



Derbyshire Healthcare NHS Foundation Trust Board of Directors Meeting

To be held digitally via MS Teams
7 September 2021 09:30 - 7 September 2021 12:30

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PUBLIC BOARD MEETING

TUESDAY 7 SEPTEMBER 2021 TO COMMENCE AT 9:30am

Following national guidance on keeping people safe during COVID-19 this will be a virtual meeting conducted via MS Teams

| | TIME | AGENDA | LED BY |
|--|-------|--|--|
| 1. | 9:30 | Chair's welcome, opening remarks and apologies, declarations of interest and Register of Directors' Interests | Caroline Maley |
| 2. | | Staff Story | Jaki Lowe |
| 3. | | Minutes of Board of Directors meeting held on 6 July 2021 | Caroline Maley |
| 4. | | Matters arising – Actions Matrix | Caroline Maley |
| 5. | | Questions from members of the public | Caroline Maley |
| 6. | 10:00 | Chair's Update | Caroline Maley |
| 7. | 10:10 | Chief Executive's Update - Approval of Derbyshire Anchor Charter | Ifti Majid |
| STRATEGY, OPERATIONAL PERFORMANCE AND QUALITY ASSURANCE | | | |
| 8. | 10:30 | Integrated Performance Report - Progress update on the Mental Health Helpline included for information | C Wright/J Lowe/ C Green/A Odunlade |
| 9. | 10:50 | Workforce Race Equality Standard (WRES) prior to submission end Oct 2021 Workforce Disability Equality Standard (WDES) prior to submission end Oct 2021 | Jaki Lowe |
| 11:00 B R E A K | | | |
| 10. | 11:15 | 2021/22 Flu Vaccination Programme | Jaki Lowe |
| 11. | 11:25 | Re-validation of Doctors | John Sykes |
| 12. | 11:35 | Guardian of Safe Working Report | John Sykes |
| GOVERNANCE | | | |
| 13. | 11:45 | Well Led/Governance Interim Statement | Caroline Maley |
| 14. | 11:55 | Freedom to Speak Up Guardian Report (six month update) | Tam Howard |
| 15. | 12:10 | Board Committee Assurance Summaries of meetings of Mental Health Act, Audit and Risk, Finance and Performance, Quality and Safeguarding and People and Culture Committees held during June and July 2021 | Committee Chairs |
| CLOSING MATTERS | | | |
| 16. | 12:20 | - Identification of any issues arising from the meeting for inclusion or updating in the Board Assurance Framework - Meeting effectiveness | Caroline Maley |
| FOR INFORMATION | | | |
| Glossary of NHS Acronyms 2021/22 Forward Plan | | | |

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 from 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 2 November 2021. It is anticipated that this meeting will be held digitally via MS Teams

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.



| DECLARATION OF INTERESTS REGISTER 2021/22 | | |
|--|--|---------------------------------|
| NAME | INTEREST DISCLOSED | TYPE |
| Margaret Gildea Non-Executive Director | <ul style="list-style-type: none"> • Director, Organisation Change Solutions Limited • Coaching and organisation development with First Steps Eating Disorders • Director, Melbourne Assembly Rooms | (a) (e) (d) |
| Carolyn Green Director of Nursing and Patient Experience | <ul style="list-style-type: none"> • Midlands and East Regional Director, National Mental Health Nurse Directors Forum | (e) |
| Gareth Harry Director of Director of Business Improvement and Transformation | <ul style="list-style-type: none"> • Chair, Marehay Cricket Club • Member of the Labour Party | (e) (e) |
| Ashiedu Joel Non-Executive Director | <ul style="list-style-type: none"> • Director, Ashioma Consults Ltd • Director, Peter Joel & Associates Ltd • Director, Leicester Council of Faiths • Director, The Bridge East Midlands • Director, Together Leicester | (a) (a) (a) (a) (a) |
| Geoff Lewins Non-Executive Director | <ul style="list-style-type: none"> • Director, Arkwright Society Ltd • Director, Cromford Mill Limited (wholly owned trading subsidiary of Arkwright Society) | (a) (a) |
| Jaki Lowe Director of People and Inclusion | <ul style="list-style-type: none"> • General Medical Council Associate | (e) |
| Ifti Majid Chief Executive | <ul style="list-style-type: none"> • Board Member of NHS Confederation Mental Health Network • Co-Chair, NHS Confederation BME Leaders Network • Spouse is Operations Director (North) at Priory Healthcare | (d) (d) (e) |
| Ade Odunlade Chief Operating Officer | <ul style="list-style-type: none"> • Director- CMC Foundation Christian Charity • Trusteeship African Council for Nursing & Midwifery • Research Lead on Observations for Ox e-Health • Director – Jonathan Davids Limited (currently converting to Dormant Company) | (a) (d) (e) (a) |
| Dr Julia Tabreham Non-Executive Director | <ul style="list-style-type: none"> • Research and Ambassador Carers Federation • Daughter's partner is Amit Pore – Team Lead for the NHS Passport. Amit is employed by Netcompany, working in collaboration with NHS Digital and NHSX (NHS joint organisation for digital, data and technology) • Daughter-in-Law is Dr Jacqueline Tsang – Consultant Obstetrician, Newham Hospital, London | (d) (e) (e) |
| Dr John Sykes Medical Director | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • Non-Executive Director (Chair) of Sheffield UTC Multi Academy Educational Trust | (a) |

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

- Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those dormant companies).
- Ownership or part ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.
- Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.
- A position of authority in a charity or voluntary organisation in the field of health and social care.
- 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).

**MINUTES OF A VIRTUAL
MEETING OF THE BOARD OF DIRECTORS
TUESDAY 6 JULY 2021**

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|-------------------------------------|---------------|
| VIRTUAL MEETING VIA MS TEAMS | |
| Commenced: 9.30 | Closed: 12.00 |

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|----------------------|---|--|
| PRESENT | Caroline Maley Richard Wright Dr Sheila Newport Geoff Lewins Dr Julia Tabreham Ifti Majid Claire Wright Ade Odunlade Carolyn Green Dr John Sykes Gareth Harry Justine Fitzjohn | Trust Chair Deputy Trust Chair and Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Deputy Chief Executive and Director of Finance Chief Operating Officer Director of Nursing and Patient Experience Medical Director Director of Business Improvement and Transformation Trust Secretary |
| IN ATTENDANCE | Anna Shaw Sue Turner Lee Doyle Celestine Stafford Jayne Kyri Gregoriou Helen Philpott | Deputy Director of Communications Board Secretary Acting Director of Operations Assistant Director of People and Culture Transformation Service User Assistant Director for Clinical and Professional Practice Consultant Clinical Psychologist |
| APOLOGIES | Margaret Gildea Ashiedu Joel Jaki Lowe | Senior Independent Director Non-Executive Director Director of People and Inclusion |
| OBSERVERS* | Michael Fenwick Dannielle Wibberley Lynda Langley David Charnock Denise Baxendale Pete Henson Samantha Shaw Leanne Walker | Care Quality Commission Care Quality Commission Lead Governor and Public Governor, Chesterfield Appointed Governor, University of Nottingham Membership and Involvement Manager Head of Performance Performance Office Chair of the LGBT+ Network |

** The Board meetings are broadcast via a MS Teams Live event. The names of some observers might not be identifiable from email addresses and may not be recorded as attendees*

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| <p>DHCFT 2021/059</p> | <p><u>CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND DECLARATION OF INTERESTS</u></p> <p>Due to the need for social distancing to help limit the spread of COVID-19, this was a virtual meeting, held via MS Teams.</p> <p>Trust Chair, Caroline Maley, welcomed everyone to the meeting including the Trust's Lead Governor, other Governors, Trust colleagues and the public observing via the live streamed feed. A special welcome was extended to newly appointed Chief Operating Officer, Ade Odunlade who formally joined the Trust on 5 July.</p> <p>Apologies were noted from Senior Independent Director, Margaret Gildea, Non-Executive Director, Ashiedu Joel and Director of People and Inclusion, Jaki Lowe. Assistant Director of People and Culture Transformation, Celestine Stafford attended as Jaki Lowe's nominated deputy.</p> <p>No declarations of interest were declared, other than those already recorded on the formal register of Directors' interests.</p> |
| <p>DHCFT 2021/060</p> | <p><u>PATIENT STORY</u></p> <p>Assistant Director for Clinical and Professional Practice, Kyri Gregoriou introduced service user Jayne who had been invited to talk to the Board about her experience of the Community Mental Health Team, Inpatient Crisis Team and her most recent contact with the Memory Assessment Service.</p> <p>Jayne described how her illnesses had caused her to lose the ability to function and she needed someone to tell her what was wrong with her and explain why she should be doing certain things to help her recovery. Jayne's medication also had unpleasant side effects that needed to be explained and understood. She had often felt that her voice was unheard while she was under the Trust's care as staff were too busy and she was not communicated with which made her feel unimportant. She also wished that staff could take time to understand the worries she and other patients have about the impact that their illness has on their careers and the worries they have about housing.</p> <p>The main point taken from Jayne's story was the importance of treating patients with the care that makes them feel important and acknowledging the impact of what can seem like simple things that can make them feel central to the care they are receiving. Jayne was thankful to Consultant Clinical Psychologist, Helen Philpott from the Memory Assessment Service who had taught her how to cope. Helen had developed a good rapport with Jayne while she was treating her and she described how she had put what she had learnt from working with Jayne into her everyday practice to ensure people feel important by communicating effectively with them and with colleagues when discussing patient care and supporting a person's needs.</p> <p>Director of Nursing and Patient Experience, Carolyn Green thanked Jayne for her feedback and apologised for how she had been made to feel. Carolyn described the work taking place with the existing and new workforce and how learning from Jayne's experience would improve personalised care. She committed to work with Jayne and invited her to participate in peer support training to improve the service of care. Carolyn also intended taking Jayne's story to the EQUAL Group to discuss the impact that Jayne's experience had on her and the importance of communication in a person's recovery.</p> <p>Director of Business Improvement and Transformation, Gareth Harry referred to how the Trust is currently redesigning community mental health services and hoped Jayne would become part of the co-production team designing the new model of community services in Derbyshire.</p> |

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| | <p>Chief Executive, Ifti Majid was struck by Jayne's phrases "I am important" and "I want to undisappear" which he felt was hugely significant and will use them when he talks to new nurses when they join the Trust at their induction.</p> <p>He and Caroline Maley agreed on how valuable it had been to have heard a story that was critical of the Trust's services. Jayne was thanked for the courageous way that she talked about her experience which enabled the Board to gain an improved understanding of the difficulties that patients face.</p> |
| DHCFT 2021/061 | <p><u>MINUTES OF THE BOARD OF DIRECTORS MEETING HELD ON 4 MAY 2021</u></p> <p>The minutes of the previous meeting held on 4 May 2021 were accepted as a correct record of the meeting.</p> |
| DHCFT 2021/062 | <p><u>ACTIONS MATRIX</u></p> <p>The Board agreed to close all completed actions. Updates were provided by members of the Board and noted on the action matrix.</p> |
| DHCFT 2021/063 | <p><u>QUESTIONS FROM MEMBERS OF THE PUBLIC</u></p> <p>No questions had been submitted for a response ahead of today's meeting.</p> |
| DHCFT 2021/064 | <p><u>CHAIR'S UPDATE</u></p> <p>Caroline Maley's report provided the Board with reflections on her activity in her role as Trust Chair since the previous Board meeting held on May and outlined virtual engagement with colleagues during the ongoing pandemic. Attention was drawn to a few highlights from the report.</p> <p>On 26 May Caroline attended the Trust's first virtual staff awards ceremony - the HEARTS Awards (Honouring Exceptional and Really Terrific Stuff). She was delighted the ceremony worked so well and felt honoured to celebrate with staff and recognise the great care and work that so many colleagues deliver each and every day.</p> <p>Caroline was thrilled to be invited to join a small group at the blessing and opening of Tissington House, with the patients and team following the temporary move from Ward 1 at the London Road Community Hospital. This opportunity also enabled Caroline to thank the vaccination hub team for the great work that they have done delivering some 2,400 vaccines to staff and patients.</p> <p>Elections for new staff and public governors concluded on 31 May with new governors being elected. Caroline welcomed all the new governors at an induction meeting held on 9 June. She was sad to say farewell Carol Sherriff and Al Munnien who were not re-elected and thanked them for their involvement with the Council of Governors over the last three years.</p> <p>The 2020/21 Annual Report and Accounts were approved by the Audit and Risk Committee on 9 June. Caroline expressed her sincere thanks to the Finance Team for completing all the necessary work to present the auditors with the accounts, and also to Justine Fitzjohn, Trust Secretary, for the preparation of the Annual Report and all who contributed to this important record of the year to 31 March 2021.</p> <p>The notes from the Joined up Care Derbyshire meetings held in May accompanied the Chair's update report and were covered in more detail in Ifti Majid's CEO Update.</p> <p>RESOLVED: The Board of Directors noted the content of the Chair's update.</p> |
| DHCFT 2021/065 | <p><u>CHIEF EXECUTIVE'S REPORT</u></p> |

Ifti Majid's CEO report provided the Board with an update on local and national developments within the national and local Derbyshire health and social care sector over the last two months.

National Context

Ifti referenced the publication of Integrated Care Systems: Design Framework, known locally as Joined Up Care Derbyshire that starts to define the architecture around the Integrated Care System (ICS). This design framework will give clarity around the role of the NHS and the ICS, who their likely partners will be and their role. He felt excited about the part that the partnership organisations such as the fire and rescue service, police commissioners will play in the design of services and particularly housing after listening to Jayne's story earlier.

Ifti welcomed the recently released report commissioned by the NHS Race and Health Observatory from the Kings Fund about inequalities and the NHS driving progress in a changing system. He felt this report was challenging because the data starts to look at where inequalities came from which will help tackle ethnic health inequalities. Ifti committed to continue to ensure that diverse local communities in Derbyshire are reflected in the Trust's senior leadership team as this will help in the delivery of culturally competent services.

Local Context

The Trust's involvement in the East Midlands Mental Health, Learning Disability and Autism Alliance continues. Ifti is proud to be Senior Responsible Officer (SRO) of a group that is carrying out a cross-system piece of work looking at broad system recovery linked to health and welfare. During the past two months the group undertook a detailed review/impact analysis of the objectives of the group and the outcomes will be presented at the next Strategic Recovery Group.

Ifti was delighted to report that the Joined Up Care Derbyshire (JUCD) Board formally noted its support for the Trust's Dormitory Eradication Programme outline business case. He took this opportunity to express his thanks in public to everybody who was involved in pulling together the north and south Derbyshire business cases.

The JUCD Mental Health, Learning Disability and Autism System Delivery Board (SDB) has become the governance hub of leading and making decisions on transformation, performance, investments and innovation across all providers in the sector within Derbyshire. An exciting piece of work has commenced that will look at how the SDB will transform into the provider collaborative for mental health, learning disability and autism. Ifti was also pleased that the JUCD Board has agreed that the Children's Programme Board will report through this group from September.

Within the Trust

June has been a significant month for Older Adult colleagues in the Trust as Ward 1 at London Road Community Hospital moved to Tissington House at the Kingsway Hospital site. Having visited the ward after the move, Ifti was impressed with the positive comments he heard about the new environment from colleagues and patients. The Older Adult team also transferred their electronic patient record from Paris to SystemOne. Ifti expressed thanks to the way the team had adapted and for the support provided to colleagues during the first few weeks to identify and resolve any transition issues.

Ifti thanked all colleagues who have and continue to support the pandemic response over the last 18 months, including those who have only just returned to their substantive corporate roles following the establishment of the Trust's own health protection unit. He particularly praised colleagues for continuing the strong infection prevention and control measures that has prevented further COVID-19 outbreaks on the wards.

The last thing Ifti mentioned was June being PRIDE month. He paid thanks to Leanne Walker, Chair of the LGBT+ Network for her inclusion update that highlighted a cause for celebration and reflection particularly as there are many LGBT+ colleagues in our Trust who are experiencing discrimination.

Deputy Chief Executive and Director of Finance, Claire Wright as LGBT+ champion shared with the Board her experience of a seminar she had recently attended on creating an anti-racist NHS and how every speaker spoke about different ways of improving data. Claire felt this resonated with today's patient story today as the language within data findings helps to tackle systemic racism. Using data correctly will also allow the Trust to hear the voices of people who are not in a position to speak up. Claire loved the use of the term 'undisappear' as it describes how people struggle to be heard so perfectly.

Non-Executive Director, Geoff Lewins was interested in the SDB briefing note that was attached as an appendix to Ifti's report and asked if Ifti could give the Board a sense of how close the Mental Health, Learning Disability and Autism SDB is to becoming a provider collaborative. Ifti's high level response described the ambition to formally put together a partnership agreement within a Memorandum of Understanding and potentially commence contracts in April 2022. The Trust's underlying strength over the last two years is the way it has worked within the SDB. Non-Executive Director, Sheila Newport as a member of the SDB and has seen some very positive work develop so far and she valued the opportunity to work within a provider alliance.

Deputy Trust Chair, Richard Wright was keen to discuss the Trust's recovery out of the COVID-19 pandemic and asked whether there were any plans to make adjustments to the Trust's road map. Ifti responded that he has seen how colleagues within the services are tired. General managers have described how they are managing COVID and thinking about priorities for the future. The recent rise in cases is having an impact on the road map and a Quarter 2 version of the road map will reflect how to maintain priority services.

RESOLVED: The Board of Directors scrutinised and discussed the report, noting the risks and supported the actions being taken.

**DHCFT
2021/066**

PERFORMANCE AND ACTIVITY REPORT

This report updated the Board of Directors on the key finance, performance and workforce measures at the end at the end of May 2021.

Finance
Claire Wright summarised the current financial regime set by NHSEI and the requirement to submit a half year (H1) plan. The Trust has an internal plan for H2 generating a full year plan. As things evolve the Trust's financial position will form part of the overall position of JUCD and this information will feature in the next report scheduled to be taken to the Board meeting on 7 September.

The Trust is using a significant amount of agency workers mainly in medical and ancillary areas. The forecast does include a contingency of £120k for any unforeseen agency usage and the Finance and Performance Committee will be looking at current costs and considering how these will be incurred in the future. With regards to capital, the Trust is currently behind plan at month 2 by £597k against a plan of £894k. It is expected that the full capital plan is committed by the end of the financial year.

People performance
Assistant Director of People and Culture Transformation, Celestine Stafford reported that absence was still lower than expected due to colleagues working from home and being protected by the COVID-19 vaccination. She was pleased to report that vacancies were being filled and a new style "wellbeing conversation" is being rolled out across the Trust to supplement the appraisal process.

The six months pause on training at the beginning of the pandemic inevitably impacted on compliance levels. As a result of the recent running of Basic Life Support and Immediate Life Support and Positive and Safe training the Trust has maintained satisfactory compliance.

In terms of posts filled prior to the start of this financial year, there were a number of factors that had artificially lowered the vacancy rate prior to April 2021, however this was adjusted

at the start of this financial year with phase 1 of recruitment now underway. The People Services Team are looking at innovative recruitment expansion programmes to fill services and emphasising the Trust's commitment to ensuring organisation a great place to work.

Operations

Acting Director of Operations, Lee Doyle was pleased to report that the waiting list for Child and Adolescent Mental Health Services (CAMHS) is significantly lower than expected. This sustained improvement to waiting time is a monumental achievement and the Children's services were to be commended

In terms of patients placed out of area thirteen were placed in Psychiatric Intensive Care Units (PICU) at the end of May. This was considered to be a reasonable statistic and has since reduced to zero. Use of out of area beds has been constantly lower than the number of closed beds throughout the pandemic. Services continue to operate with a significant number of adult acute beds closed to facilitate social distancing and cohorting. A recent review of arrangements has resulted in re-opening some closed beds with no change to social distancing and cohorting requirements.

With regard to COVID-19 recovery all staff are being encouraged to receive both vaccinations. The current COVID-19 vaccination rate of staff is 95%. Increased levels of COVID-19 are currently having an impact. As a result the Incident Management Team (IMT) will increase the frequency of meetings to ensure the immediacy of the Trust's ongoing response. Thanks were extended to all colleagues who have and continue to support the pandemic response over the last eighteen months.

Quality

Carolyn Green updated the Board on the Trust's Health Protection Unit and physical healthcare assessments. A clinical lead and service manager have been appointed and vaccinators will provide the flu and COVID-19 vaccinations which will enable the Trust to meet the national objectives. Carolyn reported that she expects to recruit to the Learning Disability and Autism services soon. The recruitment of seven newly qualified nurses to The Beeches has impacted positively on Perinatal services.

Gareth Harry welcomed the rapid progress made with recruitment to the Autism Intensive Support team. In terms of physical healthcare checks and service delivery to people who are seriously mentally ill, the Trust is working with primary care networks and commissioners to look at alternative models for physical healthcare checks in the community.

Carolyn also reported that May 2021 demonstrated the first month where patients in settled accommodation fell below the expected variation. During the pandemic, to prevent the spread of COVID-19 and to protect those clinically vulnerable groups anyone without settled accommodation was offered housing and rates of homelessness reduced. Although the use of seclusion, physical restraint and prone restraint was showing a decreasing trend May demonstrated a point where incidents of seclusion increased. This has been linked to a change in patient demographic during the peak of lockdown where inpatient wards saw a drop in personality disorder-based admissions and an increase of new unknown psychosis presentations.

Having reviewed and discussed the finance, performance and workforce measures, the Board obtained limited assurance from current performance. It was agreed he revisions that had been made to the report to be more helpful in detailing the information.

RESOLVED: The Board of Directors.

- 1) Took limited assurance from current performance across the areas presented**
- 2) Formally agreed that this report incorporates the key elements of assurance to the Trust Board that would otherwise have come from Finance and Performance Committee and People and Culture Committee reporting.**

DHCFT
2021/067

TRUST STRATEGY – GREAT CARE BUILDING BLOCK - IMPROVING SAFETY

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| | <p>The Medical Director’s report offered John Sykes’ reflections on the essential requirements to achieve the highest safety standards and the Trust Board’s role in the Trust’s approach to improving safety against the national NHS Patient Safety strategy published in July 2019. John took the Board through the integrated approach being taken to ensure patients are able to access the Trust’s services. As referred to in today’s patient story care must be compassionate and person centred and offer informed choice encouraging personal responsibility, recovery and resilience where possible and safe refuge and wrap around care when needed. Similarly, staff must see the same approach applied to their management and support. Expectations need to be realistic and discussed in an open and respectful way and minimise exposure to treatments or interventions that may unintentionally harm patients, physically or psychologically and to deliver potentially high risk treatments as safely as possible.</p> <p>Richard Wright observed the interplay between human behaviour and systems in determining patient safety. This led to discussion on sharing safety insight and learning from episodes that have led to implementing the mechanisms for improving safety.</p> <p>Board members confirmed their commitment to improving safety and reflected on the strategic priorities the Trust has implemented for safety. The recent roll out of the Patient Safety Incident Response Framework (PSIRF) was seen as a positive improvement. The Trust’s approach to systems working, integrated care and securing investment as part of the NHS’s Long-Term Plan is also a crucial safety issue. Investment in community forensic and related rehabilitation will become a safety priority over the next two years as the number of low secure beds is reduced nationally and patients are repatriated from locked door rehabilitation placements.</p> <p>RESOLVED: The Board of Directors confirmed its commitment to improved safety for staff and patients.</p> |
| <p>DHCFT 2021/068</p> | <p><u>LEARNING FROM DEATHS MORTALITY REPORT</u></p> <p>The ‘National Guidance on Learning from Deaths’ requires each Trust to collect and publish specified information on a quarterly basis. This report presented by John Sykes covered the period 20 January to 29 April 2021 and updated the Board on how the Trust continues to review and learn from any deaths of people who have been in contact with our services.</p> <p>During the COVID-19 pandemic, the learning from deaths process continued to be undertaken but slight changes to the process were initially made to allow for colleagues to undertake other duties. Normal activity of weekly case note reviews and daily review and grading of all new deaths has now resumed.</p> <p>From 20 January to 29 April there have been 19 deaths reported where the patient tested positive for COVID-19. During this period the Trust received 558 death notifications of patients who had been in contact with its services in the last six months; there was very little variation between male and female deaths. There were eight Learning Disability deaths recorded in this period and no inpatient deaths were documented. Mortality reviews now include scrutiny between primary and secondary care and include the review of physical healthcare monitoring. Good practice identified through case note reviews is fed back to clinicians involved as part of our appreciative learning.</p> <p>Discussion took place on how the data within the report can be improved. Sheila Newport as the Non-Executive Director Lead for Mortality suggested that the data could show the correlation between the different ethnicities within Derbyshire communities. She also felt that scrutiny between primary and secondary healthcare monitoring would be helpful. It was agreed that although the numbers of people with protected characteristics are small the idea of having a rolling database to ensure the data is complete would be explored. The blank entries relating to the count of people’s sexual orientation will also be looked at to understand why it is often left blank.</p> |

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| | <p>The Board was assured that the Trust is following recommendations outlined in the National Guidance on Learning from Deaths and agreed for the report to be published on the Trust's website as per national guidance.</p> <p>ACTION: Report to be enhanced to show different ethnicities within Derbyshire communities. Blank entries relating to the count of people's sexual orientation will also be looked at to understand why it is often left blank. The idea of having a rolling database of people with protected characteristics to ensure the data is complete is to be explored.</p> <p>RESOLVED: The Board of Directors accepted this Mortality Report as assurance of the Trust's approach and agreed for the report to be published on the Trust's website as per national guidance.</p> |
| <p>DHCFT 2021/069</p> | <p><u>BOARD ASSURANCE FRAMEWORK UPDATE ISSUE 2</u></p> <p>Trust Secretary, Justine Fitzjohn presented the Board with the second issue of the Board Assurance Framework (BAF) for 2021/22.</p> <p>Eight operational risks that were aligned to the BAF have been closed or had ratings reduced since 1 April. As of 1 July there are now nine operational risks rated as high or extreme and have been aligned to the related BAF risks.</p> <p>The finance risk 3a (<i>There is a risk that the Trust fails to deliver its revenue and capital financial plans.</i>) has been thoroughly reviewed by the Director of Finance and two of the gaps in control have had their rating reduced from red to amber as the actions are now implemented in part, but there are still potential risks to meeting the proposed timeframe. This risk is currently rated as extreme and is scheduled to undergo a 'deep dive' at the Audit and Risk Committee in January 2022.</p> <p>A new risk has been included for 2021/22 relating to key gaps in control for the Information Management and Technology (IM&T) risk 1d (<i>There is a risk that the Trust's increasing dependence on digital technology for the delivery of care and operations increases the Trust's exposure to the impact of a major outage i.e. cyber-attack, equipment failure.</i>). This has been reviewed by the Data Security and Protection Committee (as well as the Director Lead) which resulted in the rating being reduced from amber to green as the actions required have been met.</p> <p>Mitigations have also been made to risk 1a (<i>There is a risk that the Trust will fail to provide standards for safety and effectiveness as required by our patients and our Board.</i>) regarding changes in the national directive regarding lateral flow testing requirements. Carolyn Green confirmed that she had escalated the need for more time to implement the change to lateral flow testing regimes as this may significantly impact upon the ability to prepare staff for the change. She wished to escalate this as a substantial risk although it has since been agreed that the Trust will be given additional time to transition its system delivery and monitoring. She assured the Board that the Trust has a monitoring system that gives good levels of infection control and patients with vulnerabilities are confident that staff are tested.</p> <p>The Board acknowledged that the BAF is thoroughly scrutinised by the Board Committees for the risks they are responsible for and approved this second issue of the BAF for 2021/22. As suggested by Ifti Majid further attention will be applied to identify risks relating to the NHS Race and Health Observatory from the Kings Fund about inequalities that he mentioned in his report that will give the Trust gives a fair steer on how to progress these actions using best practice.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Approved this second issue of the BAF for 2021/22 and the 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) Continued to receive updates in line with the forward plan for the Trust Board. |

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|----------------------------------|--|
| <p>DHCFT 2021/070</p> | <p><u>FIT AND PROPER PERSON DECLARATION (FPPR)</u></p> <p>Justine Fitzjohn presented the Chair’s declaration that all Trust Board Directors meet the fitness test and do not meet any of the ‘unfit’ criteria as per the Fit and Proper Person’s Test regulations (Health and Social Care Act 2008 Regulation 2014).</p> <p>It is the Chair’s responsibility to declare annually that processes are maintained for ensuring compliance with FPPR. The report confirmed that a robust process is in place to ensure that FPPR processes have been applied to all Board members and that this is recorded in Executive Directors’ and Non-Executive Directors’ personal files. Caroline Maley declared that she was satisfied that all Directors of the Trust, including Non-Executive (NEDs), and Executive Directors (including voting and non-voting) are deemed to be fit and that none meet any of the ‘unfit’ criteria.</p> <p>Justine confirmed she is keeping a close watch on the output and recommendations from the KARK Review, and the acceptance by the Secretary of State for Health and Social Care of the first two of the recommendations; 1 - Standard of Compliance and 2 – A Central Database of Directors and ‘awaiting consideration by NHS Improvement of how these can be implemented’.</p> <p>RESOLVED: The Board of Directors received full assurance from the Chair’s declaration that that all Directors meet the fitness test and do not meet any of the ‘unfit’ criteria.</p> |
| <p>DHCFT 2021/071</p> | <p><u>BOARD COMMITTEE ASSURANCE SUMMARIES</u></p> <p>The Board Committee Assurance Summaries demonstrated the work of the committees since their last update to the Board and were accepted as a clear representation of the priorities that were discussed and will be taken forward in forthcoming meetings.</p> <p>Finance and Performance Committee: Much of the operational performance discussed by the Committee in May has been covered in the Performance and Activity item above. The report and discussion held on estates governance confirmed the arrangements that are in place in place to provide oversight and assurance on the management and operation of the Trust’s estate. A deep dive of BAF risk 3b (<i>There is a risk that learning from the response to the COVID-19 outbreak, and transformation plans developed prior, does not lead to sustainable embedded transformation focussed on the gaps in assurance and controls.</i>) involved discussion with regard to the way Trust transformation sat next to wider Long Term Plan delivery oversight via the Mental Health, Learning Disability and Autism System Delivery Board.</p> <p>Audit and Risk Committee: Two meetings took place in quick succession that were concerned with the review and approval of the Annual Report and Accounts. The Committee approved the Annual Report and Accounts 2020/21 under delegated authority of the Board on 1 July. The Finance team was commended for producing the accounts and Justine Fitzjohn and her team were thanked for compiling the annual report. The Trust’s external auditor Mazars had performed their first year audit satisfactorily and confirmed that they had no concerns or weaknesses to report in relation to the arrangements that the Trust has in place to secure economy, efficiency and effectiveness in its use of resources. The Trust had produced a clean set of financial statements and a good working relationship had been formed between Mazars and the Trust during their first year audit.</p> <p>Quality and Safeguarding Committee: The Committee was updated on progress made with finding solutions to SystmOne’s inability to record physical observations with handheld devices. The Finance and Performance Committee has tasked the supplier to seek a permanent solution using handheld devices. With regards to the lack of e-Prescribing the Trust is waiting for the supplier to develop a community module or deliver a third-party provision of software. The performance dashboard shows a balanced picture. Serious Incidents (SIs), incidents of seclusion are satisfactory and physical restraint is at a lower</p> |

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| | <p>level. Average length of stay (usually 32 days) is within target. Older people's length of stay is maintaining good levels and is significantly better than regional and national benchmarks. Legislation of care plans for inpatients are within target.</p> <p>Caroline Maley acknowledged that it is within the Board Committees where the detailed scrutiny and challenge takes place and she thanked the Committee Chairs and Non-Executive Directors for ensuring this practice is followed.</p> <p>RESOLVED: The Board of Directors noted the Board Assurance Summaries</p> |
| DHCFT 2021/072 | <p><u>IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK (BAF)</u></p> <p>No new items were required for inclusion in the Board Assurance Framework (BAF).</p> |
| DHCFT 2021/073 | <p><u>2021/22 BOARD FORWARD PLAN</u></p> <p>The 2021/22 forward plan outlining the programme for the remainder of the year was noted and will be reviewed further by all Board members throughout the financial year.</p> |
| DHCFT 2021/074 | <p><u>MEETING EFFECTIVENESS</u></p> <p>Board members agreed that the meeting had been successfully conducted as a live streamed meeting held in the public domain. Chief Operating Officer, Ade Odunlade reflected on his first experience of the Trust's Board of Directors meeting. He was struck by the compassionate and caring discussions that had unfolded and he looked forward to contributing to future meetings.</p> <p>It was clear from a number of reports received at today's meeting that the Trust puts people first and works hard to make staff feel valued. Effective discussions took place on the Integrated Performance Report.</p> |
| <p>The next meeting to be held in public session will be held at 9.30am on 7 September 2021. Owing to the current coronavirus pandemic this meeting will be held digitally and will be live streamed via MS Live Events.</p> | |

| BOARD OF DIRECTORS (PUBLIC) ACTION MATRIX - SEPTEMBER 2021 | | | | | | |
|--|----------------|---------------------------------------|------|--|-----------------|---|
| Date | Minute Ref | Item | Lead | Action | Completion Date | Current Position |
| 6.7.2021 | DHCFT 2021/068 | Learning From Deaths Mortality Report | MD | Report to be enhanced to show different ethnicities within the Derbyshire communities. Blank entries relating to the count of people's sexual orientation will also be looked at to understand why it is often left blank. The idea of having a rolling data base of people with protected characteristics to ensure the data is complete is to be explored. | 7.9.2021 | These improvements will be incorporated within the next submission of the Mortality Report due on 2 November. |

Green

| Key: | 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% |

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 6 July 2021. The structure of this report reflects the role that I have as Trust Chair.

Executive Summary

This is my final report to the Board as your Trust Chair. It has been a privilege and an honour to lead the Board since January 2017. I have been humbled and delighted by the commitment and dedication that our staff have shown day in and day out, particularly over the past 18 months through the pandemic.

It is satisfying to know that the Trust is in a good place, both in terms of its delivery of services to the people of Derbyshire, but also how our staff have pulled together as Team Derbyshire and embraced the values of the Trust, and in particular People First.

Over this period, we have seen our Care Quality Commission (CQC) rating move from Requires Improvement to Good, with significant improvement in the well led rating from Inadequate to Good. None of this would have been possible without the leadership of the Board and senior managers across the Trust, and I offer my personal thanks for all the support you have given me.

We know that there is always room for improvement, and with the changes in how services are delivered through the Integrated Care System (ICS), becoming comfortable with change and transformation is essential whilst remembering that the Trust is providing the services it does to make a positive difference to the people of Derbyshire.

I wish the Board and my successor, Selina Ullah, all the best for the future and I hope to be able to see from my retirement the Trust continuing to go from strength to strength.

Our Trust and Staff

1. Given the ongoing pandemic, I agreed to discontinue my visits to teams across the Trust until such time as it is thought to be safe, both for staff and for myself, to visit. A range of virtual visits have begun for myself and the Non-Executive Directors (NEDs) and reflection on what we have heard and seen is being gathered.
2. I have attended as many of the team live engagement events being hosted via MS Teams. These meetings have been very useful to me in terms of

understanding how staff are feeling and engaged with the Trust. I am pleased to note that several the NEDs continue to join these calls.

3. On 7 July I met with Mark Broadhurst as Clinical Director of the Liaison and Crisis teams. This led to attendance at the handover meeting for the Liaison team at Chesterfield Royal on 28 July. It continues to be apparent how challenged our services are in terms of recruitment of consultants and dependency on locums to fill gaps with competitive day rates. It was also possible to see how much of an impact drugs and alcohol have on our Liaison services, and how well the acute hospital and our team works together to care for these patients.

4. On 21 July I was privileged together with CEO, Ifti Majid and Director of Nursing and Patient Experience, Carolyn Green, to officially open the Trust Memorial Garden on the Kingsway site, remembering in particular Anne Shepherd and Gladys Mujujati who succumbed to COVID in 2020. The garden also remembers other members of staff who have lost their lives over the years and has been wonderfully created by the Trust's Estates team as place to sit and reflect. It was lovely to welcome both Anne and Gladys's families to the opening, and also a small number of staff from their teams. I hope that this space will remain a corner of the Trust estate that is valued and used over many years ahead.



5. I attended the Schwartz Round meeting on 29 July which gave me insight into some of the difficult decisions our staff are faced with when carrying out their roles. The session was entitled "A right to die?". Schwartz Rounds give people a space to have the time to reflect on the emotional impact of the work that they do – and a safe space to share that vulnerability. I have found these useful to attend to enhance my understanding of the situations faced by our staff, and at times the stories have caused me to reflect and understand some of the situations that I might have experienced in my career.

Council of Governors

6. On 8 July, three members of our Council of Governors presented to the NHS Providers Governor Focus Conference a showcase on how we worked through COVID. The presentation was entitled "Meaningful engagement through the COVID-19 pandemic" and was led by Lynda Langley, Julie Lowe and Orla Smith. I was very proud to see the warm reaction to the presentation from over 150 attendees and delighted with how well our Trust does on several fronts supporting our Governors to undertake their important role.
7. Leading up to the Annual Members Meeting on 9 September, our governors ran a writing competition. The theme was "Finding my calm during COVID" and there were two categories – poetry and prose. I was a part of the judging panel, which included Rob Poole (public governor), Leanne Walker (staff member), Marie Hickman (staff governor), and Leonie Martin, a local writer. There were a lot of good entries and I look forward to the announcement of the winners at the Annual Members Meeting.

8. Kevin Richard, public governor for South Derbyshire has resigned due to his increasing work commitments. Kevin has been a governor the past 3½ years and was a valued member of the Council of Governors. I have written to thank Kevin for his service as a Governor and to wish him well in the future.
9. The Governance Committee of the Council met on 10 August chaired by Kelly Sims (staff governor). Once again it was heartening to see the level of attendance and participation from so many of our governors at this meeting. A good discussion was held about the Lead Governor role, following Lynda Langley's indication that she will not stand for a third term in early 2022, and seeking nominations for her replacement. We hope that following this meeting, we will see nominations for both Lead and Deputy Lead Governor, as Carole Riley, Deputy Lead Governor, will also be standing down in early 2022. I continue to be grateful to our governors for their support for the Trust at this time.
10. I have had regular meetings with Lynda Langley as Lead Governor to ensure that we are open and transparent around the challenges and issues that the Trust was dealing with. Regular meetings between the Lead Governor and Chair are an important way of building a relationship and understanding of the working of both governing bodies. I am pleased that Lynda has continued to work with other lead governors in the system over this period, helping to benchmark our processes for continued engagement with governors. As noted in the paragraph above, Lynda has given the Council notice that she will be stepping down as Governor early in 2022.
11. I also take the opportunity to meet once a quarter with our Staff Governors. This meeting also took place on 10 August, and it was good to take time out to reflect on how life has been for them on a day to day basis.
12. On 7 September there will be a Council of Governors meeting, following the Public Board meeting. The next Governance Committee takes place on 12 October 2021.

Board of Directors

13. All meetings continue to be held as virtual meetings using MS Teams, enabling Board members to keep connected whilst working remotely. We have continued to live stream our Public Board meetings to enable members of public and our staff to observe the Board meeting.
14. On 14 July a confidential Board meeting was held to receive a thematic review of inpatient suicides and an external review of homicides ahead of anticipated publication.
15. Board Development time on 14 July gave the Board time to reflect on the proposals in the Health and Care Bill and the development of Integrated Care. We also talked through the Trust Roadmap, receiving a progress report against the priority actions set for Quarter 1 and understanding the actions that are set out for the second quarter of the year. Finally, we had an interactive session on the Trust's culture journey facilitated by our Senior Independent Director, Margaret Gildea. This work will feed into the ongoing development of our culture as an organisation.

16. The Remuneration and Appointments Committee met on 3 August to receive the appraisal of the Chief Executive and Executive Directors. Consideration was also given to the succession planning progress for the Executive and Senior Leadership teams.
17. The NEDs have met regularly with Ifti Majid and me to ensure we have been fully briefed on developments as needed. I have also continued to meet with all NEDs individually and in the informal NED meetings and Cross Committee Chairs meeting, the last one taking place on 3 August. Quarterly meetings with NEDs individually also take place and since my last report I have met with Sheila Newport, Margaret Gildea, Ashiedu Joel, Julia Tabreham and Richard Wright. We use these quarterly meetings to review their progress against their objectives and to discuss any issues of mutual interest.
18. On 26 August I met with Selina Ullah, Trust Chair designate, ahead of her taking over office from me on 14 September.

System Collaboration and Working

19. On 8 July I met with Dr Kathy McLean, Trust Chair at University of Derby and Burton Hospitals. These 1:1 meetings are an opportunity to share views on the development of the Joined Up Care Derbyshire (JUCD) ICS, but also on learnings from other activities that we both undertake.
20. The JUCD Board met on 15 July using MS Teams. Attached as Appendix 1 are the key messages noted from this meeting. Regular monthly meetings are now in place for the Chairs of the NHS Provider Trusts, ICS and Clinical Commissioning Group (CCG) to meet ahead of any JUCD Board meetings.
21. I chair the System Finance and Estates Committee with Richard Wright as my deputy. I chaired meetings on 1 July and 2 August. The July meeting scrutinised the business cases for the eradication of dormitories in the mental health estate and led to a letter of support for the programme from JUCD. Both meetings have reviewed the current system financial position at the end of Month 2 and then at the end of the first quarter. There is an expectation of a 3% efficiency target to be delivered by the end of this financial year as a start to reducing the financial gap of some £190m in the Derbyshire system for core service delivery. The financial regime for the second half of the year has not been confirmed at the time of writing this report. The next meeting of this group is on 8 September and will include receiving the updated JUCD Estates Strategy, with progress reports on plans to reduce the system deficit.
22. I have continued to meet regularly with the chairs of the East Midlands Alliance of mental health trusts, which has been a very useful source of sharing best practice and peer advice.

Regulators, NHS Providers and NHS Confederation and others

23. I attend fortnightly briefings from NHS England and Improvement (NHSE/I) for the Midlands region, which has been essential to understand the progress of the management of the pandemic, the vaccination progress and plans for recovery and regional developments. It is also a forum to hear about progress from Midlands STAR (Strategic Transformation and Recovery) Board. These matters will be picked up within the Chief Executive report to the Board.

24. I have also joined when possible the weekly calls established for chairs of mental health trusts hosted by the NHS Confederation Mental Health Network in collaboration with the Good Governance Institute where support and guidance on the Board through the pandemic has been a theme. On 20 July, the main speaker was Claire Murdoch, National Director for Mental health at NHS England (NHSE) who gave an update and overview of the current national priorities and landscape for mental health, as well as discussions around the workforce, capital spending and system working. It was reassuring to note the alignment of our priorities in Derbyshire with those set out by Claire. Reference was also made to a Board paper for NHSE which was circulated in advance of the meeting. I attach this as Appendix 2 for information.

25. On 1 July I attended a virtual Chief and Chairs meeting hosted by NHS Providers. On the agenda was a strategic policy update from Chris Hopson, Chief Executive, NHS Providers, and a session with Sir Simon Stevens, who joined us for a final time in his role as Chief Executive of NHS England and NHS Improvement.

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 and Equality Impact Risk Analysis

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

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

This report reflects a wide range of activities across the Trust, and consideration relating to ensuring inclusion is embedded in operational work of the Trust. I have also continued to develop my own awareness and understanding of the inclusion challenges faced by many of our staff.

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

Demonstrating inclusive leadership at Board level

As a board member I have ensured that I am visible in my support and leadership on all matters relating to diversity and inclusion. I attend meetings to join in the debates and conversation and to challenge where appropriate, and to learn more about the challenges of staff from groups who are likely to be or seem to be disadvantaged. I ensure that the NEDs are also engaged and involved in supporting inclusive leadership within the Trust.

New recruitment for 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**

Joined Up Care Derbyshire

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19 July 2021

Dear Colleague

Joined Up Care Derbyshire Board – July 2021 – Key Messages

The Joined Up Care Derbyshire Board met in public on Thursday 15th July 2021. We have outlined below the key messages from the meeting and all related papers are available at <https://joinedupcarederbyshire.co.uk/about/our-board>

Patient Story

The Board meeting opened with a patient story relating to our Quality Conversations programme, which empowers our staff to engage individuals in their own care and look after themselves, and to help us provide personalised, effective care across all system partners. The aim is to enhance listening and coaching to hold courageous conversations with patients to see things from a new perspective, co-produce their care and is evidenced to result in improved outcomes of care.

We heard two case studies, the first relating to Simon who having been through a period of anxiety and drinking heavily, was living in unstable housing and wasn't interacting with the proposed treatments. Taking control of the conversation, it helped identify what to tackle first and what were the goals for Simon in his care. The conversation steered away from advice and guidance and saw Simon reducing his alcohol in take and took more control. Simon is now in his own home, engaging with local community through his church and community projects and has received specialist support to set up his own business. Dave was a young stroke survivor having had two strokes. Using active listening to understand how Dave was feeling, the team was able to avoid setting goals for Dave and instead enabled Dave to be at the centre of his goal setting. Dave was able to recognise small improvements, helping his to strive for bigger goals for the future, including investigating driving and supporting his daughter to learn golf, both of which he hadn't believed initially could be achieved.

There are 595 staff trained, with the potential for nearly 12,000 conversations per week. The board reflected that this was a true example of 'de-medicalised' care, with benefits to patients, staff and likely more financially effective care that doesn't rely on medical intervention with the social prescribing model.

Our journey towards a statutory ICS

Legislation

The second reading of the new Health and Social Care Bill was completed to schedule on 14th July. This means that national processes can start in earnest towards achieving the 1 April 2022 milestone of our ICS being established as a statutory organisation. We expect to receive a range of guidance and mandates from NHSE during the summer, but JUCD is very well on the way to understanding how we will set ourselves up to deliver the priorities of our system and continues to recognise that this is a continuation of the journey we have been on for the last few years.

The emerging guidance will enhance our previous knowledge and helps us to build upon and accelerate developments to join up health and care services for the people of Derbyshire; whilst embedding lessons learned from the pandemic. All arrangements and duties remain subject to legislation and parliamentary approval and we will continue to review and adapt as necessary whilst factoring in opportunities for local flexibility.

The Board recognised that the draft Health and Care Bill legislation outlines the establishment of an Integrated Care Partnership (a partnership of health and care organisations) an Integrated Care Board (of NHS organisations) and maintains the statutory position of Health and Wellbeing Boards. We are working to devise the leadership and membership of these bodies.

Local Developments

Locally, the JUCD Board has also agreed that our Quality Committee will become a Quality and Performance Committee and that we will develop a Public Partnership Committee, which will replace the existing Derbyshire Engagement Committee with a broader remit.

The board heard the latest thinking on how the statutory functions required of the ICS (planning, financial, governance, legal) have been mapped with an understanding of where they are currently delivered across existing organisations and how we need to transfer them into the new ICS, along with any new functions required by legislation. While most staff have an employment protection during the transition phase, this will not be a simple 'lift and shift' of functions, as these will need to develop to reflect the new role for ICSs.

Our central 'strategic intent' approach is taking shape. This is our operating model for health and care and aims to identify how we will deliver our aim of reducing health inequalities, increasing life expectancy and increasing healthy life expectancy for our population. The four key functions within strategic intent are:

- strategic commissioning
- health protection and prevention
- population health and clinical strategy
- clinical and care standards, improvement and innovation and learning and development

Using our challenge in tackling obesity as a case study, the Board reflected on the roles of the component parts of the new ICS, with the ability to see how each element of our work would contribute to improvements to local health and care.

Our work has continued on aligning our ambitions as a large public sector partnership with those other bodies in Derbyshire, both public and private, whereby working together we can have combined power to help local people. The development of an Anchor Charter is a way of

securing commitment from individual organisations and provide a framework to make changes to benefit communities across the city and county. The adoption of a charter is not about duplicating or preventing work which is already taking place in Anchor Organisations, or assuming responsibility, but harnessing the power of anchor institutions and maximising their impact on delivering agreed strategic outcomes. The charter will be taken through our respective Boards. We are working with partners on employment as our first point of focus, developing our approaches to entry-level recruitment and development pipelines, ensuring that we are creating a more inclusive and diverse workforce. We are also looking at the non-pay offers of anchors, including health and wellbeing provision and develop a marketing approach to maximise take up and social value in low pay groups.

Digital and Data Strategy

Our strategy aims to provide new digital services that improve the patient experience, transform the delivery of care models and reduces the overall cost of care. This includes delivering and extending our Shared Care Record programme, supporting and developing our citizens and workforce in the use and adoption of digital services and building our capability on understanding population health intelligence. The Board welcomed the strategy as an important step in our development.

As a final item, thanks were expressed to Caroline Maley, who completes her term of office as Chair of Derbyshire Healthcare NHS Foundation Trust during the summer. Caroline has been a valuable contributor to the development of JUCD in recent years and the Board wished her well for the future.

We look forward to seeing colleagues at the next Board Meeting held in public, on Thursday 16th September at 9am.

Yours faithfully,



John MacDonald

Independent Chair



Dr Chris Clayton

Executive Lead



NHS England and NHS Improvement Board meetings held in common

Paper Title: Update on Mental Health Services

Agenda item: 6 (Public session)

Report by: Claire Murdoch, Senior Responsible Officer for Mental Health

Paper type: For discussion

Organisation Objective:

| | | | |
|-----------------------------|-------------------------------------|----------------|--------------------------|
| NHS Mandate from Government | <input checked="" type="checkbox"/> | Statutory item | <input type="checkbox"/> |
| NHS Long Term Plan | <input checked="" type="checkbox"/> | Governance | <input type="checkbox"/> |
| NHS People Plan | <input type="checkbox"/> | | |

Executive summary:

This paper provides an update on the national mental health programme, including programme achievements, impacts of COVID and priorities for the future.

Action required:

The Boards are asked to discuss the contents of this paper and support the future priorities for the programme in the 'next steps' section.

Background

1. The Mental Health Taskforce, commissioned by Sir Simon Stevens, published the Five Year Forward View for Mental Health (FYFVMH) in 2016 which included a number of recommendations to reduce longstanding treatment gaps for people with mental health problems. Mental Health services have gone through significant transformation and expansion over the last five years as these recommendations have been implemented, enabling an additional one million people to have received care by 2021, backed by over £1 billion additional investment. These achievements are testament to the strength of partnership working across the NHS and its' staff, social care, charities, public health, the education sector and people with lived experience.
2. It must be recognised that a number of complex factors influence mental health, including community life, housing, education, employment and one's environment. Continued partnership working is critical to supporting the needs of people with mental health problems in the round. The NHS recognises that children and young people are particularly concerned about mental health and wellbeing. The NHS is

NHS England and NHS Improvement

Date: 210624
Ref: BM/21/18(Pu)

committed to continue to work with adjacent sectors to support mental and emotional wellbeing, and to be there for those who need treatment. NHS England and PHE jointly created [Every Mind Matters](#), the first national mental health prevention campaign, providing dedicated resources on mental health and wellbeing to children and young people and their families. In addition, since the beginning of the pandemic we published new information to help [young people](#), [parents and carers](#) understand that increased stress and anxiety was a perfectly normal response to the current situation, and signposting to help those struggling. The most recent publications focus on [eating disorders](#), and [the easing of lockdown](#).

3. The NHS welcomes the Government's *COVID-19 Mental Health and Wellbeing Recovery Action Plan* and encourages a continued focus on these wider determinants which support good mental health across the full lifespan.
4. While the NHS has made significant progress over the past five years in tackling long standing gaps in access to mental health treatment, we have further to go. Over the next few years to 2023/24, the NHS Long Term Plan (LTP) will deliver high quality, evidence-based mental health services to an additional 2 million people each year, adapting and reprioritising deliverables as needed to address the additional demands and pressures arising as a result of COVID. The mental health commitments in the LTP are backed by ringfenced investment of at least £2.3 billion a year in real terms by 2023/24, which means investment in mental health is growing faster than the NHS budget overall. Our commitment to deliver mental health LTP ambitions by 2023/24 remains strong.
5. In line with the FYFVMH and now the LTP, NHS England and NHS Improvement has focussed its efforts on co-producing models of care, identifying workforce requirements and new roles, and introducing new access and waiting time standards in certain pathways. The NHS has made real progress against existing commitments in many areas, with just some of these highlighted in **Annex 1**. The national introduction of the Mental Health Investment Standard (MHIS), which defines the minimum level of investment required in mental health, has also been a key enabler. The MHIS, which is applied at CCG level and audited independently, has ensured that over the last 5 years, CCG spend on mental health services has increased by almost 20%. All CCGs are planning to meet the MHIS in 2021/22
6. Further, COVID-19 was a catalyst for existing LTP commitments to be realised sooner than planned and for new services to be established, including:
 - The rapid roll-out of 24/7, freephone, all age mental health crisis lines, ahead of the 2023/24 target.
 - The shift to remote ways of working and digital, where appropriate, unlocking opportunities to provide care more flexibly and overcoming access barriers.
 - An enhanced mental health and wellbeing offer for NHS staff impacted by the pandemic, with hubs established across England.

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7. Improving access, experience and outcomes for groups at risk of health inequalities is also an important feature of the LTP. NHS England and NHS Improvement published its first *Advancing Mental Health Equalities Strategy* in 2020, calling all mental health services to take concrete steps to fight stigma and inequalities across the sector. This strategy summarises key actions to bridge the gaps for those experiencing mental health inequalities.
8. Delivering the mental health commitments in the LTP, pivoting to respond to additional COVID pressures and demands, and reducing inequalities are the immediate priorities of the programme. However, providing timely mental health care to all who need it on par with other parts of the NHS will require a longer-term vision and additional investment beyond 2023/24.

Delivering the mental health transformation in the COVID-19 context

9. COVID-19 has had a significant impact on mental health. Pressures on mental health services continue and there is consensus that demand will increase. Mental health services continue to remain open throughout the pandemic, though the first national lockdown impacted new referrals to core community mental health services. Indicative data suggests referral rates were not impacted as severely in the second and third national lockdowns.
10. Mental health services have also faced additional pressures of rising acuity:
 - Children and Young People (CYP) have been particularly impacted by COVID-19, with interruptions to social and educational support. Urgent CYP eating disorder cases doubled and routine cases increased more than 31% in Quarter 4 2020/21 when compared to the previous year.
 - In recent years, despite opening additional beds, there have been net closures in CYP inpatient beds due to quality issues. This, coupled with COVID restrictions, is putting significant strain on the system.
 - Pressures on UEC pathways and, in turn, inpatient beds, are having an ongoing impact on occupancy rates and A&E waiting times for people with mental health problems. These pressures have been coupled with bed closures due to quality concerns and Infection Prevention and Control requirements, adding to the strain. The NHS is boosting community service provision so people can be treated closer to home, in their community, and achieve better outcomes. The CYP Inpatient Taskforce is driving targeted improvements but the main aim must be to develop workforce and capital solutions that localise care into community pathways, and where admission is needed, the stay is close to home, conducive to quick and effective recovery. In adult acute services where the average bed occupancy has remained around 95% in recent weeks these pressures are resulting in out of area placements which the NHS is determined to eliminate as soon as possible through enhanced community service provision, improved therapeutic offerings in inpatient settings, and additional discharge support.

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11. The LTP signalled a number of ambitious mental health transformation programmes and in light of COVID-19, the NHS took action to accelerate delivery of some aspects of the LTP supported by an additional £500 million investment in mental health in 2021/22.
12. The NHS has committed to ‘fast-track’ the expansion of CYP mental health services, backed by an additional £79 million investment. This will increase the number of Mental Health Support Teams from 59 in March 2020 to around 400 by April 2023, achieving the coverage target a year earlier than planned. Further, the NHS will support services to see an additional 186,500 CYP aged 0-25 in 2021/22, above the original plan of 164,000. This additional funding will also be used to support CYP community eating disorder and crisis teams. Further, the NHS is continuing to progress against the commitment to provide a comprehensive care pathway for young people that reaches across both CYP and adult mental health services by 2023/24, and working with universities to ensure mental health services are available and suited to people’s needs.
13. The LTP commits almost £1 billion of funding to new integrated community models for adults and older adults with Severe Mental Illnesses (SMI), including care for people with eating disorders and a ‘personality disorder’ diagnosis. At least 370,000 adults will be seen in these integrated models per year by 2023/24. In advance of the 2023/24 target, additional funding in 2021/22 will support mental health practitioners to become embedded in all Primary Care Networks, and fast-track investment in care for adults with eating disorders. Outreach models have also been established to support people with SMI to access physical health checks and vaccinations, to better support people with SMI facing a premature mortality gap of some 15-20 years. The economic impacts of the pandemic are yet to be understood, but in this context, expanding access to the Individual Placement and Support (IPS) programme to support people with SMI to find and retain meaningful employment which support mental health and wellbeing is even more important. By 2023/24, a total of 55,000 people will be supported by the IPS programme.
14. In direct response to the pandemic, all parts of England rapidly rolled-out 24/7, all age mental health crisis lines, bringing forward the 2023/24 target. These lines offer free and timely support to those who need it. Around 1.6 million calls were received between April and November 2020. Sustaining and developing this offering is a clear priority, and is backed by further investment in 2021/22.
15. An additional £38 million is being invested in IAPT services in 2021/22 to support staff to manage additional pressures presented by long COVID, complex presentations requiring more intensive treatment and other demands attributed to the pandemic.

Enablers to achieving better mental health in England

16. Workforce is the single biggest priority to enable service expansion and collaborative efforts are underway. To support service transformation, there is a strong focus on innovation in new roles, including peer support workers and Education Mental Health Practitioners in Mental Health Support Teams in schools and colleges. The best available data shows an increase of some 14,500 mental

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health staff since March 2016 (see [Annex 2](#)). Over the same timeframe, we have seen a significant increase of at least 3,000 registered mental health nurses. All systems have completed workforce plans for 2021/22 and delivery of HEE's "Stepping Forward" is likely to be achieved by December 2021. The need for a multi-year workforce training and development plan beyond this, backed by funding for HEE, is well recognised.

17. Delivery of the LTP and subsequent improvements to mental health services is also dependent on additional capital investment to improve the quality and therapeutic environment of inpatient services, support growing community services, and maximise the opportunities presented by digital transformation.
18. NHS-led Provider Collaboratives create a shift in the approach to commissioning specialised mental health, learning disability and autism services, with budget increasingly devolved directly to lead providers. With 21 NHS-led Provider Collaboratives in specialised commissioning now live, and the remainder planned to go live this year, the programme is working to ensure that people with specialist needs experience high quality care as close to home as appropriately possible, supported by local teams and networks.
19. Recent improvements in data quality and digital enablers will support mental health services to better demonstrate outcomes and provide agile services that are even more responsive to people's needs in the future. Additional and proportionate investment in mental health research would be welcomed by the sector to enable the NHS to provide even better care.
20. The lasting impact of COVID-19 further strengthens the need to continue prioritising the expansion and transformation of mental health services over a 10 year timeframe and close the gap in access and health outcomes for people using mental health services.
21. ICSs present a very significant opportunity to ensure that mental health is at the forefront of population health thinking and delivery. They will be instrumental in creating opportunities for integrating local approaches to mental health. Ensuring that the MHIS is invested in all places across populations and services are expanded in line with the LTP will also be key. ICSs will be at the helm of driving the longer-term priorities in further reducing the treatment gap for mental health beyond the LTP, including:
 - Making further progress towards the target of 100% of children and young people in need having access to mental health care by 2028/29.
 - Continuing to close the treatment gap for adults and older adults with SMI and achieving greater equality of experience and access across all pathways by delivering new models of care with a strong focus on community provision.
 - A renewed focus on waiting times for access to mental health services across the age range, alongside a greater emphasis on outcomes and outcome measurement.

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Growth in investment has brought real benefits for people with mental health problems, such as:

Children and Young People

- An additional 90,000 children and young people (CYP) accessed NHS-funded mental health services each year between 2017/18 and 2020/21 (exceeding target of 70,000).



- March 2021 data gives us a national access rate of 39.6% for 2020/21 against a target of 35%.
- This will grow to an additional 345,000 CYP accessing support each year by 2023/24.

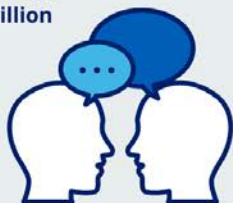
Perinatal

- In 2016, 40% of the country did not have a specialist community perinatal service in place.
- By April 2018, every area England had a service, in 2019/2020, 30,000 mothers and their families received care, and this is expected to increase to 66,000 people each year by 2023/24.



Improving Access to Psychological Therapy (IAPT)

- Our world-leading NHS IAPT programme is entering its 13th year, with 1.17 million people starting treatment in 2019/20. Since 2014, the NHS has seen 42% more people with common mental health problems.
- By 2023/24, talking therapy services will see 1.9 million people per year. Achievement against the waiting time and recovery rate targets has remained strong during the pandemic.



Crisis Intervention and home treatment

- All adult and older adult crisis resolution and home treatment teams have been funded to provide a 24/7, open access service. Prior to the 2016, only half of these services were available around the clock.
- The NHS has achieved the ambition to establish mental health liaison teams in all acute hospitals, and has increased the number of mental health liaison teams operating to the 'core 24' standard.



Early Intervention in Psychosis (EIP)

- The NHS has exceeded the target for EIP services. In December 2020, 64.5% of people experiencing their first episode of psychosis were seen within two weeks against a 60% standard.



Workforce

- The best available data shows the mental health workforce has grown by almost 14,500 full time equivalent staff since March 2016.



Going further to transform mental health care for everyone

Gambling

The NHS has set up new problem gambling clinics in London, Manchester, Leeds and Sunderland, alongside the first ever gambling clinic aimed at young people. Our commitment is to open 14 new problem gambling clinics in total by 2023/24.



Acute



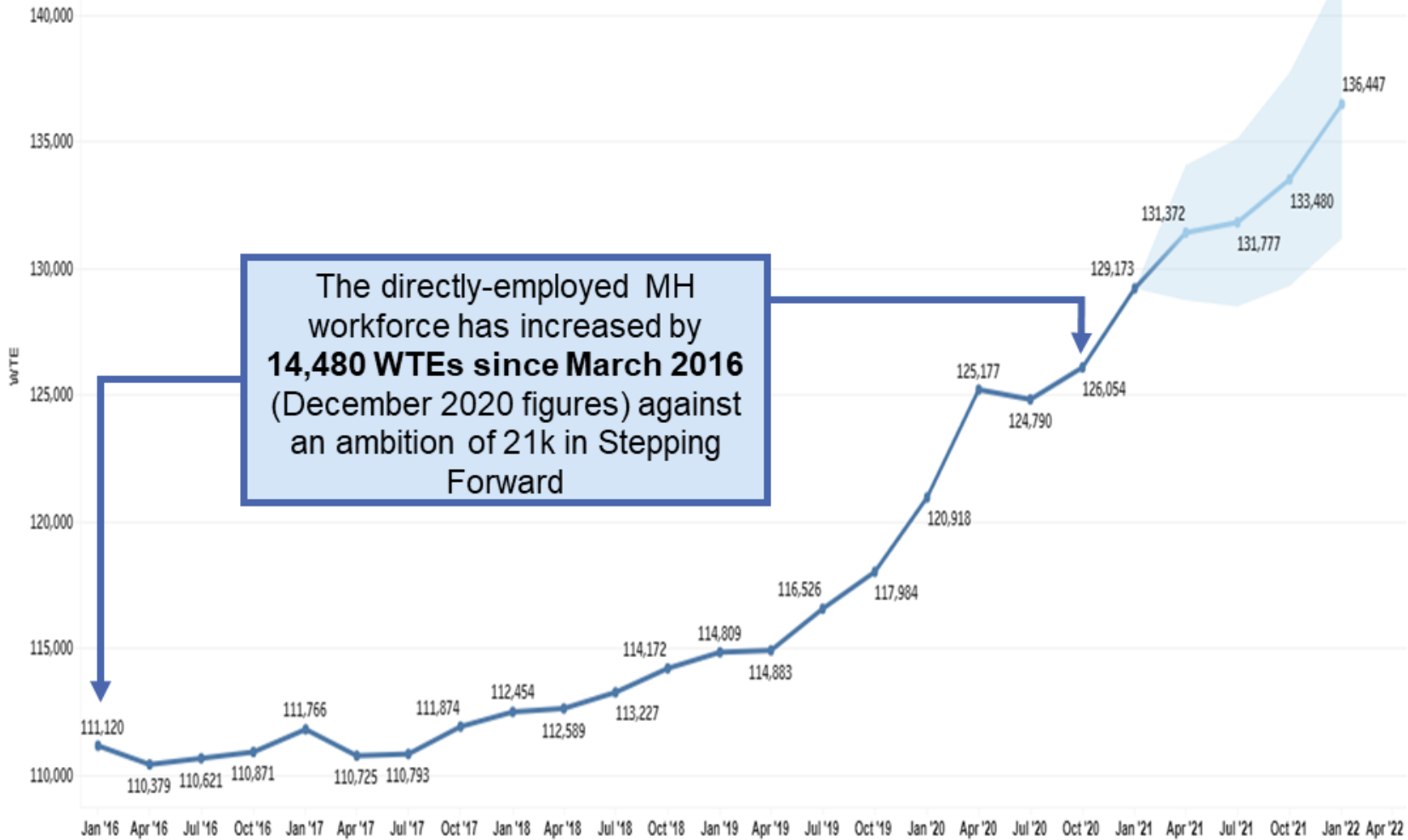
We have achieved our ambition to establish mental health liaison teams in all acute hospitals, and increased the number of mental health liaison teams operating to the 'core 24' standard. Previously, 39% of acute hospitals in scope had a 24/7 liaison service. Now four fifths of A&Es have a 24 hour liaison service.

Perinatal

By 2023/24, perinatal mental health care will be available from preconception to 24 months after birth (versus 12 months after birth currently), and extended to partners of women accessing specialist services who will be offered evidence-based assessment for their own mental health, and signposting to support as required.



Growth of directly-employed NHS Mental Health workforce (Jan 2016 – April 2022)



NHS England and NHS Improvement

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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 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. The Board are aware of the recent publication of the Integrated Care System (ICS) design framework (16 June). Following this guidance, we are now seeing more detail emerging on the structure and formation of Integrated Care Systems. NHS England and NHS Improvement (NHSE/I) has published further guidance on provider collaboratives. The document *Working together at scale: guidance on provider collaboratives* sets out NHSE/I's expectations for how providers should work together in provider collaboratives, as well as the benefits, enablers, and possible governance arrangements. It positions provider collaboratives as one of several key components of system working and ICS delivery.

The key points of the document include:

- NHSE/I describes provider collaboratives as partnership arrangements involving at least two trusts working at scale, with a shared purpose and effective decision-making arrangements.
- NHSE/I expects acute and mental health trusts to be part of one or more provider collaboratives by April 2022. Other providers (such as community and ambulance trusts) should be part of a collaborative where it is beneficial for patients and makes sense for the providers and systems involved.
- This year, providers and their system partners, with the support of NHSE/I regions, will be expected to identify the shared goals, objectives, membership and governance of each collaborative. They will also be expected to define responsibilities and ways of working between the ICS, places, clinical networks, cancer alliances and other collaborations.
- The document covers the benefits of scale that can be delivered through provider collaboratives, including reductions in unwarranted variation and health inequalities. It also sets out key enablers for collaboration and gives examples of programmes of work across clinical services, clinical support services and corporate services.
- The guidance proposes three models that trusts have typically used to form collaboratives: the provider leadership board, lead provider and

shared leadership model. It also outlines several decision-making mechanisms and staff resources required.

- Trusts will maintain their current accountabilities, but they will be expected to support mutual accountability within the collaborative. Collaboratives may, in time, be looked to for support where poor performance or challenges are identified under the system oversight approach.
- While the Health and Care Bill is expected to create further opportunities for effective collaboration by providing new options for trusts to make joint decisions, NHSE/I say providers should not delay pursuing greater collaboration within existing legislation.

In Derbyshire, a group led by Stephen Bateman, CEO of Derbyshire Health United is leading our response to this document. I believe this document helpfully sets the context for closer working between provider organisations, a framework for shared accountability and some real opportunities for increasing the effectiveness and efficiency of clinical pathways.

There are clearly challenges for our Board to consider:

- The document makes it clear ‘sovereign’ individual organisational accountability will continue whilst working in a developing ICS mutual accountability model. There is a danger that real capacity challenges we are currently seeing actually worsen for our senior leadership teams.
- As a Board we need to consider how we support the development of both a Provider Collaborative in Derbyshire and a Mental Health, Learning Disability and Autism Alliance.
- We need to ensure we are engaged in developments around Place.
- We need to consider what elements (if any) of our governance structure can be replaced by the emerging structures in the ICS and provider collaboratives.
- Of course, in Derbyshire, we are not starting from a clean slate – many collaborations and partnerships are already in place and the developments in this document must build on those. I think the guidance does give us the flexibility to do that.

This is something we may want to consider spending more time exploring in a Board development session.

2. The government published its response to the *Reforming the Mental Health Act White Paper* consultation on 15 July 2021. The document summarises stakeholder views on the proposals, following a 14-week public consultation and 1710 responses and the government’s next steps. To confirm, as a Trust, we did respond to the consultation.

The government has confirmed it is taking forward a significant number of the proposals from the white paper including: the introduction of four new guiding principles (choice and autonomy; least restriction; therapeutic benefit; the person as an individual), increasing the frequency of automatic referrals to the Tribunal, and the creation of the nominated person statutory role.

The government will also seek to give appropriate powers to health professionals so that people in need of urgent mental health care can stay on an accident and emergency site pending clinical assessment.

There are a number of areas the government has said it will consider further, given responses to the consultation, such as: improving the interface between the Mental Health Act and the Mental Capacity Act; removing the associate hospital managers' panels; and the proposal that health and local authorities should deliver on directions made by the Tribunal within five weeks.

The government has also committed to explore its proposals regarding Advanced Choice Documents, advanced consent to admission, and Care and Treatment plans further.

The response states work will continue on developing a Bill to reform the Act and it will be brought forward when Parliamentary time allows. At the moment, the government is aiming to undertake pre-legislative scrutiny at the end of this year and introduce the Bill at the start of the 2022 spring parliamentary session.

The response re-emphasises that a new Act on its own will not be enough to improve how and where good quality mental health services are accessed. It is recognised that successful implementation of a new Act, and changes to policy and practice more broadly, requires an expansion of the mental health workforce and additional funding.

Proposals that require additional funding continue to be subject to future funding decisions, including at the Spending Review 2021.

For our organisation, in common with all other NHS trusts and local authorities, this is a major piece of legislation with significant impact at a Trust level, both in terms of practice and governance. It is vital we don't wait for the Bill to materialise, but through our Mental Health Act Committee and supporting operational structures, review expected changes to understand their impact and mitigations as soon as possible to allow time for planning.

Local Context

3. A Joined Up Care Derbyshire (JUCD) Board meeting was held in public on the 15 July. Some of the key points from that meeting for the Board to note include:
 - A helpful reminder via a patient story about the importance of not assuming colleagues in a healthcare setting have been trained about rapport formation, quality conversations and active listening. The Quality Conversation Programme was showcased which is available to all colleagues within Derbyshire and aims to improve listening skills, develop behaviour change techniques, enhance engagement and support personalised care and improve understanding of health inequalities. In terms of benefit for colleagues in our Trust, we do have similar opportunities already available, perhaps with the gap around specifically supporting discussions for health inequalities.
 - We had an update on the latest position (as at July) with respect to COVID system impact with around 1% of system beds occupied with

COVID +ve patients, vaccinations rolled out to all adults with 1.3 million vaccinations delivered in Derbyshire. We also shared comparisons of workforce pressures and agreed the need to focus on workforce recovery prior to service recovery.

- In addition to COVID pressures, we also received details of general activity increases, both urgent and elective, with both primary care and our two emergency departments seeing increases in non-COVID demand.
- Following discussion of the mental health dormitory eradication capital outline business case at the June 2021 Development session, I was pleased to see confirmation of the formal support from JUCD Board and confirmation of the letters of support having been agreed within the Executive Leads report.
- Various assurance reports were received, including feedback from the system leadership team and the group overseeing the transition to a formally constituted integrated care system.
- The Board received an update on the development of the System Digital and Data Strategy and its associated operating plan ahead of formal presentation at the September Board. Our vision is to exploit the potential of digital services to empower our population, improve outcomes and provide the best digitally enabled health and care, our overarching vision for the JUCD Digital & Data Strategy is:
 - We will use technology and data to facilitate system transformation and empower our citizens to take control of their health and care, reduce inequalities and improve outcomes.
 - We will ensure appropriate and accurate data and intelligence is available and accessible to our citizens and their professional care providers, supporting them to make informed, reasonable and transparent decisions in the delivery of joined-up care.

4. Board colleagues will recall I have previously spoken about the exciting wider system based work I am leading, along with Andy Smith from Derby City Council, on our Anchor Partnership. At the July JUCD Board, we presented our update on work to date, which included:

- The development of an Anchor Charter (attached in final draft form – Appendix 1) as a way of securing commitment from individual organisations and provide a framework to make changes to benefit communities across the city and county. The Anchor Partnership group is clear that the adoption of a charter is not about duplicating or preventing work which is already taking place in Anchor organisations, or assuming responsibility, but harnessing the power of anchor institutions and maximising their impact on delivering agreed strategic outcomes. The aim is to *adopt* the charter within each partner organisation, maintaining a governance light approach for doing this and requesting that the principles of the Charter are built into future reviews of Organisational Strategy and Vision. The Board is requested to agree to adopt the Charter today.
- Each anchor organisation has undertaken a survey on employability with full responses from all nine anchors. Opportunities considered included:

- Recruitment – encouraging the right behaviours during recruitment and reducing the risk of unconscious bias to create more inclusive and diverse workforces, targeting disadvantaged and low pay groups for apprenticeships, high quality part time and flexible roles.
- Pay and Conditions – maximising our supply chain, exploring greater coverage of foundation living wage pay and improving the consistency, take up, and social value generated through non-pay benefit offers.
- Training and development – building a better picture of skills gaps across Derby and Derbyshire, poverty proofing our HR policies and providing more flexible progression opportunities for disadvantaged groups.
- Health and wellbeing (H&WB) – whilst anchors self-assessed the highest scores for health and wellbeing provision, we wondered whether outcomes were as positive and could be improved through greater understanding of H&WB across our workforce and improved offer/take up of H&WB packages e.g. mental health.

Initial employability priorities to discuss at the next workshop include:

- Building a better picture of skills gaps across Derby and Derbyshire (using the Local Enterprise Partnerships (LEP) skills needs assessment as a basis).
- Review the inclusiveness of our recruitment processes (policies, diversity and culture) and better understand how we can target our disadvantaged communities for apprenticeships and high quality flexible and part time roles (using mapping analysis to inform our approach).
- Explore the non-pay benefit offer of anchors, including health and wellbeing provision, and develop a communication/marketing approach to maximise take-up and social value, particularly in low pay groups.

5. Work towards the formal creation of the statutory Integrated Care System for Derbyshire from 1 April 2022 continues at pace. On 16 July the first of a series of System Senior Leadership Team development sessions was held. This session focussed on:

- A presentation that was delivered by Helen Jones and Andy Smith on the role, functions, legislative framework, and transformation approach of both Councils. It was very helpful to receive this wider context, consider learnings from Council colleagues that could be shared and look forward to potential and known future integration risks.
- We had an important discussion that I prompted about the risk to representative diversity during any reorganisation. Evidence is clear that historical major health service reorganisations result in a reduction in leadership from members of our diverse communities – it was agreed this was simply not tolerable and I was pleased to see this noted as the highest priority in the transition guiding principles.
- We also received updates on the development work so far around provider collaboration at Place and at Scale and also the development of a strategic intent function.

6. During July the East Midlands Mental Health, Learning Disability and Autism Alliance held two joint Board Development sessions (duplicates to aid attendance opportunities) for all Board members of partners to attend. This was the first time we have held such a joint development opportunity. I was privileged to Chair the second session and as a Board I noted we had good attendance at each session. The purpose of the session was to share information covering:

- Recent progress in the Alliance.
- An update on each of the provider collaboratives at a local level to enable us to compare and contrast.
- An update on the formal regional provider collaboratives, such as Impact, Child and Adolescent Mental Health Service (CAMHS), Adult Eating Disorders and Veterans services.
- To receive feedback around next steps in terms of formalising the Alliance operating model.

For any Board colleagues who were not able to get to the session I am happy to separately supply the confidential presentation.

It would be helpful to get feedback from Board colleagues who did attend for me to feed into the planning sessions for future meetings.

7. A key clinical priority has emerged from the Mental Health, Learning Disability and Autism Delivery Board that the Board needs to be sighted on and recognise as a key priority for the Trust.

Board members will be aware of the Transforming Care Programme (TCP), which is a national programme to reduce the number of people with a learning disability or autism, cared for in a hospital setting. All parts of the country have an agreed reduction trajectory that we have been able to review with the NHSE/I regional team at various points – the last time being the end of 2020/21. At present Derbyshire has the highest number of TCP cohort patients in a bed per 100,000 population in the Country. This is clearly an area where patient and family experience is simply not good enough and we have very significantly increased focus and resources to improve this position. However, this is something that will require sustained system focus and leadership and I would like to thank colleagues from our Trust who have been so actively engaged in this development work moving forward.

I would like to suggest a more detailed discussion of the trajectory, achievement and risks at the next Board meeting, as part of the integrated performance report.

Within our Trust

8. Board members are aware that the Outline Business Cases (one for North Derbyshire and one for South Derbyshire) for the eradication of dormitory style wards, were given support by the Mental Health, Learning Disability and Autism System Delivery group, the CCG Governing Body and JUCD Board at the beginning of July 2021, following a journey through twelve sub-committees to seek approval and support. Any queries raised at any of the committees were responded to directly back to members, and a full list of questions and answers

from all the local approval committees have been amalgamated into one FAQ document, attached as Appendix 2 for information. Over the course of the next year we will share more detailed plans as they emerge as we aim to have the full business cases ready to present to the Board in June 2022.

9. On 12 July, myself and Deputy CEO, Claire Wright, were privileged to spend a morning talking to our preceptorship forum as part of their development work. It was a great conversation focussing on how each and every one of us has a leadership role to play as we all influence somebody in our work environments. We shared our own leadership journeys and some personal key points of learning and were able to have a great conversation about the Trust's ambition, vision and values. Thanks to all colleagues who attended for enabling such a 'loud' and vibrant conversation.
10. On 21 July, myself and Caroline Maley, formally opened our memorial garden at Kingsway Hospital. It was a really moving and special afternoon, as we brought together families and friends to remember and celebrate the lives of our dear colleagues, tragically lost to us during this dreadful pandemic. We particularly remembered Gladys Mujajati and Ann Shepherd – and we were really pleased to welcome members of both Gladys' and Ann's families to the garden at Kingsway Hospital, to show them round the garden and present them each with an Angel of the Nation statue, in recognition of the nation's gratitude.

We received an overwhelming number of messages about both Gladys and Ann which we have shared with their families and we have planted these comments in a time capsule within the garden. These messages really capture the essence of both women – of their personalities, their unique approaches and their exceptional contribution to our mental health services. And also, the loss felt by those who knew them.

We have also included a number of items suggested by colleagues – such as a Derbyshire Healthcare facemask, and some surgical gloves – as a lasting memory of these times.

There is a tree planted for both Gladys and Ann and there are flowers in the raised beds that are named Gladys and Ann. I'd like to say a big thank you to our colleagues who have led on the development of this garden and put a lot of thought into these lovely touches.

11. It was great to meet our doctors in training as part of their education programme in the north of our Trust on 22 July. It was an opportunity to hear about their experience, particularly during COVID, and share with them some of my own learnings from the pandemic. Feedback from both doctors and nurses in training is so important to continuing to enhance our services and improve our working environments. It was pleasing to hear that on the whole our trainees felt supported during their placements, part of the wider team, and well informed about issues relating to COVID.
12. I met with Chesterfield MP Toby Perkins during July and we were able to speak about how the Trust has managed during the pandemic, the pressure from increasing activity and importantly Toby wanted me to share with colleagues his gratitude for everybody's efforts in what he recognised had been such a difficult year. This is part of a routine series of meetings I hold with our local

MPs to ensure they are aware of key enhancements, challenges and risks our services are facing.

13. As I have stated previously in public, I continue to be so very impressed with the way colleagues in our organisation have responded to this dreadful pandemic. The pandemic does continue to feature heavily in the life of the Trust and continues to have a very significant impact on the wellbeing and resilience of colleagues in our Trust.

We put in place significant plans during quarter 2, in addition to our agreed roadmap, as we were expecting to see pressure rise as part of the third wave. The measures included:

- Pausing all staff training except for Promoting Safer Therapeutic Services (PSTS), Immediate Life Support (ILS) and Paediatric Basic Life Support (PBLs).
- Asking all colleagues to go 'meeting lite': please reduce the number of meetings that you ask others to attend and for clarity we do mean Microsoft Teams meetings. If a meeting must go ahead, reduce it down to one hour maximum in length, and focus on the key actions. Consider whether you could combine and condense meetings, as we must free up colleagues' time.
- Delaying the go-live date of the third phase of the OnEPR programme – the phase that sees many of our working-age adult inpatient services move from Paris to SystmOne. A decision will be made shortly about the new go-live date and what this means for the go-live date of phase 4 (involving many of our working-age adult community services).
- Increasing our incident management response: ELT (Executive Leadership Team) will now meet twice a week, the Incident Management Team meetings will increase to three times a week and some of the cells reporting to the Incident Management Team will also meet more frequently. This combination will allow us to make rapid decisions as and when we need to.
- Beginning to make preparations for possible redeployment – something that we hope to avoid, of course, but we must prepare for all eventualities.

I believe it is testament to the support from all colleagues within our Trust in continuing to deploy such effective infection prevention and control measures, as well as these additional measures, that resulted in us not seeing a significant increase in colleagues away from work nor any outbreaks on our inpatient wards. This has to be applauded as it is not in line with what is being seen in other organisations. At the time of writing this report, we have less than 30 colleagues away from work due to COVID related reasons and no positive COVID patients on our wards. This has meant that we have not had to redeploy any colleagues and we have been able to reduce some of our time spent on incident management meetings.

That said, there is no doubt at all that clinical services are under significant pressure, as are our colleagues in leadership and management positions as we deliver services to increased demand, manage very significant transformation of services and manage the need for colleagues to look after themselves and, particularly over summer, take some well-earned leave. This is something that continues to be a focus in operational and executive meetings.

14. Over the last two months we have continued to hold several 'Live' Divisional Engagement Events chaired by either myself, Ade Odunlade as our COO, or indeed the Divisional General Manager or Executive lead, with the aim of offering colleagues the chance to tell us as a senior leadership team how they are finding working in the Trust at present, along with an opportunity to ask questions, make suggestions and share innovations. I have been pleased to welcome Non-Executive Directors (NEDs) to these sessions as well. Engagement sessions have been held with:

- Adult Community Services
- Admin and Clerical Staff
- Specific session focussing on the increased COVID restrictions in Q2
- Specific session focussed on developing home/remote working support.

These events have been very well attended, helped using a virtual format on Microsoft Teams. Whilst the topics discussed have varied to some degree, depending on the group, there have been common themes, some of which include:

- COVID vaccinations, safety, priority lists
- Lateral flow tests mainly focussing on process around reporting
- Annual leave and the need to enable and encourage colleagues to take a restorative break
- Leadership support
- Pressures from home working and managing rotas to attend workplaces
- Transformation, particularly in adult community services, and the revised community framework
- Great opportunity for us to say thank you to colleagues directly.

In addition, I have been lucky to be able to attend and meet with colleagues at St Andrew's House since the last Board meeting.

It was pleasing to hear the common theme of how well supported colleagues have felt in the last year, how well informed they felt and how they appreciated the visible senior leadership. However, pressures continue to grow in terms of clinical demand. Ensuring services remain COVID secure is putting pressure on our estate and the working environment and colleagues did report feeling a sense of exhaustion.

The feedback from these events have featured in our lessons learnt process and in turn fed into our strategy review. We will be continuing with this approach to engaging with colleagues along with our new monthly 'all staff team briefing session'.

| 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 and system meetings.

Governance or Legal Issues

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

Public Sector Equality Duty and Equality Impact Risk Analysis

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

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

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

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

Whilst it is pleasing that as a JUCD system we are agreed that representative leadership from our communities is a priority during the change to a statutory ICS, I remain concerned that there is a significant risk that representation deteriorates over this time, as evidenced in many previous re-organisations.

The continued focus on IPC and COVID secure environments is about supporting the wellbeing of our colleagues, but also about supporting protection for those colleagues we know have increased health inequalities.

Our live engagement events continue to provide a helpful vehicle for speaking up.

Recommendations

The Board of Directors is requested to:

- 1) Scrutinise the report, noting the risks and actions being taken
- 2) Agree to adopt the JUCD Anchor Charter
- 3) Seek further assurance around any key issues raised.

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

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

Putting Derby/Derbyshire First & Keeping it Local

Draft Anchor Charter

We are **Anchor Institutions** because we are rooted in Derby/Derbyshire by our vision, histories, land, assets, and vitally our established local relationships. As a group of Anchor Institutions, we have a significant responsibility to enable and facilitate **Community Wealth Building**. This means we use the economic levers available to us to develop resilient, inclusive local economies within Derbyshire with more local spend and fair employment, as well as a larger and more diverse business base, ensuring that wealth is more locally owned and benefits the residents of Derbyshire.

Derby/Derbyshire Anchor Charter Mission Statement

To commit to long-term collaboration between Derbyshire Anchor Institutions, supporting shared Community Wealth Building goals to improve collective wellbeing and create a strong, resilient and inclusive Derbyshire economy.

We recognise as Anchor Institutions in Derbyshire we can have an impact in 5 key areas workforce/access to work, procurement, partnering in place, buildings and the environment.

As Partners we recognise significant work is already underway in these areas – our role is not to replicate but to add value and level up.

Keeping it local – Our Charter:

As Derby/Derbyshire's Anchor Organisations we agree

- ❖ We will recognise our role in being a local anchor and commit to working with partners in the Anchor Executive to maximise the collective influence we have in addressing socio-economic and environmental determinants.

- ❖ We will embed this anchor Charter into our ethos through our organisational vision, values, culture, communications, behaviours, leadership, corporate planning and budgeting, we will seek to support inclusive, sustainable growth and the people and communities we are anchored within.
- ❖ We will use the Charter as an enabling/permission giving tool within our organisations and sectors that will act as a catalyst for change and a shared learning opportunity.
- ❖ Through the Charter, Partners will develop mutual mechanisms for accountability built on trust, shared aims and a joint understanding of our core aim.
- ❖ We will listen to our communities to ensure that our mission addresses what matters most to them and work with them through our partnerships to make sure our influence supports positive change.
- ❖ We will work together through the Derby and Derbyshire Health and Wellbeing Boards and the Joined-Up Care Derbyshire ICS Board to seek and agree best practice, to measure impact and hold each other to account. We will share best practice and learning as an active Anchor Partnership within the system and with wider partners.

As a Derbyshire Anchor Partnership, we have agreed to initially focus our combined influence and actions on the following two impact areas:



Workforce and Access to Work



Partnering in Place, Neighbourhoods and local communities



Procurement



Buildings



The Environment

Signatories to the Anchor Charter and members of Derbyshire's founding Anchor Partnership are:



Joined Up Care
Derbyshire



Acute Mental Health Dormitory Eradication

Outline Business Cases

FAQs

Dormitory Eradication Questions

From the Southern Derbyshire OBC: How many Dormitory beds will remain?

Once the 2 new units covered by the OBCs are in operation and the 34 beds at the Radbourne Unit are refurbished, no dormitory beds will remain in operation.

How will refurb wards be funded?

The refurbishment will be funded by Trust capital, subject to CDEL system agreement, but will also require supporting revenue for costs of capital and any incremental running costs as with OBCs. Any refurb revenue costs will sit alongside the PICU and 'acute-plus' development revenue costs in local approval terms, to complete the entire programme.

Clinical Questions

What sorts of patients might be inpatient and how is it proposed to manage separation of various MH problems?

The patients will be those who cannot safely be cared for in the community and need more intensive care and support. The model of care described in the OBCs does not exclude anyone with acute mental health needs from admission for whom the admission would be purposeful. The new designs create more better thought-out space and improved areas for interaction.

The new proposed PICU / Acute-Plus OBCs to follow will help Derbyshire manage more high- risk people that cannot be managed on open wards in-county, should they be approved.

Can you summarise/list the clinical people that have had an input so far?

The development is via a clinical reference group within the Trust and NHSE colleagues. As the program progresses to full business case development the expectation will be to widen the membership of the reference group to include representation from system partners and CCG clinical quality officers. The OBC takes account of all national clinical guidance at his stage- it is around the estate being not fit for purpose not the care model.

To date:

- Executive Director, Nursing & Patient Exp.
- Medical Director
- Deputy Director, Practice & Transformation
- Area Service Manager, Acute Inpatient Services South
- Patient Safety and Patient Experience Lead
- Programme Director - Dormitory Eradication
- Area Service Manager Acute Inpatient Services North
- Clinical Director – Consultant Psychiatrist
- Clinical Matron x2
- Clinical Psychologist
- Consultant Psychiatrist
- Consultant Nurse
- Head of Nursing, Adult assessment, Acute and Forensics
- General Manager
- Assist. Director Clinical Professional Practice
- Associate Director of Estates & Facilities
- Positive and Safe Practice Lead
- Service Managers
- Senior Nurse

How will Oxehealth impact on the £1m additional staffing costs- will this be mentioned in FBC?

There is an Oxehealth pilot currently underway in DHCFT, and the results of this will be utilised within the FBC development. Oxehealth is a quality improvement initiative that helps clinical staff monitor patients for physical health deterioration in a seclusion room or in a high support area, it uses technology to remotely measure heart rate and oxygen saturates. It is being further developed to track disturbed sleep. It is a clinical aid and would not impact upon safer staffing.

The theme of sexual safety is recurrent, alongside other issues compromised due the environment - however the CQC reports seem to indicate good levels of safety despite this. There is no indication of quantification of the potential care failings due to suboptimal environment.

DHCFT have been working hard to reduce violence, reduce use of seclusion and improve sexual safety; significant headway and quality improvement has been achieved. Currently Trust staff are providing the safest care in a significantly sub-optimal environment. When the environment is improved to national expected standards, it is likely that the clinical staff outcomes and performance will be further optimised. This will mean that the acute service will achieve the CQC good rating it wishes to provide. The key outstanding items on safety are single room accommodation, use of dormitories and a concern overall of the use of out of area placement for PICU. The Trust has a quality dashboard which is supplied to the commissioners monthly which demonstrates this evidence.

Single gender wards are a core part of the OBC. Consideration of flexible space would be helpful to increase/decrease a small number of beds to male or female allocation according to need.

Yes, flexibility is being built into the design, for example the North Derbyshire development at Chesterfield is a 54-bed facility with single rooms, across three wards, using a 'pod' design with flexibility to support men, women and non-binary patients.

The OBCs refer to the need for a 136 suite but learning/further information to support the case isn't yet available.

There is a statutory and regulatory requirement to have a S.136 suite, the designs take account of this with a S.136 suite on each site.

Service User Engagement Questions

What did patient engagement say about this PICU prospect- whilst I think economical/ clinical case is easier to make based on these numbers- I think that the SU voice should be mentioned at this stage. The overall impact of engagement to influence thinking seems minimal EQUAL group in the document but clear mention to clinicians' involvement.- can this be made more prominent.

The EQUAL Forum brings together patients, carers and nominated staff employed as expert by experience employees from across the Trust. The patient experience and environment of our wards have been important areas for service user and carers groups. Before EQUAL was established Derbyshire Voice, Mental Health Alliance, and latterly Mental Health Together have raised the quality of our inpatient estate. Our service user groups have consistently stated that they would like single ensuite rooms, more space for family and carer visiting, carer support and a therapeutic feel to their services.

Our carer groups in the North of the county have stated that their preference is to have a northern Derbyshire based unit, as close to Chesterfield as possible and preferably on the Chesterfield Royal site. Our service user and care groups in the south have always wanted a similar offer, including single ensuite rooms, more space for family and carer visiting, carer support and the opportunity to have other support offers or community services in their buildings.

Throughout our journey the EQUAL Forum has been briefed on our aspirations, our progress, and have met with architects to see outline ideas and designs. The group have been clear that direct outside space is really important, roof gardens are acceptable but should be used as little as possible. The EQUAL Forum have been encouraged to offer any thoughts or expressions about the new builds both in both Northern and Southern Derbyshire. Our Director of Nursing and Patient Experience has encouraged all the Equal Forum sub-groups to get involved in the project with excellent representation from individuals from the forum on working groups, design groups and in the planning period.

Other patient groups within Derbyshire have also nominated and recruited representatives to attend building design meetings. The initial meeting with the design teams and architects was EQUAL at its best with very healthy debate and discussion, influence and great feedback from our group. At this, the additional specialist EQUAL group were shown the designs of two storey and outside spaces to get their opinions with designers and project managers. The issues were hotly debated. Discussions regarding single sex accommodation, safety, consideration of car parking issues, and a bus route

request for Kingsway were discussed, along with ensuring that the environments were healing and not institutionalised.

Our EQUAL members are our critical friends and are actively shaping the programme. We have recruited an EQUAL member, Nick Richards, as our Project Officer, who will also act as an EQUAL advisor at the heart of the Programme Team. A wide number of stakeholders including EQUAL were part of a design workshop in May 2021 to share views on the new build designs and layout of the new services. Participants were also able to identify particular priorities, feedback any concerns and make changes to the proposed architect drawings. EQUAL members have been explicit that they would like to see significant change with regard to PICU provision and are very positive about the Trust plans.

OBC Options Questions

If do nothing isn't an option is a more viable option to compare the proposal with doing the minimum we have to?

Eradication of dormitory style wards is national policy and a regulatory requirement; however, the national outline business case process requires the provider to compare a 'do nothing' option with other viable options. The preferred options are in effect the minimum we could do as they utilise the national funding to eradicate as many of the dormitory style beds as possible within the allocated funding.

Recognising that there is a statement that more detailed forecasting needs to take place during FBC production, is there a "counter factual" for the do nothing scenario which can be costed and used as a comparator for the preferred option costing – i.e. if growth continues then it will cost £Xm more in OOA placements, which will be avoided by preferred option?

This is a great idea and a joint piece of work between CCG and DHFT will be undertaken as we develop the FBCs over summer / autumn 2021. This will enable us to enhance the forecasting with some data-backed projections on likely cost increases in out of area placements to add weight to discounting the 'do nothing' option and enhance the potential system savings with the preferred option.

Please explain the bed differentials in the two "do maximums" between north and south cases?

This is driven by the differential demand for working age adult acute beds between Northern Derbyshire and Southern Derbyshire.

The do maximum option (Option 3) for Northern Derbyshire creates a 54-bedded unit of 3 x 18 beds on the Chesterfield Royal Hospital site, which absorbs the existing number of Hartington Unit working age adult beds (52), plus 2 additional beds transferred from Southern Derbyshire based on projected need.

The do maximum option (option 3) for Southern Derbyshire is a purpose-built 96-bedded unit on the Kingsway Site, comprising 6 x 16 bedded wards based on optimum ward configuration. It would re-provide all the existing beds at the current Radbourne Unit in the new build, hence no further need for refurbishment of Radbourne Unit dormitory-style wards, but this option was discounted as non-viable due to costs being significantly more than the NHSEI national capital envelope.

Why was the north option with commercial land only 48 beds and not 54?

The North Derbyshire option using commercial land was initially costed for 3-wards using a standard 16-bed ward design, however once it was confirmed that the maximum number of beds at the Radbourne Unit in the south, following refurbishment, was 34 and the analysis of demand showed the need to maintain the current bed level overall and geographically, the preferred option to develop a 54-bed unit on the CRH site was costed. As the commercial land option exceeded the capital limit at 48-beds further work was not undertaken to cost at 54-beds.

Demand Profiling Questions

From the Southern Derbyshire case:

Have you been told it will be enough to just replace the existing bed stock, or is there an expectation that you need to model, future demand offset by potential improvements in length of stay?

Going from 90 beds to 88, will this be sufficient?

The OBC documents refer to bed reduction and also outline system improvements to support people to remain in the community. However, the document doesn't provide information assurance about capacity modelling and demand as assurance.

Once the 2 new acute builds are constructed and the refurbishment of 2 wards at the Radbourne Unit is complete, there will be no overall bed reduction. The demand modelling in the OBCs, which reviewed current and future need, based on geography (higher demand in Southern Derbyshire and Derby than Northern Derbyshire) and gender analysis (showing an overall 50/50 gender demand for beds across the total 142 acute adult bed base), indicated the same number of beds were required. Future demand was modelled taking account of trends over 3-years including acute out of area placements, and offset by planned service redesign and improvements in the acute care pathway (including reductions in the acute LOS to national average), community mental health transformation, Liaison and Diversion Team, and alternatives to hospital admission such as the Crisis Resolution and Home Treatment Teams. Using the 65th percentile (based on NHSEI advice) demonstrates that the demand for future beds can be met by the current bed numbers when accounting for the service improvements and optimisation above. Two beds transferred from south to north to address geographic demand profile.

Staffing Questions

Why are staffing costs going up for no more beds?

The recommended optimum size for an acute ward is 15 beds; HBN technical guidance states geography and environment can be taken into account and where needed ward areas can be considered up to 18 beds, with a recommended preferable ratio of 1:6 registrants for mental health staffing. This would be two registrants for 12 beds and three registrants for up to 18 beds. In addition for Northern Derbyshire, additional staffing costs result from transfer of the older adults service off-site with staffing and clinical leadership, leaving two 22-bed and 8/20ths ward staffing to be reorganised into staffing for 3 wards of 18 beds using the above safer staffing guidelines, plus additional staffing for the S136 suite and clinical leadership for the new unit. The cluster ward in the new Northern Derbyshire build is able to give flexibility to enable seasonal fluctuations in gender, to offer an area for transgender and gender neutral patients, but this has a negative impact upon staffing levels, with significantly more space to manage and a higher level of staffing to ensure continuous observation. For Southern Derbyshire, the additional staffing costs result from reorganising staffing from four 20-bed and one 10-bed ward to three 18-bed wards on Kingsway and a 16-bed ward plus an 18-bed ward at the refurbished Radbourne Unit, plus additional staffing for the two new S136 suites, again using the safer staffing guidelines.

Are we assuming standard pay rates not premium and how do we know we can recruit the additional staff?

Staffing pay rates are set as standard assuming no premium payments. Talent pipelines are being utilised to develop qualified nurses and nursing associates from within the current workforce through a 'grow your own' model, which will result in additional newly qualified nurses by 2023/24. Workforce planning for this and any residual new recruitment is timed to ensure additional nursing staff are available at the commencement of new build for adult acute inpatients and PICU. In addition, we have requested HEE and NHSEI to consider an additional "grow your own project" to take into account wider service expansions, the predicted mental health surge and the predicted potential loss of further members of the mental health workforce post the pandemic period.

Financial Questions

Northern Derbyshire OBC:

In the capital cost table, £5m non-works costs are which makes that option 2 more expensive, is it the purchase of land?

Yes, the higher cost is due to purchase of commercial land.

Revenue costs, how is the £1.3m of increased staff costs comprised (North)

Staffing costs increase primarily due to the new single room environment being more intensive than the current dormitory-style ward environments, and this is taken into account using 'Safe staffing for nursing in inpatient mental health settings' guidance to maintain skill mix for staffing levels in the new build. In addition, in Chesterfield, the new build is designed as a cluster ward, with flexibility to have different genders in different pods, offering an area for transgender patients and gender neutral patients, but this also increases staffing levels to ensure continuous observation of the larger environment and gender mix and the transfer of the older adults service off-site with staffing and clinical leadership, leaving 2 and 8/20ths ward staffing to be reorganised into staffing for 3 wards of 18 beds, plus additional staffing for the S136 suite and clinical leadership for the new unit.

Rates and maintenance are higher in the Northern Derbyshire OBC than Southern Derbyshire OBC?

The rates in Derbyshire north are £80k for a new build; the rates in Derbyshire south are the same but the total rates for the existing Radbourne Unit wards plus new development costs are split 3/5th Kingsway and 2/5th Radbourne to reflect the new split site model, with only the proportion of the new rates shown in the OBC (£48k) to avoid double counting existing revenue funding. Further work will be undertaken on the maintenance costs for both units during FBC development, once existing Unit accommodation retention is determined for current acute associated and non-dorms eradication services that do not transfer to the new builds.

The cost to benefit ratio between options 1 and 3 in the north are mighty close to substantiate the additional new build cost?

This is true, but the overall ranking has to take account of both the cost : benefit ratio and Net Present Societal Value (which is substantially higher for Option 3 - the preferred option). Option 1 whilst having a high cost : benefit ratio due to lower capital cost and provision of compliant single ensuite rooms, would only provide 23 beds, (in sub-optimal ward configuration,) insufficient to meet projected demand above). Remaining beds required to meet projected demand for Derbyshire north would then still need to be sourced elsewhere at additional cost.

The Model shows a Net Present Societal Value for each option, why is Northern Derbyshire less than the Southern Derbyshire?

This is driven by the Comprehensive Investment Assessment tool required to be used: Radbourne Unit has more beds than Hartington Unit, so the avoided risk of having to pay for out of area placements if services had to close there is higher; the revenue impact is higher at the Hartington Unit because the new facility has an increase in staffing costs as above, but this is partially offset by Non-Cash Releasing Benefits relating to the notional "value" created by the small increase of beds (2) in Northern Derbyshire, transferred from Southern Derbyshire.

Impairment of 25% - how does this benchmark across other projects?

This is based on external advice of recent similar schemes nationally, where the valuation undertaken by the District Valuer at commissioning of the new builds, based on Modern Equivalent Asset accounting rules, has provided an impairment of 25% of capital costs. The impact reduces both the PDC interest payment and the ongoing annual Depreciation Charge, although it does require an adjustment in the year in which the impairment occurs.

What is the net impact on the CCGs operating budget is it the £5.4m operating costs?

The £5.4m is a revenue cost to the system control total. The revenue costs increase as result of borrowing costs and increased staffing due to higher levels of observation required over dormitory

accommodation - the exact figure will be finalised in the FBC and will need system sign off before the FBC submission.

The revenue consequences will be funded from additional system monies identified through the MHIS. Depending on allocation growth in future years, the funding available via MHIS will be circa £7m so the 2 OBCs will account for approximately 75% of additional funding available leaving limited funding available for other growth or cost pressures. The MHSDB are aware of this and accept their responsibilities to manage the programme budget in totality and discussed this explicitly. There is full awareness that when the costs arise, they will need to be prioritised against other system spend and that may have implications for other priorities. MHSDB fully aware of the 2021/22 in-year and ongoing future need to manage financial, operational and quality risks within overarching programme budgets.

Given the revenue consequences will not impact fully until 2024/25, it is still too early to know what competing priorities will be at that time for revenue resource, given that we will then be in a post-LTP, post-MH increased investment environment, with the transformation in Crisis and community service delivered and in place.

How does the £80m get treated in the CCG is it a separate capital fund?

Yes, the £80m is a separate direct capital payment to the Trust from NHSE&I.

Given the size of the investment of £80m is it normal governance process to ask for virtual approval for such sums? Or put another way what is driver of the level urgency?

Unfortunately, we have a constrained timeline as the national fund was allocated with a stipulation that the two outline business cases and the two subsequent full business cases would need to be approved, and then building construction completed, all by March 2024 to access the funds. This has meant that the Trust and CCG have had to obtain all CCG and JUCD system approvals of OBCs in a 3-week period, in order to submit the OBCs for national gateway approval by 7th July 2021.

What financial mitigations are in place and what would happen if there was slippage on the schemes beyond March 2024?

The revenue costs impact the system only when the buildings are completed and ready to become operational. The national and regional NHSE&I team responsible for the funding are meeting with the Trust monthly to check progress and ensure construction is completed by March 2024. Capital is drawn down by the Trust on a monthly schedule during construction period, if the building is not complete the Trust would be required to fund difference between the capital drawn down by March 2024 and the total cost of the construction.

There is a programme board in place which will manage the process which is led by DHcFT and has system partners involved. Monthly updates provided, and in conjunction with the system estates programme.

JUCD Estates Forum Questions

What spare estate does the OBC generate, are we avoiding creating voids, can we sell anything?

Is there scope to input the corporate accommodation issue to the JUCD estates strategy? I understand that some beds will remain at the Radbourne Unit, but if there are fewer than currently then what will happen with the remaining space and is there an opportunity to link up with UHDB requirements to benefit the wider system?

This has been raised at the JUCD local estates forum. Accommodation freed up by the new builds and no longer required for the delivery of our inpatient and associated services will be available for System re-use. There will be 3 void ward areas at the Radbourne Unit and 3 void ward areas at the Hartington Unit. DHcFT is reviewing its own potential service / team relocations but has raised with System partners to enable an ICS view. The timing of decisions made on the remaining estate will determine whether quantifiable cost benefits can be included in the FBC prior to formal submission in May/June 2022.

PICU and Acute-Plus Questions

For context, a further OBC for PICU development is due next month and is a parallel development – that will need to be considered in the round against System capital spend expenditure Limits (or CDEL) as part of that matter.

The transport costs will not be eliminated due to female PICU and residual PICU use – has this been accounted for?

This will be picked-up within the PICU business case, the 2 OBCs refer to acute care only and the savings made on OOA placements and transport costs funded by the Trust for acute service users.

Is there a definition of Acute-Plus?

Acute-Plus is more akin to Enhanced Care Unit, it provides a sub-PICU level of care but more intensive than an acute ward.

The case is being made for a female Acute-Plus and not PICU - females in distress will have to be transported greater distance from Radbourne to Audrey and the elimination of OOAPs for PICU cannot be completed unless a partner is found with CoCP- again this means female will have to travel further again than males. Repatriation of females from PICU is not possible earlier than completed episode.

Currently, female patients are transported to Northamptonshire for out of area PICU placements, the significant improvement in location to provide a local acute-plus facility will transform our services. The added value of an acute-plus female service and a male PICU service on the Kingsway site are equal. The acute-plus facility planned on the Kingsway site is 1.1 miles from the Radbourne Unit acute wards. We understand that continuity of care arrangements must be maintained for the out of area PICU female patients when the acute-plus unit is operational and thereafter there will be no inappropriate out of areas. Once the outcome of the CCG procurement for PICU is known we will work closely with CCG colleagues to ensure planning for the optimal patient experience as the new contract closes and service users begin to utilise the new DHCFT provision.

Will the future PICU build incorporate patients currently in DCHS Learning Disability beds at Ashgreen?

The new PICU will be Autism-informed in design, and the Learning Disability team will be fully engaged in the work to develop more detailed designs in the next stage, and there will not be exclusion criteria for admission. For individual service users for whom there is a purposeful admission to the PICU, this will take place, however the PICU does not provide the service required by the majority of service users at Ashgreen and future service provision will be discussed through the JUCD Mental Health, Learning Disability and Autism Service Delivery Board.

Performance Report

Purpose of Report

The purpose of this report is to provide the Board of Directors with a brief update of how the Trust was performing at the end of July 2021 during this extremely challenging period. The report focuses on key finance, performance and workforce measures.

Executive Summary

The information contained in the report demonstrates how the Trust is performing against a suite of key targets and measures. Performance is set out in an assurance summary dashboard with targets identified, where a specific target has been agreed. Where a specific target has not 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. The charts have been generated using an adaptation of a tool created by Karen Hayllar, NHS England and NHS Improvement (NHSEI), which enables much easier interpretation of how each process is performing. The main areas to draw the Board's attention to are as follows:

Finance

Revenue

Under the current financial regime set by NHSEI, there has only been a requirement to submit a half year (H1) plan. However, the Trust has also an internal plan for H2 generating a full year plan. The previous block income payments that were transacted in 2020/21 have continued into 2021/22.

Our financial position forms part of the overall financial position of Joined Up Care Derbyshire (JUCD).

| Month 4 | 2021/22 | | | YTD | | |
|--------------|-----------------|-----------------|-----------------|-----------------|-----------------|---------------|
| | In month | | | YTD | | |
| | Plan | Actual | Variance | Plan | Actual | Variance |
| Income | (14,690,250) | (13,877,783) | 812,468 | (58,455,898) | (57,270,730) | 1,185,168 |
| Pay | 10,692,088 | 10,199,362 | (492,726) | 42,481,022 | 41,462,983 | (1,018,039) |
| Non-Pay | 3,986,744 | 3,667,025 | (319,719) | 15,997,578 | 15,830,553 | (167,025) |
| Total | (11,418) | (11,396) | 22 | 22,702 | 22,806 | 104 |
| | H1 Forecast | | | Month 1-12 FOT | | |
| | Plan | Actual | Variance | Plan | Actual | Variance |
| Income | (87,836,406) | (86,587,883) | 1,248,523 | (173,045,873) | (174,662,353) | (1,616,481) |
| Pay | 63,865,193 | 62,515,571 | (1,349,622) | 126,865,008 | 128,466,310 | 1,601,303 |
| Non-Pay | 23,971,213 | 24,023,408 | 52,195 | 46,097,745 | 46,142,406 | 44,661 |
| Total | 0 | (48,905) | (48,905) | (83,120) | (53,637) | 29,483 |

The Trust's year to date position at the end of month 4 is a small surplus of £11k as per plan. The forecast for H1 (months 1 - 6) is a small surplus of £49k against a breakeven plan. The full year forecast is a surplus of £54k against an internal planned surplus of £83k.

Income is currently behind plan due to slippage on recruitment related to some new investments such as the Community Mental Health Framework (CMHF) and Child and Adolescent Mental Health Service (CAMHS) Crisis. This has offset expenditure underspends. However, income is forecast to be above plan by £1.6m mainly due to the release of deferred income totalling £1.2m (with offsetting expenditure). The slippage on CMHF and CAMHS Crisis investments is mainly offset by the value of the new investments for Learning Disability (LD) Specialist Autism Team and Dementia.

We expect to receive additional funding from the mental health investments over and above the ones mentioned above – this is to be confirmed – regular meetings are taking place with commissioner colleagues linked to Delivery Board and a new approach to financial reporting is underdevelopment to support the Mental Health, Learning Disabilities & Autism System Delivery Board to manage the total mental health (MH) and LD programme spend and risks within it. The forecast will be updated to reflect and new agreements when they are made.

Efficiencies

The full year plan includes an efficiency require of £2.3m mainly phased in the second half of the financial year. The forecast at month 4 assumes that this will be delivered in full. The financial arrangements for H2 are not yet confirmed, but nationally (and regionally) it has been signalled that we should expect increased efficiency requirements likely to be around 3%.

Agency

At the end of month 4 agency expenditure is above the ceiling by £662k which equates to 66%. The two highest areas of agency spend relates to Medical staff and Ancillary staff (mainly domestics). The forecast assumes that agency costs will reduce slightly from month 8 but is still generating forecast spend of £4.6m which is above the ceiling by £1.6m (54%). The forecast does include a contingency of £120k for any unforeseen agency usage.

Out of Area Placements

Expenditure for adult acute out of area placements and stepdown placements is within budget year to date. The forecast assumes expenditure for the 11 block beds and no 'inappropriate' out of area placements for the remainder of the financial year.

COVID-19 costs

The Trust has an allocation of £700k a month for months 1-6 for COVID-related expenditure. The year to date expenditure is currently within that allocation. The main costs are driven by pay at £1.8m with a further amount of £0.9m on non-pay expenditure.

Capital

With regards to self-funded capital, the Trust is on plan at the end of month 4 and it is expected that the full capital plan is committed by the end of the financial year.

The Trust has received additional public dividend capital (PDC) funding for the initial stages of the dormitory eradication programme, this is the year two element of the original Memorandum of Understanding (MOU).

In April 2021 we received formal notification from NHSEI that we have been allocated a place on the dormitory eradication programme with allocations totalling £80m, however this is subject to successful business case processes to secure; Outline Business Cases are in train.

Cash

Cash is at £38.5m at the end of July which is in line with last month's cash levels. Cash is forecast to reduce down to £32.5m by the end of the financial year in line with capital expenditure, payment of PDC dividends in September and March along with the clearing of old invoices.

Cash will take on enhanced focus in the coming months and years due to the Psychiatric Intensive Care Unit (PICU) and dormitory eradication capital requirements. It is essential that we maintain adequate working capital and cashflows to pay our workforce and suppliers as well as deliver the various capital programmes. Appropriate assurance and scrutiny on these matters will take place at Finance and Performance Committee.

Operations

Three-day follow-up of all discharged inpatients

To date we have consistently achieved the national standard for follow-up which came into effect from 1 April 2020.

Data quality maturity index

Increasing waiting lists resulting from the pandemic continue to have a negative impact on data quality, however we have consistently exceeded the national target. When benchmarked against other trusts our data quality is well above average.

Early intervention 14-day referral to treatment

We have seen common cause variation throughout the 24-month period, and we would expect to consistently exceed the national standard for referral to treatment.

Early intervention 14-day referral to treatment – incomplete (people currently waiting to be seen)

The target has been achieved throughout the 24-month period.

Improving Access to Psychological Therapies (IAPT) 18-week referral to treatment

The national target has been exceeded throughout the 24-month reporting period.

IAPT 6-week referral to treatment

With staff back in post we would expect to consistently exceed the national standard.

IAPT patients completing treatment who move to recovery

For the last 12 months the national standard has been achieved, with common cause variation seen throughout the data period. This is an annual target and last financial year the full year target was achieved.

Patients placed out of area – adult acute

We currently operate with 10 Trust adult acute beds closed in order to facilitate social distancing and cohorting. Whilst these beds are closed, we commission 11 beds at Mill Lodge, Kegworth. These beds were eventually classified as “appropriate” out of area from April 2021 due to achieving continuity of care standards.

Patients placed out of area – Psychiatric Intensive Care Units

The PICU usage has remained within common cause variation for the last 9 months. There is currently no PICU provision in Derbyshire so anyone needing psychiatric intensive care needs to be placed out of area. Work is in progress to try and reach agreement for a Trust PICU.

Waiting list for care coordination

The average wait to be seen has been unusually low for the last 3 months and the number of people waiting to be allocated a care coordinator has been significantly low for the last 11 months.

Autistic spectrum disorder (ASD) assessment

Unfortunately, the waiting list is slowly increasing. A steady number of referrals is leading to a compounding month on month increase. We are continuing with our COVID-19 recovery plans. We have identified locations, timings, protocols for safe COVID-19 face to face appointments. The team are also spending time preparing for the move to SystemOne which means spending time finalising our assessment tools – making sure they are fit for purpose based on the legal advice we were given. We have had the recent retirement of a member of the ASD diagnostic team. We are currently recruiting to that role. A number of plans are in place to respond to the waiting list challenge.

Waiting list for psychology

We can see the impact of the pandemic on waits, with the waiting list being significantly higher than expected for months, but in recent months waits have returned to normal. Many patients are still waiting due to the pandemic and the desire to be seen face to face. Referrals remain steady.

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

The average wait to be seen has returned to common cause variation for the last few months following a period of longer than expected waits from the start of the pandemic. The number of referrals received has been steadily increasing, with a corresponding increase in activity. From week commencing 27 September until 29 October we are carrying out a ‘waiting list blitz’. We are aiming to undertake around 320 assessments during the time period which should reduce the longest wait on the waiting list to around 6 weeks.

Waiting list for community paediatrics

The number of children on the waiting list has returned to common cause variation levels for the last 4 months. The average wait to be seen continues to be significantly shorter than expected.

Outpatient appointments cancelled by the Trust

The proportion of cancelled appointments was significantly higher than expected from March 2020 owing to the pandemic but for the last 12 months has been significantly lower than expected, however in the current process the 5% target is unlikely to be achieved. There are recording and reporting issues to be addressed to improve the accuracy of reporting.

Outpatient appointment “did not attends”

The level of defaulted appointments has remained within common cause variation for the last 14 months and in the current process the trust target of 15% or lower is likely to be consistently achieved.

Other Operational Matters of Note

Health Protection Unit

The Health Protection Unit (HPU) was set up in May of this year, with the aim to coordinate matters relating to health protection and prevention. This includes, COVID-19 related issues, vaccinations, health promotion and prevention initiatives.

Vaccination status

93% of people working for the Trust have now been vaccinated.

Respiratory Syncytial Virus Infection (RSV) in infants and young children

RSV is a very common virus and almost all children are infected with it by the time they are 2 years old. Public Health England have reported a rise in respiratory infections in young children out of season. We have engaged with our acute hospital partner organisations to ensure that we support their ability to maintain flow.

People

Annual appraisals

The “wellbeing conversation” now supplements an alternative mini appraisal process. In general appraisal completion is also beginning to improve where managers and staff are able to factor in that dedicated time.

Annual turnover

The rate of turnover has been higher for the last 2 months; July turnover is 12.47% just above the Trust target range of 8-12%. Retirements continue to add to the turnover rate although this is still in line with national predictions due to an ageing workforce across the NHS.

Compulsory training

The 6 month pause on training at the beginning of the pandemic inevitably impacted hugely on compliance levels and it will take considerable time to recover the position. Improvements in compliance had begun to recover and it was expected to improve over coming months, however due to further rises in cases across Derbyshire, training attendance was reduced temporarily and will be stepped back up as the local situation improves.

Staff absence

Staff absence had been lower than average for most of the pandemic. Long term sickness absence has begun to reduce whilst short term absence has increased in line with relaxation of restrictions and increased infection rates.

Clinical and management supervision

The levels of compliance with the clinical and management supervision targets have remained low since the start of the pandemic.

Proportion of posts filled

Prior to the start of this financial year there were a number of factors that had in effect artificially lowered the vacancy rate prior to April 2021, however this has now been adjusted for at the start of this financial year, which is where we can see a significant drop in posts being filled.

Bank staff

Following a period of 7 months of unusually high bank staff use, in the past 3 months the position has returned to common cause variation.

Quality

Compliments

The number of compliments decreased in line with the emergence of COVID-19 and the significant changes to many of our clinical services. As a result of reduced face to face contact, there has been a drop in the number of compliments received. Work is underway to improve feedback from service users via an electronic survey received by text or email.

Complaints

The number of complaints increased with a particular theme around both concerns and complaints of access to services.

Delayed transfers of care

Delayed transfers of care remain within the expected parameters and remain low compared to national mean.

Care plan reviews

The proportion of patients whose care plan have been reviewed continues to be lower than usual. Teams have been prioritising essential tasks, with reduced routine contact, and trying to engage with people who use our services in different ways.

Patients in employment

The Individual Placement Support (IPS) Service continues to have success in supporting people into employment even during the current pandemic and the service is currently expanding. The IPS service came into effect in January 2020 and the data demonstrates the impact they have had on levels of employment, even during a pandemic.

Patients in settled accommodation

There continue to be community nurses dedicated to working in a multi-agency environment supporting our homeless service users however, data presents below the lower control limits and so further investigation is required.

Medication incidents

The medicines management operational subgroup are currently revising the medications error procedure, taking into account Trust values.

Incidents of moderate to catastrophic actual harm

The number of reported incidents of moderate to catastrophic harm have remained within common cause variation throughout the reporting period.

Duty of Candour

There have been no instances of Duty of Candour in the last 5 months.

Prone restraint

There are ongoing work streams to support the continuing need to reduce restrictive practice; including the introduction of body worn cameras, monitoring of restrictive practice within the “reducing restrictive practice forum” and monthly thematic reviews carried out by Heads of Nursing.

Physical restraint

The number of reported incidents involving restraint have remained within common cause variation throughout the reporting period. Although restraint and seclusion have peaked in July, they remain under the upper control limit and it has not resulted in an increase in prone restraint. This is a positive indicator that reducing restrictive practice pilots and work streams have been effective to provide alternatives to prone restraint.

Seclusion

The use of seclusion was within common cause variation, however, has increased in July. In further investigating this trend, there appears to be a linked to a small

number of patients who have been placed in seclusion on more than one occasion. This data will be monitored for patterns and further support needs for individual areas.

Falls on inpatient wards

The number of reported falls has remained within common cause variation. April 2021 to July 2021 has remained below the mean line and demonstrates the effectiveness of ongoing falls reduction work being developed and implemented within Older adult services.

Care Hours Per Patient Day (CHPPD)

CHPPD is rolling data updated monthly, to show staffing levels in relation to patient numbers on an inpatient ward. When benchmarked against other mental health trusts we were slightly below average.

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 |

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. Proposed level is Limited Assurance
- 2) To formally agree that this report incorporates the key elements of assurance to the Trust Board that would otherwise have come from Finance and Performance Committee and People and Culture Committee reporting.
- 3) Determine whether further assurance is required.

**Report presented by: Ade Odunlade
Chief Operating Officer**

**Report prepared by: Pete Henson
Head of Performance**

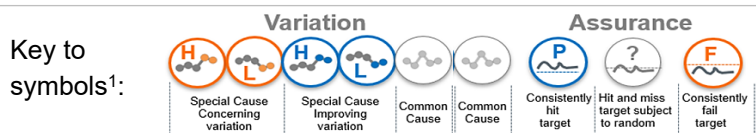
**Rachel Leyland
Deputy Director of Finance**

**Celestine Stafford
Assistant Director People and Culture Transformation**

**Kyri Gregoriou
Assistant Director of Clinical Professional Practice**

Assurance Summary

| Metric Name | Variation | Assurance | Latest Value | Target | Lower process limit | Upper Process limit | Mean |
|-------------|--|-----------|--------------|--------|---------------------|---------------------|------|
| 1 | 3 day follow-up | | 85% | 80% | 76% | 101% | 88% |
| 2 | Data quality maturity index | | 97% | 95% | 97% | 98% | 97% |
| 3 | Early intervention 14 day referral to treatment - complete | | 82% | 60% | 68% | 108% | 88% |
| 4 | Early intervention 14 day referral to treatment - incomplete | | 88% | 60% | 59% | 112% | 86% |
| 5 | IAPT 18 week referral to treatment | | 100% | 95% | 100% | 100% | 100% |
| 6 | IAPT 6 week referral to treatment | | 86% | 75% | 81% | 97% | 89% |
| 7 | IAPT patients completing treatment who move to recovery | | 53% | 50% | 47% | 62% | 54% |
| 8a | Average patients out of area per day - adult acute | | 0 | | 1 | 17 | 9 |
| 8b | Patients placed out of area - adult acute | | 2 | | 4 | 29 | 16 |
| 9a | Average patients out of area per day - PICU | | 15 | | 7 | 22 | 14 |
| 9b | Patients placed out of area - PICU | | 23 | | 14 | 35 | 25 |
| 10a | Waiting list - care coordination - average wait to be seen | | 15 | | 14 | 34 | 24 |
| 10b | Waiting list - care coordination - number waiting at month end | | 15 | | 22 | 69 | 46 |
| 11a | Waiting list - ASD assessment - average wait to be seen | | 66 | | 48 | 56 | 52 |
| 11b | Waiting list - ASD assessment - number waiting at month end | | 1,281 | | 967 | 1081 | 1024 |
| 11c | ASD assessments | | 17 | 26.0 | 1 | 37 | 19 |
| 12a | Waiting list - psychology - average wait to be seen | | 29 | | 23 | 28 | 26 |
| 12b | Waiting list - psychology - number waiting at month end | | 403 | | 509 | 618 | 563 |
| 13a | Waiting list - CAMHS - average wait to be seen | | 18 | | 17 | 22 | 20 |
| 13b | Waiting list - CAMHS - number waiting at month end | | 480 | | 391 | 481 | 436 |
| 14a | Waiting list - community paediatrics - average wait to be seen | | 10 | | 10 | 15 | 13 |
| 14b | Waiting list - community paediatrics - number waiting at month end | | 766 | | 544 | 821 | 682 |
| 15 | Outpatient appointments cancelled by the Trust | | 7% | 5% | 4% | 19% | 11% |
| 16 | Outpatient appointment "did not attends" | | 12% | 15% | 9% | 15% | 12% |
| 17 | Annual appraisals | | 75% | 85% | 72% | 81% | 77% |
| 18 | Annual turnover | | 12% | 8-12% | 10% | 11% | 11% |
| 19 | Compulsory training | | 86% | 85% | 83% | 88% | 86% |
| 20 | Staff absence | | 6% | 5% | 5% | 8% | 6% |
| 21 | Clinical supervision | | 72% | 95% | 74% | 80% | 77% |
| 22 | Management supervision | | 76% | 95% | 76% | 81% | 79% |
| 23 | Filled posts | | 86% | 100% | 88% | 93% | 90% |
| 24 | Bank staff use | | 6% | 5% | 5% | 7% | 6% |
| 25 | Compliments received | | 61 | 119 | 63 | 162 | 113 |
| 26 | Formal complaints received | | 9 | 13 | 3 | 22 | 13 |
| 27 | Delayed transfers of care | | 0% | 3.5% | -0.6% | 1.7% | 0.5% |
| 28 | CPA reviews | | 89% | 95% | 90% | 95% | 93% |
| 29 | Patients in employment | | 10% | | 10% | 11% | 11% |
| 30 | Patients in settled accommodation | | 52% | | 58% | 62% | 60% |



Blue dots indicate special cause variation, better than expected.

Orange dots indicate special cause variation, worse than expected.

¹The rating symbols were designed by NHS Improvement

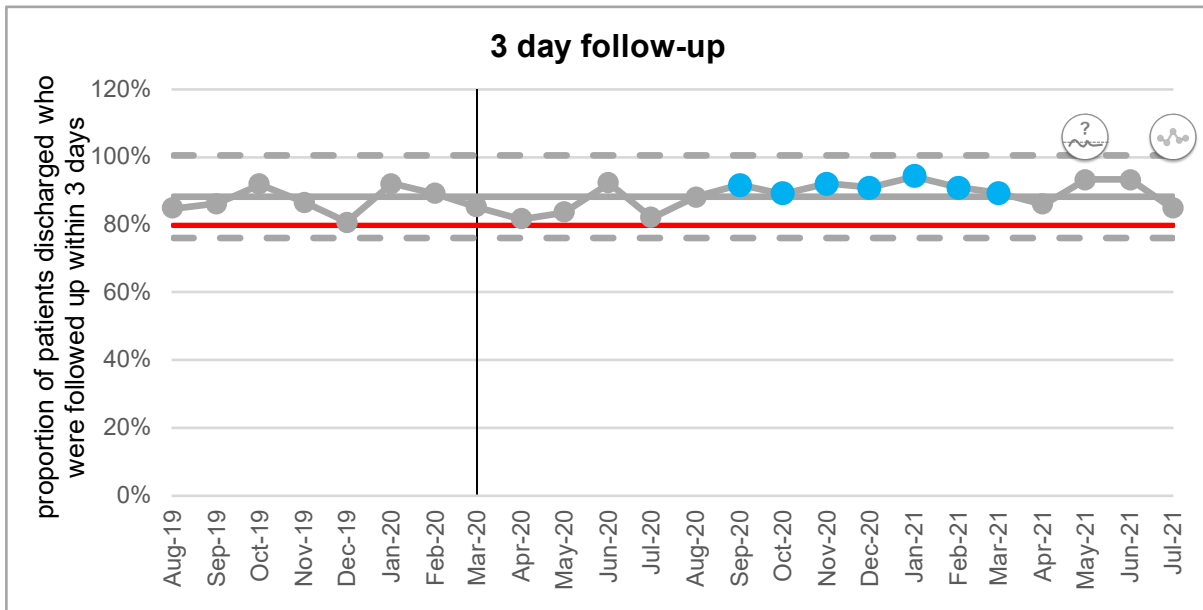
| Metric Name | | Variance | Assurance | Latest Value | Target | Lower process limit | Upper process limit | Mean |
|-------------|--|----------|-----------|--------------|--------|---------------------|---------------------|------|
| 31 | Number of medication incidents | | | 66 | | 27 | 75 | 51 |
| 32 | No. of incidents of moderate to catastrophic actual harm | | | 67 | 48 | 13 | 81 | 47 |
| 33 | No. of incidents requiring Duty of Candour | | | 0 | 1 | -1 | 3 | 1 |
| 34 | No. of incidents involving prone restraint | | | 5 | 12 | -1 | 21 | 10 |
| 35 | No. of incidents involving physical restraint | | | 54 | 46 | 4 | 85 | 45 |
| 36 | No. of new episodes of patients held in seclusion | | | 21 | 14 | 3 | 28 | 15 |
| 37 | No. of falls on inpatient wards | | | 22 | 30 | 6 | 46 | 26 |

| | | | | | | | | |
|--|---|--|--|--|--|--|--|---|
| Key to symbols ¹ : | Variation Special Cause Concerning variation Special Cause Improving variation Common Cause Common Cause | | | | Assurance Consistently hit target Hit and miss target subject to random Consistently fail target | | | Blue dots indicate special cause variation, better than expected. |
| | | | | | | | Orange dots indicate special cause variation, worse than expected. | |
| ¹ The rating symbols were designed by NHS Improvement | | | | | | | | |

Detailed Narrative

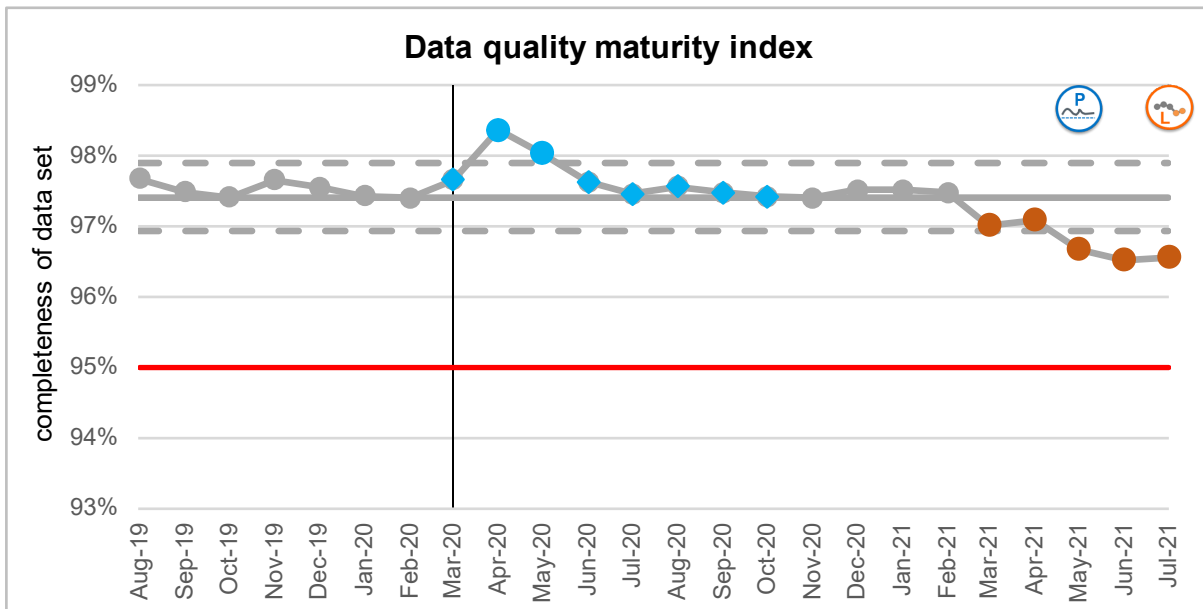
Operations

1. Three-day follow-up of all discharged inpatients



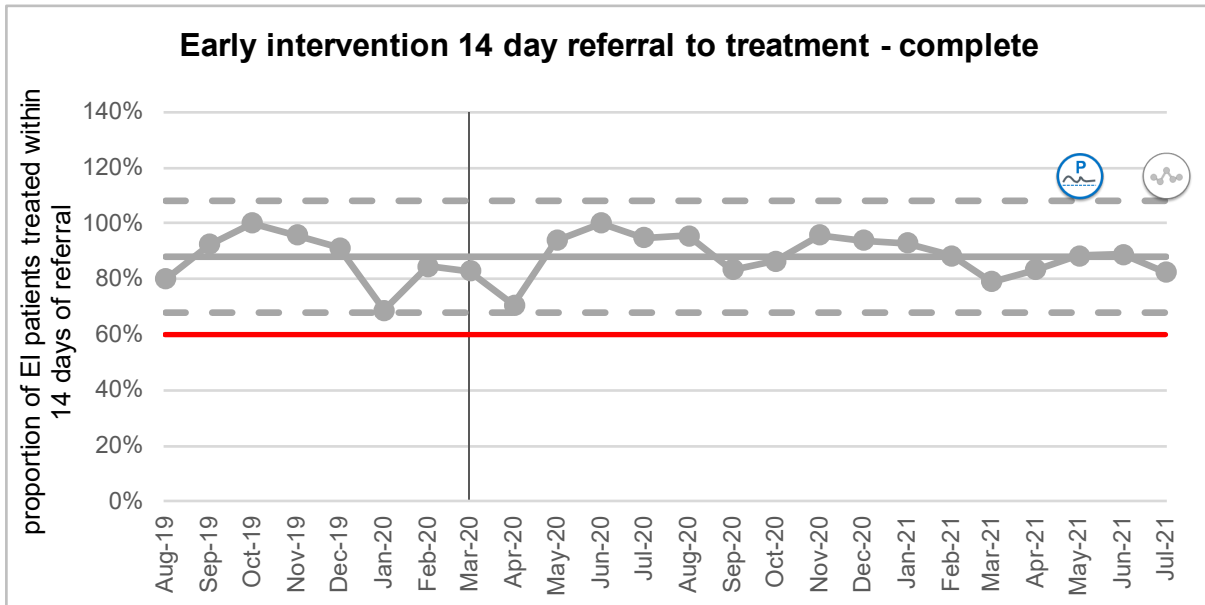
Patients are followed up in the days following discharge from mental health inpatient wards to provide support and ensure their wellbeing during the period when they are at their most vulnerable. To date we have consistently achieved the national standard for follow-up which came into effect from 1 April 2020. Despite this high level of performance, the process limits would suggest that we are as likely to pass or fail the target based on random variation.

2. Data quality maturity index



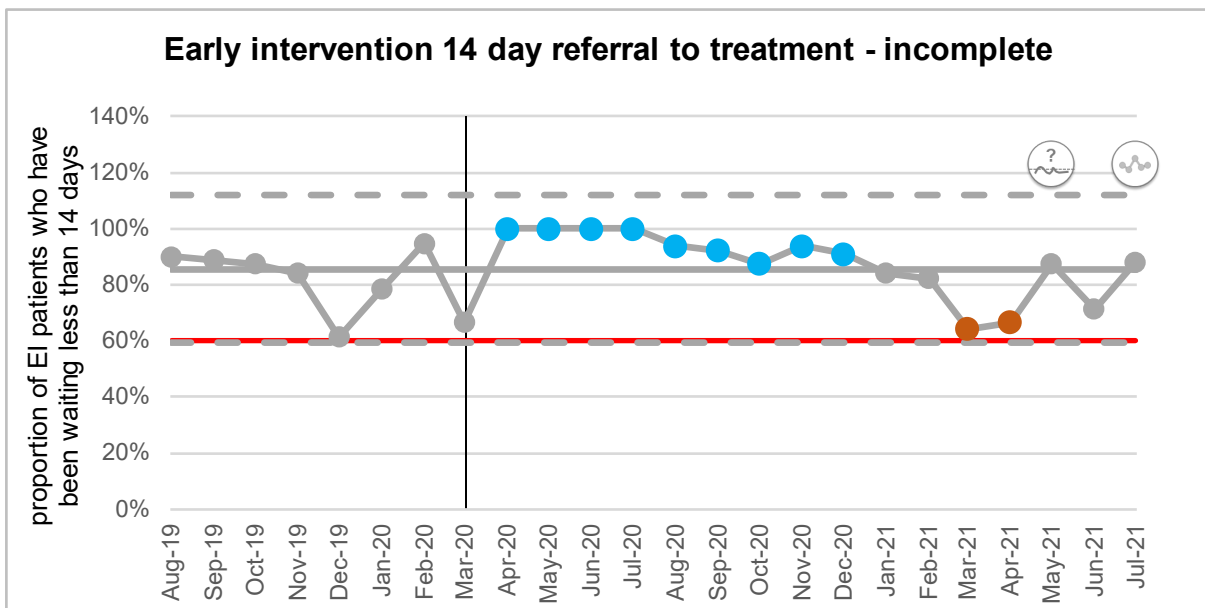
Increasing waiting lists resulting from the pandemic continue to have a negative impact on data quality, however we have consistently exceeded the national target. When benchmarked against other trusts our data quality is well above average (see Appendix 2).

3. Early intervention 14-day referral to treatment



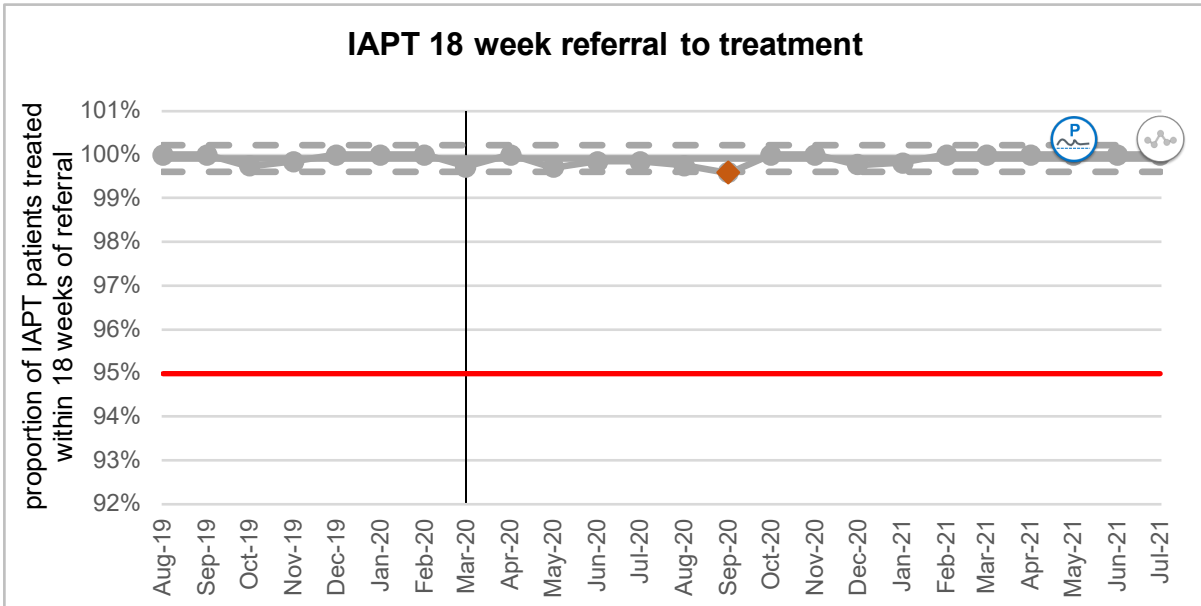
We have seen common cause variation throughout the 24-month period, and we would expect to consistently exceed the national standard for referral to treatment.

4. Early intervention 14-day referral to treatment – incomplete (people currently waiting to be seen)



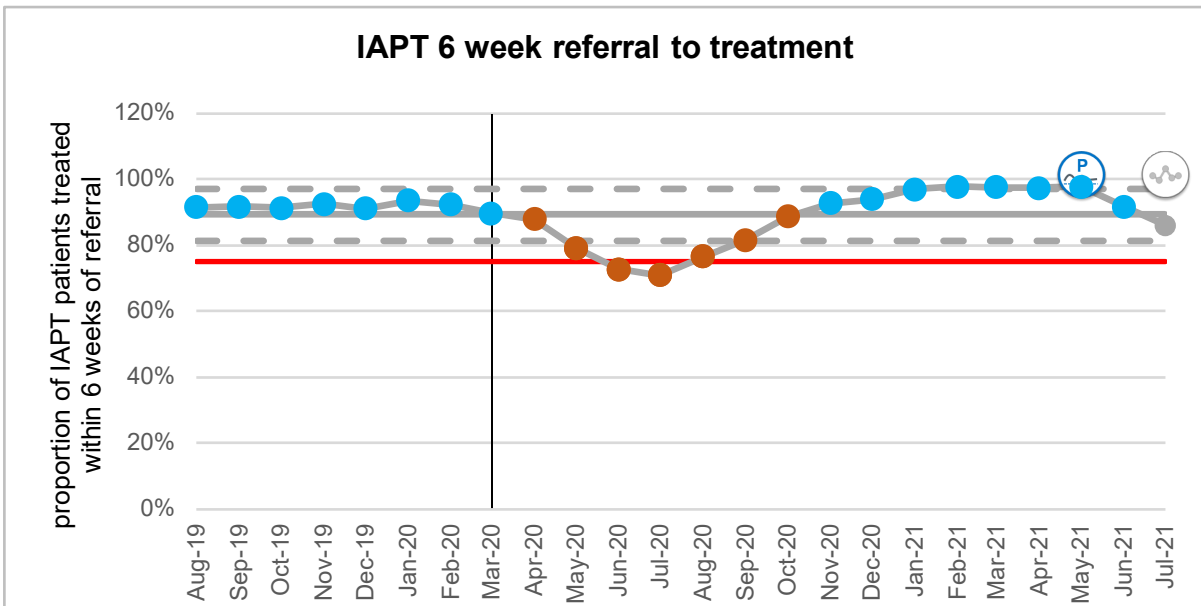
The service continues to perform consistently well against the national 14-day referral to treatment standard of 60% or more people on the waiting list to be have been waiting no more than 2 weeks to be seen. The target has been achieved throughout the 24-month period.

5. IAPT 18-week referral to treatment



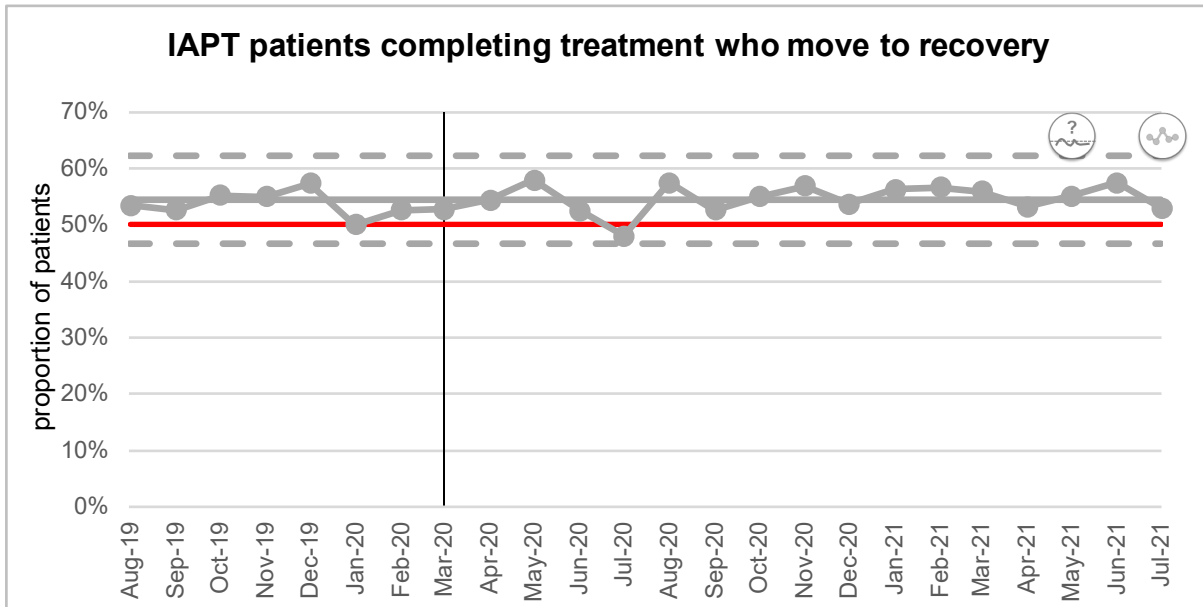
The national target has been exceeded throughout the 24-month reporting period. This is an example of a very tightly controlled process and we would expect to consistently exceed the 95% standard.

6. IAPT 6-week referral to treatment



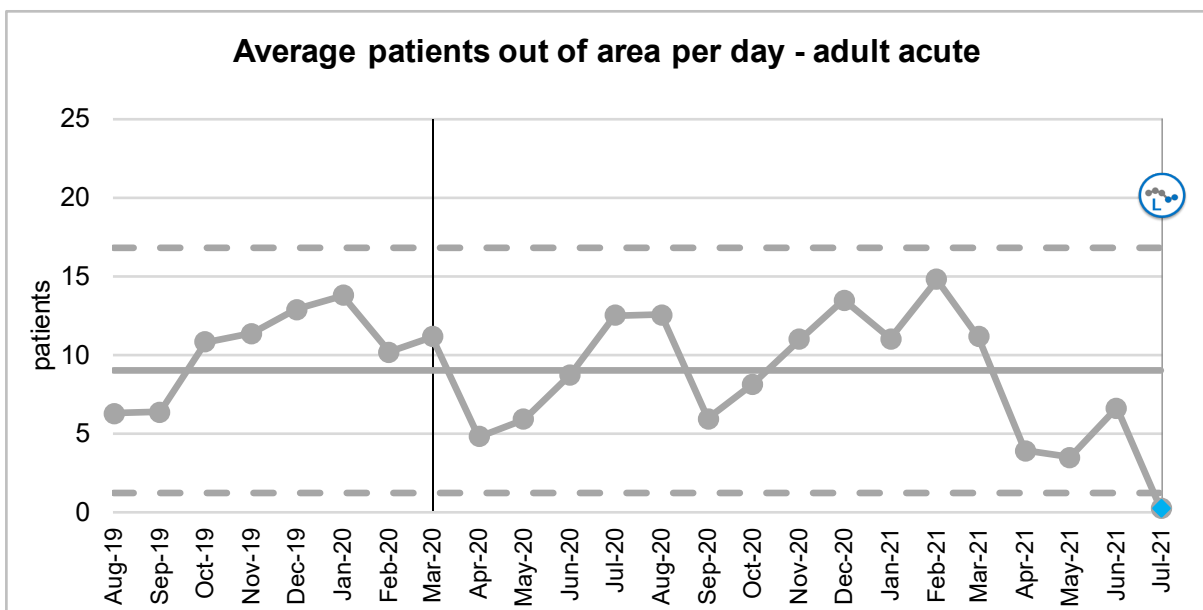
Following a period of 7 months of special cause concerning variation as a result of staff being redeployed to support other services as the pandemic progressed, the staff returned to IAPT in November 2020 and for 8 months performance was better than expected before returning to common cause variation last month. With staff back in post we would expect to consistently exceed the national standard.

7. IAPT patients completing treatment who move to recovery



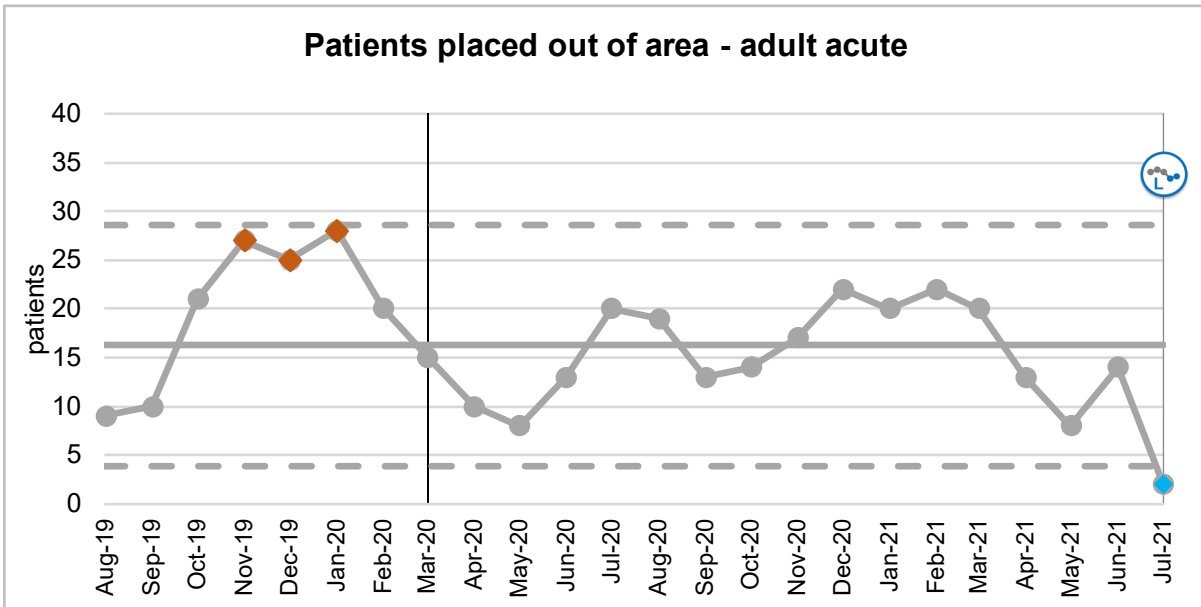
For the last 12 months the national standard has been achieved, with common cause variation seen throughout the data period. This is an annual target and last financial year the full year target was achieved.

8a. Average number of patients placed out of area per day – adult acute

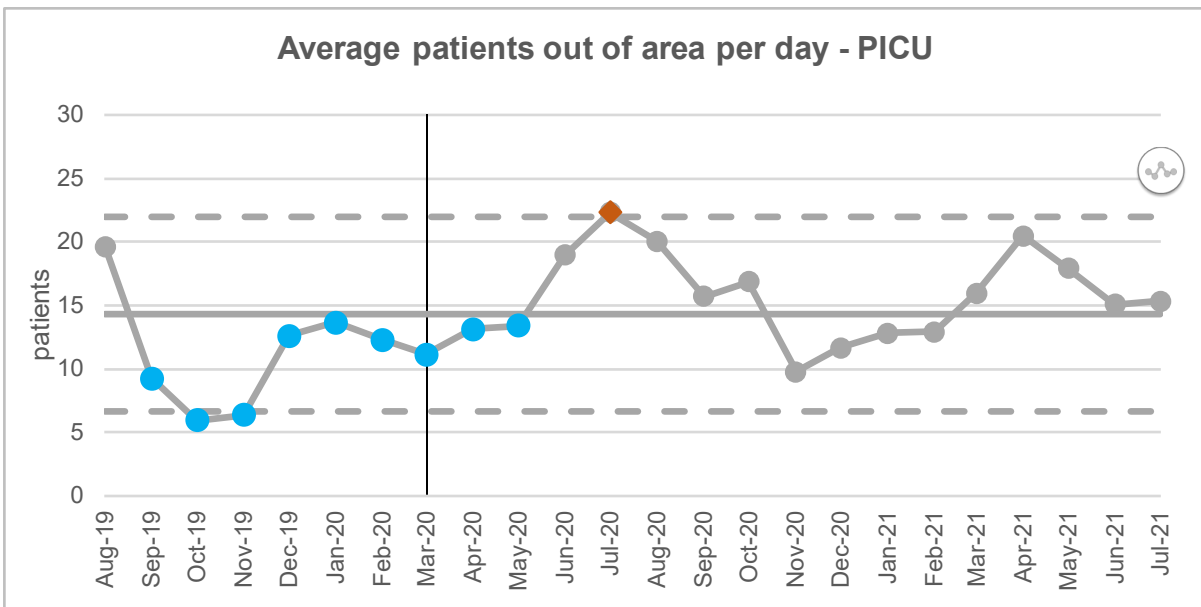


We currently operate with 10 Trust adult acute beds closed in order to facilitate social distancing and cohorting. Whilst these beds are closed, we commission 11 beds at Mill Lodge, Kegworth. These beds were eventually classified as “appropriate” out of area from April 2021 due to achieving continuity of care standards.

8b. Patients placed out of area per month – adult acute

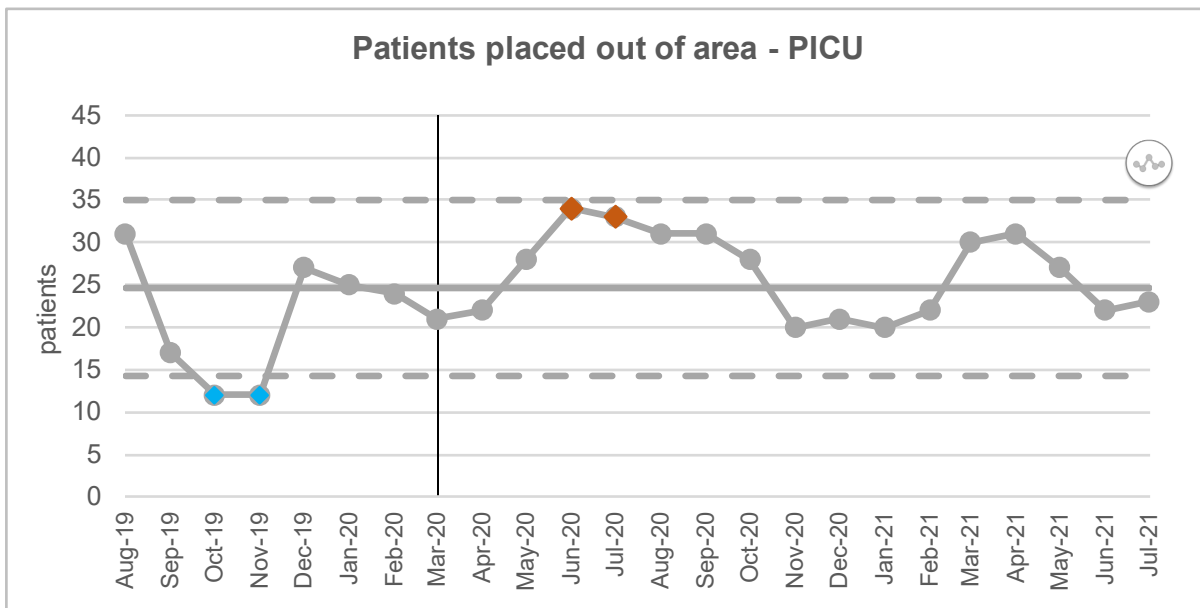


9a. Average number of patients placed out of area per day– Psychiatric Intensive Care Units

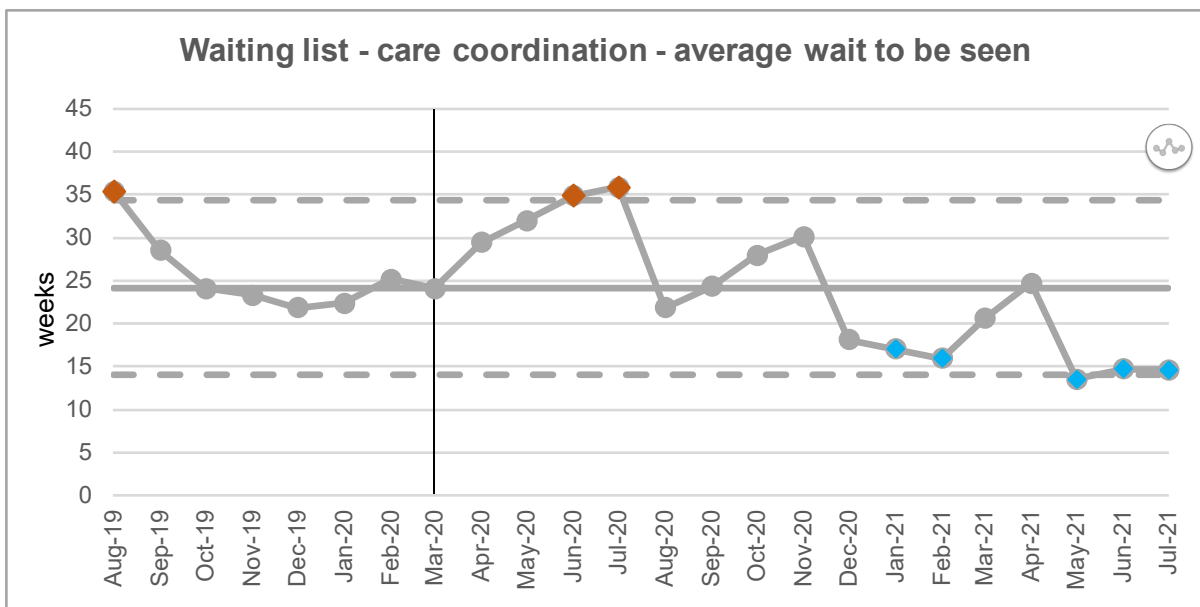


The PICU usage has remained within common cause variation for the last 9 months. There is currently no PICU provision in Derbyshire so anyone needing psychiatric intensive care needs to be placed out of area. Work is in progress to try and reach agreement for a Trust PICU.

9b. Patients placed out of area per month – Psychiatric Intensive Care Units (PICU)

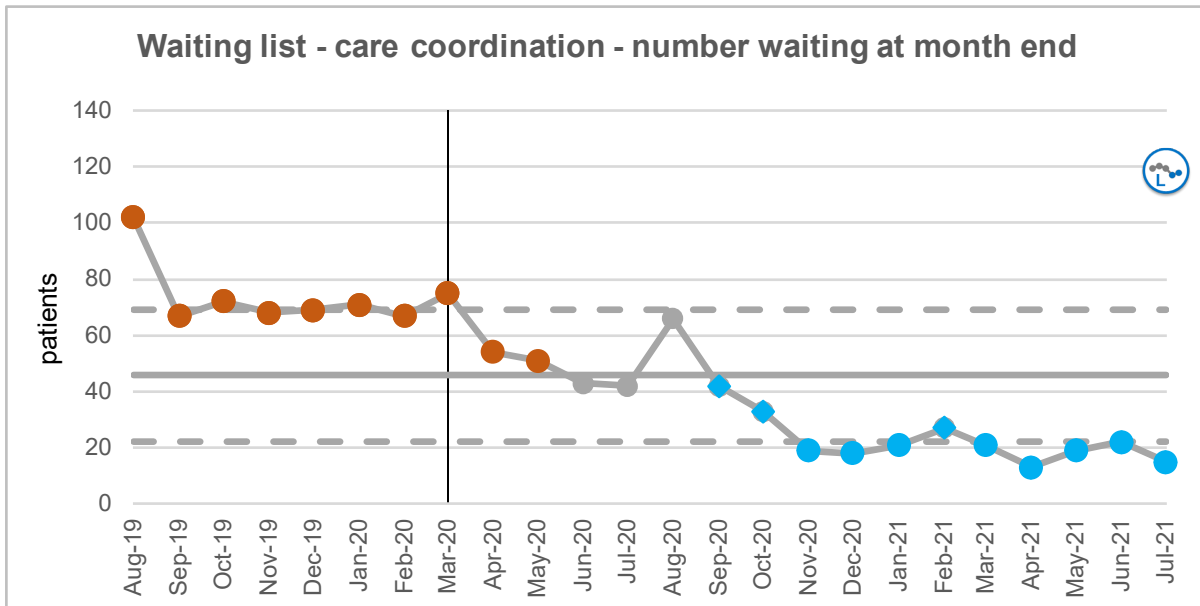


10a. Waiting list for care coordination – average wait



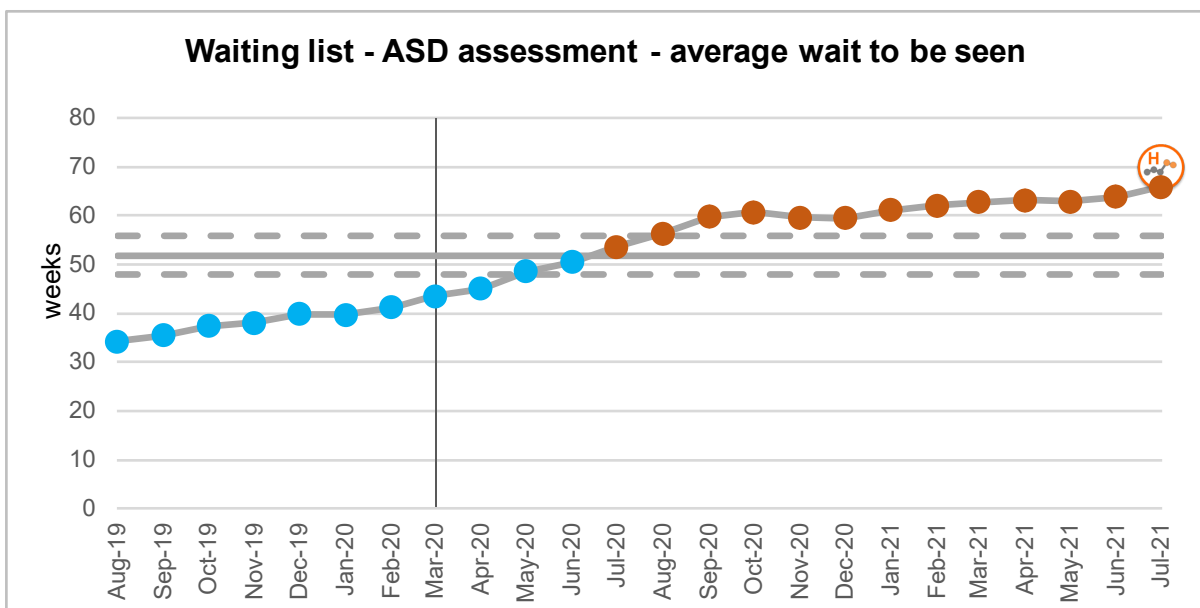
The average wait to be seen has been unusually low for the last 3 months.

10b. Waiting list for care coordination – number waiting

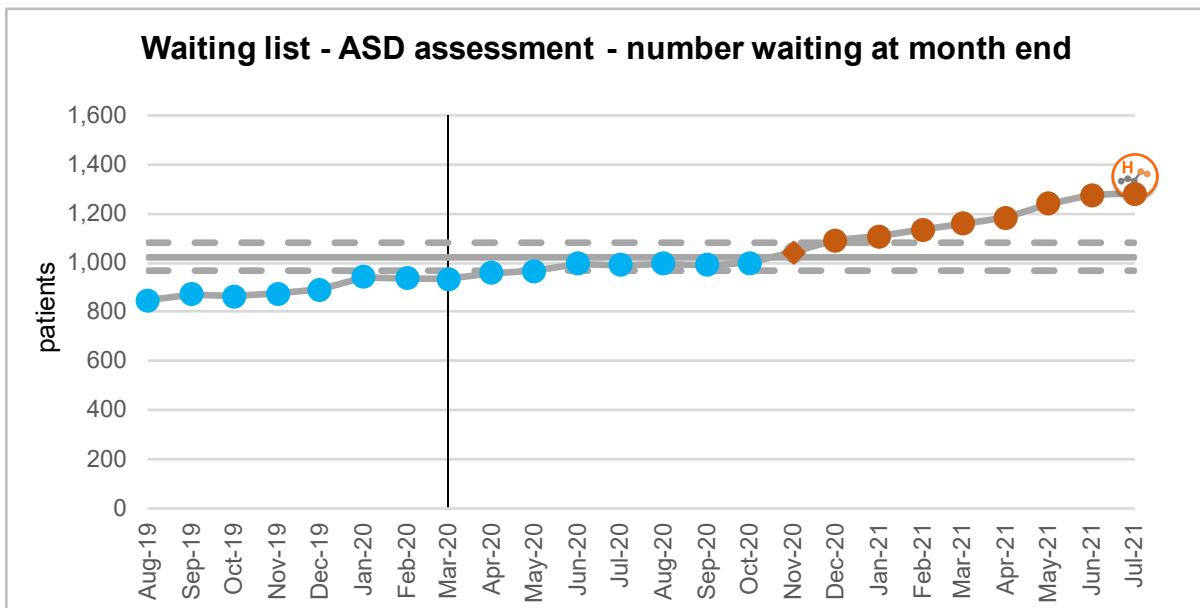


The number of people waiting to be allocated a care coordinator has been significantly low for the last 11 months.

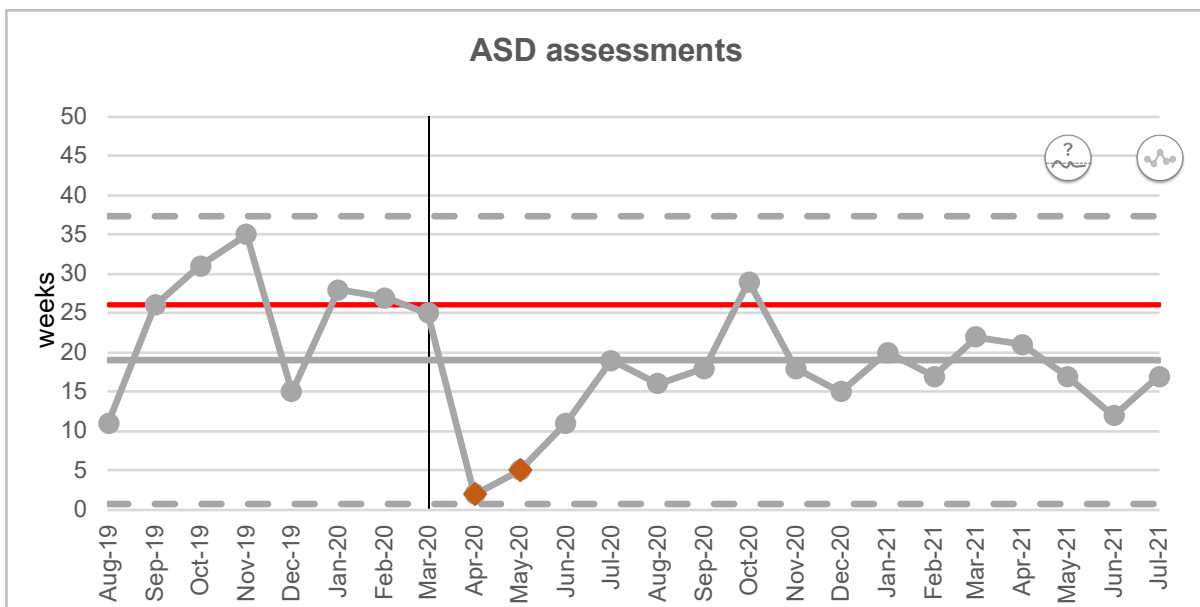
11a. Waiting list for autistic spectrum disorder (ASD) assessment – average wait



11b. Waiting list for autistic spectrum disorder assessment – number waiting



11c. Autistic spectrum disorder assessments per month



Unfortunately, the waiting list is slowly increasing as can be seen in the charts above. There have not been a greater number of referrals, just a steady number which is leading to a compounding month on month increase. Figure 11c also highlights the impact of the team being redeployed last year (see March to June).

There have been no changes to COVID management plans as per previous month: prior to the pandemic we were commissioned to provide 312 assessments per annum. We are continuing with our COVID-19 recovery plans. We have identified locations, timings, protocols for safe COVID-19 face to face appointments. All team members are alternating between offering some face to face appointments and some online appointments, balancing staff anxieties regarding returning to face to face appointments with limited access to rooms. Face to face appointments have gone well so far and have not impacted on our assessments as much as expected. However, it would be difficult to return to the Autism Diagnostic Observation Schedule (ADOS) clinic pilot until we no longer need PPE.

The team are also spending time preparing for the move to SystmOne which means spending time finalising our assessment tools – making sure they are fit for purpose based on the legal advice we were given. It also requires time at the Local Implementation Groups (LIGs) in respect of this.

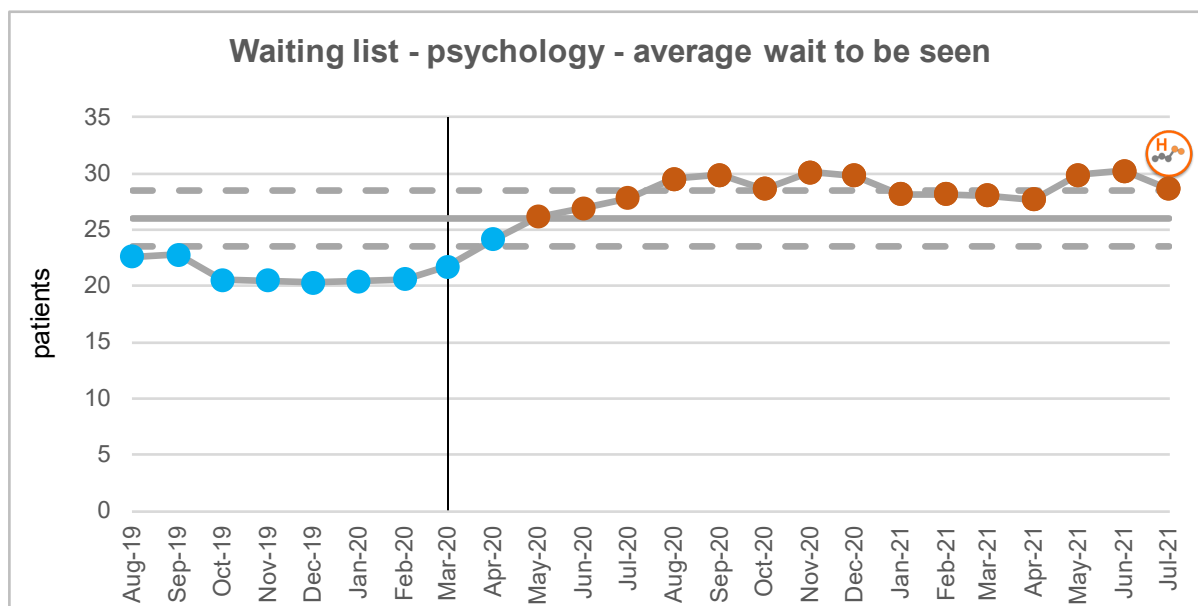
Dr Round is participating in the 'enhanced community autism workstream' commissioners are running looking at the development of pre and post diagnostic support provision in the voluntary sector and the interface between support and the diagnostic team. This workstream is planned for between now and March 2022.

We have had the recent retirement of a member of the ASD diagnostic team. We are currently recruiting to that role.

Plans to respond to waiting list challenge:

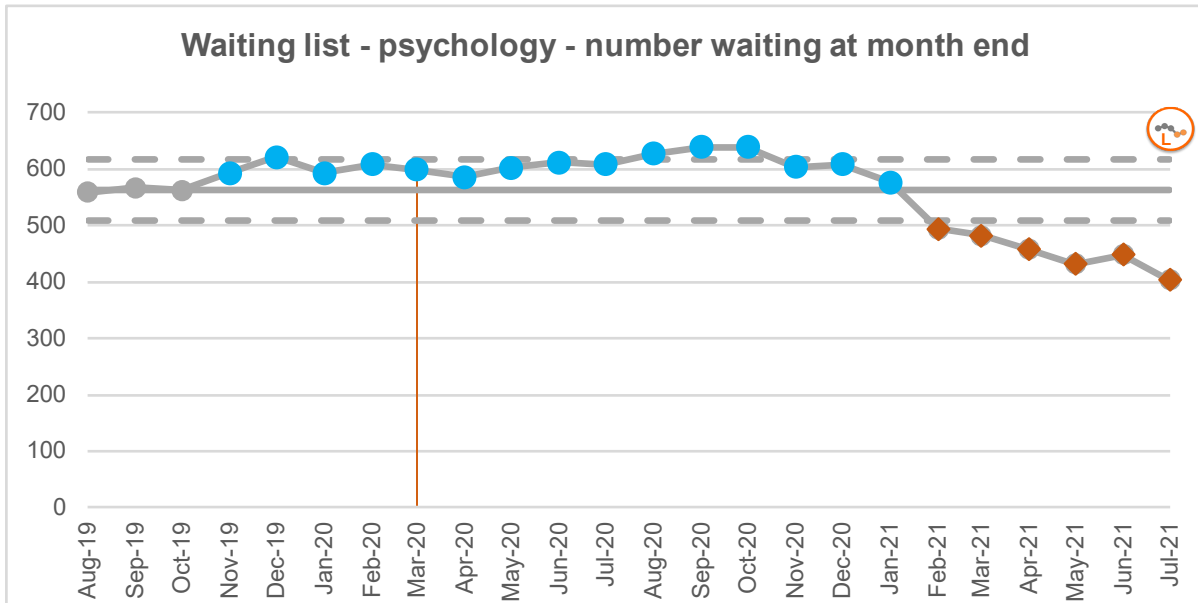
- We are working with a Public Health Speciality Registrar doing their placement in Derbyshire. Dr Williams will be working alongside Dr Round and other members of the team to conduct a review of the evidence around diagnostic practices in the UK. We will be reviewing our own delivery and considering if we can offer something more efficient. This will have a number of stages:
 - Academic review of the current literature and evidence for diagnostic assessments
 - Working with Dr Round to map what we deliver locally onto the evidence list
 - Considering different options for delivery of ASD diagnosis
 - Options appraisal and choice
- We have plans to put in a 12 month assistant post to support scoring of questionnaires which in turn will support throughput of assessments
- We plan to increase admin time to support the assessment report writing process

12a. Waiting list for psychology – average wait



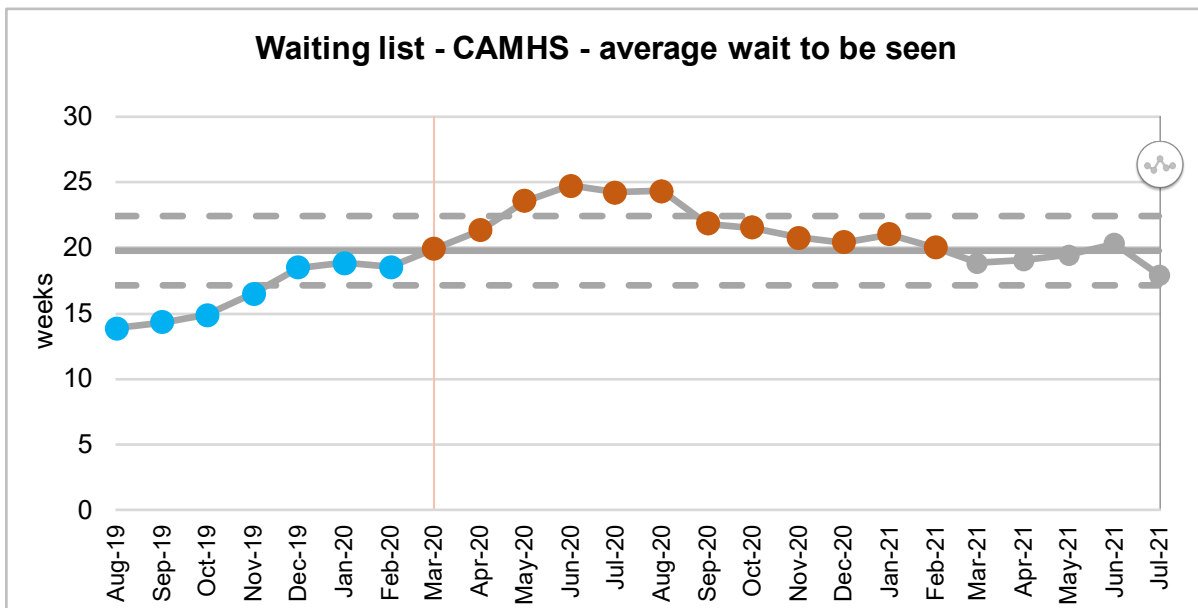
We can see the impact of the pandemic on waits, with the waiting list being significantly higher than expected for months, but in recent months waits have returned to normal, with a significantly lower than expected waiting list seen in May - July 21. Many patients are still waiting due to the pandemic and the request to be seen face to face. The average waiting time has dropped slightly but remains pretty much the same across the last 12 months (the period July 20 – July 21). Referrals remain steady.

12b. Waiting list for psychology – number waiting



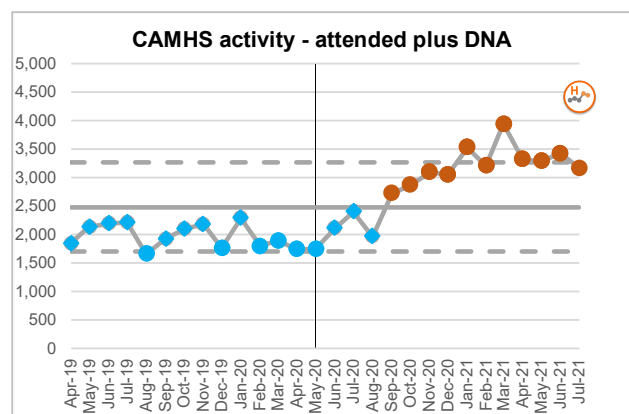
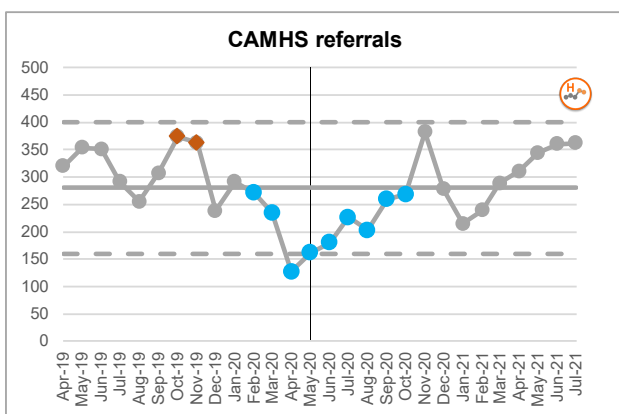
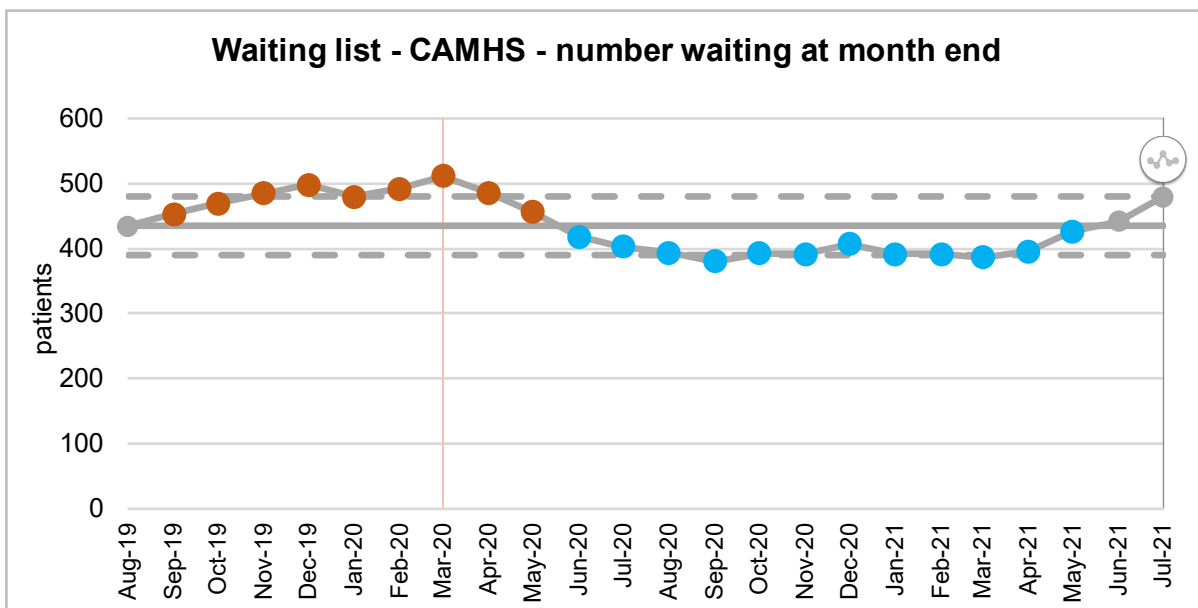
Factors which impact on waiting times include all those highlighted last month in relation to pandemic. We are now focussing on recruitment to a number of vacant and part time posts across adult services; trying some more creative and flexible possibilities including preceptorships; combining part time roles to make a more attractive whole time post; and considering the use of counselling psychologists where their skills are commensurate with service need. We are also reviewing the waiting lists in line with trauma sensitive working in considering how we manage people on a waiting list and barriers of movement between services.

13a. Waiting list for Child and Adolescent Mental Health Services (CAMHS) – average wait



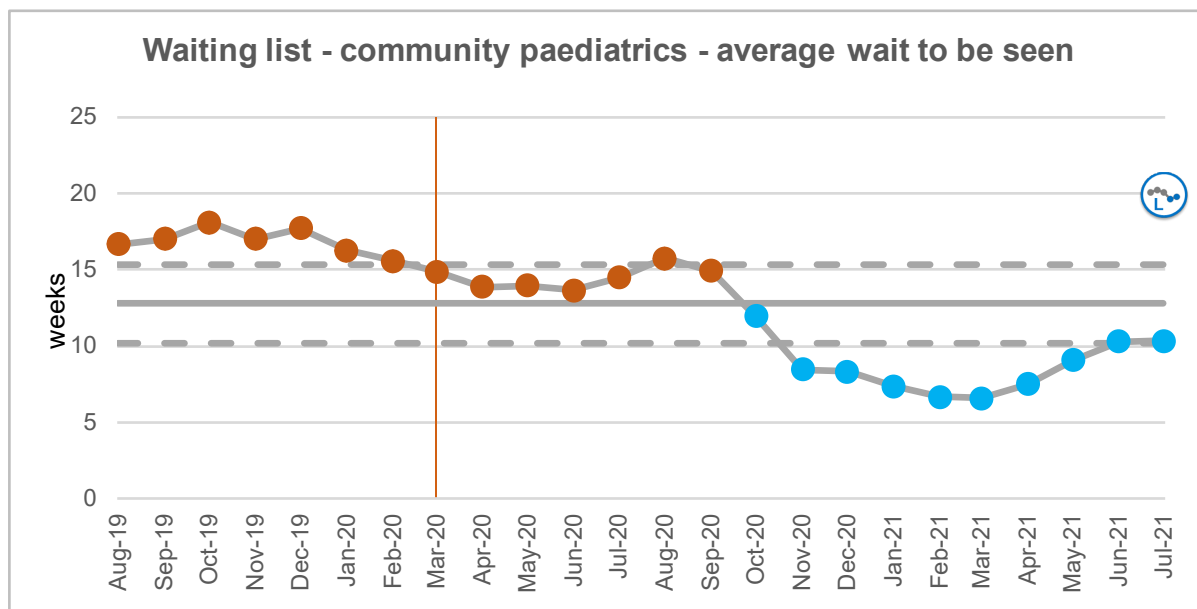
The average wait to be seen has returned to common cause variation for the last few months following a period of longer than expected waits from the start of the pandemic.

13b. Waiting list for Child and Adolescent Mental Health Services – number waiting

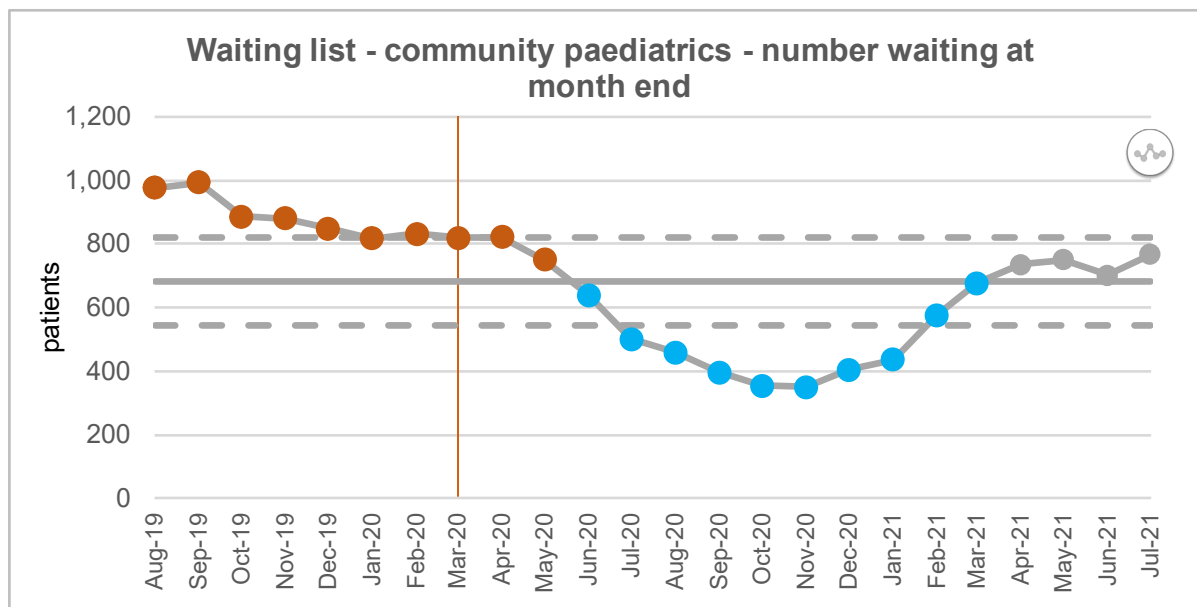


The number of referrals received has been steadily increasing, with a corresponding increase in activity. From week commencing 27 September until 29 October we are carrying out a 'waiting list blitz'. During that time period (with one week's break in the middle) staff within the ASIST team will be pausing all routine work to focus solely on assessments, with support from the rest of the CAMHS service. We are aiming to undertake around 320 assessments during the time period which should reduce the longest wait on the waiting list to around 6 weeks.

14a. Waiting list for community paediatrics – average wait

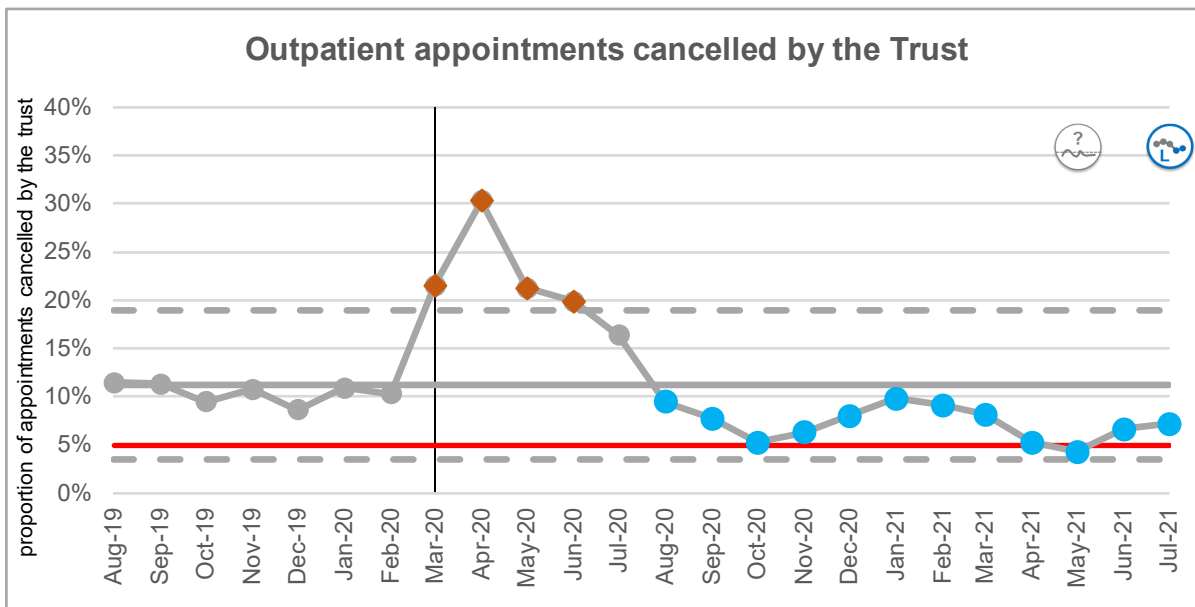


14b. Waiting list for community paediatrics – number waiting



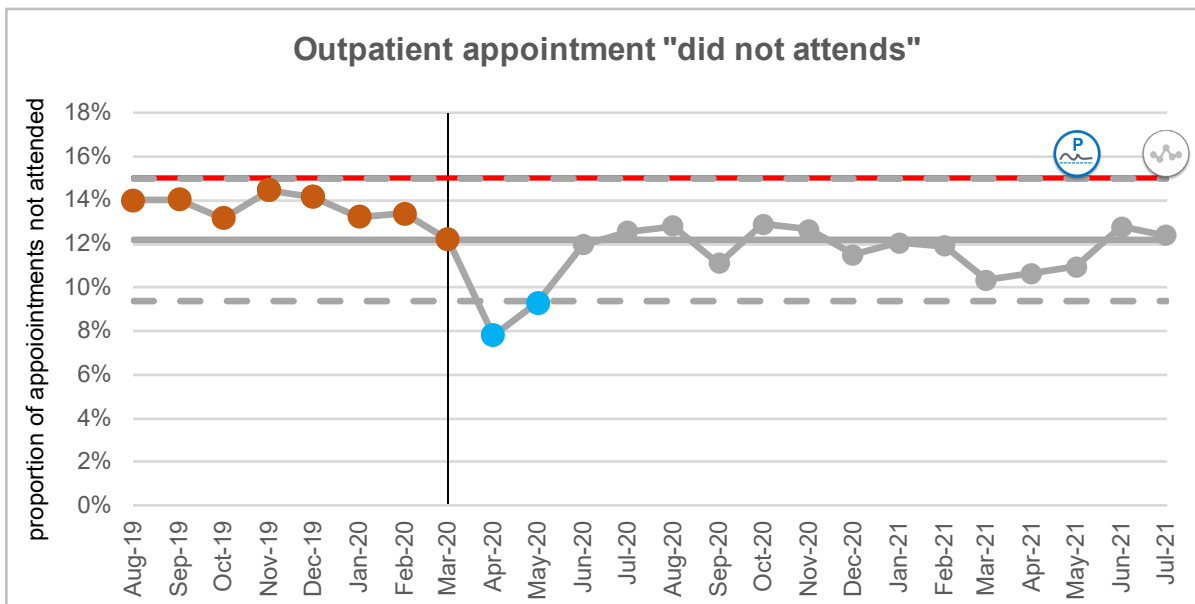
The number of children on the waiting list has returned to common cause variation levels for the last 4 months. The average wait to be seen continues to be significantly shorter than expected.

15. Outpatient appointments cancelled by the Trust



The proportion of cancelled appointments was significantly higher than expected from March 2020 owing to the pandemic but for the last 12 months has been significantly lower than expected, however in the current process the 5% target is unlikely to be achieved. The Trust operates a virtual clinic system with the aim of limiting the number of cancellations. The patient is unaware of the appointment until the appointment letter is sent out three weeks before the appointment date. This was introduced to reduce inconvenience to patients through cancellations and to bring us into line with the national standard for appointment notice. Some recording issues have been identified and Administrators have been reminded that when an appointment is cancelled or rearranged before the letter has been sent to the patient, the cancellation reason of “patient unaware” must be recorded on the record.

16. Outpatient appointment “did not attends”



The level of defaulted appointments has remained within common cause variation for the last 14 months and in the current process the trust target of 15% or lower is likely to be consistently achieved.

Other Operational Matters of Note

A. Health Protection Unit

The Health Protection Unit (HPU) was set up in May of this year, with the aim to coordinate matters relating to health protection and prevention. This includes, COVID-19 related issues, vaccinations, health promotion and prevention initiatives. The HPU operates within specialist services and is managed by the Interim Area Service Manager along with the Clinical Lead and Health Protection and the Promotion Advisor. Recent recruitment includes admin support and 4 band 5 (2.8wte) Health Protection and Promotion Nurses. Working closely with the Director of Nursing and Assistant Director of Public and Physical Healthcare, and feeding regularly into the Incident Management Team and Communications, the HPU has begun over the last 4 weeks to improve its engagement with staff and patients, we are seeing more and more enquiries coming into the team around COVID-19 which is demonstrating the value of the new HPU in providing consistency in its messages, reassurance for staff as well as governance and assurance to the trust around COVID-19 related data.

B. Vaccination status

93% of people working for the Trust have now been vaccinated.

C. Respiratory Syncytial Virus Infection (RSV) in infants and young children

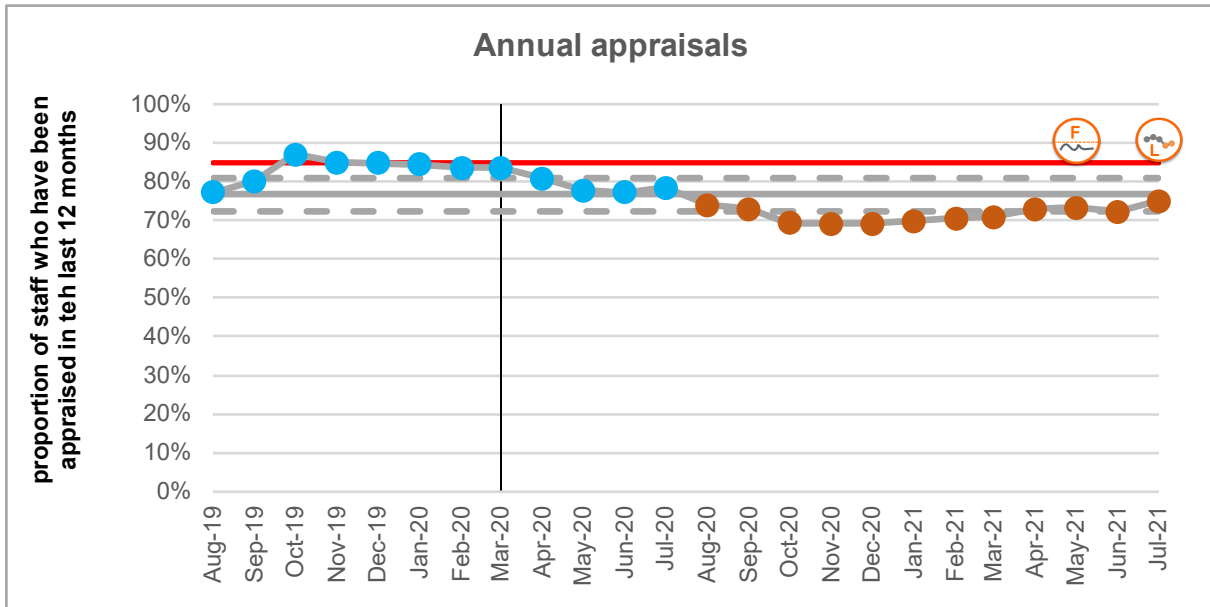
RSV is a very common virus and almost all children are infected with it by the time they are 2 years old. In older children and adults, RSV may cause a cough or cold. Public Health England have reported a rise in respiratory infections in young children out of season. Last winter, due to the various restrictions in place to reduce the spread of coronavirus (COVID-19), there were far fewer infections in younger people. This means many will not have developed immunity and so we may see more cases this year than in a typical season. For the majority of children, these illnesses will not be serious.

We have engaged with partner organisations, namely acute hospitals, to ensure that we support their ability to maintain flow. CAMHS are engaged in this planning to ensure we maintain a timely response in our liaison role.

People

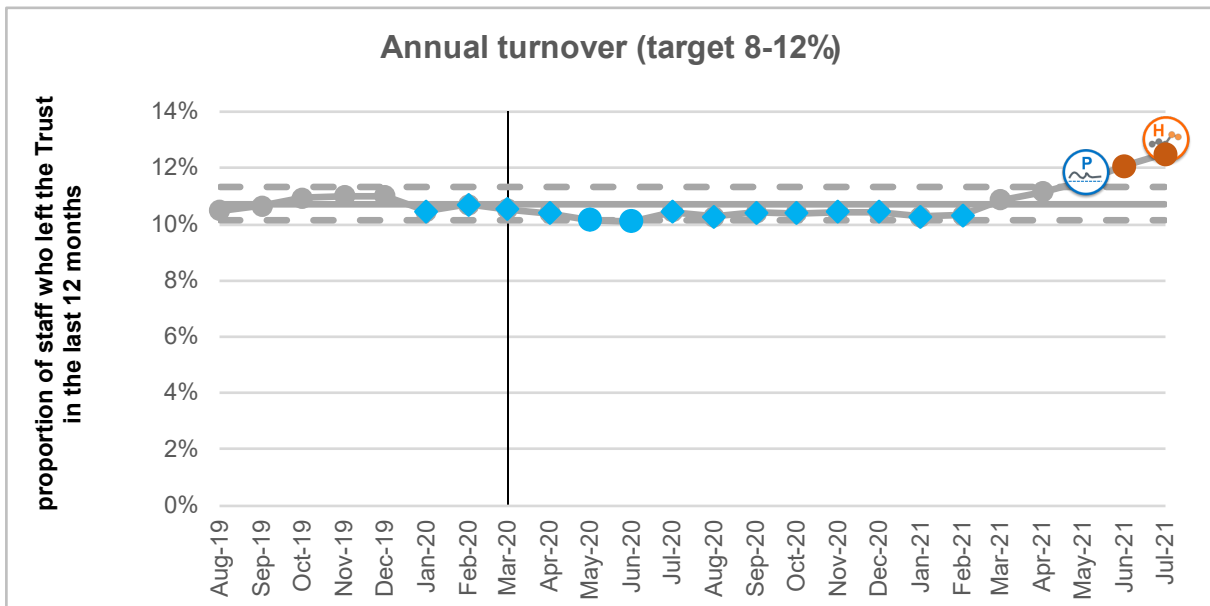
In order to release capacity to manage the COVID-19 pandemic, all NHS organisations were instructed by Amanda Pritchard, Chief Operating Officer, NHS England and NHS Improvement¹, to suspend appraisals and revalidation and to reduce the volume of mandatory training as appropriate. A recovery plan is in place to improve training compliance and appraisals continue to be paused replaced by a structured wellbeing conversation. Recovery of appraisals will be the focus in coming months as we move out of the pandemic.

17. Annual appraisals



The “wellbeing conversation” now supplements an alternative mini appraisal process. In general appraisal completion is also beginning to improve where managers and staff are able to factor in that dedicated time though this has been interrupted where services have come under increased pressure due to rising levels of COVID-19 in the community.

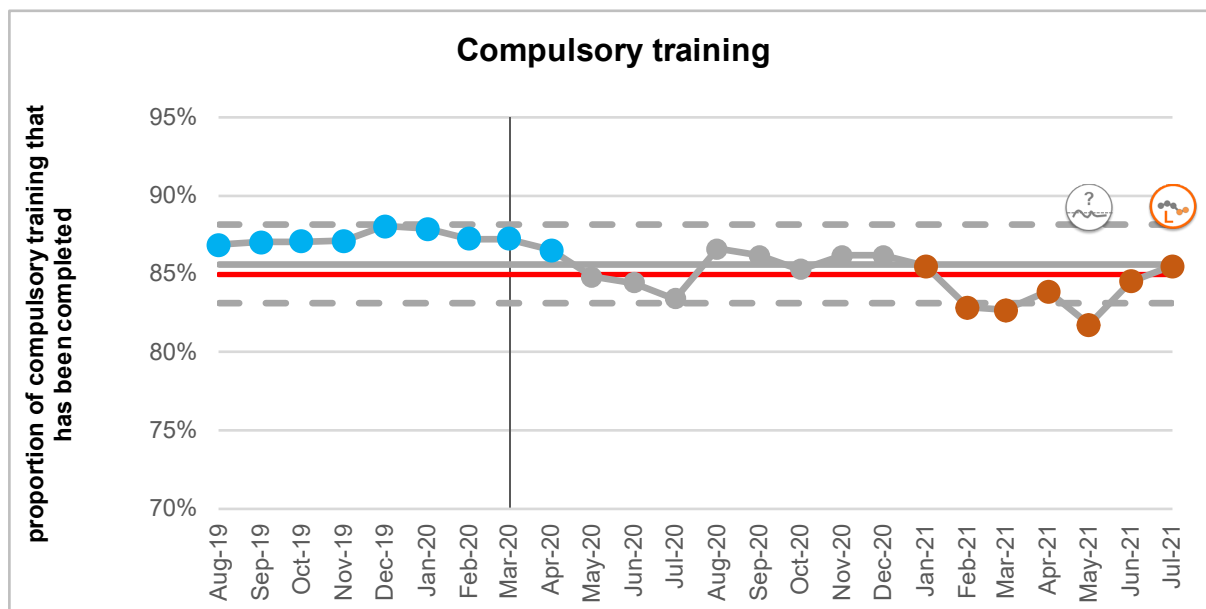
18. Annual turnover



¹ <https://www.england.nhs.uk/coronavirus/publication/reducing-burden-and-releasing-capacity-at-nhs-providers-and-commissioners-to-manage-the-covid-19-pandemic/>

The rate of turnover has been higher for the last 2 months; July turnover is 12.47% just above the Trust target range of 8-12%. Retirements continue to add to the turnover rate although this is still in line with national predictions due to an ageing workforce across the NHS. Work is ongoing to develop a retire and return process which will encourage more retirees to return to substantive posts and support vacancy fill. Work is also ongoing to understand service by service what the predicted number of retirements will be, designed to support workforce planning and to encourage at an earlier stage the offer of a retire and return arrangement.

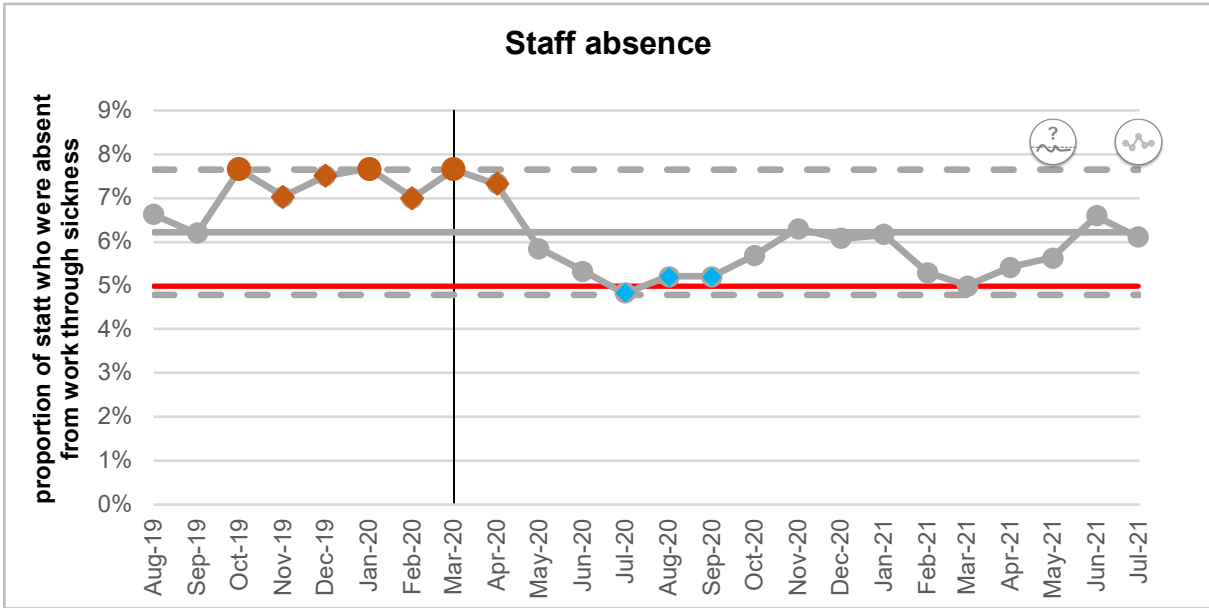
19. Compulsory training



The 6 month pause on training at the beginning of the pandemic inevitably impacted hugely on compliance levels and it will take considerable time to recover the position. The full training requirement – compulsory training and role specific training – is around 70,000 attendances by our total workforce on over 70 courses, with just over 15 thousand individual attendances to be completed. Operational Services are currently 87% compliant with compulsory training and Corporate Services slightly lower at 78%.

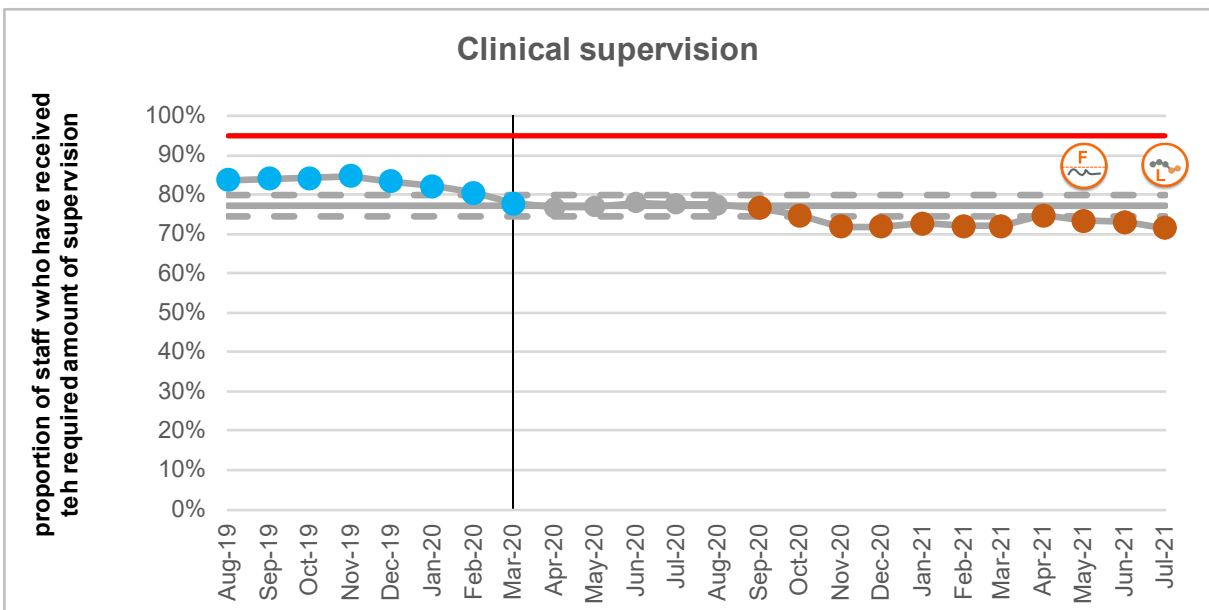
The Training Cell now meets on a monthly basis to support Operational Services with regards to improving the training position and to monitor progress against training recovery plans and sustainability. Operational Services are currently focusing on key priority areas. It is important to note that these key priority areas are generally role-specific rather than compulsory training for example basic and immediate life support, positive and safe teamwork and safeguarding adults and children level 3 therefore this should not impact on the compulsory training position. Improvements in compliance had begun to recover and it was expected to improve over coming months. However due to further rises in cases across Derbyshire, training attendance was reduced temporarily and will be stepped back up as the local situation improves.

20. Staff absence

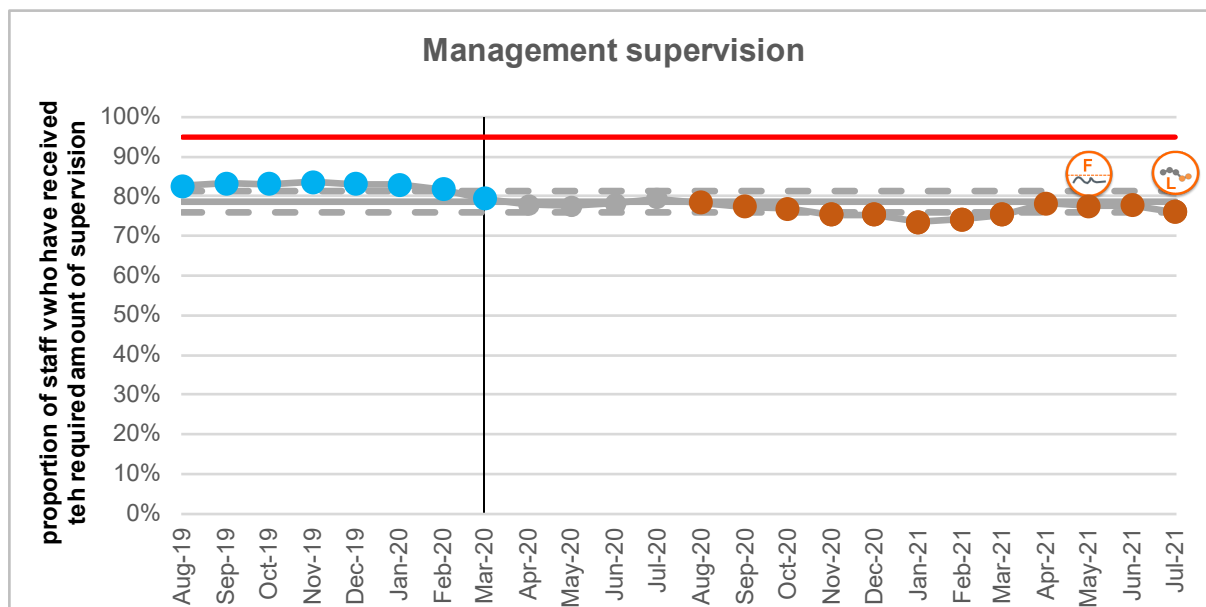


Staff absence had been lower than average for most of the pandemic. This was attributed to different ways of working i.e. home working which helps to support colleagues with long term conditions where short term sickness has been reduced, higher uptake of our flu vaccination programme meaning more colleagues are protected, less contact because of the pandemic so less of the normal coughs, colds and infections that can be transmitted when more people are working together and the introduction of the Health Risk Assessment with more individual monitoring and support. However as Government restrictions were relaxed we have seen a rise in COVID-19 and other infections and as such a rise in sickness absence generally. Sickness rates for June (6.65%) and July 2021 (6.62%) have now increased again further. Long term sickness absence has begun to reduce whilst short term absence has increased in line with relaxation of restrictions and increased infection rates.

21. Clinical supervision

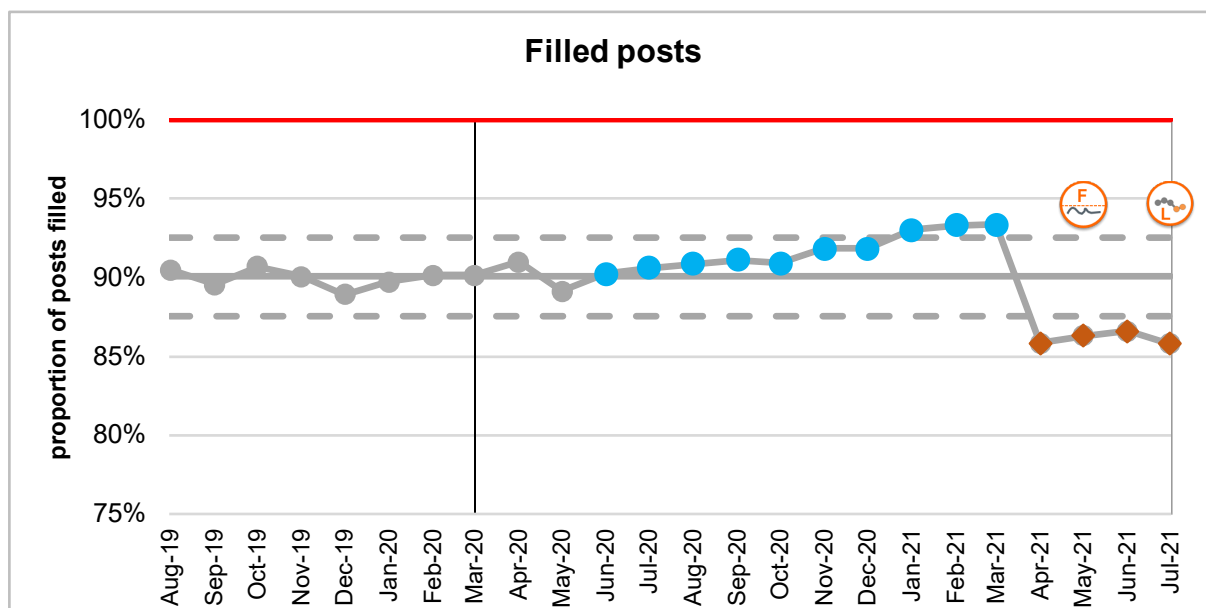


22. Management supervision



The levels of compliance with the clinical and management supervision targets have remained low since the start of the pandemic. As seen with compulsory training, Operational Services are at a higher level than Corporate Services for both types of supervision (management: 80% versus 62% and clinical: 75% versus 38%).

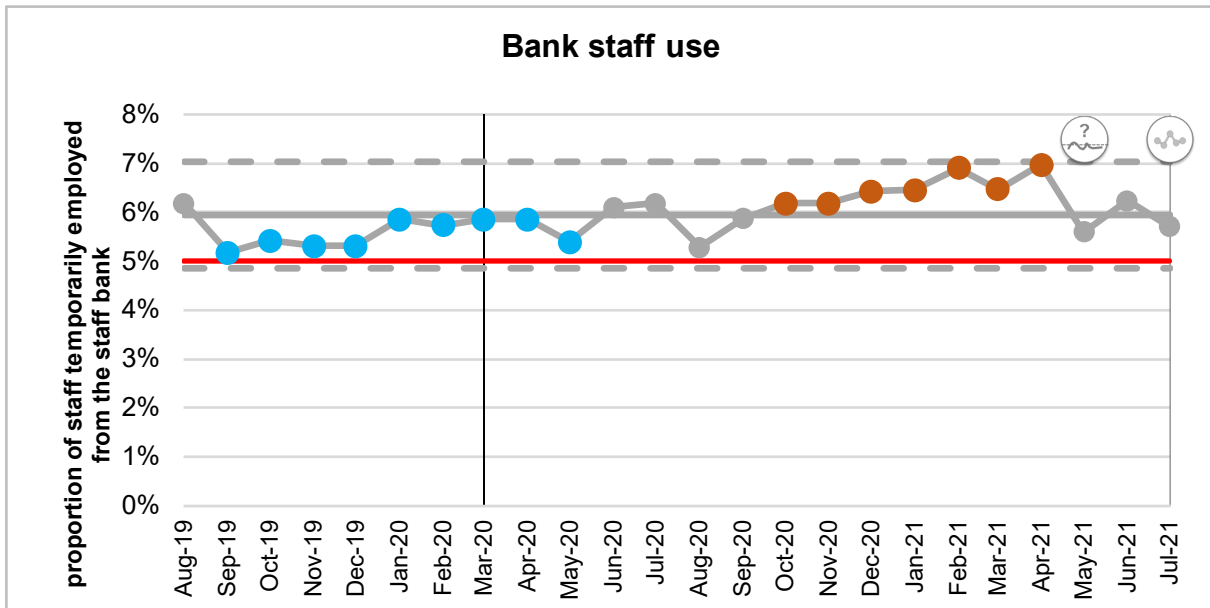
23. Proportion of posts filled



Prior to the start of this financial year there were a number of factors that had in effect artificially lowered the vacancy rate prior to April 2021, however this has now been adjusted for at the start of this financial year, which is where we can see a significant drop in posts being filled. An increased number of vacancies in 2021/22 budgets are due to the following comparative changes in establishments:

- Cost improvement programme (CIP) for 2020/21 would have reduced the funded whole time equivalent (wte) by approximately 100 wte. Owing to the pandemic this CIP was not enacted and as such these posts are back in the system to be filled.
- 2020/21 new development posts and 'cost pressure' posts – 59 wte who were in post for 2020/21 but not within the funded wte – again this effectively produced a lower vacancy rate.
- 2021/22 new developments, new cost pressure posts and skill mix increases – 40 new wte.

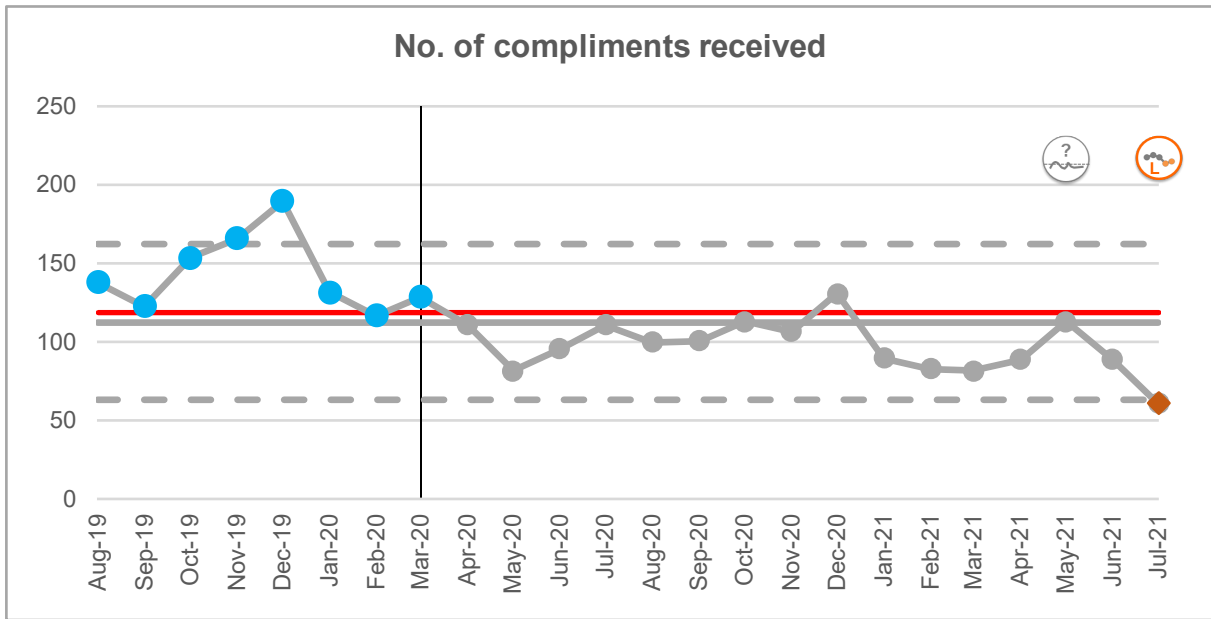
24. Bank staff



Following a period of 7 months of unusually high bank staff use, in the past 3 months the position has returned to common cause variation.

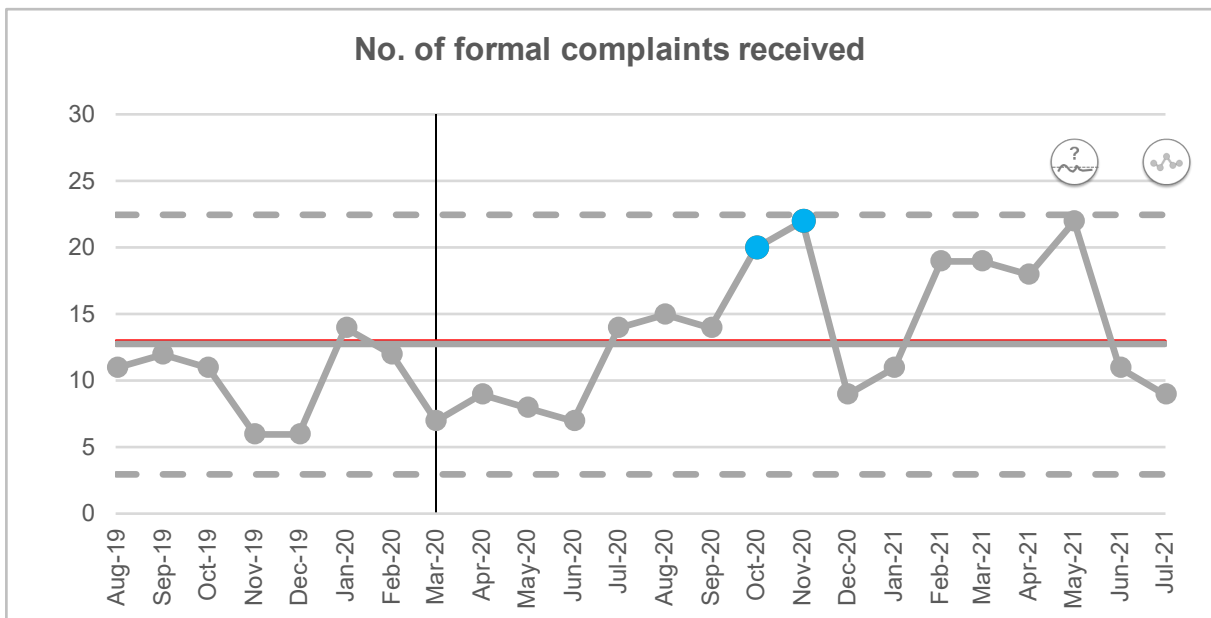
Quality

25. Compliments



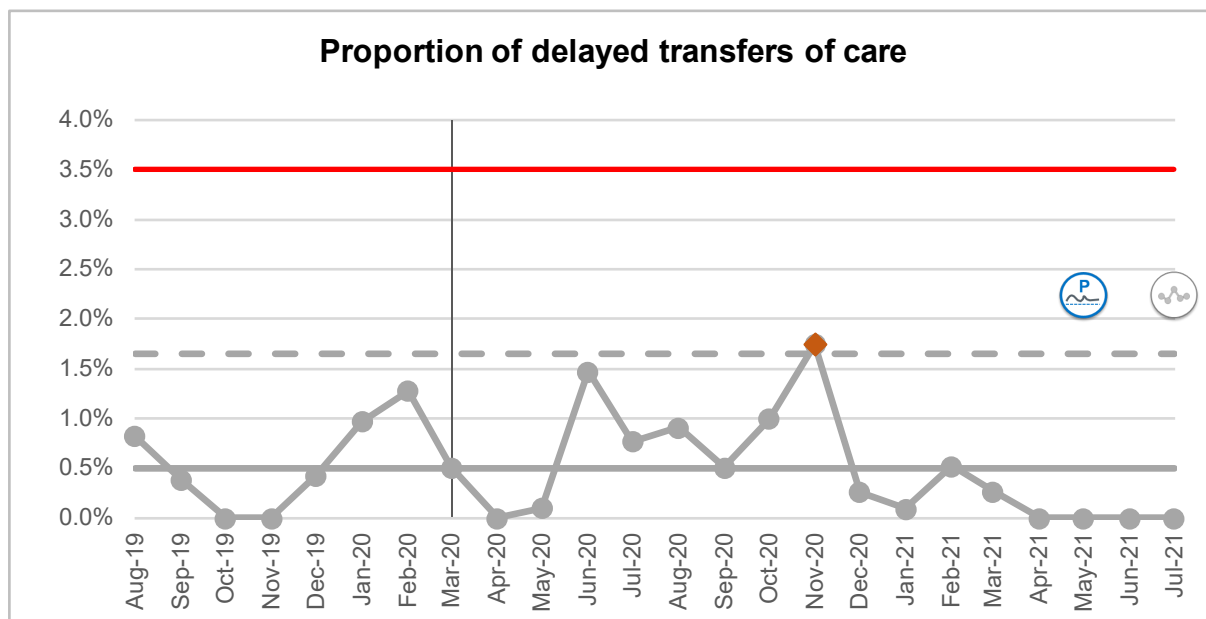
The number of compliments decreased in line with the emergence of COVID-19 and the significant changes to many of our clinical services. A large number of compliments are received by staff during face to face contact and then entered by staff. As a result of reduced face to face contact, there has been a drop in the number of compliments received. This is below the expected target. Work is underway to improve feedback from service users via an electronic survey received by text or email. A pilot is due to commence within a CMHT team and crisis team services.

26. Complaints



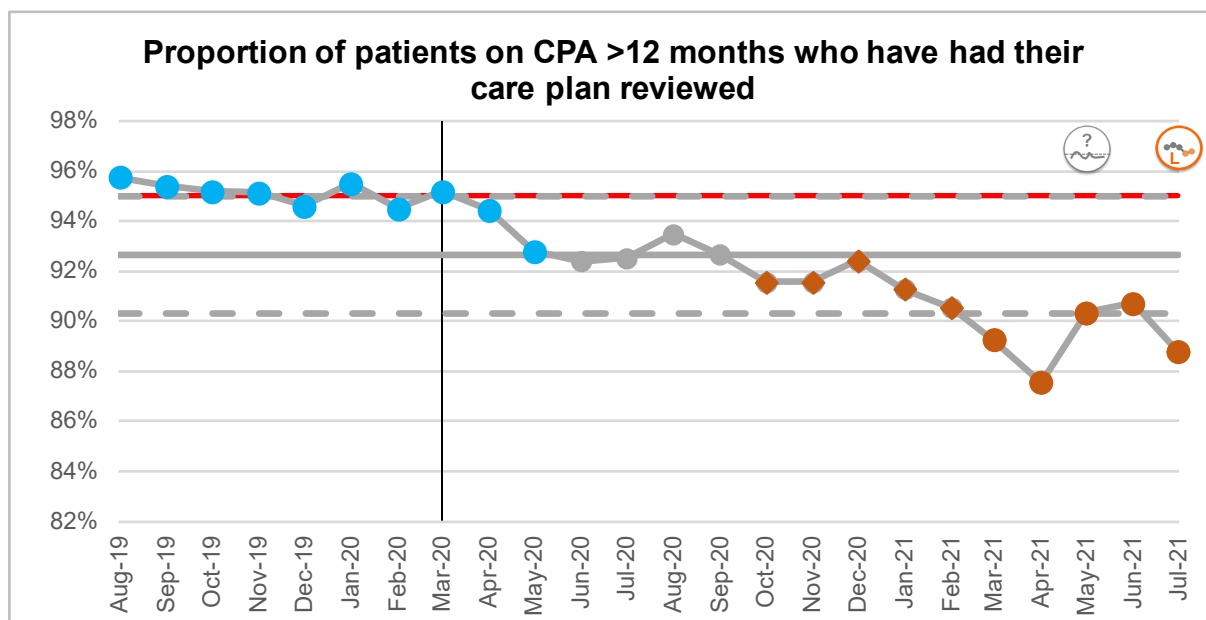
The number of complaints increased with a particular theme around both concerns and complaints of access to services. Derbyshire Healthcare NHS Foundation Trust continues to work with Health Watch, including receiving regular feedback through governance structures and service user and carer surveys. As identified above an electronic patient survey is due to be piloted. These surveys are expected to pick up areas of concern from service users and carers prior to them getting to the point of becoming a complaint.

27. Delayed transfers of care



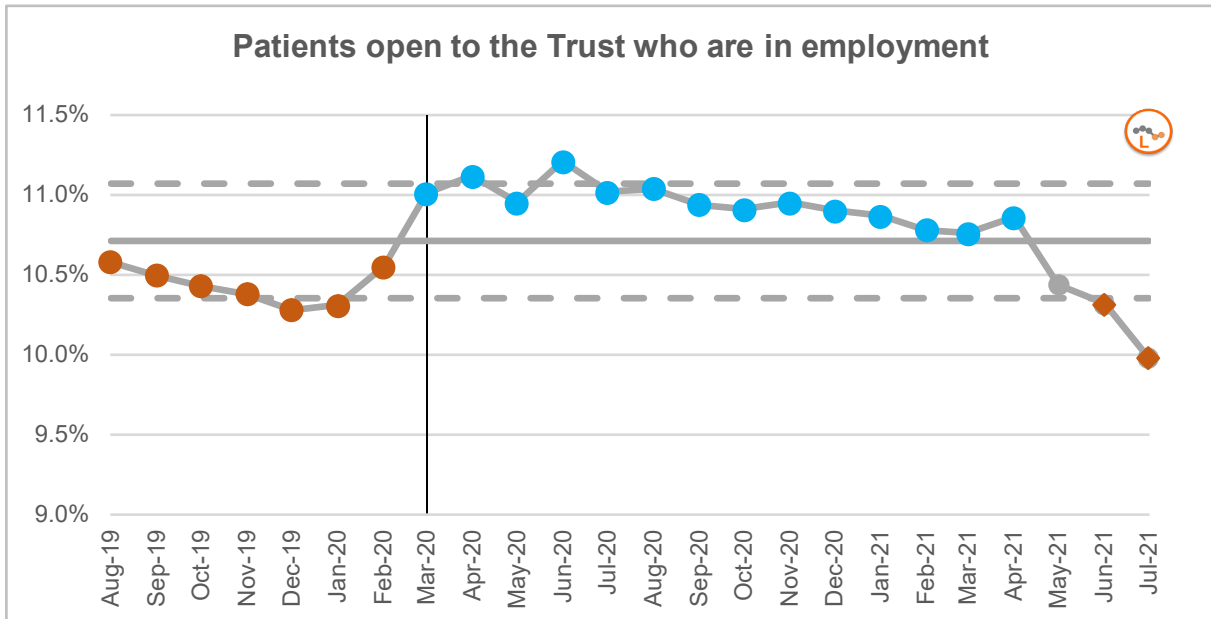
Delayed transfers of care (DTOC) remain within the expected parameters and remain low compared to national mean. However, COVID-19 has demonstrated changing trends. As restrictions increased, funding committees stood down resulting in faster responses to funding requests to accommodation and care settings, which reduced the number of DTOCs. On the other hand, however, the increased number of care homes and care settings in outbreak resulted in high numbers of delays in transfers from inpatient settings, increasing the number of DTOCs at times. April to July 2021 have demonstrated no DTOCs. A review of current inpatient settings will need to be carried out to ensure this data is correct and there is not a data recording issue.

28. Care plan reviews



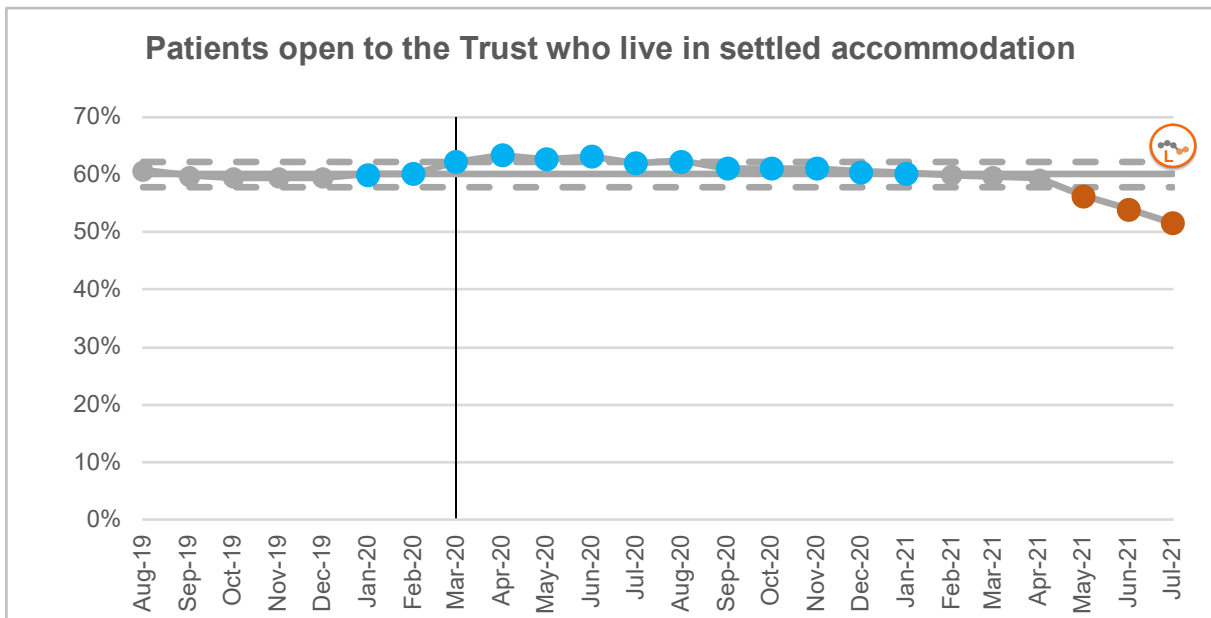
The proportion of patients whose care plans have been reviewed continues to be lower than usual. Teams have been prioritising essential tasks, with reduced routine contact, and trying to engage with people who use our services in different ways, e.g. in virtual ways using Attend Anywhere. As teams began to increase face to face contact and services begun to stand back up, an increase in COVID-19 rates and isolation rates has resulting in increased staff being off work. As a result an improvement in practice in May and June has been witnessed but then a drop in July as cases have risen.

29. Patients in employment



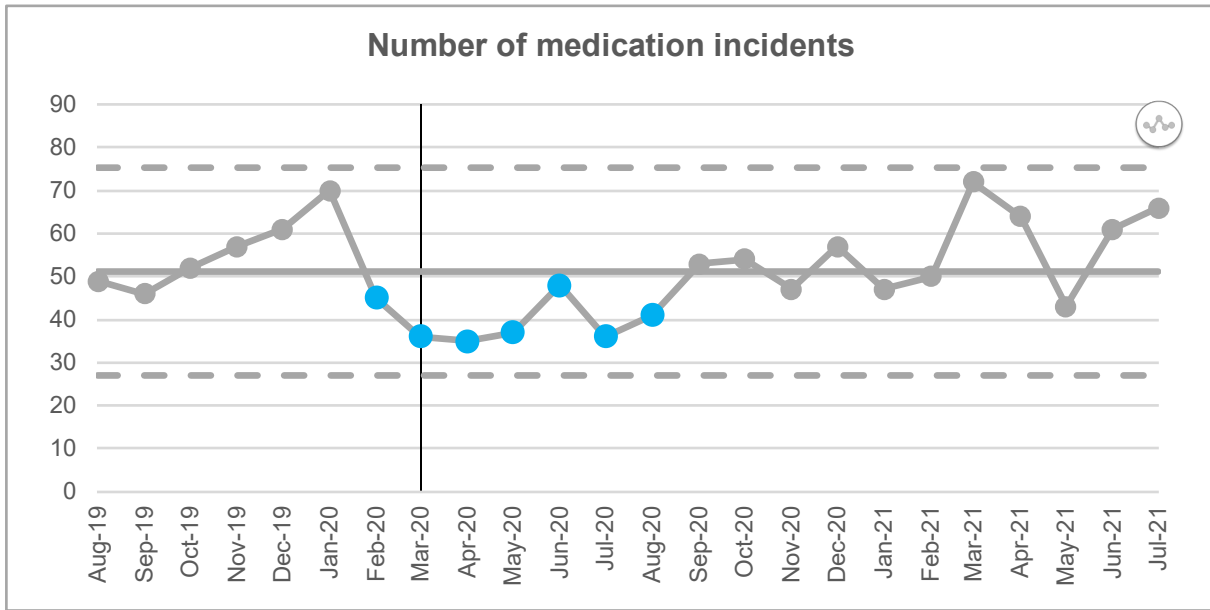
The Individual Placement Support (IPS) Service continues to have success in supporting people into employment even during the current pandemic and the service is currently expanding. The IPS service came into effect in January 2020 and the data demonstrates the impact they have had on levels of employment, even during a pandemic. The drop in May 2021 is likely linked to recent vacancies within the team. These posts are currently being recruited into. Drops in the data continue to be witnessed which brings the data below the lower control limit. As staff fill vacant posts, the data should improve.

30. Patients in settled accommodation



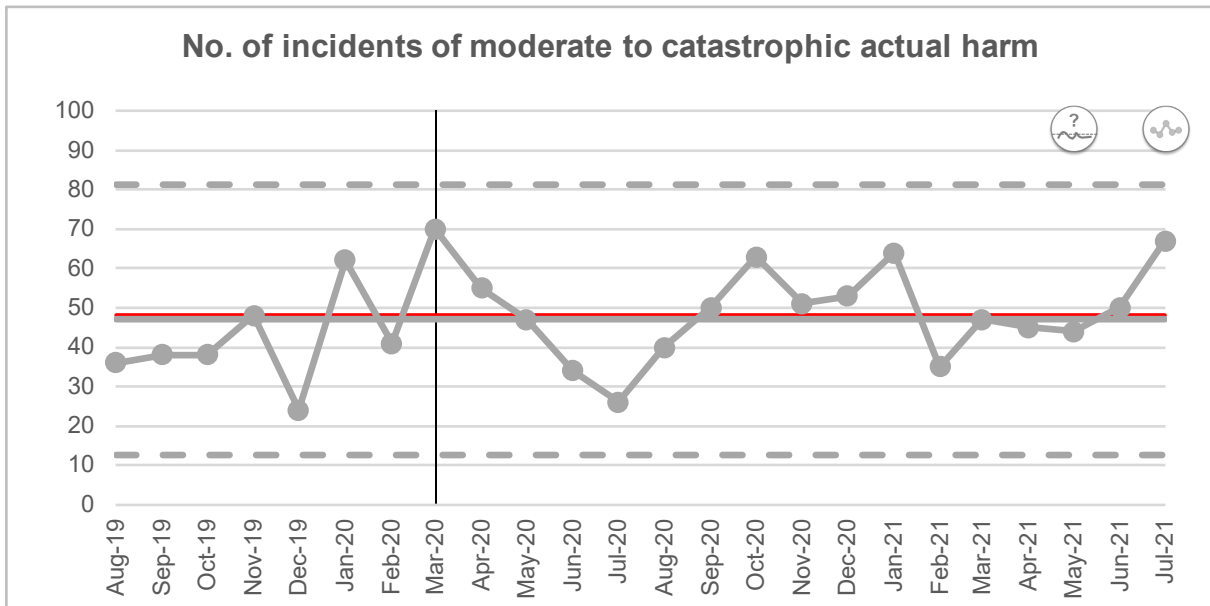
There continues to be community nurses dedicated to working in a multi-agency environment supporting our homeless service users however, data presents below the lower control limit and so further investigation is required into this.

31. Medication incidents



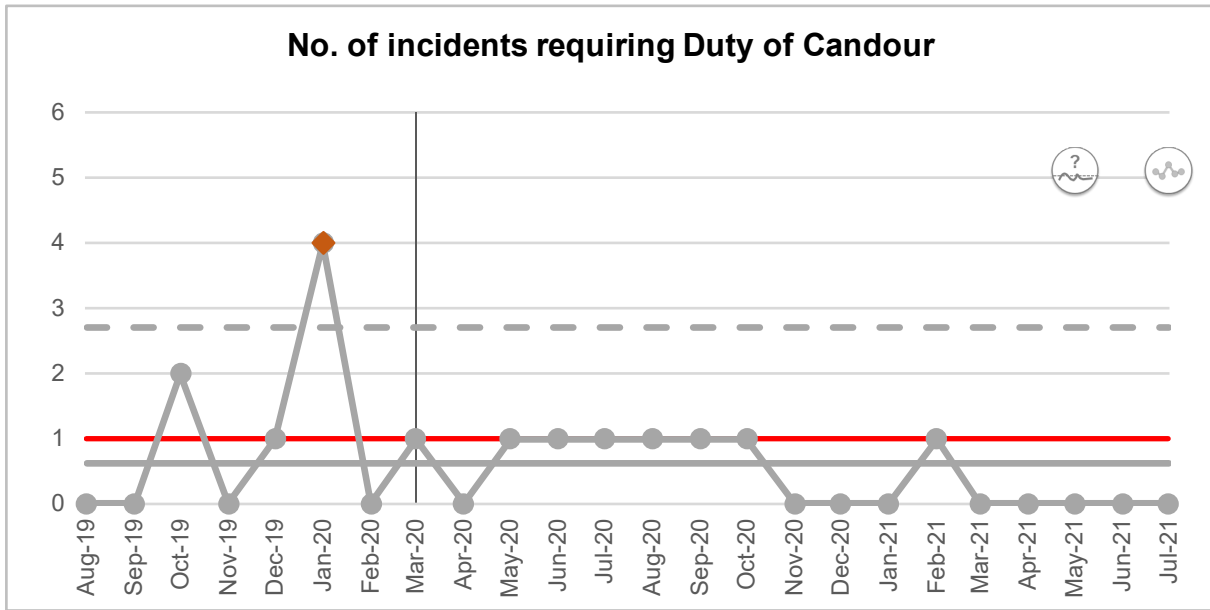
June 2021 demonstrates a rise above the expect mean. This is likely linked to the mental health “surge” following reduction in COVID-19 restrictions that began in March 2021 nationally. The last occasions of this occurring are presented in January 2020 where, winter pressures began, and bed pressures increased. When looking into Medication Incidents, they take a variety of forms, from missed doses, wrong medication administration, missed fridge temperature recording, prescription error and non-location of medication. As a result there are several factors that impact such as how busy the ward is, number of qualified staff, how the medication cabinet is organised and number of newly qualified staff. The medicines management operational subgroup are currently revising the medications error procedure, taking into account Trust values.

32. Incidents of moderate to catastrophic actual harm



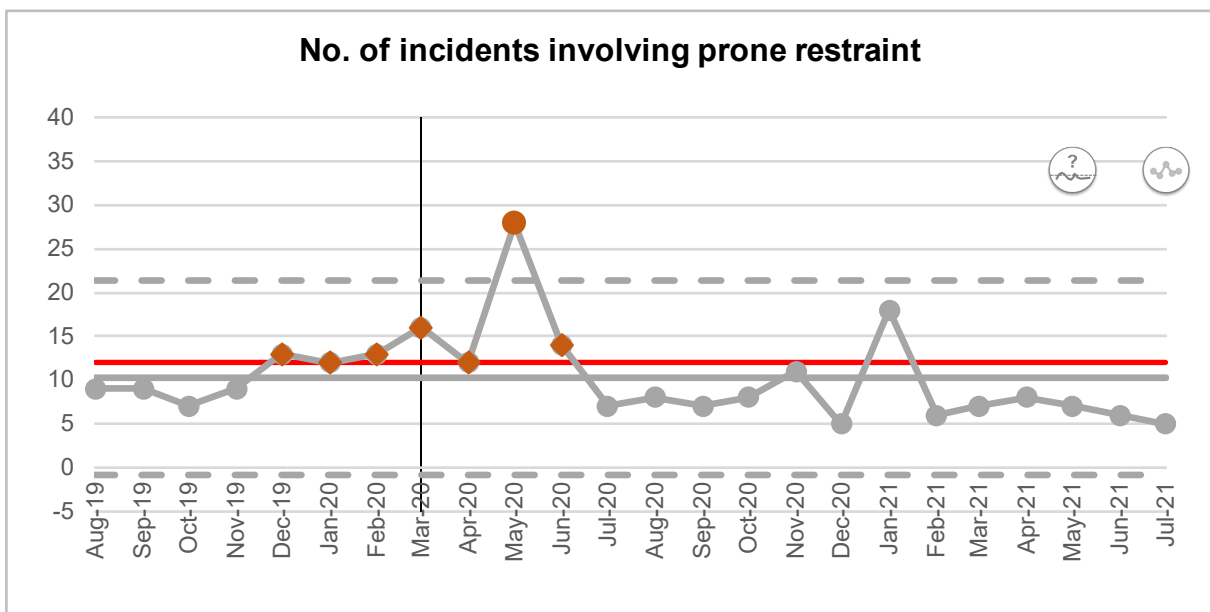
The number of reported incidents of moderate to catastrophic harm have remained within common cause variation throughout the reporting period. However, there has been a recent increase bringing the total above the mean line. This will continue to be monitored.

33. Duty of Candour



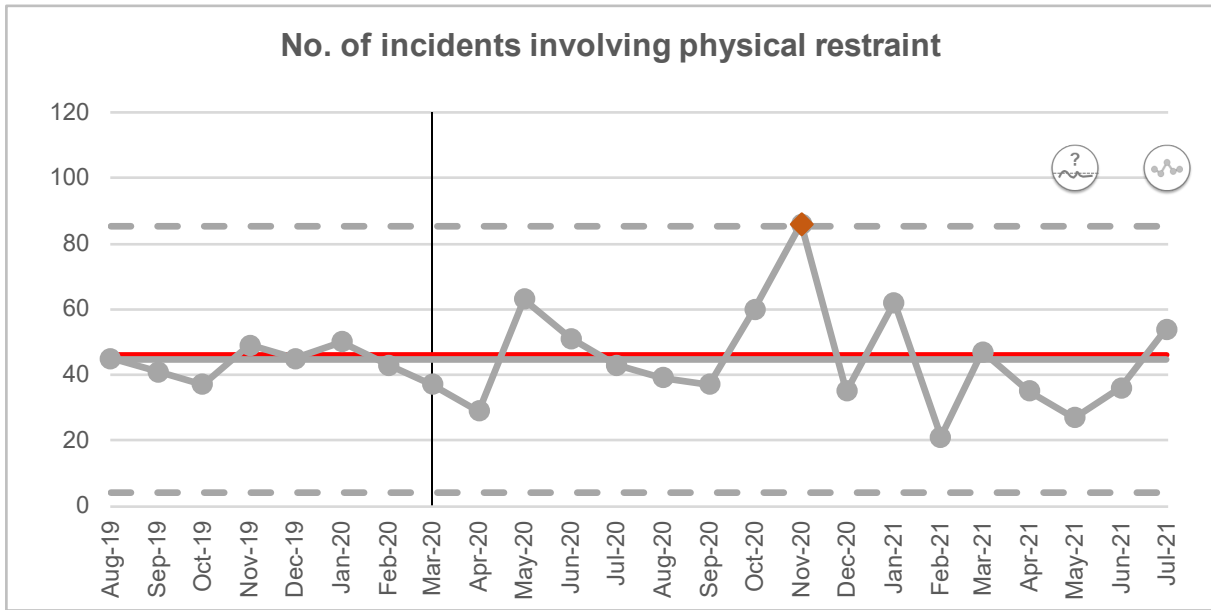
There have been no instances of Duty of Candour in the last 5 months.

34. Prone restraint



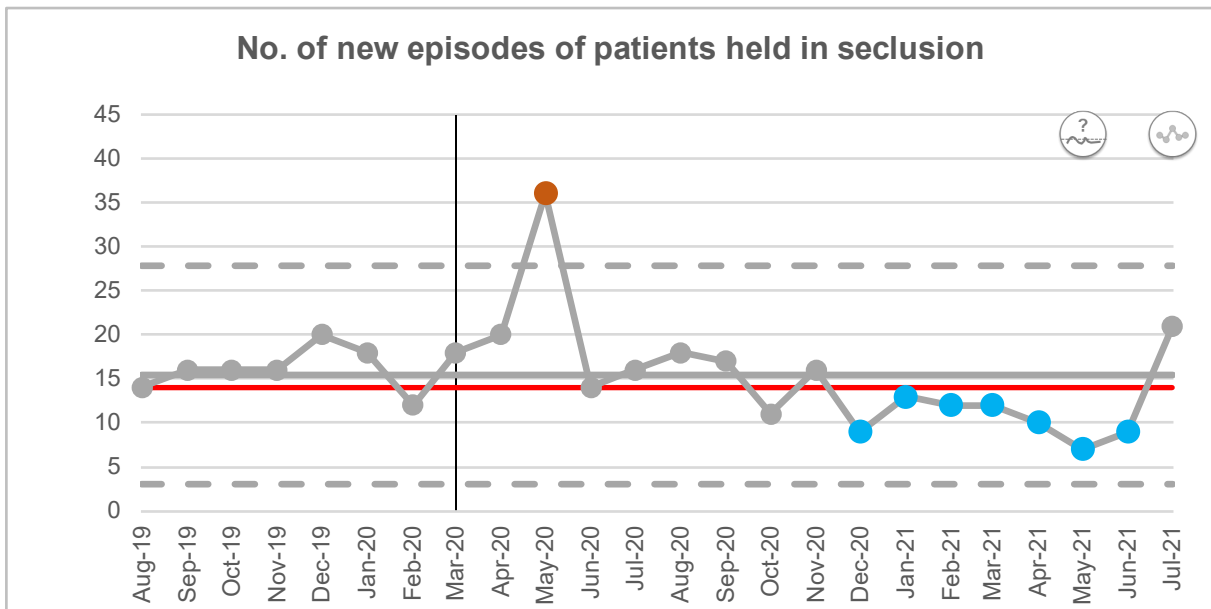
There are ongoing work streams to support the continuing need to reduce restrictive practice; including the introduction of body worn cameras, monitoring of restrictive practice within the “reducing restrictive practice forum” and monthly thematic reviews carried out by Heads of Nursing. As can be seen in May the increased point above the expected variance is in line with the increase in previous data relating to Seclusion. Apart from January 2021, targets relating to the numbers of prone restraint have been achieved. Further investigation has also identified a reduction in the last quarter in the number of aggression and abusive patient to staff incidents which may be linked to the introduction of the body worn cameras across inpatient services and reduced the need for prone restraint as incidents are de-escalated more effectively.

35. Physical restraint



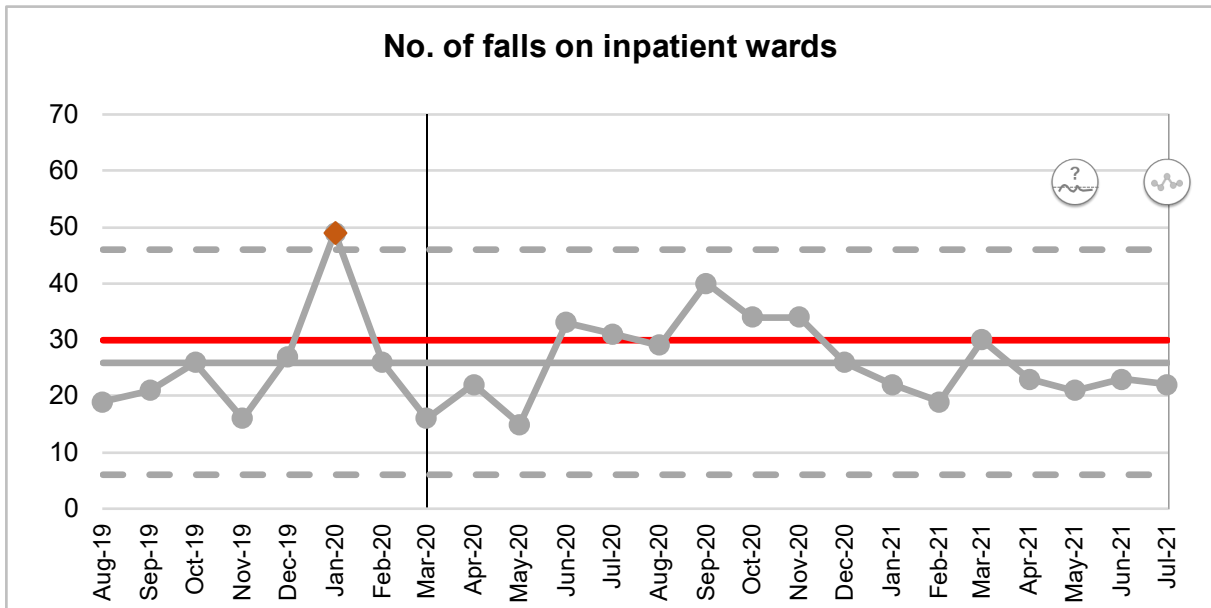
The number of reported incidents involving restraint have remained within common cause variation throughout the reporting period. The recent increase in July, bringing the data above the mean line shows a common variation however, will continue to be monitored and discussed within appropriate forums. July’s increase in physical restraint may be linked to the increased use of seclusion as demonstrated below. A positive to take from this is that although restraint and seclusion have peaked in July, they remain under the upper control limits and has not resulted in an increase in prone restraint. This is a positive indicator that reducing restrictive practice pilots and work streams have been effective to provide alternatives to Prone restraint.

36. Seclusion



The use of seclusion was within common cause variation, however, has increased in July. In further investigating this trend, there appears to be a linked to a small number of patients who have been placed in seclusion on more than one occasion. This data will be monitored for patterns and further support needs for individual areas.

37. Falls on inpatient wards

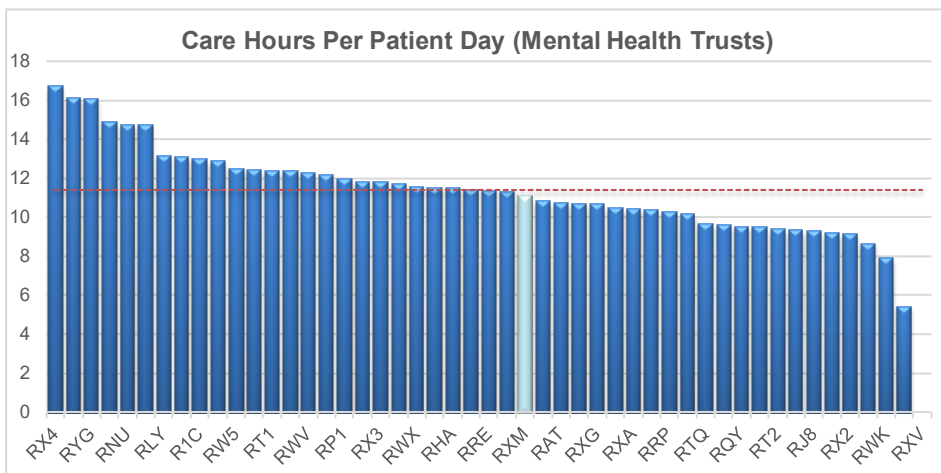


The number of reported falls has remained within common cause variation. June 2020 to December 2020 demonstrated an increase in the number of falls above the mean linked to an increase in patients presenting with delirium as services within the Derby Royal Hospital for delirium patients were stood down and moved into the community resulting in a higher number of admissions to the Cubley wards with a dual diagnosis of dementia and delirium. April 2021 to July 2021 has remained below the mean line and demonstrates the effectiveness of ongoing falls reduction work being developed and implemented within Older adult services.

Care Hours Per Patient Day (CHPPD)

CHPPD is rolling data updated monthly, to show staffing levels in relation to patient numbers on an inpatient ward. Every month, the hours worked during day shifts and night shifts by registered nurses and midwives and by healthcare assistants are added together. Each day, the number of patients occupying beds at midnight is recorded. These figures are added up for the whole month and divided by the number of days in the month to calculate a daily average. Then the figure for total hours worked is divided by the daily average number of patients to produce the rate of care hours per patient day. Work is underway to implement processes relating to staffing levels and how they are records in line with CHPPD and patient acuity. This will be in the form of the MHOST reporting system and SafeCare module within E-Roster.

The chart below shows how we compared in the latest published national data (April 21) when benchmarked against other mental health trusts. We were slightly below average:

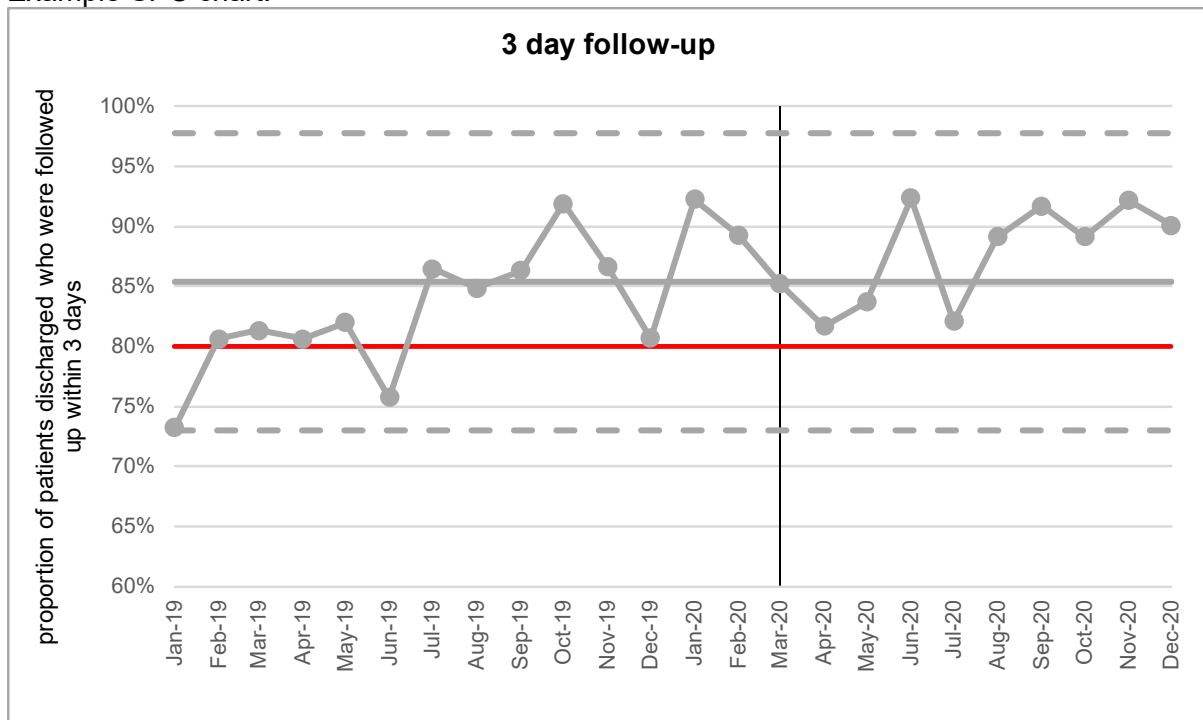


Data source: NHS England » Care hours per patient day (CHPPD) data

Appendix 1

Statistical Process Control Chart (SPC) Guidance

Example SPC chart:



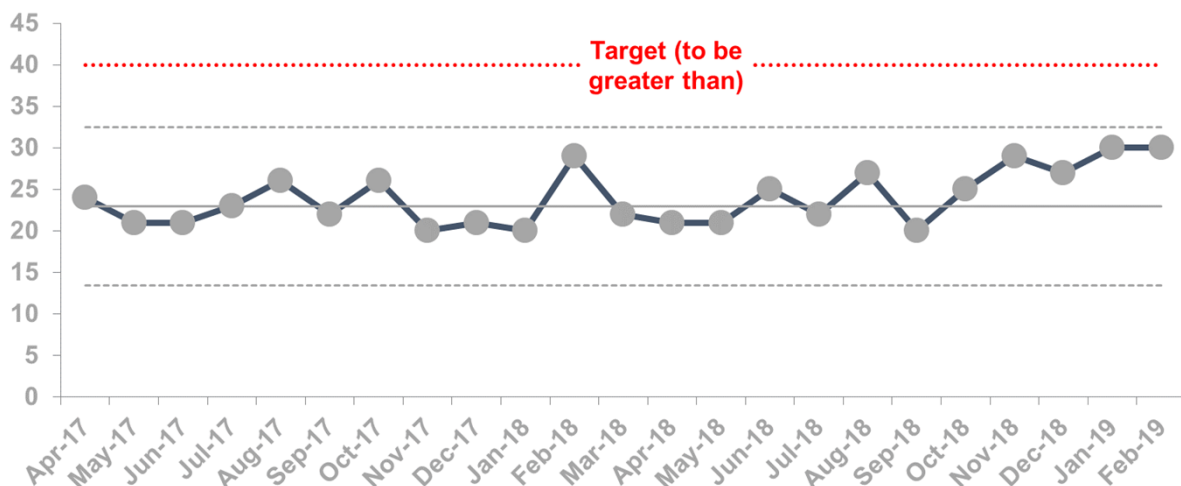
- The red line is the target.
- The grey dots are the actual performance each month. They are coloured grey as performance each month is normal in this example.
- The solid grey line is the average (mean) of all the grey dots.
- The grey dotted lines are called process limits, or control limits.

Very simply, any grey dots sitting between the upper and lower grey dotted lines is normal performance for the process and is known as “common cause variation”.

The closer the two grey dotted lines are together, the less variation there is and therefore the more tightly controlled is the process.

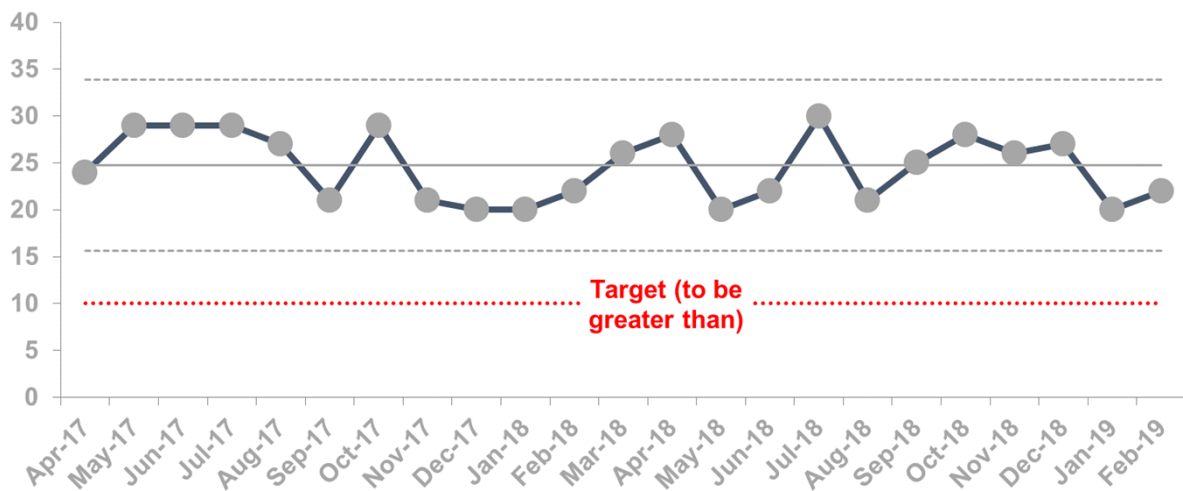
Things to look out for:

1. A process that is not working



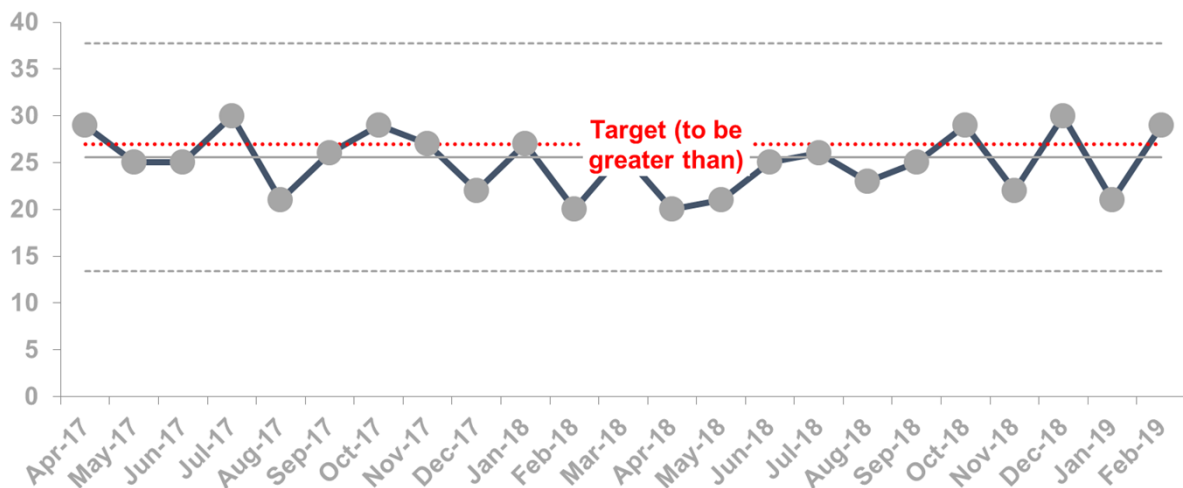
In this example the target is higher than the upper dotted grey line. This means that the target will never be achieved. To achieve the target, we need to change how we do things.

2. A capable process



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

3. An unreliable system

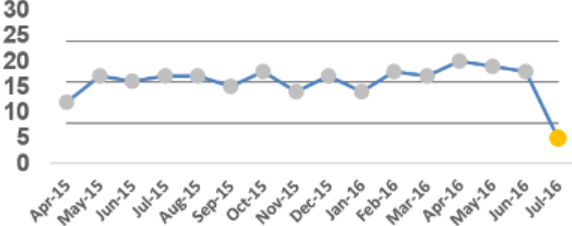
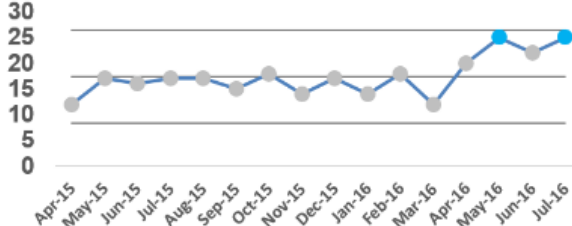
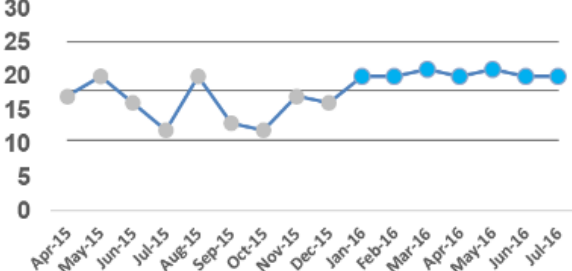
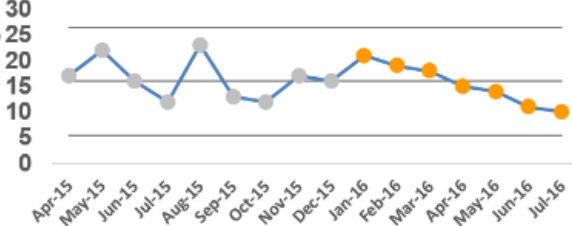


In this example the target line sits between the 2 grey dotted lines. As it is normal for the grey dots to fall anywhere between the 2 dotted grey lines, this means that it is entirely random as to whether or not the target will be achieved. So, this system is unreliable and needs to be redesigned if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

4. Unusual patterns in the data

If there is anything unusual in the data, the grey dots will change colour. Orange means it is unusually worse than expected and blue means it is unusually better than expected. These unusual patterns should be looked into to establish why it is happening.

There are four scenarios where this can happen:

| | |
|--|---|
| <p style="text-align: center;">A single data point outside the process limits</p>  <p>The chart shows a line graph with a mean line at 15 and control limits at 10 and 20. The data points for Apr-15 to Jun-16 are mostly between 10 and 20. The final point for Jul-16 is significantly lower, at approximately 5, and is colored orange.</p> | <p style="text-align: center;">Two out of three points close to the process limits</p>  <p>The chart shows a line graph with a mean line at 15 and control limits at 10 and 20. The data points for Apr-15 to Jun-16 are mostly between 10 and 20. The final three points for May-16, Jun-16, and Jul-16 are significantly higher, at approximately 25, and are colored blue.</p> |
| <p>In this example the July 16 performance is significantly lower than expected and falls beneath the lower grey dotted line.</p> | <p>2 out of 3 points close to one of the grey dotted lines is statistically significant, in this case they are blue, indicating better than expected performance.</p> |
| <p style="text-align: center;">Shift of points above / below mean line</p>  <p>The chart shows a line graph with a mean line at 15 and control limits at 10 and 20. The data points for Apr-15 to Dec-15 fluctuate around the mean. Starting in Jan-16, the points consistently rise above the mean line, reaching approximately 20 by Jul-16.</p> | <p style="text-align: center;">Run of points in consecutive ascending / descending order</p>  <p>The chart shows a line graph with a mean line at 15 and control limits at 10 and 20. The data points for Apr-15 to Dec-15 fluctuate around the mean. From Jan-16 to Jul-16, the points show a clear and consistent downward trend, starting at approximately 20 and ending at approximately 10.</p> |
| <p>A run of 7 points above or below the average line is significant. In this example it might indicate that an improvement was made to the process in Jan 16 that has proven to be effective.</p> | <p>A run of 7 points in consecutive ascending or descending order is significant. In this example things are getting worse over time.</p> |

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

Appendix 2 – Data Quality Maturity Index Benchmarking Data

| | April-2021 | March-2021 | February-2021 | January-2021 | December-2020 |
|---|-------------|-------------|---------------|--------------|---------------|
| National Average | 81.0 | 83.0 | 85.3 | 83.0 | 82.3 |
| RPY THE ROYAL MARSDEN NHS FOUNDATION TRUST | 99.4 | 99.4 | 99.4 | 99.4 | 99.2 |
| RGM ROYAL PAPWORTH HOSPITAL NHS FOUNDATION TRUST | 99.3 | 97.2 | 97.0 | 96.9 | 97.1 |
| RL1 THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST | 99.3 | 99.2 | 99.1 | 99.3 | 99.2 |
| RBQ LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST | 99.1 | 99.2 | 99.2 | 99.3 | 99.2 |
| RBV THE CHRISTIE NHS FOUNDATION TRUST | 98.5 | 99.0 | 98.8 | 98.8 | 98.7 |
| RX3 TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST | 98.3 | 98.3 | 98.1 | 98.2 | 98.2 |
| RXV GREATER MANCHESTER MENTAL HEALTH NHS FOUNDATION TRUST | 98.1 | 97.5 | 97.3 | 97.4 | 98.5 |
| RLY NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST | 97.9 | 98.1 | 98.0 | 97.6 | 98.2 |
| RT1 CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST | 97.5 | 97.5 | 97.4 | 96.7 | 96.3 |
| RM1 NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST | 97.5 | 96.9 | 96.1 | 96.2 | 96.6 |
| RXT BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST | 97.3 | 98.6 | 98.6 | 98.4 | 98.3 |
| RXX SURREY AND BORDERS PARTNERSHIP NHS FOUNDATION TRUST | 97.3 | 92.3 | 93.9 | 97.0 | 92.7 |
| RTF NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST | 97.2 | 97.2 | 97.3 | 97.1 | 97.2 |
| REN THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST | 97.1 | 98.0 | 97.7 | 97.8 | 97.8 |
| R1K LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST | 96.9 | 97.3 | 97.2 | 96.7 | 97.0 |
| RXM DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST | 96.5 | 96.6 | 96.4 | 96.5 | 96.5 |
| RNK TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST | 96.4 | 96.5 | 96.2 | 96.6 | 95.8 |
| RYR UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST | 96.4 | 96.0 | 96.0 | 95.9 | 97.2 |
| RTH OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST | 96.2 | 96.5 | 96.4 | 96.1 | 96.4 |
| RHA NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST | 96.1 | 96.8 | 96.5 | 96.2 | 96.4 |
| RXE ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST | 96.1 | 95.8 | 96.3 | 96.1 | 95.9 |
| RWJ STOCKPORT NHS FOUNDATION TRUST | 96.0 | 96.5 | 96.4 | 96.4 | 96.5 |
| RXY KENT AND MEDWAY NHS AND SOCIAL CARE PARTNERSHIP TRUST | 95.9 | 95.8 | 95.8 | 95.6 | 95.7 |
| RAN ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST | 95.9 | 97.1 | 96.6 | 95.7 | 97.1 |
| RWE UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST | 95.9 | 96.0 | 96.0 | 96.1 | 96.0 |
| RAX KINGSTON HOSPITAL NHS FOUNDATION TRUST | 95.7 | 96.4 | 95.8 | 92.8 | 93.2 |
| RRP BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST | 95.5 | 96.4 | 96.4 | 96.4 | 95.8 |
| RP7 LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST | 95.5 | 95.4 | 95.6 | 96.0 | 95.9 |
| RMY NORFOLK AND SUFFOLK NHS FOUNDATION TRUST | 95.4 | 96.1 | 95.2 | 95.3 | 95.1 |
| RHQ SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST | 95.4 | 94.1 | 94.1 | 94.1 | 93.1 |
| RYJ IMPERIAL COLLEGE HEALTHCARE NHS TRUST | 95.2 | 94.7 | 94.6 | 94.6 | 94.7 |
| RX1 NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST | 95.2 | 95.4 | 95.1 | 95.1 | 95.1 |
| RXG SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST | 95.2 | 95.1 | 95.4 | 95.4 | 94.5 |
| RCX THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TRUST | 95.1 | 95.7 | 95.7 | 95.5 | 95.6 |
| TAF CAMDEN AND ISLINGTON NHS FOUNDATION TRUST | 95.0 | 93.6 | 95.2 | 94.5 | 94.9 |
| RCU SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST | 95.0 | 94.2 | 94.3 | 93.8 | 95.2 |
| RV5 SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST | 95.0 | 93.3 | 93.6 | 94.1 | 95.1 |
| RWR HERTFORDSHIRE PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST | 94.9 | 97.0 | 97.1 | 96.8 | 97.1 |
| RH5 SOMERSET NHS FOUNDATION TRUST | 94.9 | 95.4 | 94.7 | 94.1 | 94.3 |
| RKL WEST LONDON NHS TRUST | 94.9 | 95.1 | 94.5 | 94.6 | 94.0 |
| R1A HEREFORDSHIRE AND WORCESTERSHIRE HEALTH AND CARE NHS TRUST | 94.6 | 94.4 | 94.4 | 94.2 | 94.1 |
| REF ROYAL CORNWALL HOSPITALS NHS TRUST | 94.6 | 96.3 | 96.4 | 96.3 | 96.4 |
| RNZ SALISBURY NHS FOUNDATION TRUST | 94.6 | 94.3 | 94.3 | 94.1 | 95.4 |
| RKB UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST | 94.6 | 95.3 | 95.1 | 95.0 | 95.1 |
| RBL WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST | 94.6 | 94.8 | 94.6 | 94.5 | 94.6 |
| 8JE99 ISLE OF WIGHT YOUTH TRUST | 94.5 | 93.4 | 93.0 | 92.3 | 90.1 |
| RHM UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST | 94.5 | 94.0 | 94.0 | 93.9 | 93.9 |

| | | April-2021 | March-2021 | February-2021 | January-2021 | December-2020 |
|-----|---|------------|------------|---------------|--------------|---------------|
| | National Average | 81.0 | 83.0 | 85.3 | 83.0 | 82.3 |
| RTQ | GLOUCESTERSHIRE HEALTH AND CARE NHS FOUNDATION TRUST | 94.3 | 94.3 | 94.3 | 90.3 | 90.5 |
| RRE | MIDLANDS PARTNERSHIP NHS FOUNDATION TRUST | 94.3 | 94.4 | 94.3 | 94.2 | 94.3 |
| RX2 | SUSSEX PARTNERSHIP NHS FOUNDATION TRUST | 94.3 | 94.3 | 95.3 | 94.1 | 94.8 |
| RCD | HARROGATE AND DISTRICT NHS FOUNDATION TRUST | 94.2 | 93.7 | 93.7 | 93.7 | 93.8 |
| RXW | THE SHREWSBURY AND TELFORD HOSPITAL NHS TRUST | 94.2 | 95.0 | 94.9 | 94.8 | 94.8 |
| RA7 | UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOUNDATION TRUST | 94.2 | 93.7 | 93.6 | 93.8 | 94.0 |
| RAE | BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST | 94.1 | 94.0 | 94.0 | 93.4 | 93.4 |
| R1L | ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST | 94.0 | 93.7 | 93.2 | 93.6 | 93.9 |
| RWY | CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST | 93.9 | 94.7 | 94.5 | 94.3 | 93.6 |
| RX4 | CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST | 93.9 | 93.8 | 93.8 | 93.9 | 93.7 |
| RNQ | KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST | 93.9 | 93.4 | 93.1 | 92.9 | 92.7 |
| RJL | NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST | 93.9 | 93.9 | 93.9 | 93.9 | 93.6 |
| RR8 | LEEDS TEACHING HOSPITALS NHS TRUST | 93.6 | 93.2 | 93.1 | 48.0 | 92.6 |
| RVY | SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST | 93.6 | 93.3 | 93.4 | 94.1 | 94.1 |
| RXF | MID YORKSHIRE HOSPITALS NHS TRUST | 93.5 | 93.1 | 93.1 | 93.1 | 93.9 |
| RY3 | NORFOLK COMMUNITY HEALTH AND CARE NHS TRUST | 93.5 | 93.9 | 92.4 | 93.4 | 94.3 |
| RQM | CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST | 93.4 | 96.7 | 96.5 | 95.6 | 87.7 |
| RP5 | DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST | 93.4 | 93.4 | 93.4 | 94.3 | 95.2 |
| RVW | NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST | 93.4 | 94.7 | 71.6 | 94.2 | 93.4 |
| RTP | SURREY AND SUSSEX HEALTHCARE NHS TRUST | 93.4 | 93.1 | 92.9 | 93.7 | 94.1 |
| RWW | WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TRUST | 93.4 | 94.6 | 94.8 | 94.6 | 94.7 |
| TAD | BRADFORD DISTRICT CARE NHS FOUNDATION TRUST | 93.3 | 93.2 | 93.2 | 93.3 | 93.3 |
| RVJ | NORTH BRISTOL NHS TRUST | 93.3 | 92.0 | 91.8 | 84.1 | 94.0 |
| RTR | SOUTH TEES HOSPITALS NHS FOUNDATION TRUST | 93.3 | 93.1 | 92.9 | 93.0 | 92.9 |
| RAS | THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST | 93.3 | 93.1 | 93.3 | 93.9 | 94.0 |
| R0D | UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST | 93.3 | 18.7 | 18.0 | 2.9 | 2.9 |
| RHW | ROYAL BERKSHIRE NHS FOUNDATION TRUST | 93.2 | 93.7 | 94.1 | 94.0 | 69.6 |
| RJZ | KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST | 93.1 | 93.7 | 93.8 | 93.7 | 92.9 |
| RTE | GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST | 93.0 | 92.5 | 92.8 | 92.3 | 92.4 |
| RHU | PORTSMOUTH HOSPITALS UNIVERSITY NATIONAL HEALTH SERVICE TRUST | 93.0 | 92.9 | 93.8 | 93.8 | 95.0 |
| RQY | SOUTH WEST LONDON AND ST GEORGE'S MENTAL HEALTH NHS TRUST | 93.0 | 92.2 | 92.7 | 92.6 | 92.8 |
| RQW | THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST | 93.0 | 93.8 | 93.8 | 93.7 | 93.2 |
| RCB | YORK TEACHING HOSPITAL NHS FOUNDATION TRUST | 93.0 | 93.8 | 93.8 | 93.7 | 93.7 |
| RFF | BARNSELY HOSPITAL NHS FOUNDATION TRUST | 92.9 | 94.3 | 92.9 | 93.8 | 93.6 |
| RRJ | THE ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST | 92.9 | 94.4 | 94.4 | 94.5 | 94.1 |
| RVN | AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST | 92.8 | 92.7 | 93.0 | 92.7 | 92.6 |
| RP6 | MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST | 92.8 | 93.5 | 92.9 | 92.5 | 93.2 |
| RXL | BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST | 92.6 | 91.5 | 91.1 | 91.0 | 91.3 |
| RWA | HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST | 92.6 | 92.9 | 92.7 | 92.5 | 92.4 |
| RXQ | BUCKINGHAMSHIRE HEALTHCARE NHS TRUST | 92.5 | 93.5 | 93.4 | 94.0 | 94.2 |
| RNA | THE DUDLEY GROUP NHS FOUNDATION TRUST | 92.4 | 92.5 | 94.3 | 94.2 | 94.0 |
| RT2 | PENNINE CARE NHS FOUNDATION TRUST | 92.2 | 92.2 | 92.1 | 92.3 | 92.4 |
| RD1 | ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST | 92.2 | 93.1 | 92.9 | 93.9 | 93.9 |
| RBN | ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST | 92.2 | 91.1 | 90.9 | 90.7 | 90.9 |
| R1H | BARTS HEALTH NHS TRUST | 92.1 | 69.5 | 91.7 | 91.6 | 91.7 |
| RC9 | BEDFORDSHIRE HOSPITALS NHS FOUNDATION TRUST | 92.1 | 93.5 | 93.4 | 91.2 | 93.3 |
| RDU | FRIMLEY HEALTH NHS FOUNDATION TRUST | 92.1 | 91.5 | 91.5 | 91.1 | 90.9 |
| RBT | MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST | 92.1 | 93.2 | 92.8 | 92.5 | 88.7 |
| RET | THE WALTON CENTRE NHS FOUNDATION TRUST | 92.1 | 94.1 | 95.8 | 96.1 | 95.8 |
| RGT | CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST | 92.0 | 90.8 | 91.0 | 90.5 | 90.2 |

| | | April-2021 | March-2021 | February-2021 | January-2021 | December-2020 |
|-----|--|-------------|-------------|---------------|--------------|---------------|
| | National Average | 81.0 | 83.0 | 85.3 | 83.0 | 82.3 |
| RV3 | CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST | 92.0 | 93.4 | 68.0 | 93.4 | 93.7 |
| RCF | AIREDALE NHS FOUNDATION TRUST | 91.9 | 70.3 | 92.1 | 92.4 | 91.3 |
| RWK | EAST LONDON NHS FOUNDATION TRUST | 91.7 | 91.8 | 93.2 | 93.2 | 93.2 |
| R0B | SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST | 91.7 | 90.7 | 90.7 | 90.5 | 90.1 |
| RJE | UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST | 91.7 | 92.7 | 92.6 | 92.6 | 92.6 |
| RR7 | GATESHEAD HEALTH NHS FOUNDATION TRUST | 91.6 | 91.7 | 91.7 | 90.4 | 91.6 |
| RT5 | LEICESTERSHIRE PARTNERSHIP NHS TRUST | 91.5 | 91.5 | 91.3 | 91.1 | 91.6 |
| RPG | OXLEAS NHS FOUNDATION TRUST | 91.5 | 91.7 | 91.4 | 92.1 | 92.4 |
| RWG | WEST HERTFORDSHIRE HOSPITALS NHS TRUST | 91.5 | 93.7 | 93.7 | 93.4 | 93.8 |
| RKE | WHITTINGTON HEALTH NHS TRUST | 91.5 | 88.3 | 88.1 | 87.8 | 89.7 |
| RNS | NORTHAMPTON GENERAL HOSPITAL NHS TRUST | 91.4 | 91.5 | 91.4 | 91.7 | 90.3 |
| RTD | THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST | 91.4 | 90.7 | 90.7 | 90.6 | 90.6 |
| RTX | UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST | 91.4 | 90.6 | 90.9 | 91.0 | 92.1 |
| RWH | EAST AND NORTH HERTFORDSHIRE NHS TRUST | 91.3 | 92.7 | 92.6 | 92.6 | 92.6 |
| RD8 | MILTON KEYNES UNIVERSITY HOSPITAL NHS FOUNDATION TRUST | 91.3 | 94.0 | 93.8 | 93.3 | 93.6 |
| RWP | WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST | 91.3 | 92.8 | 92.7 | 92.5 | 92.4 |
| RBS | ALDER HEY CHILDREN'S NHS FOUNDATION TRUST | 91.2 | 91.2 | 91.3 | 89.4 | 91.2 |
| RM3 | SALFORD ROYAL NHS FOUNDATION TRUST | 91.2 | 91.3 | 90.7 | 66.8 | 90.2 |
| RXP | COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST | 91.1 | 91.0 | 90.9 | 91.6 | 92.8 |
| RLT | GEORGE ELIOT HOSPITAL NHS TRUST | 91.1 | 92.0 | 90.8 | 90.5 | 90.6 |
| RW5 | LANCASHIRE & SOUTH CUMBRIA NHS FOUNDATION TRUST | 91.1 | 90.0 | 92.2 | 58.2 | 59.4 |
| RN5 | HAMPSHIRE HOSPITALS NHS FOUNDATION TRUST | 90.9 | 92.4 | 92.3 | 92.3 | 92.3 |
| RGP | JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST | 90.9 | 92.0 | 91.3 | 95.1 | 95.0 |
| RWF | MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST | 90.8 | 90.8 | 90.8 | 90.9 | 91.9 |
| RBD | DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST | 90.7 | 90.0 | 90.4 | 90.8 | 91.0 |
| RXN | LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST | 90.7 | 93.1 | 93.1 | 93.2 | 93.0 |
| RJ7 | ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST | 90.7 | 89.9 | 90.0 | 90.4 | 90.6 |
| RGR | WEST SUFFOLK NHS FOUNDATION TRUST | 90.7 | 91.6 | 91.6 | 90.6 | 90.2 |
| RA4 | YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST | 90.7 | 89.5 | 89.2 | 88.7 | 90.2 |
| RF4 | BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST | 90.6 | 92.2 | 92.2 | 92.1 | 92.1 |
| RAJ | MID AND SOUTH ESSEX NHS FOUNDATION TRUST | 90.4 | 91.7 | 91.7 | 92.2 | 92.1 |
| R1C | SOLENT NHS TRUST | 90.4 | 91.5 | 91.4 | 91.8 | 91.5 |
| TAJ | BLACK COUNTRY HEALTHCARE NHS FOUNDATION TRUST | 90.2 | 89.9 | 89.9 | 90.2 | 90.6 |
| RFS | CHESTERFIELD ROYAL HOSPITAL NHS FOUNDATION TRUST | 90.2 | 90.1 | 89.4 | 88.9 | 88.6 |
| RRK | UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST | 90.2 | 91.3 | 91.2 | 90.9 | 91.0 |
| RJ8 | CORNWALL PARTNERSHIP NHS FOUNDATION TRUST | 89.9 | 89.2 | 89.7 | 88.9 | 89.9 |
| RDY | DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST | 89.8 | 89.9 | 88.1 | 89.6 | 89.8 |
| RAP | NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST | 89.8 | 90.1 | 91.1 | 91.4 | 91.5 |
| RDE | EAST SUFFOLK AND NORTH ESSEX NHS FOUNDATION TRUST | 89.7 | 90.2 | 89.9 | 90.5 | 90.8 |
| R1F | ISLE OF WIGHT NHS TRUST | 89.7 | 92.3 | 92.6 | 92.3 | 92.3 |
| RGN | NORTH WEST ANGLIA NHS FOUNDATION TRUST | 89.7 | 93.2 | 93.4 | 93.3 | 92.9 |
| RQX | HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST | 89.6 | 91.4 | 91.8 | 92.3 | 92.6 |
| RGD | LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST | 89.6 | 89.7 | 89.7 | 87.0 | 89.8 |
| RA3 | WESTON AREA HEALTH NHS TRUST | 89.6 | 87.5 | 87.3 | 87.6 | 87.5 |
| RXC | EAST SUSSEX HEALTHCARE NHS TRUST | 89.5 | 90.1 | 90.1 | 89.9 | 90.7 |
| TAH | SHEFFIELD HEALTH & SOCIAL CARE NHS FOUNDATION TRUST | 89.4 | 89.7 | 89.2 | 88.7 | 89.7 |
| RJC | SOUTH WARWICKSHIRE NHS FOUNDATION TRUST | 89.4 | 90.6 | 90.7 | 90.6 | 90.4 |
| RPA | MEDWAY NHS FOUNDATION TRUST | 89.3 | 84.7 | 85.7 | 86.2 | 84.9 |
| RFR | THE ROTHERHAM NHS FOUNDATION TRUST | 89.2 | 67.6 | 67.5 | 67.9 | 69.6 |
| RK5 | SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST | 89.1 | 89.7 | 90.0 | 89.8 | 90.1 |

| | | April-2021 | March-2021 | February-2021 | January-2021 | December-2020 |
|-------|--|-------------|-------------|---------------|--------------|---------------|
| | National Average | 81.0 | 83.0 | 85.3 | 83.0 | 82.3 |
| 8J084 | THE CELLAR TRUST | 89.1 | 85.3 | 83.9 | 83.8 | 84.1 |
| RWV | DEVON PARTNERSHIP NHS TRUST | 88.9 | 89.2 | 89.4 | 89.3 | 93.1 |
| RN3 | GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST | 88.9 | 90.2 | 90.5 | 90.1 | 90.5 |
| RJ2 | LEWISHAM AND GREENWICH NHS TRUST | 88.9 | 90.4 | 90.5 | 90.5 | 90.3 |
| RMP | TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST | 88.9 | 90.3 | 90.4 | 90.2 | 71.2 |
| RBZ | NORTHERN DEVON HEALTHCARE NHS TRUST | 88.8 | 88.2 | 87.9 | 88.2 | 89.0 |
| RAL | ROYAL FREE LONDON NHS FOUNDATION TRUST | 88.8 | 89.8 | 89.9 | 89.6 | 89.0 |
| RA9 | TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST | 88.7 | 88.3 | 88.2 | 88.3 | 89.0 |
| RQ3 | BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION TRUST | 88.6 | 90.0 | 92.5 | 92.4 | 92.3 |
| RK9 | UNIVERSITY HOSPITALS PLYMOUTH NHS TRUST | 88.6 | 91.4 | 91.3 | 91.7 | 91.4 |
| RBK | WALSALL HEALTHCARE NHS TRUST | 88.6 | 92.4 | 92.3 | 92.2 | 92.1 |
| RY5 | LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST | 88.5 | 88.3 | 87.3 | 87.5 | 88.5 |
| RLQ | WYE VALLEY NHS TRUST | 88.5 | 88.9 | 88.9 | 88.7 | 89.3 |
| RXR | EAST LANCASHIRE HOSPITALS NHS TRUST | 88.4 | 48.2 | 88.8 | 88.7 | 88.6 |
| R0A | MANCHESTER UNIVERSITY NHS FOUNDATION TRUST | 88.2 | 89.2 | 88.3 | 88.0 | 88.2 |
| RXA | CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST | 88.0 | 88.6 | 88.8 | 88.6 | 89.0 |
| RJ1 | GUY'S AND ST THOMAS' NHS FOUNDATION TRUST | 88.0 | 86.3 | 85.7 | 85.1 | 85.8 |
| R1D | SHROPSHIRE COMMUNITY HEALTH NHS TRUST | 88.0 | 84.7 | 83.8 | 84.1 | 84.1 |
| RP4 | GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST | 87.9 | 88.7 | 88.8 | 88.9 | 88.6 |
| RL4 | THE ROYAL WOLVERHAMPTON NHS TRUST | 87.8 | 89.7 | 90.2 | 90.6 | 90.2 |
| RXK | SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST | 87.7 | 91.1 | 88.0 | 89.4 | 88.5 |
| RW1 | SOUTHERN HEALTH NHS FOUNDATION TRUST | 87.5 | 88.5 | 88.2 | 87.9 | 88.2 |
| RN7 | DARTFORD AND GRAVESHAM NHS TRUST | 87.4 | 89.2 | 89.2 | 89.2 | 88.8 |
| REP | LIVERPOOL WOMEN'S NHS FOUNDATION TRUST | 87.3 | 87.6 | 87.6 | 87.5 | 87.2 |
| RWD | UNITED LINCOLNSHIRE HOSPITALS NHS TRUST | 87.3 | 88.7 | 88.7 | 89.3 | 89.3 |
| RY8 | DERBYSHIRE COMMUNITY HEALTH SERVICES NHS FOUNDATION TRUST | 87.1 | 87.3 | 87.1 | 88.1 | 86.3 |
| RJN | EAST CHESHIRE NHS TRUST | 87.1 | 88.5 | 88.5 | 88.7 | 88.4 |
| RTG | UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FOUNDATION TRUST | 86.8 | 88.1 | 87.3 | 86.9 | 87.0 |
| RVV | EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST | 86.1 | 61.9 | 62.8 | 62.1 | 63.7 |
| RH8 | ROYAL DEVON AND EXETER NHS FOUNDATION TRUST | 86.1 | 86.6 | 85.8 | 84.7 | 84.3 |
| RJR | COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST | 86.0 | 87.5 | 87.7 | 87.6 | 87.5 |
| RNN | NORTH CUMBRIA INTEGRATED CARE NHS FOUNDATION TRUST | 85.9 | 87.3 | 88.8 | 55.6 | 90.1 |
| RY9 | HOUNSLOW AND RICHMOND COMMUNITY HEALTHCARE NHS TRUST | 85.6 | 86.4 | 82.1 | 82.0 | 82.3 |
| RY2 | BRIDGEWATER COMMUNITY HEALTHCARE NHS FOUNDATION TRUST | 85.1 | 85.2 | 84.5 | 81.5 | 84.5 |
| RYY | KENT COMMUNITY HEALTH NHS FOUNDATION TRUST | 84.9 | 83.5 | 83.1 | 83.2 | 83.8 |
| RAT | NORTH EAST LONDON NHS FOUNDATION TRUST | 84.8 | 85.3 | 84.8 | 84.8 | 67.6 |
| RYW | BIRMINGHAM COMMUNITY HEALTHCARE NHS FOUNDATION TRUST | 84.7 | 56.3 | 55.3 | 38.9 | 83.3 |
| RA2 | ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST | 84.2 | 83.9 | 83.7 | 83.7 | 41.8 |
| RJ6 | CROYDON HEALTH SERVICES NHS TRUST | 84.0 | 85.1 | 84.8 | 83.9 | 82.1 |
| RDR | SUSSEX COMMUNITY NHS FOUNDATION TRUST | 84.0 | 83.9 | 83.8 | 82.5 | 84.8 |
| RRV | UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST | 83.9 | 86.0 | 86.0 | 86.0 | 85.5 |
| RYX | CENTRAL LONDON COMMUNITY HEALTHCARE NHS TRUST | 83.7 | 79.2 | 79.3 | 80.2 | 79.7 |
| RYG | COVENTRY AND WARWICKSHIRE PARTNERSHIP NHS TRUST | 83.7 | 84.0 | 84.2 | 84.2 | 82.9 |
| REM | LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST | 83.4 | 81.3 | 82.3 | 85.4 | 61.2 |
| RVR | EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST | 83.1 | 84.4 | 84.7 | 84.6 | 85.4 |
| RRF | WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST | 83.1 | 84.9 | 84.5 | 83.8 | 85.4 |
| RMC | BOLTON NHS FOUNDATION TRUST | 82.4 | 83.4 | 83.3 | 83.4 | 83.0 |
| RNU | OXFORD HEALTH NHS FOUNDATION TRUST | 81.9 | 82.4 | 82.8 | 82.8 | 83.1 |
| AAH | TETBURY HOSPITAL TRUST LTD | 81.7 | 80.3 | 80.9 | 81.6 | 82.3 |
| RPC | QUEEN VICTORIA HOSPITAL NHS FOUNDATION TRUST | 75.5 | 77.7 | 77.5 | 77.6 | 77.0 |

| | | April-2021 | March-2021 | February-2021 | January-2021 | December-2020 |
|-------|---|-------------|-------------|---------------|--------------|---------------|
| | National Average | 81.0 | 83.0 | 85.3 | 83.0 | 82.3 |
| RXH | BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST | 74.5 | 94.0 | 93.5 | 94.1 | 94.4 |
| 8JH27 | NORTHORPE HALL CHILD AND FAMILY TRUST | 73.8 | 74.9 | 73.6 | 73.6 | 73.5 |
| 8KM02 | BRATHAY TRUST | 70.5 | 70.1 | 66.5 | 68.1 | 68.0 |
| RV9 | HUMBER TEACHING NHS FOUNDATION TRUST | 67.8 | 93.4 | 93.2 | 67.0 | 67.1 |
| RW6 | PENNINE ACUTE HOSPITALS NHS TRUST | 60.9 | 67.8 | 93.7 | 80.1 | 94.6 |
| 8JJ35 | THE CLD TRUST | 55.7 | 55.7 | 56.2 | 55.5 | 55.4 |
| 8KF34 | THE TOBY HENDERSON TRUST LTD | 53.9 | 53.8 | 53.0 | 0.0 | 0.0 |
| A344 | BRIGHTON HOUSING TRUST | 53.4 | 50.8 | 52.8 | 52.9 | 53.2 |
| RY6 | LEEDS COMMUNITY HEALTHCARE NHS TRUST | 53.4 | 94.3 | 94.2 | 58.7 | 58.7 |
| RW4 | MERSEY CARE NHS FOUNDATION TRUST | 51.3 | 51.4 | 92.9 | 51.1 | 50.5 |
| RWX | BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST | 50.7 | 51.2 | 77.3 | 77.6 | 59.7 |
| RTV | NORTH WEST BOROUGHES HEALTHCARE NHS FOUNDATION TRUST | 48.4 | 48.4 | 88.9 | 48.3 | 48.5 |
| RTK | ASHFORD AND ST PETER'S HOSPITALS NHS FOUNDATION TRUST | 41.0 | 88.5 | 88.6 | 45.5 | 45.3 |
| RYV | CAMBRIDGESHIRE COMMUNITY SERVICES NHS TRUST | 39.6 | 39.6 | 13.9 | 39.7 | 39.8 |
| RP1 | NORTHAMPTONSHIRE HEALTHCARE NHS FOUNDATION TRUST | 36.5 | 91.5 | 92.8 | 92.8 | 92.3 |
| RY4 | HERTFORDSHIRE COMMUNITY NHS TRUST | 23.4 | 23.0 | 54.4 | 23.4 | 23.3 |
| RY7 | WIRRAL COMMUNITY HEALTH AND CARE NHS FOUNDATION TRUST | 6.3 | 6.3 | 82.2 | 6.3 | 6.3 |
| RYK | DUDLEY INTEGRATED HEALTH AND CARE NHS TRUST | 4.8 | 5.7 | 5.8 | 5.6 | 5.8 |
| RD3 | POOLE HOSPITAL NHS FOUNDATION TRUST | 0.0 | 76.2 | 76.4 | 77.3 | 76.2 |
| RT3 | ROYAL BROMPTON & HAREFIELD NHS FOUNDATION TRUST | 0.0 | 43.1 | 43.1 | 47.7 | 49.9 |
| RYF | SOUTH WESTERN AMBULANCE SERVICE NHS FOUNDATION TRUST | 0.0 | 0.0 | - | 0.0 | 0.0 |
| RDZ | THE ROYAL BOURNEMOUTH AND CHRISTCHURCH HOSPITALS NHS FOUNDATION TRUST | 0.0 | 77.0 | 77.3 | 77.1 | 76.1 |

Data source: [Data quality - NHS Digital](#)

Mental Health Urgent Care Helpline and Response Hub

Purpose of Report

To provide the Finance and Performance Committee with a progress update on development of the MH Helpline from the previous report submitted on 18 March.

Executive Summary

The paper updates from the previous report to the Committee on the ongoing provision of the 'MH Helpline and Support Services'.

The MH Helpline and Support Service is being provided in line with NHS England's Long-Term Plan and local commissioning intentions. The service is resourced by P3 voluntary sector primary call handlers and DHcFT clinical nursing staff providing a collaborative 24/7 all age open access crisis helpline and assessment support for people presenting in Crisis.

The service has been developed through a joint partnership with the Derbyshire Police and Crime Commissioner and Derby and Derbyshire CCG with DHcFT undertaking the lead provider role for service delivery. A Service Specification is in place with P3 on overall delivery and performance of the helpline detailing P3's role in supporting this provision.

Clinical pathways have been developed and agreed with all DHcFT adult and Children and Young People's (CYP) clinical services alongside wider system partners for advice, support and referrals to the helpline as well as onward referrals to MH services across Derbyshire where necessary. Joint links are in place for NHS 111 referrals to the helpline for advice and support as an alternative to Emergency Department (ED) admissions. Work is ongoing with Police to improve referrals to the helpline supporting reduction of Section 136 admissions. Similar work is being undertaken with East Midlands Ambulance Service (EMAS) to reduce conveyance to ED by ambulance services for patient presenting with a mental health problem.

Referral pathways and protocols have been developed and agreed with the new Crisis Alternatives Safe Haven in Derby for provision of psychological and brief intervention support for callers to the helpline and further plans are in the pipeline for provision of additional Crisis Café's across Derbyshire providing additional avenues for onward referral and support. An Adult Directory of Services is being developed within the existing CYP Emotional Health and Wellbeing (EH&W) website for use by the helpline staff to signpost/refer callers to wider mental health and community support.

Strategic Considerations

| | |
|---|---|
| 1) We will deliver great care by delivering compassionate, person-centred innovative and safe care | X |
| 2) We will ensure that the Trust is a great place to work by 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 MH Urgent Care Programme Steering Group oversees governance and assurance of the MH Helpline and Support Services under the system partnership 'Mental Health, LD&A Systems Delivery Board' on key deliverables and targets.

DHcFT internal assurance of the Helpline is provided through normal operational reporting to the Trust Executive Leadership team.

A system partnership MH Helpline/Crisis Alternatives Operational group involving wider system stakeholders, Local authorities and voluntary sector representatives oversees wider collaboration, monitoring and performance at service delivery level as the helpline continues to develop.

Consultation

- Consultation has been undertaken with regulators, commissioners and partners as part of the development of the MH Helpline and Support Services.
- Wider engagement and collaboration is ongoing with external partners, including Police, EMAS, Social Care and voluntary sector and service users as the service develops.
- Carer and user feedback alongside input from users with lived experience forms a core aspect of the services development.

Governance or Legal Issues

DHcFT agreed to take the role as 'Lead Provider' to commission the additional P3 and DHCFT clinical workforce required to deliver a 24/7 mental health, all age, open access helpline against the aims and requirements set out within the LTP. DHCFT hold responsibility for delivery of this service specification in partnership with all commissioning bodies (PCC and CCG) from April 2021.

A Service Specification between DHcFT and P3 Charity outlining the role of the MH helpline and Support Services in achieving the aims of the LTP, including performance and delivery of KPI's has been agreed and signed by both parties from the 1 April 2021. A Draft MoU has been developed and is currently out for consideration with the CCG and PCC.

Ongoing governance of the Mental Health Helpline and Support Services is overseen internally within DHCFT through the Trust Executive Leadership Team/Incident Management Team. External governance and oversight is through the MH Urgent Care Steering Group reporting directly to the Mental Health, LD and Autism System Delivery Board.

1. Background

The aims of the MH Crisis Helpline set out within the NHS Long Term Plan is establishment of a 24/7 open access telephone lines for urgent NHS mental health support, advice and triage, and through which people of all ages can access the NHS urgent mental health pathway/further support if needed. Following the first Covid-19 pandemic surge in March 2020 the service through use of redeployed staff within the Trust was developed to meet that need. In July 2020 the helpline moved to 24/7 provision and following agreement on funding to support additional DHcFT clinical and P3 voluntary sector staffing the helpline further developed as a standalone service with all redeployed staff moving back to their substantive roles.

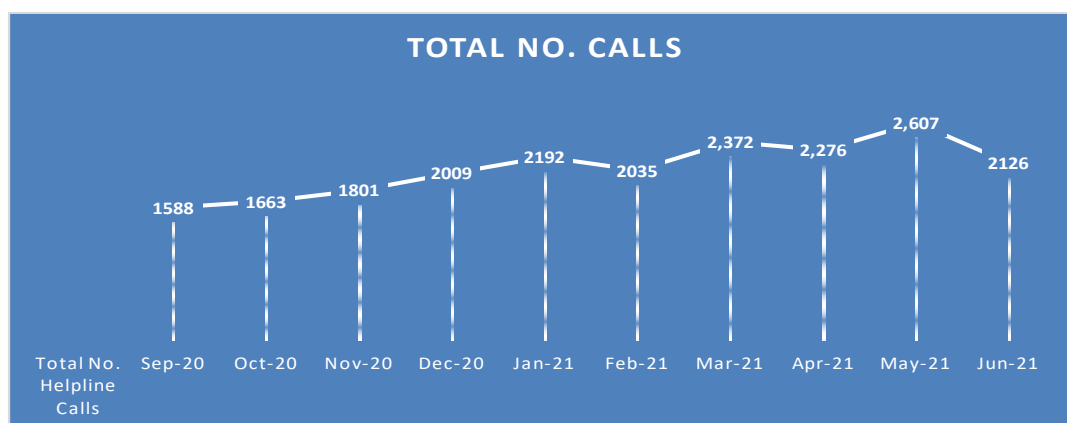
The helpline provides support to people with a wide range of backgrounds presenting with MH issues, including CYP, LD and ASD. External professionals calling the helpline are provided with expert guidance from the clinical team when supporting people presenting in a mental health crisis. In addition, joint face to face MH triage/assessment and support is offered to blue light services (Police/EMAS) that are on site with persons presenting with a mental health crisis.

The Mental Health Helpline operates as part of a wider Urgent Care Programme in transforming urgent mental health care. The Crisis Line works as part of Urgent Care pathway in collaboration with developments in Crisis and Crisis Alternative Services alongside systems partners aimed at enabling urgent care services to provide a joined-up system response to people with mental health problems when they present to services.

2. MH Helpline and Support Services Performance

Feedback Helpline service users to date remains highly positive and the early data is showing that the service is achieving against the aims set out within the NHS Long Term Plan.

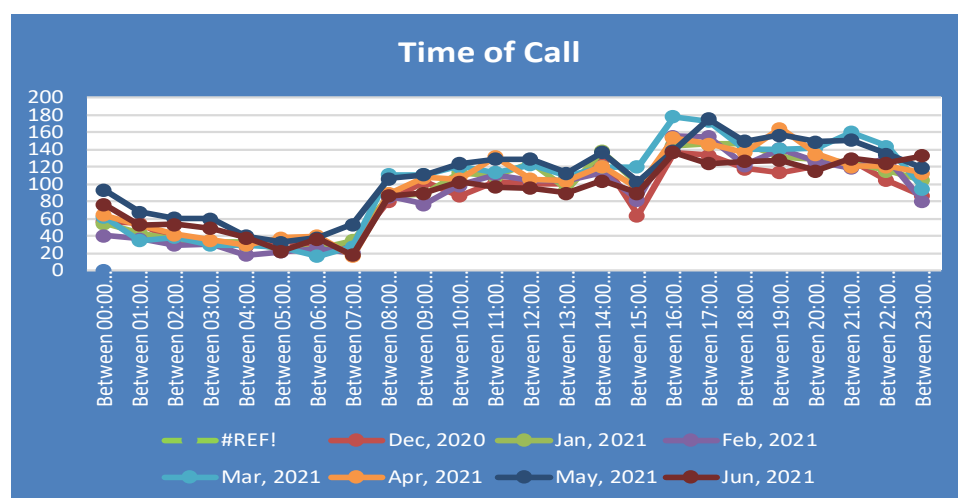
Since the last reported position in March calls to the helpline have continued to increase. Over the ten month period from Sept 2020 to June 2021 the helpline received just under 20,700 calls. The highest number of recorded calls were in May with 2,607 calls with a drop off in June to 2,126 calls in month.



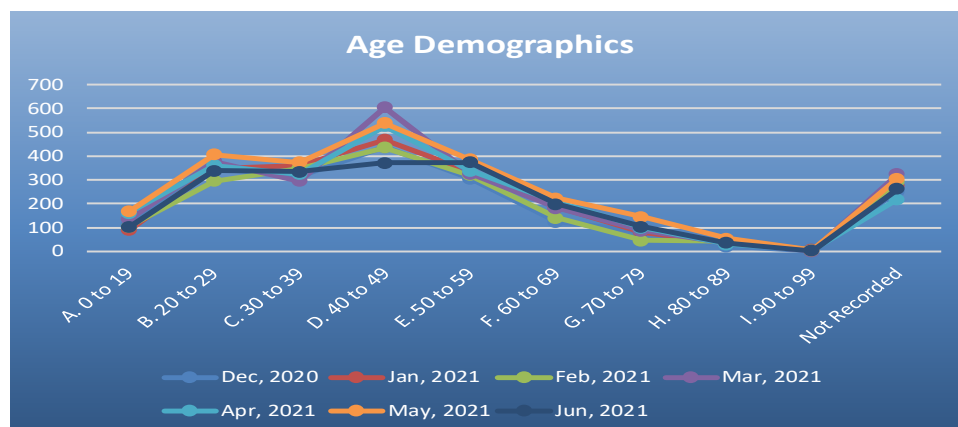
The majority of calls coming through to the helpline remain self-referrals. Continued collaboration with the police has seen an increase in calls to the helpline from the police to over 200 calls per month. Work with NHS 111 First service over the last quarter has seen an increase in 'warm transfers' to the helpline as opposed to a referral to ED. Calls from EMAS increased during April and May but has seen a reduction in calls during the month of June. This may be consistent in the overall drop off in calls to the helpline during June. Calls from parents/concerned others regards CYP dropped in June from the May period and calls from young people's services remain low.

| Referral Source | Dec, 20 | Jan, 20 | Feb, 20 | Mar, 20 | Apr, 20 | May, 20 | Jun, 20 |
|--------------------------|---------|---------|---------|---------|---------|---------|---------|
| AMHP | 4 | | 2 | | 3 | | |
| CARER | 88 | 67 | 44 | 28 | 17 | 17 | 15 |
| EMAS | 66 | 57 | 60 | | | | |
| EMAS CAT | | | | 6 | 12 | 11 | 8 |
| EMAS ON SCENE | | | 8 | 56 | 93 | 75 | 44 |
| GP | 12 | 5 | 3 | 7 | 2 | 3 | 3 |
| NHS 111 | 127 | 149 | 108 | | | | |
| NHS 111 ROUTINE | | | 7 | 34 | 17 | 22 | 14 |
| NHS 111 WARM TRANSFER | | | 16 | 111 | 157 | 186 | 111 |
| NHS OTHER | 12 | 11 | 12 | 22 | 16 | 20 | 14 |
| Not Defined | | | 19 | 35 | 16 | 41 | 42 |
| OTHER | 173 | 162 | 108 | 30 | 20 | 24 | 5 |
| PARENT/CONCERNED OTHER | | | 12 | 118 | 122 | 105 | 110 |
| PARTNER/HUSBAND/RELATIVE | | | 17 | 62 | 54 | 72 | 50 |
| POLICE - 136 | 7 | 11 | 9 | 10 | 11 | 13 | 7 |
| POLICE - GENERAL | 217 | 208 | 171 | 179 | 172 | 234 | 201 |
| SELF-REFERRAL | 1,293 | 1,510 | 1,428 | 1,658 | 1,549 | 1,735 | 1,492 |
| SOCIAL CARE | 2 | 4 | 2 | 5 | 2 | 7 | 2 |
| THIRD SECTOR | 7 | 8 | 9 | 10 | 12 | 11 | 6 |
| YOUNG PEOPLES SERVICE | 1 | | | 1 | 1 | 1 | 2 |

The time of calls received over the first quarter remain consistent with previous quarter, with the majority of calls coming between 7am to 11pm at night. There was a slight increase recorded from calls coming through at night-time due to recruitment of additional overnight P3 cover.



Age demographics of callers to the helpline also shows a fairly consistent picture with the main calls coming through from the 20yrs-59yr age groups. shows a wide variation of calls coming through to the helpline with the main cohort of calls coming from those aged between 20yrs to 59yrs age groups.



Ethnic breakdown of calls shows that the majority of calls received by the helpline over the period were received from those who described their background as white British. 6.5% of all callers where ethnicity has been identified came from BME groups and it is recognised more work needs to be done to target specific communication to raise the awareness of the benefits provided by the helpline to BME groups. A communication workstream is in place with the Community Mental Health Framework Living Well programme to develop a communication strategy to improve access from BME and other as risk groups. A high number of calls remain recorded as 'not known' or 'patient refused' and additional training is being implemented to support the helpline staff in asking and recording ethnicity alongside other demographics. It is recognised however, given the nature of the helpline as a confidential crisis and wellbeing helpline that callers retain the right to refuse to provide this information if they wish to do so.

| Ethnicity | Nov, 202 | Dec, 202 | Jan, 202 | Feb, 202 | Mar, 20 | Apr, 20 | May, 20 | May, 20 | Jun, 20 |
|---------------------------------|----------|----------|----------|----------|---------|---------|---------|---------|---------|
| ASIAN/ASIAN BRITISH - INDIAN | 1 | 8 | 6 | 5 | 12 | 1 | 1 | 1 | |
| ASIAN/ASIAN BRITISH - OTHER | 2 | 4 | 3 | 2 | 2 | 19 | 7 | 7 | 14 |
| ASIAN/ASIAN BRITISH - PAKISTANI | 7 | 7 | 23 | 34 | 60 | 12 | 7 | 7 | 9 |
| BLACK/BLACK BRITISH - AFRICAN | | 5 | | 2 | 3 | 18 | 43 | 43 | 29 |
| BLACK/BLACK BRITISH - OTHER | | 4 | 2 | 2 | | 6 | 3 | 3 | 4 |
| BLACK/BLACK BRITISH - CARIBBEAN | 2 | | 6 | 3 | 4 | 6 | 4 | 4 | 3 |
| CHINESE | | 4 | | 2 | | 4 | 8 | 8 | 9 |
| MIXED - ANY OTHER | 2 | 2 | 4 | 6 | 10 | 2 | | | |
| MIXED - WHITE & ASIAN | 1 | 7 | 2 | 3 | 4 | 9 | 16 | 16 | 11 |
| MIXED - WHITE & BLACK AFRICAN | 1 | | 1 | | | 8 | 6 | 6 | 5 |
| MIXED -WHITE & BLACK CARIBBEAN | 1 | 9 | 5 | 4 | 8 | 1 | | | 1 |
| Not Defined | 122 | 858 | 848 | 550 | | 12 | 18 | 18 | 11 |
| NOT KNOWN | 3 | 10 | 24 | 15 | 10 | 19 | 16 | 16 | 13 |
| OTHER ETHNIC GROUP | 8 | 14 | 12 | 17 | 31 | 17 | 19 | 20 | 17 |
| PATIENT REFUSED | 75 | 144 | 139 | 375 | 643 | 485 | 660 | 667 | 500 |
| WHITE - IRISH | | 4 | 14 | 3 | 7 | 2 | 12 | 12 | 10 |
| WHITE - OTHER | 6 | 19 | 18 | 8 | 27 | 35 | 43 | 43 | 27 |
| WHITE- BRITISH | 178 | 910 | 1,085 | 1,004 | 1,551 | 1,620 | 1,714 | 1,736 | 1,463 |

Reasons for calls to the helpline continue to vary, with the primary calls relating to General Anxiety/Low Mood or advice. Over the months of April and May there was a noted rise in callers expressing suicidal thoughts and links have been made with the Suicide Prevention Partnership highlighting this rise in incidences.

| Reason for call | Nov, 202 | Dec, 202 | Jan, 202 | Feb, 202 | Mar, 202 | Apr, 202 | May, 20 | Jun, 20 |
|--------------------------------|----------|----------|----------|----------|----------|----------|---------|---------|
| ADVICE | 142 | 575 | 623 | 659 | 660 | 576 | 643 | 600 |
| COVID RELATED ANXIETY/SYMPTOMS | 5 | 33 | 55 | 30 | 24 | 19 | 11 | 14 |
| GENERAL ANXIETY / LOW MOOD | 104 | 645 | 723 | 635 | 855 | 866 | 1,081 | 828 |
| HARM TO OTHERS | | 4 | 3 | 3 | 3 | 6 | 10 | 6 |
| MISSING PERSON | 1 | 9 | 3 | 8 | 2 | 13 | 11 | 11 |
| Not Defined | 8 | 75 | 78 | 32 | | | | |
| ORGANIC | 1 | 5 | 12 | 2 | 5 | 4 | 6 | |
| P3 FOLLOW UP | | 15 | 8 | 14 | 28 | 44 | 37 | 11 |
| PARENT | | | 1 | 2 | 11 | 5 | | |
| PROFESSIONAL ADVICE | 41 | 140 | 154 | 181 | 222 | 219 | 264 | 243 |
| PSYCHOTIC | 5 | 26 | 45 | 33 | 55 | 47 | 30 | 25 |
| RELATIVE | | | 4 | 8 | 10 | 5 | | |
| SAFEGUARDING | 1 | 1 | | 2 | 1 | 1 | 4 | 7 |
| SELF HARM | 20 | 59 | 57 | 51 | 45 | 61 | 55 | 47 |
| SUICIDAL THOUGHTS | 23 | 230 | 262 | 218 | 272 | 303 | 333 | 260 |
| THIRD PARTY CALLER | 13 | 38 | 26 | 17 | 37 | 8 | | |
| WRSNNG KNOWN MENTAL HLTH PROB | 45 | 154 | 138 | 140 | 142 | 99 | 92 | 74 |

A high number of calls received continue to be de-escalated through advice and guidance by P3 staff. Activity data has been further split to note where calls were escalated by P3 to the Clinical Nursing team within the helpline (Telephone-Advice and Guidance) to provide better understanding of where further clinical support was required.

| Outcome of call | Nov, 202 | Dec, 202 | Jan, 202 | Feb, 202 | Mar, 202 | Apr, 202 | May, 20 | Jun, 20 |
|--------------------------------|----------|----------|----------|----------|----------|----------|---------|---------|
| 136 | | 5 | 3 | 10 | 5 | 5 | 7 | 8 |
| 999/Emergency Services | 5 | 31 | 44 | 31 | 39 | 39 | 35 | 36 |
| Advised self referral To IAP | 13 | 71 | 82 | 74 | 71 | 53 | 46 | 28 |
| Arrested/custody | | | 1 | 1 | 2 | 1 | 1 | |
| Back To GP | 18 | 99 | 93 | 95 | 54 | 37 | 64 | 37 |
| CAMHS Referral | | 1 | | | | | | |
| CMHT Referral | | | | 2 | 3 | | | 1 |
| ED | 5 | 15 | 15 | 12 | 15 | 16 | 17 | 14 |
| | | | | | | 1 | | |
| No Further Action | 45 | 281 | 318 | 207 | 253 | 217 | 224 | 215 |
| Not Defined | 46 | | | | | | | |
| P3 Telephone - advice/guidance | | | | 4 | 1,009 | 1,154 | 1,268 | 1,243 |
| Professional advice/guidance | | | | 19 | 188 | 245 | 308 | 245 |
| Refer For Admission | 1 | | | | | | | |
| Refer For MHA Assessment | | 2 | | | | | | |
| Refer to clinician | | | 16 | 26 | 25 | 33 | 34 | 28 |
| Refer To P3 Finance / Housing | | | 1 | 2 | 4 | | 1 | |
| Refer to P3 worker | | | | 3 | 5 | 3 | 5 | |
| Referred to Crisis & HT | 1 | 9 | 7 | 6 | 7 | 3 | 2 | 1 |
| Referred To Safe Haven | 4 | 22 | 17 | 12 | 32 | 26 | 36 | 39 |
| Reqd Face To Face Assmnt MHTH | | 1 | 1 | 1 | 2 | 1 | 6 | 2 |
| Self Help | 23 | 122 | 109 | 69 | 73 | 33 | 23 | 11 |
| Signpost 3rd Sect Employment | | 1 | 3 | | | | | |
| Signpost 3rd Sect Homelessness | | | | | 1 | | | |
| Signpost 3rd Sect Subs Misuse | 1 | 9 | 14 | 3 | 5 | 8 | 4 | 3 |
| Signposted To Third Sector | 10 | 64 | 33 | 58 | 44 | 26 | 22 | 9 |
| Social Care | 1 | 4 | 9 | 9 | 7 | 9 | 11 | 5 |
| Telephone - advice & guidance | 236 | 1,270 | 1,422 | 1,372 | 511 | 364 | 460 | 200 |
| Telephone assessment | | | 3 | 3 | 3 | 1 | 1 | 1 |
| Unmet Needs | | 2 | 1 | 16 | 14 | 1 | 2 | |

Improved recording of activity through PARIS has identified several frequent callers to the helpline where individual callers have called the helpline more than once in any given month. This has identified where callers in some cases have called the helpline on more than one occasion and, in some cases, more than 100 times during a given month. Whilst numbers are low in cases where the number of calls is significantly high the accumulation of calls from frequent callers presents a high level of calls to the helpline which can be in the region of 800 -1,000 calls per month. It has also been recognised that many of those in the frequent caller cohort are high users of other mental health services. Work is being undertaken within the helpline to identify on a case-by-case basis alternative support or interventions within the voluntary or community sector that may reduce reliance on the helpline and other mental health/other health services over time.

| No of Calls | Dec, 2020 | Jan, 2021 | Feb, 2021 | Mar, 2021 | Apr, 2021 | May, 2021 | Jun-21 |
|----------------|-----------|-----------|-----------|-----------|-----------|-----------|--------|
| 2 - 4 Calls | 186 | 197 | 204 | 223 | 217 | 231 | 212 |
| 5 - 9 Calls | 22 | 30 | 32 | 28 | 43 | 39 | 31 |
| 10 - 14 Calls | 11 | 10 | 10 | 16 | 9 | 12 | 8 |
| 15 - 19 Calls | 2 | 7 | 5 | 1 | 3 | 3 | 3 |
| 20 - 29 Calls | | 2 | 2 | 3 | 4 | 3 | 4 |
| 30 - 39 Calls | | 1 | | 3 | 2 | 2 | 1 |
| 40 - 49 Calls | 1 | | 1 | | 3 | 7 | 1 |
| 50 - 59 Calls | | | | 2 | | 1 | 1 |
| 60 - 99 Calls | 1 | 1 | | 1 | 1 | 1 | 0 |
| Over 100 Calls | | | 1 | 1 | 1 | 2 | 2 |

3. Costs/Staffing/Location/Operating Hours

3.1 Service Costs

The following table provides an outline of the annual recurrent costs for MH Helpline & Support Services in providing a 24/7 Open Access Helpline hub staffed by both P3 Charity and DHcFT Clinical Nursing staff.

| Mental Health Helpline | |
|--|------------------|
| Workforce Group | Costs £ |
| 2019/20 NHSEI & CCG Income DHcFT Clinical Workforce (Phase 1 MHTH) | 890,312 |
| 2019/20 P3 Voluntary Sector Workforce costs. (Phase 1 MHTH) | 170,001* |
| 2020/21 additional DHcFT Clinical Workforce uplift (Covid-19 related Phase 2) | 464,482 |
| 2020/21 additional P3 voluntary Sector Workforce uplift (Covid-19 related Phase 2) | 394,970 |
| | |
| Total Recurrent Costs | 1,749,764 |
| * Jointly funded through OPCC & CCG | |

Note: Additional capital and recurrent costs for equipment/network and facilities management for to relocation to the new premises at Ripley has been excluded at this point as full costs will be added once the team move to the new base at Ripley Town hall.

3.2 Staffing

The service is staffed by P3 voluntary sector staff as primary call handlers with clinical and assessment support provided by DHcFT nursing staff.

DHCFT clinical nursing staff provide clinical support and advice to the P3 call handlers where a call is escalated or when a professional call comes through to the helpline e.g. Police, GP, etc. Where additional MH support is identified at initial triage by the P3 call handler calls will be escalated to the clinical nursing team who will undertake further telephone or face to face assessment of the callers needs to identify the appropriate clinical pathway, including linking with safe haven crisis alternatives as an alternative to ED attendance or Section 136 detention.

P3 Staffing:

| | | |
|--|-----------|---|
| Derbyshire Federation CYP worker 3.0wte | 3 in post | |
| P3 including senior and manager 9.0 wte (days) | In post | 1 x vacant post |
| P3 nights 2.0wte | 2 in post | 0 vacancies though not 100 % cover due to annual leave and sickness |

DHCFT staffing:

| | | | |
|-------------------------------|--|--|---|
| Band 7 service manager 1.0wte | In post | | |
| Band 7 Clinical Lead 4.0 wte | 3 in post 1 vacant, covered by secondment | | New starter to commence 2 August |
| Band 6 14.7 wte | 6.4 in post 8.3 vacant | 2.2 wte agency nurse cover being provided, have requested 5.0 wte however agency equally struggling to provide. | 2 for interview 9 July Rolling advert in place |
| Band 3 admin 1.0 wte | In post | | |

3.3 Location

The MH Helpline remains based at the Hartington Unit at Chesterfield Royal Hospital on an interim basis whilst the premises on the ground floor of the Town Hall, Ripley is being developed. The move of the team to Ripley Town Hall has been set for week beginning Monday 12 July, 2021 so it is hoped the team will be in place at the time of reading this report.

3.4 Current Service times

The service operates all year, 24hrs a day, 7 days a week. The helpline operates on a three-shift pattern staffed by both P3 voluntary and clinical staff.

3.5 Contact and Referral processes

The service operates a Freephone 0800 helpline number as well as an alternative helpline number for professionals,

Contacts and referrals are made directly to the helpline through self-referral, carers or from professional services, e.g. Police, EMAS, DHU 111, Call Derbyshire, OOH GP Service, CareLink and other Health and Social Care professionals, to the team.

3.6 Onward Referrals

Clinical pathways have been developed with all clinical services, including Adult MH, Older Adult MH, Learning Disability Services and CYP in both the north and south of the county.

Onward referrals are also made to a range of external community support, services, self- help /management groups, voluntary sector support, GP's and crisis and emergency services dependent on the needs of the caller to the helpline.

Direct pathways and collaborative working arrangements are in place in and out of the Crisis Alternative 'Safe Haven' in Derby city, which provides alternative pathways for de-escalation of immediate crisis and access to peer support

4. Risks

1. Staffing

The helpline continues to experience risks due to the number of vacancies within the services. The service is currently carrying eight vacancies and is currently utilising Bank and Agency staff for cover whilst recruitment is ongoing. A number of different initiatives are being employed to recruit new staff to the services including job share, part time roles and recruitment of staff with different skill mix.

Whilst this is having some success recruitment remains challenging due to the high number of recruitment opportunities available across the region within a small pool of clinical staff.

2. Face to Face Assessments

Whilst much work has been done to build collaborative working practices in increasing calls to the helpline from the Police and EMAS the withdrawal of the paramedic support in April 2020 has resulted in ongoing challenges in providing a street assessment. There is a continued gap in having the necessary resources in place to support Face-to-Face assessments in the community and blue light services remaining on site to support the nurse undertaking the assessment. This has resulted in requirement for two clinical staff to attend street assessments due to lone working, which has created difficulties in providing cover in the helpline. The lack of joint provision in the community has resulted in a number of avoidable s136 detentions and conveyance to ED in cases where a street assessment being undertaken may have resulted in an admission avoidance.

A paper has been drafted for discussion with Police and EMAS colleagues at the next MH Urgent Care Steering group to begin discussions on identifying resources and solutions.

Recommendations

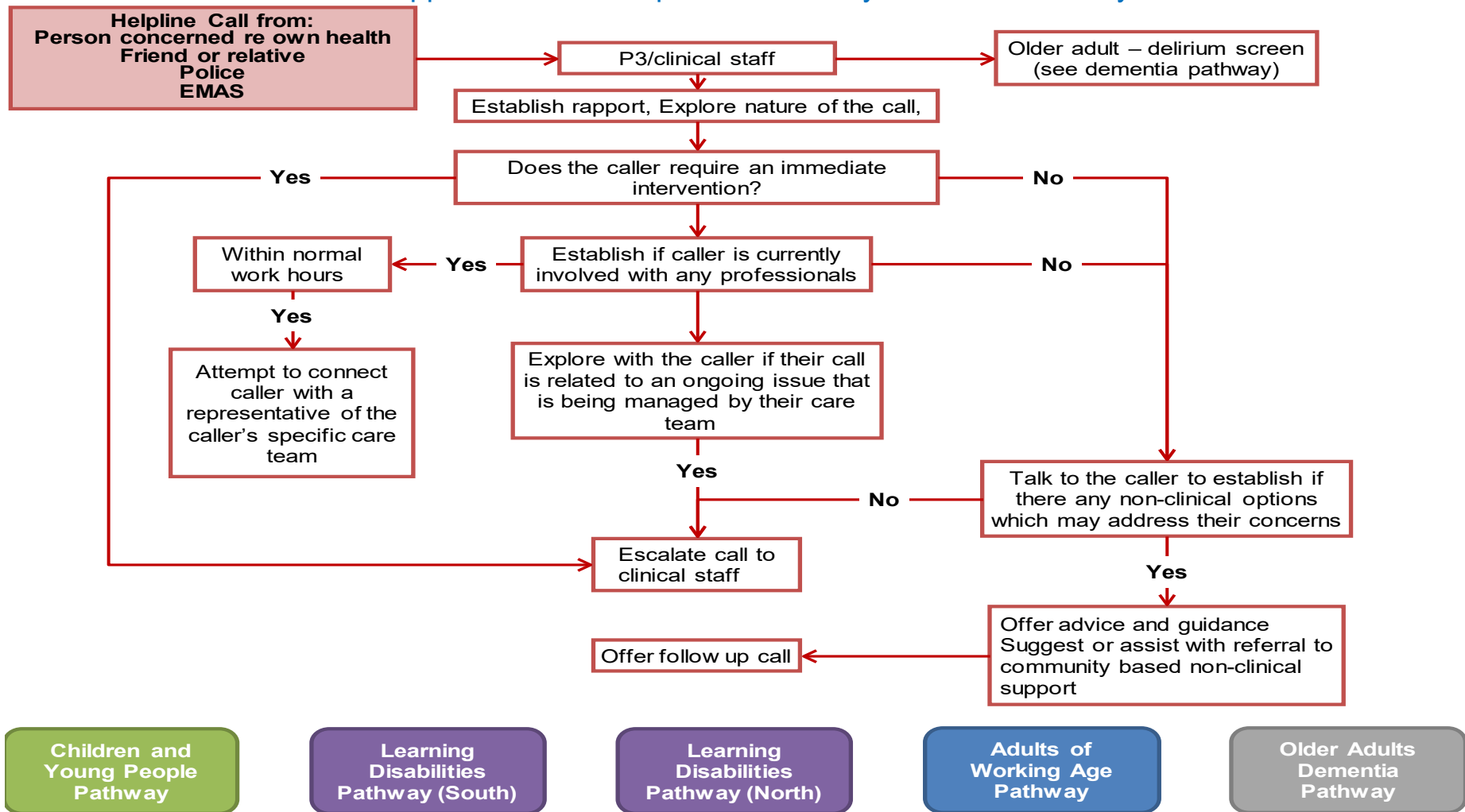
The Finance and Performance Committee is requested to **NOTE** the contents of this paper and update on the position of the Mental Health Helpline and Support Services.

**Report presented by: Ade Odunlade
Chief Operations Officer**

**Report prepared by: Fiona White
Area Service Manager, Assessment Services**

**Patrick Ryan
Programme Manager Acute Transformation.**

Appendix 1- MH Helpline Community & Clinical Pathways



WRES and WDES 2020-21 submission update

Purpose of Report

To update the Trust Board on progress with the work on the 2020-21 Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) submissions.

To request Board delegated authority for the People and Culture Committee (PCC) meeting to approve the submissions for 30 September and 31 October deadlines respectively at the meeting of the Committee on 21 September 2021.

Executive Summary

The WRES is a set of evidence-based indicators that compare the workplace experience of Black and Minority Ethnic (BME) staff and white staff. The WDES compares the workplace experience of staff living with disabilities or long-term conditions and non-disabled staff.

NHS organisations must submit the WRES and WDES datasets to NHS England by 31 August 2021. The WRES dataset and corresponding action plan must then be published on the Trust's public-facing website by 30 September 2021. The deadline for the WDES dataset and action plan submission is a month later, on 31 October 2021. Finally, the completed reports must then be shared with commissioners as part of the quality schedule.

The datasets are on track to be submitted by 31 August 2021 deadline. The datasets have been presented to the BME and Disability and Wellness Staff Networks, the Executive Leadership team, the Trust's WRES Expert and the Equality, Diversity and Inclusion group. This engagement has facilitated the first drafts of the action plans to be prepared. The final iterations for both the WRES and WDES are to be presented to the People and Culture Committee on 21 September 2021 for final approval before being published before the WRES submission deadline of 30 September 2021.

Our strategic approach is about developing our inclusive culture with our leadership and recruitment strategies. A major part of this is the Cultural Intelligence programmes with Above Difference. The Trust's programme starts in September 2021 and will focus specifically on inclusive leadership and culture, and the system-wide pilot is focusing on the processes and practices around recruitment, retention and progression.

We are augmenting these programmes with high impact actions that can be delivered and tracked at an organisational level, and that also deliver against the priorities outlined at a regional and national level, including the Midlands Workforce Race Equality and Inclusion Strategy, the Six High Impact Actions to Overhaul Recruitment and Promotion Practices and the NHS People Plan for 2020/21.

Alongside engagement with our Staff Networks and Executive Leadership team, this approach will drive the actions set out in the 2020/21 WRES and WDES action plans. Over the last year, we have been on a journey to embed inclusive practice and integrated decision-making across the Trust:

- The new people operating model with four delivery groups includes representatives from Staff Networks, operational and medical colleagues and staff-side.
- The Cultural Intelligence Programme is due to launch with the Board on 15 September 2021. This is an exciting first step for all staff in the Trust to take part in an organisational programme to embrace and celebrate cultural difference.
- Representatives from a BME background and with a disability or long-term condition attended the Incident Management Team meetings during the COVID-19 pandemic to ensure underrepresented voices are included in decision-making.
- An engaging programme of events has been designed in collaboration with our Staff Networks on a Gold, Silver and Bronze scale to celebrate and embrace diversity throughout the year.

All of these actions contribute to our overall aim to:

- Be a place where people are proud to work and grow
- Have people first leadership
- Be an inclusive vibrant culture for all
- Be a healthy place to work and thrive

The Board of Directors will receive the WRES and WDES updates on 2 November 2021 meeting, with key areas for improvement and approved action plans.

| 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

Delivery against the action plans for the WRES and WDES is monitored by the Executive Leadership team and the Equality, Diversity and Inclusion group.

Consultation

Consultation to date has included ongoing engagement with the Executive Leadership team, the Trust's WRES Expert, the BME Network, the Disability and Wellness Network and the Equality, Diversity and Inclusion group.

Governance or Legal Issues

- Reporting the WRES and WDES is a mandatory requirement of the NHS Standard Contract. The Trust is required to submit the WRES and WDES datasets to NHS England by 31 August 2021.

The WRES dataset and action plan must be published on the Trust's external website by 30 September 2021. The WDES dataset and action plan must be published by 31 October 2021.

- Undertaking the WRES and WDES demonstrates the Trust's commitment to the Equality Act 2010 and the Public Sector Equality Duty.

Public Sector Equality Duty and Equality Impact Risk Analysis

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

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

The WRES and WDES provide an overview of the workplace experiences for our Black and Minority Ethnic (BME) staff and our staff with disabilities and/or long-term conditions. Though only covering two of the protected characteristics, the WRES and WDES also gives us an idea of our overall workplace culture for all staff, including rates of bullying, harassment and abuse against staff and perceptions of opportunities for career progression, among others.

The national WDES data analysis for all NHS Trusts in England highlights the disparity in workplace experience between disabled and non-disabled staff.

Disabled NHS staff are:

- More likely to experience harassment, bullying or abuse
- More likely to feel pressured to come to work, despite not feeling well enough
- Less likely to feel they have equal opportunities for career progression or promotion
- Less likely to feel valued for their contribution to the organisation.

Source: [WDES Technical Guidance 2021](#)

The national WRES data analysis for all NHS Trusts in England highlights:

- Just 40.7% of BME staff believed that their organisation provides equal opportunities for career progression or promotion compared to 88.3% for white staff.

- WRES indicators relating to perceptions of discrimination, bullying, harassment and abuse, and on beliefs regarding equal opportunities in the workplace, have not improved since the introduction of the WRES in 2016.
- There has been year on year fluctuation on the likelihood of appointment from shortlisting for BME and white staff, but no overall improvement.

Source: [WRES 2020 Data Analysis Report](#)

Monitoring the WRES and WDES annually allows the Trust to assess the impact of targeted actions to create a more inclusive culture. This is achieved alongside further reporting requirements such as the Race Disparity Ratio that give a more in depth understanding of the workplace experience for BME staff, as well as progress against the actions set out in the Midlands Workforce Race Equality and Inclusion Strategy.

The actions as part of the WRES and WDES action plans will be further enhanced by the Trust's investment in the Cultural Intelligence programme starting in September 2021, as well as the system-wide pilot into developing culturally intelligent recruitment practices. This is also expected to have a positive impact on intersectional staff with other protected characteristics.

The WRES and WDES will also drive improvements for BME and Disabled patients and their care, as it encourages the development of a more diverse, empowered and valued workforce, and a better understanding of race and disability equality across the NHS workforce.

Recommendations

The Board of Directors is requested to give delegated authority to People and Culture Committee on 21 September 2021 to approve the 2020-21 WRES and WDES submissions.

Report presented by: **Jaki Lowe**
Director of People and Inclusion

Report prepared by: **Clare Meredith**
Equality, Diversity and Inclusion Advisor

2021/22 Flu Vaccination Programme

Purpose of Report

The report is to provide an overview of the organisation's approach to the Flu campaign 2021/22. The written instruction has been received for the organisation and the national teams' expectations have been clarified for this year's campaign. The paper outlines the necessary steps to achieving the vaccination of frontline healthcare workers for Derbyshire Healthcare NHS Foundation Trust (DHCFT) to reach the minimum expectation of 100% offered and 85% vaccinated.

Executive Summary

Flu programme updates

The Flu delivery programme is scheduled to commence from 4 October 2021. DHCFT has ordered the QIVc flu vaccination this year as it has wide age profile (accommodates those who are 65+ years) and is free of egg products. DHCFT are exploring whether the programme can be jointly delivered by DHCFT and Derbyshire Community Health Services NHS Foundation Trust (DCHS) in a partnership working model using a Memorandum of Understanding to address some the specific events of the written instruction. This will enable both organisations to provide an optimised response and focus efforts and resources across Derbyshire in mutually advantageous way to deliver the vaccination programme.

The opportunities to have pop up clinics in high traffic areas (delivered in a COVID secure way) is also being explored as this has been successful with staff from previous campaigns.

We have evolved the IT system as we have progressed and used regular debriefs and huddles to identify areas for learning an improvement.

The reporting system enables live reporting, allowing internal oversight of how many vaccines have been undertaken, how many are booked and who has attended to optimise performance and address any gaps.

The Winter Readiness approach is a universal support offer and incentivisation has been consciously discounted due to negative feedback from previous campaigns and to avoid unintended consequences of any conflation of the NHS Consultation for mandatory vaccination anticipated in coming weeks.

Performance will be monitored through divisional oversight and engagement with support from the Flu leadership team. Engagement events and targeted adjustments will be accommodated in response to feedback.

Patient vaccine updates

Public Health England (PHE) are working with the Trust's clinicians and services to explore the potential to provide vaccinations to clients who work with substance misuse services.

COVID booster campaign

The vaccination programme this year overlaps with the launch of the COVID booster campaign through the Kingsway Hospital hub. The approach taken to both programmes is complimentary and the opportunities for concomitant administration are being explored as this is the anticipated direction from the Medicines and Healthcare products Regulatory Agency (MHRA) guidance.

The system is optimised to enable this to be delivered seamlessly without additional system requirements or duplication.

Strategic Considerations

| | |
|---|---|
| 1) We will deliver great care by delivering compassionate, person-centred innovative and safe care | Y |
| 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 | Y |
| 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 | Y |

Assurances

- Compliance with COVID-19 IPC guidance and staff safety are core to model.
- Ambition is to vaccinate all staff (we have vaccine capacity to do this).
- Systematic approach building upon learning from previous COVID vaccination work and last year's Flu campaign.
- Cold store issues and medicines management integral to model to avoid waste and efficiency.
- Reporting framework will be monitored through DHCFT vaccination cell meeting (weekly).

Consultation

- Colleagues from Pharmacy, the Health Protection Unit, Communications team and DCHS have been involved in the planning of this year's approach.
- Review of previous season's performance and opportunities for improvement.

- Discussions with People Services and Contracting team with regard to collegiate working and legislative challenges.

Governance or Legal Issues

- Adherence to the Medicines Act legislation.
- Green Book Immunisation guidance
- COVID-19 Infection prevention Control guidance
- Trust strategy.
- National Immunisation Monitoring Service requirements (NIMS).

Public Sector Equality Duty and Equality Impact Risk Analysis

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

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

- In light of the high level of concern related to COVID transmission risk the approach to Flu planning has been underpinned by IPC guidance compliance. In addition the respective needs of all staff have been considered and the ability to access clinics which are socially distanced, IPC compliant, able to offer time and 1 to 1 support for those with significant health concerns vulnerabilities if required (longer appointment etc.) have been factored in.
- There is a risk to patient outcomes if insufficient attention is given to population health management which may contribute to a failure to reduce health inequalities
- There is a risk to the Trust due to insufficient sustainable workforce capacity or less than optimal productivity resulting in an adverse impact on service quality, staff wellbeing and recovery plans
- The team have reviewed feedback from previous campaigns to identify lessons learned and opportunities for improvement.
- The IPC guidelines are intentionally rigid in order to protect all people within our community. Our clinic sites are accessible ground floor sites with adjacent parking / transport links. There are opportunities ahead of booking or attendance to speak to someone about specific requirements and these will be accommodated wherever possible or a suitable alternative explored.
- The use of rapid learning following huddles and feedback is being utilised to good effect to develop the system and evolve the approach in light of pending COVID vaccine booster roll out.

Recommendations

The Board of Directors is requested to:

- 1) Review the contents and approach and receive assurance about the programme being undertaken by the Trust
- 2) Comment regarding whether assurance that adequate protection has been considered and that the 'winter readiness' approach fits with the Trust's values and strategy
- 3) Recognise that that costings for the campaign are unable to be determined at this time but include cost of bank staff, administration support, requirement for pharmacy support and transport / logistics
- 4) Confirm the NHS England and Improvement (NHSEI) reporting requirements (100% offered, 85% vaccinated healthcare workers)
- 5) Recognise the potential impact that concomitant administration may have on the programme.
- 6) Note that the Memorandum of Understanding required to enable DHCS and DHCFT to work in partnership and vaccinate each other's staff is in planning but not yet confirmed between respective organisations.

Report presented by: Jaki Lowe
Director of People and Inclusion

Report prepared by: Richard Morrow
Assistant Director of Public and Physical Healthcare

Flu 2021 vaccination programme DHCFT

Introduction

Planning commenced in April this year for the flu campaign, the team responsible the COVID vaccination programme have incorporated Flu planning into the vaccination cell work plan. The vaccination programme is recognised as an essential part of professional accountability to patients and ensures vulnerable patients and colleagues are not exposed to the virus. This continues to be especially important again this year with the risk of COVID alongside Flu.

In 2020 the flu campaign resulted in the vaccination of 84% of staff. This year the nationally proposed target is to offer 100% of eligible frontline Health Care Workers (HCWs) a vaccine with an expected minimum uptake of 85%. Achieving this target will rely on an organised and efficient campaign that engages staff.

HCWs, as applied to Trust staff, includes – but is not limited to – the following:

- Staff who have frequent face-to-face contact with patients (including those with TUPE contracts)
- Laboratory, pathology and mortuary staff
- Those working for a sub-contracted provider of facilities services such as portering or cleaning
- Temporary, locum or 'bank' staff, including those working in the COVID-19 vaccination programme, students, trainees and volunteers who are working with patients.

Summary of Actions and Progress

The lessons learnt from the DHCFT Flu campaign of 2020 have been reviewed and an action plan utilised. The action plan is being reviewed on a weekly basis. Some actions are dependent on the national COVID vaccination plans for which guidance is awaited from the Joint Committee for Vaccination and Immunisation (JCVI), and it must be noted this may have an impact upon the flu campaign.

Lessons Learnt from previous campaigns

- Early planning and engagement
- Dedicated flu team capacity
- Early system launch
- Dedicated clinic sites supported by roaming capacity

A summary of the actions and progress taken to date:

Accessibility

- Flu vaccines are due for delivery in September and October
- The flu vaccinations can be utilised for everyone over the age of 18 years of age. Confirmation of use for the 16-18 year old age group is awaited.
- Campaign logistics around cold chain, vaccine storage, consumables etc is advancing

- Training packages have been updated and are live
- Derbyshire Healthcare's booking system is to be utilised again this year as this had a positive impact last year. The system dramatically reduced administrative burden for creating and advertising clinics, supported queue management via designated time slots, reduced DNAs (did not attend) through detailed site information and reminders and speeded up the vaccination process through a one click vaccine confirmation and no lengthy sign in processes for vaccinators.
- Booking of sites/clinics is in progress.
- Joint working with Derbyshire Community Health Services (DCHS) around accessibility to vaccines by staff and access to sites for clinics.

Staffing

- Health Protection Unit (HPU) colleagues are recruited and expected to arrive in post ahead of the start of the campaign
- Bank staff will be utilised to support clinics. Clinics will be added through the bespoke booking system.
- Peer vaccinators will be utilised for short term needs and additional vaccination opportunities
- Roaming vaccinator team: in the 2020 campaign this team was established to utilise available data and target areas of low uptake
- HPU vaccinators are being identified to provide support as required and individuals will be identified within the quality team to provide support for issues arising in terms of staff vaccination clinics.

Engagement

- Information around the campaign is being disseminated through trust communications and engagement events. The proposed reinstatement of team brief will help ensure that timely updates are available for colleagues in busy clinical areas.
- The Trust Facebook page is also planned to be utilised to provide brief updates for colleagues as a popular way for people to stay in touch.
- Planning is in progress around the use of the booking system as per last year. This will include the use of the e-consent system and pre-booking for frontline staff, this approach has further evolved through the COVID vaccination work.
- Communication approach proposed – 'Be Winter Ready' as this enables the approach to be extended to include COVID booster and any other pertinent messages related to health and wellbeing for the coming winter period.
- There is no planned incentivisation scheme identified this year as the vaccination team intends to take a pragmatic approach to the vaccination programme in keeping with the COVID booster campaign – the support is focussed upon support to colleagues as a universal offer.
- The Trust approach to providing regular universal thanks and recognition to colleagues, has helped foster good engagement and avoids individuals or groups feeling marginalised or targeted.

Data

- The Derbyshire Healthcare system provides ease of booking for staff, ease of recording for peer vaccinators and live data to assist in identifying gaps in uptake and specifically enable provision of vaccination support where needed.

- Divisional ownership of flu statuses. This will enable the utilisation of local intelligence within divisions to identify those not yet jabbed and create opportunities to focus the campaign.
- The national data reporting framework has changed for the 2021/22 campaign and the information required for the national database is more comprehensive than previous years. The Trust is exploring ways to streamline the data transfer process as the increased administrative burden may compromise timeliness of reporting, particularly if concomitant vaccination clinics are operating.
- Data will be shared routinely with Divisional colleagues so that hotspot areas, engagement opportunities and adjustments to the Programme can be identified by Divisional leads and supported by the Flu leadership Team.

Reviews

- Weekly meetings occur with the Flu Leadership Team. These meetings review the action plan and provide an update on progress. They also enable any barriers to be escalated within a timely manner.
- Weekly flu planning interface meetings have commenced with Derbyshire Community Health Service leads to ensure opportunities for a joined up approach are developed in keeping with the Joined Up Care Derbyshire (JUCD) approach.
- Regional meetings for JUCD Flu campaign have commenced.
- Weekly reviews within Divisional services and regular interface with Flu Leadership Team through Divisional service representation.

Board assurance checklist - 2021 for submission December:

| A Committed leadership | | |
|-------------------------------|--|--|
| A1 | Board record commitment to achieving the ambition of vaccinating all frontline healthcare workers | Confirm following review |
| A2 | Trust has ordered and provided a quadrivalent (QIV) flu vaccine for healthcare workers | Confirmed order expected w/c 27 July for all staff (KCWs included) |
| A3 | Board receive an evaluation of the flu programme 2020 to 2021, including data, successes, challenges and lessons learnt | Detailed in paper |
| A4 | Agree on a board champion for flu campaign | Confirm following review |
| A5 | All board members receive flu vaccination and publicise this | Review November |
| A6 | Flu team formed with representatives from all directorates, staff groups and trade union representatives | Detailed in paper |
| A7 | Flu team to meet regularly from September 2021 | Detailed in paper |
| B Communications plan | | |
| B1 | Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions | In progress. |
| B2 | Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper | In progress. |
| B3 | Board and senior managers having their vaccinations to be publicised | Review November. |
| B4 | Flu vaccination programme and access to vaccination on induction programmes | In progress |
| B5 | Programme to be publicised on screensavers, posters and social media | In progress |

| | | |
|----------|---|--------------------|
| B6 | Weekly feedback on percentage uptake for directorates, teams and professional groups | In progress |
| C | Flexible accessibility | |
| C1 | Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered | In progress. |
| C2 | Schedule for easy access drop in clinics agreed | In progress. |
| C3 | Schedule for 24 hour mobile vaccinations to be agreed | In progress. |
| D | Incentives | |
| D1 | Board to agree on incentives and how to publicise this | Detailed in paper. |
| D2 | Success to be celebrated weekly | In progress. |

In Summary

The campaign is progressing in a timely manner with actions and progress outlined.

The Board of Directors is requested to:

- 1) Review the contents and approach and receive assurance about the programme being undertaken by the Trust
- 2) Comment regarding whether assurance that adequate protection has been considered and that the 'winter readiness' approach fits with DHCFT values and strategy
- 3) Recognise that that costings for the campaign are unable to be determined at this time but include cost of bank staff, administration support, requirement for pharmacy support and transport / logistics
- 4) Confirm the NHSEI reporting requirements (100% offered, 85% vaccinated HCWs)
- 5) Recognise the potential impact that concomitant administration may have on the programme
- 6) Note that the MOU required to enable DHCS and DHCFT to work in partnership and vaccinate each other's staff is in planning but not yet confirmed between respective organisations.

Richard Morrow
Assistant Director of Public and Physical Healthcare

Designated Body Annual Board Report

Purpose of Report

To provide assurance for the statement of compliance to be signed on behalf of the designated body by the Chief Executive or Chairman.

Executive Summary

The report provides assurance on the appraisal process for medical staff which continued throughout the COVID-19 pandemic.

The purpose of the report is to enable the Trust as a designated body to demonstrate compliance with Responsible Officer regulations.

The report details key actions to be taken over the course of the next twelve months in order to maintain compliance with the regulations and quality improvement.

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 | |

Assurances

- The Board report template guides organisations by setting out the key requirements for compliance with regulations and key national guidance.
- The report confirms that actions have been completed over the 12 months since the last report.

Consultation

- Report has been discussed with and copied to the Trust GMC Liaison Officer.

Governance or Legal Issues

The Chief Executive or Trust Chair is to consider signing the statement of compliance and returning this to NHS England and NHS Improvement (NHSE/I).

Public Sector Equality Duty and Equality Impact Risk Analysis

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

There is concern that doctors from ethnic minorities maybe subject to disciplinary investigations and sanctions disproportionately compared to their white British peers. The report does not address this but medical data will be included in WRES Board reports.

Recommendations

The Board of Directors is requested to:

- 1) Consider the level of assurance provided by the report.
- 2) To agree whether the statement of compliance can be signed and submitted.

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

Report prepared by: **Dr Wendy Brown**
 Medical Appraisal Lead



A framework of quality assurance for responsible officers and revalidation

Annex D – annual board report and statement of compliance

Version 1, July 2021

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Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and seven annexes A – G.

In 2019 a review of the Annual Organisational Audit (AOA), Board Report template and the Statement of Compliance concluded with a slimmed down version of the AOA (Annex C) and a revised Board Report template (Annex D), which was combined with the Statement of Compliance (previously listed as Annex E) for efficiency and simplicity.

Annual Organisational Audit (AOA):

At the end of April 2021, Professor Stephen Powis wrote to Responsible Officers and Medical Directors in England letting them know that although the 2020/2021 AOA exercise had been stood down, organisations will still be able to report on their appraisal data and the impact of adopting the Appraisal 2020 model, for those organisations who have, in their annual Board report and Statement of Compliance.

Board Report template:

Following the revision of the Board Report template in June 2019 to include the qualitative questions previously contained in the AOA, the template has been further updated this year to provide organisations with an opportunity to report on their appraisal data as described in the letter from Professor Stephen Powis.

A link to the letter is below:

<https://www.england.nhs.uk/coronavirus/publication/covid-19-and-professional-standards-activities-letter-from-professor-stephen-powis/>

The changes made to this year's template are as follows:

Section 2a – Effective Appraisal

Organisations can use this section to provide their appraisal information, including the challenges faced through either pausing or continuing appraisals throughout and the experience of using the Appraisal 2020 model if adopted as the default model.

Section 2b – Appraisal Data

Organisations can provide high level appraisal data for the period 1 April 2020 – 31 March 2021 in the table provided. Whilst a designated body with significant groups of doctors (e.g. consultants, SAS and locum doctors) will find it useful to maintain internal audit data of the appraisal rates in each group, the high-level overall rate requested is enough information to demonstrate compliance.

With these additional changes, the purpose of the Board Report template is to help the designated body review this area and demonstrate compliance with the responsible officer regulations. It simultaneously helps designated bodies assess their effectiveness in supporting medical governance in keeping with the General Medical Council (GMC) handbook on medical governance.¹ This publication describes a four-point checklist for organisations in respect of good medical governance, signed up to by the national UK systems regulators including the Care Quality Commission (CQC). The intention is therefore to help designated bodies meet the requirements of the system regulator as well as those of the professional regulator. Bringing these two quality strands together has the benefits of avoiding duplication of recording and harnessing them into one overall approach.

The over-riding intention is to create a Board Report template that guides organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time. Completion of the template will therefore:

- a) help the designated body in its pursuit of quality improvement,
 - b) provide the necessary assurance to the higher-level responsible officer,
- and
- c) act as evidence for CQC inspections.

¹ Effective clinical governance for the medical profession: a handbook for organisations employing, contracting or overseeing the practice of doctors GMC (2018) [https://www.gmc-uk.org/-/media/documents/governance-handbook-2018_pdf-76395284.pdf]

Statement of Compliance:

The Statement Compliance (in Section 8) has been combined with the Board Report for efficiency and simplicity.

Designated Body Annual Board Report

Section 1 – General:

The board of Derbyshire Healthcare NHS Foundation Trust can confirm that:

1. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year: The DHCFT Medical Director (Dr J R Sykes) continues in his role as Responsible Officer

Comments: The DHCFT RO maintains his role and responsibilities effectively

Action for next year: The DHCFT RO will continue to discharge his role and responsibilities on behalf of the medical staff and will provide appropriate support to the Medical Appraisal Lead.

1. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes

Action from last year: Present incumbent of DHCFT Lead Appraiser post due to retire in July 2019. New Lead Appraiser has been successfully appointed and undertaken appropriate preparation for this role

Comments: New medical appraisal lead in post. Despite the impact of COVID DHCFT has maintained an adequate number of trained appraisers. The quality of appraisals has been maintained. Training budget allows doctors to undertake appraiser training.

Action for next year: Maintain adequate numbers of trained appraisers and offer training to encourage new appraisers..

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

Action from last year: To continue to maintain up to date information.

Comments: A spreadsheet is maintained of all medical practitioners through the efforts of the medical appraisal lead, HR and the medical secretary to the RO.

Action for next year: To continue to maintain this up to date information.

3. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year: Policy likely to be reviewed within the next 12 months.

Comments: The medical appraisal policy has been reviewed in 2021 and is available for staff on the DHCFT intranet.

Action for next year: The policy will continue to be reviewed in line with DHCFT timeframes.

4. A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

Actions from last year: Confirmatory external peer review to be considered during future appraisal cycles.

Comments: A peer review has not yet taken place due to impact of COVID 19 on working arrangements and added clinical pressures. Internal measures such as appraiser and appraisee feedback are in place and demonstrate a high standard of appraisal.

Action for next year: consideration to be given to peer review during future appraisal cycle.

5. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Action from last year: As per present functioning, ensuring locum doctors of all grades have, where appropriate, the offer of participation within the DHCFT processes of CPD, appraisal, revalidation and governance.

Comments: Locum and short term placement doctors are contacted by the medical appraisal lead and arrangements put in place for their appraisal as required. Agency locums may carry out their appraisal through their agency. All have access to CPD, appraisal, revalidation and governance.

Action for next year: to continue with this arrangement

Section 2a – Effective Appraisal

1. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes. For organisations that have adopted the Appraisal 2020 model, there is a reduced requirement for preparation by the doctor and a greater emphasis on verbal reflection and discussion in appraisal meetings. Organisations might therefore choose to reflect on the impact of this change.

Those organisations that have not yet used the Appraisal 2020 model may want to consider whether to adopt the model and how they will do so.

Action from last year: To ensure 100% of eligible doctors have a completed appraisal during the 2019/2020 cycle, that there are again no missed or incomplete appraisals and if possible, that the number of deferred appraisals is reduced.

Comments: Covid 19 has impacted significantly on doctor's ability to focus on appraisal. This has been due to increased work pressures as well as the personal impact of Covid. However, we have entered a phase whereby the majority of doctors are now up to date, or will shortly be up to date, with appraisal requirements.

Action for next year: to continue to ensure compliance with appraisal timeframes.

2. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year: To aim to reduce further the number of deferred appraisals for the 2019/2020 appraisal cycle

Comments: All doctors whose appraisals have been delayed are aware of the requirements and have a plan in place to complete their appraisal.

Action for next year: to continue to ensure compliance with appraisal timeframes.

3. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year: Policy likely to be reviewed in the next 12 months

Comments: Medical Appraisal Policy has been reviewed in 2021.

Action for next year: Policy will be reviewed according to DHCFT timeframes.

4. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year: To encourage further medical staff to take on appraisal training to accommodate potential future retirements or resignations.

Comments: Despite impact of Covid we have maintained adequate numbers of appraisers to carry out our medical appraisals.

Action for next year: to continue to maintain adequate trained appraisers through training new appraisers to account for retirements and resignations..

5. Medical appraisers participate in ongoing performance review and training/development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers² or equivalent).

Action from last year: New Lead Appraiser to attend relevant regional appraiser network/development events and provide feedback. Appraiser refresher session to be arranged for 2019/2020 appraisal cycle. Updating of appraiser dashboards as appraisal cycles progress.

Comments: This has been impacted by Covid 19 as appraisal was put on hold for 6 months and development events and activities have not taken place. However, appraisee feedback shows that appraisals continue to be of high quality. Training and development opportunities have been limited but online training has been available.

Action for next year: We will continue to seek opportunities for feedback and peer review within the appraiser group.

² <http://www.england.nhs.uk/revalidation/ro/app-syst/>

- The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year: The Lead Appraiser conducts QA audits on returned appraisal MAG forms determining –

- The rate of successfully completed entries
- The acceptability of completed entries
- Evidence of successful reflection within the MAG form
- A determination of the quality of MAG form entries

Comments: A full audit has not been completed this year due to the impact of Covid19 on workload and clinical pressures.

Action for next year: Audit to be carried out and comparison of audit results.

Section 2b – Appraisal Data

- The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

| | |
|---|---|
| Name of organisation: | Derbyshire Healthcare NHS Foundation Trust |
| Total number of doctors with a prescribed connection as at 31 March 2021 | 78 consultants 23 SAS doctors |
| Total number of appraisals undertaken between 1 April 2020 and 31 March 2021 | 73 consultants 20 SAS doctors |
| Total number of appraisals not undertaken between 1 April 2020 and 31 March 2021 | 8 |
| Total number of agreed exceptions | 4 agreed 4 under consideration by the Medical Director |

Section 3 – Recommendations to the GMC

- Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Action from last year: The medical director has regular documented meetings with the GMC Employment Liaison Officer.

Comments: fitness to practice issues and thresholds of referral are discussed and noted.

Action for next year: To continue with regular liaison meetings.

1. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Action from last year: To continue with high levels of compliance.

Comments: All revalidation recommendations have been made within appropriate timeframes.

Action for next year: to continue with high levels of compliance.

Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year: to develop our approach to improving patient safety

Comments: quality improvement activity is undertaken across services and by individuals to look at their own practice. Feedback is given about complaints and serious incidents.

Action for next year: To continue with and develop this approach.

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Action from last year: to develop below approach

Comments: Individual doctors and the appraisal lead are able to link in with the patient experience team for details of any complaints or serious incidents involving them.

Action for next year: to continue and develop this approach

3. There is a process established for responding to concerns about any licensed medical practitioner's¹ fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year: to include information on protected characteristics
Comments: Processes are in place involving the patient experience team to review concerns. The RO is in regular contact with the GMC liaison officer to discuss any concerns.
Action for next year: to continue and develop this approach

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.³

Action from last year: to include information on protected characteristics.
Comments: previous detailed report to Trust Quality Committee
Action for next year: review need for updated report

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.⁴

Action from last year: maintain process in place.

³ This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

⁴ The Medical Profession (Responsible Officers) Regulations 2011, regulation 11:
<http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

Comments: There is a process in place for the prompt sharing of information between responsible officers.

Action for next year: to continue with this.

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Action from last year: to further develop "just culture" principles.

Comments: DHCFT uses "Just culture" principles. Governance arrangements are subject to an equality impact analysis.

Action for next year: to continue development of these principles.

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Action from last year: to maintain approach to employment checks.

Comments: all pre-employment checks are completed by medical HR officers.

Action for next year: Medical HR officers to provide assurance reports.

Section 6 – Summary of comments, and overall conclusion

Please use the Comments Box to detail the following:

- **General review of actions since last Board report:**

DHCFT has maintained high levels of compliance with medical appraisal. Feedback shows we have maintained our high standard of appraisals. This is despite the challenges of Covid. A new medical appraisal lead is in place.

- **Actions still outstanding:**

Re-audit to be carried out by appraisal lead on the quality of appraisals

- **Current Issues:**

Continued work to reduce the impact of Covid 19 on appraisal timeframes

- **New Actions:**

To ensure all doctors are working within appraisal timeframes following Covid impact on appraisal.

Arrange appraiser training to encourage new appraisers

Seek external peer review of DHCFT appraisal processes

Overall conclusion:

The momentum of appraisal / revalidation has been maintained throughout the COVID-19 pandemic allowing for pauses mandated by the national process.

Section 7 – Statement of Compliance:

The Board / executive management team – [*delete as applicable*] of [*insert official name of DB*] has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

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

Official name of designated body: _____

Name: _____

Signed: _____

Role: _____

Date: _____

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**Guardian of Safe Working Quarterly Report
(April – July 2021)**

Purpose of Report

This is a report from the DHCFT Guardian of Safe Working which provides data about the number of junior doctors in training in the Trust, full transition to the 2016 Junior Doctor contract and any issues arising therefrom. The report details arrangements made to ensure Safe Working within the new contract and arrangements in place to identify, quantify and remedy any risks to the organisation.

Executive Summary

The Board is requested to note:

- 1) There are vacancies in higher trainee posts that reflect the national issue with recruitment in psychiatry. Trainees are being supported with exception reporting and these have been resolved in a timely fashion. There have been no exception reports during the last quarter.
- 2) 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. We have nominated one junior doctor each from north and south to explore with other juniors about the use of allocated funds for this purpose.
- 3) There are issues with Allocate, the software for logging exception reports (ER) or closing them which causes slight delay in the process. The company is not providing a good service anymore and we have had no contact with them recently despite messages left for them. This seems to be a national issue. Last year they did attend a Junior Doctor Forum (JDF) meeting. We have noticed that some ERs are not added to the dashboard until much later. Also once an ER has been logged by a trainee, an email should be sent from Allocate informing the guardian about the report however there are inconsistencies with this too.
- 4) During the COVID crisis, the junior doctors had previously raised issues about their work environment, situation with PPE and some training issues. The Junior Doctors Forum (JDF) has continued to provide them with a neutral platform to raise any such issues. They have felt supported and have been able to express their concerns freely. Some of the previous issues raised at JDF have been discussed with the Director Medical Education (DME).
- 5) We have continued to hold JDF every four to six weeks and will continue to do so for the rest of the year.
- 6) During COVID, the junior doctors have been risk assessed for potential complications due to COVID which may arise through existing health conditions or through being in the BAME group. The risks thus highlighted have been addressed and suitably managed/ mitigated. The JDF has monitored this closely.
- 7) Junior doctors have successfully completed virtual induction and have given a

positive feedback. There are connectivity issues at Hartington Unit which remains unresolved.

8) The Freedom to speak up Guardian (FTSUG) has recently met with junior doctors and explained her role to them. Two junior doctors and the guardian have completed the training to be champions for freedom to speak up as this may increase the confidence of juniors in approaching the FTSUG with issues that are complex and need alternative platform.

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 from the DHCFT Guardian of Safe Working provides data about the number of junior doctors in training in the Trust, full transition to the 2016 Junior Doctor contract and any issues arising therefrom. The report details arrangements made to ensure safe working within the new contract and arrangements in place to identify, quantify and remedy any risks to the organisation.

Consultation

- Junior Doctor Forum regarding relevant issues discussed in the report
- Local negotiating committee (LNC) discussions take place regarding the smooth running of consultant on call rota while we have so many vacancies on the higher trainee rota
- Discussions with DME, Associate Director of Medical Education (ADME) regarding the concerns raised by Junior doctors
- Quality and Safeguarding Committee
- Meetings with Freedom to speak up Guardian

Governance or Legal Issues

- As the Guardian, I have been attending the local and national conferences to gain more knowledge and experience through discussions with other Guardians. More recently the meetings have been virtual, but the discussions have been helpful as a lot of similar issues affecting juniors elsewhere have been discussed
- I am also undertaking the role of a FTSU (Freedom to Speak up) Champion

as I feel this will encourage juniors to use the Freedom to speak guardian whose role currently seems to be less understood by junior doctors.

Public Sector Equality Duty and Equality Impact Risk Analysis

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

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

The report clearly addresses the impact of COVID on BAME group amongst the junior doctors. NO other equality issues have been raised during this period.

Recommendations

The Board of Directors is requested to note the contents of the report as assurance of the Trust's approach in discharging its statutory duties regarding safe working for medical trainees.

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

**Report prepared by: Dr Smita Saxena
Guardian of Safe Working**

**GUARDIAN OF SAFE WORKING QUARTERLY REPORT
(April - July 2021)**

1. Trainee data

Extended information supplied from 1 April to 31 July 2021.

Number of posts for doctors in training (numbers in post)

| Grade | Number of posts for doctors in training (total) | | | |
|-------------|---|--|-------|--|
| | NORTH | | SOUTH | |
| CT1-3 | 8 | | 11 | |
| ST4-7 | 7 | | 7 | |
| GP Trainees | 4 | | 7 | |
| Foundation | 5 | | 9 | |

2. Exception Reports (with regard to working hours)

There were no reports during this period. No fines were levied.

Following reports are carried over from last period as they were added by Allocate only after the last report (hence were not included in the last quarterly report). These are from October and November 2020

| Exception Reports | | | | |
|-------------------|--|-------------------------|-------------------------|------------------------------|
| Location | No of exceptions carried over from last report | No of exceptions raised | No of exceptions closed | No of exceptions outstanding |
| North | 0 | 1 | 1 | 0 |
| South | 0 | 3 | 3 | 0 |
| Total | 0 | 4 | 4 | 0 |

| Exception Reports by Grade | | | | |
|----------------------------|--|-------------------------|-------------------------|------------------------------|
| Location | No of exceptions carried over from last report | No of exceptions raised | No of exceptions closed | No of exceptions outstanding |
| CT1-3 | 0 | 0 | 0 | 0 |
| ST4-7 | 0 | 2 | 2 | 0 |
| GPVTS | 0 | 0 | 0 | 0 |
| Foundation | 0 | 2 | 2 | 0 |
| Total | 0 | 4 | 4 | 0 |

| Exception Reports by action | | | | |
|------------------------------------|----------------|-------------|-------------------|---------------------------|
| | Payment | TOIL | Not agreed | No action required |
| North | 0 | 1 | 0 | 0 |
| South | 0 | 3 | 0 | 0 |
| Total | 0 | 4 | 0 | 0 |

| Response time | | | | |
|----------------------|-----------------|---------------|---------------------------|-------------|
| Grade | 48 hours | 7 days | Longer than 7 days | Open |
| CT1-3 | 0 | 0 | 0 | 0 |
| Foundation | 0 | 0 | 0 | 0 |
| ST4-6 | 0 | 0 | 0 | 0 |

The exception reports above were all resolved by Time off in lieu (TOIL) in agreement with the trainees.

The two exception reports above by the same ST trainee were related to busy and unpredictable on calls and were due to Mental Health Act related work. These were resolved by giving the trainee time off in lieu and therefore compensatory rest requirements were met with through mutual agreement with the clinical supervisor.

3. Work schedule reviews

No formal work schedule reviews needed during this period.

4. Fines

No fines imposed.

5. Locum/Bank Bookings

North – 90 shifts totalling £33,495.36
 South – 67 shifts totalling £28,925.24

The locum spend continues to remain high during this period due to COVID-19 related absence or junior doctors shielding and not being able to undertake their out of hours duties.

6. Agency Locum

South – 14 shifts totalling £10,054.50

7. Vacancies

| | North Oct 20 – Mar 21 | South Oct 20 – Mar 21 |
|-------------|----------------------------------|----------------------------------|
| CT1-CT3 | 1 (maternity leave) | 1 |
| ST4-7 | 4 | 0 |
| GP Trainees | 0 | 0 |
| Foundation | 0 | 0 |

8. Qualitative information

The Junior Doctor Forum (JDF) has been meeting 6-8 weekly during COVID and this has been held virtually. As always, active representation is sought with each changeover of new doctors in accordance with JDF constitution.

This has been well attended by the juniors both in north and south. A representative from British Medical Association (BMA) has also been present on all occasions. The Freedom to Speak up Guardian was also present at the last meeting.

9. Issues arising from previous JDF

9.1 Compliance of Rota

There are no compliance issues with our rota.

9.2 During second wave there is adequate PPE availability.

The trainees have not reported any concerns.

9.3 Vacancies

As described above, The DME and ADME (Director Medical Education and Associate Director Medical Education) are addressing the issues around higher trainee recruitment.

9.4 Induction for August 2021

Induction continues to be held virtually during COVID and the junior doctors have given a positive feedback.

One of the trainees queried about availability in the induction pack of information about the local services. The DME has suggested perhaps the previous trainees in each post could help to write an information folder about local services which can then be passed on to subsequent trainees as the services vary greatly in different areas and it would not be possible to include that information in generic induction.

The GOSW suggested that perhaps a local induction could be done jointly by the Clinical supervisors, admin staff and a member of team.

9.5 Fatigue and facilities

This is regularly visited at JDF. The trainee reps have asked for assurance that the budgets for fatigue and facilities (F&F) are ring fenced and kept rolling onwards.

The new trainees were made aware that there is still a substantial amount of money to be used from this fund and to forward their ideas.

The Wi-Fi connectivity at Hartington unit remains an ongoing issue due to local issues with the area.

Action(s) pending:

- The F&F issue will be discussed at each JDF
- The JDF wants reassurance that the budget is ring fenced for the purpose and will be carried over to the subsequent financial years.

Action completed: One trainee each from North and South have volunteered to have a discussion regarding F&F spend with other trainees.

9.4 Exception reports

Exception Reports are encouraged as usual so we can highlight areas of increased demand and impact of response during this period. No face to face contact needed unless we identify a risk that would benefit from this. A telephone discussion with educational supervisor is mandatory with usual information to be submitted on ALLOCATE (the software for logging exception reports) by the trainees and supervisors. Issues with ALLOCATE, have caused some delays in the process as above. This issue was highlighted to the trust board at the last meeting.

As usual we propose a timely resolution of exception reports with either time off in lieu or where time off in lieu is not possible an overtime payment will be arranged as usual at some point in future as circumstances permit.

The timescales for taking action for junior doctors' exception reports have been relaxed by NHS employers.

Action complete: Trainees are encouraged at induction and JDF to use Exception Reporting

10. Other concerns raised with the GOSW

Following concerns raised by the trainees at the last JDF about issues relating to their relationships with nursing staff, the trainees have discussing these at other meetings such as – ADME meetings, with the tutors, within peer group/ reps. More recently the FTSU Guardian has spoken to the trainees about her role with such issues.

Action completed:

- The Clinical Matron, Hartington Unit is meeting with trainees and works closely with nurses to address such issues. This is also being done in the south as there have been similar concerns raised by trainees in south.
- Meeting held between the trainee representative and FTSU Guardian. A flow chart guidance has been written by trainee representative on sudden absences on the medical out of hours rota. This has been discussed at JDF and will be discussed at LNC. This will ensure that the out of hours rota continues to function well while we are still dealing with pandemic related absences.

Well Led/Governance Update

Purpose of Report

To seek approval from the Board on the proposed approach to preparing for an external Well Led Development Review in light of the impact of the pandemic and in line with the Trust's roadmap.

Executive Summary

The Board has received regular updates on the robustness of the Trust's Corporate Governance processes during the response to the COVID-19 pandemic.

Steps were taken to adapt these processes to release capacity to manage the pandemic as mandated in the two 'Reducing the Burden' letters from NHS England/Improvement (NHSEI). We have taken a flexible 'governance light' approach where appropriate but also retained essential governance around quality and safety. We will continue to adapt and recover our processes in line with the Roadmap.

The Board has continued to receive assurance through its Committee structure. The Committees have in turn received assurance on governance through a variety of internal and external sources, such as the Head of Internal Audit Opinion and the external audit of the Annual Governance Statement, overseen by the Audit and Risk Committee.

One area that has been put on hold is the preparation for an external Well Led Development Review. NHS England and NHS Improvement (NHSE/I) expects all providers to carry out externally facilitated reviews, utilising their guidance 'Development reviews of Leadership and governance using the well-led framework' (June 2017), every three to five years.

The last development review was carried out in 2017 with the final report being issued in 2018. Although we are still within that timeframe, the six step programme requires a lot of internal resource in its preparation and delivery. We need to build in an additional step before the self-assessment to allow initiatives that have been paused or moderated during the pandemic to restart/relaunch so we have a complete suite of activities to assess against the Well Led framework's Key Lines of Enquiry (KLOEs).

The proposed timeline is:

- October 2021 – January 2022 – internal preparation exercise
- February 2022– self assessment which will set the scope for the external review
- Summer 2022 – Commission and undertake external review
- Autumn 2022 – final review report and recommendations

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 Trust will be compliant with regulatory guidance and statutory duties.

Consultation

The adjustments to governance processes have been approved by the Board.

Governance or Legal Issues

CQC inspection framework for all registrants includes an assessment of current performance of well led, which is explicitly linked to the well-led framework. Failure to demonstrate that we are well led and have robust governance processes in place may lead to enforcement and regulatory actions. .

Public Sector Equality Duty and Equality Impact Risk Analysis

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

Governance of the Trust includes broad consideration of equality and diversity issues for example as a key part of Board Committee business, and as an important element of governor training and development to ensure that decision making encompasses equality impact considerations.

Recommendations

The Board of Directors is requested to approve the proposed approach to preparing for an external Well Led Development Review.

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

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

**Derbyshire Healthcare NHS Foundation Trust - Board of Directors
7 September 2021**

Well Led/Governance Update

Background

In-depth, regular and externally facilitated development reviews of leadership and governance are seen as good practice across all industries. Rather than assessing current performance (as seen with the CQC assessment of well led), these reviews seek to identify the areas of leadership and governance that would benefit from further targeted development work to secure and sustain our future performance.

NHSE/I expects all providers to carry out externally facilitated reviews utilising their guidance¹ every three to five years.

The last external review was carried out by Deloitte in 2017 with the final report being issued in 2018. At that time the Trust had a Governance Improvement Action Plan (GIAP). We have incorporated key areas of improvement from the GIAP into 'business as usual' activities to ensure an embedded approach. In January 2020, the Trust was graded as overall 'Good' by the CQC, including a stand-alone 'Good' rating for its Well Led inspection.

Well Led Developmental Reviews

The programme ordinarily has six steps as shown in the graphic below:



The programme requires a lot of internal resource in its preparation and delivery. We need to build in an additional step before the self-assessment to allow initiatives that have been paused or moderated during the pandemic to restart/relaunch, so we have a complete suite of activities to assess against the Well Led framework's Key Lines of Enquiry (KLOEs).

The KLOEs for Well Led are around:

1. Leadership capacity and capability
2. Vision and strategy
3. Culture and engagement
4. Governance
5. Risk and performance management
6. Information, data and reporting

¹ [Developmental reviews of leadership and governance using the well-led framework: guidance for NHS Trusts and NHS foundation Trusts June 2017](#)

7. Stakeholder engagement; and
8. Innovation, learning and improvement

There is clear guidance on 'what good looks like' and key documents / reports that may be used as part of the assessment published by both NHSI and by the CQC in their inspection framework.

Rating each of the KLOEs using good practice examples in the framework will aid prioritisation ensuring a focus on continuous improvement rather than a compliance checklist.

It was thought that NHSI/E were reviewing their approach to well led which could have impacted on these development reviews but the Well Led framework continues to have *an intrinsic value* as set out in a report published in September 2020 ². This report contained a number of helpful recommendations that are currently being reviewed by the CQC and NHSI/E to give a more consistent approach. We will keep a close eye on any changes whilst carrying out the work.

The CQC also recently produced a revised strategy which describes an intention to take a more dynamic approach to regulation, moving away from relying on a set schedule of inspections to a more flexible approach using all regulatory methods, tools and techniques to assess quality continuously. This move is likely to result in an even greater focus on Well led in determining a Trust's overall rating.

Work on this review will be beneficial in preparation for the next CQC Well Led inspection.

Proposed timeline

- October 2021 – January 2022 – internal preparation exercise
- February 2022– self assessment which will set the scope for the external review
- Summer 2022 – Commission and undertake external review
- Autumn 2022 – final review report and recommendations

Recommendation

The Board of Directors is requested to approve the proposed approach to preparing for an external Well Led Development Review.

² Evaluation of the health care services well-led framework - Deloitte/ University of Manchester Business School

<https://www.cqc.org.uk/sites/default/files/20200925%20Evaluation%20of%20the%20health%20care%20services%20Well%20led%20framework%20-%20final%20report.pdf>

Freedom to Speak Up Guardian (FTSUG) half yearly report

Purpose of Report

This paper is a half yearly report to the Board of Directors to ensure the Board is aware of Freedom to Speak Up (FTSU) cases within the Trust; an analysis of trends within the organisation and actions being taken.

Executive Summary

This FTSU report to Board sets out the number of cases and FTSU themes raised in the last six months from January to July 2021 at Derbyshire Healthcare NHS Foundation Trust (DHCFT).

Total case numbers seen in this report to Board have increased by 62.5% compared to cases reported in the March 2021 FTSU report to Board for the six month period, July-December 2020.

Emerging, or ongoing, themes include:

- **Worker wellbeing - impact of investigation processes on worker wellbeing.** Workers discussed the isolation and disconnection of being redeployed to another area as part of an investigation process and the impact of being unable to discuss these processes with supportive colleagues. Workers also discussed perceived delays to the investigation process and receiving outcomes as well as the impact on staff wellbeing.
- **Worker wellbeing / policy, process and procedure – development of long Covid support for staff** – some workers referenced Long Covid symptoms and the need for a consistent positive approach and awareness of this chronic condition from line managers.

The report also contains a comprehensive list of actions taken to enhance visibility and promote FTSU to ensure that the FTSU Culture is continuously improved.

The Speaking Up Champions network also supports workers to raise their concerns at the earliest opportunity and signposts workers to the FTSUG for advice and guidance.

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 | |

Risks and Assurances

Reporting on speaking up is presented to the Trust Board and the Audit and Risk Committee every six months to provide assurance on progress made. The People and Culture Committee also receive the issues as part of the wider staff feedback dashboard.

The Board will be carrying out a refresh of a previous self-review of FTSU based on the updated NHSI toolkit issued in July 2019. Although this review has been delayed to October 2021, the Audit and Risk Committee continues to monitor the progress of the FTSU action plan. The toolkit provides a benchmark and assurance that works to promote and respond to how speaking up at work is progressing.

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

Consultation

Executive Leadership Team.

Governance or Legal Issues

Trusts are required to have a FTSUG as part of the NHS standard contract terms and conditions.

Public Sector Equality Duty and Equality Impact Risk Analysis

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

Equality responses are threaded through the report including reference to the bringing together of Midlands FTSUGs and WRES experts to discuss future ways of joint working together to support BAME staff to raise concerns.

Recommendations

The Board of Directors is requested to:

- 1) Support the current mechanisms and activities in place for raising awareness of the FTSU agenda.
- 2) Discuss the report and determine whether it sufficiently assures the Board of the FTSU agenda at the Trust and that the proposals made by the FTSUG promote a culture of open and honest communication to support staff to speak up.
- 3) Support the development of an FTSU Vision Strategy for the Trust as recommended by the National Guardian's Office and FTSU Board Self Review guidance.

**Report presented by: Tamera Howard
Freedom to Speak Up Guardian**

**Report prepared by: Tamera Howard
FTSUG
Justine Fitzjohn
Trust Secretary & SIRO**

Freedom to Speak Up Report

1. Introduction

- 1.1 The Freedom to Speak Up Guardian (FTSUG) is part of a culture of speaking up and acts to enable patient safety concerns to be identified and addressed at an early stage. Freedom to Speak Up has three components: improving and protecting patient safety, improving and supporting worker experience and visibly promoting learning cultures that embrace continual development. The Care Quality Commission assesses a Trust's speaking up culture under the Well-Led domain of its inspections.
- 1.2 The report covers Quarter 4 2020/21 and Quarter 1 2021/22 (January to June 2021). Reporting to Board is on a six-monthly basis.

2. Aim

- 2.1 This report aims to provide the Board with:
 - Information on the number of cases being dealt with by the FTSUG and themes identified from January to June 2021
 - Information on what the Trust has learnt and what improvements have been made as a result of workers speaking up
 - Actions taken to improve FTSU culture in the Trust, including progress in the promotion of the FTSUG role and addressing barriers to speaking up
 - Updates from the National Guardians Office (NGO)
 - Key recommendations to Board.

3. Summary of concerns raised

- 3.1 Concerns are categorised in accordance with NGO guidance. The NGO requires concerns relating to Patient Safety, Bullying and Harassment, Worker Safety Wellbeing (category to be logged from Q1 2021/22 to NGO), Public Interest Disclosure Act (PIDA) concerns, anonymous concerns and those suffering detriment or demeaning treatment as a result of speaking up to be recorded on a quarterly basis.
- 3.2 Table 1 shows that the FTSUG logged 70 cases in Q4 2020/21 and 47 cases in Q1 2021/22. This reflects the 73 cases seen in the previous Q4 2019/20 but is an increase on the 26 cases seen in Q1 2020//21. So far for Q2 2021/22, 20 cases have been logged with the FTSUG. According to [The Year of the Pandemic: A summary of speaking up to Freedom to Speak Up Guardians 2020/21](#), the average number of cases per quarter for a small Trust of up to 5000 staff is 22.6 per quarter and for Mental Health Trusts this is 21.7 per quarter. DHCFT's average cases from July 2020 to June 2021 per quarter is 47.25 cases.

3.3 **Patient safety and quality:** During Q4 2020/21 and Q1 2021/22, patient safety concerns were limited to 8.5% of cases. Patient safety concerns are directed to the Director of Nursing and Patient Experience and/or to the Medical Director. According to the report: [The Year of the Pandemic: A summary of speaking up to Freedom to Speak Up Guardians 2020/21](#), Patient safety concerns represented 18% of all concerns nationally during 2020/21. See Figure 1.

Table 1: FTSU Data Q4 2020/21 and Q1 2021/2022

| Types of Concerns | Q4 2020/21 | Q1 2021/22 |
|---|------------|------------|
| Attitude and Behaviours | 27 | 27 |
| Culture | 32 | 14 |
| Policy, Process and Procedure | 19 | 29 |
| Health and Safety | 1 | 0 |
| With an element of Worker Safety (NGO) | 34 | 13 |
| With an element of Bullying and Harassment (NGO/PIDA) | 11 | 14 |
| With an element of Patient Safety and Quality (NGO/PIDA) | 9 | 1 |
| Availability of Management | 2 | 1 |
| Performance Issues | 1 | 1 |
| Fraud or Criminal Offence (PIDA) | 2 | 0 |
| Total Cases reported to FTSUG* | 70 | 47 |
| Public Interest Disclosure Act (PIDA) concerns | 22 | 15 |
| Reportable to NGO: Bullying and Harassment / Patient Safety / Worker Safety | 54 | 28 |
| Anonymous / Other | 4 | 8 |
| Person indicates suffering a detriment as a result of speaking up | 1 | 3 |
| Number of cases that have received feedback | 70 | 47 |

*Individuals (cases) approaching FTSUG may log more than one concern.

3.4 **Bullying and Harassment concerns** represented 22.2% of cases raised to the FTSUG from January to June 2021. This is a slight increase on the 18% of total cases raised from July to December 2020. On a positive note, Bullying and Harassment levels are lower than the NGO average of 30.1% during 2020/21 (Source: [A summary of speaking up to Freedom to Speak Up Guardians 2020/21](#)). This may continue to reflect the reduced level of relational contact through staff redeployment and staff working from home.

The FTSUG continues to promote the Trust's Dignity at Work policy, the Bullying and Harassment booklet and our wellbeing offers, where staff require support around bullying and harassment concerns.

Figure 2 shows perceived bullying and harassment cases recorded for DHCFT in 2020 in comparison to other Midlands based Mental Health Trusts. This data is drawn from [The Model Health System](#) which is a data-driven improvement tool that supports health and care systems to improve patient outcomes and population health. For comparison, the national median is 13 and the peer median (Mental Health Trusts) is 16.

For further oversight, Figure 3, shows Model Health System data for DHCFT in relation to patient safety and quality and bullying and harrasment from 2017/18 through to 2020/21. 2019/2020 showed an increase in reporting for bullying and harrasment concerns which was due to specific areas where concerns were logged from two teams speaking up.

3.5 **Worker safety theme:** The NGO have asked for this to reported to them from Q1 2021/22. Reporting for June to July 2020/21 is shown in Table 1 and in Figure 1. As yet there are no national or local comparators for this theme. The raised percentage in Q4 2020/21 predominantly reflects concerns around Covid secure working.

The NGO defines the worker safety theme as any case that includes elements that may indicate a risk of adverse impact on worker safety. This can be a current or historic matter and may identify risks or actual events. The NGO advises that worker safety should be interpreted broadly. The focus should be on the perceptions of the individual bringing the case. The Health and Safety Executive (HSE) states: *'All workers are entitled to work in environments where risks to their health and safety are properly controlled.'* Examples of worker safety could include lone working arrangements, especially at night or insufficient access to personal protective equipment (PPE). Source: [NGO Recording Cases and Reporting Data Guidance for Freedom to Speak Up Guardians March 2021.](#)

Figure 1

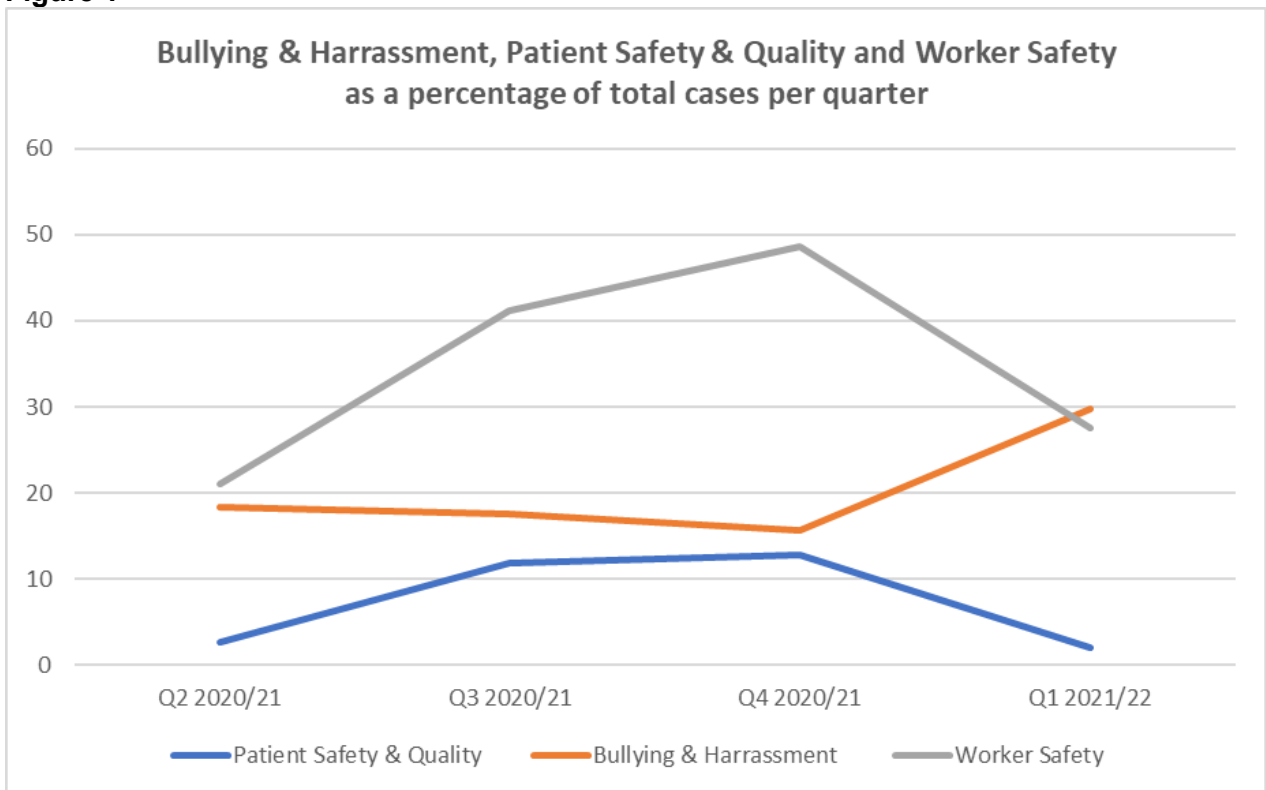


Figure 2

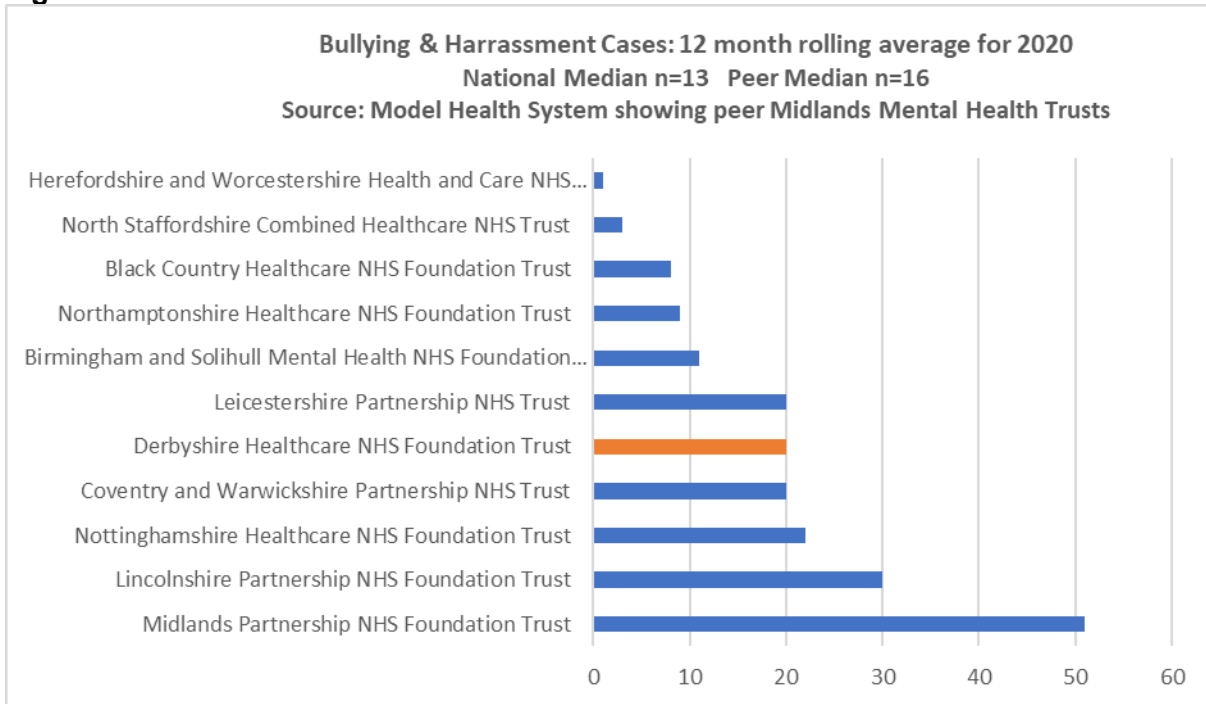
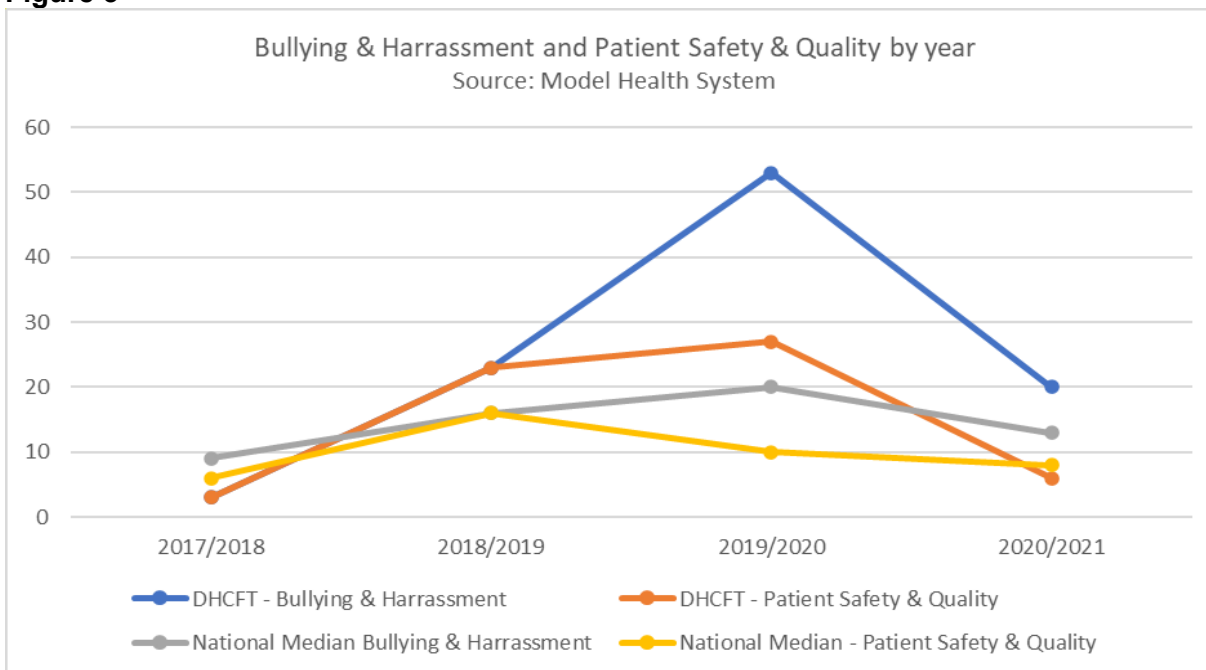


Figure 3



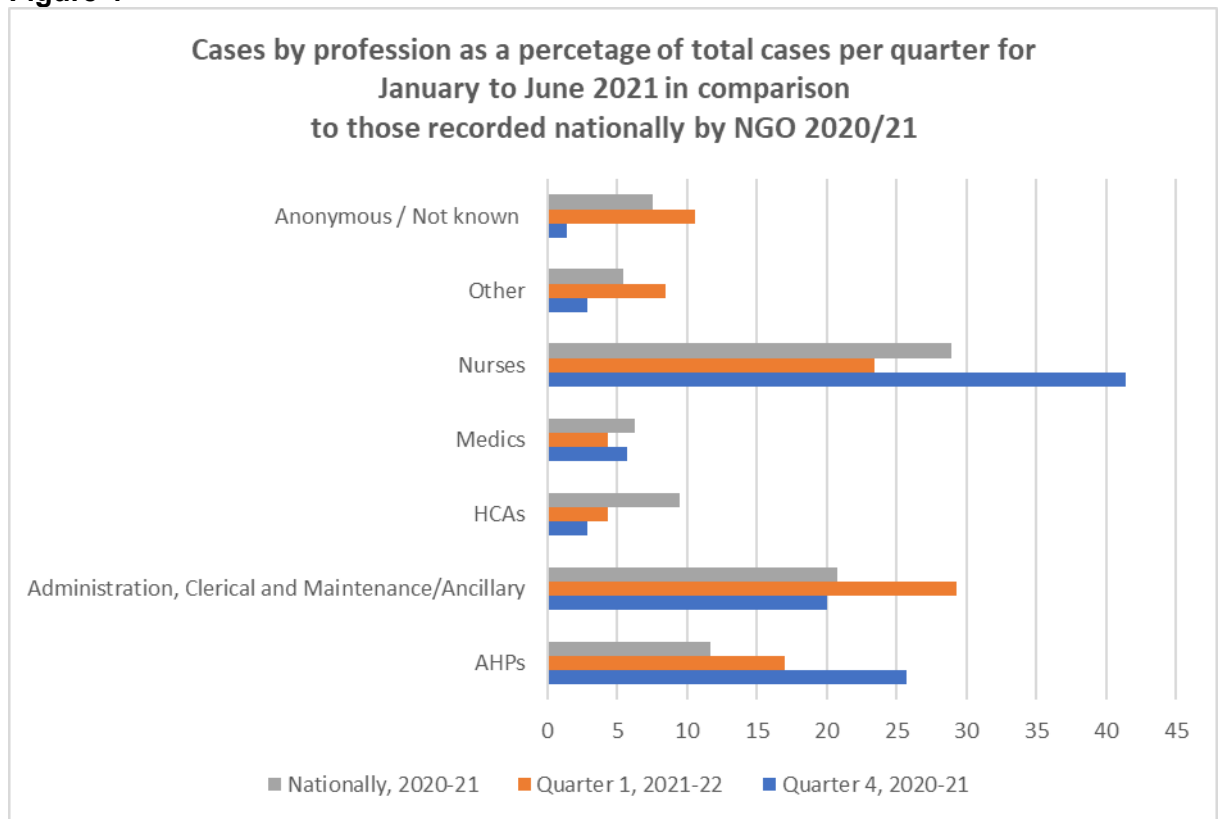
3.6 **Professional groups** are compared in Figure 4 to those recorded nationally by the NGO in 2020/21. (Source: [A summary of speaking up to Freedom to Speak Up Guardians 2020/21](#)).

The Trust has seen an increase in numbers of workers approaching the FTSUG from Admin, Clerical and Maintenance/Ancillary during Q1 2021/22, but a drop in Nurses approaching the FTSUG in the same quarter. However, nurses approaching the FTSUG are higher than the NGO average for 2020/21. We have higher than average numbers of Allied Health Professionals (AHPs)

compared to the national average but reduced numbers of Health Care Assistants (HCAs). This might suggest that promotion of the speaking up role with HCAs should be undertaken.

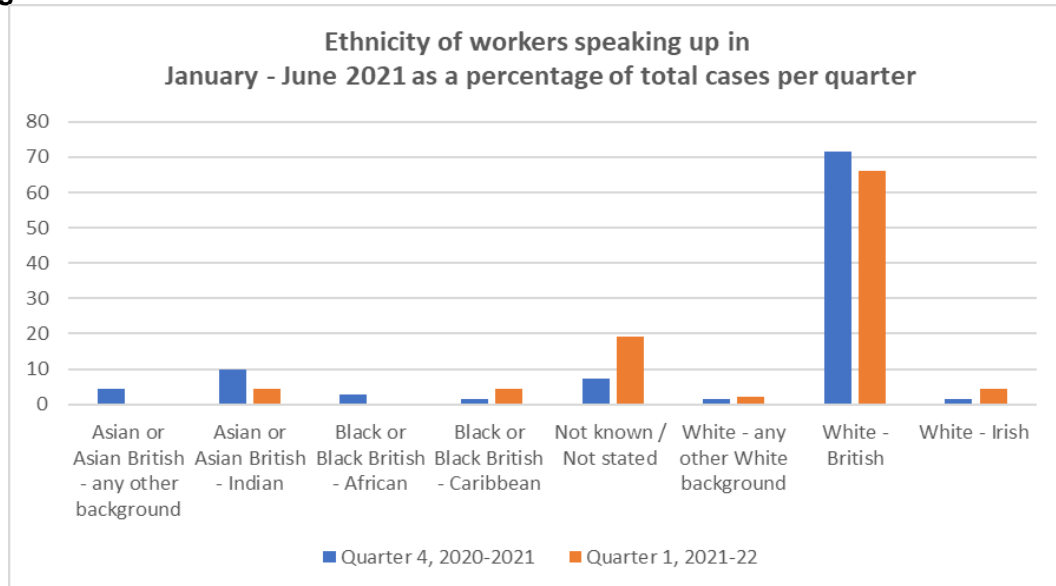
During the pandemic period, the FTSUG has not been carrying out face-to-face contact or had the usual visibility within some service areas and this may also have had an impact on those professions reporting to the FTSUG.

Figure 4



- 3.7 **Experiencing detriment:** four workers indicated they believe they have experienced detriment following speaking up. This have been raised with senior leaders in the FTSUG report to the Executive Leadership Team. The demeaning treatment has focused on feeling that raising concerns has not been welcomed and that there has been a change in behaviours towards them from a line manager or other colleague(s).
- 3.8 **Ethnicity of workers:** From January to June 2021, 13.2% of those speaking up identified as Black, Asian, Minority Ethnic (BAME) a decrease from the 19% of staff reported for July to December 2020. 73.3% of workers speaking up identified as White British/European/Other: an increase from the 70% recorded in July to December 2020. 13.5% were not stated or not known in Q1 and Q4 due to anonymous reporting and workers not responding to this question.

Figure 5

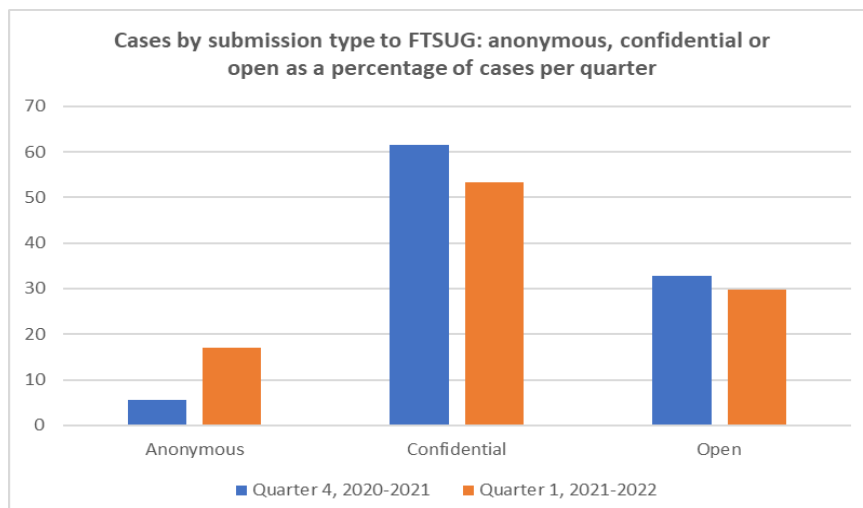


3.9 Anonymous, Confidential or Open concerns: The majority of workers used the Focus (Trust Intranet) to log anonymous cases. These were directed to senior leaders for a prompt response. Feedback is not easily given to anonymous concerns, but where possible, generic communications were used in communication bulletins or within service divisions or teams.

Anonymous concerns more than doubled from Q4 (2020/21) to Q1 (2021/22). DHCFT anonymous cases are 10.25% for January to June 2021. Average anonymous concerns nationally in 2020/21 are slightly higher at 11.7% of all cases (Source: [The Year of the Pandemic: A summary of speaking up to Freedom to Speak Up Guardians 2020/21](#)).

Confidential concerns, where workers wish to keep their identity private, but where they are known to the FTSUG have reduced in Q1 2021/22 in relation to Q4 2020/21. However, cases where workers were content to share their identity remained fairly consistent in both quarters.

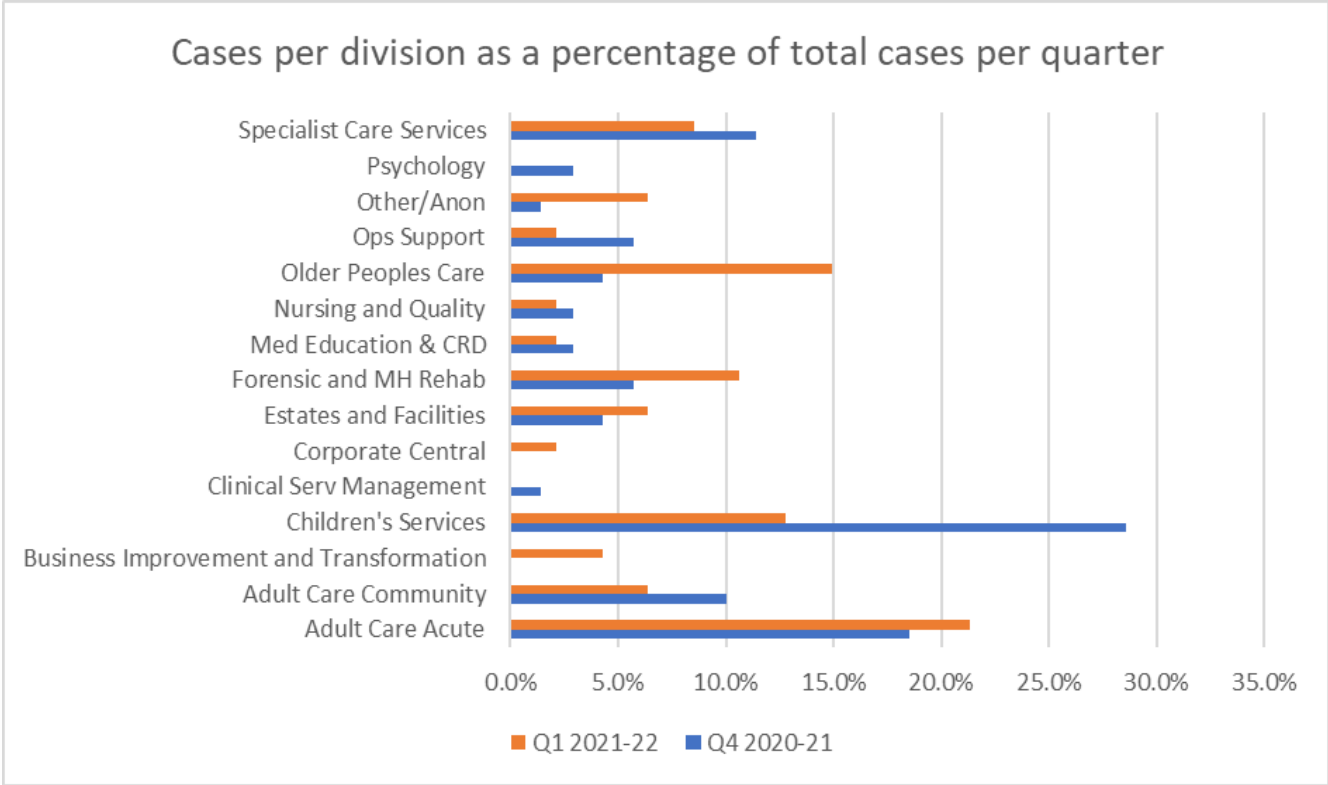
Figure 6



3.10 Concerns raised by Division: Children’s Services closely followed by Acute Adult Care had the greatest number of cases for January to June 2021 relative to total numbers of cases per quarter. See Figure 7.

Percentage of cases per division relative to staff numbers from January to June 2021 showed that the highest percentage of cases came from two divisions with relatively low numbers of staff. These divisions are not referenced in this report as this may prevent staff from speaking up from these areas. Forensic and Mental Health Rehab showed the third highest percentage of cases relative to staff numbers within their division.

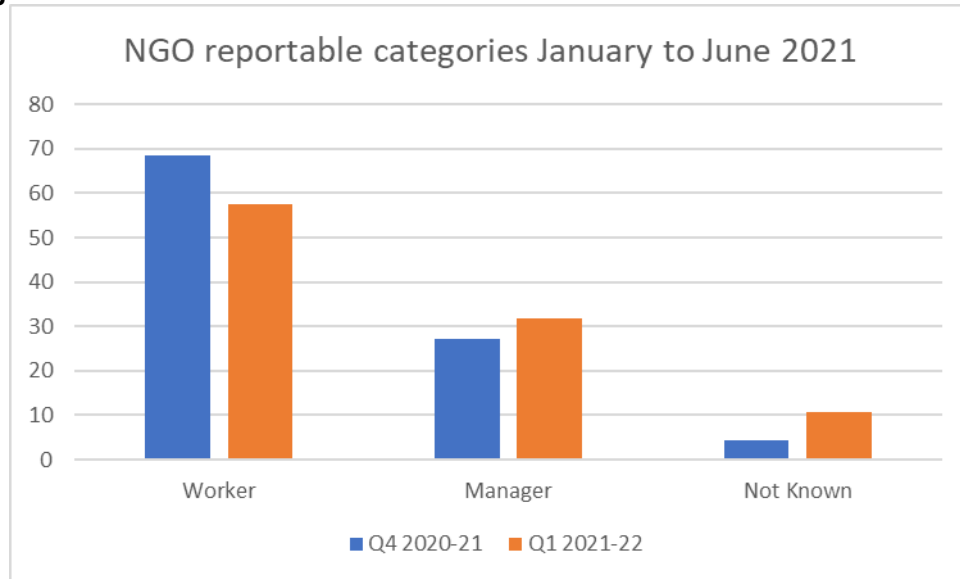
Figure 7



3.11 Seniority of those speaking up: From April 2020 onwards, Freedom to Speak Up Guardians recorded the seniority of those speaking up to them. Over three quarters (77.3%) of cases raised nationally with Freedom to Speak Up Guardians in 2020/21 were raised by those categorised as workers and 12.2% were raised by managers. The smallest proportion of cases (2.1%) were raised by senior leaders.

See Figure 9. From January to June 2021, no concerns were recorded as coming from senior leaders at DHCFT. 29.5% of concerns came from managers for the period which is a higher percentage than the 12.2% logged nationally by the NGO in 2020-21.

Figure 9



4 Emerging or ongoing themes with learning/action points

4.1 Worker safety and wellbeing theme:

- FTSUG logged cases from a specific area within Children's Services which included also included a team.

Learning / Action: 80% of these cases identified concerns around levels of clinical risk including unallocated cases and staffing levels. These were considered by Executive Leadership Team (ELT) and Senior Leaders and a fact-finding review in relation was commissioned. A further independent review has also been commissioned. Organisational Development is also supporting Child Adolescent Mental Health Services (CAMHS).

- FTSUG logged cases that referenced Long Covid and the support and awareness of the condition and the need for a consistent and positive responses by line managers

Learning/action: Long Covid specialists are now operating within Occupational Health to support staff along with a range of other DHCFT wellbeing offers. Managers/leaders have been briefed around this new condition and are aware that Long Covid falls under the Chronic Health Condition(s) Disability policy and that they should continue to support staff appropriately. The Trust also has a post-Covid discussion forum on Focus (staff intranet) which staff can subscribe too.

- Worker safety and wellbeing / Policy, Process and Procedure: Concerns raised by several workers around the impact of investigation processes on staff wellbeing. Staff discussed the isolation and disconnection of being redeployed to another area as part of an investigation process and the impact of being unable to discuss with supportive colleagues. Workers also

discussed delays to the investigation process and receiving outcomes and the impact on staff wellbeing.

Some concerns and anxieties about returning to a previous area of work and how that would feel or be perceived following an investigation were logged. This was also backed by some concerns from managers about how to support staff returning to an area of work after having been redeployed following an investigation. Managers also raised concerns around supporting those who had instigated the investigation process to feel comfortable if worker(s) returned from redeployment.

Learning/action: Emerging / ongoing theme - FTSUG has referred staff in need of wellbeing support to Resolve (in-house counselling service) and to the Trust's wellbeing offer. The issues have also been raised with senior leaders for further consideration.

4.2 Attitudes and behaviours and potential bullying and harassment: FTSUG logged cases from a number of areas within the Trust.

Learning/action: concerns raised were taken seriously and acted upon promptly with, for example, an internal fact-finding investigation supported by a Divisional People Lead held in one area. In one area, bullying and harassment was not found to be an issue, but there will be some external facilitation provided for the team to support improved communication and development of more positive behaviours.

4.3 Policy, Process and Procedure: Concerns around recruitment process with cases logged relating to recruitment concerns including the lack of a Recruitment Inclusion Guardian (RIG) during the recruitment process and also other specific concerns around the parity of the recruitment process.

Learning/action: A survey was carried out with RIGS to understand what was and wasn't working to enable improvements within the role. Further RIGS are currently being recruited using a tailored training programme. The Trust has now asked that RIGs are included for all Band 6 roles and above. An inclusive recruitment workshop was carried out for all managers with recruitment responsibilities. Information about RIGS and recruitment was shared in Communication information and briefings.

5. Improving Speaking Up Culture

5.1 Improving visibility and networking: During the pandemic period, the FTSUG has continued to promote the speaking up role on the Trust's staff Facebook page and Twitter. The FTSUG continues to attend a number of MS Teams engagement events which have enabled the promotion of speaking up to large numbers of workers. These methods of staff engagement have also allowed workers to raise concerns which have been promptly handled and responded to by senior leaders. The FTSUG also has a short slot on the Trust induction.

The FTSUG has worked with a Trust IT team leading to the development of a database for Speaking Up. A speaking up recording form/portal was launched on Focus, the Trust's staff intranet, on 1 April 2021. This enables staff to speak up more easily, and to log concerns anonymously if needed. The FTSUG is also easily able to monitor concern themes and access speaking up data.

- 5.2 **Board Culture:** A Board development session on Speaking Up is planned for October 2021. All Board Directors have a responsibility for creating a safe culture and an environment in which workers can highlight problems and make suggestions for improvement and FTSU is a fundamental part of this. ([Guidance for boards on Freedom to Speak Up in NHS trusts and NHS foundation trusts July 2019](#)).

- 5.3 **Addressing barriers to speaking up:** The FTSUG regularly engages with the Equality, Diversity and Inclusion (EDI) Team and Workforce Race Equality Standards (WRES) Expert to address issues of inclusivity for all diverse groups. The FTSUG seeks guidance and support from EDI leads and the Culture and Leadership group.

The DHCFT WRES expert and FTSUG brought together all Midlands FTSUGs and Midlands WRES experts in FTSU Midlands Network meeting in July to look at shared objectives around working together. This meeting was part of the wider FTSUG Midlands network quarterly meeting of which the DHCFT FTSUG is a deputy chair.

The FTSUG is now part of a joint working group to look at future joint working with WRES experts with the first meeting to be held in late September 2021.

This shared working came about as a result of a letter sent to Trust CEOs and Chairs on 15 June 2020 from Dr Henrietta Hughes, the National Guardian for FTSU and Dr Habib Naqvi, Interim Head of Workforce Race Equality Standards, NHS England and Improvement in which they said, 'It is vital you are confident that all staff feel free to speak up within your organisation. At local level, we will be supporting WRES experts and Freedom to Speak Up Guardians to work together in partnership so that all staff, and in particular our BME staff, feel safe to speak up, knowing that the right actions will be taken.'

- 5.4 **Network of FTSU Champions:** The FTSUG has established fortnightly catch up meetings with Speaking Up Champions to share good practice, support any concerns or issues and to share NGO information. Champions referred in 14.9% of concerns during Q1 2021/22 and 22.9% during Q4 2020/21. The FTSUG continues to train FTSU Champions across Derbyshire.

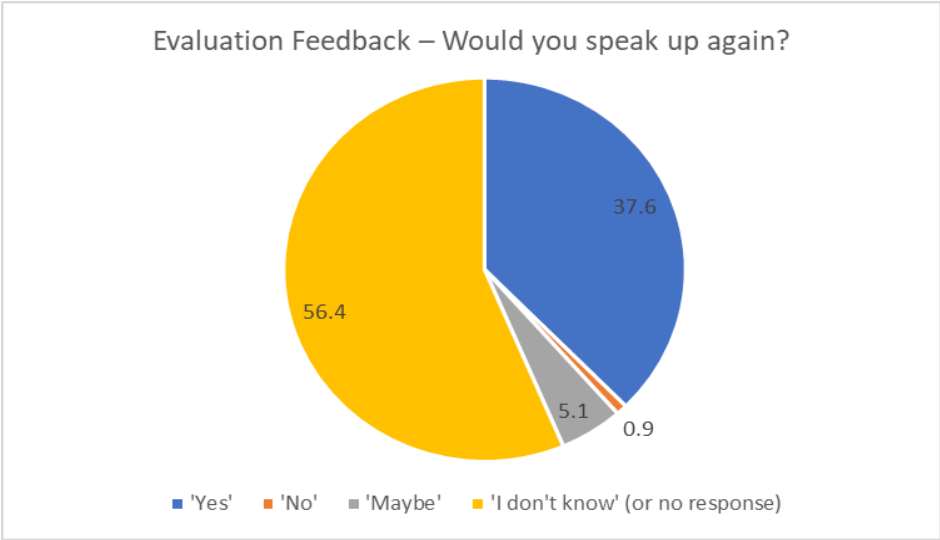
DHCFT currently has 21 FTSU Champions who come from a wide range of divisions across the Trust. 23.8% of FTSU Champions are from BAME backgrounds.

5.5 **Non-Executive Directors:** the FTSUG is supported by the Non-Executive Director (NED) lead for Speaking Up, Julia Tabreham. The FTSUG holds regular meetings with the NED to share FTSUG practice and areas for support and development.

6. **Learning, improvement, and development in relation to Speaking Up Culture within the Trust.**

6.1 **Evaluation feedback on Speaking Up:** A short evaluation form for individuals who have spoken up is sent out following contact with the FTSUG using an online link. Around 37.6% of those responding in Q1 and Q4 said that ‘yes’ they would speak up again with 0.9% saying that ‘no’ they would not speak up again. 56.4% gave ‘no response’ as they did not complete the evaluation.

Figure 10



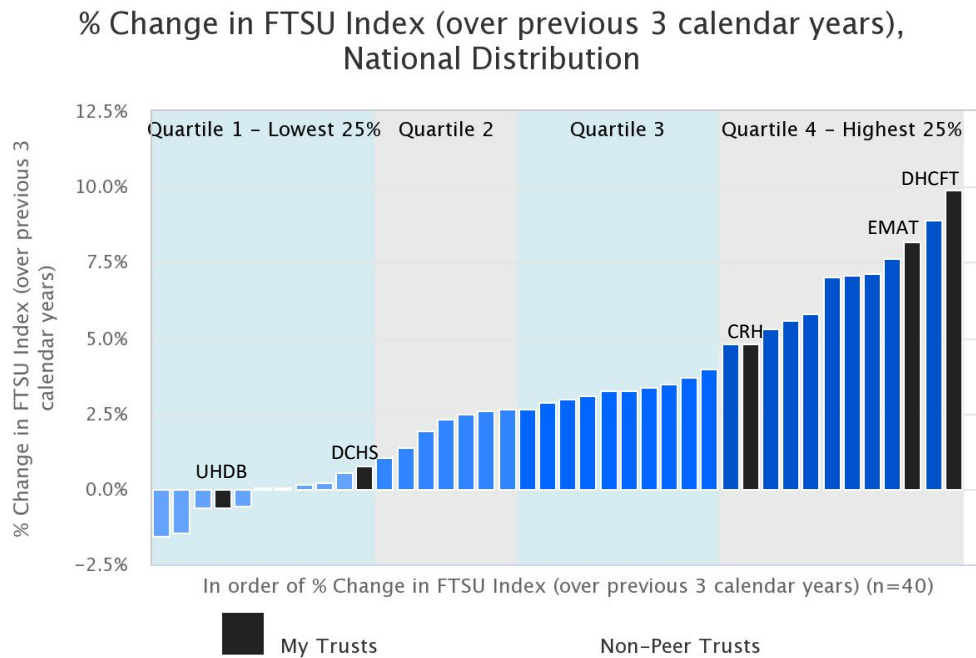
6.2 **The Freedom to Speak Up Index:** Every year, NHS staff in trusts are invited to take part in the NHS Staff Survey to share their views about working in their organisation. The data gathered is used to monitor trends over time, as well as to compare organisational performance to improve the experiences of workers and patients. Working with NHS England, the NGO (National Guardian’s Office) has brought together four questions from the NHS Staff Survey into a ‘Freedom to Speak Up (FTSU) Index’. These questions relate to whether staff feel knowledgeable, secure and encouraged to speak up and whether they would be treated fairly after an incident.

The FTSU Index seeks to allow trusts to see how an aspect of their FTSU culture compares with other organisations so learning can be shared, and improvements made.

DHCFT has had the third greatest increase in the FTSU Index at 9.9% of 213 Trusts across England (peer median 2.8%; national median 2.6%). We have an overall FTSU index score of 81.9% (peer median 80.8%; national median 79.7%).

DHCFT is first in the Midlands for percentage change in FTSU index over a three-year period. Figure 11 below shows Midlands trusts as comparators. Where the change is positive it indicates an increase in staff perception of speaking up. This metric may serve as a lead indicator of CQC rating.

Figure 11



6.3 DCHFT Freedom to Speak Up Vision Strategy: The FTSUG has written a draft Freedom to Speak Up Vision Strategy for the Trust which will require further development and consultation with a range of stakeholders across the Trust. In the Self Review Tool for Boards, the board is asked to evidence that it has a comprehensive and up-to-date strategy to improve its FTSU culture. Evidence should demonstrate:

- as a minimum – the draft strategy is shared with key stakeholders
- the strategy was discussed and agreed by the board
- the strategy is linked to or embedded within other relevant strategies
- the board is regularly updated by the executive lead on the progress against the strategy as a whole
- the executive lead oversees the regular evaluation of what the strategy has achieved using a range of qualitative and quantitative measures.

It is expected that the strategy will be available for approval by late March 2022.

7 National Guardian's Office and related National Changes

7.1 The **National Guardian's Office Strategic Framework for Freedom to Speak Up** was published on 22 July 2021. [The Strategic Framework](#) outlines the NGO's priorities for FTSU for the healthcare sector. The strategic direction of the National Guardian's Office is to build upon the improvements that Freedom to Speak Up has already made, ensuring that speaking up arrangements work consistently well.

This Strategic Framework sets out the intention of the National Guardian's Office to obtain greater assurance about speaking up cultures and the quality and consistency of how the FTSUG role is implemented. The most immediate concern of the National Guardian's Office is ensuring that speaking up works well now so that our healthcare workforce feels empowered and listened to.

Making speaking up business as usual will enhance the working life of the healthcare workforce and improve the quality and safety of care. The Strategic Framework has been developed with valuable contributions from colleagues in national bodies, leaders and workers' representatives – including from outside the healthcare sector – and Freedom to Speak Up Guardians.

The National Guardian Office's Freedom to Speak Up Strategic Framework

Working in partnership

to improve speak up listen up follow up cultures



7.2 Speak Up, Listen Up, Follow Up is an e-learning package aimed at all who work in healthcare. It is produced by the NGO and divided into three modules. The training explains in a clear and consistent way what speaking up is and its importance in creating an environment in which people are supported to deliver their best. Access is via the [Health Education England's e-Learning for Healthcare](#) and the training library on the Employee Services Record (ESR) record.

The first module is Speak Up, aimed at all workers including volunteers, students and those in training. Its aim is to help everyone working in health to understand what speaking up is, how to speak up and what to expect when they do. The second module is Listen Up. This module is for managers at all levels. It aims to give them the tools to develop positive leadership behaviours to help foster a speak up, listen up culture. The final module, Follow Up is to be launched in the near future and is for Senior Leaders to consider how they can support speaking up.

The FTSUG will be working with the Communications team to promote these modules at an appropriate time. Roll out of the training is currently on hold due to the mandatory training restrictions during the pandemic period.

The Derbyshire Community Health Services FTSUG and the DHCFT FTSUG have arranged to present on the listen up training module to leaders and managers within both Trusts as part of the DCHFT leadership programme.

7.3 On 31 March 2021, the NGO published a case review: [Northern Lincolnshire and Goole NHS Foundation Trust: A case review of speaking up processes, policies and culture](#). The NGO review found amongst a number of other issues:

- Evidence of a poor speaking up culture in the trust where issues raised by workers were not always responded to according to good practice, including where staff had raised serious safety issues.
- Evidence of bullying in the trust, including the existence of a bullying culture within specific teams, that made workers fear the consequences of speaking up.

The report highlights examples of good practice already within the Trust, a case study and also outlines a number of recommendations including:

- The Trust should ensure that its bullying and harassment policy and procedure is consistent with the standards set out in the bullying and harassment guidance issued by NHS Employers, including how the trust will implement and monitor the revised policy and ensure its contents are shared with all staff.
- The Trust Board should articulate a vision of how it intends to support its workers to speak up, which encompasses a strategy containing deliverable objectives within fixed timescales and under appropriate executive oversight, and to effectively communicate this to Trust workers.

The development of a vision for speaking up also appears to be an important development point for DCHFT's own articulation of a vision and strategy for Speaking Up.

8. Conclusion

- 8.1 Feeling free to speak up represents a significant cultural change across the NHS. Success is not only the responsibility of the FTSUG. It is important that the Trust continues to learn from concerns that workers raise and continues to build an environment where workers know their concerns and feedback are taken seriously and welcomed as an opportunity to guide service improvement and development.
- 8.2 The Board will continue to use the positive culture around speaking up to drive recommendations from the report forward and to deliver meaningful and visible responses to Trust wide concerns.

9. Recommendations

The Trust Board is asked to:

- 1) Support the current mechanisms and activities in place for raising awareness of the FTSU agenda.
- 2) Discuss the report and determine whether it sufficiently assures the Board of the FTSU agenda at the Trust and that the proposals made by the FTSUG promote a culture of open and honest communication to support staff to speak up.
- 3) Support the development of an FTSU Vision Strategy for the Trust as recommended by the National Guardian's Office and FTSU Board Self Review guidance.

Tamera Howard
Freedom to Speak up Guardian
Derbyshire Healthcare NHS Foundation Trust

Board Committee Assurance Summary Reports to Trust Board – 7 September 2021

The following summaries cover the meetings that have been held since the last public Board meeting held on 6 July:

- Mental Health Act Committee 11 June
- Audit and Risk Committee 1 July
- Quality and Safeguarding Committee 13 July
- Finance and Performance Committee 15 July
- People and Culture Committee 22 July

Mental Health Act Committee - key items discussed 11 June 2021

Response to escalation made to People and Culture Committee (PCC) on how can training and development be built into the recovery plan for staff

The Committee noted the positive response from PCC that training and development can be used as part of a recovery plan for staff and for this approach to be taken through training programmes across the Trust.

Mental Health Act (MHA) Report

The report contained an analysis and assessment based on a rolling 12 month update from 1 April 2020 to 31 March 2021. The report had also been extensively covered by the MHA Operational Group on 10 May. Significant assurance was received from the report that the safeguards of the MHA have been appropriately applied.

MHA Governance

A report set out the legal guidance produced by NHS England (NHSE) to support trusts explaining temporary emergency changes to the MHA that had been introduced by the Coronavirus Act including how to manage social distancing requirements on inpatient wards. Changes are also being made to the referral process for Deprivation of Liberty Safeguards (DoLS).

The Committee received significant assurance from the report as it included positive evidence that issues are being acted on. Tribute was paid to the quality improvement work that has been undertaken to ensure services act within very specific circumstances to comply with temporary emergency changes to the MHA.

S136 Suites and use of Section 135/136

There has been an increase in S136 detentions with small amounts resulting in hospital admission and this is in line with the national picture. An increase in alcohol consumption and/or drug use may have also been a contributing factor increasing the risk of impulsive behaviour. Numbers have not yet returned to pre-pandemic levels. The Committee received significant assurance from the engagement work taking place with Police and Social Care to improve practice.

Reducing Restrictive Practice - Positive and Safe Strategy and Quality Improvement Annual Report

A summary of work completed to date regarding the implementation of the Positive and Safe Strategy in reducing restrictive practices, reducing violence and keeping all of our people safe and plans moving forward was reviewed.

The report provided significant assurance from the depth of thinking about causation and evidence of the good progress being made to oversee positive and safe governance and a reduction in the need for restrictive intervention.

Complaints made by patients about or detained by the Mental Health Act

The Committee explored the nature of complaints from patients detained under the Mental Health Act. Data showed that the main complaint related to service users not being fully involved or agreeing to their care plans.

Training Compliance

The report set out Mental Capacity Act and Deprivation of Liberty Safeguards training compliance levels as at 4 May. Limited assurance was taken with current training levels. It is expected that levels will improve.

Verbal update on wi-fi connection at the Radbourne and Hartington Units

The wi-fi connection at the Radbourne and Hartington Units has been a cause for as failed connection has impaired key decision making documentation during team meetings.

The Committee expressed deep concern with the inadequate wi-fi connection and decided that the matter would be formally escalated to the Finance and Performance Committee at its next meeting in July for the issue to be addressed through the estates programme. A full response from the Finance and Performance Committee will be reported back to this Committee at the next meeting on 17 September.

Mental Health Act 1983 Community Treatment Order Policy

The revised Mental Health Act 1983 Community Treatment Order Policy was reviewed and ratified.

Escalations to Board or other Committee(s)

The need for clarification on how the inadequate wi-fi situation at the Radbourne Unit, The Beeches and Hartington Unit can be resolved is to be escalated to the Finance and Performance Committee.

Key risks identified

None

Consideration of any items affecting the BAF

No items were considered necessary for updating within the BAF.

Next Meeting – 17 September 2021

**Committee Chair: Dr Sheila Newport,
Non-Executive Director**

**Executive Lead: Dr John Sykes
Medical Director**

Audit and Risk Committee - key items discussed 1 July 2021

Clinical Audit Annual Report 2020/21

The Quality and Safeguarding Committee monitors the outcome and improvements of clinical audit activity whereas the Audit and Risk Committee focusses on process, seeking assurance on the content and delivery of the clinical audit plan. The Committee took limited assurance from the report and requested that an update is received at the next meeting in October that will articulate the effectiveness and priorities of the clinical audit programme and work to be taken forward next year bearing in mind some audits had been impacted in the pandemic.

Data Quality Assurance Report

The report contained an overview of the latest audit undertaken by the Information Management and Technology (IMT) team and described how the rolling programme of reviews are undertaken. The Committee acknowledged the significant work that has been undertaken to ensure good quality data is maintained and noted the corrective actions that have been implemented. The work to complete the migration of data from Paris to SystemOne (electronic patient record system) was discussed as well as the importance of the operational teams ensuring that electronic records are complete, accurate and up to date.

The Committee felt confident that the (IMT) team were committed to complying with the correct processes to ensure good quality data is maintained.

Overpayments update

A verbal update on how salary overpayments were being recovered revealed that the majority of overpayments were caused by delays in completing termination forms for leavers. Enhanced training has been rolled out to supervisory staff through to senior manager level so they can manage terminations correctly.

The Committee decided that by the next meeting in October it will want to see that considerable progress has been made in delivering training to managers so that terminations are transacted correctly, thus avoiding overpayments.

Internal Audit progress update

The Trust's Internal Auditor, 360 Assurance reported that they had issued a draft report for the System Shared Decision Making - Joined Up Care Derbyshire review. Responses to the report are currently being collated. 360 Assurance plan to issue a final report once this exercise is concluded and will submit the report to the Committee's October meeting.

A review of the Trust's Board Committees is included in the Internal Audit work programme this year. 360 Assurance will be observing the September meeting of the Quality and Safeguarding Committee to establish how the Committee is managing its risks.

Counter Fraud progress update and Counter Fraud Annual Report

The Committee received the Counter Fraud Annual Report 2020/21 that has been produced in line with counter fraud standards and was satisfied with the work completed. A development session for the Non-Executive Directors (NEDs) and Senior Managers directly involved with the governance / management of fraud risk is taking place in July.

External Audit Annual Report

The External Audit Annual Report summarised the work undertaken by the Trust's External Auditors, Mazars for the year ended 31 March 2021 and certified the Trust as a certified as a well-run organisation. In Mazar's opinion the financial statements had been confirmed as unqualified. In terms of wider reporting responsibilities in line with audit instructions issued by the National Audit Office (NAO), the Trust's consolidation schedules were consistent with the audited financial statements.

The Value for Money (VfM) arrangements element provided the Committee with assurance that the Trust has performed as an efficiently run organisation and had managed its resources to ensure it can continue to deliver its services.

The Committee acknowledged that Mazars and the Finance and Corporate teams had worked well together to ensure the Annual Report and Accounts was produced to the correct timescales.

Review of the Board Assurance Framework (BAF)

The second issue of the BAF for 2021/22 was reviewed and approved for submission to the Board on 6 July.

Since the issue of the previous version of the BAF five operational risks have been closed/had ratings reduced. Operational risks rated as high or extreme, have been reduced from 17 to 12 and have been aligned to the related BAF risks.

There is currently one risk rated as extreme, Risk 3a (*There is a risk that the Trust fails to deliver its revenue and capital financial plans*), which will require a 'deep dive' to this Committee in January 2022. Should the risk rating of this risk be reduced, or the rating for other risks increase to extreme, this timetable will be revised.

Standard Financial Instructions (SFI) Waiver Log

The Waiver Log was reviewed and significant assurance was obtained from the process followed to approve and record waivers, and from the additional checks and balances when scrutinising waivers relating to system spending. The multi-use of some suppliers across the financial year was noted and assurance was received that such multi-use was required in the circumstances.

Escalations to Board or other committees

No items were considered necessary for escalation.

Key risks identified

None

Next Meeting – 7 October 2021

Committee Chair: Geoff Lewins

Executive Lead: Justine Fitzjohn, Trust Secretary

Quality and Safeguarding Committee - key items discussed 13 July 2021

Summary of BAF Risks

BAF risks were considered within the Committee's current work programmes. The lack of commissioner engagement in relation to the outstanding risk in the size and current capacity of the community forensic team was discussed. A paper outlining the clinical demand of the future pipeline of forensic patients and expansion of the service was also presented to the Committee at the meeting and is covered below.

Commissioning of Community Forensic Services

The Committee considered a proposal to further expand the existing Community Forensic Service. Full assurance was obtained from the proposal in the light of its quality and financial responsibilities. A further paper will be received in twelve weeks after the proposal has been taken to the Joined Up Care Derbyshire (JUCD) Mental Health, LD and Autism System Delivery Board.

Briefing on the preparation for the future CQC inspection

The Executive Lead briefed the Committee on the preparation for the upcoming CQC inspection and provided feedback from the operational teams of their experiences and the focus of the inspection.

The reactivated inspection governance process was noted and the Committee and discussed the importance of maintaining a good CQC inspection rating. The importance of establishing technical as well as cultural preparation for inspection was understood. Discussion concluded that satisfactory headway was being made.

Risk Register escalation assurance

The quarterly escalation report outlined progress to reduce the number of risk assessments recorded and managed through Datix. The report also summarised the current status of extreme/high level operational risks and gave an update on compliance rates for the tiered risk management training programme. Compliance with the risk management training programme is strong and has been well-received by staff.

Concern was raised with the number of operational risks on the register that relate to medical vacancies. Useful debate took place around the integration of medics within their teams. The Committee agreed it would be valuable if this matter was escalated to the People and Culture Committee for examination to see if there are any triangulations around the cohesion of the medical teams.

Oversight of divisional progress and achievement

This report outlined the recovery of services and the recommencement of divisional full oversight through the Divisional Achievement Review model.

The Committee was grateful that Divisions Performance Reviews had resumed as the information presented gave Non-Executive Directors (NEDs) a good insight into the operational performance within the divisions.

Report from Guardian of Safe Working (GOSW)

The report provided data about the number of junior doctors in training in the Trust. Key themes from the report included the significant number of higher trainee vacancies that reflect the national issue with recruitment in psychiatry. The DME and ADME (Director Medical Education and Associate Director Medical Education) are addressing the issues around higher trainee recruitment. The issues with ALLOCATE (the software for logging exception reports) by the trainees and supervisors was noted as a national ongoing problem. The Committee was advised that action is being taken to resolve the issue. The GOSW report was approved for submission to the Board on 7 September.

Update on how Special Educational Needs and Disability (SEND) Code of Practice can be improved to a satisfactory level

The Committee was appraised of the internal action plan that was developed in response to the Derby City Council – Written Statement of Action. The action plan is received on a regular basis and gave a better reflection of performance indicators. The Committee was grateful for the more contextual and descriptive detail contained in the paper that prompted helpful discussion to establish that the Children’s Services team are making steady progress in providing good quality and timely services to young people who may be identified as having a special educational need. It was noted that much of the delivery responsibility for SEND lies with the local authority which has at times impacted the Trust’s partnership role. Despite this, the Trust continues to fulfil its duties around SEND.

COVID-19 briefing

The Committee was briefed on the increase in community rates of COVID-19 and discussed how the Euros had been the cause of a high number of cases associated with younger and older adults. A communication plan offering advice for patients was being developed so they can understand how the Trust and society is responding and a further communication was issued to staff to provide clarity on the Trust’s position.

A report outlining the transition to the future and recovery by the Trust to the COVID-19 pandemic was noted. The Committee supported the Recovery Coordination Programme approach whilst the Trust de-escalates its Emergency Preparedness, Resilience and Response (EPRR) transition to the future.

Serious Incidents Annual Report

This report provided information relating to all Serious Incidents (SIs) occurring during 2020/21. The Committee discussed the impact of work involved in recovering 30 overdue SIs. Substantial investment has been built into these overdue actions but there is still significant headway that needs to be made with a team carrying sickness absence.

Having discussed the report the Committee was satisfied that SIs are being managed in line with the Trust Incident Reporting and Investigation Policy and Procedure and the national Serious Incident Framework and that the Trust is discharging its statutory Duty of Candour. Limited assurance was obtained from the report due to the number of overdue SIs and the difficulties described in recovering the outstanding actions due to the team coping with sickness absence. It was agreed that the recovery of 30 overdue SIs is to feature in the next iteration of the BAF.

Annual Inquest and Claims Report

This report detailed the number of inquests the Trust has been involved with during the last financial year. The report also featured the number of statement requests by the Coroner broken down by service, details of the number of Prevention of Future Deaths Reports (PFD) for the Trust benchmarked against all other mental health trusts and recent legal case law changes and the potential challenges in the year ahead.

The report confirmed the continued trend in Coronial law is to view PFD Reports as a positive tool to improve patient safety and learning. In the context of this view, the Trust should anticipate an increased possibility of receiving a PFD Report in the coming year.

The Committee discussed the support offers that are available to colleagues and how clinicians have very high internal standards and often feel they have failed when involved in an investigation and was satisfied that the Trust has a very robust system in place around learning and preparation for inquests and with the support given to staff.

An analysis of Claims Activity during 2020/21 outlined the number of claims that have been raised against the Trust concluded that there were such low numbers that trends were difficult to establish.

The Committee received significant assurance from both reports and felt confident that the processes developed by the Trust had contributed to the receipt of no PFDs during the year.

Chief Pharmacist's Annual Report - Medicines Optimisation Strategy and Pharmacy Strategy

The Chief Pharmacist's report set out the management and use of medicines and the functioning of the Pharmacy department during 2020/21. The report also informed the Committee on the structures and progress of the Medicines Optimisation Strategy 2018-21 and the Pharmacy Strategy 2018-21.

The Committee recognised the progress that has continued to be made against the strategic intent of the Medicines Optimisation Strategy. The report showed that the Trust has good control of medicines practice. The Committee was pleased that the nationally mandated planning of Integrated Pharmacy and Medicines Optimisation Programme (IPMO) within Joined Up Care Derbyshire (JUCD) work is progressing.

While discussing the report the Committee was mindful that lack of electronic prescribing within OnEPR had been discussed at previous meetings and had been taken through to the Finance and Performance Committee in May to resolve.

Full assurance was received from the 2020/21 Chief Pharmacist's report and with the progression of the Medicines Optimisation Strategy 2018-21 and the Pharmacy Strategy 2018-21.

Clinical Research Annual Report

The Research and Development Annual Report for 2020/21 and plans for 2021/22 provided the Committee with a significant level of assurance from the response to learning from the COVID-19 pandemic that has been taken forward within the Incident Management Team.

The Committee agreed that this was a positive report bearing in mind the number of colleagues within the clinical teams that were redeployed to essential clinical and non-clinical services. 2021/22 will include time to recover in addition to building on the successes and learning from 2020/21.

Care Programme Approach (CPA) Policy

The updated CPA policy containing minor amendments to strengthen service user partnership working was reviewed and ratified by the Committee.

Length of Stay

The increase observed with length of stay was discussed under Any Other Business to establish if this was a reflection of care within the Trust or within the system. Discussion concluded that length of stay is being managed. Some particularly psychotic patients have been admitted with complex personality disorders and there have been some high risk cases affected by difficulties in finding accommodation for people which has attributed to length of stay.

Escalations to Board or other committees

People and Culture Committee to examine the Pulse Check results from the medical workforce and establish if there are any triangulations around the cohesion of the medical teams

Key risks identified

The recovery of 30 overdue SIs is to feature in the next iteration of the BAF

Next Meeting – 14 September 2021

Committee Chair: Margaret Gildea

Executive Lead: Carolyn Green, Director of Nursing and Patient Experience

Finance and Performance Committee - key items discussed 15 July 2021

Assurance on Estates strategy – dormitory eradication and Psychiatric Intensive Care Unit (PICU) specifically:

- Working arrangements with Principle Supply Chain Partner (PSCP) while waiting for Outline Business Case (OBC) approvals
- Design development over next 39 weeks
- OBCs submitted and initial feedback from NHS England and Improvement (NHSEI) were positively received. Initial discussion points included north planning and amount of cash-releasing benefits
- PICU and acute plus work commenced – working with CCG colleagues on jointly developed system business cases
- Both OSCs briefed and public consultation not required, confirmed
- VAT advice to optimise VAT recovery to benefit the dorms eradication programme and corresponding CDEL and wider benefit
- P22 process will be used for PSCP for refurbishments
- Programme appointments of clinical project manager and project officer and EQUAL rep with lived experience
- Risks remain as before including OBC approvals, time contingency, cashflow timings
- Exploration with national team regarding enabling works timing
- Limited assurance received from the report.

Assurance on Estates strategy – Estates and Facilities Management - Governance and new cleaning standards

Estates Governance arrangements were further scrutinised using KPIs presented to Committee covering routine work, urgent work, non-statutory planned and preventative maintenance (PPM) and statutory PPM. Facilities KPIs in development expected to mirror national cleaning standards.

The report confirmed governance arrangements in place do provide oversight and assurance on the management and operation of the estate. Delivery of Internal Audit Recommendations showed good progress ahead of June deadlines and 8 of 9 already completed. Final due in September.

Benchmarking was reviewed using Model Hospital comparators with descriptors of variances. Green plan progress was discussed. A working group set up with Transformation team.

Estates risks and actions were discussed e.g. the high quality of maintenance progress, approach to ligature risk, development of more integrated team working. Content with backlog maintenance profile.

Excellent pandemic response was acknowledged from the Estates and Facilities Management teams and the team's success in HEARTS awards was noted.

Significant assurance received from the report.

OnEPR Programme update

Excellent progress of successful phase 2 roll-out / go live of older adults went well overall, with some issues and risks raised but service impact minimal. No high risk or patient safety/quality of service impacts. Moving into business as usual status.

Phase 3 adult inpatient services scheduled for 20 September with very little time contingency. Phase 4 due 29 November.

Ongoing pandemic – increasing COVID related absences and wider issues are a significant risk – potential pinch-points are being reviewed again and development of operational procedures, training, engagement, local implementation groups. Project and operational team capacity.

Any delay to phase 3 will also delay phase 4.

Significant assurance received for phase 2 with limited assurance for phase 3.

Digital Strategy

Review of early draft of clinical digital strategy linking to the overall Trust strategic objectives. OnePR steering group feedback shared. The strategy will be reframed to be wider than clinical digital strategy – as enabler for whole Trust strategy and will be condensed to more vision-orientated.

Agile working – post COVID – need clarification and interpretation across different teams – will need clarity on vision on agile working as distinct from home working.

Digitalisation opportunities for inpatient and community services, again reframe as enabler.

Data flow utilisation and optimisation.

Protecting digital data and the cyber risk.

Wi-Fi project update (escalation from Mental Health Act Committee and discussed at Quality and Safeguarding Committee)

Progression phase 1 with phase 2 thereafter. Discussions shared from Capital Action Team including the transferability of hardware from current building to new buildings. Capita cost – clarification sought on components of costs. Capital constraints but high priority fully supported.

The Committee noted that Phase 2 is likely to require de-priorisation of elements of current Trust capital plan (in order to contain total spend to the agreed envelope and system CDEL). Phase 2 to be ready to be triggered to action if/when any slippage on current capital plan. Limited assurance received.

Operational Performance

The Committee noted that this had largely been discussed by the Board on 6 July. Performance was noted relating to Autism Spectrum Disorder (ASD) assessments, COVID recovery plan and recruitment to additional investment, new funding arrangements, productivity, personal independence payments influence on assessment demand and under 25 backlog clearance.

Waiting lists will be reviewed in a broader sense by the operational leadership team with a view to improvement planning at pace. The Trust's Roadmap and ongoing impact of COVID response to the operational performance measures was noted. Limited assurance.

Helpline update

Quarterly Update on 24/7 all age open access crisis helpline. Very effective service as evidenced in outcomes of calls. Increased engagement with police. Some multiple use/high volume users. Risks include workforce recruitment and staff turnover reasons and face to face assessments. Successfully moved base. Clarity sought on the concern raised by governors (on environmental noise) resolved by new location. Inclusion data needs to be further evolved. Outcomes of calls and impact of service in new model for support in community services with crisis, safe haven etc.

Significant assurance on the beneficial impact of service. Limited assurance for operation delivery risks – due to staffing risks

| | |
|--|---|
| <p>Business environments – partnerships, planning and system transformation update</p> <p>Wide range of updates summarised regionally and locally. Risk and gain share showed limited progress in recent months. Position of main delivery areas of long term plan summarised and highlighted. Upcoming East Midlands Alliance board development – governance and risk and gain share. Significant investment in community teams. Slippage on recruitment is taking place with expectation nationally that this will catch up. Detailed assurance on the delivery of components takes place at System Delivery Board.</p> | |
| <p>Financial governance and plan delivery</p> <p>Expanded reporting included visibility of system and trust position was well received. H1 and full year positions noted. Capital and cash planning and risks noted. Agency spend still significantly above ceiling will be area of focus. Forecasts discussed in terms of staffing assumptions (compiled using post by post using current information). Run rate analysis of COVID and vaccination costs compared to estimated income (in absence of confirmed arrangements for H2). Urgent need for transformation to progress the delivery of increased efficiencies that are expected to be required locally and nationally for H2 and beyond. Cash management and key points noted.</p> <p>Current off-payroll position noted. System JUCD finance report was noted (included as AOB). Limited assurance on plan delivery. Significant assurance appropriate financial governance.</p> | |
| <p>CIP and continuous improvement – verbal update</p> <p>CIP and transformation aspects were all covered in finance paper discussions.</p> | |
| <p>Board Assurance Framework risks</p> <p>The Committee’s BAF overview was noted. Five of nine 2021/22 BAF risks fall under the responsibility of the Finance and Performance Committee. The Committee discussed the approach to governance and assurance oversight on each risk and agreed no changes required. Committee was satisfied that discussions were appropriate to the BAF risks it has allocated to it.</p> <p>Increased length of stay was noted and it was noted that this was also highlighted at the Quality and Safeguarding Committee.</p> | |
| <p>Emergency Preparedness, Resilience and Response (EPRR) update</p> <p>The report reflected the ongoing pandemic and included an annual core standard review. Comparatively limited scope of report given ongoing pandemic. Excellent examples were noted of strong assurance on examples of responses to incidents prior to COVID pandemic. Significant assurance was received from the report.</p> | |
| <p>Terms of Reference</p> <p>The Committee’s amended terms of reference were approved to capture the inclusion of ‘...assurance on performance of the estates and facilities management function, on maintenance programmes and on statutory and regulatory compliance’.</p> | |
| <p>Any other business</p> <p>Joined Up Care Derbyshire (JUCD) Finance and Estates Committee paper was noted.</p> | |
| <p>Escalations to Board or other committees</p> <p>Not as an escalation but for information; 24/7 Mental Health Helpline report to be included for information in performance reporting to the next Trust Board.</p> | |
| <p>Next Meeting – 28 September 2021</p> | |
| <p>Committee Chair: Richard Wright</p> | <p>Executive Lead: Claire Wright, Director of Finance and Deputy Chief Executive</p> |

People and Culture Committee - key items discussed 22 July 2021

Summary of BAF Risks

The Committee noted its BAF risks for reference during the meeting and recommended that the People Services risk 2a '*There is a risk that we do not sustain a healthy vibrant culture and conditions to make Derbyshire Healthcare Foundation Trust (DHCFT) a place where people want to work, thrive and to grow their careers*' is increased to extreme due to increased gaps in control that relate to resilience issues within the People Services team.

Response to escalation from the Quality and Safeguarding Committee

While scrutinising the Risk Register at its July meeting the Quality and Safeguarding Committee (QSC) noticed some elevated risks and concerning patterns seen with the medical workforce relating to turnover and stress. QSC requested that the Pulse Check findings for medics is examined by the People and Culture Committee and that a report analysing the results from the medical workforce is submitted to QSC to establish if there are any investments or improvements that are needed following this triangulation of evidence of potential early warning signs for this section of the workforce.

Discussion took place on the patterns emerging in recruiting to the medical workforce roles that have been exposed by Brexit and COVID-19 and problems covering staff vacancies. The Committee requested that a report analysing Pulse Check/Staff Survey results from the medical workforce is received at the next meeting on 21 September and that the Quality and Safeguarding Committee is notified of the action being taken.

People and Inclusion Performance Dashboard

The dashboard linked to the strategic building blocks is still in development and will be taken forward by the new People and Inclusion Leadership Team.

Limited assurance was received from the performance dashboard indicators. Discussion concluded that there are worrying trends being seen with people bringing forward their retirement plans because they are exhausted. Safer staffing data shows the pressure staff are under to deliver safe services.

Workforce Safety Standards

Since October 2018, NHS Improvement (NHSI) instructed all trusts to review their workforce safeguards and implement some formal recommendations effective from 1 April 2019. This report was an update following the Trust's formal submission in May 2021.

The Committee assessed the compliance areas and the key areas of significant assurance and welcomed the opportunity to scrutinise and review different aspects of workforce information, systems and process of staff deployment, rostering and skill mix of services through 2021. Thematic information from ward managers and workforce meetings will be a focus of future reports. Workforce Safety Standards reporting will be a standing agenda item and captured in the forward plan.

Trust Response to the Paterson Enquiry

This report updated the Committee on action developed by the Trust's Medical Director in response to the Independent Inquiry chaired by the Reverend Graham James, Bishop of Norwich, which reported its findings in February 2020 following its review of medical governance in the light of Ian Paterson's malpractice.

The Committee noted and discussed the specific recommendations arising from the Inquiry and the response being made by the Trust. It was agreed that the report provided a high level of assurance around the action being taken and the Committee looked forward to receiving an update report at the next meeting in September showing the actions set out in a RAG rated action plan.

Health and Wellbeing Update

This report provided the Committee with an update on the staff health and wellbeing provision and current support available for staff and the current uptake. Throughout the pandemic the Staff Health and Wellbeing team have flexed to meet the needs of staff, this has included developing a system wide offer that now continues to be in place and built on.

The Committee acknowledged that appraisals have been paused as part of the Trust's roadmap recovery and that staff are encouraged to have a 1:1 health and wellbeing conversation with their managers. This is now a national priority and the Trust has participated in the launch event to ensure it is aligned to the national direction.

Significant assurance was received on the offer that has been available over the pandemic. Significant assurance was also obtained from the developing system approach to health and wellbeing.

Escalations to Board or other committees

None

Key risks identified

Gaps in control that relate to resilience issues within the People Services team.

Nationwide difficulties in recruiting to medical workforce and problems covering staff vacancies.

Next Meeting – 14 September 2021

Committee Chair: Julia Tabreham

Executive Lead: Jaki Lowe, Director of People and Inclusion

2020-21 Board Annual Forward Plan

| Exec Lead | Item | 4 May 21 | 6 Jul 21 | 7 Sep 21 | 2 Nov 21 | 18 Jan 22 | 1 Mar 22 |
|--|---|----------|----------|----------|-----------------------------|-----------|-----------|
| Paper deadline | | 27 Apr | 29 Jun | 31 Aug | 21 Oct | 7 Jan | 17 Feb |
| Trust Sec | Declaration of Interests | X | X | X | X | X | X |
| DON | Patient/Staff Story | X | X | X | X | X | X |
| CHAIR | Minutes/Matters arising/Action Matrix | X | X | X | X | X | X |
| CHAIR | Board review of effectiveness of meeting | X | X | X | X | X | X |
| CHAIR | Board Forward Plan (for information) | X | X | X | X | X | X |
| CHAIR | Summary of Council of Governors meeting (for information) | X | X | | X | X | X |
| CHAIR | Chair's Update | X | X | X | X | X | X |
| CEO | Chief Executive's Update | X | X | X | X | X | X |
| STRATEGIC PLANNING AND CORPORATE GOVERNANCE | | | | | | | |
| COO/DOF | NHSI Financial Annual Plan Month 7-12 2021/22 | | | | X | | |
| DPI | Staff Survey Results | X | | | | | Headlines |
| DPI | Annual Gender Pay Gap Report for approval | | | | | | X |
| DPI | Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) request for Board delegated authority for People and Culture Committee meeting on 21 September to approve the October submissions | | | X | | | X |
| DPI | Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Strategic implications/retrospective sign off after PCC in Nov and update report in Mar 2022 | | | | X | | X |
| DPI | 2021/22 Flu Campaign | | | X | National Checklist sign off | | |
| DPI | People Plan Annual Report | | | | | | A |
| 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 | Review SOs, SFIs, SoD plus review/ratify SFI Policy (as Policy Review section below) | | | | | | |
| Trust Sec | Trust Sealings (six monthly - for information) | X | | | X | | |
| Trust Sec | Annual Review of Register of Interests | X | | | | | |
| Trust Sec | Board Assurance Framework Update | X | X | | X | | X |
| Trust Sec | Freedom to Speak Up Guardian Report (six monthly) | | | X | | | X |
| Trust Sec | Fit and Proper Person Declaration | | X | | | | |
| Trust Sec | Annual Approval of Modern Slavery Statement | X | | | | | |
| Committee Chairs | Board Committee Assurance Summaries (following every meeting) | X | X | X | X | X | X |
| COO | Annual Emergency Planning Report (EPPR) | | | | | X | |
| DBI&T | Learning Disabilities Clinical Strategy - timeline TBC | | | | | | |
| DBI&T | Mental Health, Learning Disability and Autism Annual summary - timeline TBC | | | | | | |
| DBI&T/CEO | Trust Strategy Review (incorporated within CEO Report) | X | | | X | | |

2020-21 Board Annual Forward Plan

| Exec Lead | Item | 4 May 21 | 6 Jul 21 | 7 Sep 21 | 2 Nov 21 | 18 Jan 22 | 1 Mar 22 |
|--------------------------------|---|----------|-----------|-------------------------------------|---------------------|----------------------|----------------|
| OPERATIONAL PERFORMANCE | | | | | | | |
| DON/DOF/DPI/COO | Integrated performance and activity report to include Finance, People, performance and Quality Dashboard | X | X | X | X | X | X |
| DPI | Equality Diversity and Inclusion (EDI) update | | | | X | | |
| DON/COO/DPI | Workforce Standards Formal Submission/Safer Staffing (prior to going on website) | X | | | | | |
| QUALITY GOVERNANCE | | | | | | | |
| | Quality Position Statement Report - focus on CQC domains (Well Led CQC & NHSI) as per schedule - Caring led by DON due April 2022 | | Safety MD | Well Led Trust Sec (interim report) | Effective DON & DPI | Use of Resources DOF | Responsive COO |
| MD | Learning from Deaths Mortality report (quarterly publication) (Jul/Nov/Jan/Mar) | | X | | X | | |
| MD | Guardian of Safe Working Report | X | | X | X | | X |
| MD | NHSE Return on Medical Appraisals sign off - delayed for 2020/21 | | | | | | |
| DON | Control of Infection Annual Report | | | | X | | |
| MD | Re-validation of Doctors Compliance Statement | | | X | | | |
| DON | Receipt of Annual Reports: - Annual Looked After Children - Safeguarding Children and Adults at Risk | | | | X X | | |
| DON | Outcome of Patient Stories - every two years | | | | | X | |
| POLICY REVIEW | | | | | | | |
| DOF/Trust Sec | Standing Finance Instructions Policy and Procedures Review SOs, SFIs, SoD plus review/ratify SFI Policy | | | | | | X |
| Trust Sec | Engagement between the Board of Directors and CoG (Nov 2022) | | | | | | |
| Trust Sec | Fit and Proper Person Policy | | | | | | X |

| 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 |
| ADOS | Autism Diagnostic Observation Schedule |
| 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 |
| BPD | Borderline personality disorder |
| 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 |
| CHC | Continuing Healthcare Funding |
| CMDG | Contract Management Delivery Group |
| CMHF | Community Mental Health Framework |
| 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 |

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

| NHS Term / Abbreviation | Terms in Full |
|--------------------------------|--|
| CQC | Care Quality Commission |
| CQI | Clinical Quality Indicator |
| CQUIN | Commissioning for Quality and Innovation |
| CRB | Criminal Records Bureau |
| 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 |
| DDCCG | Derby and Derbyshire Clinical Commissioning Group |
| 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 |
| E&D | Equality and Diversity |
| EDI | Equality, Diversity and Inclusion |
| 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 |

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

| NHS Term / Abbreviation | Terms in Full |
|--------------------------------|---|
| FFT | Friends and Family Test |
| FIMS | Financial Information Management System |
| FOI | Freedom of Information |
| FMP | Financial Management Programme |
| FOIA | Freedom of Information Act |
| FSR | Full Service Record |
| FT | Foundation Trust |
| FTE | Full-time Equivalent |
| FTN | Foundation Trust Network |
| FTSU | Freedom to Speak Up |
| FTSUG | Freedom to Speak Up Guardian |
| F&P | Finance and Performance |
| 5YFV/FYFV | 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 |
| GPS | Government Procurement Services |
| H | |
| HA | Health Authority |
| HCA | Healthcare Assistant |
| HEE | Health Education England |
| HES | Hospital Episode Statistics |
| HoNOS | Health of the Nation Outcome Scales |
| HSCIC | Health and Social Care Information Centre |
| HSE | Health and Safety Executive |
| HWB | Health and Wellbeing Board |
| HWE | Healthwatch England |
| 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 | Integrated Performance Report |
| 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 | |

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

| NHS Term / Abbreviation | Terms in Full |
|--------------------------------|---|
| KPI | Key Performance Indicator |
| KSF | (NHS) Knowledge and Skills Framework |
| L | |
| LA | Local Authority |
| LAC | Looked After Children |
| LCFS | Local Counter Fraud Specialist |
| LD | Learning Disabilities |
| LHP | Local Health Plan |
| LHWB | Local Health and Wellbeing Board |
| LOS | Length of Stay |
| LTC | Long Term Conditions |
| LTP | (NHS) Long Term Plan |
| M | |
| MARS | Mutually Agreed Resignation Scheme |
| MAU | Medical Assessment Unit |
| MAS | Memory Assessment Service |
| MAPPA | Multi-agency Public Protection Arrangements |
| MARAC | Multi-agency Risk Assessment Conference (meeting where information is shared on the highest risk domestic abuse 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 | |
| NAO | National Audit Office |
| 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 |
| NHSEI | NHS England and Improvement |
| NHSPS | National Health Service Pension Scheme |
| NHST | National Health Service Trust |
| NIHR | National Institute for Health Research |
| NSFR | National Service Framework |
| O | |
| OBC | Outline Business Case |
| ODG | Operational Delivery Group |

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

| NHS Term / Abbreviation | Terms in Full |
|--------------------------------|---|
| OP | Outpatient |
| OSC | Overview and Scrutiny Committee |
| OT | Occupational therapy |
| P | |
| PAB | Programme Assurance Board |
| PAG | Programme Advisory Group |
| PALS | Patient Advice and Liaison Service |
| PAM | Payment Activity Matrix |
| PARC | Psychosis and the reduction of cannabis (and other drugs) |
| PARIS | This is an electronic patient record system |
| PbR | Payment by Results |
| PCC | Police & Crime Commissioner |
| PCN | Primary Care Networks |
| PDSA | Plan, Do, Study, Act |
| PHE | Public Health England |
| PICU | Psychiatric Intensive Care Unit |
| PID | Project Initiation Document |
| PIPoT | People in Positions of Trust |
| PLIC | Patient Level Information Costs |
| PMLD | Profound and Multiple Disability |
| PPI | Patient and Public Involvement |
| PPT | Partnership and Pathway Team |
| PREM | Patient Reported Experience Measure |
| PROMS | Patient Reported Outcome Measure |
| PSF | Provider Sustainability Fund |
| PSIRF | Patient Safety Incident Review Framework |
| 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 |
| R&D | Research and Development |
| 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 |

**GLOSSARY OF NHS AND
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS**

| NHS Term / Abbreviation | Terms in Full |
|--------------------------------|--|
| 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 (formerly plan) |
| 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 NHS Foundation Trust |
| V | |
| VCS | Voluntary and Community Sector |
| VFM | Value for Money |
| VO | Vertical Observatory |
| W | |
| WDES | Workforce Disability Equality Standard |
| WRAP | Wellness Recovery Action Plan |
| WRES | Workforce Race Equality Standard |
| WTE | Whole Time Equivalent |
| Y | |
| YTD | Year to Date |