0.0	0.0	0.0	7.5	96.5%	52.8%	53.3%	-	-
CHILD BEARING INPATIENT	129	7.0	9.4	0.0	0.0	0.0	0.0	16.4	65.1%	87.6%	101.4%	133.4%	-
CTC RESIDENTIAL REHABILITATION	806	1.5	2.2	0.0	0.0	0.0	0.0	3.7	98.9%	68.5%	51.2%	200.0%	-
ENHANCED CARE WARD	270	6.0	11.5	0.0	0.0	0.0	0.0	17.5	87.4%	126.5%	69.8%	220.0%	-
HARTINGTON UNIT - MORTON WARD ADULT	556	3.0	3.9	0.0	0.0	0.0	0.0	6.9	95.8%	100.9%	61.9%	141.0%	0.0%
HARTINGTON UNIT - PLEASLEY WARD ADULT	541	3.0	2.7	0.0	0.0	0.6	0.0	6.3	80.2%	64.5%	70.6%	102.4%	70.4%
HARTINGTON UNIT - TANSLEY WARD ADULT	572	3.3	3.0	0.0	0.0	0.3	0.0	6.6	97.2%	77.4%	68.6%	118.0%	21.1%
KEDLESTON LOW SECURE UNIT	370	6.3	8.5	0.0	0.0	0.0	0.0	14.8	91.9%	84.0%	103.5%	101.6%	-
KINGSWAY CUBLEY COURT - FEMALE	502	2.9	9.0	0.0	0.0	0.0	0.0	11.9	88.4%	154.0%	79.7%	127.4%	0.0%
KINGSWAY CUBLEY COURT - MALE	472	3.3	9.3	0.0	0.0	0.0	0.0	12.5	63.6%	122.3%	87.5%	157.9%	-
LONDON ROAD COMMUNITY HOSPITAL - WARD 1 OP	546	3.2	4.2	0.0	0.0	0.0	0.0	7.4	73.7%	90.5%	88.4%	162.9%	-
RADBOURNE UNIT - WARD 33 ADULT ACUTE INPATIENT	556	2.6	3.7	0.0	0.0	0.3	0.0	6.5	78.8%	133.4%	61.7%	266.7%	32.4%
RADBOURNE UNIT - WARD 34 ADULT ACUTE INPATIENT	514	3.2	3.0	0.0	0.0	0.3	0.0	6.5	88.8%	101.5%	68.3%	200.0%	32.9%
RADBOURNE UNIT - WARD 35 ADULT ACUTE INPATIENT	534	2.7	3.0	0.0	0.0	0.6	0.0	6.3	84.2%	110.1%	56.7%	198.6%	72.0%
RADBOURNE UNIT - WARD 36 ADULT ACUTE INPATIENT	575	2.8	3.0	0.0	0.0	0.2	0.0	5.9	91.7%	71.2%	56.9%	237.1%	19.7%

Appendix 1

How to Interpret a Statistical Process Control Chart (SPC)

The dotted lines are the "control limits". Any performance between these 2 lines is normal for the current system. This is known as "normal variation"

7 day follow-up – all inpatients

Target (95%) — Actual — Mean
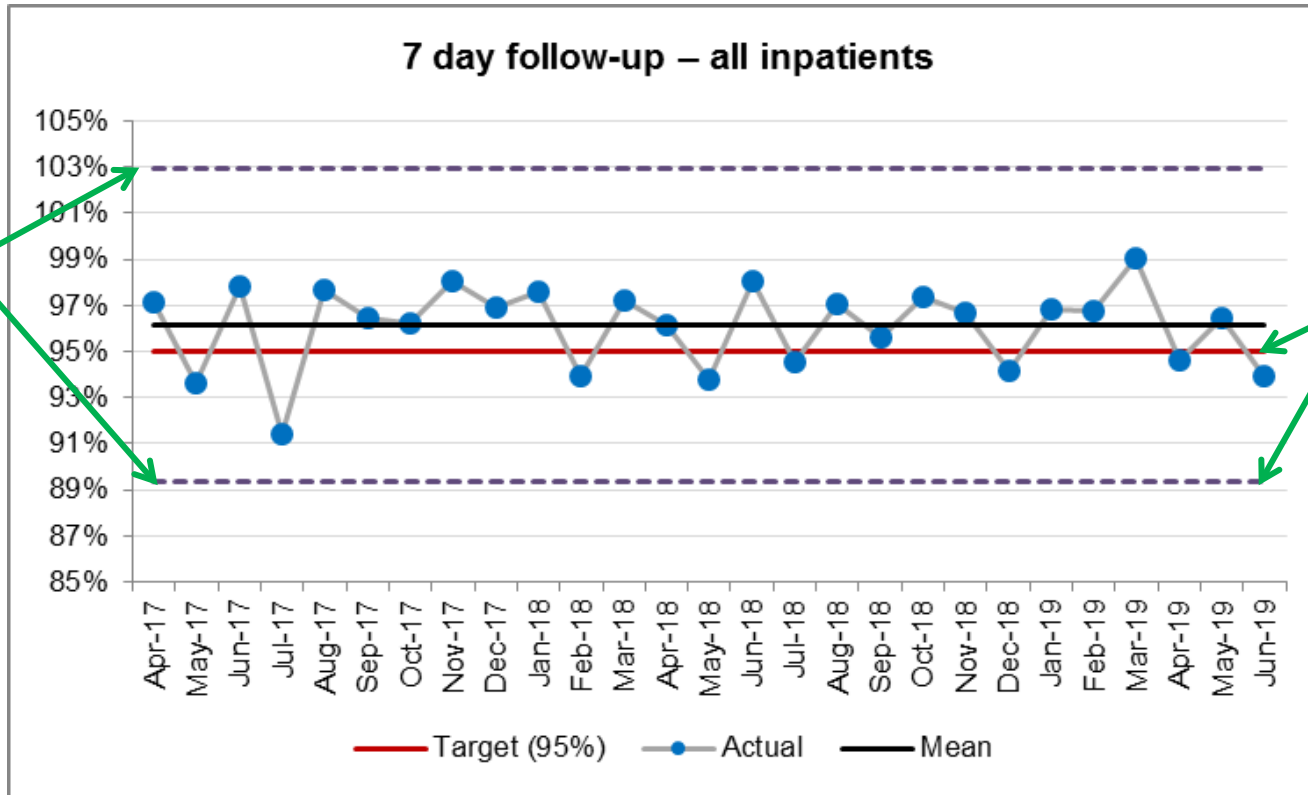
If the system is effective, the **lower** control limit will be above the target line (for targets where higher is better) or the **upper** control limit will be below the target line (for targets where lower is better). In that scenario we have nothing to worry about and can be assured our system is performing well.

In this case the target line is above the lower control limit which indicates that the system is ineffective.

A run chart also enables us to see when something unusual has happened in the system. This is known as "special cause variation". This can be seen in 4 ways:

A single data point outside the control limits

2 out of 3 points close to a control limit

Run of 7 points above or below the mean

Run of 7 points in consecutive ascending or descending order

Appendix 2 – Charts

Financial Indicators

Cumulative Surplus / (Deficit)

Plan — Actual

Agency expenditure against ceiling

Plan — Actual — Mean

Agency as percentage of pay expenditure

Plan — Actual — Mean

Liquidity

Plan — Actual — Mean

Cumulative cost improvement programme (CIP)

Plan — Actual

Cumulative capital expenditure

Plan — Actual

Out of area and stepdown expenditure

Plan — Actual — Mean

Operational indicators

CPA 7 day follow-up

Data quality maturity index

Early intervention 14 day referral to treatment - complete

Early intervention 14 day referral to treatment - incomplete

IAPT 18 week referral to treatment

IAPT 6 week referral to treatment

IAPT patients completing treatment who move to recovery

Patients placed out of area - adult acute

Patients placed out of area - PICU

Workforce indicators

Annual appraisals

Annual turnover

Compulsory training

Staff sickness

Supervision - clinical

Supervision - managerial

Vacancies - proportion of posts filled

Bank staff use

Quality Indicators

Safe

No of incidents of moderate to catastrophic actual harm

Target — Actual — Mean
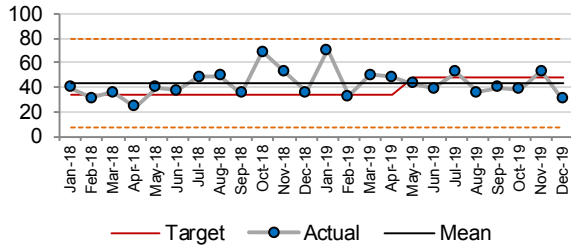
Number of medication incidents

Target — Actual — Mean
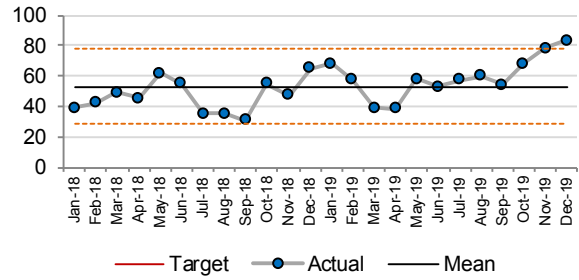
No of new episodes of patients held in seclusion
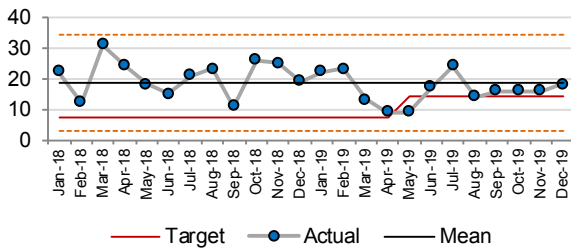
Target — Actual — Mean

No of incidents involving physical restraint

Target — Actual — Mean

No of incidents involving prone restraint

Target — Actual — Mean
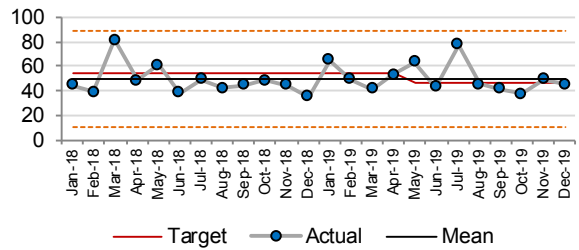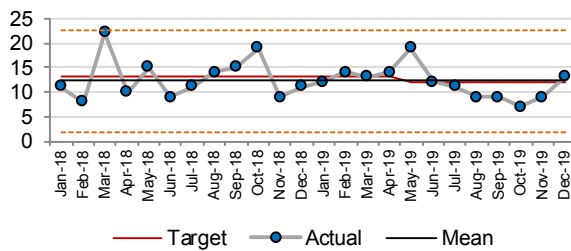
No of incidents requiring Duty of Candour

Target — Actual — Mean
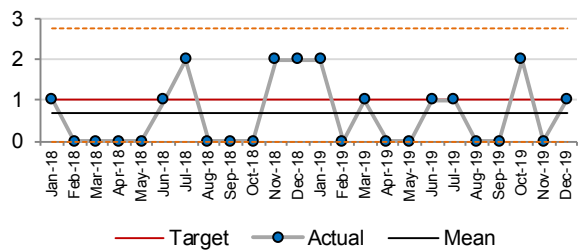
No of falls on in-patient wards

Actual — Mean
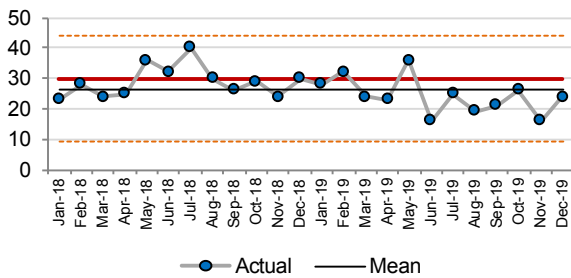
Quality Indicators

Caring

No of formal complaints received

Legend: Actual, Mean

No of compliments received

Legend: Actual, Mean

Staff Friends and Family Test - Recommending Care

Legend: National average, Actual, Mean

Effective

Patients Open to Trust In Settled Accommodation (M)

Legend: Target, Actual, Mean

Patients Open to Trust In Employment (M)

Legend: Target, Actual, Mean

Responsive

% of patients who have had their care plan reviewed and have been on CPA > 12months

Legend: Target, Actual, Mean

Delayed Transfers of Care (%)

Legend: Target, Actual, Mean

Operational indicators

Waiting list - CAMHS - average wait to be seen

Waiting list - CAMHS - number waiting at month end
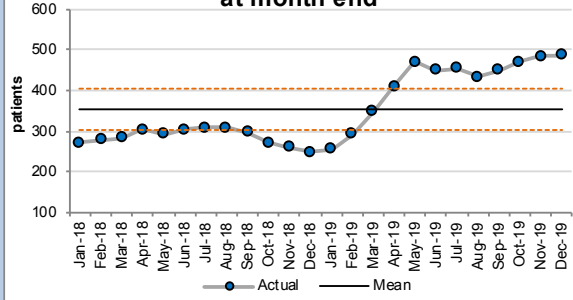
Waiting list - community paediatrics - average wait to be seen
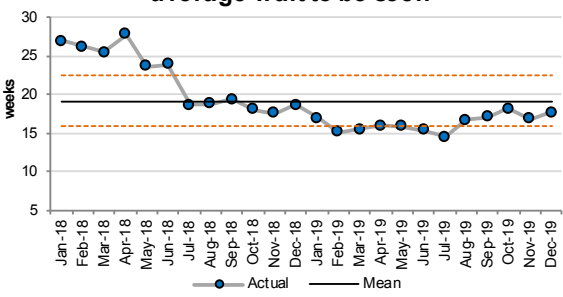
Waiting list - community paediatrics - number waiting at month end
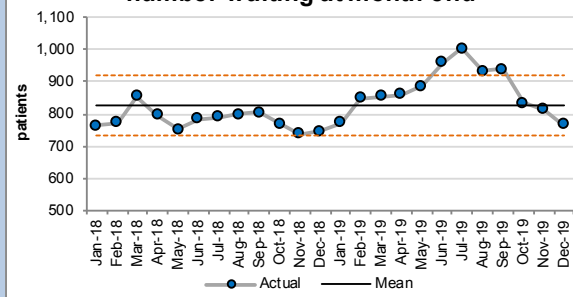
Waiting list - care coordination - average wait to be seen
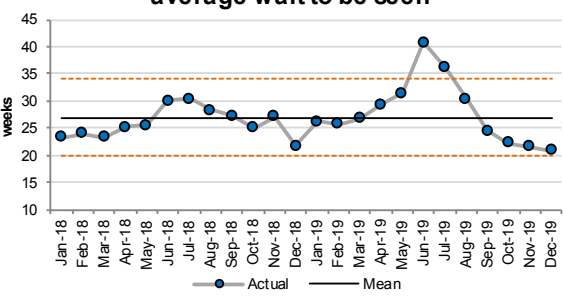
Waiting list - care coordination - number waiting at month end
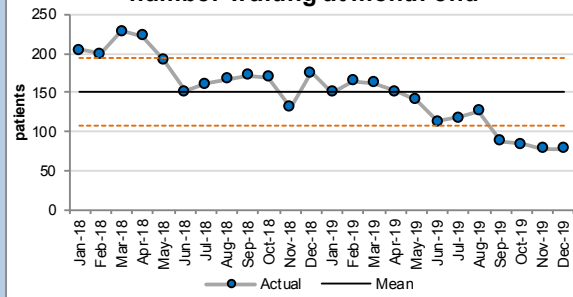
Waiting list - ASD assessment - average wait to be seen
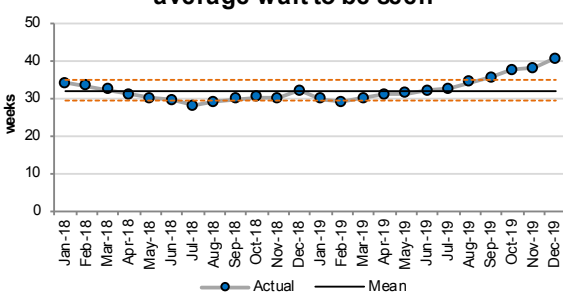
Waiting list - ASD assessment - number waiting at month end
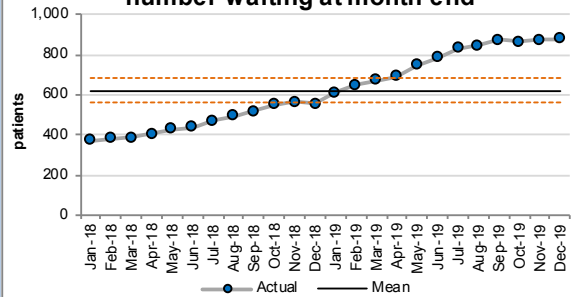
Waiting list - psychology - average wait to be seen
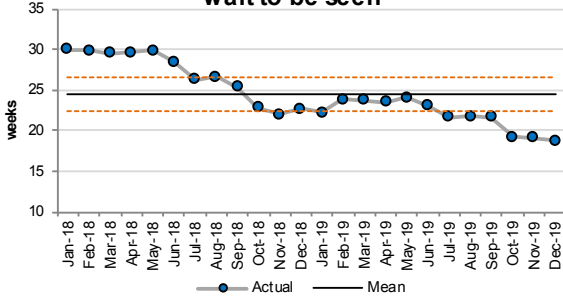
Waiting list - psychology - number waiting at month end
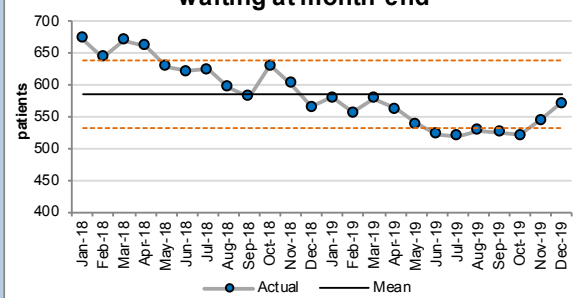
Appendix 3 – Data Quality Kite Mark

Background

A number of Trusts prepare data quality kite marks to support members' review and assessment of performance indicator information reported in performance reports. 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

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.
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.

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.
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.

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 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 necessary.

Appendix 4

<center>**DHCFT MHSDS DQMI Compliance**</center>

Background

As part of the MHSDS (Mental Health Service Data Set) the data quality compliance is monitored through a standard known as DQMI (Data Quality Maturity Index), the DMQI is used across multiple national statutory clinical and commissioning data sets. This report focuses only on the MHSDS element of the DQMI.

The DQMI for MHSDS is made up of 36 data items all combined to give one compliance value. This report will highlight the position against the combined figure but also a breakdown to the individual indicators and how we are performing against the national position.

MHSDS DQMI guidance and compliance can be found here https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/data-quality#mhsds-validity-and-integrity-measures-sql

Chart below shows the historical position of DHCFT's MHSDS DQMI compliance.
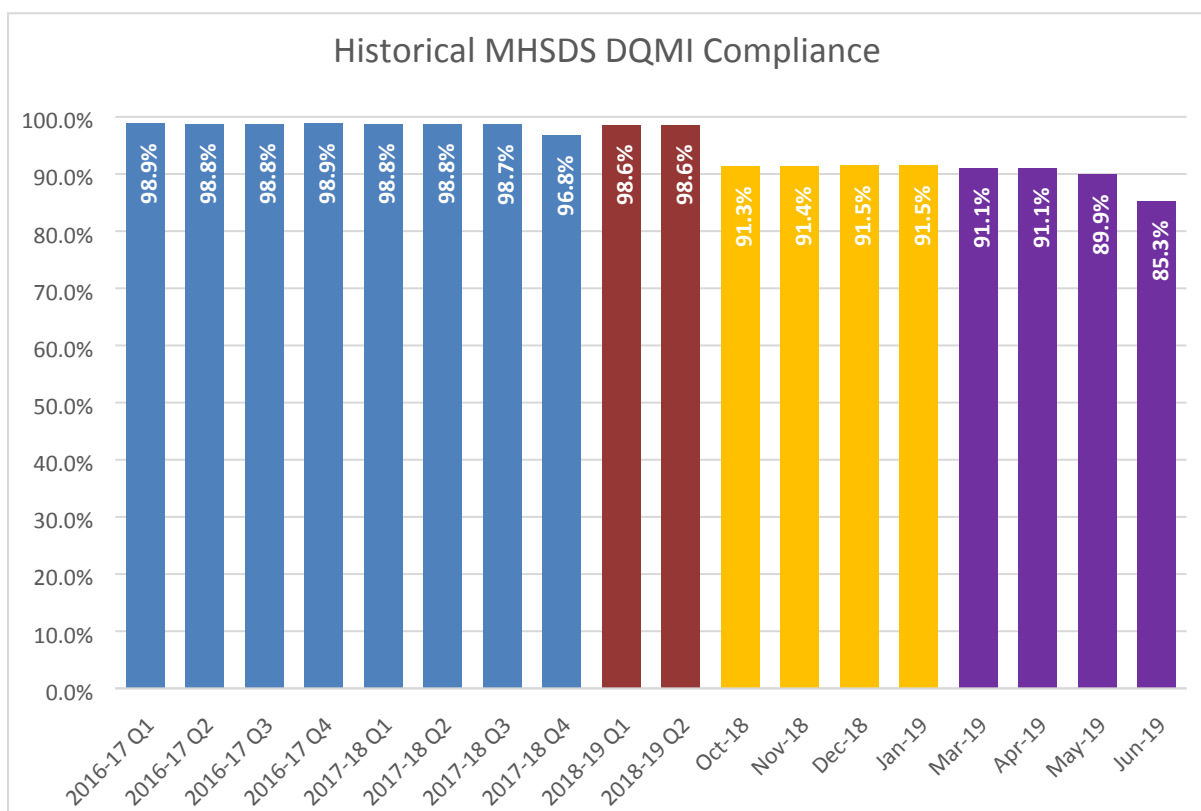
Please note up to October 2018 NHS Digital only published the compliance once a quarter. Also note February 19 overall position isn't available on the NHS Digital site.

The difference in colours signifies the additions to the DQMI, see current compliance table for more information around the items that have been added into the indicators in a which period.

Current Compliance

DHCFT MHSDS DQMI overall compliance currently sits at 85.3% for all 36 items, above the national average of 71.9%. Below are the figures produced by NHS Digital in September 19 for June 19 compliance:

Item Added	Data Item	Compliance
Pre Aug-18	Ethnic Category	93%
Pre Aug-18	General Medical Practice Code (Patient Registration)	100%
Pre Aug-18	NHS Number	100%
Pre Aug-18	Organisation Identifier (Code of Commissioner)	58%
Pre Aug-18	Person Stated Gender Code	100%
Pre Aug-18	Postcode of Usual Address	100%
Aug-18	Mental Health Act Legal Status Classification Code	100%
Aug-18	Primary Reason for Referral (Received on or After 1St Jan 2016)	84%
Aug-18	Service or Team Type Referred To	100%
Nov-18	Care Professional Service or Team Type Association	88%
Nov-18	Clinical Response Priority Type (Eating Disorder)	100%
Nov-18	Ex-British Armed Forces Indicator	100%
Nov-18	Hospital Bed Type	10%
Nov-18	Organisation Site Identifier (Of Treatment)	100%
Nov-18	Person Birth Date	100%
Nov-18	Referred Out of Area Reason (Adult Acute Mental Health)	100%
Nov-18	Treatment Function Code	100%
Apr-19	Activity Location Type Code	99%
Apr-19	Attended or Did Not Attend	100%
Apr-19	Care Plan Type	100%
Apr-19	Consultation Medium Used	100%
Apr-19	Delayed Discharge Attributable To	*
Apr-19	Delayed Discharge Reason	*
Apr-19	Estimated Discharge Date	*
Apr-19	Primary Diagnosis Date	99%
Apr-19	Provisional Diagnosis Date	-
Apr-19	Referral Closure Reason	*
Apr-19	Secondary Diagnosis Date	100%
Apr-19	Source of Referral	100%
May-19	Specialised Mental Health Service Code - Ward Stay	100%
May-19	Care Contact Time (Hour)	100%
May-19	Referral Request Received Time (Hour)	100%
May-19	Onward Referral Time (Hour)	45%
May-19	Indirect Activity Time (Hour)	100%
May-19	Discharge Plan Creation Time (Hour)	26%
May-19	Service Discharge Time (Hour)	-

Overall Compliance: RXM 85.3%, National 71.9%
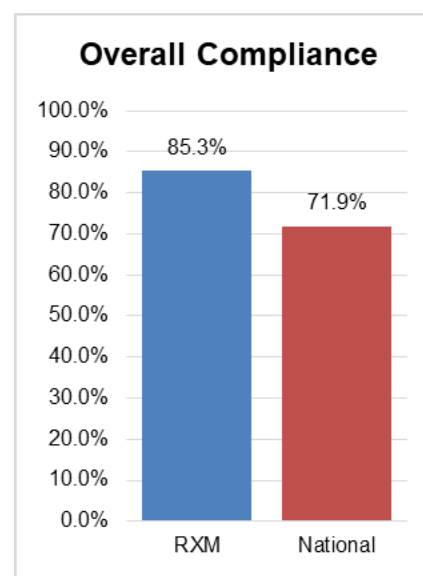
* Suppressed numbers due to disclosure control have been replaced with an asterisk

Future Improvements

We are constantly reviewing and improving the quality of our MHSDS submission and since June we have made the following improvements:

Implementation Date	Indicator	Improvement
Jul Refresh, Aug Primary	Organisation Identifier (Code of Commissioner)	Issue with different definitions between local code at time of referral against NHS Digital definition, NHS is if the commissioner at time of submission rather than commissioner at referral. With the merging of the Derbyshire and Derby CCGs, this result in invalid codes for referrals pre-April 2019 and post-April 2013. Logic brought in line with NHS digital definition.
Sep Refresh, Oct Primary	Organisation Identifier (Code of Commissioner)	See above for pre-April 2013, PCT to CCG restructure.
Aug Refresh, Sep Primary	Onward Referral Time (Hour)	Made mandatory on EPR system.
Jul Refresh, Aug Primary	Hospital Bed Type	Restructure of inpatient ward names within EPR system, meaning mapping of bed types became missing for one month. These have been re-mapped.
Sep Refresh, Oct Primary	Service Discharge Time (Hour)	Made mandatory on EPR system.
Future Work	Delayed Discharge Attributable to Delayed Discharge Reason Estimated Discharge Date Provisional Diagnosis Date Referral Closure Reason	Trust IM&T has established action group to address these items and currently investigating options.

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 4 February 2020

Board Assurance Framework (BAF)
Fifth Issue for 2019/20

Purpose of Report

To meet the requirement for Boards to produce an Assurance Framework. This report details the fifth issue of the BAF for 2019/20.

Executive Summary

Following review by the Board, the following risks have been reduced:

- Risk 1a *There is a risk that the Trust will fail to provide standards for safety and effectiveness required by our Board* was agreed in November 2019 to be reduced from extreme to high due to the positive impact in acute care (with respect to supervision, appraisal and training targets) and overall delivery of the Acute Care Transformation programme. Consistent delivery of the seclusion pathway and patient experience of seclusion has been added as a gap in assurance in the risk. Following the 'deep dive' of the risk by Quality Committee in December 2019, it was agreed that the risk rating should remain rated as high.

- Risk 3b *There is a 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* was agreed in December 2019 to be reduced from high to moderate due to evidence of continuing take up of opportunities to lobby nationally around policy development and implementation and adherence to controls around potential impact of BREXIT.

Following review by the relevant Board Committee, It is proposed that the current risk rating for the following risks be reduced:

- Risk 1b *There is a risk that the Trust estate does not comply with regulatory and legislative requirements* be reduced from high to moderate following the deep dive of the risk at the Finance and Performance Committee. The risk has therefore met its target risk rating and so is shown as 'accepted' in the risk appetite section of the BAF.

- Risk 2a *There is a risk that the Trust will not be able to retain, develop and attract enough staff and protect their wellbeing to deliver high quality care* be reduced from extreme to high due to the progress made toward closing the gaps in controls and assurances. However, it is recognised that there are still significant pathway specific risks particularly in relation to reducing sickness absence; delivering investment required by the Long Term Plan; and increasing staff diversity. These will be addressed going forward through review of the Workforce Improvement Plan to deliver more focused actions. Key gaps in control will be identified in the 2020/21 BAF. As the risk remains rated as high, the risk appetite continues to not be 'not accepted' by the Trust.

1

Mitigating actions for all high and extreme rated operational risks continues to be included in the BAF twice a year, alongside the relevant BAF risk. At the point of the latest extract from Datix (11 December 2019) there were 15 operational risks currently rated as high, none are rated as extreme. This is a slight reduction from the last time this was reported in September 2019 when there being 17 high/extreme operational risks.

A Board Development session is arranged for 19 February 2020 to enable the Board to consider and begin to develop the BAF risks for 2020/21.

An expected completion date for each action continues to be shown alongside the action review date, shown in brackets, to enable Board Committees to focus the reports and reviews required to mitigate the risks identified.

As in previous versions, changes between versions presented to the Board are highlighted in blue text.

Strategic Considerations	
1) We will deliver **great care** by delivering compassionate, person-centred innovative and safe care	x
2) We will ensure that the Trust is a **great place to work** by attracting colleagues to work with us who we develop, retain and support by excellent management and leadership	x
3) We will make the **best use of our money** by making financially wise decisions and will always strive for best value to make money go further	x

Assurances

This paper provides an update on all Board Assurance risks and provides assurance on 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.

Consultation

- Individual Directors November/December 2019
- Executive Leadership Team: 16 December 2019
- Audit and Risk Committee: 16 January 2020

Governance or Legal Issues

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

2

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

Specific elements within each BAF risk and associated actions are addressed by the relevant lead Executive Director in taking forward. The Audit and Risk Committee in October 2019 requested all Board Committees undertake a mid-year review of agenda items to ensure the Committee was discharging its duties in relation its public sector equality duty

---

Recommendations

The Board of Directors is requested to:

1) Approve this fifth 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) Agree to continue receive a quarterly update of the 2019/20 BAF risks as outlined in the forward plan.

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

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

3

Board Assurance Framework

Movement of risks and deep dive programme for Fifth Issue of the BAF for 2019/20

The Board Assurance Framework (BAF) is a high level report which enables the Board of Directors to demonstrate how it has identified and met its assurance needs, focused on the delivery of its objectives and subsequent principal risks.   The BAF provides a central basis to support the Board's disclosure requirements with regard to the Annual Governance Statement (AGS), which the Chief Executive signs on behalf of the Board of Directors, as part of the statutory accounts and annual report. This is the fifth formal presentation of the Board Assurance Framework to the Board for 2019/20

1)   Overview and movement of risks 2019/20

A summary of all risks currently identified in the 2019/20 BAF is shown below, together with the movement of the risk rating throughout the year.

BAF ID	Risk title	Director Lead	Risk rating Issue 1	Risk rating Issue 2	Risk rating Issue 3	Risk rating Issue 4	Risk rating Issue 5	Direction of movement
19_20 1a	There is a risk that the Trust will fail to provide standards for safety and effectiveness required by our Board	Director of Nursing and Patient Experience/Medical Director	HIGH (4x4)	HIGH (4x4)	EXT (5x4)	EXT (5x4)	HIGH (4x4)	⬇
19_20 1b	There is a risk that the Trust estate does not comply with regulatory and legislative requirements	Chief Operating Officer	HIGH (4x4)	HIGH (4x4)	HIGH (4x4)	HIGH (4x4)	MOD (3x4)	⬇
19_20 2a	There is a risk that the Trust will not be able to retain, develop and attract enough staff and protect their wellbeing to deliver high quality care	Director of People and Organisational Effectiveness	EXT (4x5)	EXT (4x5)	EXT (4x5)	EXT (4x5)	HIGH (3x5)	⬇
19_20 3a	There is a risk that the Trust fails to deliver its financial plans	Executive Director of Finance	EXT (4x5)	EXT (4x5)	EXT (4x5)	EXT (4x5)	EXT (4x5)	↔
19_20 3b	There is a 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	Chief Executive Officer	HIGH (4x4)	HIGH (4x4)	HIGH (4x4)	HIGH (4x4)	MOD (3x4)	⬇

4

2) Deep dives 2019/20

'Deep dives' remain fully embedded in the BAF process and enable review and challenge of the controls and assurances associated with each risk. A timetable for 2019/20, agreed with Executive Directors, is shown below. The deep dive for risks with a residual risk rating of extreme have been undertaken by the Audit and Risk Committee, the responsible committee for these risks is also shown (in brackets).

The plan and implementation for BAF Deep Dives for 2019/20 is shown below has been fully completed

Risk ID	Subject of risk	Director Lead	Committee
19_20 1a	There is a risk that the Trust will fail to provide standards for safety and effectiveness required by our Board	Carolyn Green/ Dr John Sykes	Quality Committee December 2019 - completed
19_20 1b	There is a risk that the Trust estate does not comply with regulatory and legislative requirements	Mark Powell	Finance and Performance Committee November - 2019 completed
19_20 2a	There is a risk that the Trust will not be able to retain, develop and attract enough staff and protect their wellbeing to deliver high quality care	Amanda Rawlings	Audit and Risk Committee (People and Culture Committee) July 2019- completed
19_20 3a	There is a risk that the Trust fails to deliver its financial plans	Claire Wright	Audit and Risk Committee (Finance and Performance Committee) January 2020 - completed
19_20 3b	There is a 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	Ifti Majid	Board December 2019 - completed

Summary Board Assurance Framework Risks 2019/20. Issue 5.3_Board

Ref	Principal risk	Director Lead	Current rating (Likelihood x Impact)	Responsible Committee
Strategic Objective 1. To provide GREAT care in all services				
19_20 1a	There is a risk that the Trust will fail to provide standards for safety and effectiveness required by our Board	Executive Director of Nursing/Medical Director	HIGH 4x4	Quality Committee
19_20 1b	There is a risk that the Trust estate does not comply with regulatory and legislative requirements	Chief Operating Officer	MODERATE 3x4	Finance and Performance Committee
Strategic Objective 2. To be a GREAT place to work				
19_20 2a	There is a risk that the Trust will not be able to retain, develop and attract enough staff and protect their wellbeing to deliver high quality care	Director of People and Organisational Effectiveness	HIGH 3x5	People and Culture Committee
Strategic Objective 3. To make BEST use of our money				
19_20 3a	There is a risk that the Trust fails to deliver its financial plans	Executive Director of Finance	EXTREME 4x5	Finance and Performance Committee
19_20 3b	There is a 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	Chief Executive Officer	MODERATE 3x4	Board

Note: In line with the review of the BAF against the Trust Strategy 2018 – 2021 (refreshed April 2019), completion dates for some actions are expected to extend beyond the 2019/20 financial year.

Summary Board Assurance Framework Risks 2019/20. Issue 5.3_Board

Strategic Objective 1. To provide <u>GREAT</u> care in all services

Principal risk: There is a risk that the Trust will fail to provide standards for safety and effectiveness required by our Board

Impact: May lead to avoidable harm including: increased morbidity and mortality; delays in recovery; and longer episodes of treatment; affecting patients, their family members, staff, or the public

Root causes:

a) Financial settlement in contracts chronically underfunded for population need
b) Workforce supply and lack of capacity to deliver effective care across hotspot areas
c) Substantial increase in clinical demand in some services
d) ~~Increasing patient and family expectations of service~~
e) Changing demographics of population
f) ~~Lack of stability of clinical leadership at all levels~~
g) Lack of compliance with CQC standards

h) Lack of embedded outcome measures at service level
i) Known links between SMI and other co-morbidities, and increased risk factors in population
j) Lack of processes for communication between primary and secondary care with respect to physical health monitoring
k) Changes in national requirements to access standards
l) Financial investment in health visiting and school nursing below recommended national level

BAF ref: 1a	**Director Lead**: Executive Director of Nursing/Medical Director	**Responsible Committee**: Quality Committee

Inherent risk rating:			Current risk rating:				Target risk rating:			Risk appetite:		
Rating **HIGH**	Likelihood 4	Impact 4	Rating **HIGH**	Likelihood 4	Impact 4	Direction ⬇	Rating **MODERATE**	Likelihood 3	Impact 4	Accepted	Tolerated	Not accepted

Key controls:

Preventative – Quality governance structures, teams and processes to identify quality related issues; Induction and mandatory training; 'Duty of Candour' processes; clinical audits and research, health and safety audits and risk assessments, physical health care screening and monitoring

Detective – Quality dashboard reporting; Quality visit programme; Incident, complaints and risk investigation; Annual Training Needs Analysis; HoNoS clustering; FSR compliance checks; mortality review process; Physical health care monitoring clinics pilots; Daily assurance safety check log

Directive – Quality Improvement Strategy. Physical Health Care Strategy; Recovery Strategy; Policies and procedures available via Connect; CAS alerts; Clinical Sub Committees of the Quality Committee

Corrective – Board committee structures and processes ensuring escalation of quality issues; Six monthly skill mix review; CQC action plans; Learning from incidents, complaints and risks; Actions following clinical and compliance audits; Workforce issues escalation procedures; Reporting to commissioner led Quality Assurance Group on compliance with quality standards

Assurances on Controls (internal):	Positive assurances on Controls (external):
Quality and NHSI dashboard	National enquiry into suicide and homicide
Scrutiny of Quality Account (pre-submission) by committees and governors	NHLSA Scorecard demonstrating low levels of claims
	Safety Thermometer identifies positive position against national benchmark
Programme of physical healthcare and other clinical audits and associated	Mental Health Benchmarking data identifies higher than average qualified to

plans					
		unqualified staffing ratio on inpatient wards CQC comprehensive review 2018, 11 services area domains improved, 5 deteriorated; Identified Trust fully compliant with NQB Learning from Deaths guidance. 2018/19 internal audits: Risk Management; Data Quality: RTT (internal audit; Data Security and Protection; IT General Controls; Divisional Governance Schedule 4/6 analysis and scrutiny by commissioners			
Key gaps in control:	**Key actions to close gaps in control:**	**Impact on risk to be measured by:**	**Expected completion date./(Action review date):**	**Summary of progress on action:**	**Action on track:**
Effective plan to ensure acute care is improved to a level that the CQC would assess and rate as at least 'requires improvement' across all domains	Delivery of plan for acute care to meet CQC rating of least 'requires improvement' delivered by May 2019 [ACTION OWNER DON/MD/COO]	Outcome of acute core service CQC inspection. Due May 2019. Superseded by outcome of CQC comprehensive inspection. Due Dec 2019	31/05/2019 Not achieved 31/12/2019 (Revised date)	CQC report published 5/6/19. Trust remains inadequate across acute adult services. BAF risk raised to extreme (in v3). Board agreed to reduce overall BAF risk to high (v5) due to completion of acute services action plan, including investment in range of clinical lead posts. Next comprehensive inspection undertaken Dec 2019.	
Compliance with physical healthcare standards as outlined in the Physical Healthcare Strategy	Develop and agree a Physical Healthcare Strategy Implementation Plan (by June 2019). Completed. [ACTION OWNER MD] Deliver Physical Healthcare Implementation Plan [ACTION OWNER MD]	Implementation of targets as identified within Physical Health Care Strategy/Implementation Plan	31/03/2020	Benchmarking standards against other Trusts (June 2019) identified low compliance for the Trust. Off plan for delivery. CQC identified some PHC standards not being met in acute care. Work to revise and deliver new plan underway	
		Physical health care dashboard reporting (specific measurables with respect to % compliance to be identified and added)	First stage achieved	PHC document now live on PARIS at point of Initial access / admission/annual. Compliance and completion	

				reports generated. Compliance reports show 100% compliance on admission, 25% for initial access (new baseline more stringent). Data feeds into CQUIN and PDSA process for individual elements. Next stage is LESTER tool compliance. Pilot completed for EI, triggers on inpatient MD form. Work ongoing to fully embed in community.	
Effective plan to ensure ability to achieve quality priorities, CQUIN and Non CQUIN targets	Implement CQUIN action plan for 2018/19 (by March 2020) [ACTION OWNER DON]	Delivery of CQUIN targets for 2019/20 Quarterly submissions to Commissioners on achievements to date	31/03/2020	Suicide prevention CQUIN continues to be on track, The design of pathway specific safety planning tools has launched Range of communications and incentives offered to staff to increase flu vac uptake.	
Care plans and /or relapse prevention plans effectively involve the patient concerned reducing demand on services	Ensure care and/or relapse prevention plans are person centred and made available to the patient involved (by March 2020) [ACTION OWNER DON] Review preventable admissions to identify where demand on the acute care pathway can be reduced (by March 2020) [ACTION OWNER DON]	85% of care and /or relapse prevention plans are assessed as patient centred and are made available to the patient Decrease in % of patient admitted due to lack of a relapse prevention plan	31/03/2020 31/03/2020	Target achieved in acute service areas, work continues in community services Review to be completed and presented to TMT, with improvement trajectories	
Effective implementation of NICE/best practice guidance	Evidence of individual teams implementation of NICE guidance, evidenced through the	100% of clinical teams can evidence use of NICE guidance	~~31/12/2019~~ 31/12/2020	Completion date revised from 30/09/2019 in line	

	Quality Visits (by close of 19/20 Quality Visit programme) [ACTION OWNER DON]		(31/03/2020)	with expected completion Quality Visit Programme, which has been extended until Dec 2020. Mid programme target identified.	
Effectively implemented plan to ensure continuous quality improvement in the Trust in line with NHSI guidance	Identify gaps to delivery of quality improvement against NHSI guidance and implement agreed Quality Improvement Plan (by March 2020) [ACTION OWNER DBI&T]	Achievement of the 19/20 milestones and any 18/19 milestones that have not yet been delivered of the Quality Improvement Implementation plan	31/03/2020	Scheduled bi-annual progress reporting to QC against plan in place	
	Evidence of individual teams development of a quality initiative, evidenced through the Quality Visits (by close of 19/20 Quality Visit programme). [ACTION OWNER DON]	100% of clinical teams can evidence implementation of a quality initiative	Achieved	Action achieved. Evidenced through CQC preparation PowerPoint presentations.	
Lack of coherent vision of the purpose of services at pathway level with a clear plan of how services need to adapt to meet changes in the demand	Workshop for clinically led strategy development [ACTION OWNER DBI&T] Strategies agreed by Board (by Sept 2019) [ACTION OWNER DBI&T]	Delivery of outcomes as defined in implementation plan for clinically led strategy development	~~31/10/2019~~ 28/02/2020	All clinical strategy development workshops undertaken. As of Dec 2019 all strategies except learning disability have been to Board. Accessible session planned for LD Jan 2020, expected to Board Feb 2020	
Lack of a co-ordinated approach to collecting and acting on patient feedback across all services	Develop and implement a Patient Experience Strategy (by March 2020) [ACTION OWNER DON]	Agreed Patient Experience Strategy to Board (by July 2019) (specific measurables with respect to impact to be identified and added)	31/03/2020	Strategy approved by Quality Committee Oct 2019. Launched Nov 2019	
	Implementation of EQUAL forum (by March 2020) [ACTION OWNER DON]		Achieved	EQUAL forum in place from June 2019	
Key gaps in assurance:	**Key actions to close gaps in assurances:**	**Impact on risk to be measured by:**	**Expected completion date./(Action review date):**	**Summary of progress on action:**	**Action on track:**
Gaps identified in CQC comprehensive assessment of	Completion of CQC action plan following the 2018 CQC comprehensive inspection (by May	Completion of all actions following CQC comprehensive inspection	~~31/10/2019~~ 31/01/2020	1 action remains to be completed from previous	

services June 2018 (reported in September 2018) and Mental Health Act focused inspections undertaken throughout year	2019) [ACTION OWNER DON/MD/COO] Completion of all actions following MHA focused CQC inspections (by timescales agreed in individual reports) [ACTION OWNER DON/MD/COO	Completion of all actions following MHA focused CQC inspections	(31/03/2020)	inspection. 10 actions from the acute care review remain open The number of overdue actions has reduced, but is still high at 26 as of 30/09/2019. Monitoring and escalation continues via the MHA Ops group.	
Achievement of Royal College of Psychiatrists (RCP) Standards across Acute Services	Complete RCP self-assessment (by 30/09/2019) Develop and implement plan to achieve RCP standards [ACTION OWNER MD/DON/COO]	Achievement of RCP Standards by Jan 2020	31/01/2020	Draft self-assessment completed on target. Ward self-assessment commenced, external review schedules for Jan 2020	
Staff feedback and patient surveys identify that the current policy around smoking on Trust premises is not fit for purpose	Using staff feedback and patient survey results to develop a new smoking policy focusing on harm reduction. [ACTION OWNER DBI&T]	Increased compliance with the Trust smoking policy as measured by: improved feedback from staff and patients and a reduction in levels of smoking in undesignated areas	31/03/2020	Revised policy launched through summer 2019. Monitoring overseen by PHCC and COAT. Anecdotal feedback that levels of smoking in undesignated areas has reduced. Audit of clinical compliance with policy underway.	
Consistent delivery of the seclusion pathway and patient experience of seclusion	Improved patient experience of seclusion. Audit of seclusion pathway, including reviews. Development of an improvement plan. [ACTION OWNER MD/DON]	Evidence of improved patient experience with seclusion. Evidence of compliance with the seclusion pathway, including reviews.	31/03/2020 - likely will lead into longer piece of work	Mental Health Act Committee to oversee	

Related high/extreme operational risks:

ID	Division	Title	Current progress	Date of next review

21189	Specialist Care Services	Admission criteria to Eating Disorders Service	No formal response from CCG re: funding request. Chased via CADG for agreement from CCG on moving forward. To look at future plans including a review of previous business case for increased funding for Adult ED.	11/02/2020
3009	Specialist Care Services: Learning Disability	Demand for ASD assessment Service far outstrips contracted activity	ASD Stakeholder Group reviewed current assessment process undertaken on 16/7/19. Joint proposals to be agreed to go to CCG governance in terms of wider proposals for triage and post-assessment intervention services.	10/04/2020
21837	Adult Care Acute	Radbourne Assessment Room	Have been informed by estates staff that it will be resolved/usable again by week commencing 16th December. Update on 9/1/20 that works have been completed and risk can now be closed.	Completed
1692	Forensic & MH Rehab	Risk of death through strangulation in in patient area	Reviewed 27/12/2019 Red risks identified within the ligature risk assessment document in relation to medicine cabinets and bedroom door closures	20/03/2020
1201	Older Peoples Care	Risk of violence/aggression	Risk of violence and aggression remains high due to the nature of the client group we look after. All staff on Cubley male are trained in SCIP. P&P has been approved - still awaiting training to be implemented . Risk reviewed 13/12/2019 and reduced to moderate	13/03/2020
21220	Adult Care Community	Violence and Aggression from service users in the community setting	Meetings between the training department and representatives from community based clinical workforce have taken place in August 2019. Training department have agreed to formulate a response and review the current training offer and ensure updated (and more suitable) package is delivered by April 20.	01/04/2020

Summary Board Assurance Framework Risks 2019/20. Issue 5.3_Board

Strategic Objective 1. To provide **GREAT** care in all services

Principal risk: There is a risk that the Trust estate does not comply with regulatory and legislative requirements

Impact: Low quality care environment

Crowded staff environment

Non-compliance with statutory care environments

Non-compliance with legal requirements for asbestos, legionella and electrical compliance

Root causes:

a.   Long term under investment in NHS capital projects and estate

b.   Limited opportunity for Trust large scale capital investment

c.   Increasing expectations in care and working environments

d.   National capital funding restrictions expected for 2019/20

e.   Gaps in governance in relation to the Premises Assurance Model (PAM)

BAF ref: 19_20 1b	Director Lead: Chief Operating Officer	Responsible Committee: Finance and Performance Committee

Inherent risk rating:			**Current risk rating:**				Target risk rating:			Risk appetite:		
Rating HIGH	Likelihood 4	Impact 4	Rating MODERATE	Likelihood 3	Impact 4	Direction ⬇	Rating MODERATE	Likelihood 3	Impact 4	Accepted	Tolerated	Not accepted

Key controls:

Preventative – Routine environmental assessments for legionella and asbestos; Environmental risk assessments reported through Datix;

Detective – Monthly reporting progress against Premises Assurance Model (PAM) to TMT

Directive – Capital Action Team role in scrutiny of capital projects

Corrective –   Short term investment agreed to support key risk areas

Assurances on Controls (internal):	Positive assurances on Controls (external):
- Health and Safety Audits - Premises Assurance Management System (PAMS) reporting to TMT providing updates on key priority areas	- 2018/2019 CQC Inspection feedback regarding PLACE regarding quality of Trust environment

Key gaps in control:	Key actions to close gaps in control:	Impact on risk to be measured by:	Expected completion date./(Action review date):	Progress against action:	Action on track:
Board approved Estates Strategy for 5 years, and implementation of 2019/20 plan	Estates strategy engagement event to finalise strategy (by Sept 2019) [ACTION OWNER COO] Present Estates Strategy to Board (by Nov 2019) [ACTION OWNER COO]	Agreed Estates Strategy (by Nov 2019)	~~30/11/2019~~ 31/12/2019	Engagement week undertaken Sept 2019. Focused board development sessions Jul/Oct 2019. Strategy presented to Board approval Dec 2019.	

8

	Implement relevant milestones set out in the 5 year Estates Strategy implementation plan [ACTION OWNER COO]				
Key gaps in assurance:	**Key actions to close gaps in assurances:**	**Impact on risk to be measured by:**	**Expected completion date./(Action review date):**	**Progress against action:**	**Action on track:**
Lack of assurance on full cycle of governance for estate compliance with statutory legislation	Completion of self-assessment of premises assurances model (PAM) and plan for annual reassessment (by April 2019) [ACTION OWNER COO]	Achievement of statutory compliance with legionella, electric, asbestos (by March 2020)	Achieved	PAM self-assessment completed and ongoing continuous improvement reported to TMT and ELT	
	Development of a Board approved improvement/ action plan, prioritised by level of risk (by April 2019) [ACTION OWNER COO]			Action plan agreed by TMT and ELT in Feb 2019	
	Associated resource plan agreed (April 2019) [ACTION OWNER COO]			Resource plan agreed by TMT and ELT in Feb 2019	
	Review 2019/20 action plan to identify risks to delivery, including implementation of skilled roles to ensure routine regulatory and legislative checks are completed [ACTION OWNER COO]	Compliance reporting to TMT with specific risks identified as part of PAMS reporting (to continue monthly from March 2019)	Achieved	Reporting to TMT in place detailing progress against three highest risks: legionella; asbestos; electrical safety. Consideration of 2020/21 priorities in development	
Negative feedback from staff regarding their working environment, including buildings, office environments, car parking etc	Develop plans to address immediate estates issues ahead of formalisation of the Trust Estates Strategy [ACTION OWNER COO]	Improvement in feedback from staff via existing engagement routes	Achieved	Trust wide Estates and Environmental Group commenced June 2019, to enable focus on key issues. Process for consideration of issues by CAT now in place.	
Lack of adherence to emerging national guidance and policy requiring the elimination of mixed sex wards and dormitory style inpatient facilities.	Deliver a single room development plan (by Aug 2019) [ACTION OWNER COO]	Achievement of single room development.	Achieved	Concept mapping undertaken allowing estimation of initial bed number reductions. Fully costed implementation plan considered by Board Oct	
	Develop a long term Estates Strategy (by	Board approved long term Estates	30/11/2019		

	Nov 2019) [ACTION OWNER COO]	Strategy		2019. Single Room Project Group taking implementation plan forward.	
Lack of an accessible Derbyshire wide Psychiatric Intensive Care Unit (PICU) that links to plan for out of area placements to be reduced to zero by 2023/24	Commission an outline business case which sets out the options for approval (by Jan 2020) [ACTION OWNER COO]	Outline business case developed and approved by Board and other key stakeholders	31/01/2020	External consultancy commissioned to develop the outline business case	

Related high/extreme operational risks:

Division	Title	Current progress	Date of next review
ID- 21785 Adult Care Acute	laptops issues and updates	Planned work for MHTH team to act as pilot with windows 10 rollout and use of iVANTI software to patch devices over the internet as opposed to needing devices connected directly to Trust network. Estimated completion by end of December 2019. Risk has been subsequently reviewed and reduced to moderate. Pilot underway using new patches which do not require staff to go the an NHS base on a regular basis.	30/04/2020

Summary Board Assurance Framework Risks 2019/20. Issue 5.3_Board

Strategic Objective 2. To be a GREAT place to work

Principal risk: There is a risk that the Trust will not be able to retain, develop and attract enough staff and protect their wellbeing to deliver high quality care

Impact: Risk to the delivery of high quality clinical care including increased waiting times
Exceeding of budgets allocated for temporary staff
Loss of income

Root causes:

a. National shortage of key occupations
b. Future commissions of key posts insufficient for current and expected demand
c. ~~Trust reputation as a place to work~~

d. Trust seen as small with limited development opportunities
e. Sufficient funding to deliver alterative workforce solutions
f. Retention of staff in some key areas
g. Traditional workforce structure

BAF ref: 19_20 2a	**Director Lead**: Amanda Rawlings, Director of People and Organisational Effectiveness	**Responsible Committee**: People and Culture Committee

Inherent risk rating:			Current risk rating:				Target risk rating:			Risk appetite:		
Rating EXTREME	Likelihood 4	Impact 5	Rating HIGH	Likelihood 3	Impact 5	Direction ⬇	Rating HIGH	Likelihood 3	Impact 5	Accepted	Tolerated	Not accepted

Key controls:

Preventative –Resourcing Plan covering wide range of recruitment channels including targeted campaigns, refresh 'Work For Us' intranet page, leadership development, new role and skill mix changes, leadership development programme, increased well-being support.
Detective – Performance report identifying specific hotspots and interventions to increase recruitment and retention.
Directive – Wellbeing strategy, infrastructure and programmes to support staff health and wellbeing. Workforce plan to grow and develop the workforce.
Corrective – Leadership and Management Strategy and development programmes to build inclusive and engaging leadership and management. Leadership Programme Launch – Core Leaders.

Assurances on Controls (internal):	Positive assurances on Controls (external):
Bi Monthly People Performance Report to Trust Management Team, Executive Leadership Team and People and Culture Committee, includes recruitment tracker Workforce Supply Hot Spot report to Trust Management Team and People and Culture Committee Workforce Plan delivery monitored monthly by the Strategic Workforce Group ELT rolling programme of deep dives of strategic building blocks	Staff survey, high level of participation for 2018, exceeded for 2019 Pulse Checks CQC visits identify caring and engaging staff HEE returns against funding EG for TNA's Safe staffing reports and CHPPD reporting (planned v's actual staff) WRES, WRED and Gender pay gap reporting 2018/19 internal audits: Recruitment; Acting up

Key gaps in control:	Key actions to close gaps in control:	Impact on risk to be measured by:	Expected	Progress against action:	Action

Summary Board Assurance Framework Risks 2019/20. Issue 5.3_Board

			completion date./(Action review date):		on track:
Effective recruitment and retention plan to fill substantive and bank posts	Monthly tracking of People Performance: turnover and recruitment and retention hot spots (specifically inpatient and health visiting/school nursing), with focused actions [ACTION OWNER DP&OE, COO]	Reduction in vacancies in identified hotspot areas to below 10%. Reduced turnover rate	31/03/2020	Offer specific to inpatient nurses with 2 year programme to develop from B5 to B6 and payment of DBS and professional fees Some hotspots in last Qtr have achieved ~10% target, however hotspots developing in specialist services and children's due to retirements. Overall turnover currently 10.98%. Bronze award achieved with armed forces to support recruitment of veterans and reservists Disruption to recruitment processes underway to achieve a more diverse range of applicants post shortlisting to appointment	
Fully delivered leadership and management development programme	Roll out of the Leadership Launch and masterclasses (during 2019) and monitor up take [ACTION OWNER DP&OE]	90% of Leaders attend the Leadership Launch	31/03/2020	Over 90% of leaders have now attended the leadership sessions.	
		50% uptake of Management Masterclasses	31/03/2020	Increasing no of masterclasses being offered	
	Move from Pilot to scale for 360 feedback leadership tool [ACTION OWNER DP&OE]	Attendance at the programme, take up of a coach and 360 appraisal to improve individual performance	Achieved	360 feedback tool now in place, pilot completed. Tool is being offered to leaders to use	

	Develop senior, middle and aspiring leaders programme with East Midlands Academy [ACTION OWNER DP&OE]			Programme launched. Middle manager programme open to advert. Senior leadership programme will be ready for launch early 2020.	🟩
Focus on colleagues health and wellbeing provision and infrastructure	Agree investment wellbeing offer by the Executive Leadership Team (Completed March 2019) [ACTION OWNER DP&OE]	Reduction in sickness absence rates to 5% or below (target date tbc as linked to CIP agreement)	31/03/2020	Well-being offer in place. Positive uptake i.e. over 90 staff seen by Resolve services. However sickness absence rate Oct 2019 is 7.31%	🟥
	Review Occupational Health contract to include rapid access to musculo-skeletal services (MSK). Roll out access to counselling service [ACTION OWNER DP&OE]	Reduction in sickness absence rates as a result of MSK issues	31/03/2020	Rapid response to MSK services now in place. 'Resolve' in place with positive uptake. Developing system wide approach to staff health and well-being.	🟩
	Roll out of DHCFT specific flu vaccination plan [ACTION OWNER DP&OE]	Increased uptake of staff flu vaccination to 75% 80% (increase in national target)		Campaign launched 06/09/19. Incentives in place (UNICEF and lunch for teams with 100% uptake).	🟥
Development of a funded Workforce Plan	Develop and implement 2019/20 of the Workforce Delivery Plan (by March 2020)	Utilisation of the Apprenticeship Levy	Achieved	2019/20 Apprenticeship Levy being used for 10 nursing, 2 ACP and a range of other apprenticeship roles	🟦
		Use of CPD, DHCFT Investment decisions (by when and how measured to be determined)	31/03/2020	2019/20 Workforce Development Plan agreed by PCC and Board. Includes CPD investment, apprenticeship levy spending and progress with implementation of new roles	🟧

				Refreshed workforce plan to be considered by ELT Dec 2019 and PCC Nov 2019, with scope for next 3 years. Increase in HEE monies for 20/21	
Staff reporting being disadvantaged due to their protected characteristics	Action plans to be approved and implemented for staff with protected characteristics (by March 2020). To be monitored by Board	Annual publication of Workforce Race Equality Standard data, identifying an improved position Gender pay gap report action plan Workforce Disability Equality Standard reporting to commence in late 2019	31/03/2020	Action plans being developed with staff networking groups around protected characteristics. Reporting PCC and Board. WRES and DES action plans, reverse mentoring and active staff networks in place.	
Key gaps in assurance:	**Key actions to close gaps in assurances:**	**Impact on risk to be measured by:**	**Expected completion date./(Action review date):**	**Progress against action:**	
Training compliance in key areas below target set by the Trust	Review and simplify mandatory training requirements to align to an individual's role and contract [ACTION OWNER DP&OE, DON, MD] Review E-Learning offer and system improvement requirements in terms of ease of use [ACTION OWNER DP&OE] Focused action plan in acute care services in relation to: safeguarding; ILS and physical intervention training	90% of staff achieve their mandatory training requirements (by March 2020) Achievement of training targets for acute care services: safeguarding (70% by 30/09/2019) ILS (80% by 30/09/2019) physical intervention training (70% by 30/09/2019)	31/03/2020 (tracked monthly)	At commencement of year, significant action required in hotspot acute care services. Now contained with compliance ~85%. Issues identified with respect to E-learning. Reconfiguration of the OLM system underway Targets identified achieved. New risks developing in Level 2 manual and handling training, action plan being developed.	
Evidence of safer staffing levels of suitably qualified staff	Compliance with NHSI Workforce Safeguards requirements (by March 2020) [ACTION OWNER DP&OE, COO/MD/DON]	Full compliance with safer staffing levels in line with the NHSI Workforce Safeguards	~~30/09/2019~~ 31/01/2020	People Performance Report now has safe staffing information included. To be presented to PCC Jan 2020. On	

				track to make publication in new year.	
Trust tracking of retention of staff who could be impacted by the recent changes to pension taxation rules	NHS Employers have set up a national working group to look at this. Trust has briefed the Remunerations and Appointments Committee and is tracking this with medics at LNC.	Tracking of Executives and Medical staff retention rates as this is the group that is impacted at this time	31/03/2020	Pension alternative contribution policy developed and agreed by REMCOM. Is being offered to high earning medical workforce team from 1st Nov 2019. National announcement to provide future financial to support individuals that need to use scheme pays	

Related high/extreme operational risks:

ID	Division	Title	Current progress	Date of next review
21790	Forensic & MH Rehab	Absence of any dedicated medical cover on CTC	The Specialty Doctor resumed work today following a period of illness. At present, Dr is based on CTC. The risk remains moderate as there is no Consultant cover at present	31/01/2020
21222	Corporate Services	Compliance - Resus Training(ILS & BLS)	Updated description and controls to reflect current position. Compliance as of 16/12/2019 for ILS 69%, APBLS is 74%, trajectory is upward. Review risk in 1/12, with a view to reducing to moderate.	30/04/2020
2772	Children's Services: CAMHS	Insufficient resources CAMHS workforce	Recruitment to consultant posts remains challenging, posts currently out to advert, 2.6 wte agency cover in place. Cover for the out of hours rota remains fragile with additional cover being offered by medical director. Options for a joint medical rota continue to be explored but no agreement as yet. Option to include senior CAMHS clinicians on the rota are being explored. Training for 1.0 wte NMP due to commence Jan 2020.	05/04/2020

21716	Corporate Services	Many risks in the Secretary office	18/11/19 down to 1 full time member of staff and 2 part time members of staff, covering 19 members of management. Have Adverts out for new staff but they won't be in post until the new year and then will be on training. At risk of staff having time off for annual leave as well as sickness as we don't have sufficient cover for either. Potentially very low staff morale and already have issues in the office environment. Service delivery will be impacted daily.	27/01/2020
21510	Adult Care Acute	Delivery of Positive and Safe and Training Compliance	Of the 2 day update course places offered of 360 places, there has been 155 places not utilised. The current risk is the delivery model that is utilised within DHCFT. The current model is reliant upon operational colleagues supporting the delivery of both the five day induction and the two day update and this part of the course specifications. A paper has been written by Interim assistant director for clinical and professional practices and this has been presented to TMT, who have requested additional information and this is due to be represented week commencing 20th of January 2020.	31/03/2020
21843	Adult Care Acute	staffing	ASM review. DHCFT COO has agreed for additional pool of agency staff to be requested to support the ongoing transformation of the team. Agency staff will potentially fill vacant posts whilst the team continues to recruit.	03/02/2020
3385	Adult Care Community	Waiting Times for Psychological Assessment and Intervention	Waiting lists in some areas remain consistently high with long waits. Staff have been moved to provide cover across each patch and there are ongoing recruitment efforts. There have been some new staff joining the trust in Derby City, South Derbyshire Chesterfield (Adults) and Derby City and South Derbyshire (Older Adults). Status was discussed in COAT 5.11.19 and it was agreed that the level of risk remains unchanged. See attached document for measures in place	31/12/2019

Summary Board Assurance Framework Risks 2019/20. Issue 5.3_Board

Strategic Objective 3. To make <u>BEST</u> use of our money

Principal risk: There is a risk that the Trust fails to deliver its financial plans

Impact: Trust becomes financially unsustainable
Root causes:

a) Non-delivery of internal CIP including back office efficiency
b) 'QIPP' disinvestment by commissioners leaves unfunded stranded costs in Trust
c) Other income loss without equivalent cost reduction (e.g. CQUIN, cost per case activity, commissioner clawback)

d) Costs to deliver services exceed the Trust financial resources available, including contingency reserves.
e) Lack of sufficient cash and working capital or loss due to material fraud or criminal activity
f) Enacting system risk sharing agreement

BAF ref: 19_20 3a	Director Lead: Claire Wright, Executive Director of Finance	Responsible Committee: Finance and Performance Committee

Inherent risk rating:			Current risk rating:				Target risk rating:			Risk appetite:		
Rating EXTREME	Likelihood 4	Impact 5	Rating EXTREME	Likelihood 4	Impact 5	Direction ↔	Rating MODERATE	Likelihood 2	Impact 5	Accepted	Tolerated	Not accepted

Key controls:

Preventative – Budget training, segregation of duties, contract team to manage with commissioning risk, mandatory counterfraud training and annual counterfraud work programme. Project Vision system controls for CIP/CI
Detective –Audits (internal, external and in-house); Scrutiny of financial delivery, bank reconciliations; Continuous improvement including CIP planning and delivery; Contract performance, Local counterfraud scrutiny
Directive – Standing financial instructions; budget control, delegated limits, 'no-PO no pay' rules; Agency staff approval controls; Approval to appoint process; Business case approval process (e.g. back office); CIP targets issued; Invest to save protocol. Basis of agreement of risk share.
Corrective – Corrective management action; Use of contingency reserve; Disaster recovery plan implementation; TMT performance reviews and associated support/ in-reach in ELT and TMT for CIP delivery. Risk mitigation activity and oversight at STP level.

Assurances on Controls (internal):	Positive assurances on Controls (external):
Delivery of plan, in-year and forecast outturn for overall Trust financial plan Delivery of Continuous improvement including CIP (through appropriate mix of waste reduction and year-on-year actual cost reduction, productivity improvement and successful budget reduction Delivery of Counterfraud and audit work programme with completed and embedded actions for all recommendations Independent assurance via internal auditors, external auditors and counterfraud specialist that the figures reported are valid and systems and processes for financial governance are adequate	- Internal Audits– significant assurance rating for 2018/19 audit: Integrity of the general ledger and key financial systems; Internal audit review - Sickness Absence review (Counterfraud) - External Audits – strong record of high quality statutory reporting - Grant Thornton audits show good benchmarking for key financial metrics (including liquidity) - NHSI Finance Rating Metrics – shows good performance - National Fraud Initiative – no areas of concern - Local Counterfraud work – Referrals show good counterfraud awareness and reporting in Trust and no material losses have been incurred

Summary Board Assurance Framework Risks 2019/20. Issue 5.3_Board

Use of Resources report to Trust Board meeting November 2018 and Sept 2019 evidences strategic approach to effective use of resources and measurement of progress with ten Use of Resources priorities	- Deloitte Well Led review – positive affirmation of the effectiveness of the Finance and Performance Committee

Key gaps in control:	Key actions to close gaps in control:	Impact on risk to be measured by:	Expected completion date./(Action review date):	Progress against action:	Action on track:
Delivery of a continuous improvement (CI) plan that will meet requirements for financial sustainability and quality improvement to improve productivity and reduce waste, driven by the Use of Resources top ten	2019/20 plans to be finalised [ACTION OWNER DBI&T] Reporting of future continuous improvement and 19/20 CIP schemes – plan and actual delivery throughout year [ACTION OWNER DBI&T]	Achievement during year of planned 19/20 CIP savings totalling £4.6m. Replacement of non-recurrent 2019/20 CIP with recurrent CIP ahead of 1st April 2020 Size of pipeline for continuous improvement plans for future years	31/03/2020	CIP was discussed at an extraordinary F&P in July and schemes were identified to close the gap	(green)
				Conversion of non-recurrent to recurrent CIP not yet complete	(red)
				Significant gaps remain in the 2020/21 pipeline compared with what is required Use of Resources update to Trust Board Sept 19 showed slow progress in some areas, particularly a lack of improvement in lost days due to sickness absence	(red)
Delivery of specific benefits realisation as described in investment cases, including the Mental Health Investment Standard (MHIS)	CCG Contract sign-off including MHIS investments (by April 2019) [ACTION OWNER DBI&T] Collation of summary of expected benefits to be realised from key investments in 2019/20 [ACTION OWNER DBI&T]	Signed contract Measurement and monitoring of impact of E-Roster, E Job planning, new shift pattern and MH Investment Standard by Finance and Performance Committee and MH Service Delivery Board (MHSDB)	Achieved 31/03/2020	Contract signed	(blue)
				E Roster in place. New shift pattern to be implemented from April 2020. E job planning to be implemented between Jan – Mar 2020. MHIS monitored at MHSDB New gateway process agreed by ELT in Sept 19 to increase consistency of articulation of benefits – using PDSA via the project office	(orange)
Management of emergent cost pressures that exceed the planned contingency budget . Required due to clinical, quality, operational	Forecast Deep dives in every area undertaken by Director/Deputy Finance. ELT scrutiny of deep dive outcomes resulting in additional management action which will	Reduction/elimination of the forecast gap to achieving the control total.	31/03/2020 (Review as part of M9 forecast)	Forecast including M7 reviewed. Significant gaps to close will require use of all provisions and reserves. Actions continuing to take place to	(red)

and strategic priorities (excluding STP system risk share)	reprioritise forecast spend and seek to maximise achievement of income [ACTION OWNER DOF]			improve position.	█
Key gaps in assurance:	**Key actions to close gaps in assurances:**	**Impact on risk to be measured by:**	**Expected completion date./(Action review date):**	**Progress against action:**	**Action on track:**
Inconsistency of managers' application of appropriate HR policy e.g. secondary employment and working while sick, in order to close practice gaps identified by previous counterfraud referrals	Implementation of group Counterfraud meetings with HR, Finance and LCFS to support targeted training and oversight (meetings in place by end March 2019) [ACTION OWNER DOF]	Reduction in counterfraud findings related to application of relevant HR process Conversion of amber ratings within parts of 2018/19 self-review tool (SRT) to green in next submission	Achieved	Regular meetings taking place Self-Review Tool (SRT) for 2018/19 completed and submitted (with green overall rating)	█
Lack of sight of detailed and approved schemes to close system gap (risk share)	System sharing group oversight (reporting to CEO/Finance Director group) and JUCD Board [ACTION OWNER DOF]	Size of risk share pot and DHCFT portion	31/03/2020	Joint system oversight process through Systems Savings Group. A Finance Assurance Group is in place and includes all F&P Committee Chairs and DOFs. New section has been added to F&P reporting covering JUCD financial position report.	█

Summary Board Assurance Framework Risks 2019/20. Issue 5.3_Board

Strategic Objective 3. To make __BEST__ use of our money

Principal risk: There is a 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

Impact: If the Trust Strategy is not delivered, it could lead to a deterioration of services available to patients and a negative impact on the Trusts financial position, which could result in regulatory action

Root causes:

a) Priority in other parts of the system i.e. A&E
b) Financial constraints nationally and locally
c) Lack of system wide leadership
d) Lack of engagement with staff from other organisations
e) Suddenly changing national directives out with control of the Trust

f) Regulatory bodies imposing different rules and boundaries
g) Move to system wide working causes tension between loyalty to the system v's sovereign organisation
h) Unresolved political decision making regarding Brexit
i) Political time spent on Brexit taking time from other priorities

BAF ref: 19_20 3b	Director Lead: Ifti Majid. Chief Executive Officer	Responsible Committee: Board

Inherent risk rating:			Current risk rating:				Target risk rating:			Risk appetite:		
Rating HIGH	Likelihood 4	Impact 4	Rating MOD	Likelihood 3	Impact 4	Direction	Rating MOD	Likelihood 3	Impact 4	Accepted	Tolerated	Not accepted

Key controls:

Preventative – Maintenance of strong relationships with commissioners particularly mental health and learning disability SRO (Senior Responsible Officer); Close alignment between emerging CCG QIPP plans and STP workstream objectives; Full involvement with appropriate system wide groups; Maintenance of strong relationships with other providers; service receiver engagement; Working openly and honestly with clear line of sight to impacts on sovereign organisation; CEO representation on national Mental Health Network Board

Detective – Scrutiny of national directives; Translation to local action i.e. are national directives being adhered to? (e.g. EU Exit risk checklist)

Directive- Agreed contract with CCG and adherence to Mental Health Investment Standard

Corrective- Ongoing discussions with key stakeholders on proposed changes, progress, establishment of partnerships etc. ; Engagement and consultation with patients, carers, public and staff as appropriate; Interrelationships with other STP workstreams; Active CCG membership and participation in STP Mental Health Delivery Board; Fortnightly CEO and DOF meeting across Derbyshire system, continuing review of EU Exit risks

Assurances on Controls (internal):	Positive assurances on Controls (external):
- Reports to Board regarding any system wide changes or risks - Regular progress feedback to F&P on system change - Updates and feedback at TMT and ELT in order to update on system change or 'blockers' - Engagement with Governors in order to get feedback and update them on progress	NHSE/I agreement of plans including feedback on MH component of the plan Mental Health Delivery Board and checkpoint meetings with central STP team Bimonthly performance meetings with NHSI

- Engagement with staff though managers, staff side, focus groups etc - CEO's Board Report providing strategic scan of national policy landscape - Recognition from system of maturity of mental health system delivery board and agreement to be the first programme board to trial enhanced role for performance monitoring across all providers - Regular internal EU readiness communications to colleagues in the Trust - New medicines commentary now available on website	

Key gaps in control:	Key actions to close gaps in control:	Impact on risk to be measured by:	Expected completion date./(Action review date):	Progress against action:	Action on track:
National policy and local implementation focuses on organisations in deficit and those that provide acute care, leading to the Trust not receiving the focus they deserve	Maintain senior open dialogue with commissioners being prepared to escalate through contract mechanisms any failure to deliver national MHIS contract expectations [ACTION OWNER CEO]	Maintenance of separate working groups at a system level relating to our core services led by Trust senior leaders	31/03/2021	All workstreams currently undertaking review of process in line with STP refresh in Sept 2019. Enhanced focus agreed with learning disability workstream – June 2919 JUCD Board.	(green)
	Have a strong senior leadership presence in system Board and Executive meetings as well as the emerging provider alliance Boards and acute care strategy forums – this will require re-prioritisation of Executive and next in line capacity [ACTION OWNER CEO]	Agreed contract in place for 19/20 that does not require external mediation.		Contract in place, without need for external medication	(blue)
		Delivery of the Mental Health Investment Standard and support to core services within it.		Contract includes a full MH Investment Standard monitored through the MH Service Delivery Board	(blue)
	Lead the development of an updated STP mental health system plan ensuring it is approved through Joined Up Care Derbyshire governance [ACTION OWNER CEO]	Delivery of the STP MH QIPP savings and realise reinvestment of all savings into MH programme spend.		No MH QIPP savings identified in CCG plan. Plan completed and submitted with positive feedback from regulators.	(blue)
		Full *Futures in Mind* allocation passed to the Trust by commissioners		Futures in Mind allocation agreed as part of contract. To monitor throughout year.	(blue)

Lack of full understanding as to the impact to the Trust of leaving the EU in relation to essential supplies, impact on research and development, impact on staffing availability and logistics such as petrol	Maintenance of an up to date EU Exit risk assessment until the risk nationally has deemed to have reduced [ACTION OWNER COO] Ensure colleagues within the Organisation are aware of the key risks and mitigating actions [ACTION OWNER COO] Link in with Joined Up Care Derbyshire colleagues to ensure that where actions are needed that can be completed at a system level this is carried out [ACTION OWNER COO] Respond to requests for information from the national leadership team as these could inform changes in actions required of our Trust [ACTION OWNER COO]	The lack of major or critical incidents affecting the Trust resulting from risks associated with leaving the EU	(31/01/2020)	EU Exit Steering Group in Trust reconvened from 17/09/19	
				Two briefings to Trust staff outlining Trust readiness for BREXIT. Risk associated included in leadership development programme	
				Monthly reporting to Joined Up Care Derbyshire on system BREXIT readiness. Currently suspended	
				All escalation reports delivered on time as required	
Key gaps in assurance:	**Key actions to close gaps in assurances:**	**Impact on risk to be measured by:**	**Expected completion date./(Action review date):**	**Progress against action:**	**Action on track:**
Lack of assurance with respect to the impact of national policy, in particular in relation to the: Long Term Plan; Integrated Care Systems, Revisions to the Mental Health Act; Fit and Proper Persons which may impact on the governance mechanisms and or clinical service delivery within our organisation	Continue to utilise opportunities to influence and lobby at a national level through attending MHN Board national and regional CEO and Chair meetings [ACTION OWNER CEO] Development of a stakeholder register including local MP's to ensure they are briefed on risks to and opportunities for our	Trust maintenance of full compliance with regulatory standards Plans for policy and or legislation changes are developed in a timely way to enable effective implementation	31/03/2021	Quarterly MH Network in place. CEO met national MH Director regarding important of care services. Speaking at national events and being approached for comments by media and Organisations such as NHS Providers	

	local population relating to proposed policy change [ACTION OWNER CEO] Attendance at regional events such as Regional CEOs meeting as these feed into NHSI/E at a national level and provide a conduit for influencing policy changes [ACTION OWNER CEO]			Stakeholder management approach agreed by ELT April 2019 Chair and CEO continue to attend events to ensure early notification on planned changes to policy. Three national influential leaders visited Trust during May/June 2019 giving opportunity to discuss national policy	

Related high/extreme operational risks:

ID	Division	Title	Current progress	Date of next review
21503	Adult Care Acute	Non-commissioned Older adults Crisis service	No further progress at present although the crisis team do continue to support older adult services and review referrals on a case by case basis if the patient is close to working age or if the presentation is primarily functional.	24/04/2020

Summary Board Assurance Framework Risks 2019/20. Issue 5.3_Board

Risk Rating:

The summary score for determining the risk ratings for each risk is shown below. The full Risk Matrix, including descriptors, is shown in the Trusts Risk Management Strategy

Risk Assessment Matrix					
The Risk Score is simply a multiplication of the Consequence Rating x the Likelihood Rating.					
The Risk Grade is the colour determined from the Risk Assessment Matrix below.					
LIKELIHOOD	**CONSEQUENCE**				
	INSIGNIFICANT 1	**MINOR** 2	**MODERATE** 3	**MAJOR** 4	**CATASTROPHIC** 5
RARE 1	1	2	3	4	5
UNLIKELY 2	2	4	6	8	10
POSSIBLE 3	3	6	9	12	15
LIKELY 4	4	8	12	16	20
ALMOST CERTAIN 5	5	10	15	20	25

Risk Grade/ Incident Potential
Extreme Risk
High Risk
Moderate Risk
Low Risk
Very Low Risk

Action progress:

The colour ratings are based on the following descriptors.

Actions on track for delivery against gaps in controls and assurances:	Colour rating
Action completed	Blue
Action on track to completion within proposed timeframe	Green
Action implemented in part with potential risks to meeting proposed timeframe.	Amber
Action not completed to original or formally agreed revised timeframe. Revised plan of action required.	Red

Action owners:

CEO	Chief Executive Officer	COO	Chief Operating Officer
DOF	Executive Director of Finance	DON	Executive Director of Nursing and Patient Experience
MD	Medical Director	DP&OE	Director of People and Organisational Effectiveness
DBI&T	Director of Business Improvement and Transformation		

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 4 February 2020

Learning from Deaths - Mortality Report

Purpose of Report

The 'National Guidance on Learning from Deaths' requires each Trust to collect and publish specified information on a quarterly basis. This report covers the period 1 July 2019 to 30 November 2019. This report was reviewed at the Quality committee on the 14th January 2020.

Executive Summary

- From 1 July 2019 to 30 November 2019, the Trust received 757 death notifications of patients who have been in contact with our service.

- There have been five inpatients that died following transfer to the acute hospital for further medical treatment.

- One patient died on one of the wards. This was an unexpected death.

- The Mortality Review Group reviewed 36 deaths. These reviews were undertaken by a multi-disciplinary team and it was established that of the 36 deaths reviewed, 36 have been classed as not due to problems in care. One was referred to the Serious Incident Group and also found not to be due to problems in care.

- The Trust has reported six Learning Disability deaths.

- There is very little variation between male and female deaths; 366 male deaths were reported compared to 391 female.

- During collection of the disability data it became apparent that when clinicians were choosing 'memory or ability to concentrate learn or understand, as a disability this was being categorised by the system as a 'learning disability' rather than dementia. A new code has been added specifically to allow clinicians to pick dementia. This change will allow the two disabilities to be independently analysed moving forward.

- Good practice identified through case note reviews is fed back to clinicians involved as part of our appreciative learning.

- The case note rota for medics was reviewed by the Executive Serious Investigation Group on 26 September 2019 and recommended further consideration of the extension of an organised rota for the north and commencement of a rota for the south. Both are now rotas in place.

Strategic Considerations

1)	We will deliver **great care** by delivering compassionate, person-centred innovative and safe care	x
2)	We will ensure that the Trust is a **great place to work** by attracting colleagues to work with us who we develop, retain and support by excellent management and leadership	
3)	We will make the **best use of our money** by making financially wise decisions and will always strive for best value to make money go further	

Assurances

This report provides assurance that the Trust is following recommendations outlined in the National Guidance on Learning from Deaths.

From 1 July to 30 November 2019, the Trust has received 757 death notifications of patients who have been with our service within the previous six months. 72 deaths were reported through our DATIX system of which 49 unexpected deaths, 19 suspected deaths and 4 expected deaths of people at the end of life.

All inpatient deaths are reviewed and quarterly reports received by the Executive Leadership Team (ELT) in addition to coroner's inquest updates. Medical availability for mortality reviews has improved and there will now be a focus on selecting cases where physical health care was a prominent feature of care.

The Quality Committee has reviewed and scrutinised the data, the progress and the learning. The report was offered with significant assurance and this was accepted. As a clinical quality team, the team will now consider how we are undertaking reviews and what further quality improvements we can accept to add value to our standard operating process and explore opportunity to look at the impact of our mortality analysis.

Governance or Legal Issues

There are no legal issues arising from this Board report.

The Care Quality Commission Regulations - this report provides assurance as follows:

- Outcome 4 (Regulation 9) Care and welfare of people who use services
- Outcome 14 (Regulation 23) Supporting staff
- Outcome 16 (Regulation 10) Assessing and monitoring the quality of service provision
- Duty of Candour (Regulation 20)

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

There is recognition that nationally mental health services have been under-resourced for decades and that this is now being addressed through commissioning and contract arrangements. The 'bigger picture' of safety culture requires a strategic approach which is being addressed by ELT in December 2019. A report will be submitted to the Quality committee.

From the 1 July 2019 to 30 November 2019, there is very little variation between male and female deaths; 366 male deaths were reported compared to 391 female. No unexpected trends were identified according to ethnic origin or religion.

Recommendations

The Board of Directors is requested to:

1) Accept this Mortality Report as assurance of the Trust's approach and agree for the report to be published on the Trust's website as per national guidance.

2) Note that the Quality Committee endorsed the Mortality Group recommendation to audit the Trust's approach to mortality reviews. This consistent approach based on selecting cases through a 'red flag' system has provided assurance based on a lack of concern and appreciative learning and has not identified any 'problems in care'. An alternative approach (pending access to NHS Digital data) envisages casting a wider net to see if this generates different results.

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

Dr John R Sykes
Medical Director

Report prepared by: **Dr John R Sykes**
Medical Director

Rachel Williams
Lead Professional for Patient Safety and Patient Experience

Aneesa Akhtar-Alam and Nosheen Asim
Mortality Technicians

Learning from Deaths - Mortality Report

1.   Background

In line with the CQC's recommendations in its review of how the NHS investigates patient deaths, the National Quality Board published a framework for NHS Trusts - 'National Guidance on Learning from Deaths[1]'. The purpose of the framework is to introduce a more standardised approach to the way NHS Trusts report, investigate and learn from patient deaths, which should lead to better quality investigations and improved embedded learning.

The Guidance has outlined specific requirements in relation to reporting requirements. From April 2017, the Trust is required to collect and publish each quarter, specified information on deaths. This is through a paper and Board item to a public Board meeting in each quarter, and should include the total number of inpatient deaths and those deaths that the Trust has subjected to case record review. Of these deaths, subject to review, we are asked to consider how many of these deaths were judged more likely than not to have been due to problems in care. The above has been completed as outlined in the national guidance.

The report presents the data for 1 July 2019 to 30 November 2019.

2.   Current Position and Progress

- As a way of accessing a national database for cause of death, our application for NHS Digital continues, but has not been given priority at national level the emphasis being on acute Trusts.

- A northern consultant mortality meeting rota has been in place since November 2018, organised by Clinical Directors in the north of the county. The rota for November 2018 to the end of October 2019 was distributed to the consultants in October 2018. On the whole the rota has worked well and the majority of the meetings have taken place, but unfortunately several meetings have been cancelled either the day before or on the actual meeting date.

- A southern consultant mortality meeting rota has been in place since December 2019, organised by Clinical Directors in the south.

- Regular audits continue to be undertaken to ensure compliance with policy and procedure and any necessary changes made.

---

[1] National Guidance on Learning from Deaths. National Quality Board. March 2017

3. Data Summary of all Deaths

Note that inpatients and LD are based upon whether the patient has an open inpatient or LD referral at time of death.

| 19-20 ▼ |

Month	2019-07-01	2019-08-01	2019-09-01	2019-10-01	2019-11-01
1. Total Deaths Per Month	160	151	136	160	151
2. LD Referral Deaths	3	3	0	0	0

The table above shows information for 1 July 2019 to 30 November 2019

Correct as at 17 December 2019

- From 1 July 2019 to 30 November 2019, the Trust received 757 death notifications of patients who have been in contact with our service. There have been 5 patients who have died following transfer to the acute hospital after requiring urgent medical attention. One patient died on one of our wards – an unexpected death

4. Review of Deaths

1 July 2019 to 30 November 2019:

72 Total number of Deaths from 1 July 2019 to 30 November 2019 reported on Datix	49 as "Unexpected deaths"
	19 as unconfirmed deaths which are awaiting confirmation from coroner or NHS Spine
	4 as "Expected - end of life pathway"
Of above, number reviewed through the Serious Incident Group	72
Of above, number investigated by the Serious Incident Group	3 (40 did not require an investigation; 15 underway and 14 pending a review)
Of above, number of Serious Incidents closed by the Serious Incident Group?	43 (As of 18/12/2019, 15 currently opened to SI group and 14 pending for a review)

The Trust has recorded one inpatient death and five inpatients who died following transfer to the acute hospital for further medical treatment since 1 July 2019 to 30 November 2019, of all which have been reviewed under the *Untoward Incident Reporting and Investigation Policy and Procedure*. None of these deaths have been due to problems in care.

Only deaths which meet the criteria below are reported through the Trust incident reporting system (Datix) and these are also reviewed using the process of the *Untoward Incident Reporting and Investigation Policy and Procedure*; any patient open to services within the last six months who has died, and meets the following:

- Homicide – perpetrator or victim
- Domestic homicide - perpetrator or victim
- Suicide/self-inflicted death, or suspected suicide
- Death following overdose
- Death whilst an inpatient
- Death of an inpatient who died within 30 days of discharge from a DHCFT hospital
- Death following an inpatient transfer to acute hospital
- Death of patient on a Section of the Mental Health Act or Deprivation of Liberty Safeguards (DoLs) authorisation
- Death of patient following absconsion from an inpatient unit
- Death following a physical restraint
- Death of a patient with a learning disability
- Death of a patient where there has been a complaint by family / carer / the Ombudsman, or where staff have raised a significant concern about the quality of care provision
- Death of a child (this will also be subject to scrutiny by the Child Death Overview Panel)
- Death of a patient open to safeguarding procedures at the time of death, which could be related to the death
- Death of a patient with historical safeguarding concerns, which could be related to the death
- Death where a previous Coroners Regulation 28 has been issued

- Death of a staff member whilst on duty
- Death of a child under the age of 18 of a current or previous service user who has died in suspicious circumstances
- Where an external organisation has highlighted concerns following the death of a patient whether they were open to the Trust at time of death or not

5. Learning from Deaths Procedure

1 July 2019 to 30 November 2019, the Mortality Review Group reviewed 36 deaths. These reviews were undertaken by a multi-disciplinary team and it was established that of the 36 deaths reviewed, 36 have been classed as not due to problems in care. One was referred to the Serious Incident Group and was also found not to be due to problems in care.

The Mortality Group review the deaths of patients who fall under the following 'red flags' from 28 March 2019:

- Patient taking an anti-psychotic medication
- Patients whose care plan was not reviewed in the 6 months prior to their death
- Patient whose risk plan and or safety plan was not in place or updated as per policy, prior to death
- Death of a patient with a learning disability

6. Analysis of Data

6.1 Analysis of deaths per notification system since 1 July 2019 to 30 November 2019
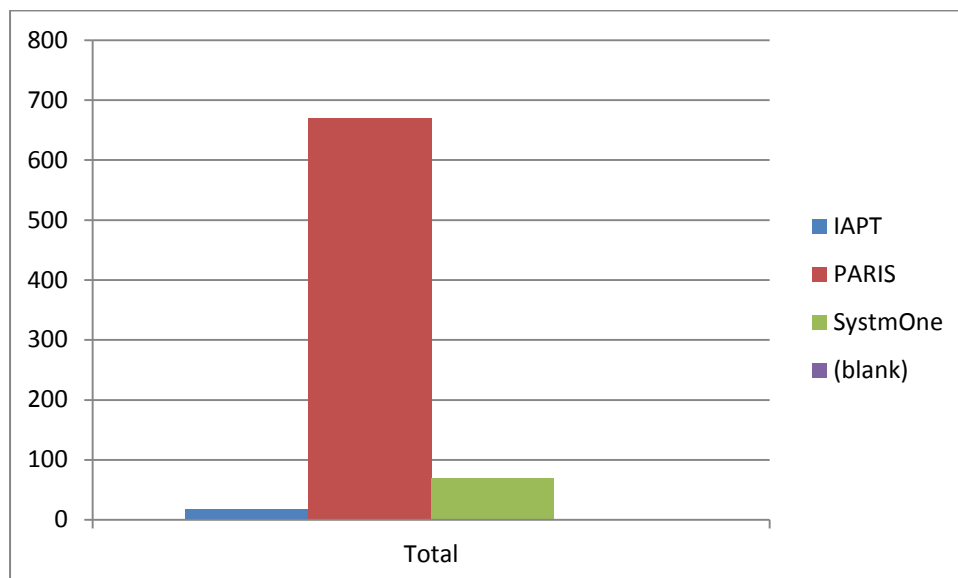
	IAPT	PARIS	SystmOne	Grand Total
Count	18	669	70	757

The data above shows the total number of deaths reported by each notification system. The majority of death notifications were predominately pulled from PARIS. This clinical record system is aligned to our largest population of patients and a population at greatest risk of death due to the proportion of older people in our care. 70 death notifications were extracted from SystmOne and 18 death notifications were extracted from IAPT.

6.2   Deaths by Gender since 1 July 2019 to 30 November 2019

The data below shows the total number of deaths by gender 1 July 2019 to 30 November 2019. There is very little variation between male and female deaths; 366 male deaths were reported compared to 391 female.
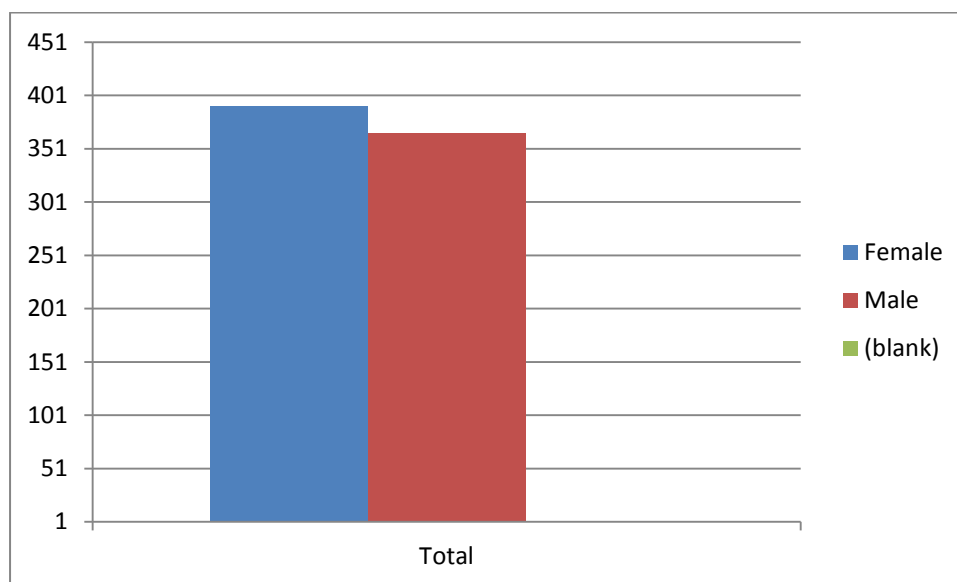
	Male	Female	Grand Total
Count	366	391	757

6.3 Death by Age Group since 1 July 2019 to 30 November 2019

The youngest age was classed as 0, and the oldest age was 105 years. Most deaths occur within the 80-85 age groups (indicated by the star).
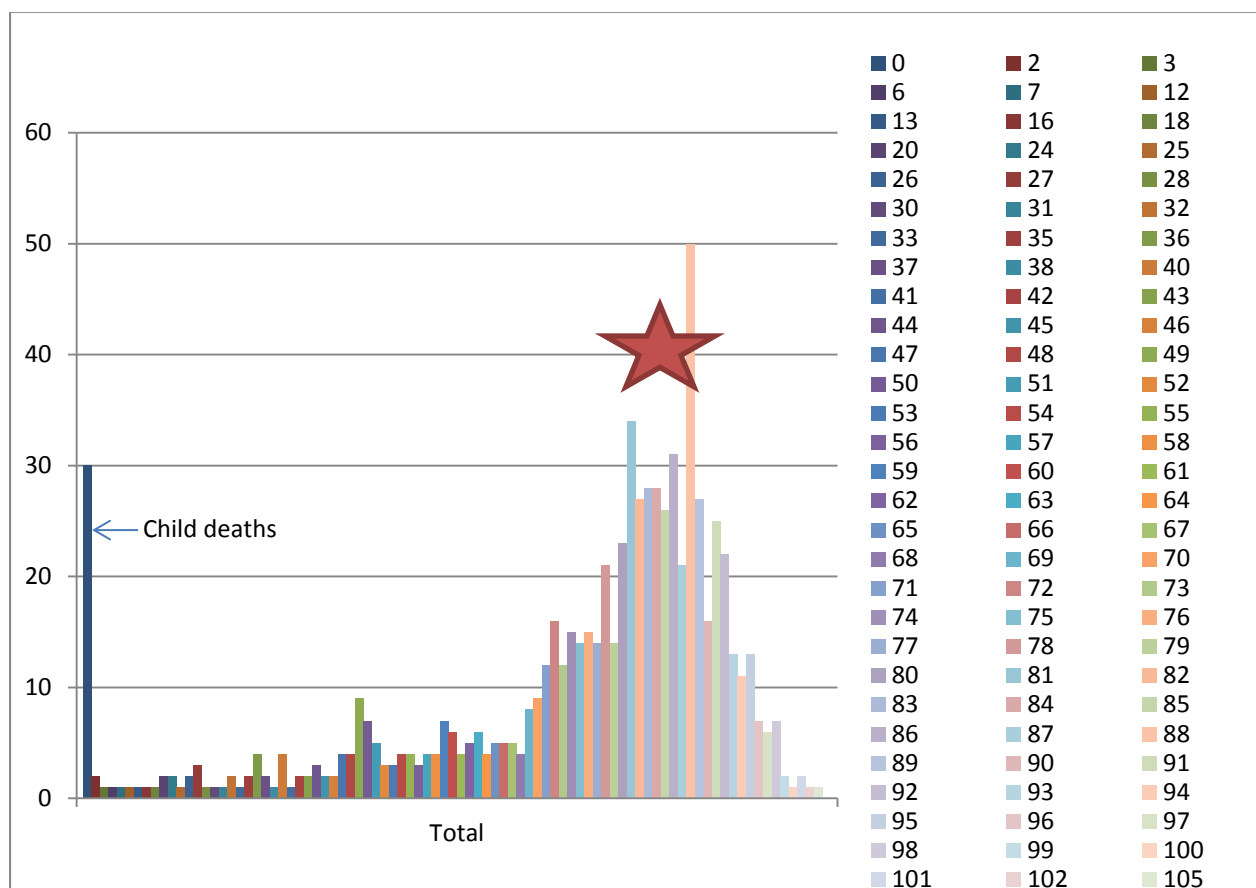
6.4 Learning Disability Deaths since 1 July 2019 to 30 November 2019

	July 2019	August 2019	September 2019	October 2019	November 2019
LD Deaths	3	3	0	0	0

The Trust reviews all deaths relating to patients diagnosed with a Learning Disability. The Trust also currently sends all Learning Disability deaths that have been reported through the Datix system to the Learning Disabilities Mortality Review (LeDeR) programme. However, we are unable to ascertain how many of these deaths have been reviewed through the LeDeR process, as LeDeR only looks at a sample of overall deaths. Currently the Lead Professional for Patient Safety and Experience is working closely with LeDeR so that the Trust can be involved moving forward in the review process. Since the last report, the Trust is now sharing relevant information with LeDeR which is used in their reviews. Since 1 July 2019 to 30 November2019, the Trust has recorded 6 Learning Disability deaths.

The Trust now receives a quarterly update from LeDeR which highlights good practice and identified learning.

6.5   Death by Ethnicity 1 July 2019 to 30 November 2019

White British is the highest recorded ethnicity group with 484 recorded deaths, 77 deaths had no recorded ethnicity assigned, and 3 people did not state their ethnicity. The chart below outlines all ethnicity groups.

Row Labels	Count of Ethnicity
White - British	609
Not Known	94
White - Any other White background	14
Other Ethnic Groups - Any other ethnic group	14
Pakistani	4
White - Irish	4
Not stated	3
Asian or Asian British - Pakistani	3
Caribbean	2
Indian	2
Mixed - White and Asian	2
Any other Black background	1
Asian or Asian British - Any other Asian background	1
Asian or Asian British - Bangladeshi	1
Mixed - Any other mixed background	1
Mixed - White and Black Caribbean	1
Other Ethnic Groups - Chinese	1
(blank)	
Grand Total	**757**

6.6   Death by religion 1 July 2019 to 30 November 2019

Christianity is the highest recorded religion group with 137 recorded deaths, 65 deaths had no recorded religion assigned, 18 people refused to state their religion and 345 left this information blank. The chart below outlines all religion groups.

Row Labels	Count of Religion
Christian	137
Church Of England	97
Unknown	65
Not Religious	41
Not Given Patient Refused	18
Roman Catholic	15
Methodist	7
None	7
Muslim	4
Jehovah's Witness	4
Spiritualist	3
Salvation Army Member	2
Patient Religion Unknown	2
Jewish	1

Row Labels	Count of Religion
Anglican	1
Religion (other Not Listed)	1
Atheist	1
Hindu	1
Sikh	1
Nonconformist	1
Catholic religion	1
Baha'i	1
Not Religious - Old Code	1
Orthodox Christian	1
(blank)	345
Grand Total	**757**

6.7 Death by sexual orientation 1 July 2019 to 30 November 2019

Heterosexual or straight is the highest recorded sexual orientation group with 226 recorded deaths, 477 people left this information blank. The chart below outlines all sexual orientation groups.

Row Labels	Count of Sexual Orientation
Heterosexual Or Straight	226
Heterosexual	33
Unknown	7
Not Stated (declined)	5
Person Asked And Does Not Know	2
Gay Or Lesbian	2
Person declined to disclose	1
Not Appropriate To Ask	1
Bisexual	2
Lesbian or gay	1
(blank)	477
Grand Total	**757**

6.8 Death by disability 1 July 2019 to 30 November 2019

Behavioural and emotional problems is the highest recorded disability group with 29 recorded deaths, 571 recorded deaths had no recorded information. The table below only outlines the top ten recorded disability groups. During collection of the data it was apparent that if clinicians were choosing 'memory or ability to concentrate learn or understand, this was being categorised as learning disability. Therefore the PARIS team to improve accuracy of data have changed, the current option of "Learning Disability" to reflect the fact that it has historically included dementia. This will then be end dated and a new option of "Learning Disability" will be added. A new code has been added specifically to allow clinicians to pick dementia. This change will allow the two disabilities to be independently analysed moving forward.

Row Labels	Count of Disability
Behaviour and emotional	29
Other	20
Learning disability (Dementia)	11
Mobility and gross motor	9
Hearing	8
Progressive (LT)cConditions	6
Sight	6
Learning disability (Dementia)	4
Behaviour and emotional; progressive (LT) conditions	3
Behaviour and emotional; self-care and Continence	3
(blank)	571
Grand Total	**757**

7.   Recommendations and Learning

Below are examples of the recommendations that have been undertaken following the review of deaths through the *Learning from Deaths Procedure.* These recommendations are monitored by the Patient Safety Team and are allocated to a specific team, and individuals to be completed. This is not an exhaustive list.

- Raising with the Commissioners, as a priority matter, the lack of any CRHT team provision for older adults in the north of the county. It is now planned to introduce this service in 2020.
- To arrange timely multidisciplinary meetings when physical health and self-neglect needs have identified.
- Review of Discharge, transfers and transitions and leave policy and procedures with particular reference to transfer between trust teams, cultural improvement in the safe and efficient hand over of care and communication and information sharing with partner agencies.
- Implement Falls CQUIN (Commissioning for Quality and Innovation) and then review and amend current Falls Policy on learning and national best practice
- Further exploration is required in relation to Red2green, its function and suitability in terms of recording within the clinical record.
- Communication of referrals in emergency situations to be delivered using SBARD Situation, Background, Assessment, Recommendation) methodology with written summary
- To undertake a learning review with commissioners to explore the need to invest in psychological support services, for individuals who are victims of non-recent abuse to increase accessible therapy.

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 4 February 2020

OnEPR Electronic Patient Record Transformation Programme

Purpose of Report

To update the Trust's Board of Directors as to the progress of the business change process that applies to the transformation of our core Electronic Patient Record (EPR) system to the TPP SystmOne Mental Health solution.

Executive Summary

1. The Trust agreed the Business Case to migrate from its current core clinical application for mental health – Civica's PARIS solution – to TPP's SystmOne platform in January 2019.

2. The Readiness Assessment by Channel 3 Consulting Ltd in early 2019 confirmed this direction of travel.

3. The current mobilisation phase of our Electronic Patient Record (EPR) Project (now "OnEPR") is building upon the completed readiness assessment and is developing a detailed and comprehensive view of the processes and information needed to be supported by SystmOne.

4. The OnEPR team has conducted a gap analysis of both PARIS and SystmOne functionality.

5. There is a good level of confidence that the vast majority of capability provided in PARIS could be provided in SystmOne although the clear intent is not to provide a like for like replacement.

6. The Trust's Executive Leadership Team has assessed the overall risk, based on the detailed gap analysis.

7. The project costs were confirmed at the Trust Board in January 2019.

8. The contract with TPP has been completed and signed.

Strategic Considerations

1) We will deliver **great care** by delivering compassionate, person-centred innovative and safe care	X
2) We will ensure that the Trust is a **great place to work** by attracting colleagues to work with us who we develop, retain and support by excellent management and leadership	X
3) We will make the **best use of our money** by making financially wise decisions and will always strive for best value to make money go further	X

Assurances

- Detailed contract and costs reviewed by the Trust

- Involvement of product specialists from Channel 3 Consulting and technical and product specialists from the Trust with respect to PARIS.

- Further technical information provided by TPP to support analysis.

Consultation

The Board of Directors, managers, clinicians and stakeholders have all been engaged in a significant degree of consultation prior to the signing of the contract with TPP. In addition there is ongoing consultation through the implementation process with clinicians and colleagues who provide support functions.

Governance or Legal Issues

There are implications associated with changes to the Trust's EPR that will need to be carefully managed in transition and are set out in more detail in the main body of this paper.

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

The proper and full completion of each electronic patient record is fundamental to us as a Trust in understanding the people that we serve, what their needs are and how we can provide services to meet these needs. The lack of clear and accurate data about protected characteristics means that we are at risk of providing services that do not meet our populations need.

The implementation of a new EPR in line with the recommendations made by the OnEPR team will significantly improve our ability to understand need and respond accordingly.

Recommendations

The Board of Directors is requested to review and comments on the progress made to date with the transformation process around the SystmOne Mental Health solution as the Trust's core EPR.

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

Report prepared by: **OnEPR Project Team**

Electronic Patient Record Transformation Project Mobilisation

Introduction

The Trust agreed the Business Case to migrate from its current core clinical application for mental health – PARIS – to TPP SystmOne in January 2019. The Readiness Assessment by Channel 3 confirmed this direction of travel.
The current mobilisation phase to March 2020 is building on the readiness assessment and will develop a detailed and comprehensive view of the "as-is" processes and information needed using PARIS, and subsequently build a "to-be" model for the processes to be supported by SystmOne.

From a financial perspective, the ongoing annual revenue costs for SystmOne and Paris are of the same magnitude. These costs include the provision of ePMA and Subject Access Requests. The annual revenue costs for include the provision of the following features:

- eReferrals
- eDischarges
- Access to pathology results
- Mobile Working

There would be additional costs if this functionality were to be purchased for Paris.

In addition, the OnEPR team has conducted a more detailed review of both PARIS and SystmOne functionality to assess:

- The extent to which both products meet the longer term requirements for a full EPR – as set out in the requirements specification developed during the Readiness Assessment Phase.
- The extent to which essential functionality provided as part of PARIS might not be provided in the future by SystmOne.

This paper summarises the findings of the pre-contract review covering:

- Background
- Review of costs
- Gap analysis (TPP SystmOne vs Civica's PARIS)

Background on PARIS and SystmOne

Civica's PARIS solution and TPP SystmOne are fundamentally different types of product.

PARIS could be described as a "white box" product with the ability to locally develop functionality. This has had a lot of advantages for the Trust as it has enabled it to develop capability in-house, but has led to: very Trust specific capability that is not provided by the core product (e.g. e-observations capability), a significant dependence on in-house development resource and the proliferation of specialist forms and letters. Some of this capability is developed outside of PARIS – for example in the OIS data warehouse.

Currently PARIS supports:

- Over 330 different letters
- In excess of 560 person centred forms providing windows into specific information in the underlying database.
- Around 120 separate applications
- Around 50 different referrals types
- Just over 40 different case note types
- Over 340 individual care documents
- Various interfaces to other applications – often indirectly via OIS.

TPP SystmOne could be described a "black box" product. It is hosted nationally and updated monthly with new functions and features. Locally it is highly configurable to the needs of the Trust to allow worklists and forms to be built easily by users. All records are associated with the patient, so starting from the patient it is possible to find out everything about them (including primary care and secondary care information where that is linked). The core TPP product is however not something that user organisations are able to modify.

In addition, SystmOne already supports electronic prescribing. The Trust's Chief Pharmacist has reviewed the functionality of TPP's ePMA module and has indicated that it is fit for purpose. This has been further confirmed through visiting Pharmacy services at RDASH to view their use of the ePMA module. It should also be noted that Derbyshire Community Health Services currently use the e-prescribing module.

In summary, the ongoing annual costs of TPP are of the same magnitude of the Civica's, but TPP offer the additional benefits including:

- off-line working
- ePMA
- Opportunity to share patient records as part of joined up healthcare with other TPP users such as GPs other Derbyshire NHS Trusts such as Derbyshire Community Healthcare Services and Derby and Burton Teaching Hospitals. This is in line with the digital strategy development of JUCD.

These and other benefits are explored below in the detailed gap analysis.

Gap Analysis – TPP SystmOne vs PARIS

The review of the functionality of Paris and TPP SystmOne has identified a capability gap between the two systems and has quantified the additional benefits the Trust would accrue in making the change.

In order to maximise the benefit of transferring to SystmOne, the Trust will need to focus on using the product in a standard way and using core functionality. This is different to the way that PARIS has been developed as there have been high levels of customising the core PARIS product. This is not recommended for SystmOne and will be a change in approach that colleagues may find challenging to work through.

The gap analysis examined:

- What capabilities TPP SystmOne provides that PARIS does not.
- What capabilities currently provided by PARIS can be accommodated by TPP SystmOne.
- What capabilities current provided by PARIS cannot be provided by TPP SystmOne without potential changes to the core product.

The principal differences identified relate to differences in process and approach of mental health clinical systems rather than to core capability. There is a good level of confidence that SystmOne can be configured to accommodate the vast majority of functionality which is available currently in PARIS. The only areas identified at this stage in which further alignment work is needed relate to PARIS Hand Held Devices and SystmOne eOBS where solutions can be found and are being used in other trusts that have adopted SystmOne.

In addition, SystmOne provides considerable additional capability to PARIS when compared against the ideal requirement for a Mental Health EPR, as set out in the Requirements Specification developed during the Readiness Assessment phase of the project.

The results of this gap analysis are illustrated below.

"Relative" Capability Comparison (Post Analysis)

PARIS
- Clinical Application
- "Mosaic" / Forms led approach to patient record
- Highly customized and depends on local expertise
- Significant levels of variation and localization
- Lacks key functionality for an EPR
- Local to Trust
- **Still being developed meaning that this assessment can only be a point in time assessment.**

Gains
(We expect significant clinical benefits)

E-referrals, e-discharges, ePMA, physical health records including GP and tests / results, true patient record including GP & OOA, SPINE demographics etc.

Retained but changed in many cases (We need clinical involvement here)

All core functionality including care plans, risk assessments, incident management etc. etc. But will need adapting around a patient centric mindset.

Focus for reducing unwarranted variation during mobilization phase.

Short Term Alignment Points

Hand Held Device App;
- Observation Details
- Food & Fluid
- Sleep
Email & SMS Automation

Review based on the knowledge of the joint Trust and Channel 3 team in advance of the planned as-is and to-be work.

TPP SystmOne
- True EPR
- Patient Record centric
- Highly configurable
- Nationally consistent, but allows for local use
- Adopts core national standards as they come on stream (NEWS2, SnowMed CT etc.)
- True EPR with significant additions to capability
- Regional and national information
- Monthly updates

"Absolute" Functional Capability Comparison

Comparison of PARIS and SystmOne functionality relative to ideal EPR requirement developed during Readiness Assessment.

Detail against 170 core <u>functional</u> requirements areas provided at appendix B. These requirements were a baseline at mid 2019, and need to be augmented in some areas such as seclusion, but they provide stable reference point

SystmOne

0%
12%
88%

PARIS

28%
14%
58%

Key:
Red = Missing
Amber =Partially met or to be verified further
Green = Meets requirement fully
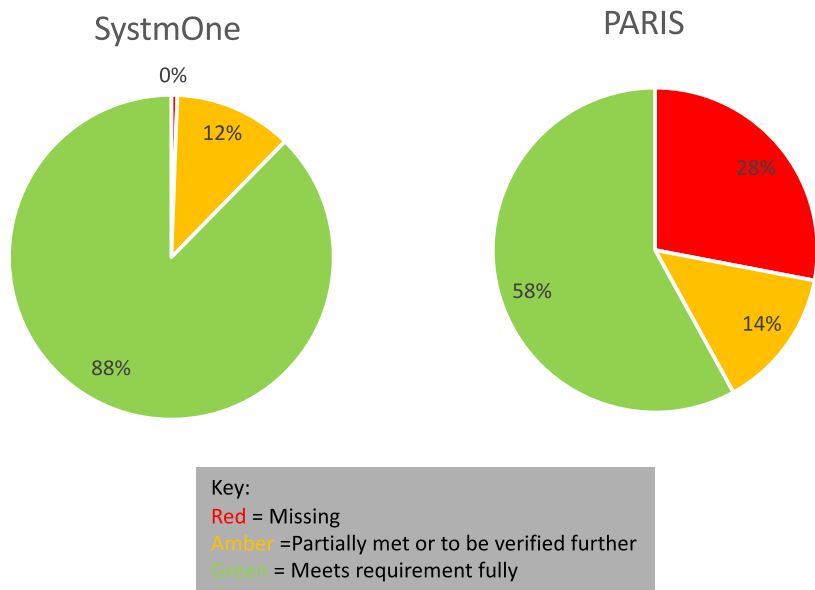
Conclusion

TPP SystmOne and Civica's PARIS solutions are very different Mental Health solutions with fundamentally different approaches to the patient record, and to their development. Changes to SystmOne tend to be guided by changes in national standards and collective needs of the users thereby ensuring sharing of good practice and promoting consistency nationally. For PARIS, local change is routine, and the implementation at DHCFT is highly specific to the Trust.

When compared against a common set of clinical and operational requirements, SystmOne provides a significantly better match than PARIS. When compared against each other there is a good level of confidence that the vast majority of capability provided in PARIS could be provided in SystmOne although the clear intent is not to provide a like for like replacement, but to eliminate unwarranted variation and complexity during implementation.

Solutions will be needed around e-Observations and SMS and e-mail notifications and the approach should generally be to work with the SystmOne user group to promote those changes as part of the national capability.

In addition, the interoperability of SystmOne across the Derbyshire STP footprint will enable considerable clinical gains and tangible improvements for the people who make use of our services.

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 4 February 2020

Clinical Service Strategies:
Substance Misuse Service; Forensic and Rehab Services;
Children's Mental Health Services

Purpose of Report

To receive and agree the next three Clinical Service Strategies created through the Clinically-Led Strategy Development process, those for the Substance Misuse Service; Forensic and Rehab Service and Children's Mental Health Services.

Executive Summary

The Clinically-Led Strategy Development (CLSD) process has been running since February 2019. The process was designed by a small working group, including Board membership, to maximise the engagement and ownership of frontline clinicians in the development of clinical strategies for each of our eight clinical services in the Trust. The aim of the work was to fill the gap between the overarching Trust Strategy and the aims and objectives of individual teams and provide greater coherence and purpose to each service.

Over 500 colleagues from frontline roles, support functions such as finance and estates, alongside a small number of patient and carer representatives have been involved in the development process. The process included a two-day session, interspersed by a week to enable wider engagement from colleagues unable to attend. The products of the sessions were shared widely with all attendees. The products of the sessions were then developed into draft clinical service strategies, which were then shared with participants for comments. The second draft was then shared at specific stakeholder engagement sessions, where a wider group of patients and carers were able to influence the plans, alongside our partners in Local Authorities, the Clinical Commissioning Groups (CCG) and the voluntary sector. Further drafts were shared with participants and the Executive Leadership Team (ELT) with comments feeding into the final versions which are attached.

The strategies include a vision of the future service, an outline of the development process, a summary of workforce, estate and IM&T implications and a more detailed Service Improvement Plan to deliver the strategy.

Each development within the Service Improvement Plan has come directly from ideas developed through the CLSD sessions, the NHS Long-term Plan for Mental Health or the stakeholder sessions and each link in to a building block within the Trust Strategy. Due to other priorities, the section in the Service Improvement Plans related to NICE Guidance and evidence base will be completed following the agreement of this version.

The Learning Disabilities (LD) Strategy is coming to Board later than originally planned to ensure that the stakeholder sessions are fully accessible to people with LD and will come to the Board for agreement in March.

A Clinical Services Strategies Transformation Group met in November and January, with Senior Independent Director, Margaret Gildea as Chair, to oversee and assure delivery of the Service Improvement Plans by working groups established for each of the eight service areas. These working groups have started their work in December and January, prioritising the service improvement ideas in their clinical area through four filters:

- Can the service improvement idea provide savings to the organisation or the wider health and care system?

- Does the service improvement idea answer any recommendations of CQC report(s)?

- Is the service improvement idea aligned with the strategic direction of Joined Up Care Derbyshire (JUCD) Sustainability and Transformation Partnership (STP)?

- Does the service improvement idea contribute to the delivery of the NHS Long-term Plan?

Strategic Considerations	
1) We will deliver **great care** by delivering compassionate, person-centred innovative and safe care	X
2) We will ensure that the Trust is a **great place to work** by attracting colleagues to work with us who we develop, retain and support by excellent management and leadership	X
3) We will make the **best use of our money** by making financially wise decisions and will always strive for best value to make money go further	X

Assurances

- The overarching CLSD process was designed by a small working group including Executive and Non-Executive Board members

- Board has received informal updates on progress and emerging themes from the sessions at Board Development sessions in May and June

- Emerging findings and themes have been shared with those developing our Estates, Workforce and EPR (electronic patient record) strategies.

Consultation

- Over 500 colleagues from across the Trust have been directly involved in the development of the Clinical Service Strategies. Many more have had their ideas included in the process through wider engagement in the week between the two-day sessions.

- Stakeholder sessions were held with a wider group of patients, carers and our partners in Local Authorities, CCG and the Voluntary Sector, where the service improvement plans were shared and comments received and included within the plans.

- The Executive Leadership Team have reviewed a draft of the Strategies and the final draft reflects comments received.

Governance or Legal Issues

- Implementation of the Clinical Service Strategies has required the creation of a Transformation Group with Executive and Non-Executive membership to oversee and assure delivery of the plans.

- A service level working group will be established for each of the strategies to deliver the plans, with membership from Clinical Directors, Clinical Leads and other clinical leaders, alongside service managers and service users. Where existing working groups exist, such as the Older Adults and Dementia Board, these will be utilised.

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

It is not envisaged that the service improvements detailed in the two strategies would have adverse effects on people with any of the nine protected characteristics. Many of the service improvements detailed could have a positive impact on people with protected characteristics, including children with autism.

The Clinical Services Strategies Transformation Board will need to ensure that the implementation of each of the service improvement plans does not adversely impact on people with any of the nine protected characteristics and that the potential benefits to some groups are realised.

Recommendations

The Board of Directors is requested to:

1) Agree the Clinical Service Strategies for Substance Misuse, Forensic and Rehab Services and Childrens Mental Health Services

2) Note the process undertaken to develop the strategies and the extent to which they have been developed by colleagues in frontline service delivery roles

3) Note the need for working groups established at clinical service level, reporting to the Clinical Services Strategies Transformation Group, to lead implementation of the service development plans and the importance of leadership in this process of Clinical Directors, Clinical leads and other clinical leaders in delivering.

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

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

SUBSTANCE MISUSE CLINICAL SERVICE STRATEGY 2019-2022

Vision of the service in 2023

By 2023, the Substance Misuse Service will be more greatly integrated with Community Mental Health Services with handoffs between existing services minimised and people with Dual Diagnosis of SMI and Substance Misuse having their needs met in partnership, collaboration and shared caseloads. Colleagues within the service will feel more strongly supported by each other and the organisation and retention and sickness absence will be improved. The service will be provided in much closer partnership with the people who use the service and their carers, with people fully engaged in the development of their treatment plans and actively supported post-discharge.

Introduction

The Substance Misuse Clinical Service Strategy has been developed in line with the DHcFT values, that by putting our people first, our colleagues, we are able to best meet the needs of the people who use our services. The process undertaken to develop this strategy prioritised the engagement of as wide a number of clinical colleagues working in the service as possible.

Over the same period, DHcFT refreshed its Trust Strategy to focus on three main strategic objectives:

- To provide Great Care;
- To be a Great Place to Work and;
- To make Best Use of our Money.

Underneath each of these strategic objectives, there are a number of building blocks which need to be in place to enable the objectives to be delivered. Each of the improvement ideas contained in this strategy will be linked to these Building Blocks.

Altogether there are eight separate Pathway Strategies that have been developed through this process. The aim is that general themes and common across the strategies and overlapping issues will be linked and where improvement ideas across pathways can be progressed, they are undertaken together in an open and collaborative way, building trust and understanding between services.

The initial development work of the strategy focussed mainly on frontline clinical staff in each of the pathway areas, with some patient and carer representatives at each of the session. The process included a stakeholder session, where an initial draft of the strategy could be tested and improved through engagement with our commissioners, Local Authority and Voluntary Sector partners and a wider group of patients and carers.

Why develop clinically-led pathway and service level strategies?

The Trust operates in an ever changing health and care environment. The NHS Long-term Plan, published in January 2019 outlined a number of commitments and improvements required of health systems alongside significant additional investments into mental health services.

Central to the future provision of Substance Misuse Services, the Plan commits the NHS to delivering new models of integrated primary and community care for adults and older adults with severe mental illnesses from 2021, following the piloting of new approaches in certain parts of the country. The plan makes explicit mention that these new integrated service would include substance misuse services and services for people with dual diagnoses. We will need to work closely with our local commissioners of Substance Misuse Services, Derby City and Derbyshire County Councils to understand how we might deliver this in within their commissioning responsibilities.

In addition, the ongoing reduced resources available to our Local Authority partners have had an impact on the financial resources available to the Councils to procure Substance Misuse Services. We do not envisage this situation changing in the medium-term. At the same time the continued emergence of new compounds of illegal street drugs continues to have an impact on demand for our service and increase the complexity of the needs of people accessing the service. The impact of wider societal changes, such as the implementation of Universal Credit is still being understood.

All of which, means that if Substance Misuse services are to continue to meet the needs of people in Derbyshire, then they will need to find ways to continuously improve, to be as efficient and as effective as possible, working in close partnership with our partners and commissioners in the Local Authorities.

The methodology undertaken in developing these strategies enabled frontline clinicians to come together to identify and develop improvement ideas that could be delivered over the next three to five years, supporting the building blocks of the Trust's overall strategy and providing a sustainable base for the provision of services.

Development Process

Each of the service areas went through the same process of developing their service improvement ideas and strategic development:

- Two day development sessions, held a week apart with intervening time committed for seeking back to base input from team members unable to attend the sessions and feedback
- The direction of travel and the improvement ideas were led by clinical colleagues from all disciplines
- Service user and carer representation
- Support services such as finance, estates, HR, etc., were also engaged with the process.

  N.B. When this document uses the term 'clinician', this refers to all our colleagues who are working at the point of care, therefore allied health professional, doctors, nurses, psychologists, and those without a formal professional qualification.

Substance Misuse Services

The sessions provided the opportunity for clinicians to come together to acknowledge the good work already being done and also to build on this good work to look at where services could be improved, in line with best evidence and best practice. Time between the development days was built in, specifically to enable the learning from Day 1 to be taken back to the wider teams for discussion and collation of feedback to be put forward for inclusion into the second day and the strategy.

Attendance from clinicians has been prioritised for the sessions, providing a comprehensive understanding of the issues within each pathway and service area. Attendance from staff in support functions such as finance, HR, estates, etc., provided different perspectives and allowed workforce, estates and other strategic considerations to be part of the process.

The Purpose of the Service

The teams thought through a single, cohesive purpose for the service, this in effect providing the strategic direction:

"To work with compassion, commitment, professionalism and resilience. We have confidence in our ability and autonomy to support staff and service users. We will be enthusiastic about change when it improves our provision and outcomes for the people we work with. We are non-judgemental and build caring, working relationships with our clients. We embrace innovation in our work and social connectivity and stability as positive outcomes for our patients."

The Substance Misuse Service is proud of the way in which it has adapted to the budgetary constraints which have been placed on their commissioners and the approach to procurement and specification that they have had to take. The service enjoys strong, robust and enduring relationships with both Local Authority Public Health Departments and wants to continue to work closely with them in any proposed service developments. As a closely commissioned service with tightly defined service specifications, it was recognised that there was less scope for radical service changes to be proposed by a provider partnership without close engagement with commissioners and their leadership.

Similarly, the provision of the service relies on the close partnership that has been developed between the DHcFT service and our voluntary sector partners in delivery in both the City and the County. A sign of the closeness of these relationships and the absence of boundaries between the services was evident in the attendance and involvement in this process from colleagues from across organisations in our partnership.

The teams came up with specific areas for development, which will be covered in more detail in the Service Improvement Plan below:

- Training and effective skill mix enhancements for staff and students
- External training and awareness for A&E departments and GP practices.
- To work together as a team, giving time to listen
- Build and sustain engagement with partnership organisations
- Embedding lived experience in service to inform provision of services
- Reviews and action plans for service users and carers
- Responsiveness and flexibility
- Improving physical health of service receivers
- Keeping in touch after discharge to offer support if it is needed
- Develop a business case to NHS commissioners of the health system savings and benefits of interventions (A&E, prisons and primary care)
- Health and wellbeing of staff including better supervision, home and agile working and flexibility.
- Support for staff when investigations happen by increasing supervision and peer support.
- Reviewing available estates provisions and possible provision of a mobile unit to access difficult to reach areas of the county. This could include prescribing/e-prescribing
- Closer working relationship with Rehab and Forensic teams and CMHTs.
- Dedicated DD workers
- Closer relationship with all DRP partners

Estate and workforce implications

The NHS Long-term Plan for Mental Health commitment to develop and implement integrated community teams including services for people with Dual Diagnosis and requiring Substance Misuse services is likely to have estate and workforce implications. Further co-location of services and/or office accommodation with community mental health teams may be required. The significant expansion of the workforce envisaged by the plans could mean an increase in substance misuse workers within community settings, requiring additional office and clinical space to work in.

The Substance Misuse Service is keen to embrace agile working and explore ways of providing services in mobile clinical settings.

3-5 Year Service Improvement Plan

Based on the feedback from the wider teams and Day 2 work undertaken by participants, below is an outline Service Improvement Plan of the service improvements the Substance Misuse Service wants to develop over the next three to five years. Each of these ideas was developed by teams and individuals within the service. An outline project scope is in place for each of these projects, from the work teams did in their Day 2 session.

For each idea, there is a reference to NICE Guidelines or other national expectations where available. Some ideas are more locally driven, and will be explored using Quality Improvement methodologies, e.g. the Institute for Health Improvement Model for Improvement, or Lean. This is to ensure a robust structured and evaluated approach, led by the voices of those in our care, their families, and colleagues working at the point of care, as supported by The Kings Fund document 'Quality improvement in mental health' (https://www.kingsfund.org.uk/publications/quality-improvement-mental-health). This is also in line with the Trust's Quality Improvement Strategy

NICE Guidelines will be a helpful baseline for our alignment against national best practice, and NICE Quality Standards will be a helpful way of prioritising and measuring specific improvement responses to any gaps, again underpinned by Quality Improvement methodologies.

Project	Benefits	DHcFT Strategy Building Block	NICE Guidance/ Evidence Base (to be completed by 20/12/19)	CLSD Improvement Idea Code(s)	Financial Implication	Estate Implication	Workforce Implication	Outline Timescale
Training and effective skill mix enhancements for staff and students, to include positive culture change and professional development	Motivated staff team. Improved recruitment and retention of staff. Development of own resource and teams. Substance misuse skills spread across the trust.	Develop our colleagues		S1, S26, S25, S6, S19	To be explored further. May require changes to training provision.	None.	Improved recruitment and retention. May require changes to training provision.	From April 2021.
External training and awareness for A&E departments	Wider understanding of how to support people misusing	Improve clinical outcomes		B13	To be explored. External funding to be sought in similar ways to	None.	May require funded backfill to provide service whilst	Proposal to be developed by April 2020.

Project	Benefits	DHcFT Strategy Building Block	NICE Guidance/ Evidence Base (to be completed by 20/12/19)	CLSD Improvement Idea Code(s)	Financial Implication	Estate Implication	Workforce Implication	Outline Timescale
and GP practices.	substances in mainstream services. Person centred training.				Suicide Prevention training to other agencies.		releasing capacity to train externally.	
To plan time to work together as a team into our work plans, giving time to listen. Time for team development, continuous improvement and other peer support activities.	Improved retention of staff. Reduction in staff ill health and work-related stress.	Retain our colleagues		S3	Assume that time committed to team development can release greater time efficiencies elsewhere in service provision.	None	Assume that time committed to team development can release greater time efficiencies elsewhere in service provision.	From January 2020.
Build and sustain engagement with partnership organisations	Sound foundation for future service developments and future procurements. Thus widening the horizons for mutual benefit.	Work with partners to achieve best value across Derbyshire		S29	None	None	Leadership capacity devoted to partnership working may impact on other priority areas.	Ongoing from December 2019.
Embedding lived experience in service to inform provision of services, including greater use of peer support, engagement with service users on treatment plans	Improved outcomes for patients. Reduced likelihood of relapse and improved likelihood of compliance with	Improve clinical outcomes			None	None	Team capacity might be constrained in the short-term through adopting different working practices, but assumption that	Engagement plans in place and implemented from April 2020.

Project	Benefits	DHcFT Strategy Building Block	NICE Guidance/ Evidence Base (to be completed by 20/12/19)	CLSD Improvement Idea Code(s)	Financial Implication	Estate Implication	Workforce Implication	Outline Timescale
and reviews and action plans for service users and carers	treatment plans.						efficiencies made elsewhere through greater ownership of treatment plans by service users and carers.	
Work with commissioners to explore ways in which the service could provide a more responsiveness, flexible and person centred service, potentially outside of the specification where an individuals' needs demand.	More person-centred and individualised approaches to care provision. Improved outcomes for service users.	Improve clinical outcomes		B69	To be explored with commissioners.	None	None	From December 2019
Develop ways of keeping in touch with service users after discharge to offer support if it is needed	Reduced likelihood of relapse.	Improve clinical outcomes		B42	To be explored with commissioners	None	None Capacity issues may restrict the success of this idea.	From April 2020
Develop a business case to NHS commissioners of the health system savings and benefits of	Increase potential funding streams for the service and partnership. Reduction of alcohol and	Work with partners to achieve best value across Derbyshire			Business Case for expansion of the service to be developed to look at wider system benefits of substance	Expansion of the service may require additional space to accommodate	Expansion of the service may require additional workforce	Business Case to be developed by April 2020.

Project	Benefits	DHcFT Strategy Building Block	NICE Guidance/ Evidence Base (to be completed by 20/12/19)	CLSD Improvement Idea Code(s)	Financial Implication	Estate Implication	Workforce Implication	Outline Timescale
interventions (A&E, prisons and primary care).	substance related admissions to hospital and/or Criminal Justice interventions.				misuse interventions.	workforce.		
Health and wellbeing of staff including better supervision, home and agile working and flexibility.	Improved retention of staff. Reduction in staff ill health and work-related stress.	Retain our colleagues.		B71	Limited.	May reduce office space requirements.	May require additional capacity to be released from direct service provision to support greater supervision. Assumed that benefits of sickness absence outweigh this.	From April 2020
Support for staff when investigations happen by increasing supervision and peer support.	Improved retention of staff. Reduction in staff ill health and work-related stress.	Retain our colleagues		S9, S13, S17	Limited.	None	May require additional support from the team, corporate functions and other areas of the trust to support staff through investigations. Assumed that benefits of sickness absence outweigh this.	From April 2020
Explore provision of a mobile unit to	Improve accessibility in	Improve access			To be explored further as part	May reduce the need for	Limited.	Proposal to be developed by

Project	Benefits	DHcFT Strategy Building Block	NICE Guidance/ Evidence Base (to be completed by 20/12/19)	CLSD Improvement Idea Code(s)	Financial Implication	Estate Implication	Workforce Implication	Outline Timescale
access difficult to reach areas of the county. Equitability of service provision in City and the County. Reduce stigma of being a drug user.	rural areas.	to our services			of proposal	existing estate if services can be provided in mobile alternatives.		August 2020.
Closer working relationship with Rehab and Forensic teams and CMHTs. Joint team meetings, shared caseloads, mutual attendance at MDTs.	Improved multi-disciplinary decision making. Reduction in multiple handoffs between services.	Improved patient and carer experience			None	None	Team capacity might be constrained in the short-term through adopting different working practices, but assumption that efficiencies made elsewhere through reduction in bureaucracy and multiple handoffs between services	From December 2019
Consideration of maternity services offered to clients with specific needs regarding	Early warning that specific support will be required which will improve outcomes for	Improve clinical outcomes			None known	None known	Capacity with increased demand may be a concern.	Now

Project	Benefits	DHcFT Strategy Building Block	NICE Guidance/ Evidence Base (to be completed by 20/12/19)	CLSD Improvement Idea Code(s)	Financial Implication	Estate Implication	Workforce Implication	Outline Timescale
substance misuse.	clients							
Use of technologies to support service users when appropriate	Access to all client groups could be increased, saving time when using an app is more effective and efficient.	Improve clinical outcomes for specific clients		S8, S22	None	Possibly increasing the capacity of estate to deal solely face to face contacts.		

Governance and implementation

The improvement projects above will be delivered by a Substance Misuse Working Group. This Group will be accountable to the Clinical Service Strategies Transformation Board, which will be established in October 2019 to oversee and assure the delivery of all the Clinical Service Strategies. The Transformation Board will have Executive and Non-Executive Trust Board representation and report directly to the Trust Board.

Key to delivery and implementation will be the continued engagement of the Clinical Director(s) and other clinical leads, able to apply a clinical formulation of the workforce implications within the plan. Following agreement of the Strategy by the Board, the Substance Misuse Working Group will meet to prioritise the actions within the service development plan. An early task will be to understand the managerial and clinical capacity required to deliver the plan. The Transformation Board will receive workplans from each area for the year ahead. A balance will need to be struck between central direction and performance management of delivery and implementation with the need for local teams' ownership and commitment to their own continuous quality improvements.

Final 26/11/19

FORENSIC AND REHABILITATION CLINICAL SERVICE STRATEGY 2019-2022

Vision of the service in 2023

By 2023 the Forensic and Rehabilitation Service will be supporting more people in their own homes and in supported accommodation, substantially reducing the number of people in locked-rehabilitation placements. It will have a range of training and development opportunities available for people using the service to support people into recovery and reducing the risk of reoffending. It will work more closely within a regional collaborative of providers across the East Midlands and will make the most of all opportunities to invest in community services. As new models of integrated community mental health services come into place, the service will work closely with local teams to ensure that people using the service receive smooth discharges into community teams and receive their support in the least restrictive environment as possible.

Introduction

The Forensic and Rehabilitation Clinical Service Strategy has been developed in line with the DHcFT values, that by putting our people first, our colleagues, we are able to best meet the needs of the people who use our services. The process undertaken to develop this strategy prioritised the engagement of as wide a number of clinical colleagues working in the service as possible.

Over the same period, DHcFT refreshed its Trust Strategy to focus on three main strategic objectives:

- To provide Great Care;
- To be a Great Place to Work and;
- To make Best Use of our Money.

Underneath each of these strategic objectives, there are a number of building blocks which need to be in place to enable the objectives to be delivered. Each of the improvement ideas contained in this strategy will be linked to these Building Blocks.

Altogether there are eight separate Pathway Strategies that have been developed through this process. The aim is that general themes and common across the strategies and overlapping issues will be linked and where improvement ideas across pathways can be progressed, they are undertaken together in an open and collaborative way, building trust and understanding between services.

The initial development work of the strategy focussed mainly on frontline clinical staff in each of the pathway areas, with some patient and carer representatives at each of the session. The process included a stakeholder session, where an initial draft of the strategy could be tested and improved through engagement with our commissioners, Local Authority and Voluntary Sector partners and a wider group of patients and carers.

Why develop clinically-led pathway and service level strategies?

The Trust operates in an ever changing health and care environment. The NHS Long-term Plan, published in January 2019 outlined a number of commitments and improvements required of health systems alongside significant additional investments into mental health services.

The development of the New Care Models approach across Mental Health Specialised Services and the creation of regional collaboratives and lead-provider models offer a significant opportunity to shift the point of delivery of care from High Secure settings to Medium, Low and community Forensic services. Changes in the way in which forensic inpatient services are accessed and people's needs are assessed are already happening across the East Midlands as organisations and our clinical staff start to work in a more collaborative way across the service.

In rehabilitation services, the work over recent years on Transforming Care has refocussed attention on out of area care in a variety of settings, not least Locked Rehab placements. Increasingly, the Derbyshire Health and Care system wants to support as many people as possible in their own homes or as close to home as possible, in community settings.

In addition, this is within the context of much reduced funding for our partners in Local Authorities, significant pressures and service changes in Probation Services and a large expansion in the prison population and increase in the proportion of the prison population of people with Mental illnesses, Autism and LD and misusing substances.

All of which, means that if Forensic and Rehabilitation services are to continue to meet the needs of people in Derbyshire, then they will need to find ways to continuously improve, to be as efficient and as effective as possible.

The methodology undertaken in developing these strategies enabled frontline clinicians to come together to identify and develop improvement ideas that could be delivered over the next three to five years, supporting the building blocks of the Trust's overall strategy and providing a sustainable base for the provision of services.

Development Process

Each of the service areas went through the same process of developing their service improvement ideas and strategic development:

- Two day development sessions, held a week apart with intervening time committed for seeking back to base input from team members unable to attend the sessions and feedback
- The direction of travel and the improvement ideas were led by clinical colleagues from all disciplines
- Service user and carer representation
- Support services such as finance, estates, HR, etc., were also engaged with the process.

  N.B. When this document uses the term 'clinician', this refers to all our colleagues who are working at the point of care, therefore allied health professional, doctors, nurses, psychologists, and those without a formal professional qualification.

Percentage breakdown of attendances at strategy development sessions

Forensic and Rehab

The sessions provided the opportunity for clinicians to come together to acknowledge the good work already being done and also to build on this good work to look at where services could be improved, in line with best evidence and best practice. Time between the development days was built in, specifically to enable the learning from Day 1 to be taken back to the wider teams for discussion and collation of feedback to be put forward for inclusion into the second day and the strategy.

Attendance from clinicians has been prioritised for the sessions, providing a comprehensive understanding of the issues within each pathway and service area. Attendance from staff in support functions such as finance, HR, estates, etc., provided different perspectives and allowed workforce, estates and other strategic considerations to be part of the process.

The Purpose of the Service

The teams thought through a single, cohesive purpose for the service, this in effect providing the strategic direction:

"To take every opportunity to work with people's aspirations to make a difference to their lives and maintain the focus on recovery. Empowering people to achieve a sense of purpose, to take advantage of opportunities and break out of the offending cycle and revolving door hospital stays. Work with each individual on the basis of their right to make a meaningful contribution to society and that appropriate interventions enable people to make and sustain long term change, sharing information, learning and networking with other agencies and partners to support this."

The Forensic and Rehabilitation Service are proud of the development work undertaken over recent years to improve services in the Kedleston Unit, the move of Audrey House onto the Kingsway site and the establishment of the Community Forensic Service. Team members felt that their teams and service was resilient and resourceful, able to embrace challenge and work in a positive culture with partners in Derbyshire and across the East Midlands.

The teams came up with overarching themes of work where they felt services could be improved:

People:

- Patients integrated in co-production at an individual and service level
- Building Value and Capacity in clinicians and patients
- Biopsychosocial approach – broader use of psychological interventions

Structure:

- Reduce reliance on inpatient services
- Admission avoidance through early intervention, empowerment and case management.
- Improve links with primary care and GP Practices
- Quality interventions whilst on waiting lists
- SPoA for LD and Forensic Services

Process:

- Improved use of data and measurement of outcomes and improvements
- Increase use of diagnosis informed pathways in line with NICE Guidance
- Reduce clinical variation

Culture and behaviours

- Improve communication across the entire service
- Sharing good practice, improvements, expertise and success

Estate and workforce implications

Work being undertaken at a regional level within the new Forensic Services Collaborative, IMPACT, could result in a region-wide rationalisation of inpatient services as there are currently more capacity than demand from East Midlands patients. Whilst the future of a low-secure unit in Derbyshire, such as the Kedleston Unit is unlikely to be impacted, there could be increased investment in community Forensic Services over the next five years resulting from any service redesigns across the region. This will increase the need for appropriate accommodation for staff in the community.

The service improvements outlined below include a significant project to consider the re-provision of rehabilitation services into community settings, in supported housing and in people's own homes. This is likely to impact first on the current use for Derbyshire patients of independent sector hospital placements for rehabilitation. It might also include the re-provision of our current inpatient services on the Kingsway site: Cherry Tree and Audrey House. A Business Case will be developed to present the options for these developments.

3-5 Year Service Improvement Plan

Based on the feedback from the wider teams and Day 2 work undertaken by participants, below is an outline Service Improvement Plan of the service improvements the Forensic and Rehabilitation Service wants to develop over the next three to five years. Each of these ideas was developed by teams and individuals within the service. An outline project scope is in place for each of these projects, from the work teams did in their Day 2 session.

For each idea, there is a reference to NICE Guidelines or other national expectations where available. Some ideas are more locally driven, and will be explored using Quality Improvement methodologies, e.g. the Institute for Health Improvement Model for Improvement, or Lean. This is to ensure a robust structured and evaluated approach, led by the voices of those in our care, their families, and colleagues working at the point of care, as supported by The Kings Fund document 'Quality improvement in mental health' (https://www.kingsfund.org.uk/publications/quality-improvement-mental-health). This is also in line with the Trust's Quality Improvement Strategy

NICE Guidelines will be a helpful baseline for our alignment against national best practice, and NICE Quality Standards will be a helpful way of prioritising and measuring specific improvement responses to any gaps, again underpinned by Quality Improvement methodologies.

Project	Benefits	DHcFT Strategy Building Block	NICE Guidance/ Evidence Base (to be completed by 20/12/19)	CLSD Improvement Idea Code(s)	Financial Implication	Estate Implication	Workforce Implication	Outline Timescale
Enhanced community accommodation. Aligning housing strategy to this service. Look into providing more long term solutions.	More people receiving care in the least restrictive environments; reduction in Out of Area placements and reduction in locked rehab placements. Equitable service provision across the City, North and South	Improve patient and carer experience		B39	Potential system savings from placements available for reinvestment. Outline Business Case to be developed to understand financial implications.	Work with supported housing partners to develop/ make use of suitable supported housing accommodation in community settings.	May involve movement of staff teams from inpatient settings into the community.	OBC to be developed by March 2020.

Establish community MH Rehabilitation Team/function	Support discharge processes and flow through inpatient settings. Support patients through transition. Help prevent relapse or readmission. Improved links to other community teams and services.	Improve clinical outcomes		B37	Outline business case to be developed	Possible requirement for community premises for teams to operate out of. Potential reduction in need for current inpatient facilities.		OBC to be developed by March 2020.
Inpatient accommodation to meet national guidelines, including single en-suite rooms.	Improvement to risk management.	Improve patient and carer experience.		B21	Capital to fund redevelopment	Part of overarching single rooms improvement plan. May require temporary move of services during works.	May require temporary move of staff teams during works.	In line with current plans.
Workforce across all teams with skills to be able to deliver evidence based outcomes	Reduce clinical variation and improve consistency of patient experience.	Develop our colleagues		B1, B25, S4	Potential training costs to be identified.	None	Potential impact on team capacity whilst training is undertaken.	Training plan in place by March 2021 with implementation from April 2021
Support CMHTs to be able to support people being discharged from Forensic pathway into the community Stepdown / step up service to help cover any gaps in provision	Increase the flow patients through the community forensic service. Improved discharge processes from inpatient secure settings. Reduced risk of reoffending Provide some clarity to transition	Improve clinical outcomes		B13	Potential training costs.	None known	Time for training and supervision. Potential capacity issues whilst training	From March 2021 as part of creation of integrated CMHTs.

	phases							
Recruit into teams at nurse and AHP training levels, including making use of Apprenticeships	Teams able to grow own talent and skills specific to the needs of the service. Staff ready to move into vacant posts.	Attract new colleagues		B8, B19, B24	Potential short-term additional costs to retain people in training posts until vacancies available	None known	Potential savings in recruitment costs. Use of Apprenticeship Levy.	From December 2021.
Strengthen relationships with the Police, e.g. partnership working in educational events.	Partnership working across the two organisations to appreciate contributions, responsibilities and challenges	Work with partners to achieve best value across Derbyshire		B20	None	None	Time to release staff into joint working with Police partners.	From December 2019.
Non-Medical professionals to act as approved clinicians	Provision of a legal function across the teams releasing medical colleagues into other priorities. Enables an offer of patient choice.	Develop our colleagues		B7, B17	Minimal training costs.	None.	Training time and support from lead medics	To commence by December 2020 with full implementation from December 2021.
Creation of "Recovery College" working alongside colleagues in adult education to support people on team caseloads to access training opportunities within DHcFT and other partner organisations	Improved discharge processes. Promotion of self-esteem, self-worth and identity. Increasing the potential for routine, habit and structure for people receiving services.	Improve clinical outcomes		B27b	To be identified in Outline Business Case	From within existing sites	Corporate and support teams in DHcFT and other partner organisations who may host trainees.	Business Case to be developed by August 2020.
Improved communication of	Promote understanding	Work with partners to		S16, S17, S19	None	None	Staff time to develop	Communication Plan in place by

the services and teams within DHCFT and in partner organisations.	between stakeholders and the team. Improve relationships across teams.	provide best value across Derbyshire					communication resource with Communications Team.	January 2020.
Establish regular patient and carer involvement forums across services, develop and recruit patient champions and increase peer support within services.	Improved discharge processes. Closer engagement of patients and carers in care planning.	Improved clinical outcomes			None	None	Staff time to contribute to patient and carer engagement activities.	From April 2020.
Establish service provision over 7 days	Improve access when required	Improve clinical outcomes			Finance required to provide staffing outside of the current 5 day service provision	Possible requirements of estate to provide a service seven days a week	Reduction in stress levels created by focusing all requirements into five day provision. Increase staffing levels to cover provision.	From April 2022
Promote the use of Personal Health Budgets	Tailor requirements of individuals needs	Improve individual service provision			May require shift of resource from core budget into personal payment	Marginal impact	Marginal impact until take-up impacts on core budgets	From January 2020

Governance and implementation

The improvement projects above will be delivered by a Forensic and Rehabilitation Working Group. This Group will be accountable to the Clinical Service Strategies Transformation Board, which will be established in October 2019 to oversee and assure the delivery of all the Clinical Service Strategies. The Transformation Board will have Executive and Non-Executive Trust Board representation and report directly to the Trust Board.

Key to delivery and implementation will be the continued engagement of the Clinical Director(s) and other clinical leads, able to apply a clinical formulation of the workforce implications within the plan. Following agreement of the Strategy by the Board, the Forensic and Rehabilitation Working Group will meet to prioritise the actions within the service development plan. An early task will be to understand the managerial and clinical capacity required to deliver the plan. The Transformation Board will receive workplans from each area for the year ahead. A balance will need to be struck between central direction and performance management of delivery and implementation with the need for local teams' ownership and commitment to their own continuous quality improvements.

Final 26/11/19

CHILDRENS CLINICAL SERVICE STRATEGY 2019-2022

Introduction

The Childrens Clinical Service Strategy has been developed in line with the DHcFT values, that by putting our people first, our colleagues, we are able to best meet the needs of the people who use our services. The process undertaken to develop this strategy prioritised the engagement of as wide a number of clinical colleagues working in the service as possible.

Over the same period, DHcFT refreshed its Trust Strategy to focus on three main strategic objectives:

- To provide Great Care;
- To be a Great Place to Work and;
- To make Best Use of our Money.

Underneath each of these strategic objectives, there are a number of building blocks which need to be in place to enable the objectives to be delivered. Each of the improvement ideas contained in this strategy will be linked to these Building Blocks.

Altogether there are eight separate Pathway Strategies that have been developed through this process. The aim is that general themes and commonalities across the strategies and overlapping issues will be linked and where improvement ideas across pathways can be progressed, they are undertaken together in an open and collaborative way, building trust and understanding between services.

The initial development work of the strategy focussed mainly on frontline clinical staff in each of the pathway areas, with some patient and carer representatives at each of the session. The process included a stakeholder session, where an initial draft of the strategy could be shared, tested and improved through engagement with our commissioners, Local Authority and Voluntary Sector partners and a wider group of patients and carers.

The Childrens Directorate felt that this work was best undertaken with the Children and Young People Mental Health Service, rather than the whole Directorate. It was felt that the closely specified 0-19s service had undergone similar exercises around developing their service in response to successive procurements and that this process would have reduced impact. As such, there was no overarching service vision developed as part of this work.

Why develop clinically led pathway and service level strategies?

The Trust operates in an ever changing health and care environment. The NHS Long-term Plan, published in January 2019 outlined a number of commitments and improvements required of health systems alongside significant additional investments into mental health services.

In addition, demand for mental health services has increased markedly over the last three years, with significant increases in referrals to CAMHS teams, longer waits and inpatient admissions.

Despite large increases in mental health spending between now and 2023, growth in resource available to health systems and to mental health services is unlikely to keep up with this growth in

demand. The pressures on local authority funding mean that social care and educational support is more limited than in the past.

All of which, means that if services for children are to continue to meet the needs of people in Derbyshire, then they will need to find ways to continuously improve, to be as efficient and as effective as possible.

The methodology undertaken in developing these strategies enabled frontline clinicians to come together to identify and develop improvement ideas that could be delivered over the next three to five years, supporting the building blocks of the Trust's overall strategy and providing a sustainable base for the provision of services.

Development Process

Each of the service areas went through the same process of developing their service improvement ideas and strategic development:

- Two day development sessions, held a week apart with intervening time committed for seeking back to base input from team members unable to attend the sessions and feedback
- The direction of travel and the improvement ideas were led by clinical colleagues from all disciplines
- Service user and carer representation
- Support services such as finance, estates, HR, etc., were also engaged with the process.

N.B. When this document uses the term 'clinician', this refers to all our colleagues who are working at the point of care, therefore allied health professional, doctors, nurses, psychologists, and those without a formal professional qualification.

Percentage breakdown of attendances at Children's strategy development sessions
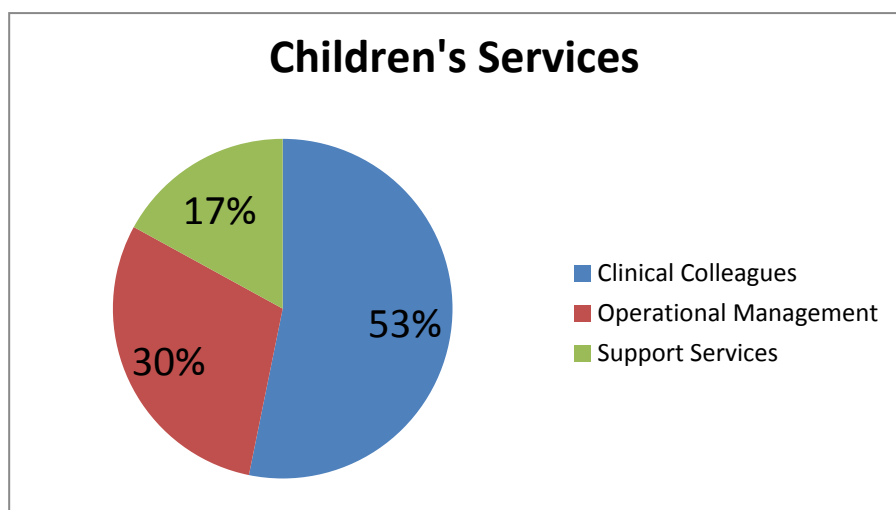
Children's Services

- 53% Clinical Colleagues
- 30% Operational Management
- 17% Support Services

The sessions provided the opportunity for clinicians to come together to acknowledge the good work already being done and also to build on this good work to look at where services could be improved, in line with best practice and best evidence. Time between the development days was built in, specifically to enable the learning from Day 1 to be taken back to the wider teams for discussion and collation of feedback to be put forward for inclusion into the second day and the strategy.

Attendance from clinicians has been prioritised for the sessions, providing a comprehensive understanding of the issues within each pathway and service area. Attendance from staff in support functions such as finance, HR, estates, etc., provided different perspectives and allowed workforce, estates and other strategic considerations to be part of the process. Each and every session was attended by a small number of service users and carers.

The Purpose of the Service

The teams thought through a single, cohesive purpose for the service, this in effect providing the strategic direction:

"The Children's Services will work with families and their children to empower them through information and support. We will work together to deliver the right service at the right time, focussing on relevant, appropriate and achievable objectives, using evidence-based practice to deliver the best outcomes for children and their families. The service will challenge accepted ways of working to ensure accessible and equitable services and will use the opportunity of parity with physical health services to deliver services in an integrated way with other partners working with children and young people.

The teams came up with overarching themes of work where they wanted to improve their services:

- Improving our processes
- Integration across our services and with other services, increasingly working through JUCD Childrens, Mental Health and Urgent Care programmes
- Colleague Wellbeing
- Status of Children's services in the Trust

Estates and workforce implications

Two service improvement ideas could have an impact on the estate in which services are provided. The proposed increase in flexible provision across the estate in order to deliver quicker access into the service and reflect geographical demand may result in pressure on particular clinical venues. Any development of a Business Case for the development of a "Recovery Café" drop in or day service type provision to assist step down and admissions avoidance into Tier 4 beds will need to take into account additional estates requirements and potential capital costs.

3-5 Year Service Improvement Plan

Based on the feedback from the wider teams and Day 2 work undertaken by participants, below is an outline Service Improvement Plan of the service improvements the Childrens Service wants to develop over the next three to five years. Each of these ideas was developed by teams and individuals within the service. An outline project scope is in place for each of these projects, from the work teams did in their Day 2 sessions.

For each idea, there is a reference to NICE Guidelines or other national expectations where available. Some ideas are more locally driven, and will be explored using Quality Improvement methodologies, e.g. the Institute for Health Improvement Model for Improvement, or Lean. This is to ensure a robust structured and evaluated approach, led by the voices of those in our care, their families, and colleagues working at the point of care, as supported by The King's Fund document 'Quality improvement in mental health' (https://www.kingsfund.org.uk/publications/quality-improvement-mental-health). This is also in line with the Trust's Quality Improvement Strategy

NICE Guidelines will be a helpful baseline for our alignment against national best practice, and NICE Quality Standards will be a helpful way of prioritising and measuring specific improvement responses to any gaps, again underpinned by Quality Improvement methodologies.

Project	Benefits	DHcFT Strategy Building Block	NICE Guidance/ Evidence Base (to be completed by 20/12/19)	CLSD Improvement idea Codes and originators	Financial Implication	Estate Implication	Workforce Implication	Outline Timescale
Waiting list Management - Single, pooled waiting list across CAMHS. Use of telephone contacts and other support interventions whilst waiting.	Individual cases would be exposed to a more frequent reviews and possibility of earlier allocation. Improved patient experience. Support self- help and improve signposting.	Improve access to our services		S7, S12, S14, S15	Limited. Potential small increase in travel claims.	May lead to changes in demand and capacity for clinical space across our estate and need a flexible response.	May require colleagues to work outside of their usual locality	During 2020/21
Undertake case reviews to assist flow and discharge through the service, including	Length of time in the service has increased 30% over the last two	Improve access to our service		S30	None known	None known	May need to dedicate senior staff time to the work.	From January 2020

Project	Benefits	DHcFT Strategy Building Block	NICE Guidance/ Evidence Base (to be completed by 20/12/19)	CLSD Improvement idea Codes and originators	Financial Implication	Estate Implication	Workforce Implication	Outline Timescale
telephone call after discharge to reaffirm ongoing support.	years. Case review process could realise more effective discharges.							
Regular meetings to be held on different/ alternating days of the week	Opens the potential for wider and varying attendees.	Develop our colleagues		S20	Limited. May include small increase in travel claims when meetings held away from regular base.	May prove challenging to obtain the right sized room at the right venue.	Increased potential to widen the audience for the meeting.	With immediate effect
Flexibility and rationalisation of clinical venues and bases to support quicker access.	Increase in clinical capacity due to savings in travel. Reduction in staff stress through travel. Accessibility to children and their families will need QIA/EQIA.	Improve access to our services		B27, B49	May mean some bases are no longer required.	Increasing flexibility may free clinical space enabling it to be used by another team.	Improves access to resources and therefore increases flexibility of clinical capacity and locality	Review completed by March 2020, with recommendations for change and QIA/EQIA completed.
Closer working with UHDB and CRH and explore potential for joint services and closer partnerships where appropriate	Improve patient care. Reduce Tier 4 admissions. Improve relationship with RDH Childrens Services.	Work with partners to achieve best value across Derbyshire		B50,	None.	None.	Senior leadership time to invest in closer relationships	Immediate
Create seamless service with Childrens psychology services in	Improved pathway with easier /fewer	Work with partners to achieve best		B8	Not known	Not known	Not known	More detailed joint plan with UHDB scoped

Project	Benefits	DHcFT Strategy Building Block	NICE Guidance/ Evidence Base (to be completed by 20/12/19)	CLSD Improvement idea Codes and originators	Financial Implication	Estate Implication	Workforce Implication	Outline Timescale
UHDB	handoffs for patients and families	value across Derbyshire						by Jan 2020.
Wider MDT across agencies to make joint decisions on complex cases, including voluntary sector providers	Reduction in number of attendance required by patients and family. Increase the benefits and success rate of each appointment.\n\nSimplify issues and care plans.	Work with partners to achieve best value across Derbyshire		S19	Limited	Reduction in meetings producing capacity for other teams to use facilities	Releasing time to care by reducing meeting attendance time and duplication	During 20/21
Develop a school hours "Recovery Café" Day service to act as step-up/step down facility to avoid Tier 4 admission and/or reduce LoS.	Retain children's care locally. Reduced admissions to Tier 4.	Improve clinical outcomes		B36	Capital monies and CCG investments required. Could form part of Crisis response in FIMs investment. Potential investment via EM Collaborative.	Estate to identify suitable premises	Increase in staffing requirements	Develop a business case for approval by March 2020, potentially as pilot.
Organise and hold "Always Event" – System-wide MDT signposting and support event for parents, carers and young people	Informed patients and families. Improved resilience if waiting for services and beyond services.	Improve patient and carer experience		S16,	Venue and catering costs	Venue if Trust site used	Facilitators and planning time required	Start now and deliver events before August 2020. Regular sessions ongoing.

Project	Benefits	DHcFT Strategy Building Block	NICE Guidance/ Evidence Base (to be completed by 20/12/19)	CLSD Improvement idea Codes and originators	Financial Implication	Estate Implication	Workforce Implication	Outline Timescale
involving health, education, social care and parents.								
Work with partners to review the Neurodevelopment pathway, exploring potential to improve efficiency of the pathway.	Reduce stress for staff and patients, better communication, improved experience for the families and smooth service delivery with fewer handoffs between services.	Improve patient and carer experience		B44, B47	Additional investment may be required but unknown until review completed.	None known	Time commitment of clinicians and administration	Review completed by May 2020.
Work with partners in Education and Social Care to develop "Recovery College" approach. Physical and on-line resources. Availability of prospectus of courses for parents and young people. Range of topics across all children's services. Caring for physical and mental health. Widening of available services inclusive of partner organisations.	Improved outcomes for patients. More young people with meaningful occupations during the day. Improved personal and community resilience.	Improve clinical outcomes		B37	Additional staffing, venue and IT costs to be further explored.	Will require additional space from which to operate. May need to secure from partner organisations.	May require Co-ordinator role (new role) and management capacity to develop partnership approach.	Proposal to be developed more formally by April 2020. Potential for regular courses and prospectus available by August 2020.

Project	Benefits	DHcFT Strategy Building Block	NICE Guidance/ Evidence Base (to be completed by 20/12/19)	CLSD Improvement idea Codes and originators	Financial Implication	Estate Implication	Workforce Implication	Outline Timescale
Celebrate good work with all staff, building respect and acknowledgement of role and contribution	Increases moral of team and wider Trust staff. Raise awareness of Childrens Services within the team and wider trust.	Retain our colleagues		S21, B7, B42	None	None	Support from Communications Team	Immediate
Ensure training passports are appropriate for different roles	No duplication of training, Optimise time to care.	Develop our colleagues		B43	None	None	Additional/ prioritised People's Services capacity and ESR input time.	Immediate
Pilot and roll out use of voice recognition software in clinical and administrative teams	Saves time for all users. Increases productivity. Releases clinical time to care.	Achieve best value from future investment and current resources		B46, S23	Up front software and hardware costs	None	Training in use of equipment – limited/ Leadership capacity to assist roll out across teams and wider trust.	Continue pilot through 19/20 and subject to evaluation, seek to roll out in 20/21
Build in time and reward/ incentives for health and wellbeing. E.g. Team development and away time; walking lunches	Staff morale, feeling valued Retention and recruitment, Work-life balance for different generations. Time for reflection on why they are	Retain our colleagues		B21	Some potential venue costs	None	Leadership time to plan sessions. Trade off costs of time away from service with improved effectiveness and efficiency.	Regular sessions planned during and ongoing from Winter 19/20.

Project	Benefits	DHcFT Strategy Building Block	NICE Guidance/ Evidence Base (to be completed by 20/12/19)	CLSD Improvement idea Codes and originators	Financial Implication	Estate Implication	Workforce Implication	Outline Timescale
	in their role.							

Governance

The improvement projects above will be delivered by a new working group, involving clinicians, operational managers and service users. This working group will be accountable to the Clinical Service Strategies Transformation Board, which will be established in October 2019 to oversee and assure the delivery of all the Clinical Service Strategies. The Transformation Board will have Executive and Non-Executive Trust Board representation and report directly to the Trust Board.

Key to delivery and implementation will be the continued engagement of the Clinical Director(s) and other clinical leads, able to apply a clinical formulation of the workforce implications within the plan. Following agreement of the Strategy by the Board, the new working group will be established and its first task will be to prioritise the actions within the service development plan. Another early task will be to understand the managerial and clinical capacity required to deliver the plan and any financial implications. The Transformation Board will receive workplans from each area for the year ahead. A balance will need to be struck between central direction and performance management of delivery and implementation with the need for local teams' ownership and commitment to their own continuous quality improvements.

Final 26/11/19

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 4 February 2020

<div align="center">

DHcFT Estates Strategy 2020 - 2030

</div>

Purpose of Report

To provide the Board of Directors with the Trust's Estates Strategy for 2020-2030 for approval.

Executive Summary

The strategy outlines the Trust's approach to its Estate in order to support delivery and implementation of the Trust's developing Clinical Strategy and associated strategic objectives. It also intends to further support and embed the Trust's vision and values, promoting staff engagement and developing a culture of open and transparent processes.

The strategy focuses on a number of key programmes of work being planned for the next ten years 2020-2030, that are aligned to our strategic objectives:

- Great Care
- Great Place to Work
- Best Use of Money

In addition, the strategy is aligned to the wider Joined Up Care Derbyshire Integrated Care System's Local Estates Strategy (LES). This further demonstrates the Trust's commitment to the national strategy, Placed Based Care and the wider system engagement inclusive of NHS, Social Care, Local Authority, NHS Property Services, NHSE and NHS Community Health Partnerships and associated Digital Strategies.

The full strategy provides further details but in essence the key strategic deliverables are;

- Address our dormitory accommodation

- Address the issue of sending patients out of area for PICU

- Address our accommodation against privacy and dignity requirements (i.e. en-suite)

- Improve accommodation for community teams in line with the Trust's and STP clinical strategy

- Ensure back office functions have optimal performance against weighted activity costs

- Consider opportunities to provide new facilities for those with a Learning Disability, Autism and challenging behaviour

- Improve the use of estate metrics (PAM, Model Hospital) and mapping tools (SHAPE) to support planning and service transformation.

The Strategy set outs in broad terms the scale of investment required over the life of the strategy to deliver the programmes of work. This will be significant and require external funding to do this.

In addition, these key objectives will be underpinned by a number of guiding principles that will inform decision making;

- The estate will be functionally suitable, comply with the law, and adhere to healthcare standards and codes of practice;

- The estate is an enabler, not a driver, of service delivery;

- The estate will be fit for purpose;

- The Trust will ensure that services within our buildings are in the "right place";

- The Trust will maximise utilisation of its estate;

- The Trust will seek to design in flexibility from its estate;

- The estate will be environmentally sustainable;

- The Trust will maximise value for money and economic benefit to the taxpayer from the estate;

- The Trust will work with local partners to optimise the use of public-sector estate.

Both these objectives and principles will be utilised to demonstrate commitment to the national strategy contained in the 2019 NHS Long Term Plan and the 2019 Mental Health Implementation Plan requiring better provision of community-based services to reduce the need for admission and reduce length of stay when people do require hospitalisation.

The Estates Strategy has been produced in accordance with national guidance and follows the format of the Department of Health's specification on 'Developing an Estate Strategy'. This has been further enhanced by employment of significant staff engagement through the help of DHCFT clinicians, service managers, Executive Directors, external stakeholders and corporate support teams including Estates & Facilities.

Existing estate information such as six-facet survey[1] data was reviewed to build a picture of the current estate, its potential and its limitations.

A number of one to one interviews and workshops were held to understand the organisation's clinical strategy and opportunities for the future. The approach has aimed to be inclusive and supportive of the Trust's intention to "Put People First".

Strategic Considerations	
1) We will deliver **great care** by delivering compassionate, person-centred innovative and safe care	X
2) We will ensure that the Trust is a **great place to work** by attracting colleagues to work with us who we develop, retain and support by excellent management and leadership	X
3) We will make the **best use of our money** by making financially wise decisions and will always strive for best value to make money go further	x

---

[1] The six facet survey measures the 'performance' of the estate by assessing six facets including condition, utilisation and functional suitability.

Assurances

Early discussions with NHSI strategic estates advisors about the key programmes of work have been positive. Similarly, discussions with local estates forum colleagues and other partner organisations have also been very positive.

Consultation

- Feedback has been sought from all Board colleagues. Engagement events have taken place across the Trust to allow colleagues to provide input.

- Finance and Performance Committee reviewed the strategy in November with associated amendments made to this final version.

- Summary of the draft strategy was presented at the Local Estates Forum (LEF) on 3 December 2019.

Governance or Legal Issues

- The delivery of Estates Strategy impacts on several aspects of governance – e.g. CQC compliance and health and safety of staff and service receivers.

- Asset disposals must comply with NHSI regulation.

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

At a practical level, the Trust needs to go beyond making sure its premises are accessible to disabled people, to also consider issues such as:

1. How requirements linked to gender orientation and sex can both be met e.g. single sex wards/ areas such as lounges and use by service users who are transgender;
2. Ensuring that the patient experience and built environment quality, is consistent between facilities despite wards being age specific wards, whilst at the same time ensuring that specific age-related needs are recognised and met e.g. dementia friendly environments;
3. How environments need to be adapted to meet the needs of disabled people, not just in terms of access, but also provision of assistive technology equipment, such as hoists and handrails, to maximise independence.

Recommendations

The Board of Directors is requested to approve the Estates Strategy.

Report presented by: Mark Powell
Chief Operating Officer

Estate Strategy

2020/21 to 2029/30

January 2020

Version control	Date	Key changes made	Author
0.1	10/07/19	Initial document structure	ACW
0.2	20/07/19	Draft chapter 3 added following Board session	ACW
0.3	18/08/19	Draft chapter 5 added	PK
0.4	25/08/19	Draft chapter 4 added	GR
0.5	23/09/19	Draft chapter 6 added	PK/ ACW
0.6	25/09/19	Recommendations added	ACW
0.7	25/09/19	Draft chapter 4 updated and draft issued to Trust Board	GR
0.8	03/10/19	Revisions post-session with Board	ACW/ PK
0.9	12/10/19	Chapter 7 drafted	ACW
0.10	19/10/19	Exec Summary, Chapters 4, 5, 6, 8 revisions and chapter 9 added	PK
1.0	24/10/19	Final draft	ACW
1.1	25/10/19	Final draft with chapter 4 updated	GR
1.2	30/10/19	Updated to reference equality, diversity and inclusion	ACW
1.3	19/11/19	Update for Finance & Performance Committee feedback and latest PAM ratings	ACW

13.1 DHcFT Trust Estates Strategy.pdf   *Page 2 of 74*
2 | P a g e
Overall Page 176 of 272

Contents

1 Executive summary

1.1 Purpose of the estate strategy

NHS mental health services are at a pivotal moment in their history. After decades of under investment and stigma, mental wellbeing is finally mainstream. National policy is about "parity" (with physical health) and the NHS long-term plan includes a commitment to deliver the fastest expansion in mental health services in the NHS's history. This expansion is welcomed by this Trust and the Trust is now working on its strategic response. This response includes this estate strategy in which we describe:

- The estates challenge and case for change – our estate is simply not good enough and we know that to achieve our clinical ambitions we need to make significant improvements to the estate as well as changing the way we deliver services;
- The scale of our ambition – put simply we want to deliver services from a physical environment which is amongst the best in the country. We want this because of the wealth of evidence that environments affect recovery from mental illness and we want this because modern healthcare environments lead to efficiencies in service delivery such as shorter lengths of stay;
- How we will deliver on this aim – our ambitious plans for investment over the next five to ten years. The Trust cannot afford to do everything it needs to do from its own resources, so will embark on a programme of investment business cases designed to support the case for external funding.

The Trust reviewed its strategy in early 2019 and agreed three strategic objectives:

- Great Care;
- Great Place to Work;
- Best Use of Money.

As part of the strategy Derbyshire Healthcare NHS Foundation Trust (DHCFT) has also developed a clinical ambition statement to guide service developments. The elements of this statement with most relevance to the estate strategy are follows:

- 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.

Delivering our strategic objectives and the clinical ambition means the Trust needs to change; it needs to change clinical pathways to become more integrated with partners; change the way our staff work; the technology they use; and finally the built environment from which they work. This estate strategy focuses on the built environment and will ensure that DHCFT provides high quality,

fit-for-purpose buildings located in the right place in order to deliver safe, efficient and effective healthcare services effectively to the local population.

In developing this estates strategy, we have made sure that it:

- Is consistent with and flows from the emerging DHCFT clinical strategy;
- Takes account of estate ownership issues;
- Enables DHCFT to maximise the utilisation of estate assets;
- Results in DHCFT having the right premises, in the right condition and in the right location;
- Supports the anticipated future change in the range of services provided by DHCFT.

The plans set out in the strategy have been developed through extensive engagement with staff and partners, and are informed by best practice.

1.2   Vision and principles

DHCFT aims to operate from an estate which is fit for purpose and enables delivery of high quality, safe, sustainable and affordable clinical services to its patients. This means an estate which is in a good condition, is functionally suitable for the services being provided, provides a "healing environment", is environmentally sustainable, is accessible to local people, is affordable and is designed around changing service needs. By achieving these aims, the Trust will also reinforce its commitment of "putting people first" by providing great facilities for its staff to work in and from.

The Trust has developed the following key principles for how we will ensure our estate supports our service delivery over the next five to ten years. Much of course will be dependent upon availability of financial resources, but overall the intention is to apply each of the following principles:

- The estate will functionally suitable, comply with the law, and adhere to healthcare standards and codes of practice;
- The estate is an enabler, not a driver, of service delivery;
- The estate will be fit for purpose;
- The Trust will ensure that services within our buildings are in the "right place";
- The Trust will maximise utilisation of its estate;
- The Trust will seek to design in flexibility from its estate;
- The estate will be environmentally sustainable;
- The Trust will maximise value for money and economic benefit to the taxpayer from the estate;
- The Trust will work with local partners to optimise the use of public-sector estate.

1.3   Rationale for change – estate context

The Trust provides services from 57 properties across Derbyshire. The Trust owns 14 of these properties, leases 38 and uses five properties via PFI contracts. In total the Trust's sites have a GIA of 62,757m^2. The PFI programme mainly focused on the Kingsway Hospital site and provided modern accommodation for the Trust headquarters, research and development team, older people's mental health, and adult rehabilitation services. A PFI property was also developed at Ilkeston Resource centre. The annual cost of the PFI estate is approximately £3.3m.

The Trust has also significantly rationalised its estate in recent years including the sale of land and buildings. Sales generated significant capital receipts which have been reinvested in new and refurbished assets. The Trust's review of leased properties both reduced the overall estate footprint and has released some revenue savings. These reductions have been achieved through the adoption of new models of care, service reconfiguration, service integration and co-location, and smarter e.g. agile working.

Following delivery of the PFI projects and estate rationalisation, the Trust has been focusing on "business as usual" estate projects, investing £1.9m in 2017/18 and a further £1.1m on schemes focused on bringing the remaining owned premises to an acceptable standard in terms of condition, safety and statutory compliance. However, significant work remains to be done. In particular the Trust's main inpatient facilities require significant investment to make them fit for purpose; the area of immediate concern being the continuing use of shared bedrooms which lack en-suite facilities. There are also concerns regarding the condition and appropriateness of many of the remaining community properties. The Trust has recently undertaken a five-facet survey which identified the need to invest approximately £65m (inclusive of fees and VAT) across the surveyed estate over the next 11 years, to bring premises up to the expected standard.

The Trust also needs to make improvements to governance processes associated with the estate and the responsiveness of FM services purchased from other organisations.

1.4 Rationale for change – strategic context

Mental health policy continues to emphasise early identification of mental health issues, early intervention, treatment in the least restrictive environment and the reablement model.

The national strategy contained in the 2019 NHS Long Term Plan and the 2019 Mental Health Implementation Plan requires better provision of community-based services to reduce the need for admission and reduce length of stay when people do require hospitalisation. The Long Term Plan will drive parity of esteem through a new ring-fenced local investment fund worth at least £2.3 billion a year by 2023/24. This will require service expansion and faster access to community and crisis mental health services for adults and particularly children and young people. Specific access targets are in place to monitor the speed with which people receive these services.

The NHS Long Term Plan makes a commitment to ending out of area placements by the end of 2020/21 for people requiring a non-specialist acute inpatient admission; the introduction of more quality measures to assess individuals' experience of inpatient treatment; aim to ensure that individuals are treated in the least restrictive environment possible. DHCFT currently uses a significant number of adult mental health out of area placements.

NHS England is supporting the CQC in evolving their programme of inspections for mental health services to ensure that their approach to regulating, inspecting and monitoring mental health care services aligns with the NHS Long Term Plan. A particular focus is the implementation of standards for privacy and dignity with an associated reduction in sexual safety incidents. This will require the eradication of mixed sex wards and implementation of 100% single rooms with en-suite facilities which will present a particular challenge for DHCFT given the configuration of the 271 current adult inpatient beds (mental health, frail elderly, rehabilitation and forensic / low secure).

DHCFT is a partner in the Joined-Up Care Derbyshire (JUCD) STP, demonstrating the Trust's active role in enabling delivery of the agreed Derbyshire model of care and the system wide transformation priorities for 2019/20 to 2023/24. The Trust is working with strategic partners in the STP to identify local solutions to the estate challenges and is committed to working in partnership with other local public sector organisations to make sure the public sector estate supports the delivery of locally-based services. A particular challenge is finding collective solutions to placed based care that are affordable and provide suitable and sufficient accommodation for the planned expansion of community mental health services set out in the LTP.

The Trust will be developing its digital infrastructure and agile working policies in support of improved space utilisation in community facilities.

1.5 Recommendations – investment and rationalisation plans

The estate the Trust operates from is extensive and needs to change. Change will be disruptive and will require significant investment in time and money, however improving the estate to meet all modern healthcare standards is essential if the Trust is to deliver on its strategic aims of delivering great care and being a great place to work. Our service users need much better therapeutic environments which assist their recovery and our staff deserve to work out of modern, fit for purpose physical environments which help them do their job even better. In this strategy we set out six investments and three enabling projects which we recommend are adopted to deliver the estate we aspire to. These projects and programmes are described in turn below.

- **Investment one – inpatient accommodation**. Ending the use of shared dormitory bedrooms is a CQC "should do" investment, which if not done risks the Radbourne and/or Hartington units continuing to compromise clinical standards and enforcement action by the CQC. Whilst the Trust has a short-term solution which will eliminate the use of shared bedrooms by remodelling existing ward layouts, this will only lead to technical compliance with CQC requirements and the result will not meet Health Building Notice spatial recommendations, nor does it improve the wider physical environment. The adult and older people's inpatient wards and perinatal unit will still fall short of our ambition to operate from amongst the best estate in the country, so the Trust will need to invest more in the medium-term. The recommended investment is to enhance all mental health wards and the perinatal unit to modern standards and create a therapeutic environment equal to existing best practice. The new environment would enhance patient safety, including improved sexual safety, by reducing the likelihood of violence associated with individuals who are psychologically unwell. The Trust will need to spend an estimated £72m to £96m to achieve the standard of accommodation we aspire to, so external funding will be required. This in turn necessitates a business case process with associated funding bids. The business case process will need to appraise options designed around choices such as which services are in-scope for the investment, which locations offer deliverable solutions, the speed at which solutions can be delivered and how. The business case will also set out how the investment makes economic sense by delivering new estate which will enable efficiencies in how care is delivered.
- **Investment two – PICU**. The Trust is unusual in not having its own psychiatric intensive care unit (PICU). This service gap results in people requiring intensive care being admitted to out of area PICUs. This goes against national policy which requires an end to the practice of

admitting people requiring non-specialised[1] acute mental health placements out of area by the end of 2020/21. Across the county, the number of patients placed out of area for PICU is rising and has consistently been at a level sufficient to create a DHCFT unit. As with all small services, inpatient numbers are volatile and the Trust will need to be mindful of the gender split amongst the group requiring admission to PICU, however continuing to send PICU patients out of area is no longer acceptable, so the Trust will develop a business case for an in-house PICU by the end of 2019/20; assuming approval a new facility will be built by April 2023.

- **Investment three – community-based accommodation**. The Trust has significantly reduced its estate portfolio over recent years, but now needs to improve the condition of much of its remaining community-based estate and in doing so consider any further estate rationalisation opportunities. Both locally and nationally there is a shift towards "hubs" serving natural populations within which a range of public sector commissioned services would be co-located. In the NHS long term plan there is a changing pattern and combination of services required in community mental health teams. The clinical and environmental models will need to be adapted to facilitate changes in the clinical strategy and redefined pathways, as well as responding to expected growth in community-based teams. Eight hubs are planned across the county. The Trust is a party to all of these projects; however, delivery is proving complex and hub-based space can be more expensive than the existing accommodation they seek to replace. The concept is a good one, but the Trust must adopt a structured approach to deciding whether to participate in hub projects with partners or whether to go it alone. Once decided a programme of community investment should follow. Individual developments will need to reflect local needs i.e. the form and function of hubs is likely to vary between localities, and the design of each hub will need to take account of factors such as need, demand trends, changes to the number of staff employed, changing service models and the ability of technology developments to change the need for physical estate.

- **Investment four – en-suites**. Programme one above will incorporate the provision of en-suite bathrooms across the acute adult mental health estate. This programme is recommended to improve privacy and dignity across three inpatient services which lack en-suite bathrooms – the Perinatal Service at the Radbourne Unit, Curzon Ward in the Kedleston Unit and the Cherry Tree bungalows.

- **Investment five – corporate accommodation**. The Trust's corporate accommodation is expensive. We are recommending that linked to the community hubs project, work is done to consider whether The Ashbourne Centre and wider Kingsway site would be better used for clinical services and if leased accommodation would offer better value in meeting corporate service space needs.

- **Investment six – repatriation aligned developments.** National policy dictates that providers should end the practice of admitting people requiring non-specialist acute mental health placements out of area by the end of 2020/21. In addition to the PICU investment described above, there is a need to repatriate patients whose admission is out of area due to a lack of capacity within the Trust and/ or a lack of appropriate specialist services. The Trust will

---

[1] Specialised mental health services, as opposed to specialist services, are those commissioned by NHS England; example include medium secure and inpatient CAMHS.

need to develop one or more business cases to determine demand and risk related to these services, however, initial thoughts are that there will be developmental opportunities from working with commissioners and Derbyshire Community Healthcare to improve autistic spectrum disorder (ASD) and learning disabilities (LD) pathways.

- **Investment seven – business as usual**. The Trust will continue to invest capital funds in "business as usual" projects to tackle compliance, risk and backlog maintenance. The recently completed five-facet survey identifies the Trust properties that require investment to bring buildings up to the target Condition B and to resolve statutory and fire safety compliance issues. The investments outlined above will resolve many of these issues, but where they remain, the Trust will need to invest further.

- **Enabling project one – improved use of estates metrics**. The Trust will further develop its capacity and capability to utilise estate and planning data sources to improve the day to day and strategic planning and management of its estate during the period of this strategy.

- **Enabling project two – application of lean working, transformation and change methodologies**. The application of "Lean" methodology to the estates maintenance function will provide further efficiencies, improve performance and enhance people's day to day experience of the built environment across DHCFT.

- **Enabling project three – responsiveness**. The final recommendation is the review of contracted out hard and soft facilities management (FM) services. Currently delays in resolving FM issues, are being experienced (hi-lighted in the recent CQC report) due to the complexity of the contractual arrangements resulting in reduced control and oversight by DHCFT.

1.6 Capital programme

The investment projects recommended above will need to be worked-up into business cases before they can proceed. This means that it is difficult to provide a ten-year capital plan based on this estate strategy, however, the table below provides a high-level indication of the potential investment needed over the next ten years.

Table 1: Potential capital investment required (£000s)

Project	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	Total
Inpatient accommodation			£42,000	£42,000							£84,000
PICU			£10,000								£10,000
Improve community facilities	£750	£1,500	£1,500	£1,500	£1,500	£750					£7,500
Increase access to en-suite facilities		£1,000	£1,000	£1,000							£3,000
Review back office accommodation				£1,000							£1,000
Pursue developmental opportunities					£8,000						£8,000
Address backlog compliance	£500	£500	£500	£500	£500	£500	£500	£500	£500	£500	£5,000
Total investment	£1,250	£3,000	£55,000	£46,000	£10,000	£1,250	£500	£500	£500	£500	£118,500

Of the £118.5m forecast need, £84m relates to the scheme to replace inpatient accommodation (investment project one). The timing shown assumes a two-year build after a two-year process to work through outline and full business case with associated approvals. A further, £10m has been allowed to build and equip a Trust PICU in time to meet deadlines for repatriating out of area admissions. The £7.5m for community facilities assumes five hubs are developed. A modest £500k per annum has been allowed for business as usual backlog schemes reflecting a relatively low level

of backlog existing and that backlog needs at Hartington and Radbourne will be eliminated via project one.

The Trust can source capital investment from:

- Its own internally generated funds i.e. cash generated from operations and / or asset disposals. The Trust has a healthy cash balance of approximately £30m, but will need to retain sufficient working capital for day-to-day operations, nevertheless, cash could be a source of investment;
- Developers. The Trust can enter into leases to occupy premises developed on the Trust's behalf by third parties
- Central NHS funds. The most common source of large-scale investment in the NHS estate over the last few years has been central NHS funding. Central STP capital funding has been allocated to Trusts in a series of "waves" since 2017.

The availability of capital could be a barrier to implementation of the Trust's estate strategy, although the Trust anticipates being able to develop compelling bids for central funding for several of its planned investments. Experience from other community-based providers indicates that new estate is invariably more expensive in revenue terms than existing estate and are likely to represent a cost pressure for the Trust, unless they enable savings against non-estate related budgets.

1.7 Enablers for change

The changes that need to be made across the Trust to help enable delivery of this estate strategy include:

- Access to electronic patient information;
- Efficient process enablement;
- Agile workforce;
- Business intelligence;
- Underpinning technology and service delivery.

Significant cultural change will be required for DHCFT to fully embrace the opportunities offered to work in a modern paper-lite environment. This will be significantly enabled by the planned implementation of the new EPR in 2020.

In addition, DHCFT will work closely with partners to optimise the opportunities offered through the STP and JUCD collaboration and PCN developments.

1.8 Conclusion and next steps

DHCFT has reviewed its estate and identified the key projects and programmes which need to be implemented over the next ten years. These will require significant capital investment of £118.5 million to address fit for purpose inpatient and community facilities.

The next step will be for DHCFT to develop four key workstreams with its partners:

- **Inpatient beds** – a review of bed numbers will be undertaken to identify the inpatient capacity required to deliver the totality of DHCFT's provision for adults, including PICU. This

work will support the development of the business case to address provision of 100% single room en-suite accommodation over the next 10 years. In the short term DHCFT will implement partitions to improve privacy and dignity, as highlighted in the recent CQC report.

- **Community provision** – a review of the location and capacity of the current neighbourhood facilities will be undertaken to identify whether these are fit for purpose and align to the recently published LTP Community Mental Health Framework. The implementation of the new electronic patient record will be used as an important enabler for the cultural change to move to modern paper-lite and agile working.

- **Corporate services** – a review of the corporate facilities at the Kingsway site will be undertaken in parallel with the review of community estate. This will identify whether some clinical services might be better co-located at the Kingsway site. Alternative leased office accommodation will be explored for corporate services.

- **FM contracts** – a review of all outsourced hard and soft FM contracts with the aim of improving responsiveness and cost effectiveness particularly for inpatient services.

2 Introduction

2.1 Purpose of the estate strategy

A clear and concise estates strategy is essential for Derbyshire Healthcare NHS Foundation Trust (DHCFT) to ensure that we have high quality, fit-for-purpose buildings located in the right place in order to deliver safe, efficient and effective healthcare services effectively to the local population. We need an estate strategy which:

- Is consistent with and flows from the DHCFT clinical strategy;
- Takes account of estate ownership issues;
- Enables DHCFT to maximise the utilisation of estate assets;
- Results in our having the right premises, in the right condition and in the right location;
- Supports any future change in the range of services provided by the organisation.

This ten-year strategy meets these criteria. No estates strategy can be fixed. As service models develop and patient needs change, so the supporting estates infrastructure will also need to change. This strategy sets out a clear way forward, where service strategies are clear, and makes recommendations where further work is required.

Our strategy covers the short to medium term. This is taken to mean the next five to ten years, allowing us time to address immediate concerns and to lay the foundations for longer-term development. This strategy presents the immediate issues so that the organisation, our partners and commissioners are better able to understand and consider investment decisions. By doing so, the estates strategy supports the case for future investment, supports our emerging clinical strategy and aims to promote the delivery of integrated care pathways between mental health services, community, primary care and social care within Derbyshire.

The diagram below sets out the link between enablers, including the estate strategy and the clinical strategy which in turn reflects the Trust's vision, values, external and internal influences.

Figure 1: The estate strategy and the five-year strategy
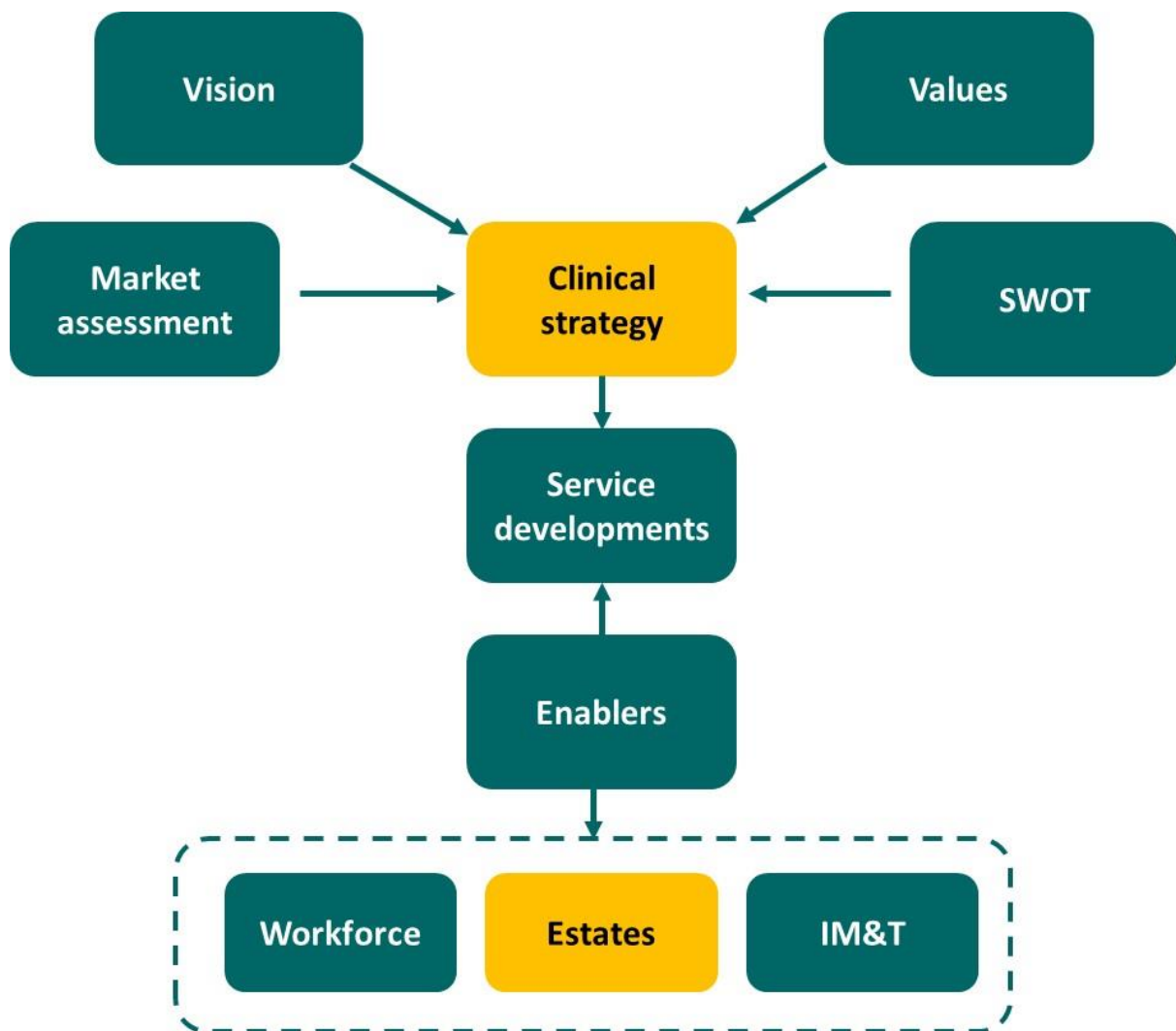
The scope of our estate strategy is all buildings we own or lease (under formal and informal arrangements). It is our intention to share the strategy with STP colleagues from other local NHS organisations, local authorities and local people as there will be opportunities to develop whole community solutions to some of the challenges we face. We will also enter into formal consultation on significant changes where necessary.

2.2 Methodology

This strategy has been developed with the help of DHCFT clinicians, service managers, Executive Directors and corporate support teams including estates.

Existing estate information such as six-facet survey[2] data was reviewed to build a picture of the current estate, its potential and its limitations.

---

[2] The six facet survey measures the 'performance' of the estate by assessing six facets including condition, utilisation and functional suitability.

A number of one to one interviews and workshops were held to understand the organisation's clinical strategy and opportunities for the future. The approach has aimed to be inclusive and supportive of the Trust's intention to "Put People First".

2.3   Introduction to the Trust

DHCFT was formed in 2011 and became a foundation Trust in February 2011. The Trust employs over 2,400 staff; serves a population of about one million people living in an area of 983 square miles; including the city of Derby. The Trust provides 271 beds and runs 191 clinics. It has an annual operating income of £140m.

The Trust delivers community and mental health services, including for those with learning disabilities (LD), people with substance misuse needs and community children and family services. The Trust runs services from over 60 sites and has eight neighbourhood teams.

The Trust delivers the following services:

- Wards for older people with mental health problems;
- Peri-natal inpatients;
- Substance misuse;
- Community eating disorders;
- Forensic inpatient/secure wards;
- Community-based mental health services for older people;
- Mental health crisis and health-based places of safety;
- Acute wards for adults of working age;
- Long stay/rehabilitation mental health wards for working age adults;
- Community-based mental health services for adults of working age;
- Community mental health services for people with a learning disability or autism;
- Specialist community mental health services for children and young people;
- Community health services for children, young people & families in Derby city.

The Trust has four registered locations:

- The Hartington Unit in Chesterfield;
- London Road Community Hospital, Derby;
- The Radbourne Unit in Derby;
- Kingsway site which is also the site of the Trust's head office and which is located on the outskirts of Derby.

The Trust's current Care Quality Commission (CQC) rating is "Requires Improvement".

2.4   Structure of the document

The Trust's vision for the estate is set out in section 3. Section 4 describes estate rationale for change and section 5 sets out the strategic context the Trust must respond to.

In section 6 we set out a series of proposed investments before turning to funding in section 7. The enablers that support the implementation of the estate strategy are discussed in section 8.

These sections map back to the "traditional" three strategy questions as follows:

- "Where are we now" is considered in section 4;
- "Where do we want to be?" is covered in sections 3, 4 and 4.3;
- "How do we get there?" is described in sections 6, 7 and 8.

3 Vision and principles

3.1 Introduction

This section introduces the Trust services and sets out the vision for the Trust's estate and the underlying principles guiding the development of this estate strategy.

3.2 Vision for our estate

DHCFT aims to operate from an estate which is fit for purpose and enables delivery of high quality, safe, sustainable and affordable clinical services to its patients. This means an estate which is in a good condition, is functionally suitable for the services being provided, provides a "healing environment", is environmentally sustainable, is accessible to local people, is affordable and is designed around changing service needs. By achieving these aims, the Trust will also reinforce its commitment of "putting people first" by providing great facilities for its staff to work in and from.

3.3 Principles

The Trust has developed the following key principles for how we will ensure our estate supports our service delivery over the next five to ten years. Much of course will be dependent upon availability of financial resources, but overall the intention is to apply each of the following principles:

- The estate will functionally suitable, comply with the law, and adhere to healthcare standards and codes of practice;
- The estate is an enabler, not a driver, of service delivery;
- The estate will be fit for purpose;
- The Trust will ensure that services within our buildings are in the "right place";
- The Trust will maximise utilisation of its estate;
- The Trust will seek to design in flexibility from its estate;
- The estate will be environmentally sustainable;
- The Trust will maximise value for money and economic benefit to the taxpayer from the estate;
- The Trust will work with local partners to optimise the use of public-sector estate.

Ensuring the estate is **functionally suitable** means making sure building design (at individual room and department level) reflects intended use. The Trust's buildings will meet all legal requirements, for example in relation to fire safety and Equalities Act legislation. Buildings will also be designed to recognise the need to promote equality, diversity and inclusion with specific reference to the protected characteristics. Buildings will be safe for patients and staff with reduced opportunities for self-harm and will provide accommodation that supports privacy and dignity of individuals. The Trust will also comply with healthcare standards, such as those relating to single room accommodation, mixed sex accommodation and The Hygiene Code. The Trust will be cognisant of health building notices (HBNs) when making changes to buildings, recognising that HBNs are guidance only. Similarly, the Trust will aim to comply with guidance produced by the Royal College of Psychiatrists relating to the physical environment – examples include the college's *Standards for Inpatient Perinatal Mental Health Services* and *Standards for Acute Inpatient Services for Working Age Adults.* The Trust will also create an environment which is conducive to patient healing and the

needs of an increasingly older patient group. Any new buildings, whether owned or leased, will be designed to offer maximum future flexibility of use. Building design will be shaped and informed by discussion with patients.

The estate should **enable the delivery of high-quality clinical services**. This means that the estate strategy will respond to the needs of the clinical and other strategies and not vice versa. The estate will need to change to reflect changes in clinical pathways and the introduction of innovations such as mobile working as they occur and to meet changes in the level of demand for Trust services. The estate strategy must also respond to commissioner and partner plans as set out in the Sustainability and Transformation Partnership (STP) as well as the Trust's own clinical strategy.

Ensuring the estate is **fit for purpose** means maintaining properties to a minimum of "condition B[3]" The Trust will continue to aim to have all high-risk backlog maintenance eliminated through a five-year rolling programme.

Ensuring that services within Trust buildings are **in the right place** means making sure, so far is possible, that services are located appropriately to meet patient and service needs. For example, where beneficial, services will be co-located with related Trust services and related services from other health and social care organisations. The estate should play a positive role in combating historic stigma associated with mental health services.

Maximising estate utilisation will be encouraged by measuring utilisation over 24/7 not 9-5. A culture which views buildings as being a "health community resource" supporting a range of different functions at different times rather than a service "X" facility will be engendered. The need for estate will be minimised wherever possible by adopting agile and mobile working practices, and minimising fixed desk spaces.

Obtaining **maximum flexibility** means an estate that can be altered with the minimum of disruption to accommodate new models of care and collaborative working, as service need, population demand and commissioner service strategy changes. This involves adaptable design philosophies and avoiding long-term lease commitments wherever possible.

Operating an **environmentally sustainable estate** means that the Trust will use the estate to minimise the environmental impact of service delivery. This includes ensuring that building refurbishments include investment in efficient heating, cooling and lighting systems and new builds are designed to minimise their impact on the environment, minimise waste and reduce energy use. The Trust will also continue to seek opportunities to develop its own renewable energy supplies.

Maximising value for money and economic benefit to the taxpayer means we will adhere to the principles and objectives set out in the Naylor and Carter reports. It necessitates minimising the on-going costs of each property through the delegation of budgetary management responsibility to service managers assisted by the estates team. Trust buildings will be maintained on a regular basis to avoid higher long-term maintenance costs. All accommodation requests, moves, acquisitions and divestitures are to be co-ordinated by the estates team. Surplus assets will be made available for sale or re-use.

---

[3] Condition B is used in EstateCode to mean properties that are "Sound, operationally safe and exhibits only minor deterioration".

We will **work with partners** to contribute to making sure that the estate across Derbyshire meets the principles described above particularly to facilitate the partnership working that is fundamental to the success of our clinical services strategy. Where DHCFT is the landlord for other public-sector organisations we will act in a way to assist them in delivering safe, good quality, efficient services from our buildings. We will ensure that all third-party occupancies are recorded and are supported by legally binding contracts making clear the responsibility of the Trust and each tenant.

3.4 Supporting a Place-based System of Health and Care

It is essential that NHS providers work with each other and with social care and the voluntary sector providers in a given geography, to provide high quality care in the face of rising demand and growing financial pressures. Constrained resources drive providers to collaborate on care models and delivery, without destabilising each other. It represents a move away from competition and towards collaboration. The implications of place-based systems are that both resources and risk are pooled. In estate terms, this may mean, for example:

- Shared use of assets – this is especially relevant for our community-based mental health and physical health services which lend themselves to colocation with the services of partner organisations;
- Joint processes for prioritising investment, addressing system needs as a whole, rather than the needs of just one organisation;
- Capacity planning across more than one provider, to better cope with rising or fluctuating demand, or to overcome operational problems in part of the system.

The efficiency of staff can be improved through the use of:

- Hot desks/touch points in conveniently located buildings supported by an information technology (IT) infrastructure enabling staff to access systems from any Trust (or potentially partner) building;
- Bookable meeting rooms and breakout space to support teams coming together for team meetings, case conferences etc.

DHCFT provides services across Derbyshire and arranges services within eight place-based neighbourhoods as shown in the map below.

Figure 2: DHCFT neighbourhoods

High Peak & North Dales

Killamarsh & North Chesterfield

Chesterfield Central

Bolsover & Clay Cross

Amber Valley

South Derbyshire & South Dales

Derby City

Erewash

3.5 A healing environment

The Trust's plans for an estate that provides good quality environment are informed by how the design of physical environments can impact upon healing (as well as efficiency).

Research has identified a range of positive outcomes including reductions in falls, medical errors, pain, patient stress, patient depression and length of patient stay, as well as improvements in staff "outcomes" arising from better physical environments. For example:

- Reducing pain, stress and depression through exposure to views of nature, to higher levels of daylight, displaying visual art and reducing environmental stressors such as noise;
- Reducing falls through design of floors, doorways, handrails and toilets, and decentralised nurse stations.

There is evidence that art, design and environmental enhancements can have a positive impact on health and well-being of patients (and staff) thus speeding the recovery process. For example:

- Architectural design, internally and externally, can be especially important for patients with dementia, helping to simplify wayfinding, reduce anxiety and control "wandering";
- Exposure to art in healthcare environments has been found to reduce anxiety and depression;
- Patients suffering from severe depression have been shown to have shorter stays if they had sunny rooms rather than rooms that were always in shade.

With an ageing local population, it is inevitable that the proportion of patients who have dementia will increase – the Kings Fund estimate that 25% of people accessing acute hospital services have dementia and the number of people with dementia is expected to double during the next 30 years. Research into how health facilities need to be redesigned to make them "dementia friendly" has demonstrated that relatively inexpensive interventions, such as changes to lighting, floor coverings and improved wayfinding, can have a significant impact. Evaluation has shown that environmental improvements can have a positive effect on reduction in falls, violent and aggressive behaviours, and staff recruitment and retention. Wherever possible the features discussed above will be designed into buildings as part of the implementation of this estate strategy.

The Royal College of Psychiatrists has published a number of documents[4] which set out standards for inpatient mental health units which, whilst not mandatory, are used to accredit services. These will be used to guide the development of new and refurbished units as applicable.

3.6 Ownership versus leasing

We set out below some considerations about whether it is better to own or lease properties going forward. The factors that determine this decision are complex and inter-related, and in most cases, we will need to test the alternatives based on the specific circumstances of the service and the relevant buildings, considering such factors as:

- Cost per square metre;

---

[4] The most applicable publications for DHCFT are the college's Standards for Acute Inpatient Services for Working Age Adults and Standards for Inpatient Perinatal Mental Health Services.

- Whether a property is in the right location to meet clinical need;
- Quality of building;
- Quality of patient care environment;
- Partnership working - the Trust is working more closely with partner organisations to better integrate related clinical services and to review opportunities for efficiencies in areas such as shared corporate functions.

However, there are some general considerations. These are summarised in the diagram below.

Figure 3: Ownership versus leasing

These considerations suggest that the Trust should continue to own the main delivery points for its inpatient activities, but that community-based services and support functions such as corporate services could be accommodated in leased properties, if cost effective. For example, where the Trust provides community-based services such as universal children's services (school nursing and health visiting) and substance misuse which could be retendered i.e. where market uncertainty exists, the Trust will base these teams in leased accommodation.

3.7 Make versus buy decisions

The Trust is ambitious and has an emerging list of further potential investments (see Section 6) the Trust wishes to make to deliver the full extent of its ambitions, however, a key constraint will be affordability, in particular the availability of capital funding. Each potential scheme will need to be developed through the business case process and in doing so, the Trust will need to make decisions about whether it wishes to fund the scheme through NHS capital monies and own the relevant asset, or enter into a variation of a lease arrangement whereby a developer would fund the initial investment in return for certain rights, including a revenue stream linked to a long lease. The Trust has extensive experience of PFI arrangements and will continue to investigate similar funding routes where this makes sense.

13.1 DHcFT Trust Estates Strategy.pdf   *Page 22 of 74*
22 | P a g e
Overall Page 196 of 272

3.8 Summary implications for the strategy

This section described the Trust's ambition of having an estate that is in a good condition, is functionally suitable for the services being provided, provides a "healing environment", is environmentally sustainable, is accessible to local people, is affordable and which is designed around changing service needs. In achieving this ambition, the Trust must also adhere to the principles listed.

4 Rationale for change – estate context

4.1 Introduction

This section of the estate strategy describes the **"where are we now"** element of the strategy. It starts by providing a brief history of the Trust's estate and the Trust's record of rationalisation to date, then describes the main existing sites before setting out "current estate performance" with reference to the six-facet survey and other estate performance measures.

4.2 History of the estate

The Trust was formed on 1st February 2011 when Southern Derbyshire Mental Health Trust was authorised as a foundation Trust (FT) by Monitor – the then independent regulator of FTs for England. Southern Derbyshire Mental Health Trust had a range of properties across Derbyshire with services located at over 30 locations and a total estate footprint of over 60,000m^2 and over 300 in-patient beds. The estate includes freehold, leasehold, reciprocal agreements, occupancy agreements, and memorandums of agreements. The age of the hospital sites ranges from Victorian to buildings built in the late 2000s e.g. the Kingsway Hospital Site PFIs, whilst the community estate ranges from Georgian properties to properties built in the 1960s onwards.

DHCFT inherited a range of LD services and associated properties from a number of providers. The estate portfolio grew again in 2011 when DHCFT became the provider of children's universal and specialist services for Derby City.

In the first decade of the century, the Trust delivered a PFI programme focused on the Kingsway Hospital site and in Ilkeston. In the decade since, the Trust has been focusing on "business as usual" estate projects, investing £1.9m in 2017/18 and a further £1.1m on schemes focused on bringing the remaining owned premises to an acceptable standard in terms of condition, safety and statutory compliance.

The Trust has also significantly rationalised its estate in recent years including the sale of land and buildings. Sales generated significant capital receipts which have been reinvested in new and refurbished assets. The Trust's review of leased properties both reduced the overall estate footprint and has released some revenue savings. These reductions have been achieved through the adoption of new models of care, service reconfiguration, service integration and co-location, and smarter e.g. agile working. The table below lists the properties that DHCFT has vacated in recent years.

Table 2: List of historic disposals

No.	Property	Location	Comments
1	Bingham House	Alfreton	Transferred to Derbyshire County Council
2	Rykneld	Derby	Sold
3	63 Duffield Road	Derby	Sold
4	North Mill	Belper	End of lease
5	St James House	Derby	End of lease
6	Cardinal Square	Derby	End of lease
7	Audrey House	Derby	Sold
8	Bramble House	Derby	Sold

4.3 The Trust's estate portfolio

The Trust provides services from 57 properties across Derbyshire as shown on the map below. The Trust owns 14 properties, leases 38 properties and has five properties via PFI contracts. In total the Trust's sites have a GIA of 62,757m². The Trust's estate operational revenue budget (including rents and capital charges) for 2017/18 was £2.5 million representing just under 2% of the Trust's total annual operational revenue.

4.3.1 PFI properties

DHCFT has not embarked on any significant capital investment for over a decade. The last major projects were the opening of the PFI properties listed below.

Table 3: PFI properties

No.	Property	GIA (m²)	Location	Net Book Value £000's
1	Ashbourne / Research & Development Centre	4,272	Derby	£13,069
2	Cubley Court	2,837	Derby	£8,375
3	Ilkeston Resource Centre (including Midway Day Hospital)	1,775	Ilkeston	£8,732
4	Audrey House	901	Derby	£2,513
5	Tissington House	1,172	Derby	£3,539
Total net book value (£000's)				**£36,228**

The PFI programme has mainly focussed on the Kingsway Hospital site and has provided modern accommodation for the Trust headquarters, research and development team, older people's mental health, and adult rehabilitation services. The annual cost of the PFI estate is approximately £3.3m (PFI debt principal and interest).

4.3.2 Owned properties

The Trust owns 13 buildings across the county and the land at Kingsway Hospital on which the PFI buildings are situated. Overall the buildings have a net book value of £27,982k and the land £9,164k.

Table 4: DHCFT owned buildings

No.	Site	GIA (m²)	Condition	Location
1	Albany House	880	B	Derby
2	Bayheath House	1,329	B	Chesterfield
3	Brooklands	490	B	Ilkeston
4	Century House	378	B	Long Eaton
5	Cherry Tree Close	774	B	Derby
6	Dale Bank View	629	B	Swadlincote
7	Dovedale Unit	899	B	Derby
8	Kedleston Unit	1,065	B	Derby

No.	Site	GIA (m²)	Condition	Location
9	Kingsway House	3,229	B	Derby
10	Radbourne Unit	7,686	B	Derby
11	Resources Centre London Rd	1,006	B	Derby
12	Rivermead	428	B	Belper
Total net book value (£000's)			**£27,982**	

4.3.3 Leased properties

Information about the Trust's leased properties is shown below.

Table 5: DHCFT leased properties

No.	Site	GIA (m²)	Condition	Location
1	Bankgate	526	B	Swadlincote
2	Buxton	Unknown	C	Buxton
3	Buxton Probation	Unknown	C	Buxton
4	Corbar View	242	C	Buxton
5	DCHFT SLAs – 10 properties	2,116		Variety
6	Erewash House	410	-	Ilkeston
7	Hartington Unit	4,440	-	Chesterfield
8	NHS Property Services & Community Health Partnership – 13 properties	2,116	-	Variety
9	Ripley Resource Centre	524	B	Ripley
10	The Ritz	557	B	Matlock
11	St Andrews House	2,797	B	Derby
12	St Mary's Gate	540	B	Chesterfield
13	St Pauls/St Matthews	1,066	B	Derby
14	The Mews	396	B(c)	Ripley
15	Old Vicarage	556	B	Bolsover
16	Unity Mill	390	B	Belper
17	Wards 1 & 2 LRCH	2,369	B	Derby

23 properties (or parts of properties) are leased / rented from either NHS Property Services (NHSPS), Community Health Partnerships (CHP) or Derbyshire Community Healthcare NHS Foundation Trust (DCHFT) – the full list can be found in Appendix One. The residual properties include a number

rented for nominal amounts. The Trust is still renting Ward Two at London Road Community Hospital despite the ward being vacant.

4.3.4 Inpatient facilities

The four largest sites are the four hospitals from which the Trust provides inpatient mental health services. Bed numbers are summarised by site and service line below.

Table 6: Inpatient beds by service line and site

	Kingsway Hospital Site	Hartington Unit	Radbourne Unit	Wards 1 & 2 LRCH	Total
Acute Adult Mental Health	0	52	90	0	142
Older People's Mental Health Inpatient Beds	36 (+14 closed beds in Tissington)	12	0	20 open (20 temporarily closed beds)	68 open
Rehabilitation	33	0	0	0	33
Forensic low secure	20	0	0	0	20
Perinatal	0	0	6	0	6

Each inpatient site is described in turn below.

Kingsway Hospital site

The Kingsway Hospital site is home to inpatient facilities (older people's mental health, rehabilitation and forensic low secure), research and development, FM functions and administrative offices including the Trust headquarters. Modern inpatient facilities include Cubley Court, Tissington House and Audrey House which were completed in 2009 as part of a PFI development. The combined GIA for inpatient areas for the Kingsway Site is 15,748 m^2 which includes both clinical and non-clinical areas. The site provides pleasant landscaped gardens and car parking. The inpatient services on-site are:

- Cubley Court and Tissington House which provide mental health inpatient care for older adults (Tissington is temporarily closed);
- Audrey House rehabilitation service.
- Cherry Tree Close which also provides rehabilitation accommodation from a number of bungalows built in the 1970s.
- Kedleston Unit, a male low secure unit consisting of two wards. It has recently been refurbished to provide 100% single room accommodation. One ward also provides single room en-suite accommodation.

Hartington Unit

The Hartington Unit is located on the same site as Chesterfield Royal Hospital and is the inpatient unit for the north of the county. The facility consists of two and a half adult and a half older adult acute inpatient wards, an outpatient service, occupational therapy team and a crisis resolution and home treatment service. The three wards provide a mix of single room and dormitory bedrooms.

The psychiatric liaison team for north Derbyshire is also based in the Unit. Hartington Unit was built in the 1980s and has access to its own car parking although spaces are limited.

Radbourne Unit

Based on the Royal Derby Hospital site, the Radbourne Unit is the Trust's inpatient service for Derby and South Derbyshire residents with acute mental health needs. The Radbourne Unit consists of four adult acute inpatient wards, an enhanced care ward (ECW), an electroconvulsive therapy (ECT) team, occupational therapy services and the crisis resolution and home treatment services. Two wards are mixed sex acute mental health admission wards and two wards are single sex (male and female). Much of the wards have dormitory style accommodation. In February 2015, a new Hope and Resilience Hub opened.

The Beeches Peri-natal (mother and baby) Unit is also based on this site, providing care and treatment for expectant and new mothers who are at risk of or experiencing serious mental illness.

The Radbourne Unit was built in the 1990s and has its own car parking however spaces can be limited.

Wards 1 & 2 London Road Community Hospital

London Road Community Hospital is located in the centre of Derby and is owned by the local acute NHST. DHCFT leases two wards at this site, both of which were built in the 1980s. Ward 1 is a 20-bed assessment and treatment ward for people over the age of 65 with functional mental health problems. It is a mixed sex ward with gender-specific sleeping areas with a mix of single and twin rooms which all have en-suite facilities. Ward 2 is currently not being used due to being loaned back to Derby and Burton Hospital NHS Foundation Trust as part of their winter pressures mitigation processes.

4.4 Estate performance

4.4.1 Fire safety

Following the Grenfell Tower disaster NHSI asked all NHS Trusts and foundation Trusts to provide assurance with regards to the management of fire risk. Initial assurance was provided to NHSI through completion of a Cladding and Fire Improvement Questionnaire, which the Trust returned. The return stated that all of the DHCFT's buildings do not present a risk from this type of fire.

The Trust's buildings are subject to an annual fire risk assessment. All risk assessments have been completed and are up to date. The Health and Safety Committee receives regular reports from the Trust's Fire Officer on all fire related activity and / or risk and linked mitigation plans. The 2017/18 ERIC returns there were 11 fires and 24 false alarms in 2018/19.

4.4.2 Five-facet survey

The "performance" of NHS properties is measured using a facet survey which examines the performance of each building against criteria or "facets". The Trust commissioned a five-facet survey of its main sites and key community estate in 2019; the survey covered the following facets:

- Physical condition;

- Statutory standards (sub-divided into fire safety compliance and health and safety issues);
- Functional suitability;
- Quality;
- Environmental management.

The table below summarises the results of the most recent and the equivalent survey in 2017, showing the proportion of the estate surveyed which met the desired level of performance (category A or B). A full list of facet score definitions can be found in Appendix Two.

Table 7: Survey 2017 versus 2019

Facet	Percentage of Estate in Estate Code A&B (2017)	Percentage of Estate in Estate Code A&B (2019)
Physical Condition	94%	93%
Functional Sustainability	74%	74%
Quality	70%	70%
Statutory Compliance	91%	91%
Environment Management	63%	63%

The five-facet survey report also provided an estimate of the amount of investment the Trust would need to make over the next 11 years to resolve the issues highlighted by the report. The table below summarises the total investment needed by year and by facet. It is important to note that the figures quoted exclude fees, on-costs and VAT which can typically add approximately 55% to the amounts shown.

Table 8: Five facet recommendations – investment required

	Rating	Cost to achieve condition B (£000's)						
		Immediate/ current year	Year 1	Year 2	Year 3	Year 4	Year 5	Years 6-10
Physical condition	B	£1,943	£1,291	£106	£2,617	£427	£2,190	£5,150
Functional suitability	B	£27,830						
Quality	B	£110						
Statutory compliance	B(C)	£154						
Environmental management		£10						

The table shows that there is an immediate need for investment totalling £30m and that over the next ten years buildings will deteriorate further unless a further £12m were spent in addition to the £30m. The total 11-year requirement is therefore, £42m excluding fees, on-costs and VAT (potentially £65m in total). Somewhat unusually the main costs are due to a lack of "functional suitability" particularly across the Trust's wards, rather than properties being in poor physical condition (the Trust's two main inpatient units are well within their useful life). The problems with

shared bedrooms and a lack of en-suite bathrooms are well known, however, functional suitability issues extend beyond these concerns and include wards often being fairly cramped, outdoor space being limited and poor lines of sight.

The sections below discuss headlines for the larger units and sites.

Radbourne Unit

- Overall the Radbourne unit was rated as Condition B (satisfactory);
- The cost of resolving five-facet highlighted concerns is estimated at £13.5m excluding VAT, on-costs and fees;
- The £13.5m breaks down between physical condition (£44k), functional suitability (£13.4m), quality (£19k), statutory compliance (£27k);
- From a physical condition perspective 32% is rated as "significant" risk and 68% "moderate risk";
- The survey also recommends that in addition to spending £13.5m to bring the unit up to the desired standard, the Trust should expect to invest a further £2.8m over the next ten-years as the building deteriorates further;
- In total £16.3m excluding on-costs (circa £25m with on-costs) will need to be spent to eliminate the existing backlog, address the functional suitability requirements and carry out routine works within ten-years.

Hartington Unit

- Overall the Hartington unit was rated as Condition B (satisfactory);
- The cost of resolving five-facet highlighted concerns is estimated at £10.3m excluding VAT, on-costs and fees;
- The £10.3m all relates to functional suitability;
- 41.5% is "moderate risk" and the balance "low" risk;
- The survey also recommends a further investment of £2m over the next ten-years as the building deteriorates further;
- In total £12.3m excluding on-costs (circa £19m with on-costs) will need to be spent to eliminate the existing backlog, address the functional suitability requirements and carry out routine works within ten-years.

Cherry Tree Bungalows

- Overall the Cherry Tree Bungalows were rated as Condition B (satisfactory);
- The cost of resolving five-facet highlighted concerns is estimated at £1.26m excluding VAT, on-costs and fees;
- £1.2m is required to resolve functional suitability issues;
- 24% is "significant" risk and 76 "moderate risk";
- The survey also recommends investment of a further £0.35m over the next ten-years;
- In total £1.6m excluding on-costs (circa £25m with on-costs) will need to be spent to eliminate the existing backlog, address the functional suitability requirements and carry out routine works within ten-years.

Kedleston Unit

- Overall the Kedleston Unit was rated as Condition B (satisfactory);
- The cost of resolving five-facet highlighted concerns is estimated at £2.4m excluding VAT, on-costs and fees;
- The £2.4m breaks down between physical condition (£31k), functional suitability (£2.4m) and statutory compliance (£2k);
- 89 is rated as "significant" risk and 11% "moderate risk";
- The survey also recommends investment of a further £0.42m over the next ten-years;
- In total £2.84m excluding on-costs (circa £4.4m with on-costs) will need to be spent to eliminate existing backlog, address the functional suitability requirements and carry out routine works within ten-years.

4.4.3 Hard and soft facilities management

Table summarises the cost of operating the Trust's estate in 2018/19.

Table 9: Key cost metrics

Financial metric	Unit	2018/19 £000s
Total capital investment	£000's	£1,105
Capital investment for new build per occupied floor area	£/m²	£0
Capital investment for improving existing buildings per occupied floor area	£/m²	£23
Capital investment per occupied floor area	£/m²	£23
Hard FM (Estates) costs	£000's	£0
Soft FM (Hotel services) costs	£000's	£830
Estates and facilities finance costs per occupied floor area	£/m²	£18
Hard and Soft FM costs per occupied floor area	£/m²	£18

4.4.4 Model hospital

The Model Hospital key performance indicators (KPIs) relating to the estate are shown in the figure below.

Figure 4: Soft FM costs
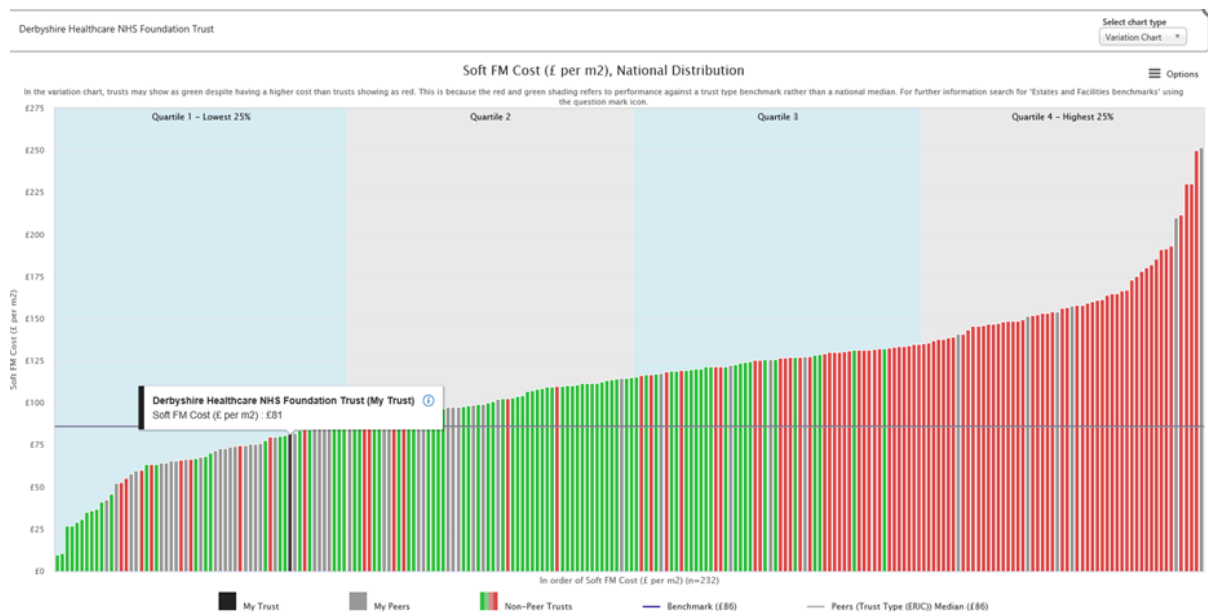
DHCFT has lower Soft FM costs than the benchmark average at £81 per m^2 and is in the best performing quartile of mental health Trusts. The equivalent chart for hard FM costs is shown below.

Figure 5: Hard FM costs
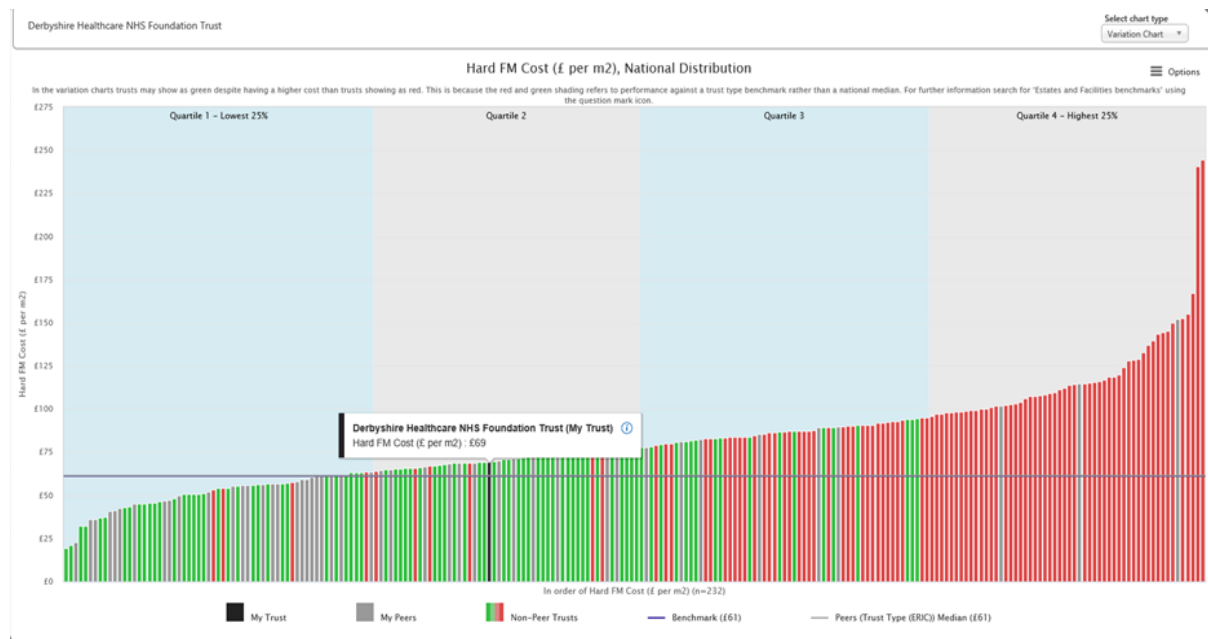
DHCFT has higher hard FM costs than the benchmark average at £69 per m^2 and is in the second-best performing quartile for mental health Trusts.

Hard and soft FM services are provided through a mix of contracted out and in house by the Trust for all DHCFT owned properties and some leased properties. The lack of responsiveness of the contracted-out services has adversely impacted the quality of inpatient provision and requires urgent review in line with CQC findings (delays to maintenance of showers and toilets).

4.4.5 PLACE scores

Patient-Led Assessments of the Care Environment (PLACE) were undertaken on the Trust's five main sites in 2018. PLACE assessments focus on the environment in which care is provided. The overall scores were above national average benchmark scores for mental health providers as shown in the table below.

Table 10: Trust-wide PLACE scores vs National Average scores 2018

Trust	Cleanliness	Ward food	Privacy Dignitary and wellbeing	Condition appearance & maintenance	Dementia	Disability
DHCFT	98.11%	96.44%	86.9%	95.69%	-	91.49%
National average (Mental Health)	98.4%	92.2%	91.0%	95.4%	88.3%	87.7%

The scores for each of the main sites is shown in the table below.

Table 11: PLACE scores by site

Site	Cleanliness	Ward food	Privacy Dignitary and wellbeing	Condition appearance & maintenance	Dementia	Disability
Kingsway	99.11%	100%	93.35%	96.31%	87.36%	91.87%
Radbourne Unit	99.61%	100%	95.11%	97.43%	-	93.21%
Hartington Unit	99.46%	89.73%	96.69%	95.21%	-	96.49%

4.4.6 Staff feedback

During the process of developing this estate strategy, extensive engagement was carried out with staff and staff-side representatives. The issues raised by staff through these events and the potential solutions/ impacts, are summarised in the table below.

Table 12: Estate issues raised by staff and proposed response

Issue raised	Proposed response
Heating and ventilation – buildings are hot and stuffy in the summer and cold in winter.	• MH-informed design in new units and refurbishments e.g. trauma-informed; dementia and ASD friendly environments • Adherence to health building guidance and CQC/ RCP standards wherever possible • Refreshed approach to agile working • Trust transport strategy • Staff & service user engagement in design
Staff areas need to be improved e.g. no space for students	
Staff training and rest areas are inadequate	
DDA flexible desks and improved facilities should be available	
Hot desking is problematic at present and is not working	
The environment needs to be more welcoming particularly as this is important to support recruitment	
Parking is problematic	
Blind spots on wards	
Staff safety needs to be taken more seriously when designing facilities i.e. lack of lighting around car parks	
Facilities should be fit for purpose e.g. include appropriate assessment areas such as OT kitchens	
Design should be dementia and ASD friendly	
There are insufficient toilets & bathrooms on the wards	

4.4.7 Premises Assurance Model (PAM)

The Premises Assurance Model was last updated in 2019 and looks at the following domains:

- Efficiency
- Safety
- Effectiveness
- Patient experience
- Organisational governance

The aim of PAM is to allow NHS providers to demonstrate to their patients, commissioners and regulators that robust systems are in place to assure that their premises are safe, provide a consistent basis to measure compliance against legislation and to prioritise investment decisions. DHCFT provided the follow response to PAM.
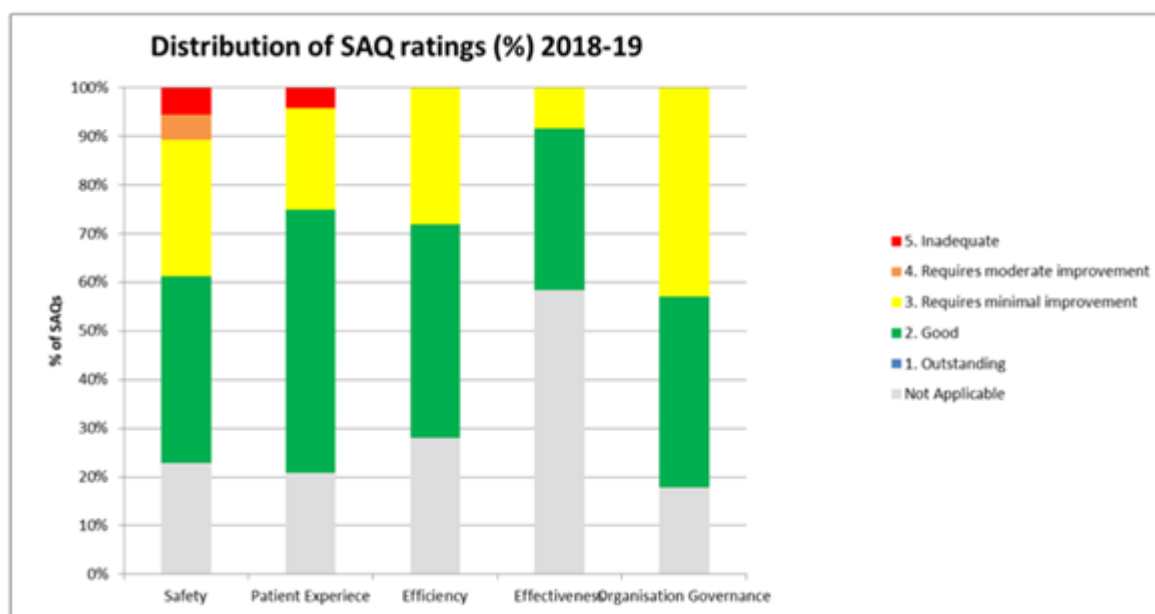
DHCFT is performing well with regards to patient experience and efficiency and only minimal improvements are needed for governance. Much work has been undertaken to improve organisation governance including mitigating a risk due to a key vacancy associated with the monitoring of the PFI contract KPIs. The Trust will do further work to improve on current scores (see Section 6.9).

4.5 Environmental and sustainability issues

The Trust's Environmental Update published in 2017 aims to provide a way forward to:

- Ensure compliance with all environmental legislative and guidance requirements;
- Continually improve environmental quality and overall performance;
- Minimise consumption of resources;
- Make sustainability a key element of all new developments;
- Minimise the production of waste and ensure all disposal, including recycling, use safe and cost-effective methods;
- To understand and reduce the carbon footprint by monitoring and the promotion of the efficient use and management of procurement, transport, energy and water resources;
- Wherever possible select suppliers and contractors who are committed to environment issues and reducing not only their own but the Trusts Carbon footprint.

Specific initiatives linked to the estate, include:

- **Carbon Management** - reducing carbon emissions is a major element of the environmental strategy as it impacts on all areas of the Trust. The Trust is looking at multiple initiatives to improve its carbon footprint through improved energy efficiency, reduced waste, renewable energy and innovative approaches to transport including the greater use of digital contacts.

- **Renewable Energy** - at the begining of 2012, the Trust fitted photo voltaic (PV) solar panels to the energy centre on the Kingsway site. Over the last five years the panels have produced 45,000 kwh of electricity. There is an opportunity to investigate fitting further PV panels to Kingsway House site which would also help reduce the Trust's carbon emissions.
- **Energy Saving -** the need to make the best use of resources and conserve energy is another key part of the reduction of carbon emissions and the DHCFT's carbon footprint. The proposed developments set out in Section 6 will result in a more modern and energy efficient estate.
- **Building Management System -** the BMS controls the heating system for a number of the Trust buildings and will be rolled out across the rest of the estate. The estates department has always had the BMS however recently significant enhancements have been applied to the computer interface and the level of control that they have over Trust buildings.

4.6 Equalities Act

The 2010 Equalities Act replaced the Disability Discrimination Act (DDA) compliance with which formed part of facet surveys. The Trust's recent five facet survey included consideration of "legislative compliance" however, the focus of this assessment is primarily on legislation linked to fire safety and issues covered by the old DDA e.g. disabled access to buildings. The broader coverage of the 2010 Equalities Act is more challenging for a survey of the physical environment to cover meaning the Trust needs to be careful not to over rely on the five-facet survey rating alone.

The 2010 act protects people against discrimination, harassment or victimisation in employment, and as users of private and public services based on nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. The Act includes provisions for single-sex services where the restrictions are "a proportionate means of achieving a legitimate aim". In the case of disability, employers and service providers are under a duty to make reasonable adjustments to their workplaces to overcome barriers experienced by disabled people. At a practical level, the Trust needs to go beyond making sure its premises are accessible to disabled people, to also consider issues such as:

- How requirements linked to gender orientation and sex can both be met e.g. single sex wards/ areas such as lounges and use by service users who are transgender;
- Ensuring that the patient experience and built environment quality, is consistent between facilities despite wards being age specific wards, whilst at the same time ensuring that specific age-related needs are recognised and met e.g. dementia friendly environments;
- Whether characteristics such as race and religion lead to a need to adapt the physical environment. The Trust is aware that some minority ethnic groups access its services at different rates than the general population – we want to understand the role, if any, that the estate can play is affecting access rates;
- How environments need to be adapted to meet the needs of disabled people, not just in terms of access, but also provision of assistive technology equipment, such as hoists and handrails, to maximise independence.

Meeting the requirements of diverse groups will be a core element in the design of new and refurbished property. Where guidance exists, such as dementia friendly and trauma informed environments, the Trust will adhere to this guidance; where official guidance is lacking, the Trust will look to learn from best practice elsewhere.

4.7 Other estate issues

4.7.1 Agile working

Agile working is being encouraged across Trust services as a way of driving flexibility amongst the workforce but also to manage constraints associated with the estate. The success of agile working has varied with some locations having fully embraced it and benefited from it while other locations still experience pressure on desk space. A ratio of one desk to two employees has been introduced for some staff groups e.g. administrative staff in St Andrew's House. Some staff members have voiced concerns that they need appropriate technology for agile working to be successful and there is a still a need for team members to have a base. The Trust's approach to agile working will continue to evolve (see Section 8.2).

4.7.2 Privacy and dignity

The Radbourne and Hartington units have some dormitory accommodation. Although this is in the process of being partitioned, the view from the Care Quality Commission (CQC) is that all patients should be offered single rooms with en-suite bathrooms where possible. Work is ongoing to improve the partitioning in the short term whilst considering how single room accommodation can be implemented (see below). In the medium-term it is imperative that the sue of shared bedrooms is ended and that all bedrooms have en-suite bathrooms; failure to achieve these standards will, ultimately lead to facilities being closed by the CQC.

4.8 Existing estate plans

4.8.1 Tissington House

Tissington House will be repurposed to be an older adult inpatient mental health unit and subject to consultation, to replace Ward 1 at London Road. The Trust is ensuring that the refurbishment is sufficiently flexible to allow for future change of use. Tissington will be ready to start offering new services in 2020/21.

4.8.2 Eradication of dormitories

As mentioned above, there is a move to minimise and eventually eradicate dormitories as part of the estate. Single Bedroom Projects are already underway to install partitions in the Hartington Unit and begin the creation of single rooms at the Radbourne Unit. In the Radbourne Unit, single room conversions have started and will take six months per wing equating to one year per ward to complete.

4.9 Other site users

There is currently a presence on one floor of St Andrew's House of a local authority social services team. Other social care team members are collocated in Hartington and Radbourne. The Trust is not aware of any plans for these arrangements to be altered.

5 Rationale for change – strategic context

5.1 Introduction

This section sets out the **"where do we want to be?"** element of the estate strategy. It considers the impact of national and local strategy for the services provided by the Trust and the Trust's response as set out in its strategy.

5.2 National policy

5.2.1 Secondary care mental health services

Mental health policy continues to emphasise early identification of mental health issues, early intervention, treatment in the least restrictive environment and the reablement model.

The national strategy contained in the 2019 NHS Long Term Plan and the 2019 Mental Health Implementation Plan requires better provision of community-based services to reduce the need for admission and reduce length of stay when people do require hospitalisation. The Long-Term Plan will drive parity of esteem through a new ring-fenced local investment fund worth at least £2.3 billion a year by 2023/24. This will require service expansion and faster access to community and crisis mental health services for adults and particularly children and young people. Specific access targets are in place to monitor the speed with which people receive these services.

The NHS Long Term Plan makes a commitment to ending out of area placements by the end of 2020/21 for people requiring a non-specialist acute inpatient admission; the introduction of more quality measures to assess individuals' experience of inpatient treatment; and aims to ensure that individuals are treated in the least restrictive environment possible. DHCFT currently uses a significant number of adult mental health out of area placements.

NHS England is supporting the CQC in evolving their programme of inspections for mental health services to ensure that their approach to regulating, inspecting and monitoring mental health care services aligns with the NHS Long Term Plan. A particular focus is the implementation of standards for privacy and dignity with an associated reduction in sexual safety incidents. This will require the eradication of mixed sex wards and implementation of 100% single rooms with en-suite facilities which will present a particular challenge for DHCFT given the configuration of current adult inpatient beds (mental health, frail elderly, rehabilitation and forensic / low secure).

5.2.2 Highly specialised mental health services

National policy for forensic and secure services has focused on reducing the cost and number of out of area placements (which are often in independent sector hospitals) by changing the way these services are commissioned and by developing more local alternatives to secure inpatient treatment such as rehabilitation units, community forensic teams and supported housing. The intent is to incentivise NHS providers to repatriate activity from the independent sector and to better join -up the commissioning of local and specialised forensic services. Locally the lead provider is Nottingham Healthcare NHS Foundation Trust which provides a medium secure unit and Rampton high security hospital.

DHCFT is the lead provider for community forensic and low secure services across Derbyshire. The Trust will continue to work with commissioners to make sure that whenever possible patients are able to access appropriate care locally as a result of the strengthening of locally based low secure, community forensic and rehabilitation services. Probation services will be a strong partner in this development.

DHCFT is the lead provider for perinatal (mother and baby) mental health services and offers a six bedded unit based at the Radbourne Unit adjacent to Derby Royal Hospital NHSFT.

There is nationally a well-documented lack of capacity in tier four (inpatient) CAMH services. These specialist tertiary services are becoming even more specialist with a move to sub-specialise in areas such as adolescent eating disorders, secure adolescent accommodation and PICU. There could be a future opportunity for the DHCFT to expand into tier four service and this would have estate implications, however at this point the Trust has no plans for the foreseeable future to develop local tier four CAMHS services.

DHCFT refers to out of county inpatient eating disorder services and has no plans for the foreseeable future to develop a local service.

The Trust provides services for people with a learning disability in the south of Derbyshire. Services for people with Autistic Spectrum Disorder (ASD) are under review and there is the potential to develop a new approach to ASD 24 hour acute assessment (see Section 6.7). ASD is a particular focus given the prevalence of dual diagnosis with mental illness resulting in admissions to the local working age mental health acute units, often leading to delayed transfers of care or above average lengths of stay.

5.2.3 Integrated community health services

Changes to community services feature strongly in national policy as set out in the Five-Year Forward View, the GP Five Year Forward View and the NHS Long Term Plan.

DHCFT provides integrated children's health services, including CAMHS, in Derby City. These services include community teams, health visitors, school nurses, paediatricians and therapists. The Trust works closely with the Royal Derby Hospital NHSFT, primary care and social care to deliver an integrated care pathway for children. DHCFT also provides older adult mental health services in south Derbyshire.

There is a strong evidence base suggesting that services need to be better integrated with delivery joined-up between community health, primary care and social care. This has led to the development of community hub and spoke delivery models which require a hub and spoke approach to the estate. Community hubs that co-locate a wide range of statutory and non-statutory services are becoming the norm. The benefit of this approach is aimed at delivering seamless and more effective care pathways using integrated teams co-located particularly in areas of high demographic need. The Trust's response is described in Section 6.3.

5.2.4 Information technology

National policy for the use of information and communications technology (ICT) and information across the NHS focuses on the use of ICT to support:

- Joined-up care by delivering ICT that supports the integration of primary, community, acute and social care services and thereby places the patient at the centre of a web of care;
- Safe, effective and high-quality care by providing ICT that supports professionals to care at the right time and in the right place;
- A sustainable health and care system by using ICT to enable service provision that is value for money and sustainable;
- Well-managed services by supporting operational and strategic management through the provision of the information needed to ensure services are high quality, safe, sustainable and value for money;
- Innovation by assisting research and continuous improvement.

The delivery of these ICT objectives depends on the following core features being implemented in local systems:

- Interoperability – to ensure a consistent core set of information, derived from different service specific ICT systems, is available for each patient;
- Best of breed systems – recognising that each clinical area has its own specific information requirements which can be met by different systems as long as each can use interoperability features to ensure the sharing of core information about patients;
- Mobile working (agile) technology - enabling staff to access and enter data wherever they are and therefore be more productive. This is a fundamental to improved productivity across community-based services and has the added benefit of reducing the need for physical space at community-based teams;
- Transformed business and performance information – improved business intelligence.

The NHS Long Term Plan identifies the need for services to offer greater digital connectivity including virtual consultations and remote access for clinicians to clinical meetings. All health services are required to draw up plans to demonstrate that they will be fully digital by 2024 and integrated with other parts of the health and care system through a local shared health and social care platform. Over the next ten years these changes will result in an NHS where patients and their carers can better manage their health and condition. Where clinicians can access and interact with patient records and care plans wherever they are, with ready access to decision support, virtual consultations, virtual MDT meetings and AI.

The key impact on DHCFT's estate strategy is the need to invest in ICT to effect service transformation and new ways of working which will maximise space utilisation in buildings. DHCFT has developed a Clinical Systems Strategy to put an electronic patient record system in place from 2020 and reduce paper-based systems. Further investment is required in the DHCFT digital infrastructure (mobile devices, Wi-Fi and internet speed of connectivity) to support agile working (rather than purely hot desks), virtual consultations and remote access to clinical meetings particularly inpatient multidisciplinary meetings discussing patient care plans and discharge planning (see sections 8.1 and 8.2).

5.2.5 The NHS and wider public-sector estate

In March 2017 Sir Robert Naylor published his review[5] into the NHS estate which sets out how the NHS can release up to £2bn of surplus estate to fund the investment required to support plans set out by STPs. The report highlights an STP estate investment need of up to £10bn, made up of £5bn to resolve backlog maintenance issues and a further £5bn to support transformation. The review also makes recommendations:

- About how to align the interests of individual Trusts with health communities (via STPs);
- About how the release of capital funds can be made dependent upon demonstrating alignment and the achievement of STP estate plans;
- Prioritising land vacated by the NHS for the development of residential homes for NHS staff, where there is a need.

Looking beyond the NHS, the One Public Estate programme is a national programme delivered in partnership by the LGA and the Cabinet Office Government Property Unit which seeks to:

- Create economic growth;
- Deliver more integrated, customer-focused services;
- Generate efficiencies, through capital receipts and reduced running costs in line with the Carter Review recommendations.

DHCFT has already delivered considerable estate rationalisation in support of the Naylor initiative. The DHCFT estate reduced by 10.95% since 2011/12 and overall by 26.72% since ERIC data recording commenced in 2002/03. Derbyshire STP is ahead of target with plans to dispose of surplus land. DHCFT will continue to review its estate thereby reducing the estate running costs whilst raising capital to redevelop mental health facilities to make them fit-for-purpose, in line with the programme's objectives.

Currently DHCFT is achieving the 35% Carter target for non – clinical space (DHCFT 27%) however the Trust has not yet achieved the 2.5% target for unoccupied floor space (DHCFT 4.5%) based on 2017/2018 data.

5.3 The Derbyshire Sustainability and Transformation Partnership

5.3.1 Introduction to the STP

DHCFT is a partner in the Joined-Up Care Derbyshire (JUCD) STP, demonstrating the Trust's active role in enabling delivery of the agreed Derbyshire model of care and the system wide transformation priorities for 2019/20 to 2023/24.

Joined Up Care Derbyshire (JUCD) STP forms part of a coherent system-level operating plan aligned with the One Public Estate Place-based planning initiative, with all partners including the wider health and social care system across Derbyshire. JUCD is working together to realise the Derbyshire STP vision to 'deliver the most effective and efficient health and social care system for the citizens of Derbyshire delivered through a place-based care system which is effectively joined up with specialist services and managed as a whole' (Derbyshire STP Plan, October 2016).

---

[5] NHS Property and Estates, Sir Robert Naylor, March 2017.

The focus of the Derbyshire STP plan is to keep people:

- Safe & healthy – free from crisis and exacerbation;
- At home – out of social and healthcare beds;
- Independent – managing with minimum support.

The STP care model is illustrated in the diagram below.

Figure 7: Derbyshire Model of Care
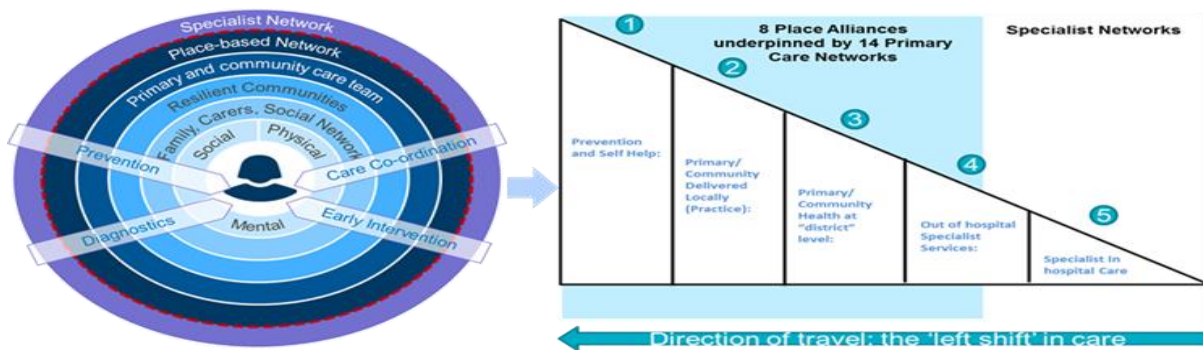
Demographic data from Derbyshire County and Derby City unitary authorities indicate above average levels of deprivation affecting the inner-city populations and some rural areas which can be associated with higher levels of mental health problems and support for children, hence greater need for locally accessible community services.

Derbyshire STP (JUCD) has a number of work groups which include mental health, children's services and LD services. There is a Local Estates Forum which has developed the Strategic Estates Plan (July 2019) inclusive of NHS, Social Care, Local Authority, NHS Property Services, NHSE and NHS Community Health Partnerships.

5.3.2 Derbyshire mental health services

The priorities for the Derbyshire STP/ JUCD of most relevance to the Trust's mental health services are as follows:

- Prevention and improving community resilience;
- Increasing access to primary care mental health services;
- Improving the acute mental health pathway and bed occupancy particularly with reference to personality disorder (PD) and ASD;
- Developing IAPT services;
- Developing community forensic services;
- Integrating services across care pathways;
- Improving CAMHS services;
- Improving LD / ASD services;
- Improving mental health inpatient facilities where dormitory arrangements still exist.

The STP Plan indicates that the once the Derbyshire model of care has been achieved this will enable demand for mental health services across Derbyshire to potentially be contained within the current inpatient bed numbers. Further work is however required to identify the optimum bed numbers. The key enabling factors which will support the improvement of the local acute mental health pathway are the development of:

- Personality disorder pathway and enhanced community team;
- ASD pathway and acute facility;
- Forensic community team;
- Single sex wards;
- Improved seclusion facilities;
- Local PICU facility which will negate the requirement for an Enhanced Care Ward.

Managing this improvement will be challenging, given currently high bed occupancy levels and relatively high average length of stay.

The STP estates work stream highlights the following developments as being an important enabler of changes to mental health and children's services and increased estate efficiency:

- Fit for purpose mental health facilities to address the concerns of CQC including single rooms, seclusion rooms and location of PICU;
- Older adult services at Kingsway to be developed and reprovide the inpatient facilities currently at London Road Community Hospital. The dementia rapid response team to be further enhanced to support this change;
- Redevelopment of the Ash Green LD Unit;
- Sustainable development plan to support carbon footprint reduction;

In addition to the explicit STP plan DHCFT is also exploring the appropriate design of its back-office functions, in line with the requirements of the Carter and Long-Term Plan recommendations. This work may provide opportunities to review the more appropriate location and cost of some clinical and corporate services office accommodation.

5.3.3 Derbyshire Place Based Care

The Derbyshire STP focuses on scaling up the existing 'place-based' system of health and care delivery which draws together social, community, primary and specialist services underpinned by a systematic focus on prevention and supported self-care, with the aim of reducing demand on the system over time. Social care and the voluntary sector will play a key role in the design, development and expansion of the future model.

The development of integrated PLACE based community hubs is a strong focus in the STP Estates Plan however these developments do not encompass the totality of secondary mental health across Derbyshire or integrated children's community services in Derby City. They also do not take account of the significant anticipated growth in mental health community staff and associated activity identified in the Mental Health Long Term Plan. Therefore, a tension is emerging between the ability to co-locate all community services and the significant expansion required by mental health services in the Long-Term Plan. It is essential that parity of esteem must be upheld in the development of

place-based care. DHCFT already has eight neighbourhoods delivering services and it will build upon this approach which is consistent with the JUCD model of care.

5.3.4 STP digital roadmap

The emerging STP digital roadmap describes local plans which focus on:

- A digitally activated population which improves the public's access to personal health and care information with the aim of enabling people to manage their own health and wellbeing;
- Connected care, the creation of share care records and plans across the health and care systems to support the delivery of integrated care;
- Insights driven health system which identify patients who are at a high risk of illness and which monitor the effectiveness of interventions on patients with established disease. Together these deliver whole systems intelligence so that the needs of the entire population can be predicted and met;
- A digitally enabled workforce designed to enable care professionals to work and communicate more effectively.

Although the aims described above are not explicitly linked to estates, the STP Digital Roadmap is an important enabler of greater estate efficiency.

5.4 Organisational, clinical and other Trust strategies

The Trust's response to the national and local strategic context is embodied in its strategic and operational plans including its strategic direction, emerging clinical strategy, digital strategy, people strategy and estate strategy.

DHCFT reviewed its strategy in the early part of 2019 and identified three strategic objectives for the period 2019 to 2021:

- Great Care;
- Great Place to Work;
- Best Use of Money.

As part of its strategy DHCFT has developed a clinical ambition statement to guide service developments. The elements of this statement with most relevance to the estate strategy are follows:

- 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.

The Trust's 2019/20 operational plan was published in April 2019. The plan highlights the key work streams for 2019/20 and the central importance of developing a culture of continual quality improvement within the Trust. Three significant risks to delivering continual quality improvement have been identified as:

- Compliance with regulatory standards as outlined in the CQC inspection in 2018;
- Delivering a systematic approach to continuous quality improvement particularly clinical; pathway redesign, new clinical strategies and clinical quality improvement in each team;
- Delivering the Mental Health Act proposals regarding single sex, en-suite accommodation and to eradicate dormitory stock in Mental Health. The Trust's adult mental health wards may be resized to in the range of 15 to 20 beds reflecting best practice to support an efficient, safe and therapeutic service.

The primary aim of the previous Trust estate strategy was to:

- Provide the highest quality facilities for patients, staff and visitors and improve the user experience taking into consideration equality and diversity;
- Provide an estate in which all buildings in use are at, or above, Estatecode condition B;
- Reduce proportionately the overall Trust expenditure that is spent on its facilities;
- Rationalise and reduce the estate footprint through increased utilisation
- Deliver facilities which:
    - Are flexible in use, recognising that services and use will change over time;
    - Are aligned with the overall Trust strategies;
    - Create a sense of safety and a healing, therapeutic environment;
    - Are sustainable.

The 2019/20 – 2023/24 DHCFT estate strategy refresh builds upon these strategic aims and responds to each of the factors set out in the estate case for change and the strategic context (NHS MH LTP, Carter efficiency metrics, OPE/STP, Naylor Review) and will:

- Invest in improving the physical condition and functional suitability of the remaining estate;
- Minimise the risks associated with statutory compliance including fire safety;
- Enhance the wellbeing of people using and working in Trust facilities through design which specifically supports Trauma Informed Design, ASD Friendly Design, Dementia Friendly Design, and buildings which are 'easy to use'
- Support the continuing integration of health and social care services by enabling the co-location of Trust and where appropriate, partner organisations' services;
- Support the use of mobile technologies through installation of high-speed Wi-Fi;
- Promote agile working;
- Help to reduce the Trust's carbon footprint by locating close to public transport;
- Assist the delivery of the LTP and Carter five-year goals for mental health and community services
- Improve the daily performance of the Trust estate and peoples experience of their environment through improved monitoring and reporting of estate metrics

DHCFT is currently developing its divisional/ service level plans using a clinically led strategy development process. A number of themes impacting upon the estate have been identified as set out in the extracts below.

Figure 8: Adult mental health services

The need to move to single bedrooms across the inpatient estate is well known. By implementing

the Out of Area Bed Reduction plan and shortening our current length of stay in our acute wards, there may be the ability to manage future demand growth from within our reduced bed stock. A Business Case for PICU provision in Derbyshire and any and allied estate development will be required.

The service developments outlined below and the significant investments from the NHS Long-term Plan for Mental Health, will result in a large increase in staffing numbers in Crisis, Liaison and CMHTs. Whilst increased support for agile working and digital contacts may mitigate against some of this demand, it is unlikely to avoid the need for growth in our community estate for office and clinical space.

One of the service developments outlined below is the creation of a single booking system for clinical space across the estate. The creation of such a system could assist the optimising of our existing space and would support the future modelling of demand and capacity needed to inform our future need for clinical space with expanded community teams.

Figure 9: Older people's mental health services

The expansion of the crisis related services within the NHS Long-term plan and the expansion across the County of the IRHTT will result in the need for additional clinical and office accommodation. Similarly, any expansion in training roles and apprenticeships will require additional staff accommodation. Whilst increased support for agile working may mitigate against some of this demand, it is unlikely to avoid the need for growth in our community estate.

For our inpatient estate, there is scope to co-locate functional inpatient beds at Walton Hospital alongside the DCHFT organic inpatient service. There is also scope for similar co-location at Kingsway. Both these proposals would be subject to public engagement and consultation, followed by staff consultation. Both these proposals would assist the move to single bedrooms across the estate.

These changes to the estate will be driven by the emerging DHCFT clinical strategy and service plans, underpinned by the workforce strategy and digital strategy (infrastructure) together with the addition of three DHCFT modelling work-streams:

- **Community Services** - detailed review of the community services located within each neighbourhood identifying the number and location of staff, including the projected increased resulting from the MH LTP funding annually up to 2023/24. This review will incorporate mapping of population demographics and existing patient post codes by care group in order to build a clear picture of need across Derbyshire. It will be assisted by a clearly articulated co-location principles, an agile working policy implementation plan / transformation and digital innovation plan.
- **Inpatient Services** - review of inpatient bed numbers to take account of the impact of an increased focus on community services such as DRRT, Crisis, DBT (PD), the reduction in out of area placements, a local PICU, a new ASD assessment unit and a well-developed community DBT team (resulting in an effective local PD pathway).
- **Corporate Services** - review of the location and cost of back office functions at Kingsway, aligned with the requirement to identify more suitable options for neighbourhood services including St Andrews House in Derby.

5.5 Summary of strategic factors

Chapter 5 of the estate strategy has set out to answer the question 'where do we want to be?' In summary DHCFT plans to deliver the following service transformation by 2023/24

- Provide acute mental health inpatient, ASD, PICU and low secure services within Derbyshire, located in modern, therapeutic facilities without the need for out of area placements;
- Provide integrated and co-located community services which meet the needs of the local population and address the unmet need in mental health, children's and younger people's services;
- Provide efficient and effective community environments which promote paper free, agile working and are easy to use;
- Improve the average cost per metre square of office accommodation (corporate and clinical) to upper quartile performance.

The key areas of focus that this estates strategy must therefore address are as follows:

- Eliminate dormitory accommodation;
- Improve accommodation for community teams;
- Increase en-suite accommodation;
- Reduce the cost of back office accommodation;
- Eliminate the need for out of area placements in adult mental health and consider providing a PICU facility within Derbyshire;
- Consider options to provide a new ASD inpatient assessment unit;
- How to work collaboratively with partners across Derbyshire to ensure the public estate is fit for purpose;
- Improve the use of estate metrics (PAM, Model Hospital) and mapping tools (SHAPE) to support planning and service transformation.

The table below provides a summary of how the DHCFT intends to address the strategic factors and deliver the planned service transformation.

Table 13: Strategic Factors impacting the estate strategy

Area/ issues	Impact on the Trust and the estate strategy	Link to investment/ disposal plans
National strategy		
The use of dormitory accommodation has to be eradicated across the mental health estate	Dormitories (i.e. shared bedrooms) continue to be in used on the wards in the Hartington and Radbourne units, and on Ward One at London Road. This is no longer acceptable and ultimately, if the practice is not ended, the CQC will close these units down.	Eradication of dormitories project (see Section 6.2).
Prevention and early intervention. National policy since the FYFV and now in the LTP, emphasises the need to tackle the causes of illness and of intervening early to proactively manage the development of illness	Much of the new investment in mental health services has been targeted at services that have not historically been the focus of mental health Trusts e.g. investment in psychological therapy services such as IAPT and primary care mental health. The Trust aims to benefit from these monies - this will mean it will need to provide services that are better integrated with other statutory and voluntary sector services including services not exclusively focused on managing ill health; examples could include wellbeing services. This shift in focus implies provision of services in partners' estate and offering up space in DHCFT estate to other providers	The Trust's review of its community estate and community hubs project will respond to the need to promote prevention and early intervention (see Section 6.3).
Secondary care mental health policy - expectation that care is provided in the least restrictive way and as close to home as possible. Plans should include specific	Need to provide care closer to home and in less restrictive and stigmatising settings wherever possible – suggests need for service delivery points across all neighbourhoods and provision of services from non-	Site rationalisation plans retain accessible service delivery points in all areas. Investment in technology projects to support the continued improvement in the infrastructure to

Area/ issues	Impact on the Trust and the estate strategy	Link to investment/ disposal plans
actions to substantially reduce Mental Health Act detentions and ensure that the practice of sending people out of area for acute inpatient care as a result of local acute bed pressures, is eliminated entirely by no later than 2020/21.	mental health estate. Strategy needs to take account of CQC inspection findings as part of implementing the national strategy.	support improved delivery of mental health services (Section 8.1) and ICT plans. Trust plans to address CQC inspection findings particularly in relation to wards at Radbourne and Hartington Units (Section 6.2). Move the psychiatric intensive care unit (PICU) from out of area provision to within Derbyshire (Section 6.7). Relocate the London Road frail elderly ward to Kingsway and enhance the dementia rapid response team.
Specialised services policy – aim to reduce the use of out of area placements and to develop alternatives to admission.	Ambition to reduce out of area placements could lead to need for more inpatient capacity in DHCFT. The Trust has already developed a network of premises to support step-down care.	Move the psychiatric intensive care unit (PICU) from out of area provision to within Derbyshire (Section 6.7). Deliver a local Personality Disorder care pathway (Section 6.7) Pursue opportunity to develop a local ASD service (Section 6.7).
Community health services policy – focus on integration of services at "cluster level" to improve access to primary care, improve joint working with community services and better embed primary care mental health.	Drive to better join-up primary care and community services at locality level is likely to drive shift to service delivery from local community hubs.	Development of community hubs with integrated services (see section 6.6). Locate IAPT in GP, community hub and local premises Explore co-location options for children's services.

Area/ issues	Impact on the Trust and the estate strategy	Link to investment/ disposal plans
National ICT strategy - it is clear that 'digital' has a significant role to play in sustainability and transformation, including for example delivering primary care at scale, securing seven-day services, enabling new care models and transforming care in line with key clinical priorities.	Supports integrated working (as above) across sites supporting co-located services. Mobile and digital technologies create opportunities to reduce need for physical bases.	Trust's site service plans reflect opportunities to reduce the number of physical locations, especially team bases to fewer but better quality facilities (see Section 6.6). These plans are enabled by the Trust's Information Management, Technology and Records (IMT&R) strategy (see Section 8.1).
The wider public-sector estate	The Naylor Review and One Public Estate both encourage Trust's to reduce their estate through the sale of surplus assets, particularly where land can be sold for housing. There will be opportunities for the Trust to work with partners from across the public sector to share accommodation and co-locate services particularly those services which form part of multi-disciplinary teams.	Trust's disposal of surplus land is fully aligned to the Naylor Review and One Public Estate strategy. The Trust's site rationalisation plans consider opportunities to work with partners across NHS to reduce the total public sector estate through co-location. See Section 6.3.
Homes for NHS Staff scheme	Land disposals have supported local housing.	Land disposals have supported local housing. Any further disposal plans need to consider the NHS Homes for Staff scheme.
Derbyshire STP strategy (JUCD)		

Area/ issues	Impact on the Trust and the estate strategy	Link to investment/ disposal plans
Mental health stepped care model and improving the acute mental health care pathway	The STP focus on prevention and primary care mental health means the Trust will need to continue and in places enhance, the co-location of services with primary care and other community-based services. DHCFT plans are to avoid opening additional out of area acute mental health beds through ongoing initiatives to offer alternatives to admission and to reduce length of stay. For people still requiring admission, DHCFT aims to improve their satisfaction with inpatient services.	DHCFT's estate plans reflect opportunities to improve co-location of services and to de-stigmatise services by moving away from provision from locations primarily associated with mental health. For example, the Belper, Buxton and Bakewell community hub projects to co-locate these services with other community services. The Trust's estate plans aim to improve the quality of the built environment by reducing backlog maintenance and statutory compliance issues, as well as improving the therapeutic environment by embracing trauma informed, ASD and Dementia friendly design principles. See sections 6.2, 6.3 and 6.6.
Care Closer to Home Community Hubs	The development of community hubs suggests a need to co-locate more services in locations that are accessible to each population served. The services which will be co-located include the Trust's community services, as well as some mental health services. This will create further opportunities for estate rationalisation.	The STP site rationalisation plans reflect emerging opportunities linked to community hubs. In doing so the Trust will maintain a presence on key community hub sites that make it easier to co-ordinate patient's physical and mental health needs (Section 6.6).
Derbyshire estate strategy	The Derbyshire STP estate strategy is focused on looking at how to make better use of health and care buildings and land. This includes the disposal of surplus land and the reinvestment of sale receipts to	The placed based projects – see section 6.2. The Trust's plans to investment in improving the remaining estate are also fully aligned to STP strategy.

Area/ issues	Impact on the Trust and the estate strategy	Link to investment/ disposal plans
	improve the quality of retained facilities.	
STP Digital Road Map	A series of digital initiatives which support estate rationalisation through better use of ICT.	The Trust's site rationalisation plans – see section 6.6.
DHCFT Trust strategy		
Enablement model of care	Need to operate from facilities which support patients to keep well and maintain their independence.	Investing in high quality co-located community hub or locality-based facilities (Section facilities).
ICT strategy/ Mobility	Enables reduction of the number and/ or size of community bases. Reduced requirement for office space.	The Trust's Information Management, Technology and Records strategy will enable agile working and paper free environments (see Section 8.1).
Sustainability Strategy	The development of the DHCFT sustainability plan sets out a series of principles that estate investment schemes need to reflect. More detail can be found in Section 4.5, including initiatives relating to the built environment, energy consumption, and travel and transport.	Future investments will deliver modern more sustainable facilities and contributes to the Trust's aim to reduce energy consumption and the its carbon footprint, and to ensure that all its estate meets statutory standards. Any new buildings will be designed to achieve a "Excellent" rating against Building Research Establishment Environmental Assessment Method (BREEAM) (healthcare) standards. Specific features include a flat roof to take extensive photo voltaic panels. All of the Trust's developments will reflect modern building standards e.g. Health Building Notices

Area/ issues	Impact on the Trust and the estate strategy	Link to investment/ disposal plans
		(Section 6.2). In all Trust developments, opportunities will be taken to design in plans for car sharing and parking, cycling, green travel and transport arrangements that help meet Trust targets.
CQC action plan in response to recent CQC inspections	The Trust must respond to CQC concerns about the physical environment.	The Trust has an extensive CQC Action Plan which includes the requirement to move to 100% single rooms, en-suite bathrooms, improved privacy, dignity and safety. Address seclusion room availability and improve outdoor access for inpatient areas. (sections 6.2 and 6.6).
ICT plans	Reduced requirement for office space.	The Trust's site rationalisation plans – see section 6.6.
Workforce strategy	Potential to review need for staff accommodation (Homes for NHS staff initiative). Improved physical environments can be linked to improved rates of recruitment and retention.	The Trust's whole capital investment programme as set out in Section 6. There will be an increase in staff as a result of improving staff recruitment and also the additional staff from the Transformation Fund. Location, accessibility, easy to use and safe and secure facilities are all important in attracting and retaining staff which is a particular focus for DHCFT and was mentioned in the CQC report 2019.
Financial strategy	The Trust needs to continue to reduce estate running costs as a contribution to achieving efficiency targets.	The Trust's estate plans, including the sale of surplus land will reduce total estate costs and the cost per

Area/ issues	Impact on the Trust and the estate strategy	Link to investment/ disposal plans
	The estate offers some opportunities for generating non-patient related income.	square metre of the remaining estate – see sections 6.6 and 7.3. Income generation – including from leasing properties to NHS and other public-sector tenants for activities that are complementary to the Trust's services; car parking and solar power.

5.6 Estate strategy response

The primary aim of the previous Trust estate strategy 2014 - 2018 was to:

1. Provide the highest quality facilities for patients, staff and visitors and improve the user experience taking into consideration equality and diversity;
2. Provide an estate in which all buildings in use are at, or above, Estatecode condition B;
3. Reduce proportionately the overall Trust expenditure that is spent on its facilities;
4. Rationalise and reduce the estate footprint through increased utilisation
5. Deliver facilities which:
   - Are flexible in use, recognising that services and use will change over time;
   - Are aligned with the overall Trust strategies;
   - Create a sense of safety and a healing, therapeutic environment;
   - Are sustainable.

This 2019 estate strategy refresh builds upon these strategic aims and responds to each of the factors set out in the estate case for change section (section 4) and this strategic context section and will:

- Invest in improving the physical condition and functional suitability of the remaining estate;
- Minimise the risks associated with statutory compliance including fire safety;
- Enhance the wellbeing of people using and working in Trust facilities through design which specifically supports Trauma Informed Design, ASD Friendly Design, Dementia Friendly Design, and buildings which are 'easy to use'
- Support the continuing integration of health and social care services by enabling the co-location of Trust and where appropriate, partner organisations' services;
- Support the use of mobile technologies through installation of high-speed Wi-Fi;
- Promote agile working;
- Help to reduce the Trust's carbon footprint by locating close to public transport;
- Assist the delivery of the LTP and Carter 5-year goals for mental health and community services

The Trust's specific investment and rationalisation plans are described in the next section.

6 Investment plans

6.1 Introduction

In this section we set out details of the key investments and enabling projects the Trust intends to implement over the next five years in response to the strategic and operational issues outlined in the previous two chapters – this section is the **"how do we get there"** element of the estate strategy.

DHCFT has a long list of known investment requirements. The Trust prioritises its investments based on criteria that are derived from the principles set out in section 3.5 of this estate strategy. All investments are considered by the Trust's Finance and Performance Committee and by the Trust Board. The most significant projects planned are the eradication of dormitory style accommodation, implementation of en-suite facilities and repatriation of out of area placements, particularly PICU.

The Trust will need to produce business cases for these schemes to ensure the best option is pursued in each case and that value for money is being obtained. Consultation is likely to be required for some projects.

The Trust is not planning to reduce inpatient bed numbers during the period covered by this estate strategy (in line with the STP plans and the Enablement Strategy, described in Section 5).

6.2 Investment one – inpatient accommodation

The Trust has three inpatient units for Derbyshire residents with acute mental health needs:

- Hartington Unit in Chesterfield (primarily for working age adults but with 12 beds specifically for older adults);
- Radbourne Unit in Derby (90 beds for working age adults and a six-bed peri-natal unit);
- Ward 1 at London Road Community Hospital in Derby (all beds for older adults).

All three sites were built before the Department of Health issued its Health Building Note stipulating that mental health wards should be built to consist of single bedrooms, each with an en-suite bathroom. As a result, all three sites have some form of dormitory-style accommodation which now needs to be eliminated, as outlined below:

Table 14 Bed configuration – dormitories and single rooms (working age adults)

Wards - working age adults	No. of dormitories / bays	No. of single rooms	Total beds in dormitory / bay	Total beds
Radbourne Unit – Enhanced Care Ward	2	4	6	10
Radbourne Unit – Ward 33	4	5	15	20
Radbourne Unit – Ward 34	4	6	14	20
Radbourne Unit – Ward 35	4	6	14	20

Wards - working age adults	No. of dormitories / bays	No. of single rooms	Total beds in dormitory / bay	Total beds
Radbourne Unit – Ward 36	4	6	14	20
Hartington Unit – Pleasley Ward[6]	4	3	17	20
Hartington Unit – Morton Ward	4	2	20	22
Hartington Unit – Tansley Ward	4	4	18	22
Total	**30**	**36**	**118**	**154**

Table 15 Bed configuration – dormitories and single rooms (older adults)

Wards - older adults	No. of dormitories / bays	No. of single rooms	Total beds in dormitory/ bay	Total beds
Ward 1, London Road Community Hospital	6 double rooms (used as single when occupancy low)	11	Max of 12 Often less	20
Total	**Max 6 - however daily variation**	**11**	**9**	**20**

Currently all dormitory style provision on the Hartington and Radbourne unit wards is separated into individual bedroom spaces with the aid of curtains. At the Radbourne Unit only, some dividing partitions are also in place to provide additional privacy. None of these temporary solutions meet HBN standards, so all must be eliminated.

The Trust has been aware of the need to eradicate the use of dormitory accommodation for some time and has been in discussion with commissioners about it. At the April 2019 board meeting the risk "that the Trust estate does not comply with regulatory and legislative requirements" was elevated to be one of the five most significant risks facing the organisation.

In the short term, in order to improve patient privacy and dignity and seek partial compliance with national guidance, the Trust has costed up a potential programme of works to ensure partitioning is in place across all areas at the Hartington and Radbourne units, whilst permanent solutions are developed. The planned move of Ward 1 from London Road to the Kingsway site will remove the problem for this service.

Although a short-term solution is planned, as described above, but this will not result in the Trust's main inpatient units being fit for purpose by complying with modern healthcare standards relating

---

[6] 12 beds on Pleasley Ward are for older adults.

to the physical environment. Making all wards fit for purpose i.e. functionally suitable, requires considerably more investment and change than can realistically be made across the adult, older people's and peri-natal facilities at the Radbourne and Hartington units. The options to modernise the inpatient estate will be the subject of a business case and potentially a Wave Five funding bid. The options will be developed from the choices open to the Trust. These choices are:

1. Choice over which services will be in-scope for the investment. As a minimum this will be the adult wards at the Hartington and Radbourne units, with other service scope options likely to be "plus PICU" (see Section 6.6 below), "plus peri-natal" (because this unit is within the Radbourne Unit) and "plus related community teams" (such as the crisis team);

2. Choice over the location of the improved inpatient units. The do minimum will be "continue in-situ at the Hartington and Radbourne units", whilst other options are likely to be one or more new builds elsewhere;

3. Choice over commercial delivery model. Once the Trust has made a decision about service scope and location, it would have a choice about the commercial delivery model e.g. units owned by DHCFT or units leased from a third party;

4. Choice about timing. Although the optimal timing is likely to be "as quickly as possible" (and the CQC are expected to push for this), the availability of capital funds and overall affordability may dictate a slower pace of delivery.

The business case process will determine the number of beds required, although initial indications are that the number is unlikely to reduce (even without PICU being included) and could increase given the ongoing use of out of area placements for some people needing an acute mental health ward admission. Current market costs are in the range £450k to £600k[7] per inpatient bed depending upon factors such as the amount of ancillary space/ non-bedded services included in the project; the extent of new build versus refurbishment; and the extent of site infrastructure improvements required. This range of costs equates to £72m to £96m total investment being needed to replace the beds currently in the Radbourne and Hartington units.

6.3 Investment two – PICU

The Trust is unusual in not having its own psychiatric intensive care unit (PICU). This service gap resulted in the creation of an enhanced care ward at the Radbourne Unit, but people requiring intensive care, are referred to out of area PICUs. This goes against nation policy which requires an end to the practice of admitting people requiring non-specialised[8] acute mental health placements out of area by the end of 2020/21. The guidance accompanying the policy announcement allows for some out of area placements to continue, where considered appropriate and defines "out of area" as a unit that does not form part of the usual local network of services. This requirement creates some pressure and opportunity for more services to be provided locally. The chart below shows the trend of patients placed out of area for PICU and clearly shows a consistent demand of a level sufficient to create a DHCFT unit.

---

[7] Based on full costs including VAT, fees etc. £458k per bed is the cost of a 72-bed new build unit currently being built in North London; £600k per bed is the OBC estimate for complicated new build and refurbishment scheme in Surrey.

[8] Specialised mental health services, as opposed to specialist services, are those commissioned by NHS England; example include medium secure and inpatient CAMHS.

Figure 10: PICU out of area placements 2016 to 2019
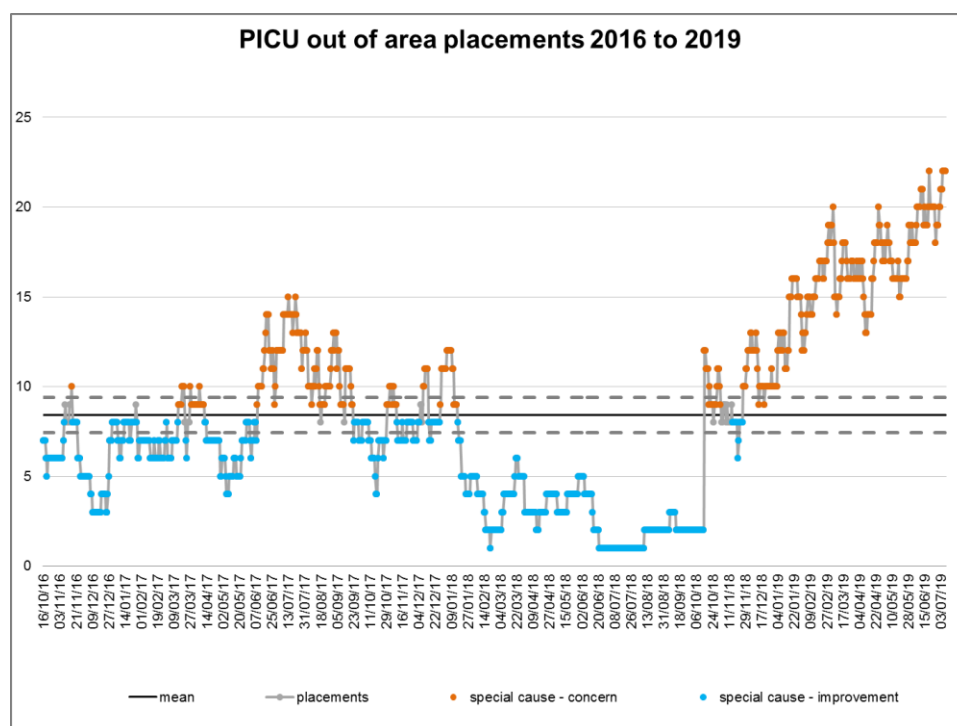
The number of PICU patients out of area has been steadily increasing above the historic average of between six and eight since November 2018. As with all small services, inpatient numbers are volatile and the Trust will need to be mindful of the gender split amongst the group requiring admission to PICU, however continuing to send PICU patients out of area is no longer acceptable, so the Trust will develop a business case for an in-house PICU by the end of 2019/20.

6.4 Investment three – improved accommodation for community services

The Trust has significantly reduced its estate portfolio over recent years, but now needs to improve the condition of much of its remaining community-based estate[9] whilst considering any further estate rationalisation opportunities, the planned expansion of staff numbers in some community services and potential new community models for mental health (as set out in the 2019 Community Mental Health Framework).

Both locally and nationally there is a shift towards "hubs" serving natural populations described as "Places", within which a range of public sector commissioned services would be co-located. These moves reflect the increasing importance of integration between partners and across pathways, and hubs are seen as a way that pathways can be better joined-up. The Joined-up Derbyshire strategy reflects this national trend. However, hubs in themselves do not means services will integrate – other enablers such as joined-up IT (see Section 8.1) and a change in working practices and culture (see Section 8.4), need to also be in place, otherwise, the Trust risks creating hubs consisting of service silos. DHCFT, therefore needs to decide whether a hub model will deliver sufficient benefit to justify the investment needed.

---

[9] In this context, the term refers to non-bedded sites used by clinical teams as bases and/ or for patient-facing activity.

Across Derbyshire eight hubs are at various stages of planning with three schemes being led by the community Trust and other schemes being led by local authorities. The Trust is a party to all of these projects, however, in common with schemes across England, delivery is proving complex because individual projects can be more expensive than the existing accommodation they seek to replace; schemes can "run at the pace of the slowest", so take a long time to deliver; and right sizing new facilities can prove difficult. Local experience is that similar schemes in the past have resulted in under-utilised expensive facilities being opened e.g. the PFIs in Ashbourne and Ilkeston. The concept though, is a good one, but the Trust must adopt a structured approach to deciding whether to participate in hub projects with partners or whether to go it alone.

The process recommended is:

1. Agree a standard for DHCFT community facilities based upon the vision and principles described in Section 3 and best practice examples from other mental health and community providers;
2. Agree which services benefit the most from co-location and, at an individual service level, agree the interdependencies which should form the basis of co-location decisions. For example, older people's mental health teams maybe best co-located with physical health community nursing, CAMHS with children's centres and the community forensic team with probation services;
3. Agree the future space requirement and ways of working taking account of technological advances and plans to change pathways and/ or increase/ decrease the number of staff within services (for example, staff numbers in CAMHS, IAPT, crisis and CMHT services are likely to increase);
4. Review the current standard of and service mix within the community estate against these aims and considerations;
5. Where the current estate falls short, identify options to improve taking account of the desired future state, areas of need and availability of alternate buildings, and develop business cases for investment as required.

A key consideration in deciding whether to create community hubs or not, will be affordability. Based on experience elsewhere, new estate typically costs more in ongoing revenue costs, than existing estate even after allowing for estate rationalisation and anticipated efficiencies such as lower heating and maintenance costs. There are two principle drivers of higher estate costs:

- Firstly, although new premises should have lower maintenance and heating costs, they are typically larger to comply with health building notices and other standards;
- The capital charges or leases on new premises, are invariably higher per m^2 than existing costs reflecting the better quality of the estate and any upfront investment made by the owner/ tenant. This factor is often exaggerated where existing accommodation is occupied under historic, sometimes, peppercorn rents e.g. Corbar View in Buxton.

Experience elsewhere in England is that the conversion of existing premises into a hub can cost between £1m - £2m in capital investment. Consequently, the development of hubs will require capital investment and against estate-related budgets only, is very likely to represent a cost pressure. In making the case for hubs, the Trust should therefore be clear about the case for change, quality benefits and non-estate related efficiencies hubs should enable.

In Appendix Three we have set out initial thinking about the pros and cons of the Trust setting up its own hubs (which relevant partners could use) versus the alternate option of being a partner is hubs developed by other organisations.

6.5 Investment four – increase access to en-suite facilities

In addition to investing in the adult and older adult acute in-patient facilities described above, there is also a need to upgrade accommodation to provide en-suite bathrooms on other inpatient units which already have single bedrooms, but where patients use shared bathrooms. En-suite facilities improve privacy and dignity for all people and increase functional independence in older people, but provision increases the space required on each unit.

The tab le below illustrates the current position regarding en-suites across the inpatient estate not dealt with in investment one above.

Table 16 Remaining units en-suite bathrooms requirement

Wards	Existing single rooms	Existing en-suite bathrooms	Existing shared bathrooms	Existing shared toilets
Perinatal Unit at Radbourne site	6	0	?	?
Kedleston Low Secure Unit Curzon ward	8	0	2	3
Kedleston Low Secure Unit Scarsdale ward	12	12	1	1
Cubley Court 1 (Older adults) male. PFI	18	18	2	2
Cubley Court 2 (Older adults) female. PFI	18	18	2	2
Audrey House (Rehabilitation) PFI	10	10	2	2
Tissington House (Vacant) PFI	15	15	1	1
Cherry Tree 4 Bungalows (Rehabilitation)	23	0	5	10
Total	**104**	**73**	**15**	**21**

The table shows that three facilities – the Perinatal Unit, Curzon Ward and the Cherry Tree bungalows do not meet the requirement. This means that the Perinatal Unit, Curzon Ward, in Kedleston and the four Cherry Tree bungalows will need to be reconfigured and potentially extended (or bed numbers reduced). The likely cost is £1m per ward.

6.6 Investment five – corporate and support service accommodation

DHCFT corporate services offices are located on the Kingsway site in Derby in a combination of owned buildings such as Kingsway house and PFI facilities such as the Ashbourne Centre. Kingsway is a strategic site for the Trust and the PFI elements are relatively expensive. The Trust has decided that expensive and strategic sites should be used first and foremost for clinical service delivery and that whilst some corporate services do need to be alongside clinical services e.g. the executive team base, most do not. DHCFT will therefore review these facilities and identify if they could be re-used for clinical services, including as team bases. As part of this review, the Trust will identify alternate options for those corporate and support services that do not need to be at Kingsway – options are likely to include leasing office space on a business park. The review will need to take account of possible changes to the delivery model of some support services, for example the potential to collaborate with other public sector bodies and/ or have a single DHCFT based for some of these services.

6.7 Investment six – developmental opportunities

In addition to PICU discussed above, there are other repatriation opportunities linked to the national drive to ending the practice of admitting patients needing specialist mental health beds, out of area. There are two broad categories of patient:

- "Overspill" adult acute patients admitted elsewhere because of a lack of capacity in Trust-run units;
- Admissions to units specialising in LD and ASD.

The Trust has already initiated improvements to the care pathways for people who have a PD or ASD which aim to reduce length of stay at the Harrington and Radbourne units. This will then free-up capacity to admit the current level of out of area placements to a Trust inpatient bed. The business case (investment project one) will need to take account of the ASD and PD pathway changes and inpatient needs in modelling capacity requirements.

6.8 Investment seven – statutory compliance, risk management and backlog maintenance

The Trust will continue to invest capital funds in "business as usual" projects to tackle compliance (e.g. Equalities Act compliance, fire safety and legionella projects), risk (e.g. works to reduce ligature points, installing panic arms, roof repairs, electrical infrastructure upgrade works, ward upgrades to address PLACE inspection findings) and backlog maintenance. The five-facet survey identifies the Trust properties that require investment to bring buildings up to the target Condition B and to resolve statutory and fire safety compliance issues. The investments outlined above will resolve many of these issues, but where they remain, the Trust intends to invest approximately £0.5m per annum over the next ten years in a combination of statutory compliance, risk management and backlog maintenance projects shown in the capital expenditure table in Section 7.1.

6.9 Enabling project one – improved use of estates metrics

The Trust will further develop its capacity and capability to utilise estate and planning data sources to improve the day to day and strategic planning and management of its estate during the period of

this strategy. These data sources outlined below will be critical to the development of business cases to support strategy implementation and the improved performance monitoring of the estate maintenance function.

- SHAPE geographical mapping tool;
- Model Hospital metrics;
- Carter efficiency metrics;
- Carbon footprint – Sustainability Plan implementation;
- Green Travel plan implementation;
- ERIC data returns and six facet survey;
- DHCFT estate management tools e.g. estate terrier, maintenance performance logging system.

The Trust Board sub committees should receive a suite of regular reports on estate performance (e.g. responsiveness of maintenance for showers and toilets as identified by the CQC), privacy and dignity (e.g. progress with single room and en-suite implementation) and value for money (efficiency of back office and community team space utilisation).

6.10 Enabling project two – application of lean working, transformation and change methodologies

The application of "Lean" methodology to the estates maintenance function will provide further efficiencies, improve performance and enhance people's day to day experience of the built environment across DHCFT.

It is also recommended that the estates, projects and facilities management leadership team are equipped with transformation and change management skills and qualifications to support the delivery of environments to deliver effective agile working and improved space utilisation.

6.11 Enabling project three – review of contacted out hard and soft FM services

Currently arrangements for the supply of hard and soft FM services across the Trust's estate vary. Where sites are leased responsibility can lie with the landlord (sometimes other statutory organisations) whilst the Trust provides in-house services at other premises. The lack of responsiveness of the contracted-out services (noted in section 4) has adversely impacted the quality of inpatient provision and requires urgent review in line with CQC findings (delays to maintenance of showers and toilets) because the current issues damage the Trust's reputation. The proposed review should commence with the Hartington Unit services where there is a complex contractual arrangement of services being contracted to the acute Trust and then subcontracted to the community Trust. Such complexity creates multiple hand-offs which result in delay. Once arrangements at Hartington have been reviewed, we further recommend that the Trust reviews the arrangements for providing hard and soft FM services with a view to understanding if greater collaboration with other public sector bodies or a wider in-house solution could improve performance.

7 Capital programme

7.1 The capital plan

In chapter six a series of investments were recommended. The investment projects recommended will need to be worked-up into business cases before they can proceed. This means that it is difficult to provide a ten-year capital plan based on this estate strategy, however, the table below provides a high-level indication of the potential investment needed over the next ten years.

Table 17: Potential capital investment required (£000s)

Project	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	Total
Inpatient accommodation			£42,000	£42,000							£84,000
PICU			£10,000								£10,000
Improve community facilities	£750	£1,500	£1,500	£1,500	£1,500	£750					£7,500
Increase access to en-suite facilities		£1,000	£1,000	£1,000							£3,000
Review back office accommodation				£1,000							£1,000
Pursue developmental opportunities					£8,000						£8,000
Address backlog compliance	£500	£500	£500	£500	£500	£500	£500	£500	£500	£500	£5,000
Total investment	£1,250	£3,000	£55,000	£46,000	£10,000	£1,250	£500	£500	£500	£500	£118,500

Of the £118.5m forecast need, £84m relates to the scheme to replace inpatient accommodation (project one). The timing shown assumes a two-year build after a two-year process to work through outline and full business case with associated approvals. A further, £10m has been allowed to build and equip a Trust PICU in time to meet deadlines for repatriating out of area admissions. The £7.5m for community facilities assumes five hubs are developed. A modest £500k per annum has been allowed for business as usual backlog schemes reflecting a relatively low level of backlog existing and that backlog needs at Hartington and Radbourne will be eliminated via project one.

7.2 Sources of capital funding

The Trust can source capital investment from:

- Its own internally generated funds i.e. cash generated from operations and / or asset disposals. The Trust has a healthy cash balance of approximately £30m, but will need to retain sufficient working capital for day-to-day operations, nevertheless, cash could be a source of investment;

- Developers. The Trust can enter into leases to occupy premises developed on the Trust's behalf by third parties (see sections 3.6 and 3.7 for a discussion about ownership versus leasing and "make or buy" decisions). There a multiple variations on this source including public/ private partnerships and the Trust has extensive experience of making this type of arrangement work via its PFI contracts. Deals can be for buildings only or buildings plus support services. The financial advantage is largely cashflow i.e. the cost of capital is spread over the lease term; the disadvantage is that the return required by the developer can be higher than the 3.5% public dividend capital return due on NHS capital invested;

- Central NHS funds. The most common source of large-scale investment in the NHS estate over the last few years has been central NHS funding. Central STP capital funding has been allocated to Trusts in a series of "waves" since 2017 and from time to time, other allocations are made, sometimes under other initiatives such as the primary care focused estates and

technology transformation fund. A common requirement of central funding is the ability to demonstrate that the funding will enable services to be transformed rather than a simple like for like replacement. This type of funding would be suitable for large schemes such as the inpatient accommodation project and programme of projects, such as community hubs. Business cases for these developments will be developed specifically to attract central funding.

7.3 Revenue consequences and affordability

The availability of capital could be a barrier to implementation of the Trust's estate strategy, although the Trust anticipates being able to develop compelling bids for central funding for several of its planned investments. In developing bids and business cases, the Trust must also be cognisant of revenue affordability and consequences of investment i.e. capital charges and / or lease payments. Experience from other community-based providers indicates that new estate is invariably more expensive in revenue terms than existing estate. This is expected to be the case for DHCFT with the result that the projects recommended in this strategy are likely to represent a cost pressure for the Trust, unless they enable savings against non-estate related budgets.

8 Enablers

In this section we set out the changes that need to be made across the Trust to help enable delivery of this estate strategy.

8.1 Information technology

The Trust's existing Information Management, Technology and Records (IMT&R) strategy is reaching the end of its life and will be refreshed in early 2020. The current strategy set out five themes:

- Access to electronic patient information;
- Efficient process enablement;
- Agile workforce;
- Business intelligence;
- Underpinning technology and service delivery.

The strategy listed, *facilitating estates rationalisation through agile technology delivering information systems across our own networks, those of other organisations, the use of the mobile phone networks, home and public networks* as one of the benefits the strategy would deliver alongside efficiency improvements, better information and increased safety through having a contemporaneous record available at the point of care delivery. The Trust did achieve significant reductions in the number of sites it operates from over the period covered by the strategy and its approach to agile working played a role in making this happen.

Looking ahead to the next IMT&R strategy, new technologies are less likely to lead to further reductions in the Trust's estate portfolio (subject to the development of community hubs) but are likely to lead to a different estate. The recent King's Fund publication, *Clicks and Mortar*[10] provides a good insight into the potential impact of new technology on the estate, for example, "*changes in technology are likely to result in a different NHS estate, rather than a smaller one, with space being used for different purposes or configured in different ways. Technology may also provide opportunities for getting more value from the existing estate – for example, by supporting multi-purpose spaces.*"

The estate of the future is likely to be influenced by new technology in a number of ways:

- Patient expectations of using digital technologies to streamline access to services and to improve experience, particularly when inpatient stays are required;
- Ways of working will change as flexible workspaces become the norm. This has already started with the move to agile working, but has some way to go across the Trust as the Trust changes its community-based and corporate/ support service facilities;
- The estate will be "smarter" as technology is used to make facilities easier to use. For example, room booking is expected to become easier as room utilisation could be monitored.

---

[10] Clicks and Mortar, Technology and the NHS Estate, King's Fund, May 2019.

8.2 Agile working

The Trust has adopted the principle of agile working recognising that many Trust staff do not fulfil their roles in a single location e.g. one ward or office, and that often they are required to move between sites and the homes of our patients.

Agile working is enabled by new digital technologies (such as ensuring all buildings are Wi-Fi-enabled) and will require a cultural shift (see below). The implication for the estate is that less physical space will be required for those staff able to work in an agile way and it would be possible to base some staff away from our main sites. The physical environment provided to staff working in this way could also be different from now e.g. more shared space, hot desks, break-out space, bookable meeting rooms etc. DHCFT's approach to agile working led to the adoption of hot desk/ shared desk guidance in 2018.

8.3 Partnership working

The provision of integrated, holistic, care which supports patients' recovery from illness and optimises their wellbeing is not something that the Trust can do on its own. Most of our services are provided through a wider network of care, involving partners in primary care, acute hospitals, social care, the voluntary sector and others, working together to support patients and their carers to help themselves. Working together, all these partners form part of a network of care, through which patients move, wherever possible towards recovery and discharge, allowing them to live as full and independent lives as possible.

The Trust will continue to work with partners to make the best use of the public-sector estate, looking for opportunities for rationalisation and improvement that benefit the entire public sector and not just the Trust. Our route to doing so will be via the STP.

8.4 Culture

This strategy will only work if the Trust can change the way it works and the culture across the organisation. Simply investing in new and improved buildings is not enough; the culture of the organisation must change to promote the concept of "shared space". For example, eliminating the view that a particular area of a building "belongs to one service or another" and replacing it with the appreciation that all buildings will need to be accessible to all services. This concept will need to extend to meeting rooms, individual offices and desks. The Trust will also need to review the operational policies behind the way it works, for example it will need to consider how to promote efficient home working whilst guaranteeing effective staff supervision and team meetings.

9 Conclusions and next steps

DHCFT has reviewed its estate and identified the key projects and programmes which need to be implemented over the next ten years. These will require significant capital investment of £110.5 million to address fit for purpose inpatient and community facilities.

The next step will be for DHCFT to develop four key work-streams, as follows:

- **Inpatient beds** – a review of bed numbers will be undertaken to identify the inpatient capacity required to deliver the totality of DHCFT's provision for adults, including PICU. This work will support the development of the business case to address provision of 100% single room en-suite accommodation over the next 10 years. In the short term DHCFT will implement partitions to improve privacy and dignity as highlighted in the recent CQC report.
- **Community provision** – a review of the location and capacity of the current neighbourhood facilities to identify whether these are fit for purpose and align to the recently published LTP Community Mental Health Framework. The implementation of the new electronic patient record will be used as an important enabler for the cultural change to move to modern paper-lite and agile working.
- **Corporate services** – a review of the corporate facilities at the Kingsway site will be undertaken in parallel with the review of community estate. This will identify whether some clinical services might be better co-located at the Kingsway site. Alternative leased office accommodation will be explored for corporate services.
- **FM contracts** – a review of all outsourced hard and soft FM contracts with the aim of improving responsiveness and cost effectiveness particularly for inpatient services.

Appendices

Appendix One – list of leased properties

Appendix Two –six facet definitions

Appendix Three – pros and cons of different hub models

Appendix One – list of leased properties

Leased from NHS Property Services & Community Health Partnership

No.	Site	GIA (m²)	Revenue costs £000's	Lease £000's	Condition	Location
1	Coleman Street HC	Unknown	Included below	Included below	-	Derby
2	Peartree HC	Unknown	Included below	Included below	-	Derby
3	Sinfin HC	Unknown	Included below	Included below	-	Derby
4	Revive	Unknown	Included below	Included below	-	Derby
6	Stanley Road	Unknown	Included below	Included below	-	Derby
7	Austin Surestart	Unknown	Included below	Included below	-	Derby
8	The Big Building	Unknown	Included below	Included below	-	Derby
9	Ilkeston HC	Unknown	Included below	Included below	-	Ilkeston
10	Connexions	Unknown	Included below	Included below	-	Derby
11	Council House	Unknown	Included below	Included below	-	Derby
12	Ronnie McKeith, RDH	Unknown	Included below	Included below	B	Derby
13	Scarsdale	Unknown	Included below	Included below	B	Scarsdale
			£545,491	£645		

Leased from Derbyshire Community Healthcare NHS Foundation Trust

No.	Site	GIA (m²)	Revenue costs £000's	Lease £000's	Condition	Location
1	St Oswalds Hospital	87	Included below	Included below	B	Ashbourne
2	Chapel HC	16	Included below	Included below	B(c)	Chapel-en-le-frith
3	Killamarsh HC	166	Included below	Included below	B(c)	Killamarsh
4	Newholme Hospital	1,545	Included below	Included below	-	Bakewell
5	Shirebrook HC	11	Included below	Included below	-	Shirebrook
6	Walton Hospital	222	Included below	Included below	-	Chesterfield
7	Alfreton HC	14	Included below	Included below	-	Alfreton
8	Heanor Hospital	12	Included below	Included below	-	Heanor
9	Long Eaton HC	11	Included below	Included below	-	Long Eaton
10	Ripley Hospital	32	Included	Included	-	Ripley

No.	Site	GIA (m^2)	Revenue costs £000's	Lease £000's	Condition	Location
			below	below		

Appendix Two – six facet definitions

Physical Condition

A   As new and can be expected to perform adequately to its full normal life

B   Sound, operationally safe and exhibits only minor deterioration

B(C)   Sound, operationally safe and exhibits only minor deterioration, but will fall below B within five-years

C   Operational but major repair is currently needed to bring up to condition B

D   Operationally unsound and in imminent danger of breakdown; Repair

CX   Operational but major replacement is currently needed to bring up to condition B

DX   Operationally unsound and in imminent danger of breakdown; Replace

Statutory Compliance

A   Complies fully with fire and statutory safety regulation

B   Complies with all necessary fire and statutory safety legislation with minor deviations of a non-serious nature

B(C)   Complies with all necessary fire and statutory safety legislation with minor deviations of a non-serious nature, but will fall below B

        within five-years as a consequence of unabated deterioration or knowledge of impending legislation

C   Contravention of one or more mandatory fire safety requirements and statutory safety legislation, which falls short of B

D   Dangerously below condition B

Quality

A   A facility of excellent quality

B   A facility requiring general maintenance investment only

C   A less than acceptable facility requiring capital investment

CX   A less than acceptable facility requiring capital investment; nothing but a total rebuild or relocation will suffice

D   A very poor facility requiring significant capital investment or replacement

DX   A very poor facility requiring significant capital investment or replacement; nothing but a total rebuild or relocation will suffice

Environmental Management

A   35-55 GJ per 100m3

B   56-65 GJ per 100m3

C   66-75 GJ per 100m3

CX   66-75 GJ per 100m3

D   76-100 GJ per 100m3

DX   76-100 GJ per 100m3

Functional Suitability

A   Very satisfactory, no change needed

B   Satisfactory, minor change needed

C   Not satisfactory, major change needed

CX   Not satisfactory, major change needed; Nothing but a total rebuild or relocation will suffice

D   Unacceptable in its present condition

DX   Unacceptable in its present condition; Nothing but a total rebuild or relocation will suffice

Space Utilisation

O   Overcrowded, overloaded and facilities generally over-stretched

F   A satisfactory level of utilisation

U   Generally under-used, utilisation could be significantly increased

E   Empty or grossly under-used at all times (excluding temporary closure)

Appendix Three – pros and cons of different hub models

	Advantages	Disadvantages
DHCFT-led hub	• Easier / quicker to deliver • Fewer compromises on building design – purpose built/ fitted out to Trust needs • Promotes integration across MH & children's pathways (DHCFT could offer space to related services) • Smaller so potentially easier to find suitable sites • Development controlled by DHCFT • Ongoing management of facility controlled by DHCFT	• Possible stigma associated with MH-only premises • Doesn't promote integration / links with non-MH / children's services • Likely to be more expensive per m2 to develop and operate (lack of economies of scale) • Possible reputational issue re not collaborating with system hub • Requires DHCFT to have expertise in property development and management
AN Other-led hub	• Better fit with NHS strategy e.g. LTP and emphasis on integration • Fits well with One Public Estate initiative • Risk and costs spread over multiple organisations • If local authorities involved = easier access to capital (council could act as developer) • Easier to draw on development expertise from outside the Trust	• Likely to take longer to deliver – "developed at the pace of the slowest" • Less control – DHCFT would hold a lease/ sub-lease • Multi-user schemes have been expensive in the past e.g. LIFT, NHSPS properties • Shared spaces less likely to comply with MH needs such as dementia friendly/ trauma informed environments • Ongoing site management e.g. FM services, not under control of DHCFT

NHS
Derbyshire Healthcare
NHS Foundation Trust

Board Committee Assurance Summary Report to Trust Board
People & Culture Committee (PCC) – Meeting held 26 November 2019

Key items discussed

- **Staff Story** - Recruitment and onboarding of new staff into Learning Disabilities Service. The story shared the success of the Learning Disabilities leadership in a recent recruitment campaign and the positive impact of applying the Trust's WARM principles when recruiting and onboarding new team members.

- **People and Culture Committee Board Assurance Risks (BAF)** – The Committee discussed Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) where BME / protected characteristics are collated. This is a key risk featured in the BAF.

- **Strategic Workforce Report** – The Committee received an update on the flu vaccine programme. This is key programme for protecting our staff and patients from illness through this winter. We are at 40% at the end of November. Targeted work is underway to ensure the vaccine is accessible and available by taking vaccinators to teams. The trust has looked at Nottingham Healthcare approach to staff flu vaccinations to ensure we have all the right things in place. A Fish and Chip lunch is available to all teams that reach 100%. Bullying and harassment – tracking against the number from BME / protected characteristics groups is still a concern. The Committee discussed the approach being taken to tackle this and how to reduce the number of cases. A leadership and management development update was provided covering the new programmes available to support new and existing managers

- **Workforce Performance Report** – the Committee discussed two key metrics, staff turnover and staff sickness. It was noted that Geoff Lewins, Non-Executive Director had attended an external meeting with other Non-Executive Directors and had heard about their approach being taken to sickness absence management.

- **Workforce Plan Update** – A further progress of the development of the three year workforce plan was presented. The Executive Team will be spending time on the plan during early December and a further iteration will be presented at the next meeting of the Committee.

- **Acute Care Training Compliance Update** – the progress of this compliance is noted and the Committee was assured with the progress that has been made on compliance.

- **Employee Relations Assurance Report** – really positive update. The Committee took significant assurance that improvements have taken place.

- **People and Culture Committee Equality and Diversity half-year assessment** – the Committee took significant assurance from the report.

- **Modern Slavery Statement** – approved and will be uploaded to the Trust's website – significant assurance.

- **2019/20 Forward Plan** –A refreshed forward plan for 2020/21 is being developed for the January 2020 meeting.

- **Identified risks arising from the meeting for inclusion or updating in the BAF** - None

- **Meeting effectiveness** – Good agenda, discussion around BAF and where this is discussed at the Committee it is recommended that this should be summarised at the end of the meeting which would add to the value of discussion and assurance

Assurance/lack of assurance obtained

- Significant assurance – Modern Slavery Statement
- Significant assurance - Equality and Diversity half-year assessment
- Significant assurance – Employee Relations Assurance Report
- Progress noted – Acute Training Compliance

Key risks identified

- **None**

Decisions made

- Onboarding approach to be developed into a case study and shared to other appointing officers as best practice
- Committee to receive a deep dive into sickness absence in January 2020
- Further iteration of the Workforce Plan to be received in January 2020

Escalations to Board or other committee – NONE

| **Committee Chair: Julia Tabreham** | **Executive Lead: Amanda Rawlings, Director of People Services & Organisational Effectiveness** |

Board Committee Summary Report to Trust Board
Audit & Risk Committee – Meeting held 3 December 2019

Key items discussed
• Counter Fraud Update
• Internal Audit Progress
• Head of Internal Audit Opinion Stage Two
• Audit Committee Maturity Matrix
• Review of Hospitality and Sponsorship and Declaration of Interests

Assurance/lack of assurance obtained

- This additional meeting had been primarily convened to assess the Board Assurance Risk (BAF) risk 1a but due to the Board reducing risk 1a from extreme to high, this risk will now be assessed by the Quality Committee on 10 December. This showed that mitigations had reduced the risk and also demonstrated the 'live' nature of the BAF.

- The Committee received assurance from Anti-Crime Specialist, of 360 Assurance on the 2019/20 Counter Fraud Plan. The Trust is working with 360 Assurance to ensure they have the resources to investigate a complex allegation of fraud, including completing as much analysis in house as possible.

- Counter Fraud had run a successful campaign on cyber security working with the Trust's Comms Team.

- The next Counter Fraud review would be around pre-employment checks.

- The Committee received assurance that sufficient controls and management mechanisms are in place within the Trust to mitigate fraud, bribery and corruption risks and supported 360 Assurance's work to ensure that identified risks and system weakness are adequately mitigated in line with recommendations made by 360 Assurance and/or NHS Counter Fraud Authority (NHSCFA).

- Completion of the Audit Committee maturity matrix concluded a mature rating in respect of the role and purpose of the Committee. This will be built into the Committee's year-end effectiveness report.

- In relation to the internal audit update, the responses to the well led work undertaken by 360 was reviewed at Board Development in November and had been extremely helpful in preparing for the CQC's well led review taking place in January 2020.

- The Head of Internal Audit Opinion (HOIAO) Stage 2 work programme confirmed ongoing assurance on the effectiveness of the Trust's Board Assurance Framework and strategic risk management processes.

- The Committee received significant assurance from the increased number of declarations in the various areas as part of the review of hospitality and sponsorship and declaration of interests report.

Key risks identified

- There was an acknowledgement of the pressures Counter Fraud was experiencing with allocated hours/days in relation to the complex investigations. It was agreed that a meeting with HR would be held to consider how much analysis work can be carried out by Trust staff rather than using up the Counter Fraud days.

- There is a need for increased disclosures regarding gifts from the clinical function of the Trust but increased communications are planned to improve disclosures.

- Concerns were raised regarding the non-reduction in the level of sickness absence and a suggestion was made that sickness absence management be included in the 2020/21 Internal Audit programme. Chair of the People and Culture Committee reported that work is taking place to improve the process for managing sickness absence through working with staff on their return to work. Work is also taking place to improve the way sickness absence is recorded for staff who are absent with long term conditions that prevents them from returning to work as well as staff with a terminal illness in line with Trust's Dying to Work Charter.

Decisions made

- It was agreed that Counter Fraud would link up with the Trust's Information Standards Lead, to avoid duplication and add further value to cyber security awareness.

- It was agreed that the Director of Finance would discuss with other Executive Directors whether an audit of sickness absence management could be an area to be considered as part of the 1920/21 Internal Audit programme.

Escalations to Board or other Committee

A potential area for an internal audit identified by the Finance and Performance Committee had been into sickness absence management. The People and Culture Committee regular monitor sickness absence and is supportive of an internal audit in this area.

Committee Chair: Geoff Lewins **Non-Executive Director**	**Executive Lead: Justine Fitzjohn** **Trust Secretary**

NHS
Derbyshire Healthcare
NHS Foundation Trust

Board Committee Summary Report to Trust Board
Mental Health Act Committee (MHAC) - meeting held 6 December 2019

Key items discussed:

Minutes of MHA Operational Group and Actions Matrix
- Minor amendments were made and the minutes agreed.
  Action matrix – a training report will be received at the next MHA Operational Group.

Changes to the MHA and MCA with regard to MHA and Liberty Protection Safeguards (standing item) – verbal feedback
- The LPS Code of Practice is being formulated but no details are known as yet as to how this will impact clinical services.
- The Trust business plan is being revised regarding the training and administration requirement which is easier to quantify.

Mental Health Act Manager's Report Quarterly Report
- This was received and significant assurance obtained.

Restrictive Practices
- A Deep Dive was presented in the form of a case study by Dr Mike Akroyd, clinical director, Radbourne Unit, Becky Keeler, advanced clinical pharmacist, and Kyri Gregoriou, head nurse. It was noted that deviation from NICE guidelines were sometimes justified by a person centred approach and risk assessment. This was potentially at odds with the CQC approach which tended towards fidelity to guidelines at all times. The importance of relapse prevention in order to avoid admission was noted and the role of community pharmacists discussed. Sedative side effects are the most common reason for non-concordance with medication and patient engagement/education is crucial to minimise the inherent risks.
- It was noted that the Oxehealth remote physical health care monitors will become operational in early 2020.
- Head of Nursing presented his paper which confirmed a downward trend in restrictive practice but long term rolling data is required to confirm this. A dashboard is under construction.
- The locked door situation has improved but there are hotspots. Morale is better. Training, bottom up QI and complex case/risk management panels all seem to be effective. Overall significant assurance regarding the approach being taken was received albeit with limited assurance re results.
- In view of the absence of assurance regarding patient debriefing/advance planning it was decided to add a risk to BAF1 (a) regarding fidelity with patient experience/seclusion/MHA Code of Practice.

Rapid Tranquillisation and Extreme Violence Deep Dive
- Chief pharmacist, updated the committee on progress with the QI "vertical observatory" approach.
- The policy has been re-ordered following clinical consultation and realistic expectations agreed.
- The next step is to tackle any barriers to good practices that may be identified. The EPR has already been modified.
- Significant assurance was obtained.

Verbal update from Associate Hospital Managers
- Eleven Associate Hospital Managers (AHMs) have been appointed. A backlog of hearings that had accumulated from September has been cleared. Trust Secretary, agreed to chase through payments which were overdue for AHMs.

Part year review of MHAC Equality, Diversity and Inclusion (EDI) objectives
- The scope of EDI objectives were reviewed. Foremost of these is the creation of a clinical pathway for Emotionally unstable personality disorder (EUPD) patients, most of whom are women who have survived trauma. There are currently three service pilots involving 120 patients as part of a two year roll out.
- The Quality Committee is due to review progress.
- Limited assurance was received.

Policy Review – Locking of Doors on Open Wards All Units policy and Procedures
- The policy was reviewed and ratified following a discussion with Head of Nursing

Revised Mental Health Act Committee Terms of Reference
- Minor amendments were agreed.

Issues escalated to Board or transferred to other committees
- Nil

Review of any issues from meeting that affect the BAF
- Limited assurance regarding patient experience aspects of seclusion will be added to BAF 1(a) risk.

Decisions made

- Levels of assurance were determined as described above.
- The locking of Doors on Open Wards all Units Policy and Procedure was ratified.

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

**Board Committee Assurance Summary Report to Trust Board
Quality Committee meeting held 10 December 2019**

Key items discussed

Deep Dive of BAF Risk 1a
- The Executive director presented ranging data, analysis and clinical indicators. This was triangulated against wider evidence. The report and analytics received were positive
- The gaps in control offer limited assurance. The risk remains at high and the recommendations for further management action remain in key domains:
  - An improvement plan in seclusion and rapid tranquilisation will take place through the Mental Health Act Committee
  - Physical Healthcare practice
  - Management action to implement the Psychiatric Intensive Care Unit (PICU).

Acute Care Transformation Plan Monthly Update
- Report showed significant improvement and analysis.
- Triangulation visits will be included in the next period to support and understand the Trust's improvements.
- The Committee explored the principles to seek to understand and to assure as focus purely on assurance would be a missed opportunity to understand our services and support of the Trust's teams.

Dementia Strategy Board Annual Review Report
- Report showed a positive outcome and was offered with significant assurance.
- The Committee asked for an analysis of the clinical impact and roll out of Dementia Rapid Response Team (DRRT) in the north and south. This is to include specific data on access to the incident and any further improvement or recommendations.

Serious Incidents Bi-monthly report
- Report provided significant assurance
- Improvements to actions are to be continually monitored through management intervention to make more headway to the action plan.

- **Sign up to Safety Project Annual Report** - the final improvement area of physical healthcare will continue as an existing improvement plan.

Ligature Risk Reduction Summary
- Report provided significant assurance and showed substantial improvements.
- Exploration of new evidence and solutions is the focus of the next period of work programme.

Professional Strategies Annual Report
- Report showed substantial improvement. and provided current limited assurance with a timescale improvement plan with key milestones for working with colleagues and standards.

Medicines Optimisation Assurance Report
- Report provided significant assurance on progress made and showed residual improvement areas.
- Line manager and executive lead are to continue to work with the Chief Pharmacist on solutions and ideas.

Equality Impact Risk Analysis Policy and Procedures
- Policy was reviewed and ratified.
- It was agreed that this policy is to be simplified and improved from a user perspective to include communication guides and briefings and is to reviewed again by the Committee in six months' time.

Assurance/Lack of Assurance Obtained

- Significant assurance on all areas scrutinised and further improvement needed in acute care, professional strategies as per recommendations areas.

Meeting Effectiveness

- Good discussion
- Positive use of triangulated evidence of the deep dive
- Non-Executive Directors are to guide the Executive lead on further work on equity and inclusivity objectives and which areas of scrutiny Committee members would like to explore
- Positive meeting.

Decisions made

- The revised Board Assurance Framework (BAF) is to include gaps in compliance relating to seclusion and rapid tranquilisation addressed through the Mental Health Act Committee. Physical Healthcare practice and management action is being taken to improve practice and have a stand-alone plan, and exploring solutions. Psychiatric Intensive Care clinical pathway needs and management action to improvement this pathway and implement a plan to stop using out of area psychiatric intensive care.

- Executive lead to explore the wider needs of Derbyshire patients in locked door and rehabilitation care

- Executive lead to explore the wider needs of Derbyshire patients in receipt of Eating Disorder patients.

Escalations to Board or other committee

- People and Culture Committee, Dementia Strategy and integrated workforce planning and connecting to the community services to explore future workforce needs.

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

Board Committee Assurance Summary Report to Trust Board
Quality Committee meeting held 14 January 2020

Key items discussed

Summary of BAF Risks for Quality Committee
- Overview and summary of outstanding risks and escalations
- Highlights rehabilitation and CQUIN Flu, with trajectory.

Risk Assurance & Escalation Annual Report
- High risks in sustained training delivery.
- Access and availability of Autism service.
- Future long term plan and future investment 2023.
- Exploration of Autism, and population need.
- Review of impact on training to ensure sustained compliance.
- Strategic discussion on universal and early help and consideration of the joint strategic needs assessment.
- Significant assurance received from the report and internal audit.

Quality Performance Dashboard
- Dashboard showed improved view on run charts.

Review of Quality Strategy and Priorities
- Reviewed the level of assurance and quality in the plan and the trajectory
- Significant improvement was seen and significant assurance obtained
- Updates will include charts on the impact of these quality improvements.

Acute Care Transformation Plan Monthly Update
- Progress seen with delivery against the trajectory.
- The next report will include AIMS.
- Maintain operational oversight and additional on vacancy
- Add in SPC charts.
- Review on clinical standards to review the matron and clinical director summary of compliance.
- Challenge on whether the 12 week roster, is this being maintained.
- New NED on acute care observed evidence of significant progress and consideration of further improvement that is needed acute care.
- New NED is to complete service visits with fresh eyes and give feedback to the Committee.
- Committee acknowledged the implementation of improvement work and the need to continue sustained improvement.
- People and Culture Committee requested to onsider assessment of morale, and whether this is sustained.

Safety Building Block
- This report included the national strategy and a review across the organisation of the key issues and risks.
- Report recommended a stock take every six months and an extensive review of patient safety benefits and risks of the OnEPR system, revised service offer and risk based aspect.
- Further exploration of medical appraisal and connecting into the Trust and Safety mission is to take place, together with targeted reviews on impact of the improvements and any available measures.

Learning From Deaths/Mortality Report
- Reviewed and analysed
- Exploration of problems of care - none reported in mortality reviews.
- There is no national model for mortality reviews and review - the group is to look for opportunities for learning.
- Reviewed inpatient deaths and patterns. No conclusion was drawn from these connections.
- Confirm review of proposals to take place in April 2020

Positive and Safe - Annual Report
- This was a full review against the Trust strategy and review of QI in reducing restraint over four years.
- Significant reduction seen in restraint, chemical restraint, seclusion, doors being locked and wider improvements.
- Positive impact and now reviewing working with people, including police and maintaining and rolling out new objectives
- Significant improvements place
- Significant assurance obtained

Patient Experience Quarterly Report-
- Significant assurance obtained

Rehabilitation and Forensic Care Update
- Full review of all Derbyshire locked door rehabilitation and low secure services and longer term trajectories.
- Report showed the human element of supporting Derbyshire people placed across the country and developing plans for individuals to return as close to the community as possible
- Need to deliver wider plans for Derbyshire and wider mental health trust areas and the patient experience, as well as safety gaps and wider community needs.
- Paper to be shared with the STP.
- Phase 1 implementation of the community forensic team, and in returning our Derbyshire people will require expansion of community mental health team to meet their needs
- BAF risk 1a is to include risks of the potential demand and need in the forensic team.

Forensics and Kedleston Unit Equality Delivery System (EDS) Update and Improvement Plan
- The progress was noted against benchmarking of Workforce Race Equality Standards (WRES) targets and plans.
- Significant progress made.

Central Alert System Policy and Procedure-
- Policy reviewed and ratified

Consideration of any items affecting the BAF
- BAF 1a is to include the improvement in flu to Amber,
- Addition of locked door and rehabilitation service gap in rorensic service to be entered in the plan

Assurance/Lack of Assurance Obtained

- Quality performance dashboard, Safety building block, Quality strategy and Priorities, Risk escalation, acute transformation, Learning from deaths, Positive and Safe, Patient experience report and Rehabilitation / Forensic care report, all received significant assurance and further identification of improvement.

Meeting Effectiveness

- Substantial level of quality data and further improvement.
- Heavy agenda and papers
- On the forward plan for further consideration of wider risk based review on Children's, Learning Disability and Substance misuse risk based paper.
- Wider issues for the future horizon - wider outcome measures and impact of new models of care, impact of investment on quality to be considered on the future plan. Explore wider targeted patient safety improvements and impacts in the future.

Decisions made

- Review of wider evaluations of effectiveness and clinical care.

Escalations to Board or other Committee

- People and Culture to review in acute and possible morale

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

Board Committee Assurance Summary Report to Trust Board
Finance & Performance Committee – Meeting held 21 January 2020

Key items discussed

Minutes from meeting held on 19 November

- Autism discussion on commissioning arrangements will clarify in post meeting note

Board Assurance Framework – Finance and Performance risks for consideration

- Discussion of finance risk and recent Board Assurance Framework deep dive at Audit and Risk.
- Discussion of situation with e-roster and shift patterns.

Commissioning Interface and Contract Update

- New ways of operating moving to primacy of mental health service delivery board in place of bilateral meetings.
- Discussion about contract approach for new-year, current year and winter pressures.
- Improving Access to Psychological Therapies procurement announcement awaited.
- Read-across with Audit and Risk Committee discussions on commissioning discussions linked to operational risks
- Table of risks / bids and status and update on funds flow related to Mental Health Investment Standard.

Operational Performance

- Out of area placement and risk management of patients unable to access inpatient bed
- A dashboard is being developed to show performance and benefits realisation against each of the out of area reduction projects. Will be reported in operational performance update to each Finance and Performance Committee (and Quality Committee as required)
- Use of run charts going forward and the Mental Health Minimum Data Set Data Quality Maturity Index compliance, benchmarked position compared to national position
- Priority of Child and Adolescent Mental Health Services waiting list and out of areas and the variability / direction of travel against control limits, links to transformational work.

Continuous (Quality) Improvement Delivery Programme

- Paper showed plans totalling £1.8m value against a requirement estimated to be £7.8m. Discussed the update on schemes with potential value of £4.1m. Project Management Office working alongside clinical and operational colleagues with ongoing work. Delivery years to be confirmed. Aim for within £10m plan to deliver £7-8m in 2020/21.
- Discussions with commissioners around cost pressures and the time lag with out of areas and double running costs. Agile working / site discussions and future additional staffing accommodation considerations. Not where need to be.
- Need to look more at benefits realisation of the new Electronic Patient Record system e.g. time saving and consistency of information storage (noting challenge of cutover)
- The Information Management and Technology update March will provide an overview of the project benefits from new system to next Finance and Performance Committee

Financial Performance including CIP 2019/20

- Month 9 forecast outturn is the achievement of £1.8m plan surplus. Main risk is adult out of areas as discussed earlier which has worsened. May get a partial payment of flu CQUIN (Commissioning for Quality and Innovation) to partially offset. Will require reserves and balance sheet to achieve plan.
- Discussed impact of non-recurrent cost reductions and gap as well as clinical income year to date versus year to go.
- Discussed drugs overspend and future year expectations.
- With regard to 2020/21 plan covered the current assumptions and the process with current estimated cost reduction values. Operating Plan guidance is awaited.
- £300k impact of International Financial Reporting Standard 16 (IFRS 16) has increased cost reduction requirement to £7.8m on current estimation.
- Joined Up Care Derbyshire system position finance paper noted.

Review and approval of Treasury Management Policy

- Noted and approved.

Assurance on delivery of Estates Strategy – Psychiatric Intensive Care Unit (PICU) update

- Draft Outline Business Case for PICU received for information / awareness and discussion at Committee.
- Consideration of estimated costs of current PICU out of area compared to future national guidance and gender specific requirements and development and delivery options.
- Current estimates drive an increase in revenue requirements in order to comply with national guidance and cover costs.

- Option B 'in the round' is preferred. Will be discussed at Mental Health Service Delivery Board on 23 January. Will then go to Board.

Any Other Business

- None

Review of 2019/20 Forward Plan – noting the Committee objectives for the year

- Bring 2020/21 forward plan next time.

Assurance/lack of assurance obtained
- Operational Performance - Limited assurance
- Continuous (Quality) Improvement Delivery Programme – No assurance
- Financial Performance including CIP 19/20 - Limited assurance on 2019/20 delivery (and noting extremely challenging position for 20/21 as it develops and guidance is awaited)

Key risks identified
- Adult out of area costs
- 20/21 CIP required levels and progress
- PICU delivery and Outline Business Case outstanding issues

Decisions made
- Approved Treasury Management Policy
- Additional meeting required for 2020/21 plan sign-off including cost reduction progress

Escalations to Board or other committee

Requirement for additional meeting to discuss plan/CIP/contract - enact the usual subset of Board members to assess credibility of deliverable plan before submission. (comprising Trust Chair, Chief Executive, Audit and Risk Committee Chair, Finance and Performance Committee Chair, Director of Finance and Deputy Director of Finance).

Committee Chair: Richard Wright	**Executive Lead: Claire Wright, Deputy Chief Executive and Director of Finance**

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 4 February 2020

Report from the Council of Governors Meeting held on 7 January 2020

The Council of Governors met on Tuesday 7 January 2020 at the Centre for Research and Development, Kingsway Hospital site, Derby. The meeting was attended by 17 governors and three members of the public.

Verbal update on Joined Up Care Derbyshire – including the impact of the Long Term NHS Plan

Ifti Majid, Chief Executive, gave a verbal update on the latest activities within Joined Up Care Derbyshire (JUCD), and outlined the three pillars that will support the project (Integrated Care Services, Integrated Care partnership and Primary Care Networks). The Governors were interested to know how the responsibilities of the Trust Board and Council of Governors will be affected by the new system working and Ifti undertook to keep Governors regularly updated. Governors were encouraged to get involved in the JUCD engagement forums.

Governors' Nominations and Remuneration Committee update

Caroline Maley, Chair, presented a report of the Governors' Nominations and Remuneration Committee meetings held on 5 November and 12 November 2019. The Council of Governors:

- Received assurance that satisfactory appraisals had taken place for the Trust Chair, Caroline Maley and two Non-Executive Directors Margaret Gildea and Julia Tabreham. Assurance was also given the Trust complies with followed its Fit and Proper Persons Policy.
- Agreed the Chair's objectives for the forthcoming year.
- Approved the appointment of Ashiedu Joel as a Non-Executive Director at an annual fee of £12,638, for a three year term. The appointment will commence on the satisfactory completion of the Fit and Proper Person Test.

Non-Executive Director Deep Dive report

Caroline Maley provided her Deep Dive Report that summarised the various activities that she carries as out as Chair for the Trust.

Escalation of items to the Council of Governors

Two items of escalation were received from the Governance Committee:

1. How are the Non-Executive Directors assured that the Trust is taking the appropriate action to address and reduce the level of bullying and harassment as identified by the Freedom to Speak Up Guardian and in the staff survey?

2. How can the Non-Executive Directors be assured on the level of engagement with and support of mental health services in Primary Care in the current environment and when looking forward to the Primary Care Networks currently beings established through Joined Up Care Derbyshire?

The responses were tabled at the meeting and will be attached as an appendix to the ratified Council of Governors meeting minutes. Copies will then be published in the papers for the March meeting, available on the Trust's web-site.

Integrated Performance Report

The Integrated Performance Report (IPR) was presented to the Council of Governors to provide an overview of performance as at the end of October 2019. The Non-Executive Director Board Committee Chairs reported on how the report had been used to hold Executive Directors to account in their respective Board Committees for areas with regards to workforce, finance, operational delivery and quality performance.

Governance Committee Report

Kel Sims, Chair of the Governance Committee presented a report of the meeting held on 10 December 2019. The Council approved the appointment of Julie Lowe, Public Governor, Derby City East as Deputy Chair for the Governance Committee.

Kel also highlighted that:

- The Governor Training and Development Programme for 2020/2021 is in the process of being finalised. A questionnaire has been circulated to all governors to complete.
- Two expressions of interest have been received for the Deputy Lead Governor role. Voting packs will be despatched to all governors with the election closing on 17 January 2020.

Governor Elections Update

Denise Baxendale, Membership and Involvement Manager, provided the Council of Governors with an update on public governor and staff governor elections which are underway and included:

- Elections are being held in the following contested seats:
    - Public Governor, Amber Valley – two seats, five nominations received
    - Public Governor, Derby City West – one seat, two nominations received
    - Public Governor, High Peak and Derbyshire Dales – one seat, three nominations received
    - Staff Governor, Admin and Allied Support Staff – one seat, two nominations received
- Elections will take place from 7 January to 30 January with results being declared soon after.
- There is one uncontested seat for South Derbyshire. It was confirmed that Kevin Richards will begin his second term of office as Public Governor for this constituency.
- No nominations were received for Bolsover and North East Derbyshire constituency therefore the seat remains vacant and this vacancy would carry over until the next elections.
- An induction for new governors will be arranged in February.
- New governors will be 'buddied up' with more experienced governors to help ease them into the governor role.

GLOSSARY OF NHS AND
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

NHS Term / Abbreviation	Terms in Full
A	
A&E	Accident & Emergency
ACCT	Assessment, Care in Custody & Teamwork
ACE	Adverse Childhood Experiences
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
AIMS	Royal College of Psychiatrists Accreditation for Inpatient Mental Health Services Standards
ALB	Arms-length body such as NHS Improvement (NHSI) and NHS England (NHSE)
AMM	Annual Members' Meeting
AMHP	Approved Mental Health Professional
ANP	Advanced Nurse Practitioner
AO	Accountable Officer
ASD	Autism Spectrum Disorder
ASM	Area Service Manager
B	
BAF	Board Assurance Framework
BLS	Basic Life Support (ILS Immediate Life Support)
BMA	British Medical Association
BAME	Black, Asian & Minority Ethnic group
BoD	Board of Directors
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
CE	Chief Executive
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 and Innovation
CRB	Criminal Records Bureau

GLOSSARY OF NHS AND
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

NHS Term / Abbreviation	Terms in Full
CRG	Clinical Reference Group
CRS	(NHS) Care Records Service
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
DBT	Dialectical Behavioural Therapy
DfE	Department for Education
DCHS	Derbyshire Community Health Services NHS Foundation Trust
DHCFT	Derbyshire Healthcare NHS Foundation Trust
DIT	Dynamic Interpersonal Therapy
DNA	Did Not Attend
DH	Department of Health
DoLS	Deprivation of Liberty Safeguards
DNA	Did not attend
DPA	Data Protection Act
DRRT	Dementia Rapid Response Team
DTOC	Delayed Transfer of Care
DVA	Derbyshire Voluntary Action (formerly North Derbyshire Voluntary Action)
DWP	Department for Work and Pensions
E	
ECT	Enhanced Care Team
ECW	Enhanced Care Ward
ED	Emergency Department
EDS2	Equality Delivery System 2
EHIC	European Health Insurance Card
EHR	Electronic Health Record
EI	Early Intervention
EIA	Equality Impact Assessment
EIP	Early Intervention In Psychosis
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
EUPD	Emotionally Unstable Personality Disorder
EWTD	European Working Time Directive
F	
FBC	Full Business Case
FFT	Friends and Family Test
FOI	Freedom of Information
FSR	Full Service Record
FT	Foundation Trust
FTE	Full-time Equivalent
FTN	Foundation Trust Network
FTSU	Freedom to Speak Up

GLOSSARY OF NHS AND
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

NHS Term / Abbreviation	Terms in Full
FTSUG	Freedom to Speak Up Guardian
F&P	Finance and Performance
5YFV	Five Year Forward View
G	
GDPR	General Data Protection Regulation
GGI	Good Governance Institute
GMC	General Medical Council
GP	General Practitioner
GPFV	General Practice Forward View
H	
HCA	Healthcare Assistant
HEE	Health Education England
HES	Hospital Episode Statistics
HoNOS	Health of the Nation Outcome Scores
HSCIC	Health and Social Care Information Centre
HSE	Health and Safety Executive
HWB	Health and Wellbeing Board
I	
IAPT	Improving Access to Psychological Therapies
ICM	Insertable Cardiac Monitor
ICS	Integrated Care System (formerly ACS)
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IDVAs	Independent Domestic Violence Advisors
IG	Information Governance
ILS	Immediate Life Support (BLS – Basic Life Support)
IM&T	Information Management and Technology
OOA	Outside of Area
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 Disabilities
LHP	Local Health Plan
LHWB	Local Health and Wellbeing Board
LOS	Length of Stay
M	
MARS	Mutually Agreed Resignation Scheme
MAU	Medical Assessment Unit

GLOSSARY OF NHS AND
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

NHS Term / Abbreviation	Terms in Full
MAS	Memory Assessment Service
MAPPA	Multi-agency Public Protection Arrangements
MARAC	Multi-agency Risk Assessment Conference (meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, probation, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors.
MASH	Multi-Agency Safeguarding Hub
MCA	Mental Capacity Act
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
MSK	Musculoskeletal (conditions)
N	
NCRS	National Cancer Registration Service
NED	Non-Executive Director
NICE	National Institute for Health and Care Excellence
NHS	National Health Service
NHSE	National Health Service England
NHSI	National Health Service Improvement
NIHR	National Institute for Health Research
O	
OBC	Outline Business Case
ODG	Operational Delivery Group
OP	Out Patient
OSC	Overview and Scrutiny Committee
OT	Occupational therapy
P	
PAB	Programme Assurance Board
PAG	Programme Advisory Group
PALS	Patient Advice and Liaison Service
PAM	Payment Activity Matrix
PARC	Psychosis and the reduction of cannabis (and other drugs)
PARIS	This is an electronic patient record system
PbR	Payment by Results
PCC	Police & Crime Commissioner
PCN	Primary Care Networks
PDSA	Plan, Do, Study, Act
PHE	Public Health England
PICU	Psychiatric Intensive Care Unit
PID	Project Initiation Document
PLIC	Patient Level Information Costs
PMLD	Profound and Multiple Disability
PPI	Patient and Public Involvement
PPT	Partnership and Pathway Team

GLOSSARY OF NHS AND
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

NHS Term / Abbreviation	Terms in Full
PREM	Patient Reported Experience Measure
PROMS	Patient Reported Outcome Measure
PSF	Provider Sustainability Fund
Q	
QAG	Quality Assurance Group
QC	Quality Committee
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Productivity Programme
R	
RAID	Rapid Assessment, Interface and Discharge
RCGP	Royal College of General Practitioners
RCI	Reference Cost Index
REGARDS	Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation
RTT	Referral to Treatment
S	
SAAF	Safeguarding Adults Assurance Framework
SBARD	Situation, Background, Assessment, Recommendation and Decision (SBARD) tool
SBS	Shared Business Services
SEND	Special Educational Needs and Disabilities
SI	Serious Incidents
SID	Senior Independent Director
SIRI	Serious Incident Requiring Investigation
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
SUI	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
U	
UDBH	University Hospitals of Derby and Burton
V	
VO	Vertical Observatory
W	
WDES	Workforce Disability Equality Standard

GLOSSARY OF NHS AND
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

NHS Term / Abbreviation	Terms in Full
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent
Y	
YTD	Year to Date

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	Equality Delivery System2 (EDS2)										
AR	Workforce Race Equality Standard (WRES)					X		Revised plan			
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							FPPT Policy Renewal
Trust Sec	Board Effectiveness Survey Report	X									
Trust Sec	Policy for Engagement between the Board and COG								X		
Trust Sec	Annual Approval of Modern Slavery Statement								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, Finance & Performance, Mental Health Act, Quality, People & Culture	X	X	X	X	X	X	X	X	X	X
MP	Annual Emergency Planning Report (EPPR)								X		
GH	Business Plan Monitoring close down of 2018/19 (May) Proposal for 2019/20 (June) 2019/20 - Dec update in IPR		X	X					X		
GH	Trust Strategy Review		X		X						
GH	Clinical Strategies 2019-22: Oct: Older Adult, Working Aged Adult - Nov: Eating Disorders, Perinatal - Feb: Forensic and Rehab, Substance Misuse, Children's - Mar: LD						X	X		X	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 (Well Led CQC & NHSI (Trust Sec) Apr 2020		Responsive MP	Caring CG		Use of Resources CW					Caring CG
JS	Learning from Deaths Mortality report (quarterly publication of information on death) Apr/Jul/Oct/Feb/Apr	X				A		X		X	
JS	Guardian of Safe Working Report			X					A		X
JS	NHSE Return on Medical Appraisals sign off					X					
CG	Control of Infection Report					A					
JS	Re-validation of Doctors				A						
CG	Treat Me Well Campaign Update				X						
CG	Annual Looked After Children Report						X				
CG	Outcome of Patient Stories						X				
POLICY REVIEW											
JF	Fit and Proper Person Policy										X