Derbyshire Healthcare
NHS Foundation Trust

Derbyshire Healthcare NHS Foundation Trust
Meeting of the Board of Directors

To be held digitally in public via MS Teams
1 March 2022 09:30 -12:30

INDEX

Derbyshire Healthcare
NHS Foundation Trust

PUBLIC BOARD MEETING
TUESDAY 1 MARCH 2022 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	Selina Ullah
2.		Minutes of Board of Directors meeting held on 18 January 2022	Selina Ullah
3.		Matters arising – Actions Matrix	Selina Ullah
4.		Questions from members of the public	Selina Ullah
5.	9:35	Outcome of Patient Stories 2019 - 2021	Carolyn Green
6.	9:55	Chair's update	Selina Ullah
7.	10:05	Chief Executive's update	Ifti Majid
STRATEGY, OPERATIONAL PERFORMANCE AND QUALITY ASSURANCE			
8.	10:25	Integrated Performance report	C Wright/J Lowe/ C Green/A Odunlade
9.	10:45	Quality Position Statement - use of resources	Claire Wright
11:00 B R E A K			
10.	11:15	Learning from Deaths Mortality report	John Sykes
11.	11:25	Guardian of Safe Working report	John Sykes
12.	11:35	Annual Gender Pay Gap Report	Jaki Lowe
GOVERNANCE			
13.	11:45	Board Assurance Framework update	Justine Fitzjohn
14.	11:55	Freedom to Speak Up Guardian report	Tam Howard
15.	12:05	Approval of amendment to Standing Financial Instructions	Claire Wright
16.	12:10	Board Committee Assurance Summaries of meetings of Audit and Risk, Quality and Safeguarding, Finance and Performance, and People and Culture Committees held during January and February 2022	Committee Chairs
CLOSING MATTERS			
17.	12:20	- Identification of any issues arising from the meeting for inclusion or updating in the Board Assurance Framework - Meeting effectiveness	Selina Ullah
FOR INFORMATION			
Glossary of NHS Acronyms 2022/23 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 for the Board to conduct its remaining business in confidence as special reasons apply or because of information which is likely to reveal the identities of an individual or commercial bodies.

The next meeting will be held at 9.30am on 10 May 2022. 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 Senior Independent Director	• Director, Organisation Change Solutions Limited • Coaching and organisation development with First Steps Eating Disorders • Director, Melbourne Assembly Rooms	(a) (e) (d)
Deborah Good Non-Executive Director	• Trustee of Artcore, Derby	(e)
Carolyn Green Director of Nursing and Patient Experience	• Midlands and East Regional Director, National Mental Health Nurse Directors Forum	(e)
Gareth Harry Director of Director of Business Improvement and Transformation	• Chair, Marehay Cricket Club • Member of the Labour Party	(e) (e)
Ashiedu Joel Non-Executive Director	• Director, Ashioma Consults Ltd • Director, Peter Joel & Associates Ltd • Director, Leicester Council of Faiths • Director, The Bridge East Midlands • Director, Together Leicester • Lay Member, University of Sheffield Governing Council	(a) (a) (a) (a) (a) (a)
Geoff Lewins Non-Executive Director	• Director, Arkwright Society Ltd • Director, Cromford Mill Limited (wholly owned trading subsidiary of Arkwright Society)	(a) (a)
Jaki Lowe Director of People and Inclusion	• General Medical Council Associate	(e)
Ifti Majid Chief Executive	• 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	• 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 John Sykes Medical Director	• Undertakes paid assessments of patients at the request of the local authorities under the Mental Health Act and Mental Capacity Act and acts likewise for solicitors representing patients	(e)
Selina Ullah Trust Chair	• Non-Executive Director - Solicitors Regulation Authority • Director/Trustee, Manchester Central Library Development Trust (voluntary role) • Non-Executive Director, General Pharmaceutical Council • Non-Executive Director, Locala Community Partnerships CIC • Non-Executive Director, Accent Housing Group	(a) (a) (e) (e) (e)
Richard Wright Deputy Trust Chair and Non-Executive Director	• Non-Executive Director (Chair) of Sheffield UTC Multi Academy Educational Trust	(a)

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

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

Derbyshire Healthcare NHS Foundation Trust

MINUTES OF A VIRTUAL MEETING OF THE BOARD OF DIRECTORS TUESDAY 18 JANUARY 2022

VIRTUAL MEETING VIA MS TEAMS

Commenced: 09.30 Closed: 12.27

PRESENT	Selina Ullah	Trust Chair
	Richard Wright	Deputy Trust Chair and Non-Executive Director
	Margaret Gildea	Senior Independent Director
	Dr Sheila Newport	Non-Executive Director
	Geoff Lewins	Non-Executive Director
	Ashiedu Joel	Non-Executive Director
	Ifti Majid	Chief Executive
	Claire Wright	Deputy Chief Executive and Director of Finance
	Ade Odunlade	Chief Operating Officer
	Carolyn Green	Director of Nursing and Patient Experience
	Dr John Sykes	Medical Director
	Gareth Harry	Director of Business Improvement and Transformation
	Jaki Lowe	Director of People and Inclusion
	Justine Fitzjohn	Trust Secretary
IN ATTENDANCE	Anna Shaw	Deputy Director of Communications
	Sue Turner	Board Secretary
DHCFT2022/002	Sharon Rumin	Chair, BME Network
OBSERVERS*	Lynda Langley	Public Governor, Chesterfield and Lead Governor
	Andrew Beaumont	Public Governor, Erewash
	Julie Boardman	Public Governor, High Peak and Derbyshire Dales
	David Charnock	Appointed Governor, University of Nottingham
	Denise Baxendale	Membership and Involvement Manager
	Ian Strange	Technical Analyst
	Leanne Walker	Chair, LGBT+ Network
	Jo Foster	Staff Governor (Nursing)
	Julie Lowe	Public Governor, Derby City East
	Jodie Cook	Appointed Governor, Derbyshire Mental Health Forum
	Susan Ryan	Public Governor, Amber Valley
	Stephen Wordsworth	Appointed Governor, University of Derby

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

DHCFT 2022/001	**CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND DECLARATION OF INTERESTS** Due to the need for social distancing to help limit the spread of COVID-19, this was a virtual meeting, held via MS Teams and livestreamed to the public. Due to the number of infections in Derbyshire the Board of Directors will continue to meet virtually. Trust Chair, Selina Ullah, welcomed everyone to meeting. She paid thanks to colleagues for their ongoing support and contribution to the continued delivery of quality services within the Trust particularly during the latest peak of Covid cases. The Register of Directors' Interest was noted. No declarations were raised with any agenda items
DHCFT 2022/002	**STAFF STORY** Over the last two years a number of colleagues have been redeployed to positions outside of their substantive roles to support the Trust's response to the Covid pandemic. Sharon Rumin shared her account of being on long term redeployment to the People and Inclusion team where she is running the Recruitment Inclusion Guardian (RIG) process. Sharon is also chair of the BME Network. The main theme of Sharon's story focussed on how redeployment was a valuable personal development opportunity that enabled her to develop her skills and knowledge when there had been no opportunity to do that previously in her administrative role in the Crisis team. Sharon described how her strong views on equality and her experience as a Reverse Mentor gave her the expertise to become a RIG to encourage equality of opportunity between people who share a protected characteristic and foster good relations between people who share a protected characteristic and people who do not share it. This has been a fantastic opportunity for her that has also given her exposure with senior leaders. In Sharon's experience, colleagues with protected characteristics like her are often overlooked for promotion or progression. She often heard senior leaders talk about bringing your whole self to work and felt that people with protected characteristics or with carer or family responsibilities do not have the same opportunities to do this. She was pleased that the appraisals process opens up a development opportunity for people like her to explore and share a vision of where they can be in two or more years' time and would like to see the talent pool for BME colleagues developed so that colleagues like her are able to achieve their full potential. Non-Executive Director, Ashiedu Joel was interested to know what the benefits were to reverse mentoring. Sharon explained how reverse mentoring can be beneficial for the mentees and the mentor. The mentor shares their experience of their community and it enables the mentee to get to know the mentor particularly in terms of their strengths so they can be talent managed and exposed to work and development they would not have gained otherwise. Ashiedu referred to the Trust's inclusive recruitment processes and asked if RIGs voices were able to be heard bearing in mind they might not be at the same level of seniority as other members of the recruitment panel. She was pleased to hear from Sharon that RIGs have reported that they have become more confident as a result of performing their RIG role. They have also been able advocate for applicants who were not successfully appointed to the role they applied for so they can be seen as a valuable asset and receive further training and development. The Board reflected on how redeployment gave Sharon the opportunity to grow and develop her skills and confidence and feel great satisfaction in her new-found abilities. This discussion highlighted the importance of the conversations that take place within the

	appraisals and the benefits of grasping informal opportunities when they arise to develop people and help them make further progression. **RESOLVED: The Board of Directors acknowledged the importance of listening to the lived experience of colleagues and how the Trust is fulfilling its commitment to practice people-first leadership, create an inclusive and vibrant culture for all and be a healthy place to work and thrive**
DHCFT 2022/003	**MINUTES OF THE BOARD OF DIRECTORS MEETING HELD ON 2 NOVEMBER 2021** The minutes of the previous meeting held on 2 November 2022 were accepted as a correct record of the meeting subject to Public Governor, Julie Lowe being listed as an observer and the second sentence of the paragraph referring to the Green Plan in the Chief Executive's report item DHCFT2021/099 being amended to read *"The Green Plan focuses on nine areas that include workforce, travel, facilities and estates"*.
DHCFT 2022/004	**ACTIONS MATRIX AND MATTERS ARISING** The Board agreed to close all completed actions. Updates were provided by members of the Board and noted on the actions matrix.
DHCFT 2022/005	**QUESTIONS FROM MEMBERS OF THE PUBLIC** No questions had been submitted for a response ahead of today's meeting.
DHCFT 2022/006	**CHAIR'S UPDATE** Selina Ullah's report summarised her activity in her role as Trust Chair since the previous meeting held on 2 November 2021 and outlined her involvement in a number of activities to date including meeting with colleagues and governors. Selina briefed the Board on the progress being made to recruit a new Non-Executive (NED) vacancy to replace Julia Tabreham who retired from her role in December. Candidates were interviewed on 17 January and the appointment of the successful candidate will be approved by the Council of Governors at their meeting this afternoon, 18 January. Selina drew attention to her involvement in the development of Derbyshire's emerging Integrated Care Board (ICB) and announced the appointment the Trust's Deputy Chair, Richard Wright and Senior Independent Director, Margaret Gildea to the ICB when it becomes a legal entity on 1 July. Richard and Margaret are nearing the end of their second term as NEDs of the Trust Board and although it will be sad to lose them, they will continue their work to improve outcomes for patient services through the ICB. Selina's report also reflected on her engagement with other providers regarding the response to the pandemic. It is anticipated that all Board meetings will continue to be held as virtual meetings using MS Teams. These meetings have continued to be livestreamed to the public and a recording of today's meeting will be made available to view on the Trust's website supporting the organisation's aim to make meetings open and accessible to all. **RESOLVED: The Board of Directors noted the content of the Chair's update.**
DHCFT 2022/007	**CHIEF EXECUTIVE'S REPORT** Ifti Majid's 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. Ifti first of all paid tribute to all Team Derbyshire colleagues for their ongoing support and adherence to infection, prevention and control measures during the Omicron wave of the pandemic. Derbyshire suffered extremely high community transmission rates and this led to

	a number of colleagues self-isolating as well as an increasing number of patients with Covid which is to be expected when working within the local communities. Whilst these numbers seem high, they are low compared to national levels and this is due to the dedication and adaptability of colleagues working within the organisation and demonstrates the Trust's compliance with our infection and control measures. Ifti was privileged to visit the services in recent weeks. He saw how the uncertainty of the pandemic and changes in regulations have driven a sense of tiredness in colleagues. The importance of clear communication, small gestures of thanks and clarity of while responding to the latest peak of Covid cases has proved extremely effective. The measures of support colleagues say they want to help them work, stay safe and reconnect when Covid becomes endemic resonated with Ifti and will be worked through the Trust's strategy. This led Ifti to reflect on key highlights from the end of 2021, particularly the uplifting staff conference held in November when inspirational guest speaker Amar Latif, entrepreneur, television personality and professional traveller gave a truly thought provoking talk. The key to a successful staff conference is taking forward actions that mean the most to colleagues and these too will be taken through the Trust's strategy. A summary of guidance to support a system-based approach to planning and delivery that will align to the new ICS boundaries was included in Ifti's report. Of significant importance is the delivery of more elective care to tackle the elective backlog, reduce long waits and improve performance. Improving mental health services and services for people with a learning disability and/or autism and improve access is a key priority for the Mental Health Learning Disability and Autism System Delivery Board. Ifti referred to the Department of Health and Social Care's independent review into the health impact of potential bias in medical devices that is looking to see how people from BME communities might be disadvantaged by the use medical devices and technologies. There are devices that are routinely used within services that will be looked at to establish if they are culturally relevant. The East Midlands Alliance for Mental Health and Learning Disabilities draft governance arrangements was shared as an appendix to the report. Ifti invited Board colleagues to share any feedback they might have on this provider collaborative with him outside of the meeting. Richard Wright referred to the step by step planning guidance for 2022/23 published by NHS England and Improvement (NHSEI) and the emphasis on reducing reliance on inpatient care, which he thought describes the Trust's work in community care. Ifti agreed, the guidance promotes care in local communities, wellbeing and prevention and the need to support local communities to be resilient and presents an opportunity for the Trust to influence this pathway. Having reviewed the report, Board members joined Ifti in extending their extreme gratitude and thanks to all Derbyshire Healthcare colleagues for their adaptability and dedication in support of the Trust's response to the pandemic. **RESOLVED: The Board of Directors:** **1) Scrutinised the report, noting the risks and actions being taken** **2) Received significant assurance from the key issues raised.**
DHCFT 2022/008	**<u>PERFORMANCE AND ACTIVITY REPORT</u>** The Board of Directors was updated on key finance, performance and workforce measures at the end at the end of November 2021. **Operations** Chief Operating Officer, Ade Odunlade echoed Ifti's thoughts and thanked all staff for their commitment despite ongoing challenges and thanked the Executive Leadership Team (ELT) colleagues for making effective decisions. Ade was pleased to report on improved patient

flow across services and the development of new initiatives that has reduced the need for out of area placements. Ade was optimistic that the recent multi-agency discharge event (MADE) and Perfect Day work will pay dividends and will mean people receive the treatment at the right place and at the right time.

The CAMHS waiting list initiative in September and October 2021 has resulted in a significant reduction in waiting times and the number of children waiting to be seen. Ade was keen to point out that whilst people are waiting the team continues to support each individual referred to services. Ade was disappointed that a number of outpatient appointments continue to be defaulted with some 15% of people not attending despite the issue of reminders encouraging people to attend.

Finance
Deputy Chief Executive and Director of Finance, Claire Wright updated the Board on the financial position at month 8. The Trust is predicted to break even at the end of the year. A deep dive of extreme rated BAF risk 3a *"There is a risk that the Trust fails to deliver its revenue and capital financial plans"* will take place at the Audit and Risk Committee on 2 January and will provide additional scrutiny of the Trust's diverse financial movements such as increased agency spend and out of area costs which had increased in recent weeks due to the Omicron wave.

Claire was pleased to report that at the end of month 8 the Trust was slightly above plan on capital by £0.9m and was forecasting to be above plan by £0.3m by the end of the financial year. The above-plan forecast expenditure is related to the self-funded elements of the dormitory eradication programme, PICU and acute-plus plans that forms part of the system capital departmental expenditure limit (CDEL). Since writing the report positive news has been received regarding additional central capital funding for wi-fi expenditure which means the Trust's forecast capital expenditure will now be expected to be within plan.

People performance
Priorities for people performance include an ongoing focus on colleagues' health and wellbeing, improving appraisal rates and training compliance. Director of People and Inclusion, Jaki Lowe reported that the full appraisal process has recommenced across all services. Today's staff story was a good example of why appraisals are so important and give opportunities to plan and build staff development wrapped around an individual's needs.

The rate of staff turnover has been higher than the Trust target range of 8-12% for the last three months. Retention continues to be an issue especially as other mental health trusts across the Midlands are offering incentives to attract and retain staff. The People Inclusion team are building upon the Trust's excellent reputation as a good local employer to attract people to the organisation.

Sickness absence rates have increased gradually over the last three months with short term absence largely due to coughs, colds and flu and COVID-19, including vaccination recovery. We have a comprehensive wellbeing offer that involves holding conversations with staff to help them stay well at work.

Quality
Director of Nursing and Patient Experience, Carolyn Green referred to clinical supervision as levels of compliance with the clinical and management supervision targets have remained low since the start of the pandemic. Supervision also provides an opportunity to talk about how staff feel at work and is fundamental to ensuring safe practice. 10% of colleagues have had COVID-19 and this has been quite a wave. The priority for maintaining safer staffing has ensured services have operated safely bearing mind the number of staff with Covid infections. It was inevitable that inpatient settings would be impacted by Covid and thanks were made to colleagues for maintaining quality standards.

A point of concern for Carolyn is people in settled accommodation as there are a number patients who have no accommodation status and are recorded as homeless. People who

	are homeless are more at risk and Carolyn is working with colleagues to improve their accommodation status. The Health Protection Unit (HPU) continues to offer both Covid and Flu vaccinations to staff, inpatients and community patients. There is a project underway to support those patients with severe mental illness and those most vulnerable who often experience health inequalities. The HPU remains a supportive arm for all staff to contact and receive information and guidelines. Senior Independent Director, Margaret Gildea praised the performance of the HPU and asked for an indication of how many staff have been vaccinated against Covid and a prediction of vaccination levels once mandatory vaccination for healthcare workers applies from 1 April 2022. Carolyn reported that there are a small number of colleagues who are reluctant to be vaccinated. The Trust will be maintaining its people first approach and will work within the confines of the legislation and support staff and provide them with full information to enable them to make an informed decision and it is hoped that they will take the decision to be vaccinated. Ade added that 95% of patient facing staff have received their first vaccination and 93% have received both vaccinations. Booster vaccinations are continuing and so far, 70% of patient facing staff have received their booster. Ade offered thanks to all colleagues who are working to improve on these figures. Director of Business Improvement and Transformation, Gareth Harry wanted his appreciation to be noted of the ward teams for their rigorous application of infection prevention and control measures during the Omicron wave of the pandemic at the end of the year which demonstrates their dedication in maintaining these standards. In response to Richard Wright asking Ade how embedding changes and initiatives such as MADE get to the root cause of improving waiting lists, Ade reported that the Trust has good data that helps provide an understanding what is happening within the system. However, there is a lot to do to make an impact on primary care and improve services within the community. The Trust is working with a wide range of stakeholders to achieve the required aims. For example 49% of delays relate to housing. This signifies the burden that secondary care is carrying especially in terms of homelessness. The Trust has to manage these complexities and work with all stakeholders to achieve the required solutions. Ashiedu Joel had two questions. The first concerned patients who are opting to wait for face to face appointments with consultants and why they are choosing this method and not taking up the digital offer. She wanted to know what support is being offered to ensure their waiting period is not further extended. Carolyn Green assured Ashiedu that the Trust always takes account of people's health needs and priorities and looks to see if people need advice to access digital appointments and try and accommodate people's needs and make reasonable adjustments to support them. There are people who make a choice if they are not on an urgent waiting list. If they are on an urgent waiting list, they are offered face to face appointments. Ashiedu's second question referred to complaints related to access to services. She was interested to know if they were mainly concerned with lack of access or if it was a reflection of social perceptions of people's health needs. Ade explained that there has been an increase in the number of people post pandemic requiring access and the capacity of services is having an impact on demand. Whilst people will be seen who have urgent needs, it is also important to prioritise people who do not have urgent needs. There continues to be a disparity in access in different sections of the community and the Trust is working hard to address variations in access with local communities and is encouraging people to come forward for treatment. Non-Executive Director, Sheila Newport asked if any improvement had been made in the autism spectrum disorder (ASD) waiting list. She had been prompted to ask because the Board had heard patient stories about ASD referrals. Gareth Harry advised that new developments had been made for neuro development conditions across all ages. The

	Mental Health, Learning Disabilities and Autism (MHLDA) Delivery Board will look at proposals to increase assessments and service delivery support. Selina Ullah concluded discussions by highlighting how the Integrated Performance Report had drawn attention to certain risk areas and had given a better understanding and degree of assurance around the mitigations in place to address these risks. **RESOLVED: The Board of Directors received limited assurance from current performance across the areas presented.**
DHCFT 2022/009	**<u>NATIONAL DRUG STRATEGY</u>** Dr Richard Martin, Assistant Director of Public Health for Derby City joined the meeting and together with Carolyn Green presented a briefing on the new national drug strategy. The government published in December 2021 a ten year plan for real change, with an ambition to reduce overall drug use to a historic thirty year low and the commitment to break drug supply chains while simultaneously reducing the demand for drugs by getting people suffering from addiction into treatment and deterring recreational drug use. Dr Martin outlined how the Trust can co-align its approach through the Supporting Families Programme and support people, with a particular focus on young people and those who are homeless. His presentation set out the planned success measures of the new national drug strategy that will result in fewer individuals being dependent on drugs, reduce crime and drug related deaths and enable local prisoners as they leave prison to re-enter the community and remain engaged in treatment after release. Non-Executive Director, Geoff Lewins observed the positive messages in the presentation and how investment is focussed on people and asked if this was an area that can be relatively straight forward to recruit to. Richard responded that a workstream of workforce development will feed into this work and the investment is there. There is a view that the stream of capacity might be slow but there will be apprenticeships and people joining from the voluntary sector. The Board reflected on how this shared programme will impact collective strategies and saw this as an ideal opportunity to take leadership across providers of services in Derbyshire to improve quality standards in both children's and adult mental health services that are key delivering better outcomes for the local community. The Board looked forward to the commissioning of this shared service and working together with stakeholders to co-produce the model. The Quality and Safeguarding Committees will have oversight of the progress and Board members were urged to instil this work programme within the ICS. **RESOLVED: The Board of Directors:** **1) Received a briefing on the drug strategy** **2) Considered the Board's commitment to enabling this service to flourish in Derbyshire** **3) Considered the Trust's own and the ICS contribution to the reduction of drug related deaths and reducing the risk of accidental, intentional death and death through inability to access health services** **4) Considered the population needs of Derby and Derbyshire in terms of drugs strategy and improvement work.**
DHCFT 2022/010	**<u>QUALITY POSITION STATEMENT - RESPONSIVENESS</u>** Ade Odunlade presented the Board with an update on the responsiveness of the Trust's services, including the amount of time it takes for people to access services and performance against national access standards. This report set out information relating to one of the five key questions which the Care Quality Commission (CQC) considers when reviewing and inspecting services: are they responsive

	to people's needs? It also describes these standards for access to care and treatment and provides an assessment of how the Trust's services are performing against these standards. Ifti was interested to know the results of the benchmarking exercise that looked into the defined new access standards to Derbyshire Healthcare. Ade was pleased to report that the Trust was faring well. For example, the Trust upholds the national crisis standard of seeing people within four hours. Carolyn Green offered assurance on clinical safety. Benchmarking against other trusts has shown that the Trust has fared well in meeting the four-week wait standard. Outstanding performance has been seen in A&E and eating disorders but there is a lot of work to do to sustain performance in psychological therapy. Gareth Harry commented on the national ambitions of the long term plan and the impact this will have on delivery of the long term plan. Access to some services is easier than others, access targets worked well for people under treatment. As new models of care are developed this will set the boundaries of how people are treated in primary and secondary care and this will enable better understanding of how access targets are measured the reasons why there is a delay. The Board concluded that the Trust continues to be responsive across many of the services it provides, achieving the majority of existing standards and proposed standards. However, there remain a number of services where being responsive continues to be a significant challenge. Pan service restoration post pandemic will address some of these access issues. **RESOLVED: The Board of Directors note the contents of this report.**
DHCFT 2022/011	**<u>BOARD COMMITTEE ASSURANCE SUMMARIES</u>** 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. Discussions held within the committees were summarised by the Committee Chairs as follows: **Finance and Performance Committee:** Discussion on the Radbourne Unit refurbishment and Psychiatric Intensive Care Unit (PICU) outline business cases provided assurance that this work is progressing well. Success was recognised with estates work, particularly with regard to national cleaning standards. Although the OnEPR (electronic patient record system) programme is delayed due to pressures associated with Covid ward-based observations have been rolled out with successful testing. Financial performance discussions established that a lot of emphasis is being paid to cash to ensure the Trust maintains its good position. **Quality and Safeguarding Committee and People and Culture Committee:** Two meetings of the Quality and Safeguarding Committee (QSC) and one meeting of the People and Culture Committee (PCC) took place at the end of the year. A challenge made from PCC around the accuracy of safer staffing reporting confirmed that there was no concern around data integrity. This was good example of the two committees working together and resulted in both committees being assured that safer staffing reporting is accurate and hot spots were being identified for further concentration. Both committees are looking at areas of concern around the programme of work of the medical workforce in partnership with the Director of People and Inclusion and the Medical Director to ensure there is good capacity in the medical workforce and that medics are happy in their roles. **Mental Health Act Committee:** The main responsibility of this Committee is to ensure that safeguards of the Mental Health Act have been appropriately applied. Positive assurance was received at the December meeting that this is being applied across the Trust. Preparation for the introduction of Liberty Protection Safeguards (LPS) within the Trust is also on track. There have been discussions across various committees around the standard

	operating procedures for Section 17 leave as a result of the audit that highlighted that the process for S17 leave needs to improve. Quality improvement work is now looking into using electronic patient record systems as a solution to help patients achieve their requirements. Committee membership and portfolios were reviewed due to the departure of Julia Tabreham Julia from her role in December. Selina Ullah reported that Sheila Newport will now chair the Quality and Safeguarding Committee. Margaret Gilda will chair the People and Culture Committee and Ashiedu Joel will chair the Mental Health Act Committee. Richard Wright and Geoff Lewins remain in place as chairs of the Finance and Performance and Audit and Risk Committee respectively. The Board recognised that it is within the Board Committees where much of the scrutiny and challenge takes place and that which is such an important part of the Trust's governance requirements. **RESOLVED: The Board of Directors noted the Board Assurance Summaries.**
DHCFT 2022/012	**IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK (BAF)** The BAF will articulate the risk to service continuity due to the mandated vaccination requirements of healthcare staff.
DHCFT 2022/013	**2021/22 BOARD FORWARD PLAN** 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 for the remainder of the financial year. The 2022/23 forward plan is in development and will be included for information at the next meeting on 1 March.
DHCFT 2022/014	**SUMMARY REPORT FROM THE COUNCIL OF GOVERNORS** The summary from the meeting of the Council of Governors held on 2 November 2021 was noted for information.
DHCFT 2022/015	**MEETING EFFECTIVENESS** Board members agreed that the meeting had been successfully conducted as a live streamed meeting. Today's staff story had been particularly interesting and was positively received.
The next meeting to be held in public session will be held at 9.30am on 1 March 2022. Owing to the current rate of infection during the coronavirus pandemic this meeting will be held digitally and will be live streamed via MS Live Events.	

				BOARD OF DIRECTORS (PUBLIC) ACTION MATRIX - MARCH 2022			
Date	**Minute Ref**	**Item**	**Lead**	**Action**	**Completion Date**	**Current Position**	
2.11.2021	DHCFT 2021/094	A carers story	DON	Connecting care between primary and secondary mental health services and wider social care is to be taken forward within JUCD to ensure the same level of insight is obtained from the carer and his brother's experience	18.1.2022	This experience was discussed at the EQUAL Service Users and Carers Group. Reducing waiting times and implementing the Community Mental Health Framework (CMHF) is key to full delivery. The appointment was held with the carer to agree collective outcomes. This learning is includedin the learning from patient stories stories received at topday's meetings	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%**

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 1 March 2022

A Framework of Quality Assurance for Board Stories – Sharing Service Receiver and Carer Experiences to Trust Board

Purpose of Report

To provide the Trust Board with an overview and assurance regarding patient stories and the impact. Telling the Board about how service receivers have experienced the services of the Trust.

Listening to what is important to the storyteller helps the Board to understand why certain issues matter and to make sure that the improvements to the services are based on their respective feedback. The Board demonstrating leadership that it acts upon the feedback is key to our collective integrity and to our commitment to our communities.

The person who uses our service or carer can either write down their story or have someone read it aloud, or they can talk about their experiences. After sharing their experiences, the Board may ask questions and often makes a commitment to take these experiences into account and improve our services or influence developments to improve the patient experience.

In 2019 the NICE Guideline for Patient Experience was reviewed and the key aspects of this change and the measures as well as standards have been included wherever possible in these stories.

The five areas that the Board of Directors should focus on to ensure their organisation is well-led are:

- Inspiring vision – developing a compelling vision and narrative
- Governance – ensuring clear accountabilities and effective processes to measure performance and address concerns
- Leadership, culture and values – developing open and transparent cultures focused on improving quality
- Staff and patient engagement – focusing on engaging all staff and valuing patients' views and experience
- Learning and innovation – focusing on continuous learning, innovation and improvement.

Overall this has been achieved and these experiences have been used to set the Trust strategy, and in implementing the clinical ambition, in valuing patients' views and experience and focusing on continuous learning and improvement.

In every patient story there has been a change in the area of concern and in some aspect significant impact. There is strong evidence that patient stories do influence the Board in their strategic intent and direction of travel. There is evidence of clinical improvement plans and impacts on services and on individuals.

Some equality gaps remain and are known areas of risk in the Board Assurance Framework (BAF) with requirements outlined in the Trust strategy to continually improve and reduce this inequality.

Executive Summary

The Board endeavours to make best use of the financial resources and deliver the standards people need, to nationally agreed standards of safety and quality and will regularly hear a patient or carer story to see how this has been adapted.

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

Assurances

A service receiver attends the Board meeting to give an insight into their experience whilst in care. The Board has listened to the experiences of individuals and has used that knowledge to triangulate and to change the Trust strategy and improve performance in these areas.

Consultation

The Director of Nursing and Patient Experience has reviewed this paper with the Trust's Chief Executive Officer.

Governance or Legal Issues

The essential standards of quality and safety consist of 28 regulations (and associated outcomes) that are set out in two pieces of legislation: the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

The CQC regulates the Trust and when an essential standard is not met, the Trust is in legislative breach.

The provider must have plans that ensure they can meet these standards. They must have effective governance and systems to check on the quality and safety of care. These must help the service improve and reduce any risks to people using the service in their health, safety and welfare.

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 Trust Board learns from the stories relayed, to hear how incidents have perhaps affected both patients and carers. They also help to shape to make things better whilst patients are in the care of the Trust.

Individuals with protected characteristics have been reviewed.

In the 2019 report One significant gap currently highlighted by these experiences are waiting times for individuals with Autism and appropriate follow up treatment.

A new Autism strategy has been released and this includes investment in autism with specialist autism teams and in third sector services. The Autism waiting times are significantly higher than in 2019, however the NHS Long term plan does bring forward finance to reduce waiting times in April 2022., to mitigate this outstanding issue and significant disparity.

Autism spectrum disorder in adults: diagnosis and management (2016)

Waiting times for psychological therapy

1.4.8 Ensure that service users have timely access to the psychological, psychosocial and pharmacological interventions recommended for their mental health problem in NICE guidance.

Waiting times for community mental health assessment.

1.2 Access to care

1.2.1 When people are referred to mental health services, ensure that they are offered a face-to-face appointment with a professional in mental health services taking place within three weeks of referral

Recommendations

The Board of Directors is requested to accept the report and make recommendations for further improvement of our model and practice.

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

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

Sue Turner
Board Secretary

Outcome of Patient Stories to the Board of Directors 2019 – 2021
Putting learning into practice

Extract of Story	Actions	What has happened afterwards
Late diagnosis of autism - 2 July 2019 X's story explained how a late diagnosis as an adult of autism had affected their life totally. X felt that total change is needed so that person centred care can be provided to adults with autism.	The Board acknowledged that it was unacceptable that X had to wait such a long time and asked what differences could have been made had the diagnosis been given earlier.	This patient story was also presented at Joined Up Care Derbyshire Board. The risks to individuals with Autism and the lived experience was escalated and this story was used to present the case for investment in neurodiversity services particularly Crisis care and was a contributory factor to funding the IST – Autism services.
3 September 2019 patient story did not take place as the person who had been invited to share their story was unable to attend.		
Living Well Programme - 1 October 2019 This was X's assessment of the Living Well Programme, run at Dovedale Hospital. X felt his medical diagnosis fitted the Living Well Programme well and despite having initial concerns he was very complimentary on how the programme was delivered and felt better for taking part. He gave praise to the trainer for running the well prepared participative programme adding it had clear objectives and structure. There are usually around 20 people for each intake (10 participants and their carers/partner) but there can be a large fall out rate. The waiting times were around 2 months but this time can allow a positive opportunity for patients to absorb a diagnosis and think about the programme and if it is right for them. When asked if he felt he had been offered a place on the programme fast enough X responded that the timing had been right for him, coming some while after diagnosis. He might not have benefitted as much if he had done it earlier. He had since been offered the next stage of the programme and may take this up at some time in the future.	The one observation was that the quality of the presentations by external speakers could be more varied. A solution to this might be for the trainer to act as the lead co-ordinator for all elements of the programme. Chief Operating Officer, agreed to follow up on this point.	The Living well programmes have been reviewed and some of the content has been adapted. This was feedback by the Clinical Quality Team. The full programme has been severely hindered by the pandemic and alternative offers both virtual and face to face have been offered.

Extract of Story	Actions	What has happened afterwards
Treatment within the Substance Misuse service and support from the Family Liaison team - 5 November 2019 A Trust colleague shared her experience of caring for her brother while he underwent treatment within the Trust's substance misuse service and the support received from the Family Liaison team. X was disappointed that during her brother's mental health assessment his alcohol issues were prioritised and he was told he needed to deal with his alcohol addiction first. X felt these should not have been treated as separate issues. X praised the support she received from the Family Liaison and Investigation Facilitator who guided her after X found her brother when he died from an accident while at home alone and helped put things into perspective by guiding her through her grief. Although she wasn't looking to blame the Trust for her brother's death X followed through a complaint process because she wanted to make changes and improvements to the way she felt her brother was treated.	Mental health and substance misuse needs are to be entwined so they both include compassionate person-centred care based upon the needs of the individual. Managers are to be trained to provide emotional and compassionate support to staff. The investigations process is to be improved and made easier and completed more quickly. The future strategy of the Trust and the Sustainability and Transformation Partnership (STP) is to ensure continuous improvement within the substance misuse and alcohol service and is to include finding new ways of reaching people and connecting with their families.	Derbyshire Drug and Alcohol services have received this feedback. The service model and services continue to grow in 2020/2021. Feedback to the STP in planning days in 2020/2021 to raise the profile of alcohol and co-existing substance misuse occurred in 2019 and 2020. Further escalation and shaping of strategy and influence of developing coaligned service also occurred in 2020 and 2021 in the design of the long term plan investments Further investment in Alcohol services in the City have occurred in 2021/22. This was reviewed by the Quality and Safeguarding committee with population health figures in February 2022 Further work will continue in this area indefinitely.
A family's experience of the dementia service - 3 December 2019 Mrs C described her and her family's experience of the Trust's dementia services covering her mother's pathway from diagnosis through to discharge and gave an account of the difficulties that she and her family faced in accessing services when her mother's dementia worsened and urgent respite care was recommended. Mrs C's mother was admitted to Cubley Court for specialist care. Whilst she recognised that this would benefit her mother, Mrs C felt that she had lost the ability to care for her and was disappointed that decisions were made by medical professionals without the family's involvement.	Older adults care offer is to include enhanced physical healthcare on the ward	The Trust has been working in partnership with specialists in dementia healthcare which has improved the team's practice. Further investment has been made in staffing to expand the practice in physical healthcare and work is taking place to improve care. The Trust has also invested in training and support that will improve its provision of advance care practitioners and frailty model. Cubley Court have since improved their care offer and have employed recreational workers who have made significant headway in creating involvement, activities and special time together with families. The Trust is improving the culture in the dementia

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While under the care of Cubley Court Mrs C's mother became physically unwell and potentially required Intravenous (IV) fluids. Mrs C was told that unfortunately it would not be possible to provide this level of physical healthcare at Cubley Court. Plans were then made to transfer her to a nursing home. The family felt this was too rapid and changes to her medication regime should have been given time to be effective. These decisions and the assessment were made by medical professionals without the family's involvement. Once her mother was settled in the nursing home Mrs C was able to actively care for her again until her death in November 2018. It was concluded that the care that Mrs C's mother received was out of step with the Trust's values. Key decisions were made without the full involvement of the family. The tone of the communication concerning the professional judgements made by staff should have been more compassionate. Mrs C's and her family's lived experience was discussed with the team. It was upheld that the team did not communicate effectively/appropriately enough with Mrs C or the family. Their intentions were to provide support and respite care and the team have accepted that this did not meet Mrs C's or her family's needs.		care pathway so that thought is focussed on delivering a compassionate approach from those who are delivering care and Mrs C has been actively involved in the programme of improvement. The Trust is committed to the importance of working with families and carers to support an individual's care access and is working collectively in improving the older adult service and all aspects of frailty.
"PARADE" a 22 week evidence based psycho education course for people with bipolar disorder - 4 February 2020 PARADE is a 22 week evidence based psycho education course for people with bipolar disorder delivered by Community Mental Health Team (CMHT) Community Psychiatric Nurses (CPNs) and peer facilitators. People suffering from bipolar disorder represent 1% of the Derbyshire population and they make up a significant amount of CMHT case load. The course	The Board discussed how the primary care networks could develop the knowledge and skills to support people effectively so that in the future this type of work could be carried out in Place and with multi-disciplinary teams working within the Place system and hubs. It was thought that implementing a delivery plan could take around two years as there as there are a number of people with bipolar disorder	Bipolar has always been a service that has been overlooked by mental health services and under invested. The Trust is currently working in line with NICE Guidelines to see how investment and implementing this practice can be continually improved. Further work on support was undertaken in regard to prescribing and these services in 2020 and 2021.

Extract of Story	Actions	What has happened afterwards
is delivered in the north and the south and any service user with bipolar disorder can attend either course. Dedicated staff in the community are being trained to deliver the training and are working with volunteers to support them to learn new skills to deliver the course materials. Funding for this programme has been provided by East Midlands Academic Health Science Network and supports peer support facilitators to pass on their knowledge and experience to people with bipolar disorder. Evidence is beginning to show that this programme is likely to improve recovery, reduce bed days and the need for crisis intervention services. Results from questionnaires revealed that service users who participated in the programme saw an improvement in their health and wellbeing. the PARADE programme has been equally rewarding for our service users and colleagues. Clinicians and medics have found it extremely rewarding running the course and have successfully worked their caseloads around the course.	in current secondary care settings to prioritise and work through this care offer. This is a secondary care intervention that can be physically delivered within Place in the future and delivered in a more integrated way. The Board acknowledged that it might be difficult for peer support facilitators to commit time to the programme especially if they were working or seeking work and was pleased to hear that the Trust's payment policy is being reviewed to consider the viability of paying bank staff rates for people taking part in the programme.	
Premenstrual Dysphoric Disorder - 3 March 2020 E's story focussed on the challenges she faced with her diagnosis of Premenstrual Dysphoric Disorder (PMDD) and the challenges in accessing services and getting the appropriate treatment due to the rarity of her diagnosis. Her story highlighted key areas that were the focus of a CQC visit and subsequent report on the Radbourne Unit concerning staffing levels, recreational and meaningful activity, safety and the basic need to feel safe, the importance of good communication between mental health and physical health teams and looking beyond the obvious when assessing patients' needs.	Clinicians should think and ask about women's menstrual cycles as many women suffer from various forms of PMDD. Service users should be encouraged more to help understand what works best for them. Research can provide the knowledge and expertise but patients are experts at telling clinicians what their needs are. Continuity of care and importance of patients getting to know the staff and for them to get to know their patients which allows for good person centred care.	Director of Nursing and Patient Experience and the Medical Director carried out work on PMDD which enabled them to discover some emerging themes and invited E to work with gynaecology colleagues to develop integrated pathways on PMDD. E has actively raised the profile of recreational and meaningful activity for patients for the purpose of distraction. Her involvement in reducing restrictive practice has been very well received by trainee doctors on the expert patient programme and a number of E's concerns have now been addressed. A training video produced by E and her GP was developed to share this experience and formal training in PMDD has occurred in a number of events hosted by the Director of Nursing across the

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		Trust in 2020 and 2021. These events have been very positively received and an additional event has been scheduled in 2021 and 2022 in medical education. E has had great success and as an expert by experience has helped the Trust to review its new building developments and has gone on to be promoted to a lead role in Peer development in a neighbouring organisation.
Meetings became bi-monthly from May 2020 - patient stories were suspended due to the COVID-19 pandemic and resumed in November 2020		
"Work Your Way" Individual Placement and Support (IPS) employment support service **3 November 2020** "Work Your Way" Individual Placement and Support (IPS) is an employment support service that helps people with severe mental health difficulties gain paid work. The service was launched in March 2020 but was paused for three months a week after its launch as the team were redeployed to essential roles in response to COVID-19. The service was resumed in June 2020 working alongside Community Mental Health Teams (CMHTs) and is helping provide individuals with sustainable work and has resulted in a number of people now being settled in their ideal jobs. The IPS service is driven solely by what the client wants. So far clients have not been employed by one main employer and have been employed by different organisations. Employers are keen to work with the IPS service on behalf of the NHS and have responded extremely positively.	The Board was aware of how unemployment has a detrimental impact on physical and mental health. A meeting between a service user and the CEO was arranged to learn about their experience of IPS.	The IPS collaboration with South Yorkshire Housing Association has built better opportunities and joined up careers with other partners over the county and signposted people to apply for employment or benefit services in their own area. The IPS service continues to have success in supporting people into employment even during the current pandemic and the service is currently expanding. The Trust has recently employed two experts by experience to focus on the implementation and management of Health Education England training in relation to peer support working and apprentices. As a result, those in employment or education is expected to improve in time. This aims to support people into employment, apprentice or education. Pilots of formal peer training have occurred and have been positively received. Three peer support worker roles exist in the IPS service and there is continued growth into community mental health services in the Long-Term plan- investments. The Trust strategy priority areas will see the voice of

Extract of Story	Actions	What has happened afterwards
		lived experience further amplified and a Peer Support Work strategy co-produced in 2022.
Improving Autism services in Derbyshire - a patient's view **13 January 2021** This anonymous story portrayed the positive experience of the patient's diagnosis of autism in their fifties. The main focus of the story was on autism being a lifelong condition and the need for people to receive support while they are waiting for diagnosis and then to have long-term support in the years after diagnosis. This story highlighted the importance of having local, joined up care and described the difficulties experienced when the patient's daughter was diagnosed with autism in 2019 and the struggles she experienced with her education and health while waiting to be properly assessed and supported and the challenges she faced when transitioning from Child and Adolescent Mental Health services (CAMHS) to Adult services when she reached the age of 18. The story also highlighted the inconsistent level of knowledge about autism, especially autism in girls, across teachers and health professionals and the lack of resource to provide lifelong support. Working across autism and physical healthcare in an integrated way can improve care for people with autism. The Board was urged to help move this forward to make children's services as well as mental health services a lead agency in improving access and long term support for autism.	Patient story on improving access to autism services in Derbyshire to be taken to the Mental Health Delivery Board and the Joined Up Care Derbyshire JUCD Board as aspects of the story were also about care planning and transition from CAMHS to Adult services. The difficulties young people are experiencing with automatic transition from CAMHS to adult services must be included in the solution to ensure that improvements are made across the Derbyshire health and care system.	Patient story heard at JUCD Board meeting held in public on 16 September 2021 focused on Autism, both diagnosis and post diagnostic support, as well as transition from Children's to Adult services. Not only did this lead to a conversation around current service plans and the new autism support service. This patient story was also presented at Joined Up Care Derbyshire Board and influenced the developments of Anchor institutions, staff networks considerations and the strategy for Autism. This was positively received and led to a number of explorations of neurodiversity and inclusion between Health and Social Care. The lead expert has also been involved in shaping JUCD strategy and governance at a leadership level. Waiting times continue to be a risk and have not been mitigated. A new Autism strategy and investment plan is planned for April 2022 onwards in line with the national investment decisions.
Why am I less important than another person with another condition? **2 March 2021** This anonymous story gave an account of what it is like for an autistic person to be admitted to hospital.	A formal Trust response to the Mental Health Act public consultation; published on 13 January 2021	This patient story was also presented at Joined Up Care Derbyshire Board. The risks to individuals with

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The root of the story centres around why there no-one to help people with autism when they are admitted to hospital. People with autism need adjustments made for them so they can have access to medical care that is essential to them. There are dedicated staff for people with other mental health issues including learning disabilities but no one specialised in treating autism. The Board has previously discussed the need to develop commissioned services for people with autism and this is being taken to the Joined Up Care Derbyshire (JUCD) Board. This story should also influence the education, training and development of colleagues working in creating care within the physical care system and the importance of treating people holistically. In terms of how people with autism are treated, Medical Director, John Sykes referred to the way learning disability (LD) services have evolved to give a more enlightened approach to people with LD and their human rights as they are not ill but they need certain enhancements to be able to access services like anyone else. The Board concluded that there is considerable learning to be taken from this story to improve the Trust's physical healthcare pathway and for people with autism so they are treated as individuals.	and with a closing date of 21 April 2021 was compiled by the Trust relating to people with learning disability and autism as follows: • The Board strongly agreed to the proposal to create a new duty on local commissioners (NHS and local government) to ensure adequacy of supply of community services for people with a learning disability and autistic people. • The Board agreed to supplement this with a further duty on commissioners that every local area should understand and monitor the risk of crisis at an individual level for people with a learning disability and autistic people in the local population through the creation of local at risk or support registers. • The Board emphasised the need for the provision of integrated care services and pooled budgets to be taken forward in line with latest White Paper recommendations, particularly in terms of commissioner responsibilities.	Autism and the lived experience was escalated and this story was used to present the case for investment in neurodiversity services particularly Crisis care and was a contributory factor to funding the IST – Autism services.
Community Mental Health Team, Inpatient Crisis Team and Memory Assessment Service **6 July 2021** J was 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. She described how her illnesses had caused her to lose the ability to function. She spoke of feeing that her voice was unheard while she was under the Trust's care as staff were too busy and she was not	Learning from J's experience has been taken forward with the existing and new workforce to improve personalised care. J was invited to participate in peer support training to improve the service of care. J's story would be heard at the Trust's EQUAL Group to discuss the importance of communication	J was invited to join the EQUAL Group and to join peer support worker training. J's story has been used in training and discussion material in the Trust's communications, training and briefing sessions. J's story has been used in supervision and feedback

Extract of Story	Actions	What has happened afterwards
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. The main point taken from J'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. J was thankful to the Consultant Clinical Psychologist from the Memory Assessment Service who had taught her how to cope and had developed a good rapport with J while she was treating her and had put what she had learnt from working with J 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.	in a person's recovery. Phrases J used like "I am important" and "I want to undisappear" will be used when talking to new nurses when they join the Trust at their induction.	to services on the impact of her experience. J's story will continue to influence developments in person centred care.
From September 2021 patient stories alternated with staff stories		
A carer's story **2 November 2021** R's story focussed on his experience of being a carer to his brother who sadly took his own life and the challenges he faced living over 100 miles away. Although R's brother did not have an enduring mental illness, he was observed to have many 'social stressors' and was vulnerable due to his unstable working life, his history of anxiety and depression and heavy reliance on alcohol. His story highlighted that service professionals should have a better understanding of the impact that social stresses have on people so they can help them deal with debt, housing and unemployment. R's brother's death was subject to a Serious Incident Review. Whilst this highlighted aspects of good	Lessons from this story are to be driven through the wider mental health system, particularly the importance of providing compassionate person centred care, connecting care between primary and secondary mental health services and wider social care and support to help patients with their health and wellbeing are to be driven through to the wider mental health system. Improvements are also to be made to the and to improve the Trust's alcohol support service. Connecting care between primary and secondary mental health services and wider social care is to be taken forward within JUCD to ensure the same level of insight is obtained from R's and his brother's	R's story has been presented at Joined Up Care Derbyshire and at the Carers Forum A follow up correspondence/meeting took place with R and the CEO. A follow up meeting was held with the Director of Nursing to discuss feedback on what had occurred and the family's wishes. A meeting will take place in the Spring. This is a timescale agreed by the family at their request. A meeting is scheduled with the new community mental health practitioner to record a learning video to be used to train new and existing community

Extract of Story	Actions	What has happened afterwards
practice and effective communication, it also acknowledged that there were clearly missed opportunities supporting him within the primary and secondary mental health services.	experience.	mental health staff.

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 and activity with and for the Trust since the previous Board meeting on 18 January 2022. The structure of this report reflects the role that I have as Trust Chair.

Our Trust and Staff

1. Given the latest Omicron variant and its impact on infection rates, we continue to take a cautious approach to meeting face to face until this latest wave subsides sufficiently. In the meantime in conjunction with Director of Nursing and Patient Experience, Carolyn Green we are aiming to commence the team visits for all of the Non-Executive Directors (NEDs) as soon as possible. We paused any progress on this activity in this quarter given the pressure on our staff and services in this latest wave of the pandemic.

2. I visited the Hartington Unit and Bayheath House with Ifti Majid on 23 February and on 24 February I visited the Substance Misuse Team and the Bolsover Community Mental Health Team and the Memory Assessment Unit. This was my first opportunity to undertake team visits which I found to be a source of both pride and equally humbling to see how our staff colleagues provide excellent care and treatment to our patients and service user populations.

3. I have also been attending as many of the live engagement events being hosted via MS Teams. These meetings are very useful to me in terms of understanding how staff are feeling and engaged with the Trust. The real time 'Q and A' with the Executive Directors has been particularly noteworthy, as emergent issues are raised by colleagues and addressed immediately which helps to address uncertainty and confusion. The issues raised are followed through on the written briefings so all staff have access to the information.

4. I was pleased to join members of the Armed Forces Network on 19 January. I found the meeting very informative and I was impressed to see the dedication of the members and their ideas for raising awareness about the work of the groups as well as links to Trust priorities e.g. recruitment, patient experience and patient centred care.

5. On 7 February I attended the Carers Engagement Group and was keen to hear from them. They sought assurance regarding the voice of the carer at Board. A recent example of this was the experience of Roy in supporting his brother with his mental health and the lack of joined up services available to him. Roy has engaged with the Carer's Engagement Group and will be working with the group in the future. Deborah Good, Non-Executive Lead will be our Board Carer Lead.

6. I attended the LGBT+ Network on 17 February and the Equal Network on 18 February. Once again I was reminded of the value these networks add to the inclusion agenda that the Trust has prioritised. In giving our colleagues voice to improve their experience this ultimately leads to improving the experience of our patients and users

7. Our hospital hub for the vaccinations has continued to deliver an outstanding service and I recognise all the hard work and effort that has gone into it. It is also good to see the number of our colleagues who have been vaccinated against COVID. We continue to be a pro vaccination Trust in the interest of patient safety and colleague safety. Thank you to all staff who have worked so hard at enabling this work to take place. Ifti's CEO report will provide an update on the mandatory vaccination position and which has caused considerable stress and pressures on colleagues for varying reasons.

8. Thank you to all staff for your on-going commitment and dedication shown to the Trust and our service users over an extraordinary time. We hope that the coming year will see us move to stability and a sense of normality.

9. I attended meetings of the Finance and Performance Committee and Quality and Safeguarding Committee in January and February and found it interesting to observe the work of both these Board Committees.

Council of Governors

10. We held a Board to Council of Governors meeting on 18 January. The meeting length was revised due to the pressures on the Trust from the Omicron surge leading to staff absences. However, a useful update was given to Governors on the Trust's position with the pandemic and actions that were being taken to continue to deliver services within the Joined Up Care Derbyshire (JUCD) system. NEDs were also able to spend some with the Governors. This meeting was very well attended by Governors.

11. I met with Staff Governors on 2 February and heard from them about some of the challenges they have faced in undertaking their roles, mainly being able to attend meetings due to work pressures arising from the pandemic.

12. The Governance Committee of the Council met on 9 February. Once again it was heartening to see the level of attendance and participation from so many of our Governors at this meeting. We discussed the forthcoming NED vacancies of two NED positions including the recruitment approach, format, recruitment panel and timetable. Sadly, it was Julie Lowe's last meeting as chair of the Governance Committee. Ruth Brice has agreed to take on the chair position for this Committee, and Marie Hickman, Staff Governor has volunteered to be the deputy chair. Thank you to Julie Lowe who has done a sterling job as chair of this Committee for the past year. I continue to be grateful to our Governors for their support for the Trust at this time. A big thank you to Julie, Ruth and Marie.

13. I continue to have 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. Lynda and Senior Independent Director, Margaret Gildea and I have discussed the Chair's appraisal process and documentation. 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. Lynda is also stepping down as Lead Governor in mid-March. Lynda has been an exceptional Lead Governor especially during the last two years supporting governors virtually. Many governors have commented on how much they have valued this personal touch that Lynda has bought to the

role of Lead Governor. On behalf of the Trust, I would like to thank Lynda for all her work and support to the Governors; her support and challenge to me and the holding to account of the Trust Board. Sue Ryan has kindly agreed to become the Lead Governor designate for a period of six months and Julie Boardman has agreed to be the Deputy Lead Governor. I look forward to working with them and I am sure they will find the respective roles rewarding.

14. The next meeting of the Council of Governors will be on 1 March, following the Public Board meeting on that day and then again on 10 May. The next Governance Committee takes place on 5 April.

Board of Directors

15. 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 Board meetings to enable members of public and our staff to observe the Board meeting.

16. On 17 January the Nominations and Remuneration Committee met to approve the appointment of Deborah Good as a Non-Executive Director following the vacancy arising from Julia Tabreham's term coming to an end. I am delighted to welcome Deborah who joins the Board from 1 March and brings with her senior executive experience along with a wealth of experience in social housing, customer experience and more recently within the voluntary and community sector (VCS).

17. On 14 January I met Tracie Jollife, National Head of Inclusive System Development at NHS England/Improvement (NHSEI) with Director of People and Inclusion, Jaki Lowe to discuss a development programme for the Board focusing on Inclusive Leadership. This is a national programme which is open to NHS organisations to participate in. As this is an important area of work for the Trust and supports our People First commitment, we have agreed to participate in this Board development programme commencing in the Spring.

18. The NEDs have met regularly with Chief Executive, 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. Since the last Board meeting I have had one to one meetings with Margaret Gildea, Richard Wright, Ashiedu Joel and Sheila Newport. We use these quarterly meetings to review their progress against their objectives and to discuss any issues of mutual interest.

19. After two years of the pandemic it is timely that we review the Trust Strategy and refresh in light of the changes in the health and social care landscape, new policy directives, White Papers and our learning from the pandemic in particular the adverse and differential impacts it has had on our communities. The Board has engaged in a number of development sessions to review and refresh the Trust strategy. Ifti will share later the Board's thinking thus far.

System Collaboration and Working

20. The development of the Integrated care systems (ICSs) continues despite revised timescales of July 2022 to go live. Since the Board last met a new White Paper 'The Integration White Paper' was issued. As we refresh the Trust strategy we will continue to reflect on points of synergy and development. This is important work and will be covered in Ifti's CEO report today. I am pleased at the commitment and level of engagement from our Trust but note that this

development comes at a time of extreme pressure in the NHS during a pandemic.

21. 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 practise and peer advice.
22. On 2 February Ifti and I met with Kevin Lockyer, Chair and Sarah Connery, CEO of Lincolnshire Mental Health, Learning Disabilities and Autism NHS Trust to share our experience and learning from system working in Derbyshire.

23. On 24 February I visited Chesterfield Royal Hospital at the invitation of Helen Phillips, Chair of Chesterfield Royal. Krishna Kallinpur, Chief Nurse kindly escorted me on the visit where I visited services that have an interface with mental health. I was impressed by the joint working and sense of team engagement between our staff and the staff at Chesterfield.

Regulators, NHS Providers and NHS Confederation and others

24. I had an introductory meeting with Sarah Bennett, Lead Inspector and Michael Fenwick, Inspection Manager of the Care Quality Commission (CQC) on 3 March. Michael very helpfully outlined the new inspection regime and its focus on risk based inspections.

25. I attend fortnightly briefings from NHSEI for the Midlands region, which has been essential to understand the progress of the management of the pandemic and recovery of services.

26. 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. A number of the NEDs have also attended weekly calls for NEDs on a range of useful topics.

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

Assurances

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

Consultation

This report has not been to other groups or committees.

Governance or Legal Issues

None

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

This report reflects a wide range of activities across the Trust, and consideration relating to ensuring inclusion is embedded in operational work of the Trust. The specific services visited provide support to those with protected characteristics by the nature of their work. 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 also 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. I have supported the work of the Trust in starting to consider the importance of an OD approach to Inclusion and Equality and Diversity and how we embed our Cultural Intelligence work.

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

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: **Selina Ullah**
Trust Chair

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 1 March 2022

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. On 8 February 2022 NHS England and NHS Improvement (NHSE/I) published the Delivery plan for tackling the COVID-19 backlog of elective care. The plan sets out ambitions to restore elective activity and performance to pre-pandemic levels, including expanding capacity, a reduction in waiting times, and transforming the delivery of care to reduce the elective backlog. Whilst this plan does focus on elective care backlogs relating to physical healthcare I have included it as part of my report because as a Board in a system that has significant elective backlogs we need to be aware of the proposals. In addition we should not forget that we have our own version of the elective backlog and can learn from plans and best practice in this area.

   The plan highlights ambitions to eliminate waits of longer than twelve months for elective care by March 2025; waits of longer than two years for care by July 2022; waits of over 18 months by April 2023; and waits of over 65 weeks by March 2024. As colleagues may have read in the media, NHSE/I recognise that waits may get worse in the short term.

   It is good that the plan focusses on clinical need and aims to reduce the longest waits by clinical prioritisation, managing long waits, and increasing the number of cancer referrals. 75% of patients who have been urgently referred by their GP for suspected cancer should have their condition diagnosed (or cancer ruled out) within 28 days by March 2024.

   Very relevant to our sector the plan sets out ambitions to reduce the time patients wait for outpatient appointments by transforming models of care and through the use of existing technologies

   To deliver the ambitions in the plan it focusses on 4 key areas:

   - Increasing health service capacity by expanding (and separating) elective and diagnostic services.
   - Prioritising diagnosis and treatment
   - Transforming the way the NHS provides elective care

- Providing better information and support to patients

The plan builds on previous funding announcements to support elective recovery – including £8bn revenue funding between 2022/23 and 2024/25 and £5.9bn in capital funding announced in the October 2021 spending review. The Targeted Investment Fund (TIP) made available to systems in September 2021 will also support elective recovery.

The plan describes two enablers, increasing the supply of workforce to support elective growth and how we use digital technology to enhance capacity, pace and choice.

The requirements of this plan will be led through our Joined Up Care Derbyshire Planned Care Delivery Board linking into the emerging Provider Collaborative.

2. The government published the health and social care integration white paper, *Joining Up Care for People, Places and Populations*, on 9 February 2022. The Integration White Paper sets out a vision for an integrated NHS and adult social care sector which will better serve patients and staff.

   Despite the best efforts of staff, the current system means that too often patients find themselves having to navigate complex and disjointed systems. Those with multiple conditions can be left feeling frustrated at having to repeatedly explain their needs to multiple people in different organisations, while others can end up facing delayed discharge because the NHS and local authorities are working to different priorities in a way that isn't as joined up as it could be.

   The White Paper sets out some of the ways health and care systems will draw on the resources and skills across the NHS and local government to better meet the needs of communities, reduce waiting lists and help deliver better health and social care to the population.

   The White paper really focusses on four key areas:

   - A real focus on the benefits of enhancing the ambition around place as a focus for enhancing outcomes for local people and therefore each Place must have:
   -
     - A single person accountable for delivering shared outcomes at place level by Spring 2023. This could be either via a dual accountability structure or via a unified place-based governance structure
     - a "significant and increased proportion of health and care activity and spend" overseen and funded through the place-based partnership. The government will develop guidance to support aligned/pooled budgets, and review section 75 regulations which enable transfers, or pooling, of funding between NHS commissioners and local authorities.

   The concept of pooled budgets is not new to Derbyshire (we have made increasing use of the Shared Care Budget to drive innovation for example) nor historically to the Mental Health, Learning Disability and Autism sector

and I notice the White paper draws parallels with where this is already happening in Health and Wellbeing Boards for example.

- A national set of priority outcomes to be added to in each local Place with core local outcomes will be developed to go live from April 23. They will be supported by revised regulatory frameworks. Board colleagues will recall that prior to the pandemic a significant amount of work was done in Derbyshire in relation to local outcomes. It is also clear that some of the 'tension' between nationally mandated programmes and this drive for local outcomes will need to be visited.

- There is likely to be a change as part of the Act enabling the Care Quality Commission (CQC) to take more formal regulatory oversight of these joint arrangements and outcomes in Place.

- The White Paper explores other vital contributors to integration such as workforce, digital and data. There is a commitment to strengthen both Integrated Care System (ICS) and Place integrated workforce planning as well as revisiting the deadline (now 2024) for a shared care record solution.

We can expect more detail to emerge and for us in Derbyshire the core forum where these issues will be discussed will be the Derby and Derbyshire Integrated Care Partnership (ICP).

Local Context

3. The East Midlands Provider Collaborative has continued to work and focus on general support through what has been a difficult period due to Omicron variant. In addition we have done work around how to increase retention of clinical support workers, increasing the capacity for supervision in psychological therapies, Child and Adolescent Mental Health Services (CAMHS) workforce challenges and held an eating disorders workshop.

   Much more detail of the work of the East Midlands Collaborative is available in Appendix 1. Board colleagues should note that the planned joint board development sessions were cancelled due to COVID but we will be seeking to reintroduce them over coming months.

4. The Mental Health, Learning Disability and Autism System Delivery Board (SDB) continues to meet monthly with a focus on managing performance, transformation, partner engagement and quality improvement.

   Key issues escalated to the Board included workforce risks related to COVID which peaked across the pathway (and all providers statutory and voluntary sector) in mid-January. That coincided with the largest number of positive cases on mental health acute wards. Since this point it was reported the incredible work that has been done to reduce the bed occupancy levels and reduce down to 0 the number of people requiring an acute adult bed placed out of area.

   We noted that the impact of the pandemic was not restricted to adult acute service and we continue to need to recover performance relating to Individual Placement Support, Dementia Diagnosis and Community Perinatal services.

As a system we continue to exceed the target for all children receiving 2+ contacts from mental health services in the preceding year. Some great work developing the Emotional Health and Wellbeing Website with our Local Authority colleagues as well as work with colleagues in Youth Offending Services (YOS) in the City and County to look at how we use psychology provision going forward.

It was confirmed we remain on track to spend the expected mental health minimum investment standard and that we have plans in place to spend any overall slippage in line with recent national guidelines. We were also delighted to have it confirmed we had been allocated suicide prevention wave 3 money from March 2022. The money both focusses on leadership infrastructure and programme delivery.

In addition to the now routine Board meetings we are also meeting with much wider partners across secondary care, voluntary and community providers, police and crime commissioner, local authorities and public health to develop plans for a more formal alliance across Derbyshire. I would expect to be able to update the Board with more emerging details at the next meeting.

5. Board colleagues are aware that in order to allow sufficient time for the remaining parliamentary stages of the Health and Care Bill, a revised date of 1 July 2022 has been agreed for the new arrangements to take effect and Integrated Care Boards (ICBs) to be legally and operationally established. This replaces the previous date of 1 April 2022.This new target date will provide some extra flexibility for JUCD ICS to prepare for the new statutory arrangements and manage the immediate priorities in the pandemic response, whilst maintaining our momentum to achieve more effective partnership working between the NHS and broader partners. Importantly, it also provides a longer period of time for provider collaboration arrangements to develop and mature, particularly in light of the Omicron operational pressures being faced.

   Given the national delay, we have agreed it is important that the system maintains momentum and ensures appropriate system oversight of NHS business. Whilst the Joined Up Care Derbyshire (JUCD) ICS Board was stood down in December 2021, the remaining system governance, including Board sub committees, has continued to function; the national delay has therefore resulted in a system gap in NHS partnership strategic oversight that the previous JUCD board provided.

   It is therefore agreed that an interim "NHS System Strategic Oversight Board" be stood up and would meet for the first time on 17 March 2022. This meeting will:

   - Review and risk assess revised transition arrangements
   - Review escalations from the various previous JUCD sub-committees
   - Ratify NHS representatives at the Integrated Care Partnership (ICP)
   - Confirm the meeting schedule to cover the transition period

   Both myself and Selina will sit on this Board to represent Derbyshire Healthcare NHS Foundation Trust.

For clarity the Derby and Derbyshire Clinical Commissioning Group (CCG) will continue as a statutory organisation, with all their existing duties and responsibilities, until the end of June 2022. The existing CCG governance arrangements will remain in place to enable them to discharge their duties during this period.

6. The engagement document: Integrated Care System Implementation produced by the Department of Health and Social Care (DHSC) and NHS England set the role of the Integrated Care Partnership (ICP) as a broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS as equal partners in order to facilitate joint action to improve health and care outcomes and experiences, influence the wider determinants of health, and plan and deliver improved integrated health and care.

   In Derbyshire we agreed to establish a Derby and Derbyshire ICP and to progress a phased development, with phase one between now and September 2022 providing an opportunity to continue with the emphasis of the Derby and Derbyshire ICP being principally related to Health (including the NHS), Public Health and Social Care.

   The Derby and Derbyshire ICP will use this time to evaluate and agree the phase 2 role of the Derby and Derbyshire ICP i.e. what is the role of the Derby and Derbyshire ICP and its relationship with the Health and Wellbeing Boards going forward, with particular reference to the wider determinants of health. Phase 2 will then deliver the agreed future model.

   The view of the system senior leadership team is that, regardless of changes to the national statutory ICB establishment timeline, we move forward to establish the ICP in shadow form in line with our established agreements on this and use this as the new vehicle for developing our partnership working in Derby and Derbyshire.

   The first meeting of the ICP was held on 28 February and I attended as our Trust CEO but also as the Lead CEO for Anchor and Provider Collaborative.

7. Our Board is familiar with developments associated with the creation of a provider alliance at scale within Derbyshire that responds to ‘Working together at scale: guidance on provider collaboratives’ that was published by NHS England and NHS Improvement in August 2021 as part of a wider suite of guidance on Integrated Care System (ICS) arrangements.

   Provider Collaboratives at Scale are an integral part of the move towards system working and will be a key component of any system. If and when enacted, the Health and Care Bill will enable Integrated Care Boards (ICBs) to delegate certain functions to the Provider Collaboratives (PCs), which could include the devolving of budgets, giving providers much more influence in the system.

   Following an initial baseline assessment and consideration of the four nationally-recommended PC governance models, the sub-committee has elected to pursue a “Provider Leadership Board” approach, i.e. aligned decision making through a Board structure. The Derbyshire group will be known as the

Provider Collaborative Leadership Board (PCLB), this was discussed and agreed previously in our Board.

The purpose of the PCLB in shadow form is to advise on priorities and areas of focus for collaboration at scale, and to engage to help realise those opportunities. The shadow PCLB is proposed to be made up of the six Derbyshire provider CEOs plus others from within brought in to assist in the running of the group. The Chair of the shadow PCLB will also sit on the ICB Board, to represent the voice of the group.

More detail relating to the progress of the Provider Collaborative at Scale development in Derbyshire is contained in the common Board paper attached as Appendix 3 along with the proposed draft partnership agreement.

As a Board we are asked to

- Note the current progress around the development of provider collaboratives locally
- Approve the adoption of the Partnership Document, including Derbyshire HealthCare's full participation in the shadow PCLB in Derbyshire

Within our Trust

8. The environment we are operating is changing, the advent of the Integrated Care System, Place and Provider Collaboratives. The requirements to transform services in line with long term plan ambitions, the new integration white paper mentioned earlier not to mention increased demand and national pressures on workforce supply. It is only right with this backdrop that as a Board we consider our Organisational Strategy. Is our vision still relevant, our values meaningful and our strategic objectives the right focus for the activities of the Trust.

   In addition we must think as a system, what is our contribution to the objectives of Joined Up Care Derbyshire and our commitment to both the Provider Collaborative and Place Collaboratives in Derbyshire.

   Board colleagues have been meeting in our Board Development session to start to test out updates to our strategy in the context of this changing environment. The draft document which is now released for wider comment from colleagues and key groups in the Trust and with external partners can be seen in appendix 2.

   Key builds from our last strategy include:

   - Direct alignment to Joined Up Care Derbyshire Strategy and strategic priorities
   - The addition of a fourth strategic objective in the Trust that of being a great partner
   - An overhaul of many of the building blocks under each objective to help make them more specific and more easily understood by colleagues in the Trust.

   We will agree the final version at the May Board of Directors meeting.

9. It has been another busy few months for our Communications team. The team successfully organised the Trust's first ever virtual staff conference in November 2021, which involved Amar Latif, an inspirational guest speaker on the theme of 'getting back on track'. The outcomes of the staff conference are being reflected in the priorities outlined in the Trust's strategy refresh.

   In December, our Communications team led an annual 'Festive Focus' month; sharing wellbeing advice, staff reward and recognition, our annual Christmas decorations competition and a number of fun activities for staff, including weekly virtual fitness classes. The month was well received and the resources have remained available for colleagues to draw upon over subsequent months.

   Our internal communications increased again in line with the Trust's incident management response to the peak in COVID cases, with the rise of the Omicron cases towards the end of December. Our staff communications are pivotal in ensuring colleagues are kept up to date with the latest guidance and advice in responding to the pandemic, as well as providing valuable support and messages of thanks to colleagues for their ongoing COVID response. Direct opportunities for staff engagement also increased, with the introduction of weekly Q&A sessions. These Q&As were well attended and allowed the executive team to not only respond to colleagues' questions, but also to understand some of the wider themes that colleagues wish to know more about.

   Other priorities for the team over recent months have focused on our public engagement work, centred around our new service developments. A public consultation has taken place regarding the relocation of our older people's functional mental health services in both north and south Derbyshire (with a report being compiled at the time of writing). Public engagement is currently open regarding the Trust's inpatient rehabilitation services at Audrey House on the Kingsway Hospital site. We also continue to engage with internal and external stakeholders regarding our future service developments and were pleased to receive planning permission for the developments in Derby in February.

   The team have played a key role in ensuring the Trust was prepared for the mandatory vaccination legislation ('vaccination as a condition of deployment') and that colleagues were kept up to date about the changes in legislation as they occurred.

   Alongside our internal work, the team also supported an online recruitment event in January 2022 and worked with the local media on a number of features, including working with colleagues across the system to support messages relating to system pressures.

10. My sincere congratulations to Ade Odunlade our Chief Operating Officer who has been elected to be the Chair of the NHS Providers Chief Operating Officer Group.

11. Our Team Derbyshire Healthcare Staff Forum met on 8 February to discuss two important issues raised by representatives of our colleagues.

Firstly we spoke of the rising cost of living and how this was becoming an increasing concern for more colleagues within the Trust. Specific areas of concern included mileage remuneration, wear and tear on personal vehicles as well as concern about rising fuel costs not just for the car but the home as well. We agreed two areas of action: a review of wellbeing offers to see if we needed more focus on this specific area both support and access to advice. We also confirmed agreement to carry out a full review of our travel policy not just in relation to mileage rates but learning from ways of working in the pandemic, how to support our green plan ambitions and the need to help with connecting colleagues again.

Secondly, we spoke about how we can increase support to our Colleague Networks. Whilst there was applaud of the commitment of the Trust to developing these networks and recognition that as an organisation we have one of the highest number of both networks and participants in like Trusts, as a group we felt we could do more to support our network chairs both from a personal development perspective and from a capacity to do what can become a pressured job in addition to their substantive roles. We were able to feedback some recent decisions that the Executive Team had made in approving a new post to support administration of all networks and that we agreed to fund five hours a week release for our network chairs to give them capacity inside work to carry out this vital role. In addition we spoke about the development programme that has now been commissioned for network chairs and vice chairs.

My thanks to all colleagues who attended the Forum. As always it is an honest and frank exchange of views, a sharing of specific examples of what colleagues feel is working well and less well and most importantly a shared sense of purpose in creating solutions.

12. I wanted to say a massive thank you to all colleagues who have helped with the tremendous effort to ensure that as many of our colleagues and people who use our services are protected against COVID through the vaccination programme.

    Board Colleagues will be aware that on 31 January the Government outlined its intention to reconsider the mandatory vaccination legislation that had been put in place for healthcare workers. Given this had been made a legal requirement, this intention is now subject to Parliamentary process and will require further consultation (underway at the time of writing this report) and a vote to be passed into legislation.

    Whilst this is positive news in terms of the pace and style of implementation it doesn't change our stance as an organisation of being very pro vaccine, as we believe this gives the best possible protection to our colleagues, their families and those who use our services.

    We do recognise through that this has been a difficult and emotional time for many colleagues, those who remain unsure about the vaccine, those leaders and managers who had to have some difficult conversations with other colleagues and those colleagues who we had to ask to prioritise vaccine work over other priorities given the implementation timescales. To these colleagues I am truly sorry this has been such a difficult time and now, as is more familiar to

us in Derbyshire Healthcare, we continue to talk about these issues, work together to reach consensus and agreement and where we don't agree get into constructive dialogue.

I will be able to update the board in due course about the outcome of the consultation and further expected national guidance.

At the time of writing the report, 94% of colleagues have had two or more vaccinations. 2% have had one dose and 3% have had no vaccination at all.

13. During January and February 2022, we have held weekly all staff question and answer sessions. These sessions have been well attended with generally around 50 colleagues attending and, on some occasions, considerably more. Key areas that were discussed at the sessions included:

    - COVID mandatory vaccines, this was certainly the case in the run up to 3 February deadline for dose 1.
    - The tension between a reduction in measures in society and continued healthcare restrictions around infection prevention and control measures
    - The desire to meet up with and connect with colleagues as soon as possible
    - Discussions around temporary restrictions we added in during the Omicron wave
    - Space utilisation and COVID secure requirement
    - Car parking and the state of roads around Kingsway
    - Home working and returning to work in the office.

    My thanks to all colleagues who took time out to join the calls and share honest feedback about those things that were a cause for concern.

14. Board colleagues will be aware that due to the increased impact associated with the Omicron wave we had to introduce some further temporary restrictions after Christmas to ensure that we were able to respond to increased risks of colleague absence. Early January saw us peak at around 180 colleagues absent and over 20 positive patients in our wards. Despite these numbers and simply due to the incredible commitment of our colleagues all services continued to run and see patients. This impact was lower than that in similar Trusts and there is no doubt at all this was due to the diligence in applying our infection prevention and control guidelines both at work but importantly taking sensible precautions when in the community as well. On behalf of the Board our sincere thanks to all our colleagues for this tremendous effort.

    I am delighted that at the time of writing this report we now have some 54 colleagues away from work and two outbreaks in Trust wards. Community transmission is starting to reduce in Derbyshire not fast but consistently and so we have been able to relax some of those internal measures we had to introduce:

    - We have recommenced mandatory/essential training and will commence personal development-based training from 1 March
    - Our corporate induction programme has recommenced

- We have agreed the final stage of our electronic record role out will go live on 9 May
- We no longer need to continue to redeploy colleagues and again my thanks to all colleagues for their amazing flexibility and support during this time
- We have reduced how often our incident management team is meeting
- We have moved our question and answer session back to monthly.

15. I have been lucky to be able to get on the road and meet with colleagues from the following teams:

    - North Dales Older Adult Team
    - North Dales Adult Team
    - Substance Misuse team in new accommodation at Ripley Town Hall
    - The High Peak Living Well Team

    My sincere thanks to colleagues for their hospitality and the honest and open approach they took to sharing what they were proud of and their challenges mostly in equal measure. The more specific feedback from these events have featured in our lessons learnt process and in turn fed into our strategy review.

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.

There were areas of concern but also good practice in relation to the discussion about our Colleagues Networks and the commitment to further resource them to ensure they continue to develop and thrive is great news.

Both national policy changes I report in this document have the potential, if we implement them in conjunction with local communities, to be very impactful on health inequalities. We know that services that are more integrated between health and social care also tend to adopt more of a focus on local communities rather than health infrastructure and this will be the case with the development of Place in Derbyshire

Recommendations

The Board of Directors is requested to:

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

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

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

East Midlands Alliance for Mental Health and Learning Disabilities

Common Board paper

February 2022

Introduction

This common Board paper provides an update to Boards on the work of the East Midlands Alliance for the period October 2021 to February 2022.

CEO meetings

The CEO group has continued to meet on a fortnightly basis sharing current issues and challenges. Giles Tindsley, the NHS England regional Head of Mental Health, will join the CEO meeting on 11 February.

Health Education England funding to support the retention of Clinical Support Workers

The Alliance agreed to receive £752,000 of funding from Health Education England to support the retention of Clinical Support Workers. The Alliance Board agreed to a proposal from the Chief Operating Officer group to focus on four strands of work:

1. Develop a common programme to wrap round training, induction and support to increase retention and establish the Clinical Support Worker role as the first step on a supported career pathway. Engage a partner to develop and deliver a structured induction programme, wrap round support, on-going training, development packages and a support network. The idea is to develop a leading edge programme to be delivered across the Alliance.
2. Develop a competency framework linked to values based recruitment. This initiative is also aimed at improving retention, reducing turnover and increasing effectiveness. The aim is to develop a competency framework that identifies new Clinical Support Workers that will see the role as the starting point on a healthcare career.
3. Some of the funding will be used to support a values based recruitment process for CSWs developed at an East Midlands Alliance level and rolled out across providers.
4. Targeting more men into the Clinical Support Worker roles in mental health settings. Men are significantly under-represented in these roles in some providers in the East Midlands.

The first element of this programme is the lunch of two cohorts of 20 Clinical Support Workers within an externally funded development programme run by Talent for Care and supported by Health Education England.

Northamptonshire Healthcare has agreed to receive and hold this funding for the Alliance.

NHS England funding for the expansion of supervision capacity for psychological therapies

The Alliance agreed to receive £153,000 of funding from NHS England to support innovation in supervision. The Alliance Board agreed to support a proposal from the Chief Operating Officer group to focus the funding on a hub to provide specialist support across the Alliance with a focus on increasing capacity through the part-time return of recently retired clinical staff. St Andrew's Healthcare has developed a proposal to host the Hub. Lincolnshire Partnership agreed to receive and hold the funding for the Alliance.

CAMHS workforce challenges

There have been a series of meetings between Alliance partners to share approaches and agree joint actions to improve the position on CAMHS workforce across the East Midlands. A large action plan has been developed and progressed. The highest priorities in that plan are:

1. Request age profile data from HRDs relating to CAMHS inpatient units to scale the problem.
2. Holding a CAMHS clinical summit led by the Medical Directors on 4 February.
3. Joint review of the Derbyshire CAMHS risk mitigation plans relating to their loss of CAMHS capacity.
4. Developing a proposal to block purchase the commissioning of Higher Education training places for key CAMHS roles.
5. Receive and review a proposal from Lincolnshire Partnership to establish an OSCE Hub for the East Midlands.
6. Meet with HEE to discuss options to bid for their available funding to support CAMHS work.
7. Receive and review a proposal from Derbyshire on rotational roles across the Alliance

An update and review of the joint CAMHS action plan took place at the 25 January Alliance Board.

The Alliance CEO group held a joint session with Alliance Medical Directors to review and address concerns over the use of recruitment premia to move CAMHS consultants between Alliance member providers.

The meeting heard about the risks and challenges in Derbyshire caused by the loss of three of their four CAMHS consultants to Nottinghamshire. It also discussed the broader impact of using recruitment and retention premiums on pay inflation, gazumping between Alliance members and the risks that an unplanned movement in staffing can cause.

The group discussed opportunities to develop shared posts, sharing expertise and region wide rotas. There was also discussion about longer term service redesign to reduce the need for beds. The meeting heard about an example of a new joint CAMHS post which is split between two providers and focuses on both community and inpatient services.

The group discussed the reliance on agency doctors, the opportunity to grow your own doctors and international recruitment. The group also discussed the nature of the CAMHS work and work environments alongside potential actions to make environments safer.

The meeting shared concerns that moving community staff to cover inpatient settings will ultimately drive up demand for inpatient support. The group discussed capping locum rates and agreed to stop the use of RRP.

The following actions were agreed:

- There was agreement to take a common Alliance wide approach.
- The Medical Directors would write to CAMHS consultants acknowledging the challenges and setting out the intent to work together in this space.
- The Alliance CEOs were agreeing not to use RRP.
- The Medical Directors will develop a short, medium and long term plan.
- There would be an immediate focus on mitigating the issues in Derbyshire.
- A summit will co-produce a medium and long term plan.
- The HR Directors will be drawn in.
- Wider engagement with the CQC, Royal Colleges and HEE would form part of the plan.
- Itai will coordinate.
- The Alliance will develop an MOU in relation to CAMHS.
- This group will come back together to review progress.

The summit with CAMHS consultants from across the East Midlands to agree what will change and how the available investment resource to transform CAMHS services might be used took place on 4 February and the CEOs will invite the Medical Directors to meet with them again to review the agreed plan and next steps.

A review of the risk mitigation in Derbyshire took place on 7 February with senior representation from across the Alliance. The meeting heard that Derbyshire have mitigated their immediate clinical staff risks but set out a set of supportive next steps for Alliance partners to support the Trust. The CAMHS Collaborative agreed to further develop a single plan of action on CAMHS workforce.

Eating Disorders workshop

The CEO group agreed to hold a joint eating disorder workshop to hear from the leads of CAMHS and Adult Eating Disorder services on the challenges that they face, to share innovation and consider joint actions. A workshop on 10 December was well attended and opened by Angela Hillery.

The issues and challenges included:

a) Significant increases in referrals, acuity and caseloads
b) Waiting lists for review and treatment
c) Keeping people safe while they wait for treatment – focus of the teams
d) Access to beds outside of the East Midlands collaborative area
e) Workforce supply
f) The transition from CAMHS to Adult services
g) Clarifying ownership of physical health monitoring with Primary Care and commissioners
h) Potential for new targets – RTT
i) Modelling likely demand and capacity as the service expands in Derbyshire to create a comprehensive service

The innovation shared included:

a) New roles – e.g. Advanced Nurse Practitioners
b) Work with Gastro colleagues in acute trusts

c) Peer Mentors, diabetes offer and Gastro clinics (Derbyshire)
d) Close work with Community Mental Health and the PD Hub (Northants)
e) FREED services
f) Group work to meet some of the increased demand
g) Guided self-help guidance
h) Buying in support from Beat to help with service waits
i) Support, training and advice to Primary Care to address anxiety relating to being responsible for people with eating disorders
j) Use of OPEL levels for ED services
k) Closer joint work between Leicestershire and Northamptonshire
l) Intensive Home Treatment model
m) Direct consultation models working with GPs and VCSE (Lincolnshire)

The workshop also considered very significant differences in the services provided in each ICS, the AED Collaborative inpatient bed review and funding offers from NHS England to develop a medical monitoring models for children in crisis and to undertake training to be better able to manage disordered eating referrals.

National visit to the East Midlands Academic Health Science Network

The national NHS England Transformation team are undertaking a series of visits to each Academic Health Science Network. The East Midlands Network invited the Alliance to take a prominent role in their review in November, focusing on mental health and the successful partnership between the AHSN and Alliance. David Williams and Graeme Jones presented alongside Eddie Alder from the AHSN on the development of the Patient Safety network and broader support from the AHSN to the Alliance.

East Midlands Mental Health Patient Safety programme

The development of the joint Alliance and AHSN Mental Health Patient Safety programme was the main topic for the Alliance Board development sessions in October. The plans for the three main strands of the programme have been developed and learning and best practice is being shared across the region and from beyond.

The overall aim of the programme is to improve the safety and outcomes of mental health care by reducing unwarranted variation and providing a high quality healthcare experience for all people across the system by March 2024. The three strands of the programme are:

1. Reducing Self harm and Suicide
2. Reducing Restrictive Practices
3. Improve Sexual Safety in inpatient services

Participation from the six providers has been good and the AHSN are arranging a learning day with regional awards on 14 June 2022 at St Andrew's in Northampton.

An Understanding Safety Culture webinar was held on 31 January to discuss how to introduce a safety culture, to understand an example and how to use Quality Improvement and Human Factor Ergonomics to Improve Safety.

Alliance buddy support to St Andrew's

The Alliance is providing buddy support to St Andrew's as part of their improvement programme. Northamptonshire Healthcare are leading the support programme. The CEOs of St Andrew's and Northamptonshire Health care have met with the national Director for Mental Health, Claire Murdoch, to brief her. An update on the progress of the support programme is presented to each Alliance Board. All Alliance partners have nominated lead Directors and taken the lead role with one of the workstreams.

Provider Collaboratives

Each Alliance Board receives written updates from each Provider Collaborative including successes, progress, risks and issues for escalation. In recent months the Board has noted the strong progress made by the Veteran's collaborative, the workforce challenges in CAMHS and Adult Eating Disorders and the quality and financial challenges being addressed by the Impact Forensic collaborative.

The Alliance Board agreed a letter of support from the CEOs to NHS England supporting the establishment of a Perinatal Provider Collaborative under the leadership of Derbyshire Healthcare. The CEOs also expressed their preference for two collaboratives in the Midlands, to focus on mother and baby units in the first instance and the importance of ICSs and local providers developing and delivering community models that best meet the needs of their local populations.

Alliance Strategy Director forum

The Alliance Strategy Director forum has continued to meet with a focus on the planning, strategic developments, innovation and the links with the NHS England Provider Collaborative programme and the new East Midlands Integrated Commissioning Board. In recent months the Strategy Directors commissioned a CAMHS innovation horizon scan from the AHSN and met with the regional Head of Mental Health to agree the focus and scope for the planning process for 2022/23.

East Midlands Integrated Commissioning Board

Sarah Connery and Ifti Majid have represented the Alliance on the Integrated Commissioning Board. The Integrated Commissioning Board has discussed Perinatal services and had discussed whether future collaboration should have a Midlands wide or a West Midlands/East Midlands footprint.

There had also been some discussions on who will hold contracts in the future and the link to ICSs and local LHLDA alliances. The CEOs asked that the Strategy Director group consider this at their next meeting and produce a proposal for CEO review.

Proposed revised governance arrangements for the Alliance

The Board development sessions in October included a presentation by Kevin Lockyer, Chair at Lincolnshire Partnership and Graeme Jones on the revised and streamlined Collaborative Agreement for the Alliance. The revised version has been to all six Boards for consideration and comment. All six Boards were supportive of the revised document. The main comments were on the need to

ensure that the final version includes specific reference to autism and the need to define the exit notice period. A final version is appended to this Board paper for approval.

Recommendations

Provider Board are asked to:

a) note the updates in the common Board paper including the range of joint work on quality and the success in attracting additional external funding to the East Midlands through the Alliance.

b) approve the updated Collaborative Agreement which has been amended following feedback from all six Boards and is supported by the CEO group.

c) review the appended common Board paper on the Perinatal Provider Collaborative.

Appendices

1. Perinatal Provider Collaborative common Board paper
2. East Midlands Alliance Collaborative Agreement

Common Board Paper

East Midlands Perinatal Mental Health (PMH) Services Provider Collaborative Update

Purpose of Report

The purpose of the report is to update all Boards/Governing Bodies of organisations participating in the perinatal mental health provider collaborative. The paper updates on the current position and reflects discussions held at dedicated sessions of the Midlands Perinatal Mental Health Clinical Network in November and December 2021 and January 2022.

Introduction

Further to the Common Private Board paper circulated to all participating trust Boards in March 2021 updating on the work of the East Midlands Mental Health and Learning Disabilities Provider Alliance (the Alliance) during 2020/21, NHSE/I announced in Autumn 2021 that Phase 2 of the Provider Collaborative work, which includes Perinatal Mental Health Services, should be taken forwards. This is a further opportunity to work towards the Alliance's strategic ambition to improve the health and wellbeing of the local population by working in collaboration.

As outlined in the March 2021 paper, it is proposed that Derbyshire Healthcare FT (DHCFT) will be the Lead Provider for the Perinatal Mental Health Services Provider Collaborative and that the Alliance will be the overarching governance mechanism for this collaborative in addition to current provider collaboratives.

The partners in the Provider Collaborative are:

- Derbyshire Healthcare NHS Foundation Trust (Lead Provider)
- Leicestershire Partnership NHS Trust
- Lincolnshire Partnership NHS Foundation Trust
- Northamptonshire Healthcare NHS Foundation Trust
- Nottinghamshire Healthcare NHS Foundation Trust

This partnership, including community perinatal services providers, provides an opportunity to bring together decision making on inpatient services from providers across the whole pathway, and work closely with community teams to connect services and improve quality.

Key principles of the provider collaborative are that it is clinically driven and that input from Experts by Experience are integral to both the planning, development and oversight of delivery of the model.

Developments to date

- DHCFT has been in ongoing dialogue with NHSE/I and a letter of support (23 November 2021) has been written from the Alliance to NHSE/I to reiterate their support for DHCFT to take this role, that the provider collaborative take an East Midlands footprint and the remit be specialist inpatient services.

- DHCFT has undertaken Trust Board level discussion to review Lead Provider risks and confirm commitment to taking on the role. This includes a proposal to use the

Northamptonshire Healthcare Commissioning Hub for commissioning support (as for the provider collaboratives for Adult Eating Disorders Services and CAMHS).

- A national Task and Finish Group on Perinatal Provider Collaboratives presented their findings in November 2021 recommending that provider collaboratives should take a whole pathway approach to perinatal mental health.

- The Midlands Perinatal Mental Health Clinical Network has had three sessions to discuss the development of the provider collaborative – including presentation from the national lead, Becky Gill. This well-established forum has broad clinical and operational involvement from all proposed providers in the collaborative.

- A project group has been established by NHSE/I to oversee the development of the PMH provider collaborative and carry out the Gateway assessment process.

- A proposed timeline for 'go live' has been outlined as July-October 2022. In order to ensure that clinical input and engagement with Experts by Experience is meaningfully driving the clinical model and business case, NHSE/I have been asked to review this timeline and confirm an October 2022 date.

Midlands Perinatal Mental Health Clinical Network

The clinical network met on 11 January and confirmed their support for the following:

- That the provider collaborative should have an East Midlands footprint (ie including two Mother and Baby Units, at Derby and Nottingham)

- The clinical network supported the view that the East Midlands Provider Collaborative should include the responsibility for in-patient services at Mother and Baby Units only, but work closely with community teams in order to connect services and therefore enhance the quality of service user experience.

The network also discussed **clinical ambitions** to drive the collaborative to enhance the experience and outcomes for patients and families. Several initial principles were identified.

That the East Midlands perinatal mental health provider collaborative:

- will not disrupt natural patient flows
- will seek to maximise continuity of care between MBUs and community services (including admissions and discharge processes)
- will ensure equity of service provision across both MBUs
- will work to ensure equity of access (link with epidemiology and demographics to ensure that services are available to those with greatest need)
- will work to reduce unwarranted variations of care
- will develop embedded Expert by Experience engagement in ongoing operation and development of the collaborative

Next Steps

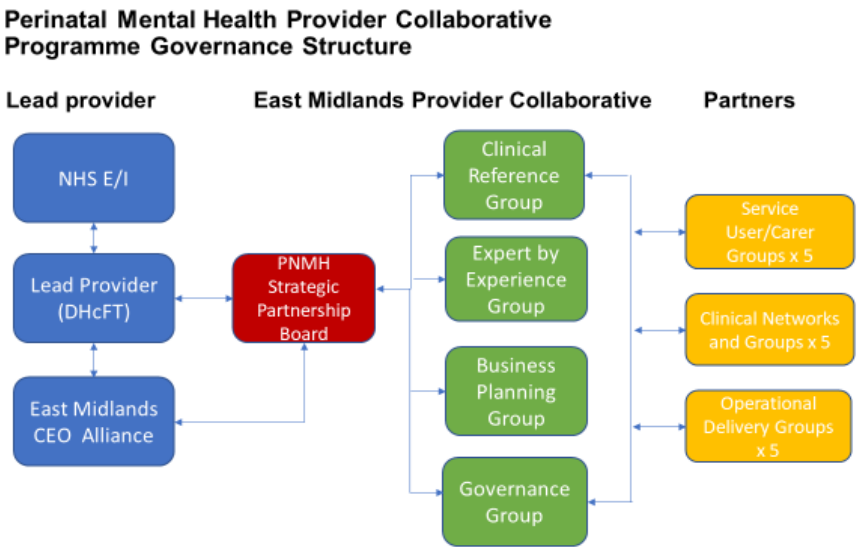
- Initial perinatal mental health provider collaborative planning meeting on 19 January involving Executive Leads from provider trusts and representatives from ICSs to discuss taking forward the governance (see Annex A) and leadership of the collaborative, and to establish meaningful ongoing partnership with commissioner colleagues
- Appointment of Clinical Lead
- Liaison with Clinical Network to establish Clinical Reference Group and Expert by Experience Group to input to the collaborative clinical model and business case and take an ongoing role in the collaborative once operational.

Recommendations

Boards/Governing Bodies are asked to note the update and support appropriate engagement and representation to the proposed provider collaborative governance arrangements.

Annex A

The proposed wider Provider Collaborative governance to support development, planning and engagement to develop an effective business case is as below:



East Midlands Alliance for Mental Health and Learning Disabilities

Collaborative agreement

Version 10

7 February 2022

For approval

1. Background

1.1 The East Midlands Alliance for Mental Health and Learning Disabilities was formed in summer 2019 bringing together the six largest providers of mental health, learning disability and autism services in the East Midlands. The establishment of the Alliance was based on a Memorandum of Understanding agreed by the providers boards.

1.2 The Alliance has made strong progress in areas of joint work including the establishment of four Provider Collaboratives to take on the organisation and commissioning of specialised veterans, forensic, child and adolescent mental health and adult eating disorder services from NHS England.

1.3 As the work programme has expanded and the formal responsibility for specialised services moves across from NHS England to the Alliance, the provider Boards have agreed to establish an Alliance Executive Board based on a new Collaborative Agreement.

2. The Alliance partners

- Derbyshire Healthcare NHS Foundation Trust
- Leicestershire Partnership NHS Trust
- Lincolnshire Partnership NHS Foundation Trust
- Northamptonshire Healthcare NHS Foundation Trust
- Nottinghamshire Healthcare NHS Foundation Trust
- St Andrew's Healthcare

3. Aims and objectives of the East Midlands Alliance

3.1 The Alliance was established in 2019 based on a Memorandum of Understanding approved by the six provider members. The aims in setting up the Alliance were to:

- establish a more formal collective arrangement to strengthen joint working and support delivery of the NHS Long Term Plan,
- to share learning across the East Midlands,
- undertake the strategic oversight of the Provider Collaboratives
- to develop a stronger collective East Midlands voice for mental health, learning disability and autism.

3.2 The establishment of the regional alliance is consistent with the national mental health leadership view that each NHS Trust will be part of a local system provider alliance and a wider regional provider alliance.

3.3 The agreed initial objectives in setting up the Alliance included:

- Working together to improve the quality and effectiveness of mental health, learning disability and autism services in the East Midlands
- Working more collectively to deliver the NHS Long Term Plan across the East Midlands region
- Establishing a more effective voice for mental health, learning disability and autism via an Alliance
- Sharing best practice and effective solutions to common issues
- Thinking and acting more strategically across the East Midlands
- Being consistent with the national policy direction
- Establishing a vehicle through which to take strategic decisions relating to the East Midlands Provider Collaboratives

4. Governance

4.1 The Alliance Board does not seek to establish a new organisation or legal entity. The Alliance Board is established by the Providers, each of which remains a sovereign organisation, to provide a governance framework for the further development of collaborative working between the Providers.

4.2 The Alliance Board will function through engagement and discussion between its members so that each of the Providers makes a decision in respect of each matter considered by the Alliance Board. The decisions of the Alliance Board will, therefore, be the decisions of the individual Providers, the mechanism for which shall be authority delegated by the individual Providers to their representatives (normally their CEO) on the Alliance Board. The Providers will ensure that the Alliance Board members understand the status of the Alliance Board and the limits of the authority delegated to them.

4.3 The Alliance is made up of willing partners and as such, any of the six member organisations can withdraw from the Alliance. This should be done in writing from the CEO and Chair of the organisation to the other Alliance members giving three months' notice. Withdrawal from the East Midlands Provider Collaboratives will be managed in line with the withdrawal procedures, including notice periods and surviving terms, set out in the respective Partnership Agreements.

5. Executive Board

5.1 The Alliance will be overseen by an Executive Board which will be made up of the Chief Executives of the six provider partners. The Board will meet every two months.

5.2 The Alliance Board will oversee the development and implementation of an annual work programme, respond to opportunities and shared challenges through collaborative work, allocate specific tasks to the professional groups and act as the Part B Board for the East Midlands Provider Collaboratives.

5.3 The Alliance Board will receive updates from each of the East Midlands Provider Collaboratives including key risks, issues and strategic decisions. The Alliance Board will act in line with the respective Provider Collaborative agreements which have been approved by the Boards of the Alliance members.

5.4 The Board will be chaired by one of the provider Chairs for a one year term before rotating to another provider Chair.

5.5 Conflicts of interest will be declared at the start of each Alliance Board meeting. Conflicts of interest relating to the pathway specific East Midlands Provider Collaboratives will be managed in line with the relevant approved Partnership Agreement.

5.6 The Alliance Board will agree an annual work programme informed by the Boards of the member organisations.

5.7 The Alliance will hold regular joint Board development sessions to share progress and review issues of common interest to member Boards.

5.8 A common Board paper will be circulated following each Alliance Board to keep provider Boards updated and to set out any decisions for the member Boards.

5.9 The Alliance Board will undertake an annual review of the effectiveness of the governance arrangements and the impact of the Alliance. This review will be carried out with the Chairs of the member organisations.

Signed by

for and on behalf of .....

Derbyshire Healthcare NHS Foundation Trust

Signed by

for and on behalf of .....

Leicestershire Partnership NHS Trust

Signed by

for and on behalf of .....

Lincolnshire Partnership NHS Foundation Trust

Signed by

for and on behalf of .....

Northamptonshire Healthcare NHS Foundation Trust

Signed by

for and on behalf of

.....

Nottinghamshire Healthcare NHS Foundation Trust

Signed by

.....

for and on behalf of

St Andrew's Healthcare

NHS
Derbyshire Healthcare
NHS Foundation Trust

Trust Strategy Review

February 2022

DHCFT @derbyshcft

www.derbyshirehealthcareft.nhs.uk

Making a positive difference

Foreword by Chief Executive: Welcome to our Trust Strategy review (2018 – 2022)

This is an important review to our Trust Strategy, to ensure we outline how we are going to achieve our strategic objectives at a time of great change.

This strategy reflects a context of wider partnership working across Derby and Derbyshire, through our integrated care approach with local health and care partners. It is also developed as our partnerships with Trusts and other providers who deliver services similar to our own across the East Midlands are growing, through a regional East Midlands Alliance approach.

Over the last two years we have responded to the COVID-19 pandemic and whilst our incident management team response has to be commended, we now need to re-establish our own roadmap to recovery; reducing waiting times and offering support to a greater number of local people.

We are also in preparation for a comprehensive CQC visit and are introducing great changes to our services, following investment through national strategy developments. We are transforming our acute mental health services, offering people increased privacy and dignity, and we are introducing new services, reducing the need for local people to travel outside of Derbyshire to receive care.

It is a time of great opportunity, for our patients and colleagues alike. This strategy is identifies the way we plan to achieve these changes and what outcomes people can expect to see from us over the next few years.

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

Ifti Majid
Chief Executive

Introduction: Background

What is a Trust Strategy?

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

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

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

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

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

- The NHS is at a point of change with a number of major policy changes including the NHS Long Term Plan and changes to the Mental Health Act
- Best practice is continuing to evolve and develop
- There is a growing focus on how organisations in a system work together to provide more integrated care. In Derbyshire this is called Joined up Care Derbyshire (JUCD). The purpose of JUCD is:
  - Improve health and wellbeing
  - Improve care and quality of services
  - Improve financial efficiency and sustainability
- We are working closely with other mental health providers through the East Midlands Alliance, to ensure a regional approach to specialist services
- Demand for all of our services is growing and we are seeing people with more complex needs living longer.

This strategy is set in the following context...

NHS
Derbyshire Healthcare
NHS Foundation Trust

Delivery of the NHS Long Term Plan

Continuing to refine our well led governance

Preparation for learning from CQC Inspections

Ongoing response and learning from COVID-19

Emerging integrated care systems

Changes to the Health and Social Care Act

NHS people plan

Developing East Midlands Alliance

Making a positive difference

Icons attributed to GOWI, Freepik, Vectors Market, Witdhawaty

Joined Up Care Derbyshire

NHS
Derbyshire Healthcare
NHS Foundation Trust

Joined Up Care Derbyshire priorities:

- Prevent physical and mental ill health and help people to make better lifestyle choices
- Make sure services are tailored and targeted to people and their communities
- Make it easy for people to get the right care, when they need it, in the right place for them
- Health and social care need to work seamlessly
- Make organisations as efficient as possible.

Joined Up Care Derbyshire priority areas:

- Cardiovascular disease, i.e. heart disease, stroke
- Respiratory disease, e.g. Asthma, Chronic Obstructive Pulmonary Disease (COPD), and Emphysema
- Cancer
- Musculoskeletal disease e.g. back pain
- Mental health.

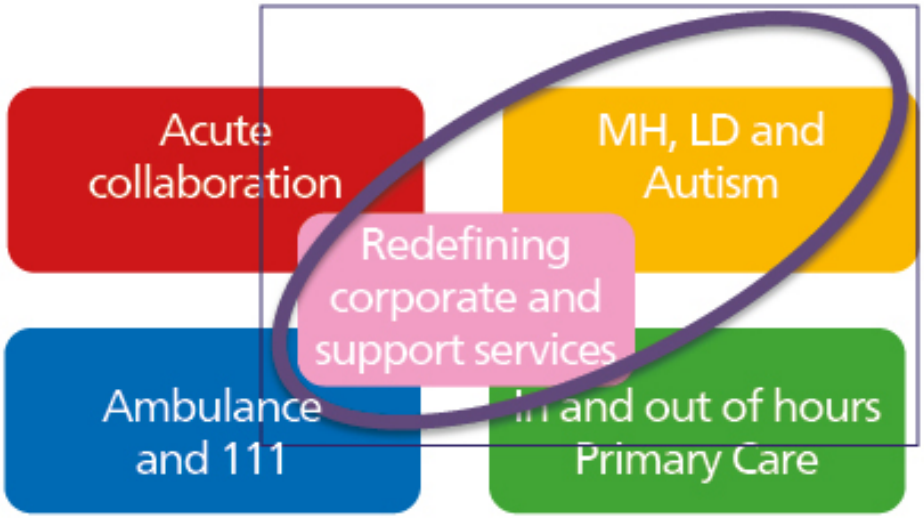
NHS
Derbyshire Healthcare
NHS Foundation Trust

JUCD delivery vehicles

A Provider Collaborative is a group of (NHS) provider organisations formally working together to enhance outcomes for the local population with a focus on more complex secondary care type services.

Provider Collaborative common set of shared objectives to ensure:

- higher quality services
- reduced unwarranted variation
- reduced health inequalities
- better workforce planning
- more effective use of resources
- enhanced productivity and sustainability; and
- increased resilience.



Priorities

DHCFT priority 1 responses

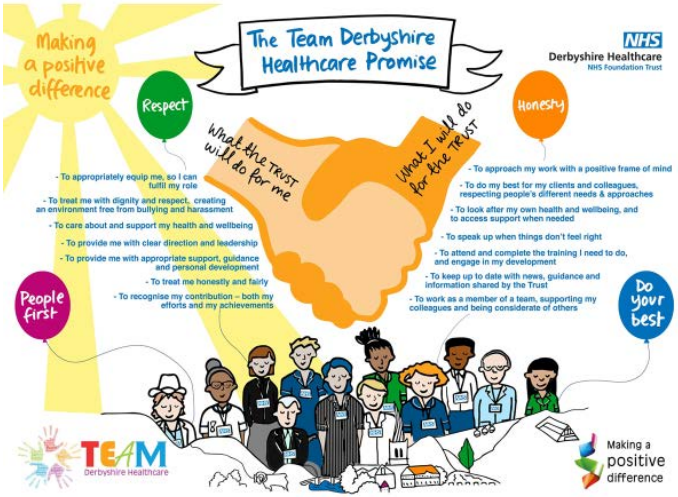
JUCD delivery vehicles

Derbyshire Healthcare NHS Foundation Trust

A PLACE is a group of health and care providers in a town or district, connecting primary and community NHS based care to broader services, including those provided by local councils, community hospitals or voluntary organisations in a formal partnership.

			
Understanding and working with communities	Joining up and co-ordinating services around people's needs	Addressing social and economic factors that influence health and wellbeing	Supporting quality and sustainabilty of local services
1. Developing an in-depth understanding of local needs 2. Connecting with communitites	3. Jointly planning and co-ordinating services 4. Driving service transformation	5. Collectively focusing on the wider determinants of health 6. Mobilising local communities and building community leadership 7. Harness the local economic influence of health and care organisations	8. Making best use of financial resources 9. Supporting local workforce development and deployment 10. Driving improvement through local oversight of quality and performance

Our approach



Trust Vision

4 Trust Values

4 Strategic Objectives

Building Blocks

Priority Actions

Our vision, and values

Our vision

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

Reconfirmed following Board discussion in December 2021.

Our values

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

- **People first** – we work compassionately and supportively with each other and those who use our services. We recognise a well-supported, engaged and empowered workforce is vital to good patient care
- **Respect** – we respect and value the diversity of our patients, colleagues and partners and for them to feel they belong within our respectful and inclusive environment
- **Honesty** – we are open and transparent in all we do
- **Do your best** – we recognise how hard colleagues work and together we want to work smarter, striving to support continuous improvement in all aspects of our work

GREAT care, GREAT place to work, BEST use of resources, GREAT partner means…

GREAT care

Delivering compassionate, person-centred, innovative and safe care. Choice, empowerment and shared decision making is the norm.

BEST use of resources

Making sustainable and financially-wise decisions every day and avoid wasting resources
Always striving for best value by finding ways to make our money go further.
.

GREAT place to work

Creating a vibrant culture where colleagues belong, thrive and feel proud to work.
Compassionate, skilled and empowered leadership is universal.

GREAT partner

Actively embracing collaboration as our way of working, seeing beyond our organisational boundaries both within and outside Derbyshire.
Ensuring the citizens of Derbyshire have the best start in life, stay well, age well and die well.

The building blocks to...

Making a positive difference

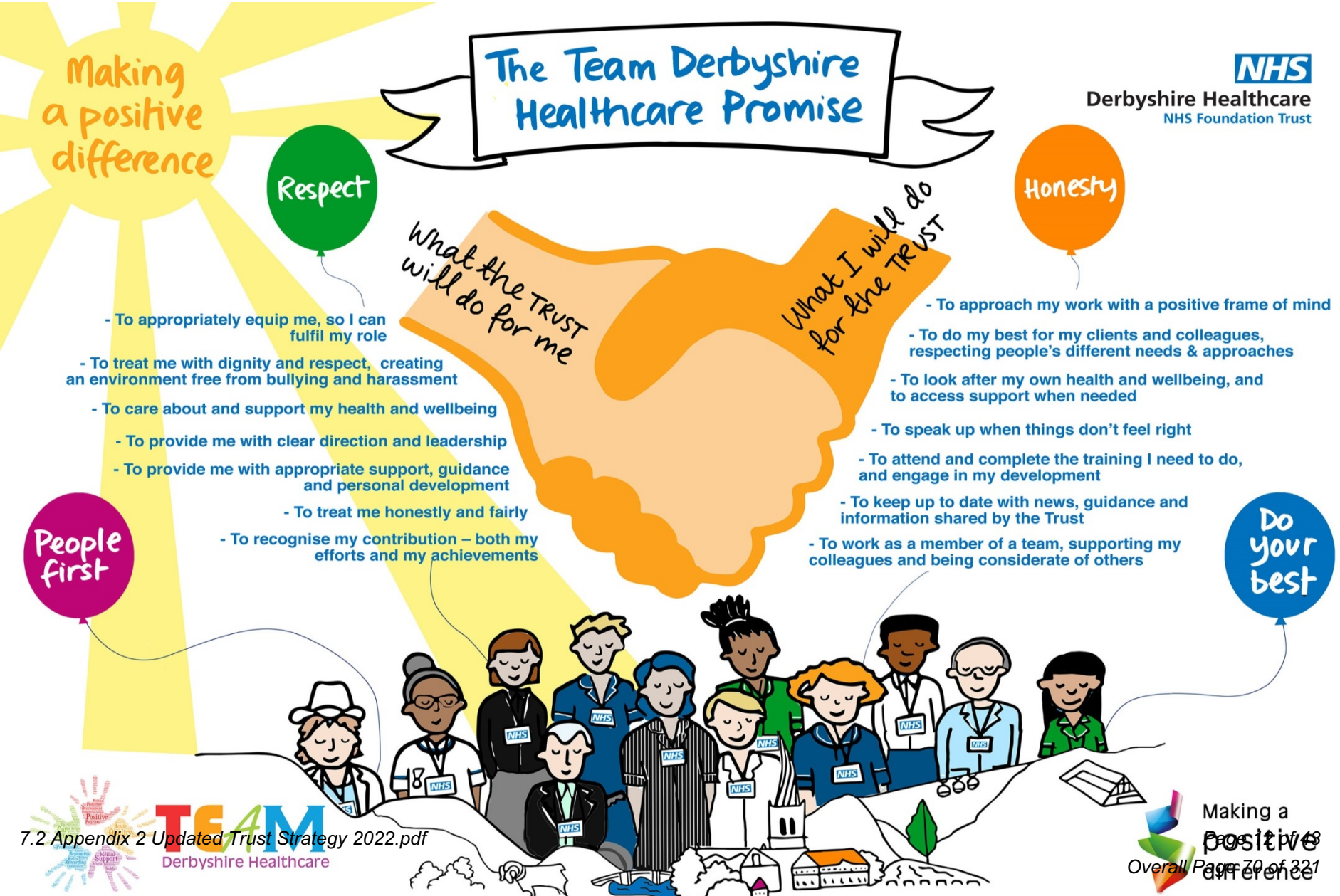
NHS Derbyshire Healthcare NHS Foundation Trust

Leadership that is inclusive, compassionate & people focussed	Enhance and embed learning & innovation	Develop a sense of inclusion & 'belonging'	Align our services with our local communities	Improve the design & delivery of our people processes
Together achieve new ways of working & new models of care	Restoring NHS services in an inclusive way	Work with partners to reduce health inequalities	Improve our estate through working with JUCD	Maintaining & improving safety in regulatory standards
Improving clinical outcomes for people most at risk of inequality	Enable a healthy workforce	Provide active leadership within the Derbyshire ICS	Ensure easy access to our community services & our beds for those who need it	Improve outcomes by working with partners in our local & regional Alliances
Augment & embed continuous improvement to enable our focus on quality & productivity	Enhance co-production & the involvement of people with lived experience in planning	Embrace new inclusive digital technology in the context of JUCD	A focus on development, career & our unique talents	Focus on improving the experience of people using our services

GREAT place to work ● GREAT care ● Best use of resources ● GREAT partner

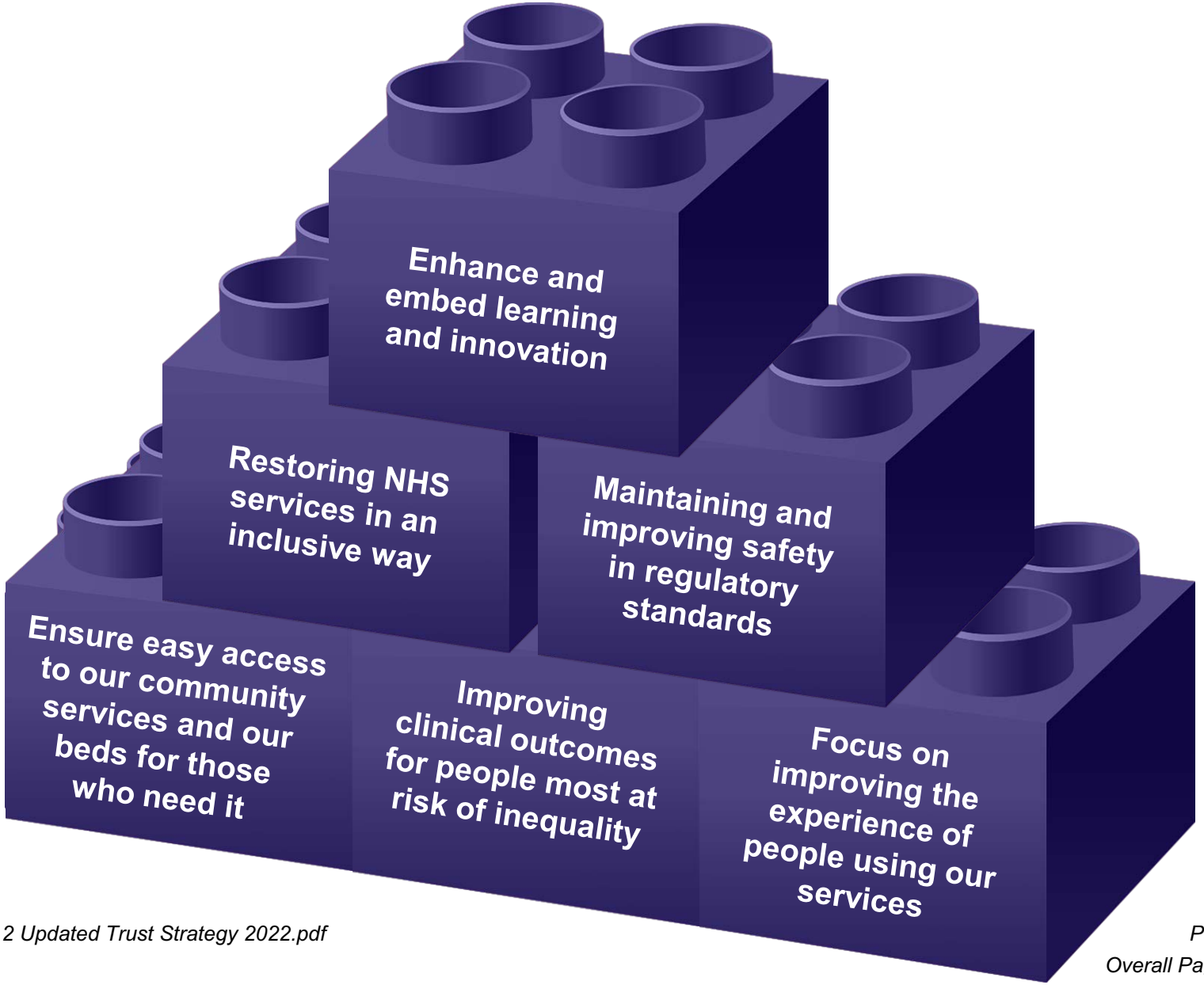
TEAM

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



Achieving our vision

What we need to achieve – to deliver GREAT care



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

What we need to achieve – to be a GREAT partner

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

Alignment of system and Trust objectives

JUCD	Prevent physical and mental ill health and help people to make better lifestyle choices	Make sure services are tailored and targeted to people and their communities	Make it easy for people to get the right care, when they need it, in the right place for them	Health and social care need to work seamlessly	Make organisations as efficient as possible
Provider collaborative profiles		Reduce health inequalities	Higher quality services		Reduced unwanted variation
					Better workforce planning
					More effective use of resources
					Enhanced productivity and sustainability
					Increased resilience
Place Collaborative	Collectively focussing on the wider determinants of health	Develop in depth understanding of local needs		Jointly planning and coordinating services	Making the best use of financial resources
	Harnessing the local economic impact of health and care organisations	Connecting with communities		Driving improvement through local oversight of quality and performance	Supporting local workforce development and deployment
		Mobilising local communities, building local community leadership			

Alignment of system and Trust objectives

JUCD	Prevent physical and mental ill health and help people to make better lifestyle choices	Make sure services are tailored and targeted to people and their communities	Make it easy for people to get the right care, when they need it, in the right place for them	Health and social care need to work seamlessly	Make organisations as efficient as possible
Great care		Improving clinical outcomes for people most at risk of inequality	Improving flow to always ensure accessible beds for those who need it		Maintaining and Improving safety in regulatory standards
		Focus on improving the experience of people using our services	Improve access to our services		Enhance or embed learning and innovation
Great place to work	Enable a healthy workforce	Develop a sense of inclusion and 'belonging			Leadership that is inclusive, compassionate and people focussed.
					Improve the design and delivery of our people processes
					Focus on development, work and our unique talents

Alignment of system and Trust objectives

JUCD	Prevent physical and mental ill health and help people to make better lifestyle choices	Make sure services are tailored and targeted to people and their communities	Make it easy for people to get the right care, when they need it, in the right place for them	Health and social care need to work seamlessly	Make organisations as efficient as possible
Great partner	Enhance co-production and the involvement of people with lived experience in planning		Align our services with our local communities	Apply active leadership within the Derbyshire ICS	
	Work with partners to reduce health inequalities		Improve outcomes by working with partners in our local and regional alliances		
Best use of resources			Together achieve new ways of working and new models of care		Augment and embed Continuous improvement to enable our focus on Quality & productivity
					Embrace new inclusive digital technology in the context of JUCD
					Improve our estate through working with JUCD

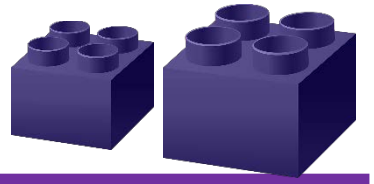
Focusing our actions

Each building block will have a series of measurable priority actions that sit within it and associated measurable outcomes. The priority actions are developed to build on getting the basics right, continuous improvement and larger scale transformation

****Improve people processes**

Priority actions and outcomes

Great care - priority actions and outcomes



Ensure easy access to our community services and our beds for those who need it

Supporting JUCD priorities	Make it easy for people to get the right care, when they need it, in the right place for them Health and social care need to work seamlessly Make organisations as efficient as possible
Supporting provider collaboratives priorities	higher quality services: enhanced productivity and sustainability reduced unwarranted variation: increased resilience
Supporting Place priorities	Driving service transformation: Making the best use of financial resources, jointly planning and coordinating services

Priority action	Category	Action owner	Expected completion date	Outcomes
Ensure right care, right treatment and support, right time right place programme	A & C	Ade	12 Months	Achieve 85% occupancy across all services
Increase the step down/step up offer, expand community places for support and provide alternative community provision.	C	Ade	12 Months	Full utilisation of community assets and principles of home first
Standards of inpatients reaffirmed	B	Ade	12 Months	Clear standards of offer to patients and staff highly skilled to deliver the offers

Category
A. Getting the basics right
B. Continuous improvement
C. Specific transformation programme

Great care - priority actions and outcomes

Maintaining and Improving safety in regulatory standards				
Supporting JUCD priorities	Health and social care need to work seamlessly Make organisations as efficient as possible			
Supporting provider collaboratives priorities	higher quality services: enhanced productivity and sustainability increased resilience: more effective use of resources			
Supporting Place priorities	Driving service transformation: making the best use of financial resources			
Priority action	**Category**	**Action owner**	**Expected completion date**	**Outcomes**
IPR development	A	AO		Compliance with essential safety requirements
Implementation plan for revised Mental Health Act	B	JS		Decrease number of detentions Improved co-production of care plans
Implementation plan for Liberty Protection Safeguards	B	JS		Improved safeguarding of vulnerable people who lack mental capacity
Execution of designated improvement plan (from Academic Health Centre) to improve sexual safety	B	CG		Improved sexual safety
Deliver electronic prescribing and electronic transfer of prescriptions programme across the Trust	C	GH	First phases in 2022/23	Essential part of revised job plan offer for medics. Improved adherence to formulary. Reduction in risk to patients. Improved experience for patients and prescribers.

Category
A. Getting the basics right
B. Continuous improvement
C. Specific transformation programme

Great care - priority actions and outcomes

Improving clinical outcomes for people most at risk of inequality				
Supporting JUCD priorities	Make sure services are tailored and targeted to people and their communities Make it easy for people to get the right care, when they need it, in the right place for them			
Supporting provider collaboratives priorities	Higher quality services: Reduced unwarranted variation, reduced health inequalities:			
Supporting Place priorities	Develop in depth understanding of local needs: Driving service transformation connecting with communities, mobilising local communities building local community leadership			
Priority action	**Category**	**Action owner**	**Expected completion date**	**Outcomes**
Stand up Reverse Commissioning Group and review governance and reporting structure with ICS partners	A	JS		Introduction of reverse commissioning at systems level
Compliance with minimum data set/protected characteristics recording	A	AO		Information to inform reverse commissioning
Continue work to reduce use of restrictive practices as part of regional QI programme	B	CG		Reduced use of restrictive practices involving co-production of clinical practice development and culture of positive practice
Co-production of revised JET service for high-risk individuals	C	JS		Development of emotional regulation pathway
Engagement with regional network to reduce health inequalities, and ensure divisions have prevention and public health initiatives in place in every service line	B	JS		Develop a system approach to addressing health inequalities within population health management, and led by Richard Morrow

Great care - priority actions and outcomes

Enhance and embed learning and innovation				
Supporting JUCD priorities	Health and social care need to work seamlessly Make organisations as efficient as possible			
Supporting provider collaboratives priorities	higher quality services: enhanced productivity and sustainability increased resilience: more effective use of resources			
Supporting Place priorities	Driving service transformation: Making the best use of financial resources, supporting local workforce development and deployment			
Priority action	**Category**	**Action owner**	**Expected completion date**	**Outcomes**
Revise training passport – one in, one out principle	A	JS		Sustainable training targets for individuals and organisations
Relaunch simulation training	B	JS		Improved impact of clinical training
Introduce patient safety training as part of NHS Patient Safety Syllabus roll out	B	JS		Improved awareness of patient safety and learning
Trauma informed training to be made available to all clinicians	B	CG		Improved confidence in clinicians helping survivors of trauma
Implement approved clinician/responsible clinician training	C	JS		Development of multi-professional workforce in partnership with Louise Braham

Category
A. Getting the basics right
B. Continuous improvement
C. Specific transformation programme

Great care - priority actions and outcomes

Focus on improving the experience of people using our services				
Supporting JUCD priorities	Make sure services are tailored and targeted to people and their communities Make it easy for people to get the right care, when they need it, in the right place for them			
Supporting provider collaboratives priorities	higher quality services: reduced health inequalities more effective use of resources			
Supporting Place priorities	Develop in depth understanding of local needs Connecting with Communities Mobilising local communities building local community leadership			
Priority action	**Category**	**Action owner**	**Expected completion date**	**Outcomes**
Develop and publish a peer support strategy	C	CG		Develop and further amplify the voice of lived experience in our organisation
Embed the feedback system into everyday patient experience	A	CG		Develop and further amplify the voice of lived experience in improving our services

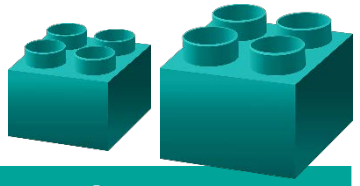
Category
A. Getting the basics right
B. Continuous improvement
C. Specific transformation programme

Great care - priority actions and outcomes

Restoring NHS Services in an Inclusive way				
Supporting JUCD priorities	Make it easy for people to get the right care, when they need it, in the right place for them Health and social care need to work seamlessly Make organisations as efficient as possible			
Supporting provider collaboratives priorities	higher quality services: enhanced productivity and sustainability reduced unwarranted variation: increased resilience			
Supporting Place priorities	Driving service transformation: Making the best use of financial resources, jointly planning and coordinating services			
Priority action	**Category**	**Action owner**	**Expected completion date**	**Outcomes**
Review our clinical model for engaging with people who need our services (outpatients, assessments etc)	B			
Sustainably reduce the waits people have in our services	B			

Category
A. Getting the basics right
B. Continuous improvement
C. Specific transformation programme

Great place to work - priority actions and outcomes



Leadership that is inclusive, compassionate and people focussed				
Supporting JUCD priorities	Health and social care need to work seamlessly Make organisations as efficient as possible			
Supporting provider collaboratives priorities	higher quality services: enhanced productivity and sustainability increased resilience: more effective use of resources, Better workforce planning			
Supporting Place priorities	Driving service transformation: Making the best use of financial resources, supporting local workforce development and deployment			
Priority action	**Category**	**Action owner**	**Expected completion date**	**Outcomes**
Ensure all staff have regular supportive individually-focussed 1:1s and team discussions to include objective setting, development planning, and effective supervision	A	JL	12 month	Our people feel well supported and valued, their talents are used and developed, people feel safe to raise ideas and issues and feel confident they will; be listened to. Our people work effectively at team and individual level
Ensure all colleagues have a health and wellbeing conversations and have an active plan in place.	A	JL/AO	12 months	We proactively work to support peoples physical and mental wellbeing, continually reviewing as circumstances, services and demands change and that we can tailor and adapt the health and wellbeing offer

Category
A. Getting the basics right
B. Continuous improvement
C. Specific transformation programme

Great place to work - priority actions and outcomes

Improve the design and delivery of our people processes				
Supporting JUCD priorities	Health and social care need to work seamlessly Make organisations as efficient as possible			
Supporting provider collaboratives priorities	higher quality services: enhanced productivity and sustainability increased resilience: more effective use of resources, better workforce planning			
Supporting Place priorities	Driving service transformation: making the best use of financial resources, supporting local workforce development and deployment			
Priority action	**Category**	**Action owner**	**Expected completion date**	**Outcomes**
Establish a 12 month recruitment plan including	A	JL	12 months	We reduce reliance on bank and agency, have well resourced teams and speed up and improve processes
Establish accountability framework for managing absence	A	JL	12 months	Data is provided to drive timely management decision making and action. We reduce variation across teams and intervene early
Review of current flexible working arrangements and the what our people need to work in a hybrid model	A	JL	12 months	Be able to provide the flexibility that workforce need to maximise motivation at work and manage lifecycle and family

Category
A. Getting the basics right
B. Continuous improvement
C. Specific transformation programme

Great place to work - priority actions and outcomes

Enable a healthy workforce				
Supporting JUCD priorities	Prevent physical and mental ill health and help people to make better lifestyle choices Make organisations as efficient as possible			
Supporting provider collaboratives priorities	higher quality services: reduced health inequalities more effective use of resources better workforce planning			
Supporting Place priorities	Collectively focussing on the wider determinants of health, harnessing the local economic impact of health and care organisations, supporting local workforce development and deployment			
Priority action	**Category**	**Action owner**	**Expected completion date**	**Outcomes**
Identify and close gaps in policy framework	A	JL	12 months	Improved health and wellbeing of our people, improved motivation and engagement
Strengthen psychology staff support	A	JL	12 month	Ensure that every individual and team is aware of the various offers and that early intervention is made
Review the financial wellbeing offer	A	JL	12 months	Improved wellbeing and staff experience
Review the National health and wellbeing framework and its application in the Trust	A	JL	12 months	Improved wellbeing and staff experience

Category
A. Getting the basics right
B. Continuous improvement
C. Specific transformation programme

Great place to work - priority actions and outcomes

Develop a sense of inclusion and 'belonging'				
Supporting JUCD priorities	Make sure services are tailored and targeted to people and their communities Make organisations as efficient as possible			
Supporting provider collaboratives priorities	higher quality services: Reduced unwarranted variation Reduced health inequalities: better workforce planning			
Supporting Place priorities	Develop in depth understanding of local needs: driving service transformation, supporting local workforce development and deployment			
Priority action	**Category**	**Action owner**	**Expected completion date**	**Outcomes**
Roll out of cultural intelligence programme	B and C	JL	12 months	People develop better understanding of different needs and that we have an inclusive approach to how we work at individual, team and organisational level
Maximise the experience and outcomes for staff networks in the Trust and at system level Develop network discussions at divisional level	A and B	JL	12 months	Positive evidence and experiences of being valued and increased sense of belonging for individual communities, intersectionality and allies, increased role modelling, improved staff experience and more inclusive employer

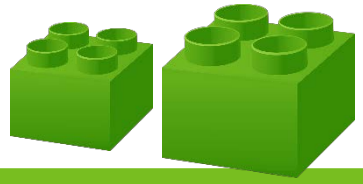
Category
A. Getting the basics right
B. Continuous improvement
C. Specific transformation programme

Great place to work - priority actions and outcomes

A focus on development, career and our unique talents				
Supporting JUCD priorities				
Supporting provider collaboratives priorities				
Supporting Place priorities				
Priority action	**Category**	**Action owner**	**Expected completion date**	**Outcomes**

Category
A. Getting the basics right
B. Continuous improvement
C. Specific transformation programme

Great partner - priority actions and outcomes



Improve outcomes by working with partners in our local and regional Alliances

Priority action	Category	Action owner	Expected completion date	Outcomes
Develop and design a new quality group for the MH, LD and Autism Board and associated clinical governance	C	CG	6 Months	
Contribute and support a children's quality group for children's services across Derby and Derbyshire	C	CG	6 Months	
Have a formal agreement in place across alliance members covering the remit of the Derbyshire Alliance	C	GH	May 2022	Clear governance, remit and agreement across partners of the role and powers of the Derbyshire Alliance
Alliance/SDB to take formal responsibility for its current remit as part of the new ICB/ICP/Provider Collaborative arrangements	C	GH	July 2022	Clear governance, remit and agreement across partners of the role and powers of the Derbyshire Alliance/SDB
Continue to contribute to the ongoing development and clinical improvement of existing provider collaboratives	A	GH	Ongoing	Robust and well-led provider collaboratives. Re-connection of patient pathways such as CAMHS, Forensic, AED and Perinatal Services where previous commissioning arrangement delivered disconnects and dislocation.

Category
A. Getting the basics right
B. Continuous improvement
C. Specific transformation programme

Great partner - priority actions and outcomes

Enhance co-production and the involvement of people with lived experience in planning

Priority action	Category	Action owner	Expected completion date	Outcomes
Work with Derbyshire ICS to help them appoint Patient Safety Partners	C	JS		Co-production of service development with patient safety partners
Review EQUAL and its remit to consider future growth with other partners in the MH, LD & Autism PPI model	C	GH/ CG	12 Months	Co-production and service design
Review long term plan expectations and the joint leadership of the MH, LD and Autism Board on patient experience and learning	C	GH/CG	12 Months	Co-production and service planning

Category
A. Getting the basics right
B. Continuous improvement
C. Specific transformation programme

Great partner - priority actions and outcomes

Provide active leadership within the Derbyshire ICS				
Priority action	**Category**	**Action owner**	**Expected completion date**	**Outcomes**
Lead the development of a working 'alliance' for MH, LD and A recognising the collaborative nature of this development with all partners	B	Gareth and Ifti	Sept 2022 for phase 1 April 23 for full	An alliance that enables active participation across the sector and is structured to support innovation and resource shifting away from bedded care
The development of an operational structure that aligns to PLACE in Derbyshire and Derby City	B	Ade	Sept 2022	Increased links with PLACE alliances and more provision of services delivered closer to home
Contribution to the development of key priorities for the Provider Collaborative in terms of supporting functions that can be delivered at scale	C	Ifti	March 2024	Increased consistency of support delivered more effectively and efficiently

Category
A. Getting the basics right
B. Continuous improvement
C. Specific transformation programme

Great partner - priority actions and outcomes

Align our services with our local communities				
Priority action	**Category**	**Action owner**	**Expected completion date**	**Outcomes**
Continue to contribute to the ongoing development and clinical improvement of existing provider collaboratives	A	GH	Ongoing	Robust and well-led provider collaboratives. Re-connection of patient pathways such as CAMHS, Forensic, AED and Perinatal Services where previous commissioning arrangement delivered disconnects and dislocation.
Continue to provide leadership on behalf of the Derbyshire system in the regional alliance, and in the pathways covered by the provider collaborative ensuring risk is not inappropriately passed from region to county or vice versa.	A	GH	Ongoing	Re-connection of patient pathways such as CAMHS, Forensic, AED and Perinatal Services where previous commissioning arrangement delivered disconnects and dislocation.

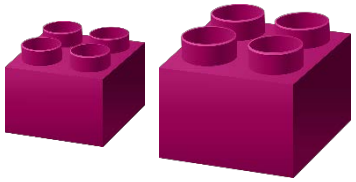
Category
A. Getting the basics right
B. Continuous improvement
C. Specific transformation programme

Great partner - priority actions and outcomes

Work with partners to reduce health inequalities				
Priority action	**Category**	**Action owner**	**Expected completion date**	**Outcomes**

Category
A. Getting the basics right
B. Continuous improvement
C. Specific transformation programme

Best use of resources - priority actions and outcomes



Together achieve new ways of working and new models of care				
Priority action	**Category**	**Action owner**	**Expected completion date**	**Outcomes**
Utilisation of community assets and embedding with our services	A & B	Gareth & Ade	12 Months	Impacting on demand management. Development of population health for people of Derbyshire in place and cost management.
Delivery of Year 2 of the Community Mental Health Framework, embedding new model in High Peak and Derby and transforming the model in Chesterfield, NED/Bolsover and Derbyshire Dales	C	Gareth	March 2023	New integrated community mental health services in place across a wider area of the County
Delivery of the new CYP Crisis Services within DHCFT and with partners across the County	C	Gareth	March 2023	Reduction in CYP admissions. Improved support for CYP and families.

Category
A. Getting the basics right
B. Continuous improvement
C. Specific transformation programme

Best use of resources - priority actions and outcomes

Augment and embed continuous improvement to enable our focus on quality and efficiency				
Priority action	**Category**	**Action owner**	**Expected completion date**	**Outcomes**
Deliver the Quality Improvement Strategy Implementation Plan actions for 22/23	B	Gareth & Ade	Ongoing	Quality Improvement (QI) Training in place. By end of March, 1500 colleagues to have had some QI training with a cohort of “experts” in place to support. Time bank in place to enable colleagues to undergo career development in other services through QI leadership. QI projects and schemes ongoing across the Trust.

Category
A. Getting the basics right
B. Continuous improvement
C. Specific transformation programme

Best use of resources - priority actions and outcomes

Embrace new inclusive digital technology in the context of JUCD				
Priority action	**Category**	**Action owner**	**Expected completion date**	**Outcomes**
Delivery of Trust digital strategy	A, B & C	Ade	36 months	Become a digital exemplar
Increase access and treatment offer for patients through digital offer	C	Ade	12 months	Expand delivery options for patients
Production of meaningful data, enhancing business intelligence and use of data as decision and improvement tool. Weekly sharing of organisational data and analysis.	A, B & C	Ade	12 months	Become a data informed health care organisation impacting on service delivery
Integration of digital strategy with clinical, estates, green plan and operational delivery	A, B & C	Ade	18 Months	Enhance the service delivery in a joined up approach
Complete delivery of OnEPR programme and move to optimisation phase and delivery of full benefits of SystmOne	B	GH	Phase 3-4 “go live” in May	Improved clinical information access and improved productivity and effectiveness of clinicians and administrators

Category
A. Getting the basics right
B. Continuous improvement
C. Specific transformation programme

Best use of resources - priority actions and outcomes

Improve our estate through working with JUCD				
Priority action	**Category**	**Action owner**	**Expected completion date**	**Outcomes**
Delivery of Trust estate strategy	A, B & C	Ade	36 Months	Delivery the right environment for staff and patients, optimal utilisation of space through reduction of carbon footprint and costs.
Delivery of full business cases and successful implementation of the dormitory eradication programme	c	Andy Harrison	36 Months	Significant enhancement of patient experience and increased safety and outcomes through eradication of all dormitory provision in Derbyshire
Redesign staff and patient use of estates though the use of community spaces, joint use with system partners and hybrid of home/office working	C	Ade	12 Months	Delivery the right environment for staff and patients, optimal utilisation of space through reduction of carbon foot print and costs.
Review and improvement of backlog maintenance with significant reduction over the next 24 months	A, B & C	Ade	24 Months	Delivery of quality environment

Category
A. Getting the basics right
B. Continuous improvement
C. Specific transformation programme

Best use of resources - priority actions and outcomes

Improve our Estate through working with JUCD				
Priority action	**Category**	**Action owner**	**Expected completion date**	**Outcomes**
Delivery of green plan strategy	A, B & C	Ade	36 Months	Achieve NHS target of zero Carbon foot Print
Review the cleaning services delivery based on learning from COVID	C	Ade	12 Months	Expand delivery options for patients

Category
A. Getting the basics right
B. Continuous improvement
C. Specific transformation programme

Joined Up Care Derbyshire

Joined Up Care Derbyshire ICS

Provider Collaboration at Scale

Operating model proposals for confirmation by the Provider Collaborative Leadership Board (Shadow)

Aims of Session

1. Quick recap on current position
2. Expectations of arrangements
3. Outline shadow arrangements + discuss and agree key points
4. Discuss ‘actual’ areas of initial focus for shadow PLB
5. Next steps for NHS Trusts Provider Boards

Quick recap on current position

Shared Objectives of Provider Collaborative Leadership Board

JUCD view provider collaboration at scale as a critical component of effective system working; where similar types of provider organisations deliver a common set of shared objectives to ensure:

- higher quality services;
- reduced unwarranted variation;
- reduced health inequalities;
- better workforce planning;
- more effective use of resources;
- enhanced productivity and sustainability; and
- increased resilience;

Benefits of Provider Collaboratives

- Mutual aid and working together
- Peer challenge (clinician and manager)
- Service user, Expert by Experience embedded, living it
- Clinically informed (led)
- Identifying and reducing unwarranted variation
- No formal tendering of contracts, build collaboration and trust and reduce competition
- More effectively and efficiently lead services across the ICS e.g. People Futures, Safeguarding

Expectations of arrangements

National Guidance 'asks'

National ask will be have local systems agreed the following for their Provider Collaboration at Scale programme	Current position	Action required
Governance model and priorities from April 2022	Single Provider Collaborative Leadership Board (Shadow) Key Priority Areas • Acute – focussing on Urgent Care and Planned Care • Mental Health, LD & Autism • Ambulance and 111 • In addition within JUCD; • General Practice (In and Out of Hours Primary Care)	**All NHS Provider Boards to approve the move to a single Provider Collaborative Leadership Board**
Purpose and role of the Provider Collaborative Leadership Board (PCLB)	Agreed high level functions and scope re services / programmes of work	**Ensure alignment / interoperability with other components in ICS – map specific programmes linked to scope**
Governance decision making and accountability including- 1. Membership 2. Decision making arrangements 3. Representation on / reporting relationships with ICP and ICB	1. Agreed core Provider membership 2. Confirmed proposal re initial accountability. 3. NHS Provider CEO PLB Chair to be a member representation on ICB	**1. Test and confirm detailed representation** **2. Need to confirm proposal re: delegated elements with ICB** **3. Need to identify NHS CEO member onto ICB**
Leadership roles and capabilities	Have worked up thinking on capabilities and proposal for confirmed leadership role. Need to have further discussions at PCLB on broader support roles e.g. Governance, Finance and PMO	**Continue to develop proposals and consider at PCLB in Q4**

Provider Collaboration at Scale: Outline Programme of Work

Phase 1 – Scope (Mapping) (Q1 2021/22)

We will:

- Engage, map existing collaborations seeking opportunity to identify quick-win areas and form Q2 plans
- Gather and document initial views on key areas of focus for collaboration and their current state, looking at next steps and support required to progress
- Discuss approach to ensuring links and co-development with 'at place' workstream

We have:

- Finalised sub-group membership; including representation from Place Partnerships and vice versa to ensure strong linkages/management of interdependencies and sharing of ideas (now meeting monthly)
- Agreed the initial workplan following the mapping exercise which generated a 'long list' of ideas for areas of collaboration through stakeholder engagement with delivery board leads and other relevant workstreams (outputs of our mapping can be found on the previous slide)

Phase 2 – Design (Q2-Q3 2021/22)

We will:

- Seek to develop collaborations aligned with local population needs, in line with findings from Q1.
- Support quick-win areas to formalise collaboration with most appropriate model
- Seek to engage with Primary Care on In and Out of Hours provision, considering scale collaboration
- Review mapping exercise of key focus areas against national key principles
- Determine the role of provider collaboratives within the ICS and the functions of a provider collaborative
- Prioritise the provider collaborative ideas for further development using a prioritisation matrix agreed by the sub-committee

We have:

- Established a Primary & Community Care collaboration Steering Group (July 21)
- Progressed developments across all 4 of our priority areas
- Held a development session (Jul 21) with partners to consider the three recommended models (taken from a draft version of the guidance) and how they could be localised across Derby and Derbyshire (further information described in the proposed provider collaboration governance model)

Phase 3 – Set Up (Q3-Q4 2021/22)

We will:

- Ensuring appropriate governance is in place to support delivery by:
  - Agreeing a statement on form and governance
  - Holding further Board development sessions
  - Agree membership with defined roles and responsibilities
- Confirm delegation of authority
- Set collaboration priorities and associated work programme
- Align resources
- Confirm reporting arrangements
- Support the change programme with comprehensive comms and engagement
- Rapidly support the formalisation of the Mental Health and LD collaboration workstream (as the quick-win), assessing the most suitable formal model of collaboration and ensuring the required accountability, oversight and governance is in place
- Support the 999 and 111 collaborative work as a potential fast-follower workstream, starting to assess the most appropriate models for formalising the proposals
- Start detailed engagement and planning work on the areas identified from the sub-group work on prioritisation.

We have*.....updates on progress will be provided in future iterations of the SDP*

Phase 4 – Delivery Q1 2022/23 Onwards

We will:

- Finalise long-term provider collaborative arrangements, including final assessment of need for Provider Collaborative Leadership Board and final JUCD accountability and oversight integration.
- Further develop approach to corporate and enabling service collaboration and seek quick- wins, i.e. those services that can be provided more effectively and efficiently across the ICS or multi-ICS

We have*.....updates on progress will be provided in future iterations of the SDP*

Provider Collaboration at Scale Development – Phases

We have agreed a 2 phased approach, to align with ICB developments

The following roadmap focuses on the remaining **design and mobilisation stage areas (as confirmed at the Planning session on 20th December)** to ensure this gets us to shadow form as from April 2022.

This will be an iterative process and there was recognition there are key developments that will progress in **Phase 1**:

- Work with ICB, Place Partnerships and ICP to develop and confirm future governance which is aligned and integrated e.g. Joint Committee, ICB sub-committee
- Develop proposals for expanded delegated accountabilities (along with appropriate governance structure) agreed in time to inform 23/24 system planning
- Recognising the importance of behaviours/ways of working, we will agree a Partnership Agreement in phase 1; building out from work already done through the Provider Collaborative Sub-committee
- Ensure right mechanisms are built in to maintain focus on ICB priorities (linked to Place Partnerships and the work of the ICP)
- Continue to build integrated approaches/forums etc for clinical and professional voice, and citizen's voice across patient pathways aligned to wider ICS and build into ICP integrated care strategy development

NB: there will be other development area in phase 1; including management and leadership capacity, aligned enabling function capacity (eg transformation, data and digital, people) BI/PHM support to ensure data driven approaches inform decisions and stronger VCSE. These will be built into the forward plan.

Outline shadow arrangements + discuss and agree key points

Including governance paper walk-through and discussion

Provider Collaborative Leadership Board (Shadow) Questions to consider as part of the Planning session:

1. Identify the role of the organisational Chair in the collaborative space
2. Identify development needs across the provider senior team
3. Identify areas for streamlining – where can the system do something once and do it well, rather than doing it many times in many different places (PMO, governance, role of delivery boards)
4. Identify how priorities and decision making in the collaborative space reach the provider board and staff groups in a timely manner
5. Create a written record of how decisions are made within the provider board and within the Provider Collaborative Leadership Board
6. Review current governance – does it work well now, will it work in the immediate transition period and beyond?
7. Identify available resource to support the new governance and delivery arrangements

Governance Structure

Agreed

- Shadow Provider Collaborative Leadership Board
- One Integrated Provider Collaborative Executive to co-ordinate and deliver the set of activities that are best done once. These include for example:
  - Identifying Provider Collaboration priorities from system strategic plans (e.g. ICB NHS plan, ICP Integrated Care Strategy)
  - Leading, planning, and overseeing the integration and co-ordination of integrated health and care services at Scale.
  - Managing relevant whole system transformation programmes.
  - Interface with the ICB delivery board output to determine implications for statutory performance, transformation and Place based provision.
  - Hold delegated resources/accountability from ICB (via NHS Lead Provider in first instance).
  - Identifying and addressing system / inter-agency barriers to integrated care.
- Provider Collaborative Leadership governance structures are executive/officer not elected members/ non executive directors who would be represented on ICB and ICP. politicians).
- The ICB composition includes a ‘partner member’ from the Provider Collaborative Leadership Board.

Shadow Provider Collaborative Leadership Board Membership – Outline Proposal

Core Membership:

- 6x Provider CEOs from Core Membership
  - Provider-Elected CEO Chair and ICB Member

Observers

- Chair of GP Provider Alliance
- Representative from the Clinical Professional Leadership Group
- Work stream leads (4)
- Chief Digital Information Officer and Chief People Officer as appropriate
- Other Enablers – Finance and Estates as appropriate
- Programme Director (Provider Collaboration)

In attendance

- By invitation – other partners / links from other systems
- Governance and Communications support (as needed)
- During shadow form, specific individuals/roles supporting the development of the Shadow Provider Collaborative Leadership Board will also be invited to attend.

TBC

Discuss ‘actual’ areas of initial focus for shadow PCLB

Provider Collaboration at Scale: Progress Across Our 4 Priority Areas

Acute Collaboration

- Significant collaboration work already underway from prior joint working
- Specific areas of focus include Urgent Care (inc SDEC) and Planned Care – mature existing work and structures in place for both
- Key leads identifying opportunities for collaboration, assessing collaboration options as part of scope
- Collaboration work will be closely supported by pre-existing UEC &CC and Planned Care Delivery Boards
- Building on existing priorities:
    - Planned Care – Maternity, Cancer, End of Life, Outpatients and Diagnostics, Elective Care
    - Urgent Emergency Care and Critical Care - SDEC, UCTC, 111 First, Frailty etc, Critical Care

Mental Health, LD & Autism Collaboration

- Significant collaboration work already underway at East Midlands, JUCD and Place levels with work underway on memorandum of understandings for Intra-MH Trust relationships
- Specific areas of focus include specialised commissioning of services at regional basis, with specialisms being further developed in individual MH Trusts to meet these needs
- Derbyshire Mental Health and LD Alliance group already existing, supporting transformation, delivery, contract management and commissioning of services
- Provider Collaboration at Scale group will seek to support the pre-existing and emerging work, not create new structures to layer on top

Ambulance and 111

- Significant collaboration work already underway at East Midlands level between Ambulance and 111 to ensure operational delivery is effective
- Initial work undertaken to scope potential short, medium and long term benefits of more strategic collaboration
- Workstream governance groups being considered to aid and progress discussions at pace – considering opportunities for intra-ICS, JUCD, Place and PCN levels
- Ambulance and 111 workstream will be heavily informed by pre-existing UEC group and wider intra-ICS discussions also

General Practice (In and Out of Hours Primary Care)

- More formal arrangements for a Primary & Community Care Collaborative in place
- Managing delivery of the Primary and Community Care transformational programme, gain assurance on all aspects of operational, financial and quality performance
- Development of Primary Care Strategy, including digital and access
- Emerging Derby & Derbyshire In Hours GP Provider Collaborative Board
- Provide leadership system wide, clinical & professional and Place based delivery
- Acts to reduce health inequalities, support wellbeing of staff in General Practice, and improve patient outcomes
- Represents a collective strategic voice for General Practice provision
- Wider than just General Practice also includes:
- Out of Hours, Optometry, Dentistry, Pharmacy, Community Services

Next steps for NHS Trusts Provider Boards

Next Steps for NHS Trusts Provider Boards

1. Ensure Shadow Provide Collaborative Leadership Board paper is taken through Trust governance processes for agreement to proceed and for Trust to be a member of the shadow PCLB – as appropriate in each organisation – February /March 2022 (April at latest)

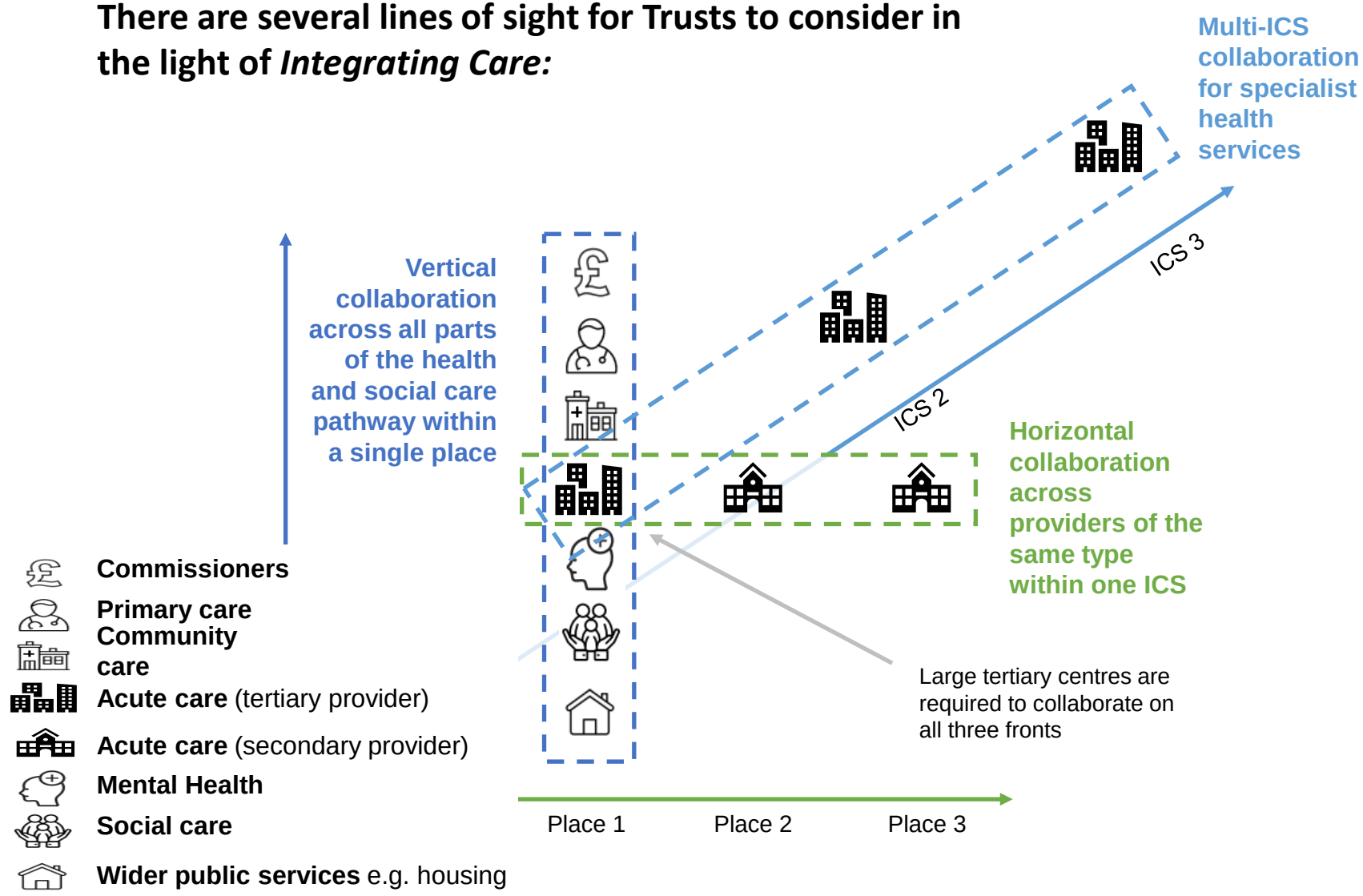
2. Ensure Trust Boards are aware of shadow governance arrangements and provide feedback on key S-PCLB areas of focus

3. Ensure Trusts Boards are aware of roadmap to PCLB (not shadow) form during 2022/23 – with potential governance implications outlined

Appendix:
Different types of
Provider Collaboration
“Framing the context for Trusts”

Framing the context for Trusts

There are several lines of sight for Trusts to consider in the light of *Integrating Care:*



Axes of collaboration

In their relationships with Provider Collaboratives, Trusts have;

- Their own organisational imperatives and statutory requirements;
- Relationships with other providers within the Provider collaboratives;
- The relationships of Provider Collaboratives themselves with partners at place, ICS, other Provider Collaboratives and so on.
- To move from working in competition to working in collaboration
- To be clear on the differences between accountability vs responsibility
- To be prepared for “In flight” design

Joined Up Care Derbyshire (JUCD)
Shadow Provider Collaborative Leadership Board Partnership document and Terms of Reference (ToR)

Shadow stage – February 2022 – issue number 0.5

Development / Changes from the previous version

Updated to take account of clarified accountabilities and emerging operational arrangements. This draft for use by the Shadow Provider Collaborative Leadership Board (Shadow Board) when meeting in shadow form was shared with the constituent organisations on

1. Background

Provider collaboratives are the vehicle for joining up the delivery of health and social care and vary in scale and scope. They are essential in the development of strong Integrated Care Systems (ICSs) as they can support and enable vertical integration (e.g. primary, community, local acute services) and horizontal integration (e.g. across multiple places or across multiple ICSs).

Provider collaboratives support improved decision making and delivery across multiple organisations. Through collaborating at scale they can effectively align strategic decision making and make quicker and more effective decisions including standardisation of approaches and delivery where variation is unwarranted. Through working together providers can make the best use of the resources available and support the strategic aim of reducing health inequalities.

This can be over local areas know as being 'at Place' but sometimes, many people will have more complex or acute needs, requiring specialist expertise which can only be planned and organised effectively over a larger area than Place. This may be because concentrating skills and resources in bigger sites improves quality or reduces waiting times; because it is harder to predict what smaller populations will need; or because scale working can make better use of public resources. Because of this, some services such as hospital, specialist mental health and ambulance needs to be organised through provider collaboration that operates at a whole-ICS area – or more widely where required.

The intention is that all people served by the ICS, and wider East Midlands collaborations are able to:

- Access a full range of high-quality acute hospital, mental health and ambulance services.
- Experience fair access to these services, based on need and not factors such as geography, race or socio-economic background.
- Optimise pathways of care to achieve best in class health and care outcomes for the people of Derby and Derbyshire

The JUCD Board has agreed that Provider Collaboratives will cover:

- Hospital Services (secondary, tertiary, networks)
- Mental Health
- Ambulance (999 & 111 / Urgent and Emergency Care)
- General Practice (In & Out of Hours Primary Care)

The scope will include a plan to modernise and develop services including on a wider area (at scale) and transformation to ensure the quality and sustainability of services. The scope will also explore the use of clinical networks, system level support and mutual aid arrangements between organisations to enhance resilience, together with fair and equal access to services across the ICS area , and East Midlands ICS network(s). It will also ensure collaboration in the delivery of health, social and economic development by improving provider productivity, efficiency and reduce unwarranted variation.

2. The providers

- Chesterfield Royal Hospital NHS FT
- Derbyshire Community Health Services NHS FT
- Derbyshire Healthcare NHS FT
- DHU Health Care C.I.C
- East Midlands Ambulance Service NHS Trust
- University Hospitals of Derby and Burton NHS FT

3. The Shadow Board and Governance Approach

The Shadow Board has been formed by the NHS provider organisations in the JUCD ICSas a single Shadow Provider Collaborative Leadership Board to manage the Derbyshire system provider collaboratives. The approach is in line with the requirements of the ICS Design Framework and the opportunities for different ways of working identified in the Health and Care Bill.

The Shadow Board is an executive group dedicated to driving forward the collaborations which it identifies as being required on behalf of the provider Boards and will function through engagement and discussion between its members. Direct accountability is to provider Boards

This document does not seek to be binding but instead sets out the principles and approach to working together to deliver seamless quality services for the people of Derby and Derbyshire which meet the quadruple aim of JUCD of:

- Improving experience of care (quality & satisfaction),
- improving the health of the population,
- improving staff experience and resilience, and
- reducing the per capita cost of healthcare.

In moving to shadow form the providers acknowledge that arrangements will evolve and agree, that the key to all collaboration is working together to build trust, to begin with a streamlined governance structure and build as situations or emerging regulation require.

It is envisaged that once the legislation is in place the full Provider Collaborative Leadership Board will take the form of a joint committee made up of the constituent organisations with delegations from these bodies to enable it to make appropriate decisions on their behalf. The Shadow Board is established by the providers, each of which remains a separate legal entity and accountable for the services they provide, to ensure a governance framework for the further development of collaborative working between the providers and set a clear path to the full Provider Collaborative Leadership Board.

The Shadow Board gives the opportunity to determine the areas of interest which it will be appropriate for the provider collaborative to concentrate on and therefore clarity regarding the delegations will be determined prior to the end of the shadow period.

The actions of the participants and bodies represented will:

- be driven by the interests of the people and communities we serve.
- Support each other to address barriers to system transformation.
- Design health, care and wellbeing services to meet the needs and wants of the people who use them, not the organisations who provide them.
- Ensure services are provided as close as possible to the places people live

To ensure these aims in operating as a Shadow Board it will:

- function through engagement and discussion between its members. Any agreements reached at the Shadow Board will be enacted through the decision making processes of the organisations involved.
- Seek to reach consensus in deciding its recommendations and making decisions on system matters. The Chair will actively seek to reach decisions by consensus. If consensus cannot be reached, views which oppose the majority view will be recorded and presented with the report/advice ensure transparency.

The Shadow Board is made up of willing partners and as such, any of the six member organisations can withdraw from the Shadow Board. This should be done in writing from the CEO and Chair of the organisation to the other Shadow Provider Collaborative Leadership Board members giving at least one months' notice. It should be noted that it is anticipated that the legislation will require Acute and Mental Health providers (as a minimum) to be part of one or more provider collaboratives.

4. Membership and Business

Membership and quoracy arrangements are set out in the terms of reference. Membership will reflect the need for a clear senior leadership driving collaborations and the need to bring in a wide range of expertise.

Members are:

- accountable for contributing and taking personal responsibility for achieving the purposes set out in the Terms of Reference, and taking forward relevant decisions to or on behalf of their organisations.
- Expected to act as facilitators, providing effective communication for the programme to engage their respective organisations in the developments; modelling collective leadership.
- Expected to provide information as necessary to support the undertaking of accurate analysis to inform developments.
- Responsible for keeping their organisational board or equivalent updated on the progress of the ICS and will take key items for approval ensuring timely decision making does not delay the work of the ICS development and delivery.
- Will confirm to all provisions regarding conflicts of interest detailed in the terms of reference. The approach to conflicts of Interest will also be guided by the approach identified in Section G of the document *'Interim Guidance on the functions and governance of the integrated Care Board'* (NHS August 2021) or any updated versions.

The Shadow Board will:

- advise on the collective approach to look at the scope of opportunities at scale in areas requiring a bigger footprint approach to provision. It is the sole purpose of the Shadow Board to work on these areas on the collective behalf of the providers and to engage meaningfully with the Health and Care partnerships to further influence change.

- Confirm what added value provider collaborations at scale will offer, and what will be the respective approaches to collaboration at scale in terms of configuration, functions, accountabilities and supporting infrastructure.
- Work closely with the Provider Collaboration at Place sub-committee (and its successor) and the three Delivery Boards to collectively influence how the system operating model may need to change based on the outcomes of these JUCD programmes.
- Receive updates from each of the providers in relation to the programme of work defined for delivery through provider collaboratives at scale,.
- Oversee the development and implementation of an annual work programme, respond to opportunities and shared challenges through collaborative work.
- Actively work towards full Provider Collaborative Leadership Board status considering the steps to this status and the necessary engagement and consultation.
- Keep the constituent Boards and Shadow ICB and appraised of its work and progress.
- Review its effectiveness and approach to full status at every meeting and review progress against the agreed maturity matrix.

5. Information Sharing and Confidential Information

It is essential to ensure full collaboration that relationships are built on mutual trust. Key to this is confidence that providers will share all information that is required in order to achieve the best outcome for the citizens of Derbyshire and that the information that is shared is treated appropriately.

As such whilst nothing in this document impacts on providers' regulatory or statutory obligations it is anticipated / expected that:

- Providers will make sure that they share information, and in particular competition sensitive information, in such a way that is compliant with competition and data protection law. The approach will be in compliance with the Provider Selection Regime which it is anticipated will be included within the Health and Care Act.
- All providers will keep in strict confidence all confidential Information it receives from another provider.
- Providers will only use confidential Information received from another provider for the purpose of collaboration and not for any other purpose.

Terms of reference for the Shadow Provider Collaborative Leadership Board

1. Purpose

The Shadow Board will provide the formal joint leadership for the collaborations to enable the delivery of a shared agenda. It will provide oversight of the development and delivery of a robust, viable and deliverable sustainability and transformation plan, and new ways of working which meets the health and care needs of the citizens of Derby and Derbyshire

2. Accountability

The Shadow Board is directly accountable to the provider Boards.

The Chair will sit as part of the ICB/Shadow ICB to represent the voice of the Shadow Provider Collaborative Leadership Board and provide regular reports (including but not limited to, risk management and delivery). In addition, an annual report will be provided to the ICB/Shadow ICB to include progress and a summary of key achievements. Wider oversight and accountability is provided through the provider organisations and the / ICP.

The Chair is responsible for proactively notifying the Chair of the ICB/Shadow ICB, of any matters pertinent to the business of the Shadow Board. The Shadow Board will work closely with the Provider Collaborative at Place processes and individual organisations lead officers within the ICS.

Collaboration between providers is required outside of the boundary of Place at ICS, or wider regional networks which is a function of the ICB / ICP Board.

3. Membership, attendance and responsibilities

As a shadow Board it is that the initial approach will be to focus on a core membership which can be expanded as the Board matures and moves towards full Provider Collaborative Leadership Board status. Any changes to participant membership will require review by the Provider Boards with any changes to the 'Observer' or 'In attendance' membership agreed by the Shadow Board via amendment to the Terms of Reference.

The membership of the Board will be:

Members

Provider CEOs (6)

Observers

- Chair of GP Provider Alliance
- Representative from the Clinical Professional Leadership GroupWork stream leads (4)
- Chief Digital Information Officer and Chief People Officer as appropriate
- Enablers –/ finance and estates as appropriate.

In attendance

- By invitation – other partners / links from other systems
- Governance / finance / communications support (as needed)
- During shadow form, specific individuals/roles supporting the development of the Shadow Provider Collaborative Leadership Board will also be invited to attend.

It is expected that members will prioritise meetings and make themselves available. Members, through notifying the Chair in advance of the meeting, may identify a deputy of sufficient seniority who will have delegated authority to make decisions on behalf of their organisation in accordance with the objectives set out in the Terms of Reference for this Shadow Board for that meeting.

Members are expected to attend at least 75% of meetings held each calendar year to ensure consistency.

4. Quorum

The meeting will be quorate when four of the provider Chief Executive's or their deputies are present.

If any member of the Shadow Board has been disqualified from participating in the discussion and/or decision-making for an item on the agenda, by reason of a declaration of a conflict of interest, then that individual shall no longer count towards the quorum for that part of the meeting.

5. Chairing arrangements

The meeting will be chaired by a NHS Provider CEO and will be chosen through the agreement of those eligible. The term of office will be for 12 months unless otherwise agreed by a quorate meeting of the Shadow Board.

A vice chair will be identified. Should the Chair or vice not be present at a meeting those eligible will agree which of their number will take the chair for that meeting.

6. Meeting Process

The group will meet formally before every ICB Board meeting to ensure all Shadow Board information submitted to the Board has been properly scrutinised and to develop an agreed view on any future issues arising. The Chair may arrange extraordinary meetings at their discretion and if required to consider matters in a timely manner

The meeting may be held, and meeting papers distributed, through electronic means. Where necessary members will be required to respond to virtual electronic communications to consider issues.

The Chair will be responsible for agreeing the agenda; ensuring matters discussed meet the objectives as set out in these Terms of Reference and sent to members and attendees, unless by prior agreement, a minimum of two working days before the meeting. Additional items for the agenda will be taken by exception with the knowledge and agreement of the Chair in advance of the meeting commencing. Brief minutes of the meeting and a note of actions will be taken at the meeting.

The preparation and distribution of the agenda and meeting records will be supported by the provider organisation which takes the chair. The brief minutes and action notes will be circulated to members for approval at the next meeting.

There will be a standing agenda item at the end of each meeting to check the objectives have been met and review effectiveness of the discussions.

7. Delegated Authority

At this stage the Shadow Board has no formally delegated authority from the Boards of statutory organisations.

The seniority of individual members means that they are committing their respective organisations and making decisions within the scope of their own authority in tandem with other members of the group.

8. Urgent Decisions

The Shadow Board may be required to take urgent decisions. An urgent decision is one where the requirement for the decision to be made arises between meetings and in relation to which a decision must be made prior to the next scheduled meeting. Where an urgent decision is required a supporting paper will be circulated to all members. To reach a consensus view or make a decision the members may meet either in person, via telephone conference or communicate by email to take an urgent decision. Requests for all urgent decision will be made by the chair (or in the chair's absence the vice chair) and administered through the provider organisation which takes the chair.

The quorum, as described above, must be adhered to for urgent decisions. In such circumstances, a minute of the discussion and decision will be taken by the secretary and will be reported to the next meeting for formal ratification.

9. Conflicts of interest

As a shadow Provider Collaborative Leadership Board and not yet taking delegated decisions the requirements in relation to conflicts are less onerous, however it is felt important that good practice should be followed and therefore Members should adopt the following approach:

- that they continue to comply with relevant organisational policies/governance framework for probity and decision making.
- A register of interests will be recorded and maintained. This will be reviewed annually to ensure accuracy, in the intervening periods members should declare any unregistered interests pertinent to the agenda on an on-going basis. Members will be responsible for notifying the Chair of any changes to their respective declarations as and when they occur.
- In advance of any meeting, consideration will be given as to whether conflicts of interest are likely to arise in relation to any agenda item and how they should be managed. This may include steps to be taken prior to the meeting, such as ensuring that supporting papers for a particular agenda item are not sent to conflicted individuals
- The Chair will take overall responsibility for managing conflicts of interest pertinent to agenda items as they arise; any such declarations will be formally recorded in the minutes of the meeting
- The Chair will determine how declared interests should be managed, which is likely to involve one the following actions:
    I. Allowing the individual to participate in the discussion, but not the decision-making process.
    II. Allowing full participation in discussion and the decision-making process, as the potential conflict is not perceived to be material or detrimental to the decision-making arrangements.
    III. Requiring the individual to withdraw from the meeting for that part of the discussion if the conflict could be seen as detrimental to the discussions

In considering the approach to Conflicts of interest the Chair will take account of the guidance given in Section G of the document *'Interim Guidance on the functions and governance of the integrated Care Board'* (NHS August 2021) or any updated versions including the advice that

- It should not be assumed that members are personally or professionally conflicted just by virtue of being an employee, director, partner or otherwise holding a position with one of these organisations.
- Actions to mitigate Conflicts of Interest should be proportionate and should seek to preserve the spirit of collective decision-making wherever possible.
- ICBs should clearly distinguish between those individuals who should be involved in formal decision taking, and those whose input informs decisions, including shaping the ICB's understanding of how best to meet patients' needs and deliver care for their populations.

10. Review

The Shadow Board will review its effectiveness and approach to full status at every meeting and review progress against the maturity matrix originally developed for the Provider Collaboratives at Scale Committee.

In reviewing its effectiveness the Shadow Board may amend its Partnership Document and Terms of Reference by resolution. The Chair will advise if the changes require consideration by the ICB and the provider CEOs will advise if consultation with provider Boards is required. Where this is indicated the changes will not take effect until the consultation has been undertaken.

These Terms of Reference will be reviewed at least annually to ensure good governance practice. The Terms of Reference and Partnership document will be re-issued in revised form before the meeting moves out of shadow form.

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 January 2022 during this extremely challenging period. The report focuses on key finance, performance and workforce measures.

Executive Summary

The report provides the Board of Directors with information that demonstrates how the Trust is performing against a suite of key targets and measures. Performance is summarised in an assurance summary dashboard with targets identified, where a specific target has been agreed. Where a specific target 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:

Operations

Three-day follow-up of all discharged inpatients
The national standard for follow-up which came into effect from 1 April 2020 has been exceeded throughout the 24 month period.

Data quality maturity index
Our level of data quality continues to be high and we would expect to consistently exceed the national target.

Early intervention 14-day referral to treatment
Patients with early onset psychosis are continuing to receive very timely access to the treatment they need.

Improving Access to Psychological Therapies (IAPT) 18-week referral to treatment
This is an example of a very tightly controlled process and we would expect to consistently exceed the 95% standard.

IAPT 6-week referral to treatment
Following a period 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 from that point the national standard has been achieved once more.

IAPT patients completing treatment who move to recovery
For the past 18 months the national standard has been achieved.

Patients placed out of area per day – adult acute
Significant work has been undertaken since April 21. This eliminated the need for out of area acute placements, however there have been a small number of placements owing to a reduction in Trust bed numbers as a result of supporting wider system needs, coupled with the pandemic necessitating a reduced bed base for infection prevention and control reasons.

Patients placed out of area – Psychiatric Intensive Care Units (PICU)
There is no local PICU so anyone needing psychiatric intensive care needs to be placed out of area, however, work is in progress towards a new build PICU provision in Derbyshire.

Waiting list for care coordination
The average wait to be seen has remained significantly low over the last 9 months.

Waiting list for adult autistic spectrum disorder (ASD) assessment
The average wait is currently 70 weeks and the longest wait is over 3½ years. The situation is likely to continue to worsen until there is a change to investment in the service, as demand for the service far outstrips commissioned capacity. There are currently over 1,500 people waiting for adult ASD assessment, which is an increase of 60% over the 2 year period. Last month we looked at the possibility of purchasing external assessments to try and get through the waiting list. However, the cost of these is preclusive presently.

Waiting list for psychology
The average wait to be seen has remained significantly high in recent months at around 46 weeks. Many patients are still waiting owing to the pandemic and a personal preference to be seen face to face as opposed to by video call. The number of people waiting continues to gradually reduce. Investment has been made into the service equating to an increase by 18% of funded whole time equivalent posts since December 2020. Recruitment to a number of vacant and part-time posts across adult services is progressing. However, 24% of posts are currently vacant across all of psychological services.

Waiting list for Child and Adolescent Mental Health Services (CAMHS)
The waiting list initiative in September and October 2021 resulted in a significant reduction in waiting times. Following the initiative, the number of children waiting has been gradually increasing and has returned to common cause variation in the last 2 months.

Waiting list for community paediatrics
We continue to see a steady rise in waiting times for referral to treatment in community paediatrics. We are carrying a vacancy which has been advertised 4 times without any applicants and also ongoing sickness. To Mitigate we have a locum in post 4 days per week for the next 6 months with an additional request for a further 3 days which is awaiting approval. The vacant Paediatrician post has been redesigned to a more generic post which will hopefully make this more appealing. It is currently out to advert.

Outpatient appointments cancelled by the Trust
Of all the mental health Trusts in England, we are the only one that monitors psychiatric outpatient appointment cancellations, so unfortunately benchmarking is not possible. This financial year around 8% of appointments have been cancelled by the Trust per month, around 12% have been cancelled by patients and around 12% have been defaulted by patients (did not attends). The most common reason for Trust

cancellations is because we have brought them forward for clinical reasons. Year to date there have been 714 appointments brought forward. To put that into context there have been a total of 42,727 appointments over the same period, so just 0.02% of appointments have been brought forward. Bringing forward appointments does not usually affect waits for other patients because flexibility on the system is created through ad hoc appointment slots being available outside normal clinic hours for urgent appts and through patient cancellations (12%) which creates capacity.

Outpatient appointment "did not attends"
The level of defaulted appointments has remained within common cause variation for the last 21 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 (HPU)
HPU have been focusing on supporting the recent increase in cases over the winter period with more track and trace and guidance needed for staff during the last 3 months. Securing funds from PHE, a project is underway looking into how we can best support those with severe mental illness to understand and make informed choices around vaccination for Covid.

Vaccination status
97% of patient facing staff have now received their first vaccination and 95% have received both vaccinations. Booster vaccinations are continuing.

Finance

Revenue

YTD Performance January 2022	**Plan £m**	**Actual £m**	**Variance £m**
Operating income	148.279	147.678	(0.601)
Operating expenses	(144.770)	(143.663)	1.107
Operating Surplus/(Deficit)	**3.509**	**4.015**	**0.506**
Non-operating expenses	(3.195)	(3.596)	(0.401)
Surplus/(Deficit)	**0.314**	**0.419**	**0.105**

Forecast outturn Performance	**Plan £m**	**Actual £m**	**Variance £m**
Operating income	178.488	178.876	0.388
Operating expenses	(174.569)	(174.453)	0.116
Operating Surplus/(Deficit)	**3.919**	**4.423**	**0.504**
Non-operating expenses	(3.819)	(4.115)	(0.296)
Surplus/(Deficit)	**0.100**	**0.308**	**0.208**

At the end of January there was a surplus of £0.4m against a planned surplus of £0.3m. The forecast outturn remains at breakeven this month.

Income is behind plan YTD by £0.6m and forecast to be behind plan by £0.4m. The forecast for new investments has been reviewed again this month and slippage on income and expenditure has increased from £0.7m to £0.8m which is recognised in the YTD and forecast position (this has no impact on the bottom line). Pharmacy recharges are above plan by £150k which is mitigating some of the reduced income related to investments (this has corresponding expenditure).

Pay is underspent YTD by £2.6m of which part relates to the slippage on new investments but the remainder relates to general vacancies. The forecast underspend reduces to £1.1m as additional expenditure is forecast over the remaining months. Within the pay expenditure forecast is an increase in agency nursing costs and agency medical costs which have impacted in month but also in the forecast.

Non-pay is above plan by £1.9m YTD, of which £0.7m related to overspends in H1 plus further additional spend in H2. The forecast overspend reduces to £1.6m as some provisions are forecast to be released.

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 10 assumes that this will be over delivered by £0.2m.

Agency
At the end of month 10 agency expenditure is above the ceiling by £1.9m which equates to 74%. The highest areas of agency spend relates to Medical staff, Qualified Nursing and Ancillary staff (mainly domestics). The forecast has increased again this month and is generating forecast spend of £6.0m which is above the ceiling by £3.0m (98%). This is mainly due to the increase in Qualified Nursing and CAMHS Medical staff. The forecast does include a contingency of £40k 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. There has been an increase in the number of placements during December and January which has impacted on the forecast. However, placements have reduced down in February so the forecast will be adjusted down next month.

Covid costs
The Trust has an allocation of £0.7m a month for months 1-10 for Covid-related expenditure. The year to date expenditure is currently below that allocation by £0.1m. However, the increase in agency costs within the forecast is pushing Covid expenditure above the income allocation by £0.3m. Covid expenditure was previously coded to a separate cost centre but this month costs have been recoded to covid cost centres within each service line.

Capital
With regards to self-funded capital, the Trust is slightly above plan at the end of month 10 by £0.9m and is forecast to be within plan at the end of the financial year. The above-plan forecast expenditure is related to the self-funded elements of the dormitory eradication programme, PICU and acute-plus plans and is therefore part of system discussions on capital prioritisation for use of system CDEL.

The Trust had previously received additional PDC capital funding for the initial stages of the dormitory eradication programme, covering 2020/21 and 2021/22. Additional funding has now been agreed for 2021/22 and 2022/23 ahead of the full business case of the dormitory eradication programme with allocations totalling £80m over the next 3 years.

Cash
Cash is at £41m at the end of January and is forecast to slightly reduce down to £40m by the end of the financial year.

Planning 2022/23
Currently financial plans for 2022/23 are being developed as a system in readiness for a draft submission mid-March and final submission at the end of April 2022.

People

Annual appraisals
Appraisals will recommence as the current wave reduces. This is being monitored through the Incident Management team. There will be further communications to support managers and encourage meaningful conversations to take place once the full appraisal process can be stood back up.

Annual turnover
The rate of turnover has been higher than the Trust target range of 8-12% for the last six months. This is also reflective of other mental health trusts. In the latest national data the Trust was ranked 11th highest mental health trust for stability of the workforce.

Compulsory training
A recovery plan continues to improve training compliance. The full training requirement – compulsory training and role specific training – has increased to around 75,000 attendances by our total workforce on 78 courses, with just under 18,000 individual attendances to be completed. Mandatory and essential training was further paused during December through to January. This will be stood back up as the latest wave of COVID-19 reduces.

Staff absence
Sickness absence rates have increased over the last three months with Covid absence being the top reason for absence. This follows the trend during this latest wave where more staff were affected by the Omicron variant and higher numbers of staff were having to self-isolate. An Improving Absence Task and Finish Scrutiny Group has been established. In the latest data our absence rates are above average for the nursing and midwifery and medical and dental staff groups, but the absence rate is 4th lowest in the peer group for allied health professionals.

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
Recruitment fill rates continue to improve with the time to recruit now almost on target at 60.5 working days to recruit. There has been a steady improvement in our vacancy rate over the last 3 months falling from 478 posts advertised in November to 393 posts advertised in January.

Bank staff
In the past 9 months bank staff usage has returned to common cause variation. The trend continues to improve where recruitment is now filling vacancies normally supported by bank staff.

Quality

Compliments
The number of compliments continues to remain below the expected level however, as face to face contact increases, so does the number of compliments received. This is due to compliments mostly being received verbally and then staff recording them.

Complaints
As face-to-face contact increases and services begin to stand back up, the number of complaints decreases.

Delayed transfers of care
Since the multi-agency discharge events (MADE) were held, numbers of delayed transfers of care have reduced.

Care plan reviews
The proportion of patients whose care plans have been reviewed continues to be lower than usual. However, there is a positive trajectory and improvement in the percentage of reviewed care plans.

Patients in employment
Around one third of patients have no employment status recorded. For those with a recorded status, around 22% people are in employment.

Patients in settled accommodation
Around one third of patients have no accommodation status recorded. For those with a recorded status, 166 people are recorded as being homeless.

Medication incidents
The medicines management operational subgroup are currently revising the medications error procedure, taking into account Trust values, and the Acute Inpatient Matrons are in the process of updating the relevant policies which will reduce the number of insignificant incidents.

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. This will continue to be monitored by the Heads of Nursing team on a quarterly basis and fed into the relevant Clinical Operational Assurance Team (COAT) meetings.

Duty of Candour
There has been one instance of Duty of Candour in the last 3 months.

Prone restraint
There are ongoing work streams to support the continuing need to reduce restrictive practice. Although some spikes in data have occurred in the last 6 months, we still remain low in numbers of prone restraint and much lower than the regional average per bed numbers.

Physical restraint
A common impacting factor to restrictive practice is increased use of bank staff, vacancies, increased sickness, staffing challenges and concerns relating to closed culture. A working group has been created. This work aims to improve patient

feedback along with reducing restrictive practice both in inpatient services and community services.

Seclusion
The use of seclusion was within common cause variation, however, has increased in July and October. Further auditing and investigation will be carried out by the new Head of Nursing for Acute and Assessment Service when they commence in January and is due to be completed in March.

Falls on inpatient wards
After an increase above the mean line in September and October, the number of falls in November has fallen, similar to previous months. The new Matron and Head of Nursing for the older adult areas have been working on reducing falls across the inpatient areas.

Care Hours per Patient Day
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 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

Assurances

This report should be considered in relation to the relevant risks in the Board Assurance Framework (BAF). The content provides assurance across several BAF risks related to workforce, operational performance and regulatory compliance. The use of run charts provides the Board with a more detailed view of performance over time as it enables the differentiation between normal and special cause variation.

Consultation

Versions of this 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 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 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:

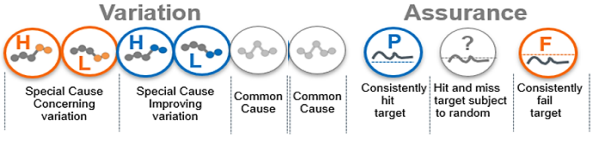
1) Confirm the level of assurance obtained on current performance across the areas presented. Proposed level is Limited Assurance
2) To formally agree that this report incorporates the key elements of assurance to the Trust Board that would otherwise have come from Finance and Performance Committee and 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 (Operations)**
	Rachel Leyland **Deputy Director of Finance**
	Amanda Wildgust **Assistant Director (People Operations)**
	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			88%	80%	79%	99%	89%
2	Data quality maturity index			97%	95%	97%	98%	98%
3	Early intervention 14 day referral to treatment - complete			79%	60%	69%	108%	89%
4	Early intervention 14 day referral to treatment - incomplete			73%	60%	66%	111%	88%
5	IAPT 18 week referral to treatment			100%	95%	100%	100%	100%
6	IAPT 6 week referral to treatment			90%	75%	80%	96%	88%
7	IAPT patients completing treatment who move to recovery			59%	50%	46%	63%	55%
8a	Average patients out of area per day - adult acute			3		0	14	7
8b	Patients placed out of area - adult acute			7		2	23	12
9a	Average patients out of area per day - PICU			16		9	21	15
9b	Patients placed out of area - PICU			26		19	33	26
10a	Waiting list - care coordination - average wait to be seen			11		13	30	22
10b	Waiting list - care coordination - number waiting at month end			57		18	60	39
11a	Waiting list - ASD assessment - average wait to be seen			70		55	63	59
11b	Waiting list - ASD assessment - number waiting at month end			1,534		1097	1243	1170
11c	ASD assessments			11	26	2	32	17
12a	Waiting list - psychology - average wait to be seen			47		34	42	38
12b	Waiting list - psychology - number waiting at month end			678		734	920	827
13a	Waiting list - CAMHS - average wait to be seen			12		14	21	17
13b	Waiting list - CAMHS - number waiting at month end			443		337	485	411
14a	Waiting list - community paediatrics - average wait to be seen			17		9	14	12
14b	Waiting list - community paediatrics - number waiting at month end			1,108		585	878	731
15	Outpatient appointments cancelled by the Trust			8%	5%	4%	18%	11%
16	Outpatient appointment "did not attends"			12%	15%	9%	15%	12%
17	Annual appraisals			74%	85%	71%	78%	74%
18	Annual turnover			14%	8-12%	11%	12%	11%
19	Compulsory training			85%	85%	82%	88%	85%
20	Staff absence			6%	5%	5%	8%	6%
21	Clinical supervision			74%	95%	71%	79%	75%
22	Management supervision			74%	95%	73%	79%	76%
23	Filled posts			90%	100%	87%	92%	90%
24	Bank staff use			5%	5%	5%	7%	6%
25	Compliments received			92	119	60	135	98
26	Formal complaints received			14	13	5	25	15
27	Delayed transfers of care			0%	3.5%	-0.6%	1.6%	0.5%
28	CPA reviews			94%	95%	89%	94%	92%
29	Patients in employment			15%		12%	14%	13%
30	Patients in settled accommodation			58%		59%	63%	61%

Key to symbols[1]:



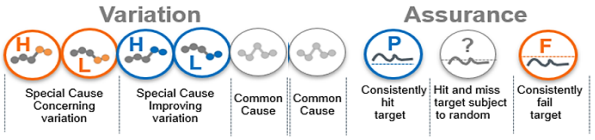
Blue dots indicate special cause variation, better than expected.

Orange dots indicate special cause variation, worse than expected.

[1]The rating symbols were designed by NHS Improvement

	Metric Name	Variance	Assurance	Latest Value	Target	Lower process limit	Upper process limit	Mean
31	Number of medication incidents			48		23	76	50
32	No. of incidents of moderate to catastrophic actual harm			69	48	19	79	49
33	No. of incidents requiring Duty of Candour			0	1	-2	3	1
34	No. of incidents involving prone restraint			7	12	-3	22	9
35	No. of incidents involving physical restraint			34	46	-2	88	43
36	No. of new episodes of patients held in seclusion			19	14	-1	32	15
37	No. of falls on inpatient wards			28	30	13	41	27

Key to symbols[1]:

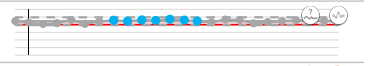
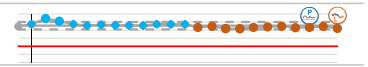
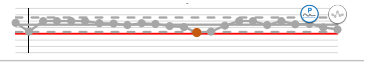
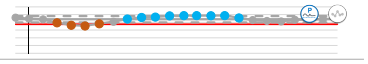
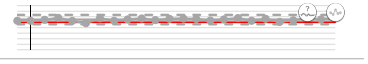
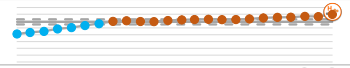
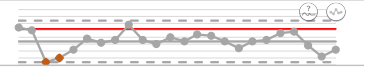
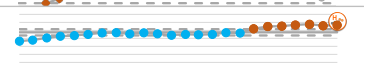
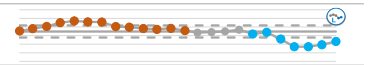
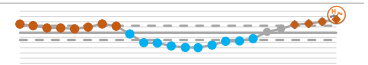
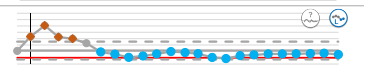
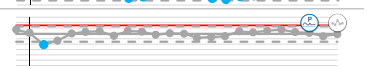


Blue dots indicate special cause variation, better than expected.

Orange dots indicate special cause variation, worse than expected.

[1]The rating symbols were designed by NHS Improvement

Operational Services Performance Summary

Indicator	Target	Position Jan 2022	National benchmark	Divisional Breakdown[1] AA	AC	Ch	F&R	OP	Psy	SC	Run Chart
● 3-day follow-up	80%	88%	73%	88%			100%	87%		100%	
● Data quality maturity index	95%	97%	85%	94.7%	97%	88%	96%	98%	99%	97%	
● Early intervention 2-week referral to treatment	60%	79%	66%		78.6%						
● Early intervention current waits under 2 weeks	60%	73%	62%		73%						
● IAPT 18-week referral to treatment	95%	100%	99%							100%	
● IAPT 6-week referral to treatment	75%	90%	92%							91%	
● IAPT recovery rate	50%	59%	49%							57%	
● Adult acute out of area placements – daily average	0	3	9	3							
● PICU out of area placements – daily average	0	16	4	16							
● Adult ASD assessment average wait (weeks)	n/a	70	n/a						70		
● Adult ASD assessments	26	11	n/a						11		
● Psychology average wait to be seen (weeks)	n/a	47	n/a						47		
● CAMHS average wait to be seen (weeks)	4[2]	12	n/a			12					
● Paediatrics average wait to be seen (weeks)	18	17	10			17					
● Outpatient appointment Trust cancellations	5%	7%	n/a		10%	2%	3%	5%		10%	
● Outpatient appointments not attended (DNAs)	15%	11%	n/a		16%	5%	4%	4%		10%	

[1] Key: AA Adult Acute Care, AC Adult Community Care, Ch Children's Services, F&R Forensic & Mental Health Rehabilitation, Psy Psychology and SC Specialist Care Services
[2] Proposed access standard (NHSE)

Performance Summary

3-day follow up

The national standard for follow-up has again been consistently achieved by all Divisions and exceeded the national average by 15%. This process is tightly monitored by the Trust's Performance Analyst, who routinely chases up the relevant teams prior to any potential breaches to ensure patients get timely support post discharge.

Early intervention and talking therapy (IAPT)

The services continue to perform consistently highly in terms of patients accessing services in a timely manner. The quality of care provided by IAPT is seen in the recovery rate which is higher than the national standard and 10% higher than the national average.

Data quality maturity index

Overall, we continue to perform consistently highly against this standard.

Adult acute inappropriate out of area placements

Significant progress has been made on reducing inappropriate out of area adult acute placements and in November there were none at all. There have been a small number of placements owing to a reduction in Trust bed numbers as a result of supporting wider system needs, coupled with the pandemic necessitating a reduced bed base for infection prevention and control reasons.

PICU inappropriate out of area placements

Although these are classed as inappropriate according to the national definition, we are currently one of the few Trusts in the country without a PICU and so have no choice. However, work is in progress towards a new build PICU provision in Derbyshire.

Adult ASD assessment

There has been a significant reduction in capacity to undertake assessments in the recent months owing to the absence of 2 of the team as a result of unforeseen life events. An Assistant Psychologist has commenced in post recently, in order to support the assessing team. The team receives around 66 new referrals per month but is commissioned to undertake 26 assessments per month.

Waiting times for psychology

Many patients are still waiting owing to the pandemic and a personal preference to be seen face to face as opposed to by video call. Investment has been made into the service equating to an increase by 18% of funded whole time equivalent posts since December 2020. However, 24% of posts are currently

vacant across all of psychological services, with the biggest gaps being in the community mental health teams (CMHTs). Recruitment to these posts is progressing.

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

The waiting list initiative in September and October 2021 resulted in a significant reduction in waiting times, however waiting times remain higher than the proposed national aspiration of 4 weeks.

Waiting times for community paediatric outpatients

We continue to see a steady rise in waiting times and this currently sits on the risk register as a high risk. Waits are being impacted upon by vacancy and sickness. To Mitigate we have a locum in post 4 days per week for the next 6 months with an additional request for a further 3 days which is awaiting approval. Plans are in place this month to further review the whole medical structure.

Outpatient appointments cancelled by the Trust

The proportion of cancelled appointments was higher than the Trust target in all divisions in January except Children's Services. The most common reason recorded for cancellation was "appointment brought forward". This is when a patient needs to be seen more urgently and so is offered an earlier appointment. There is capacity in the system to do this without impacting on other patients. Consultant sickness was the second most common reason for cancellation.

Outpatient appointment "did not attends"

The level of defaulted appointments was below target in all divisions except adult community who were slightly over target.

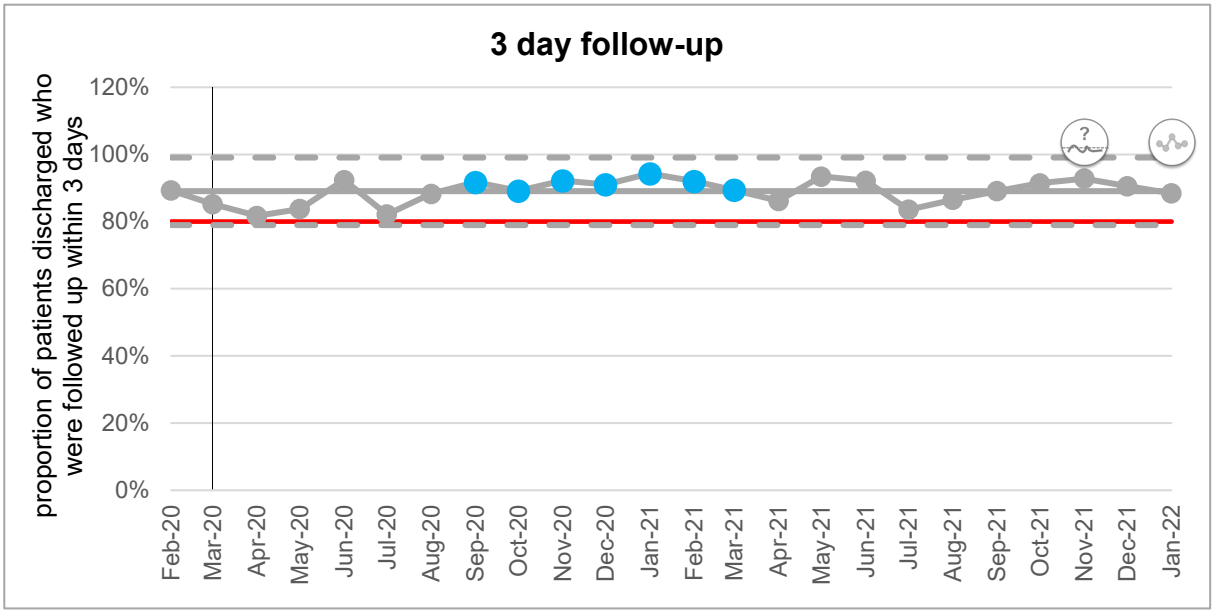
Benchmarking Sources

Measure	Data source	Date
3-day follow-up	Mental Health Statistics	Nov 21
Data quality maturity index	Data quality - NHS Digital	Oct 21
Early intervention 2-week referral to treatment	MHSDS Monthly Statistics	Nov 21
Early intervention current waits under 2 weeks	MHSDS Monthly Statistics	Nov 21
IAPT 18-week referral to treatment	Psychological Therapies: reports	Oct 21
IAPT 6-week referral to treatment	Psychological Therapies: reports	Oct 21
IAPT recovery rate	Psychological Therapies: reports	Oct 21
Adult acute out of area placements – daily average	Out of Area Placements	Oct 21
PICU out of area placements – daily average	Out of Area Placements	Oct 21
Paediatrics average wait to be seen (weeks)	Referral to Treatment Waiting	Nov 21

Detailed Narrative

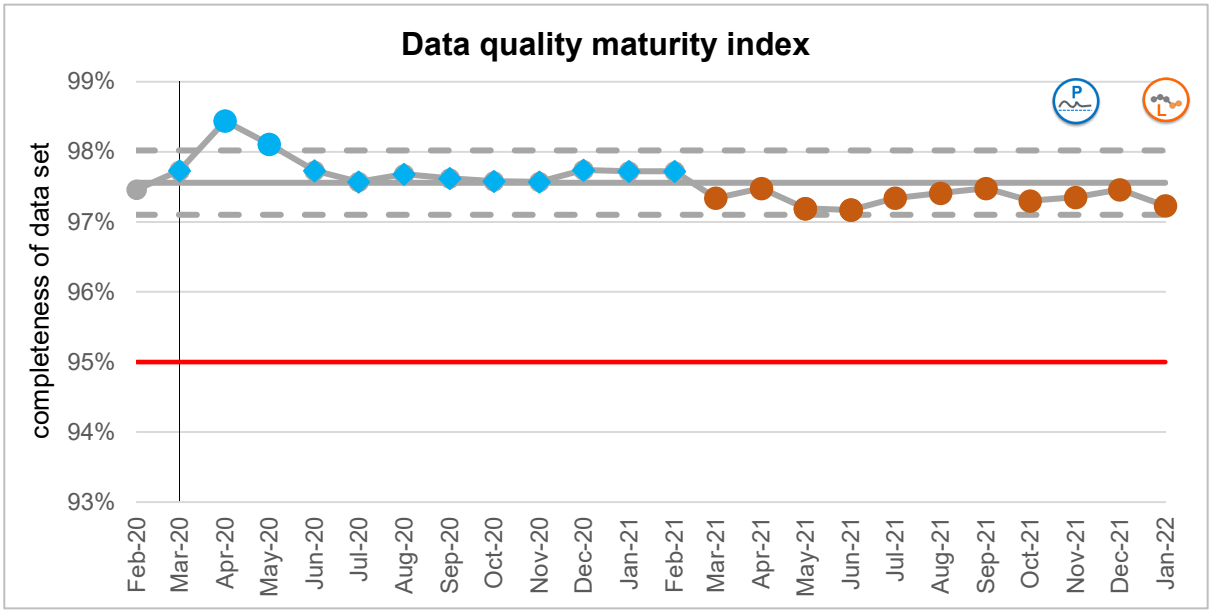
Operations

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



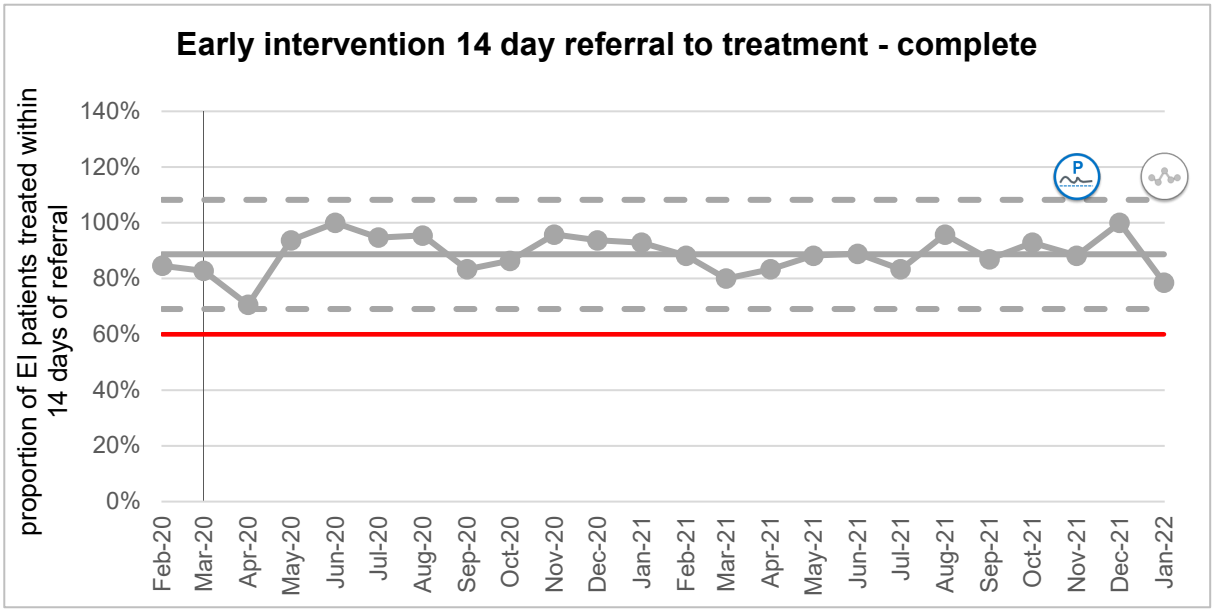
Patients are followed up in the days following discharge from mental health inpatient wards to provide support and ensure their wellbeing during the period when they are at their most vulnerable. The national standard for follow-up which came into effect from 1 April 2020 has been exceeded throughout the 24-month period.

2. Data quality maturity index



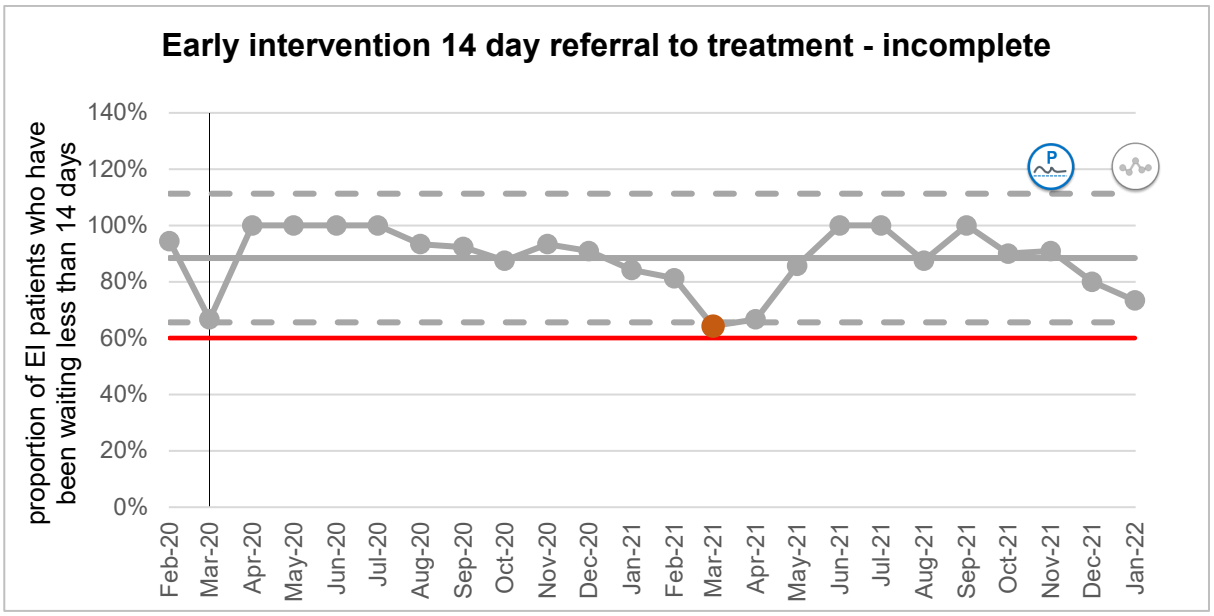
Our level of data quality continues to be high when benchmarked with other Trusts (see appendix 2) and we would expect to consistently exceed the national target.

3. Early intervention 14-day referral to treatment



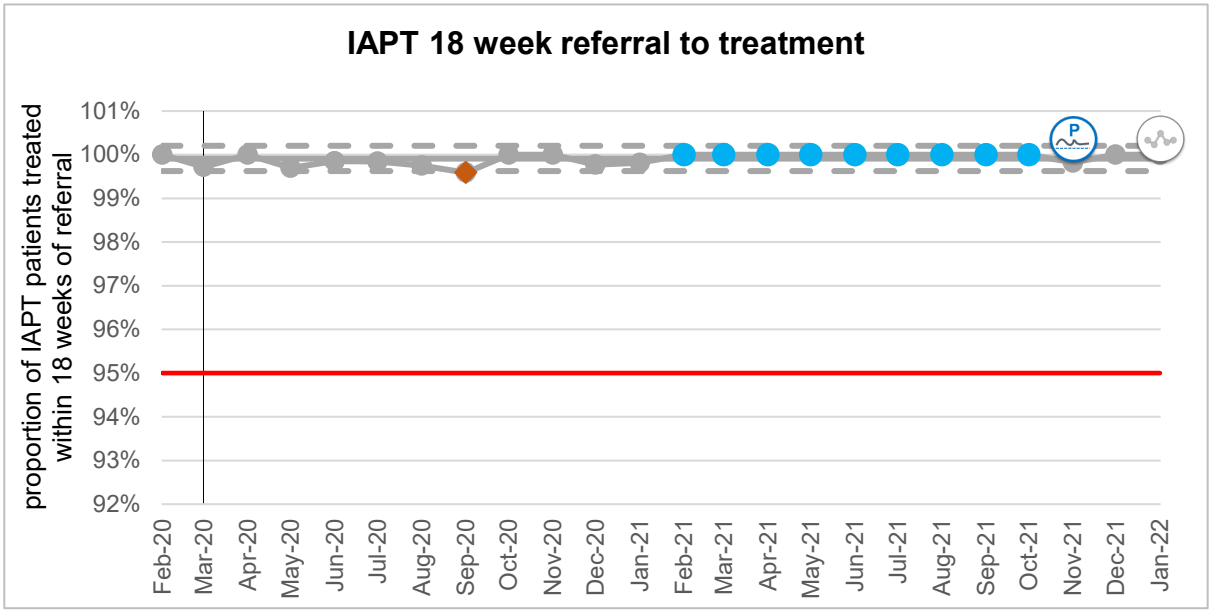
Patients with early onset psychosis are continuing to receive very timely access to the treatment they need.

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



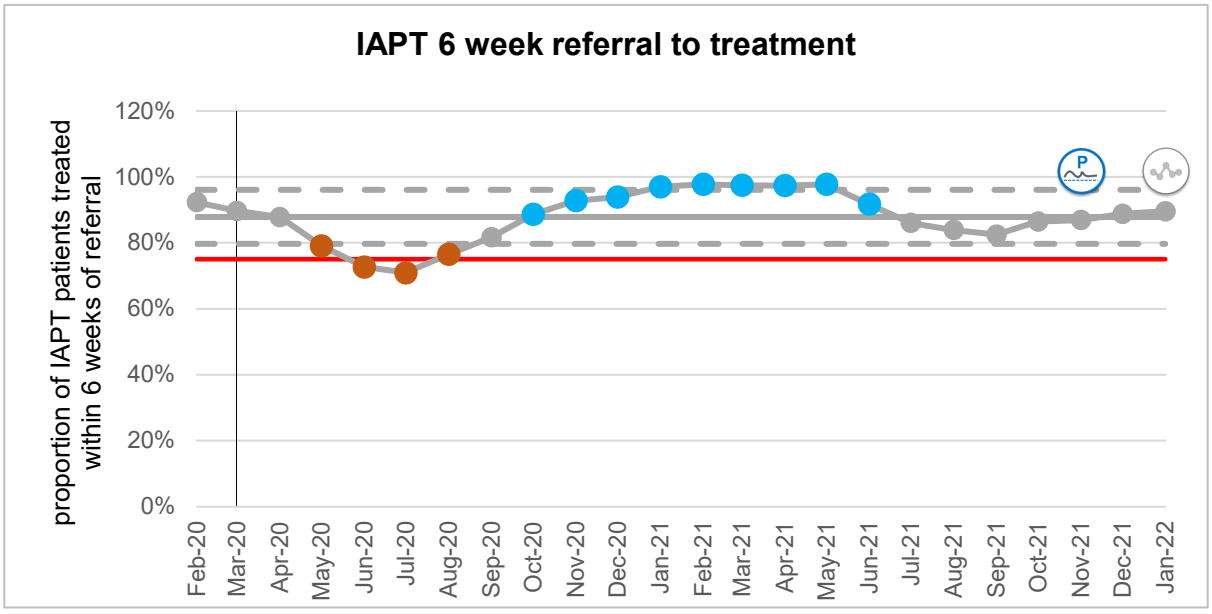
The service continues to exceed the national 14-day referral to treatment standard of 60% or more people on the waiting list to be have been waiting no more than 2 weeks to be seen.

5. IAPT 18-week referral to treatment



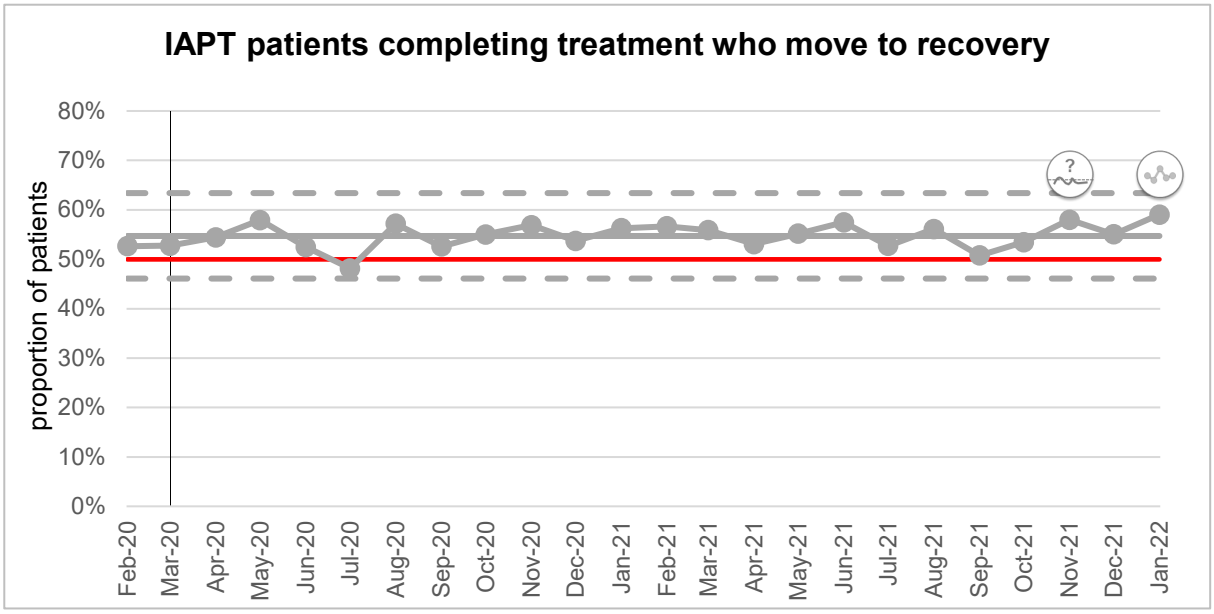
This is an example of a very tightly controlled process and we would expect to consistently exceed the 95% standard.

6. IAPT 6-week referral to treatment



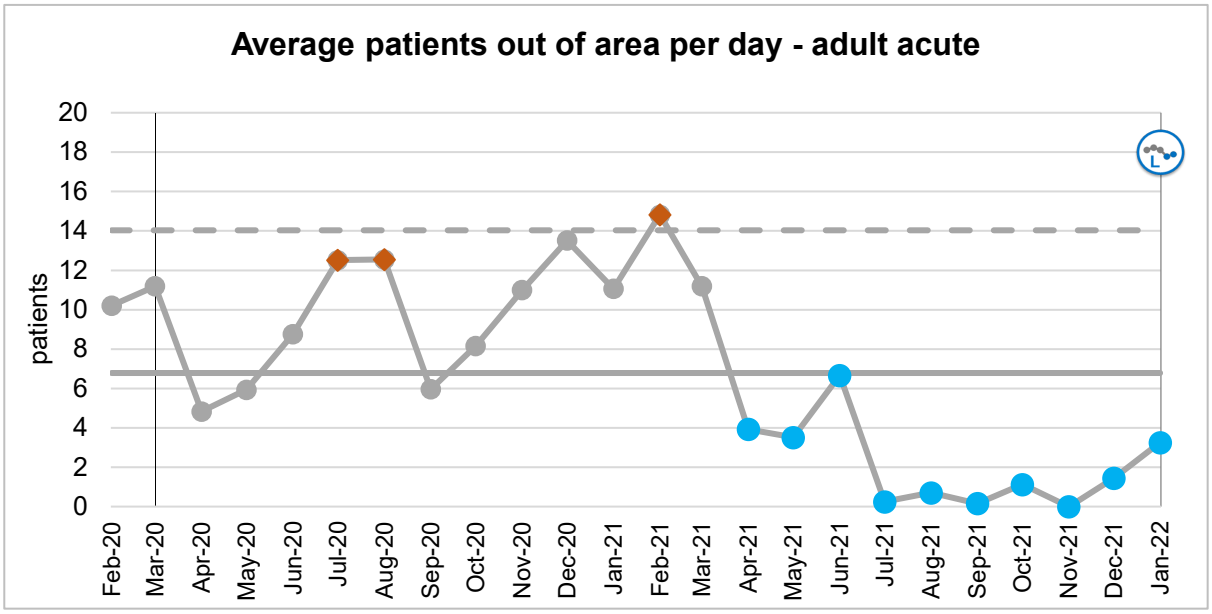
Following a period of special cause concerning variation as a result of staff being redeployed to support other services as the pandemic progressed, the staff returned to IAPT in November 2020 and from that point the national standard has been achieved once more.

7. IAPT patients completing treatment who move to recovery



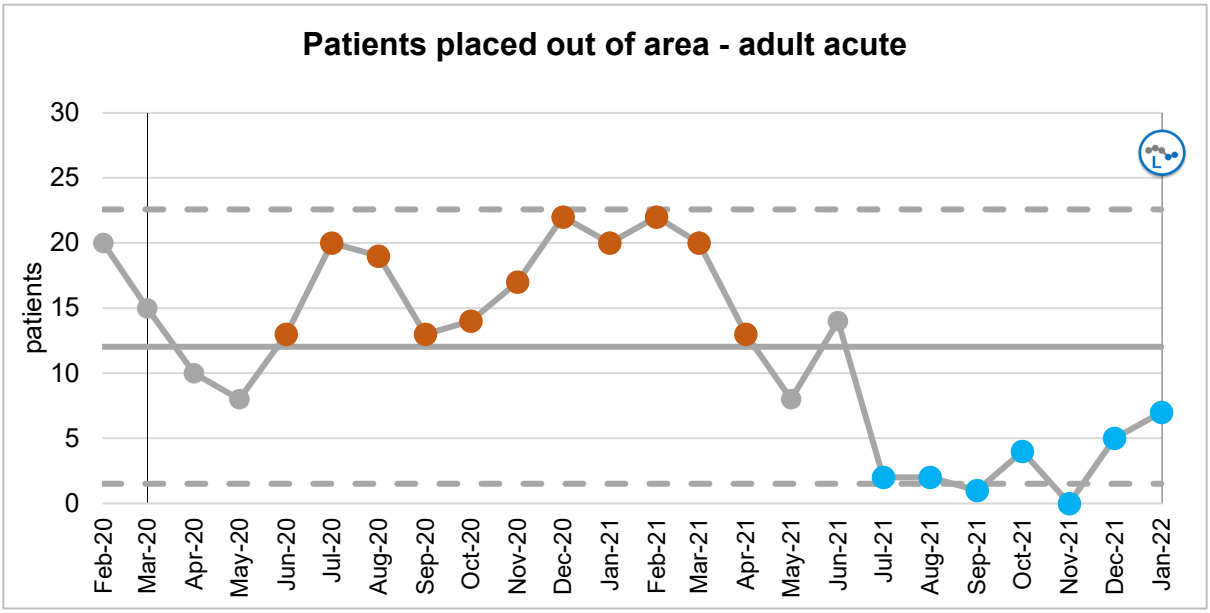
This is an annual target and year to date we are exceeding target. For the past 18 months the national standard has been achieved, with common cause variation seen throughout the data period.

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

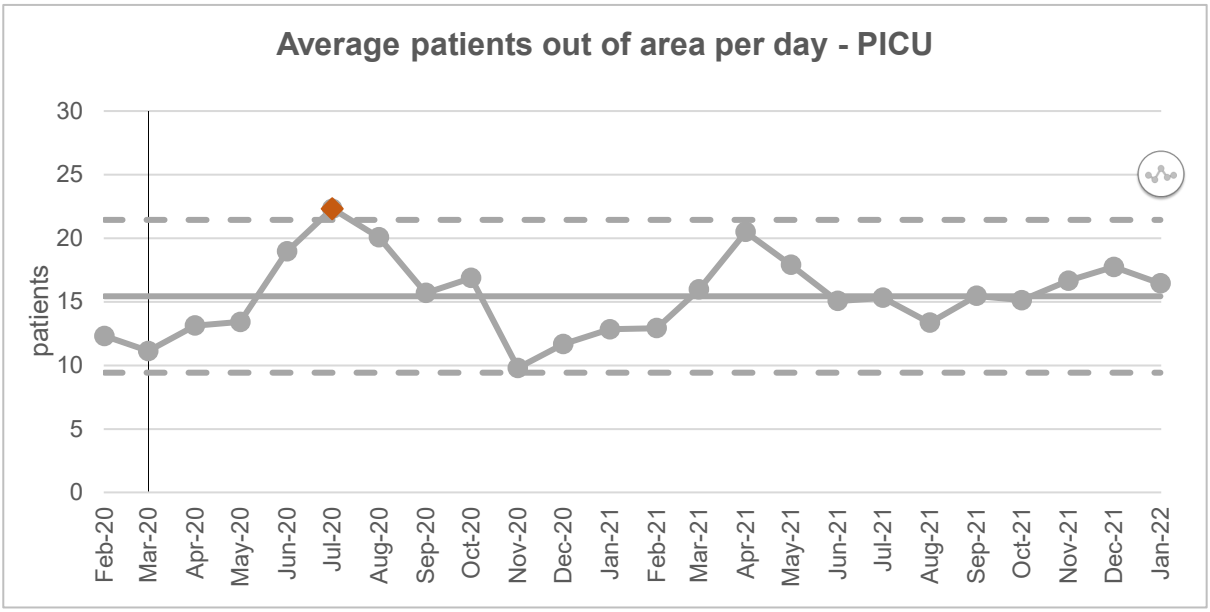


Significant work has been undertaken since April 21 in order to try and reduce inappropriate out of area placements to a minimum in line with the objective of the *Five Year Forward View for Mental Health* (The Mental Health Taskforce, 2016) which was to eliminate inappropriate out of area placements for acute mental health care for adults by 2020/21 (including PICU placements). A multi-agency discharge event (MADE) was held, resulting in system development and the use of data to improve flow. This eliminated the need for out of area acute placements, however, there have been a small number of placements owing to a reduction in Trust bed numbers as a result of supporting wider system needs, coupled with the pandemic necessitating a reduced bed base for infection prevention and control reasons.

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

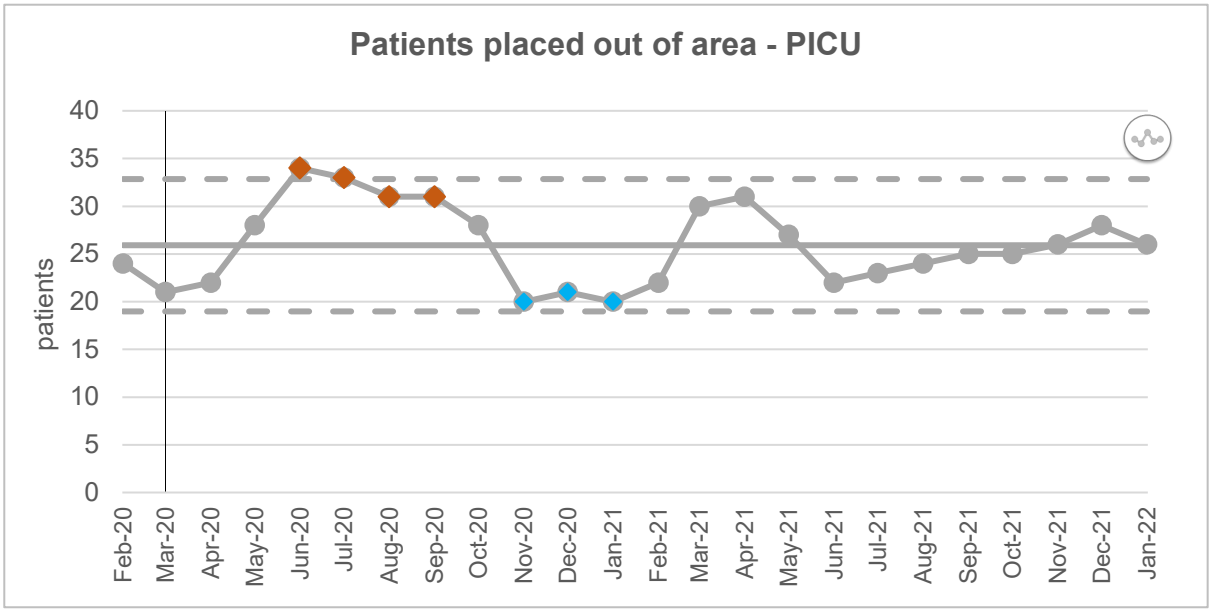


9a. Average number of patients placed out of area per day– Psychiatric Intensive Care Units

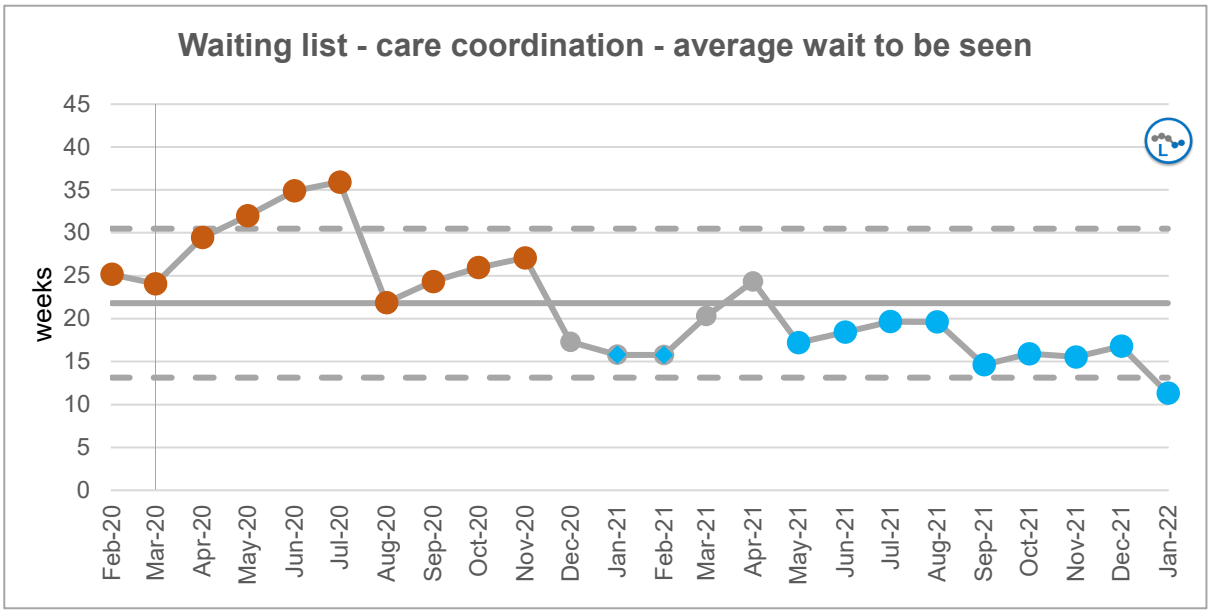


Out of area PICU usage has remained within common cause variation for the last 18 months. There is no local PICU so anyone needing psychiatric intensive care needs to be placed out of area, however, work is in progress towards a new build PICU provision in Derbyshire.

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

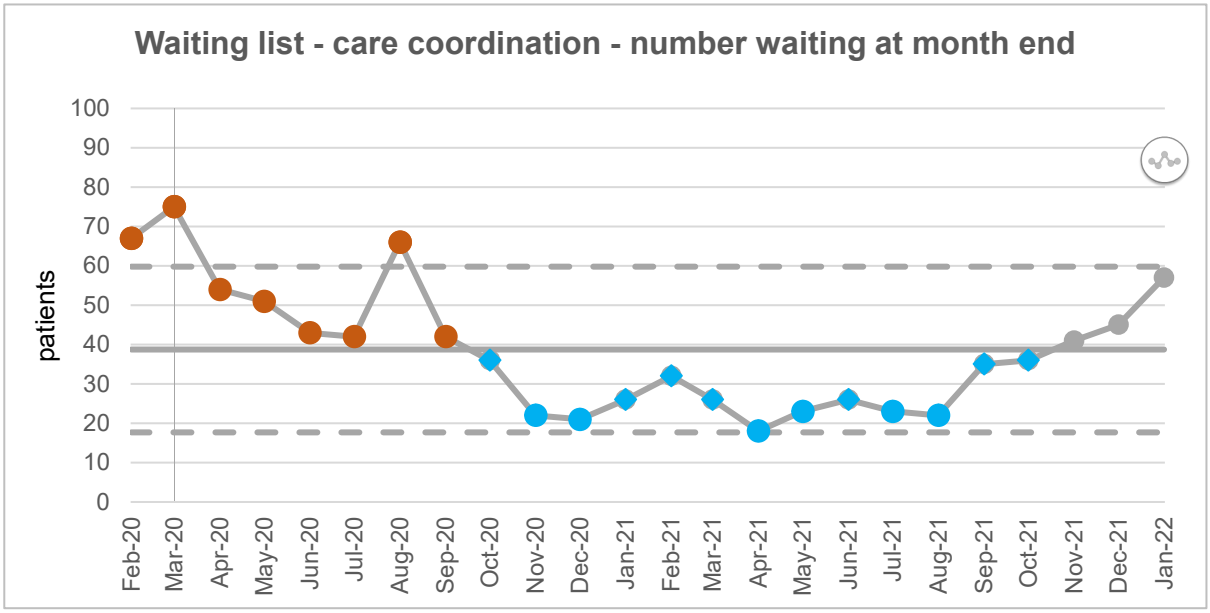


10a. Waiting list for care coordination – average wait



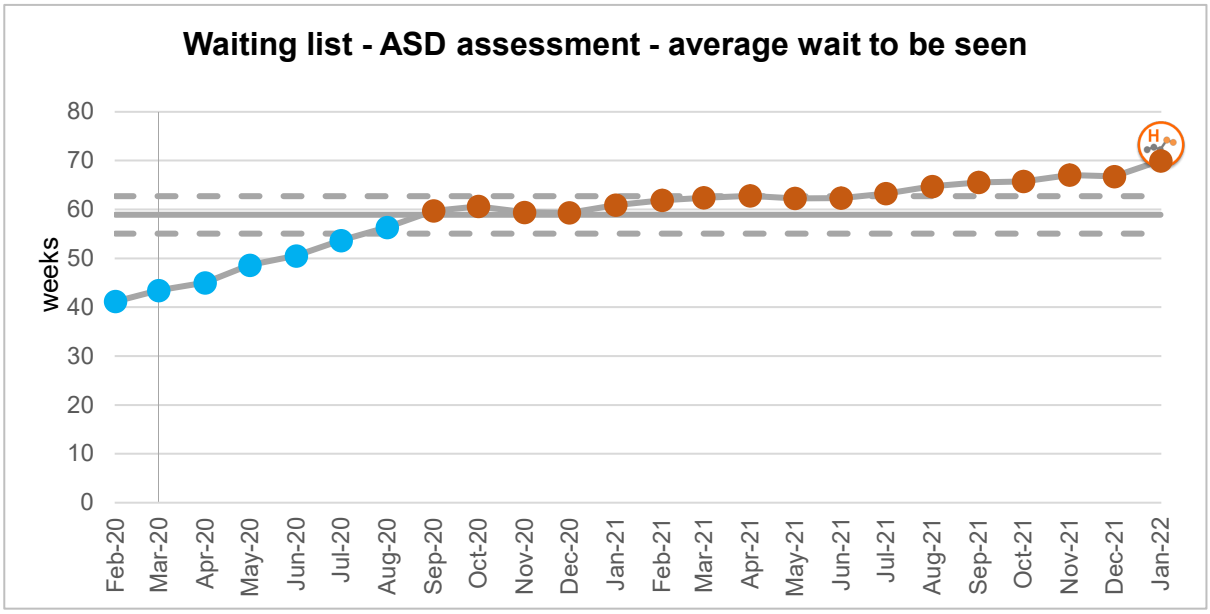
The average wait to be seen has remained significantly low over the last 9 months.

10b. Waiting list for care coordination – number waiting



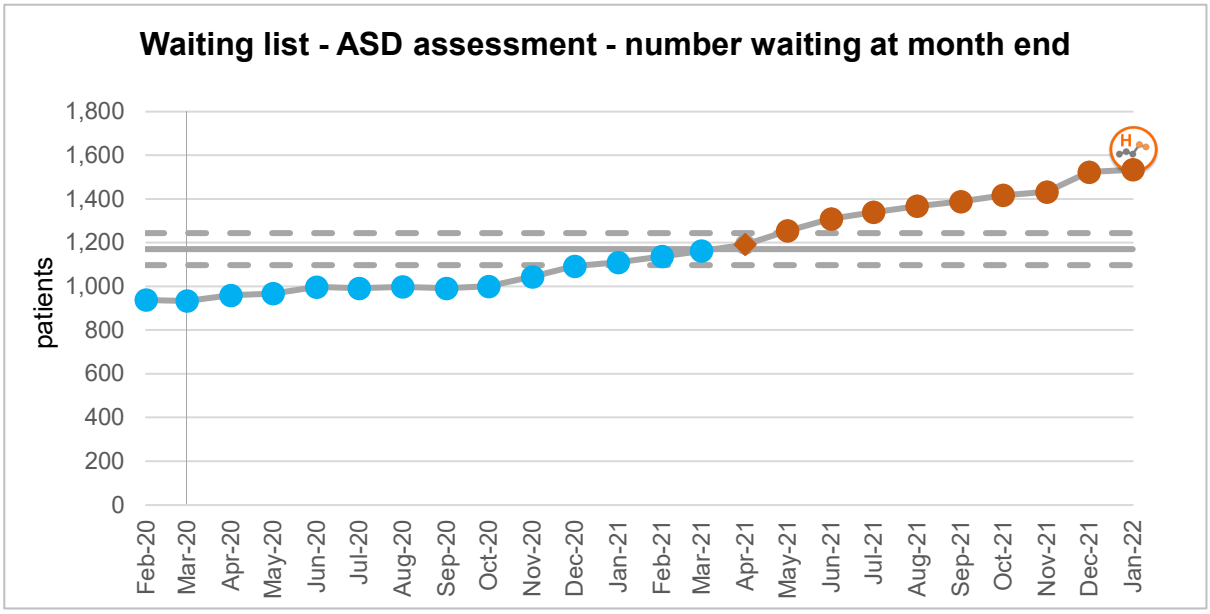
The number of people waiting to be allocated a care coordinator has returned to common cause variation for the last 3 months.

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



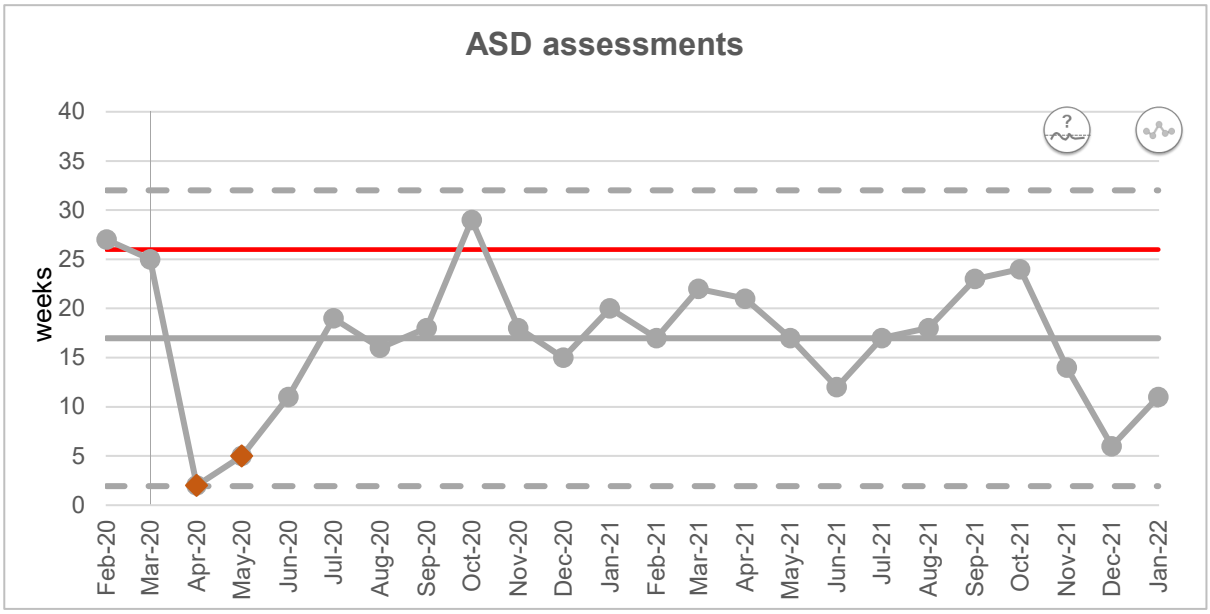
The average wait is currently 70 weeks and the longest wait is over 3½ years. The situation is likely to continue to worsen until there is a change to investment in the service, as demand for the service far outstrips commissioned capacity.

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



There are currently over 1,500 people waiting for adult ASD assessment, which is an increase of 60% over the 2-year period.

11c. Adult autistic spectrum disorder assessments per month



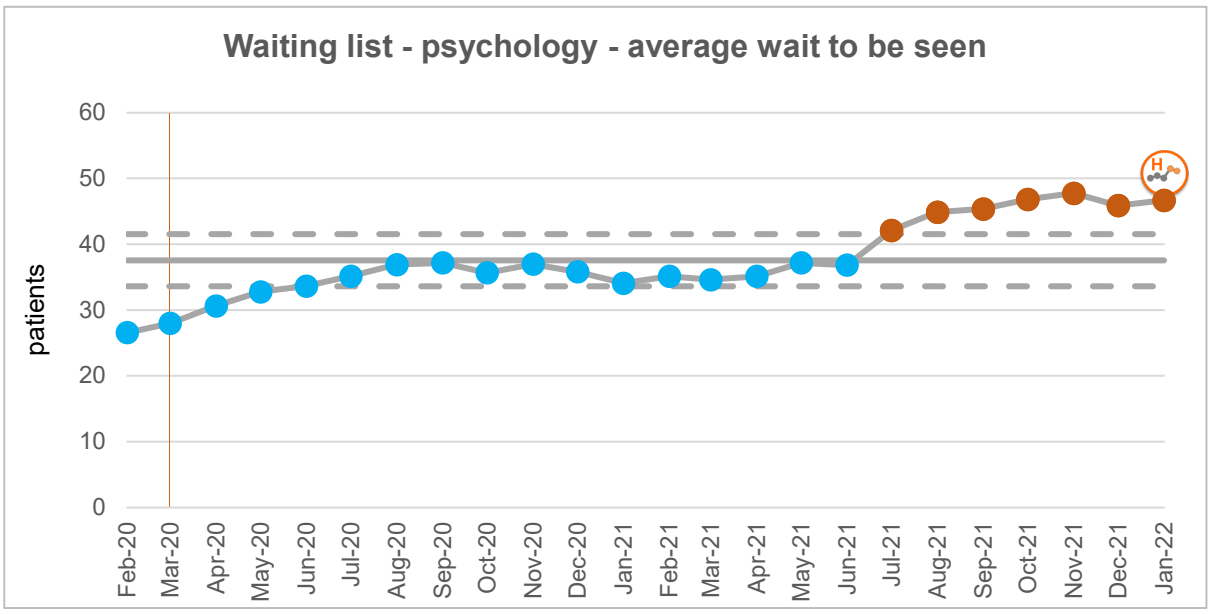
The team currently consists of 5 part-time assessors. There has been a significant reduction in capacity to undertake assessments in the last 2 months owing to the absence of 2 of the team as a result of unforeseen life events. An Assistant Psychologist has commenced in post recently, in order to support the assessing team. The team receives around 66 new referrals per month but is commissioned to undertake 26 assessments per month.

COVID-19 recovery plans have continued. Locations, timings, and protocols for safe COVID-19 face to face appointments are in place. All team members continue to alternate between offering some online appointments and some face-to-face.

Last month we looked at the possibility of purchasing external assessments to try and get through the waiting list. However, the cost of these is preclusive presently. Healios (well known provider and

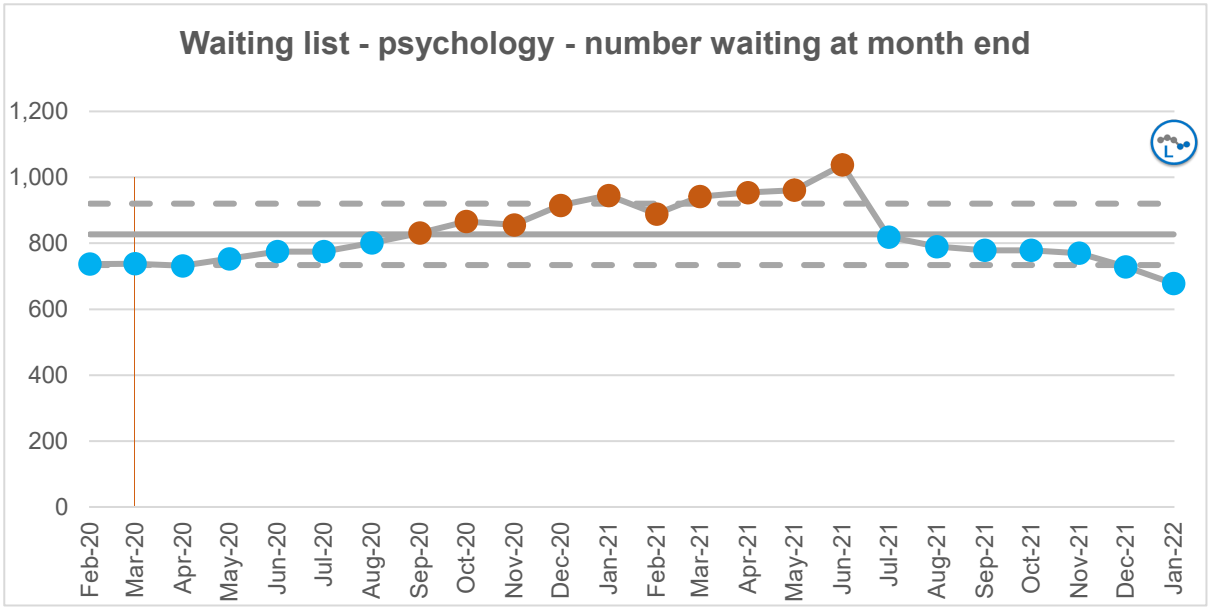
delivered for our CAMHS services) only assess people up to age 25 and their cost is £1,535 per assessment. They would not consider contracting for anything less than 100 assessments. Therefore, at this time we are unable to implement this short-term plan to reduce the waiting list.

12a. Waiting list for psychology – average wait



The average wait to be seen has remained significantly high in recent months at around 46 weeks. Many patients are still waiting owing to the pandemic and a personal preference to be seen face to face as opposed to by video call. Referrals remain steady, averaging 89 per month.

12b. Waiting list for psychology – number waiting

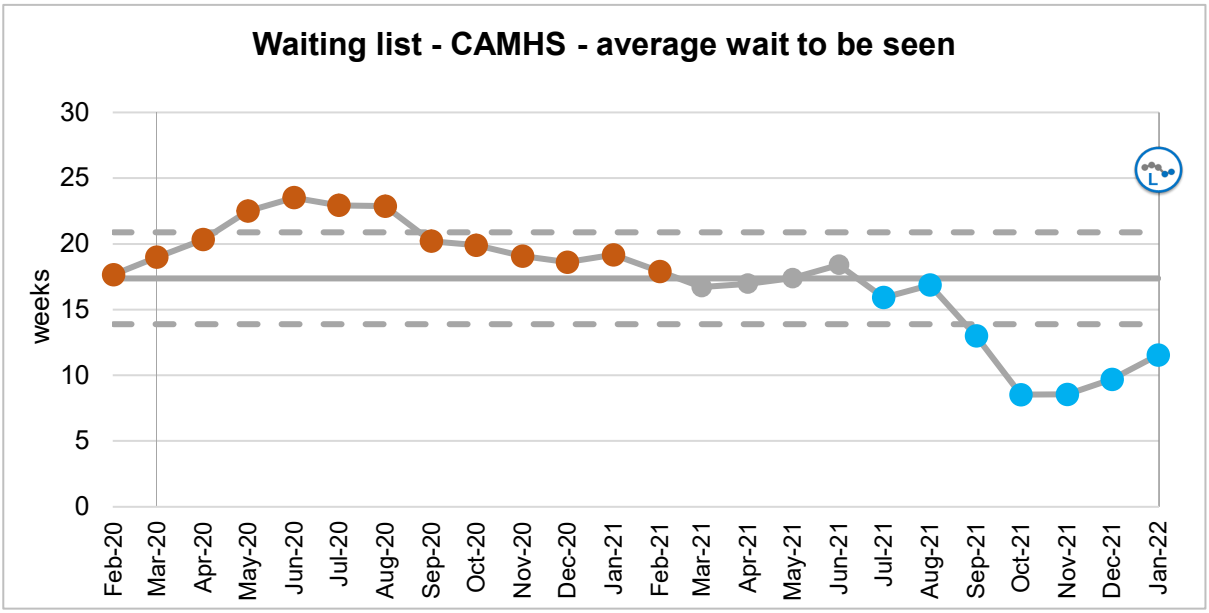


The number of people waiting continues to gradually reduce. Investment has been made into the service equating to an increase by 18% of funded whole time equivalent posts since December 2020. Recruitment to a number of vacant and part-time posts across adult services is progressing. However, 24% of posts are currently vacant across all of psychological services, with the biggest gaps being in the community mental health teams (CMHTs).

There is a national shortage of qualified psychologists, with all Trusts struggling to recruit. We are in line with our regional colleagues with this figure. Some posts have been advertised 4 times with no applicants. We are participating in a pilot study working with a company to increase our exposure in the marketplace and to engage better with potential candidates through videos and sharing experiences; we are increasing our presence on LinkedIn and other social media; and we are using contacts through our various psychological networks.

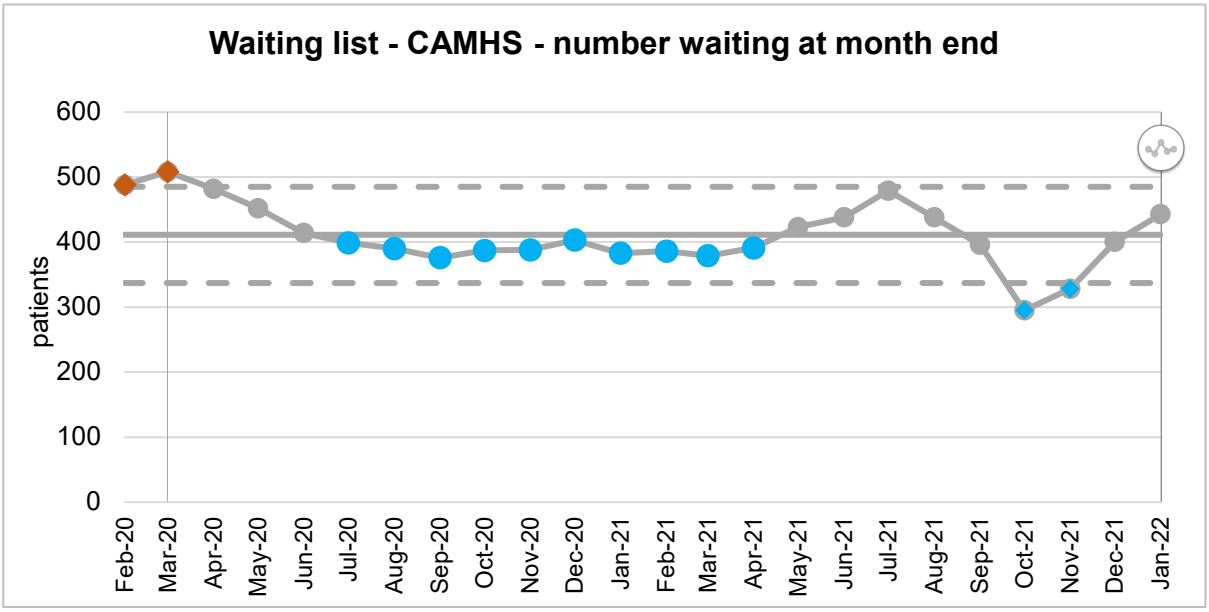
We have continued to review the waiting lists in line with trauma sensitive working in considering how we manage people on a waiting list and barriers of movement between services. This will be part of the clinical model of delivery for community teams as the Living Well transformation develops. The need for increased access to psychological services was considered in a recent mapping exercise across all of the CMHTs as part of this development. Following this exercise, staff across psychology and other professions are being supported to access training to increase their psychological skills through placement, formal HEE funded training and expert supervision.

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



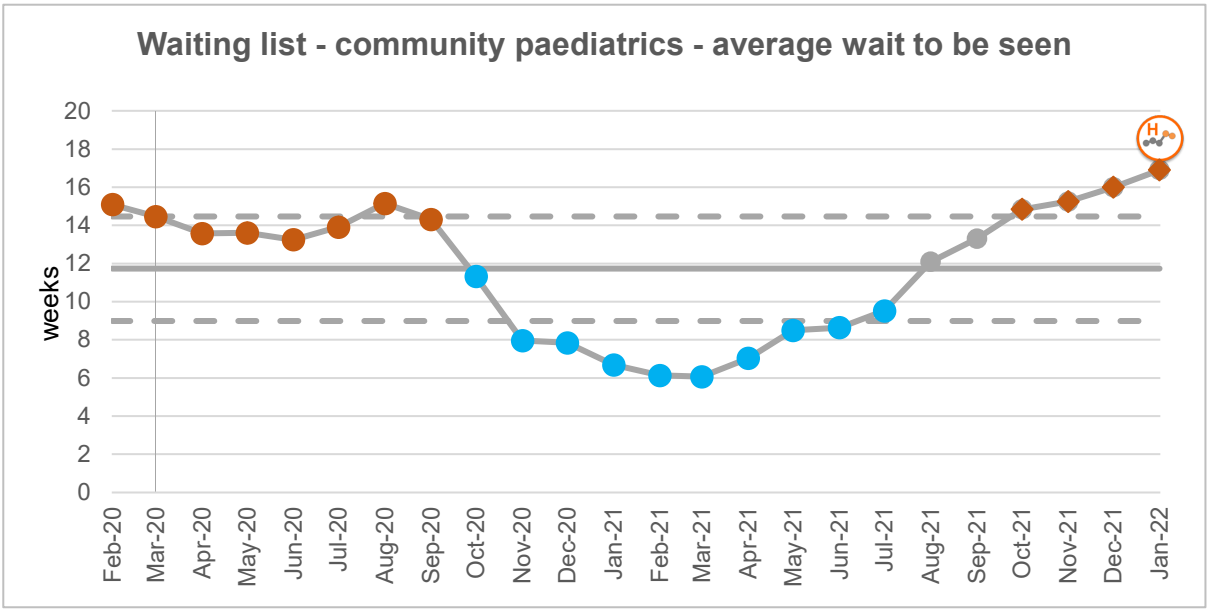
The waiting list initiative in September and October 2021 resulted in a significant reduction in waiting times.

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



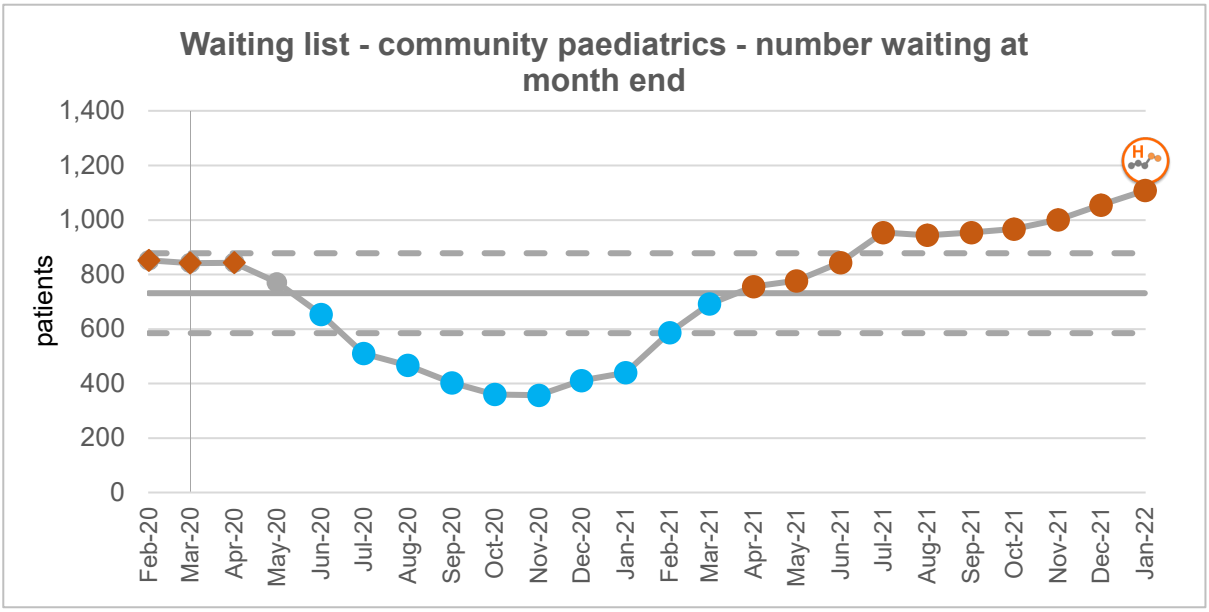
Following the waiting list initiative, the number of children waiting has been gradually increasing and has returned to common cause variation in the last 2 months.

14a. Waiting list for community paediatrics – average wait



We continue to see a steady rise in waiting times for referral to treatment in community paediatrics. The wait time will be in excess of 44 weeks by the end of March 2022 and currently sits on the risk register as a high risk. We are carrying a vacancy which has been advertised a total of 4 times without any applicants and also ongoing sickness, including cancellations due to COVID absences. To Mitigate we have a locum in post 4 days per week for the next 6 months with an additional request for a further 3 days which is awaiting approval. The vacant Paediatrician post has been redesigned to a more generic post which will hopefully make this more appealing. It is currently out to advert.

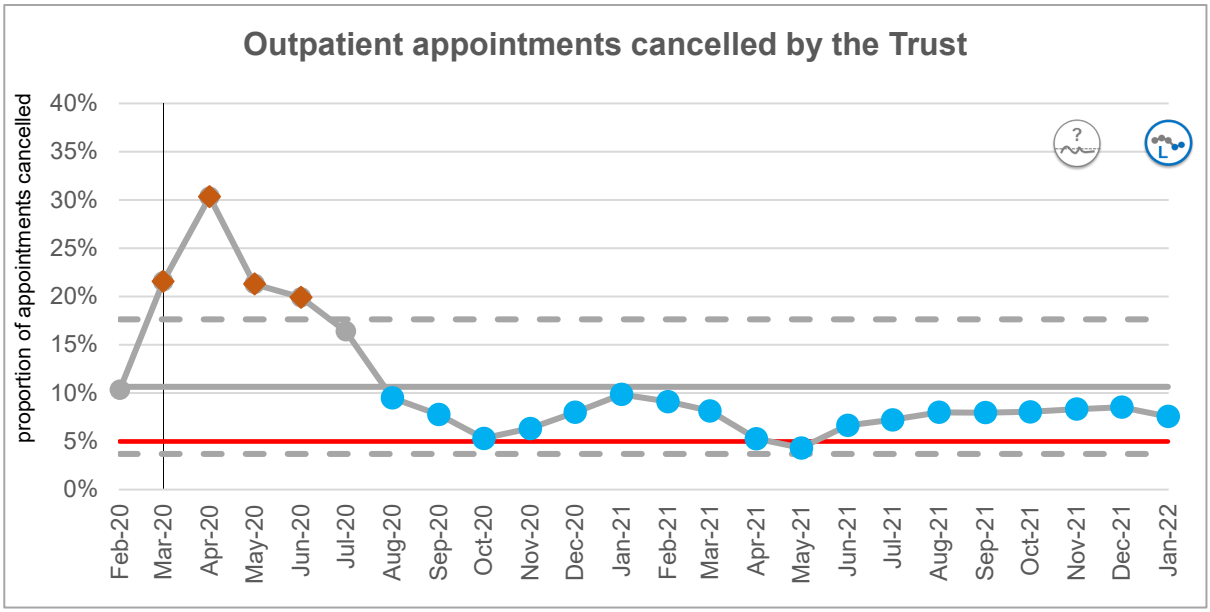
14b. Waiting list for community paediatrics – number waiting



The neuro-developmental pathway development has been approved and we are awaiting confirmation of funds to make our fixed term Speciality Doctor into a full-time substantive post. The business case also includes a second fixed term Speciality Doctor to focus on the autistic spectrum disorder pathway. Securing these posts will have a significant impact on the waiting list. This is a really positive development for the service line.

We have plans this month to further review the whole medical structure: what is working well, where the gaps are and where we need more support. Review of the referral pathways and website is ongoing. We hope to improve the experience for children, families, carers, and professionals who access our services.

15. Outpatient appointments cancelled by the Trust



The Trust operates a virtual clinic system with the aim of limiting the number of cancellations where patients are inconvenienced. The patient is unaware of the appointment until the appointment letter is sent out three weeks before the appointment date. The three weeks' notice was introduced to reduce inconvenience to patients through cancellations and to bring us into line with the national

standard for appointment notice (*Elective Care Model Access Policy*. NHS Improvement, 2019). The reporting system relies upon the clinic administrators actively recording on Paris that the patient was unaware. This is open to human error and audits of cancellation data indicate that fewer patients are being inconvenienced than is suggested in the chart above. Clinic administrators are reminded periodically of how these appointments should be recorded.

Background

Patient feedback from the Healthcare Commission Community Mental Health Survey 2008[1], placed Derbyshire Mental Health Services NHS Trust in the worst 20% of Trusts for patients experiencing appointments with a psychiatrist being cancelled or changed:

As a result, a Commissioning for Quality & Innovation (CQUIN) target was introduced into the Trust's contract in the financial year 2010/11 with the aim of reducing the level of psychiatric outpatient appointment cancellations to 7% by year end. Improvements to outpatient processes and procedures were made and in the public Board minutes of May 2011[2] it was reported that all CQUIN agreements had been fully met for 2010/11, indicating that cancellations had fallen below the 7% target threshold.

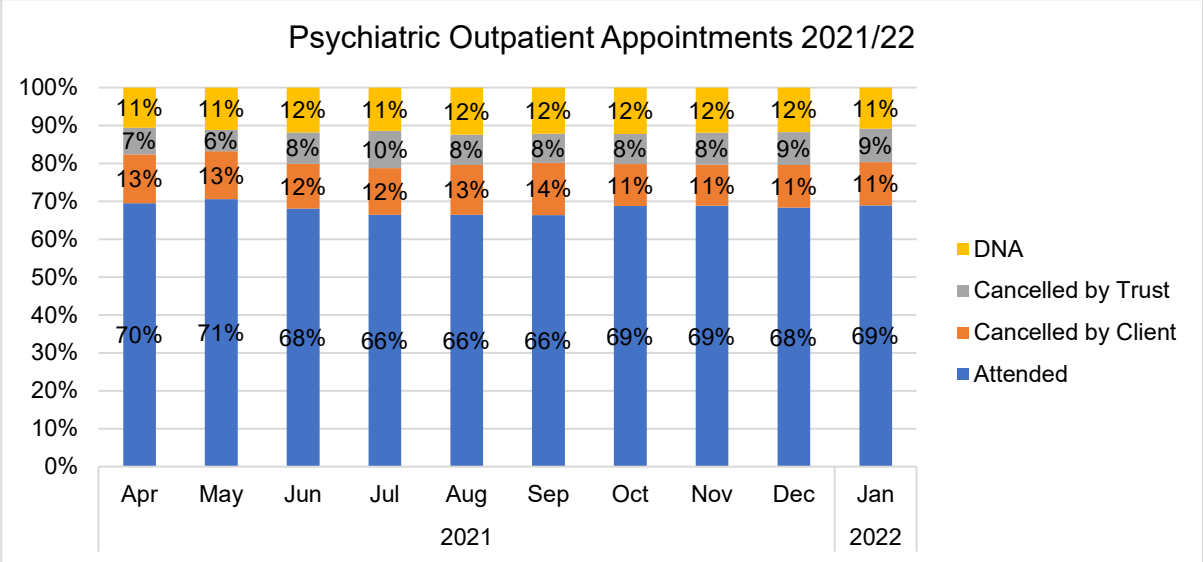
Benchmarking

A recent mental health community patient survey might have been a good source of benchmarking data, however 2008 was the last time that this question was included in the patient surveys.

A review of every Trust's Board papers has established that of all the mental health Trusts in England, Derbyshire Healthcare NHS Foundation Trust is the only Trust that monitors psychiatric outpatient appointment cancellations, so unfortunately benchmarking is not possible.

Appointment outcomes

This financial year around 8% of psychiatric outpatient appointments have been cancelled by the Trust per month, around 12% have been cancelled by patients and around 12% have been defaulted by patients (did not attends).



[1] https://nhssurveys.org/wp-content/surveys/05-community-mental-health/05-benchmarks-reports/2008/Derbyshire%20Mental%20Health%20Services%20NHS%20Trust.pdf
[2] https://www.derbyshirehealthcareft.nhs.uk/application/files/5115/4903/5546/public-board-minutes-25-may-2011.pdf

Reasons for cancellation

Please note that “cancelled by unit” is the only cancellation reason selectable on SystmOne for appointments cancelled by the Trust, so there will no longer be an option to record, monitor or report detailed cancellation reasons once all the teams have moved to SystmOne.

Reason	n	%
Appointment Brought Forward	714	20%
Clinician Absent From Work	642	18%
Cancelled by Unit	532	15%
Moved - Staff Issue	370	10%
Moved - Location Issue	274	8%
Moved - Trust Rescheduled	252	7%
Clinic Booked In Error	238	7%
Moved - Clinic Cancelled	194	5%
Cancelled By Staff (covid 19)	101	3%
Clinician Must Attend Meeting	68	2%
Clinician On Annual Leave	55	2%
Paris System Issue	43	1%
No Consultant	34	1%
Clinician Must Attend Training	27	1%
Jnr Dr Clinic No Consultant	20	1%
Mha Assessment Urgent Work	7	0.2%
Clinician Must Attend Tribunal	4	0.1%
Estates Issue	2	0.1%

The most common reason for Trust cancellations of appointments is because we have brought them forward for clinical reasons. Year to date there have been 714 appointments brought forward. To put that into context there have been a total of 42,727 appointments over the same period, so just **0.02%** of appointments have been brought forward.

Financial year	Attended	Cancelled by Client	Cancelled by Trust	DNA	Total
2021/22	**29136**	**5194**	**3401**	**4996**	**42727**

Examples of when an appointment would be brought forward:

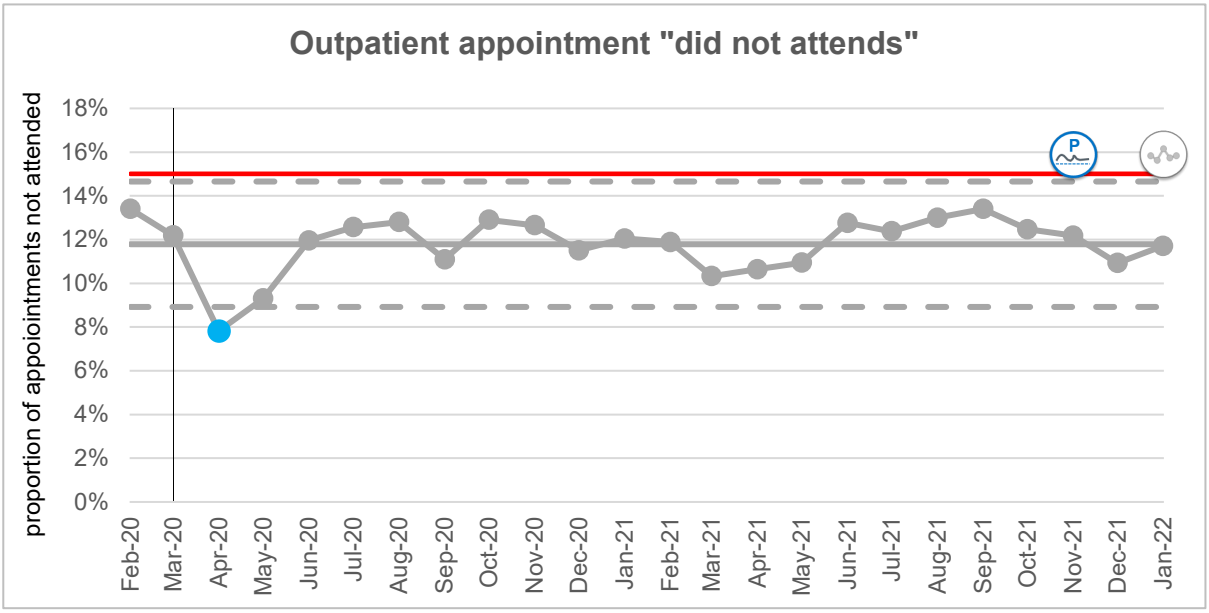
- Patient requesting sooner appointment – this may be because:
    1. they have deteriorated in their mental state and are not supported by anyone else in the community mental health team (CMHT),
    2. they need a sooner medication review (lack of effect or tolerability concerns)
    3. a contingency has been set in the previous outpatient appointment to contact and request sooner appt in certain circumstances.
- Care Coordinator requesting an earlier appointment. This is appropriate and part and parcel of Care Programme Approach (CPA) working.
- Duty worker requesting an earlier appointment – often needs would be better met by a discussion between the medic and duty worker and the duty worker gets back to the patient afterwards.
- GP or other agency request – usually only actually results in earlier outpatient appointment if they are not open to anyone else in the CMHT.

NB increasing the threshold for CPA working means that a greater proportion (and number) of outpatients are only open to the outpatient’s clinic.

Bringing forward appointments does not usually affect waits for other patients because flexibility on the system is created through ad hoc appointment slots being available outside normal clinic hours for urgent appts and through patient cancellations (12%) which creates capacity.

The Medical Secretary and the Consultant liaise to look at where to hold the ad hoc clinics to ensure there will be no detriment to anyone else on the list through being pushed back. Each team have their own system for patients requiring appointments to be brought forward for valid reasons as mentioned.

16. Outpatient appointment “did not attends”



The level of defaulted appointments has remained within common cause variation for the last 21 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 (HPU)

HPU have been focusing on supporting the recent increase in cases over the winter period with more track and trace and guidance needed for staff during the last 3 months.

Securing funds from Public Health England, a project is underway looking into how we can best support those with severe mental illness to understand and make informed choices around vaccination for Covid. We are hoping to link with our research team to aid the evaluation and utilise the new Life QI quality improvement project platform, with support from the transformation team, with a view to sharing learning with the region. With funds assisting this project we have secured a 6-month Band 6 secondment post, which has someone in place who is supporting the HPU in skilling up and completing direct project work.

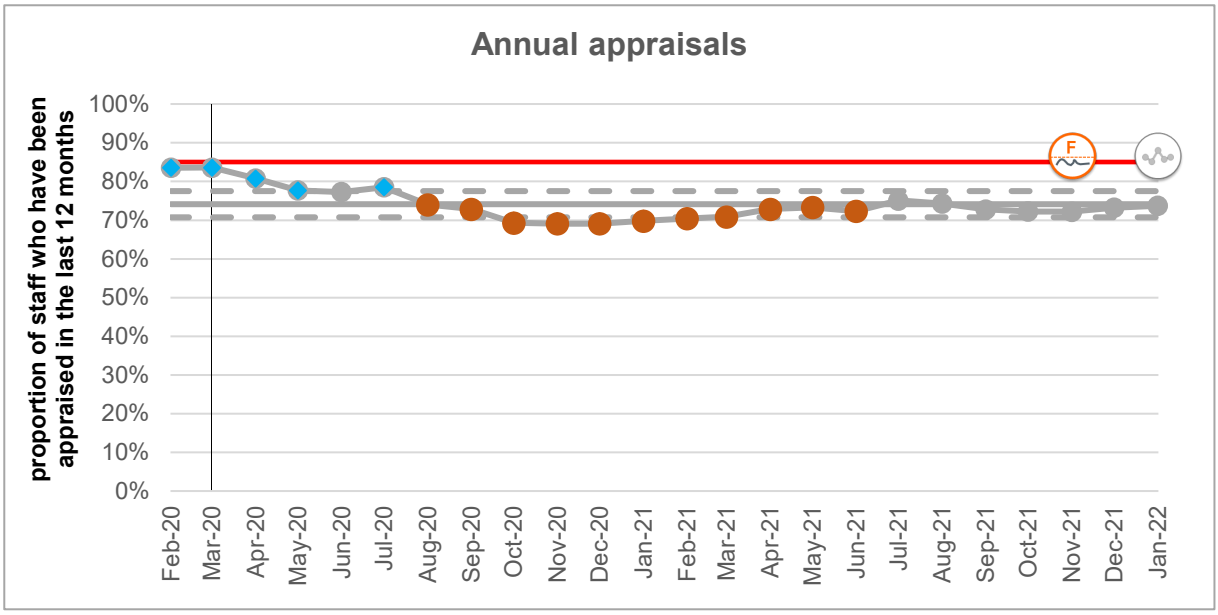
The next priority for HPU is to look at the long-term priorities for the team and its structure moving forward, with the Area Service Manager secondment coming to an end. The team will be focusing on the infection prevention and control priorities and direction from the quality strategy to inform future core work.

Vaccination status

97% of patient facing staff have now received their first vaccination and 95% have received both vaccinations. Booster vaccinations are continuing.

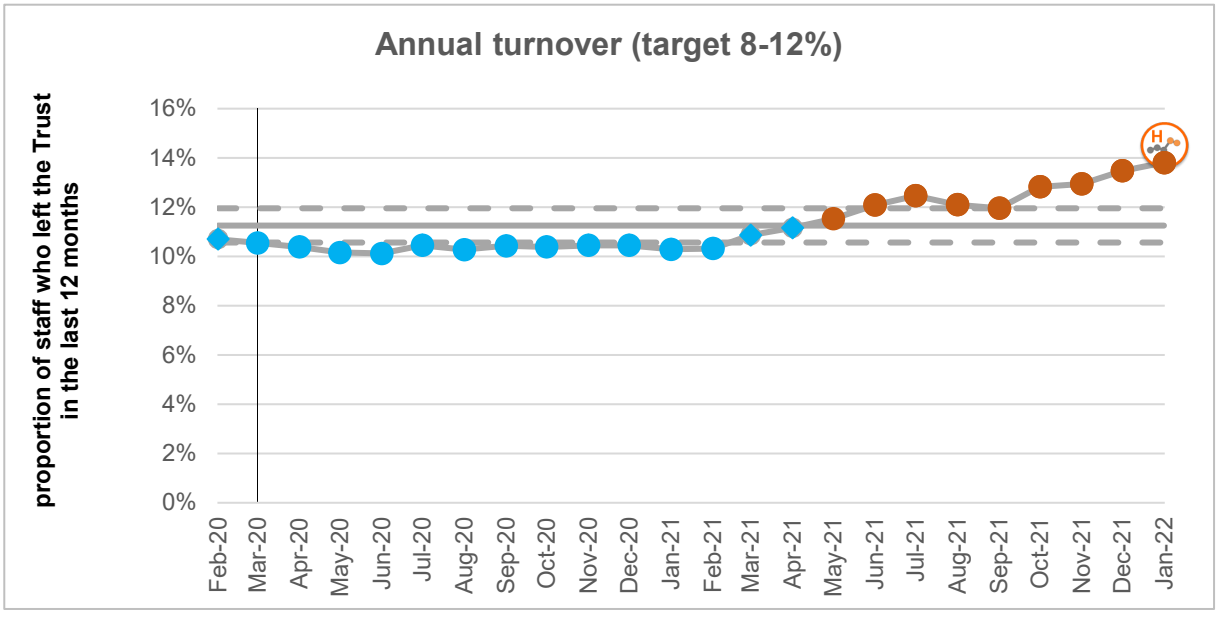
People

17. Annual appraisals



The level of compliance has returned to common cause variation, which is below target level. Operational Services currently sit at 79% and Corporate Services at 50%. The Executive Leadership Team has recently agreed to a request to temporarily increase the window of validity for appraisals to 18 months until the end of June. This is yet to be reflected in the data but would increase Operational Services to 90% compliant and Corporate Services to 70% compliant. The appraisal process has been paused during the latest wave of the pandemic. In the interim a structured wellbeing conversation and a review of the health risk assessment is completed where required. Appraisals will recommence as the current wave reduces. This is being monitored through the Incident Management team. There will be further communications to support managers and encourage meaningful conversations to take place once the full appraisal process can be stood back up.

18. Annual turnover

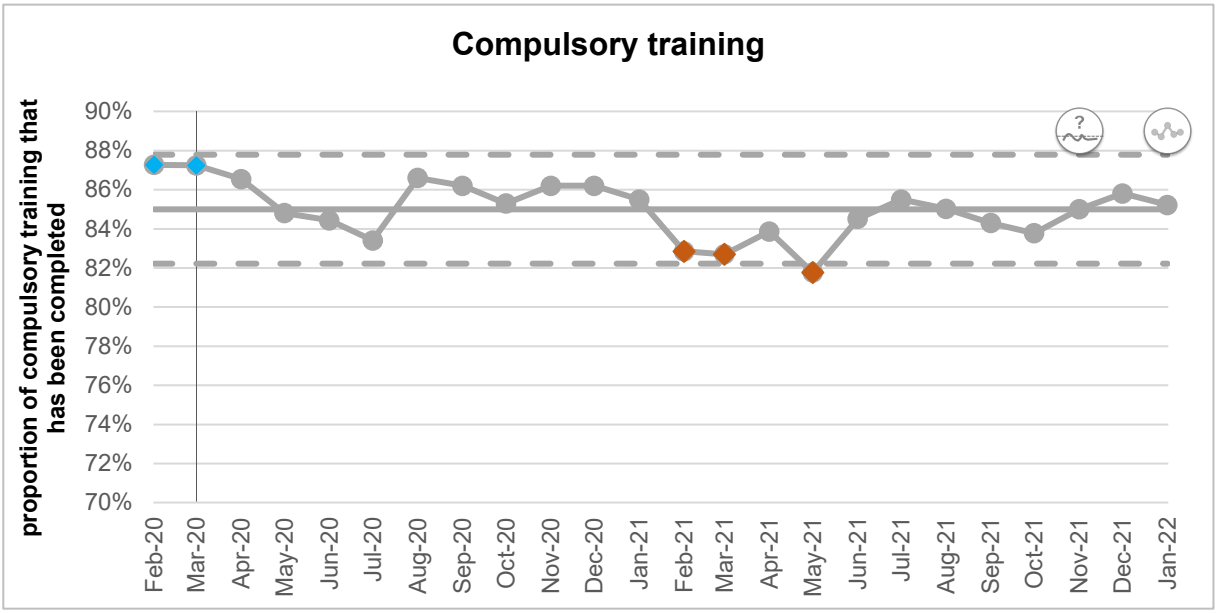


The rate of turnover has been higher than the Trust target range of 8-12% for the last six months. This is also reflective of other mental health trusts where retention is a concern, coupled with rising numbers of retirements and incentives from other Trusts to attract clinical staff. We are continually accessing our response and how we can attract new staff in different innovative ways e.g., social media, online recruitment events.

Benchmarking

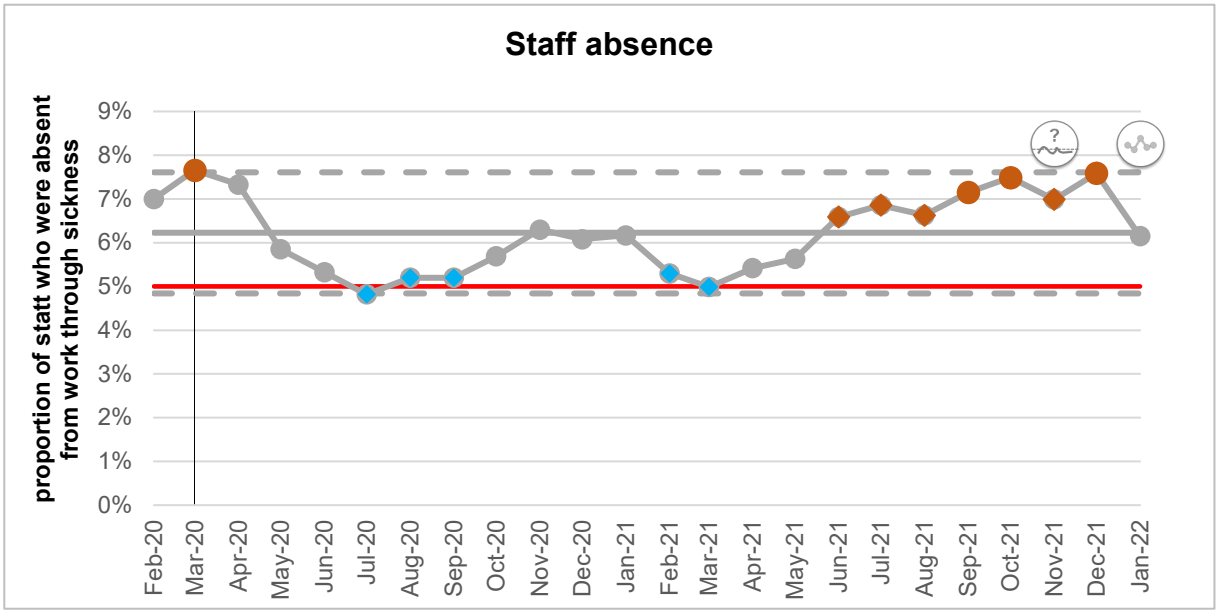
In the latest national NHS staff turnover benchmarking data the Trust was ranked 11th highest mental health trust for stability of the workforce (https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/september-2021).

19. Compulsory training



A recovery plan continues to improve training compliance. The full training requirement – compulsory training and role specific training – has increased to around 75,000 attendances by our total workforce on 78 courses, with just under 18,000 individual attendances to be completed. Operational Services are currently above target at 87% compliant with compulsory training, and Corporate Services slightly lower at 77%. Mandatory and essential training was further paused during December through to January. This will be stood back up as the latest wave of COVID-19 reduces.

20. Staff absence



Corporate Services absence rate is 5.7%, and Operational Services is 8.8%. Sickness absence rates have increased over the last three months with Covid absence being the top reason for absence. This follows the trend during this latest wave where more staff were affected by the Omicron variant and higher numbers of staff were having to self-isolate.

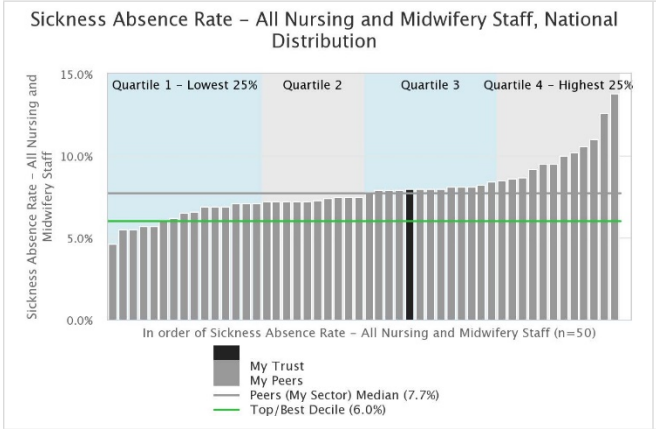
An Improving Absence Task and Finish Scrutiny Group has been established with the following remit:

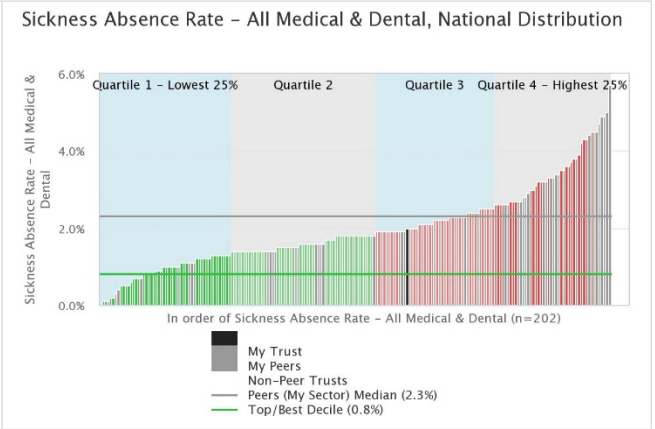
- To bring current absence in line with target
- To ensure current target is appropriate
- To improve the absence process
- To reduce absence variation
- To ensure the wellbeing offer meets the need and is utilised
- To ensure there is a process around identified absence hotspots

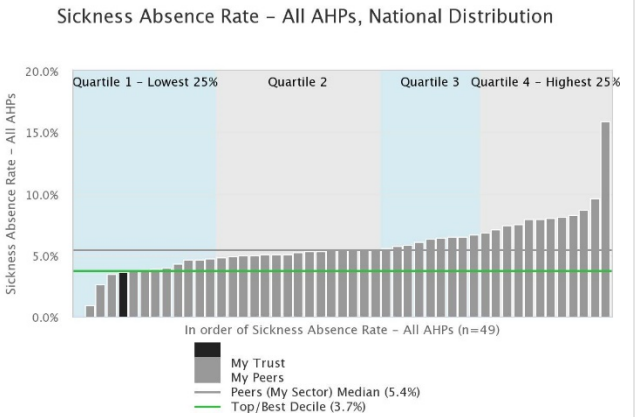
The Group will meet fortnightly with the aim of completing the tasks above over the next 3 months up to the end of April.

Benchmarking

In the latest data our absence rates are above average for the nursing and midwifery and medical and dental staff groups, but the absence rate is 4th lowest in the peer group for allied health professionals.

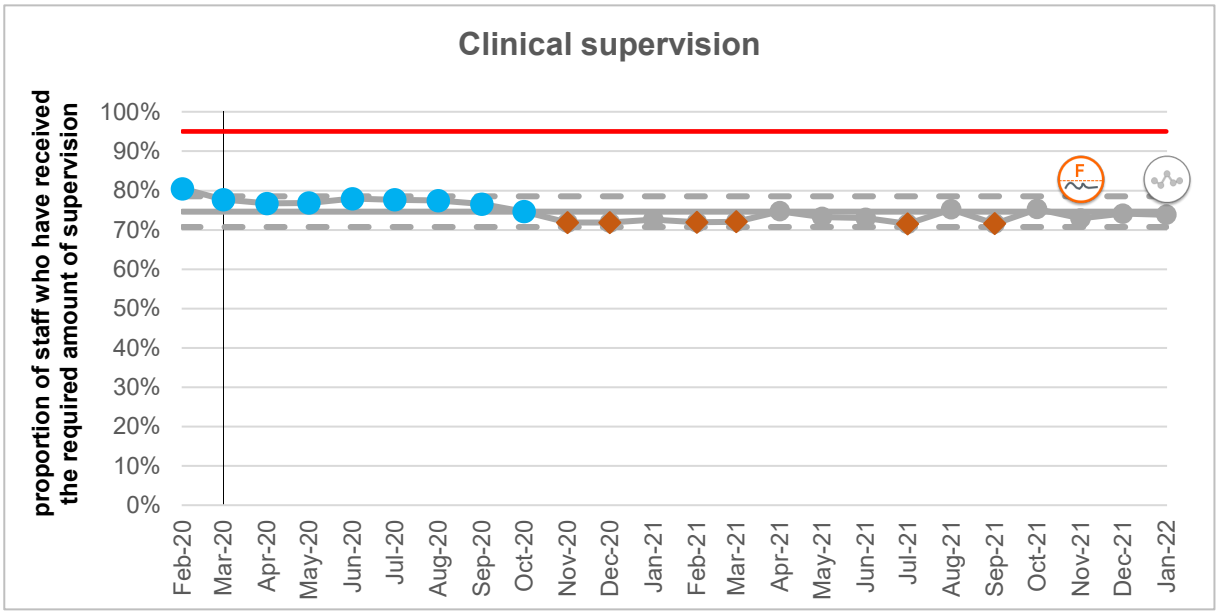




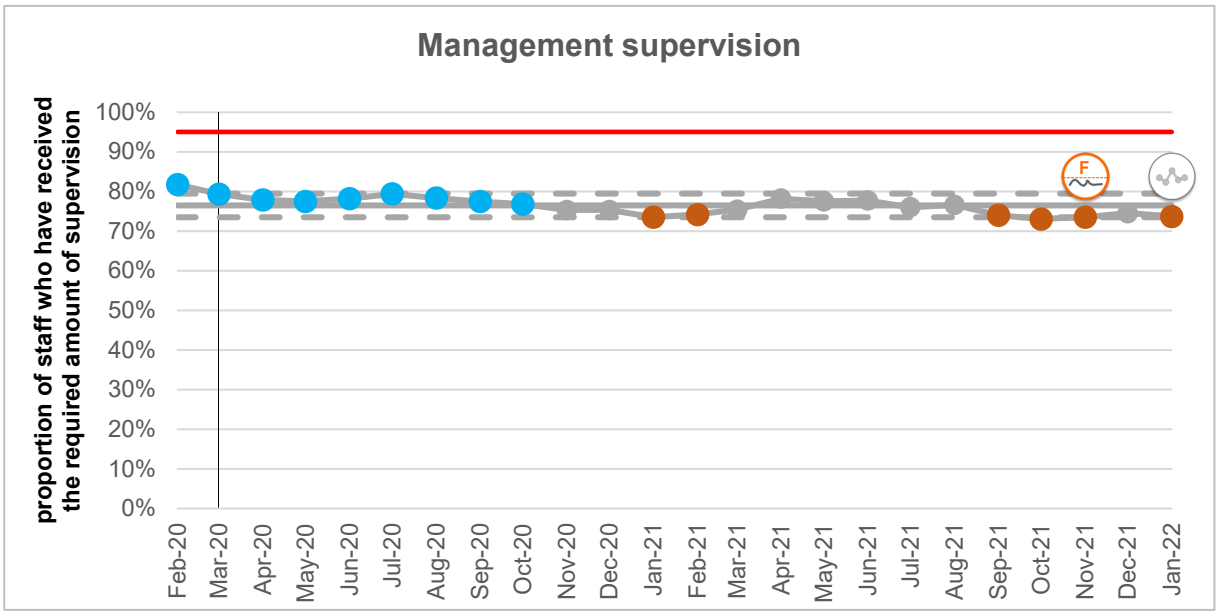


Data source: https://model.nhs.uk/

21. Clinical supervision

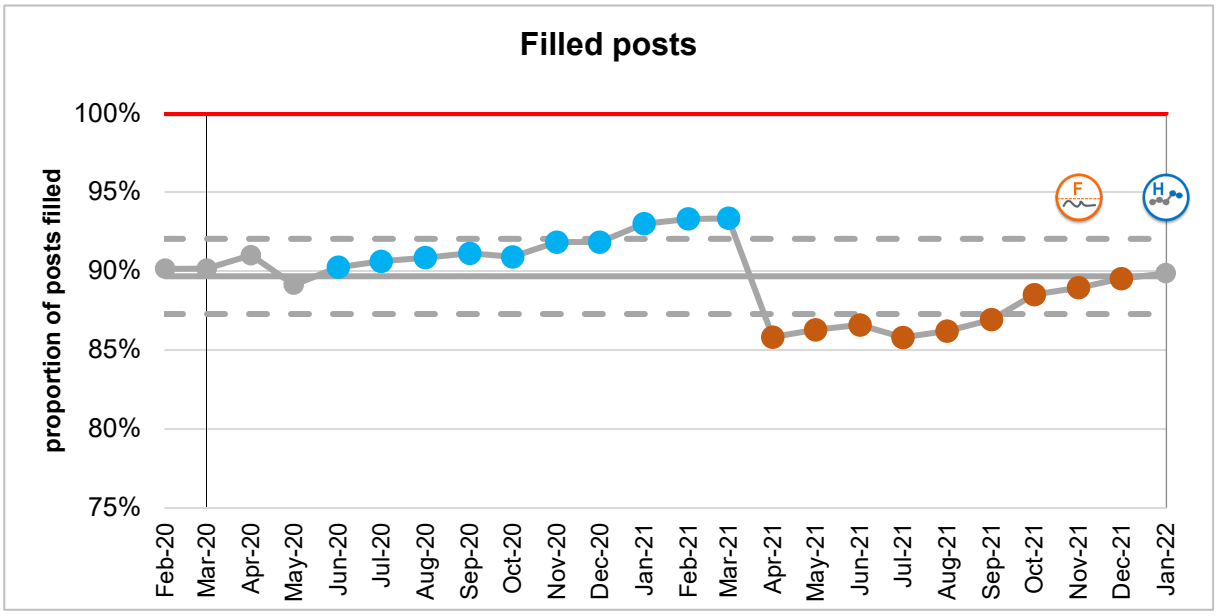


22. Management supervision



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 and appraisals, Operational Services are performing at a considerably higher level than Corporate Services for both types of supervision (management: 75% versus 58% and clinical: 74% versus 37%).

23. Proportion of posts filled

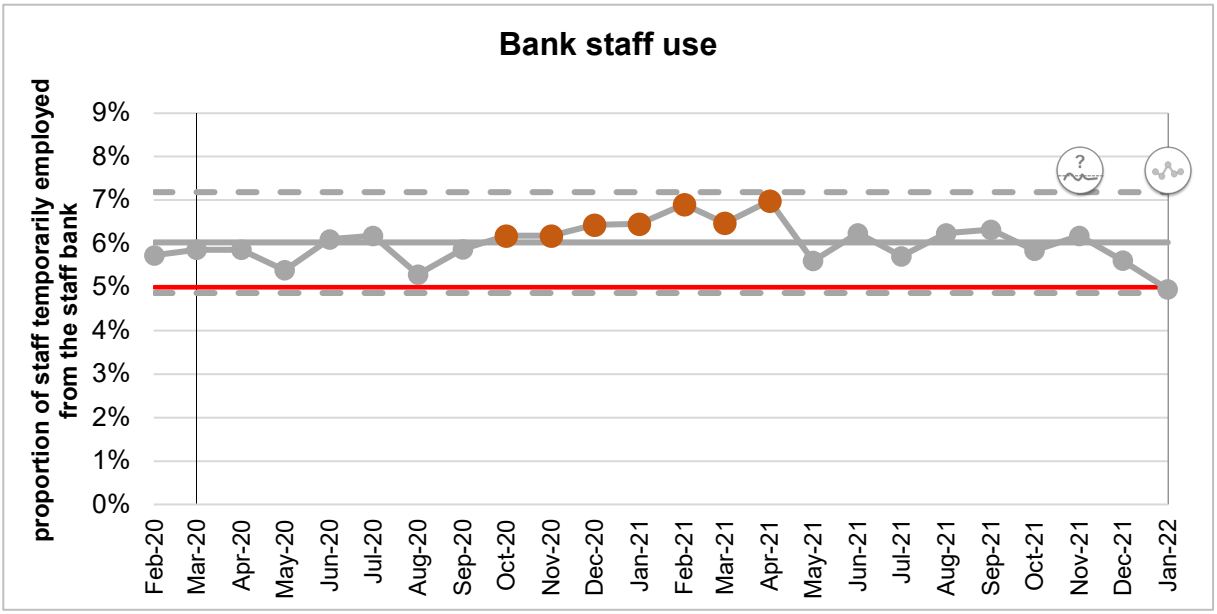


Prior to the start of this financial year there were a number of factors that had in effect artificially lowered the vacancy rate prior to April 2021, however this has now been adjusted for at the start of this financial year, which is where we can see a significant drop in filled posts. The increased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

- 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.

Recruitment fill rates continue to improve with the time to recruit now almost on target at 60.5 working days to recruit. There has been a steady improvement in our vacancy rate over the last 3 months falling from 478 posts advertised in November to 393 posts advertised in January.

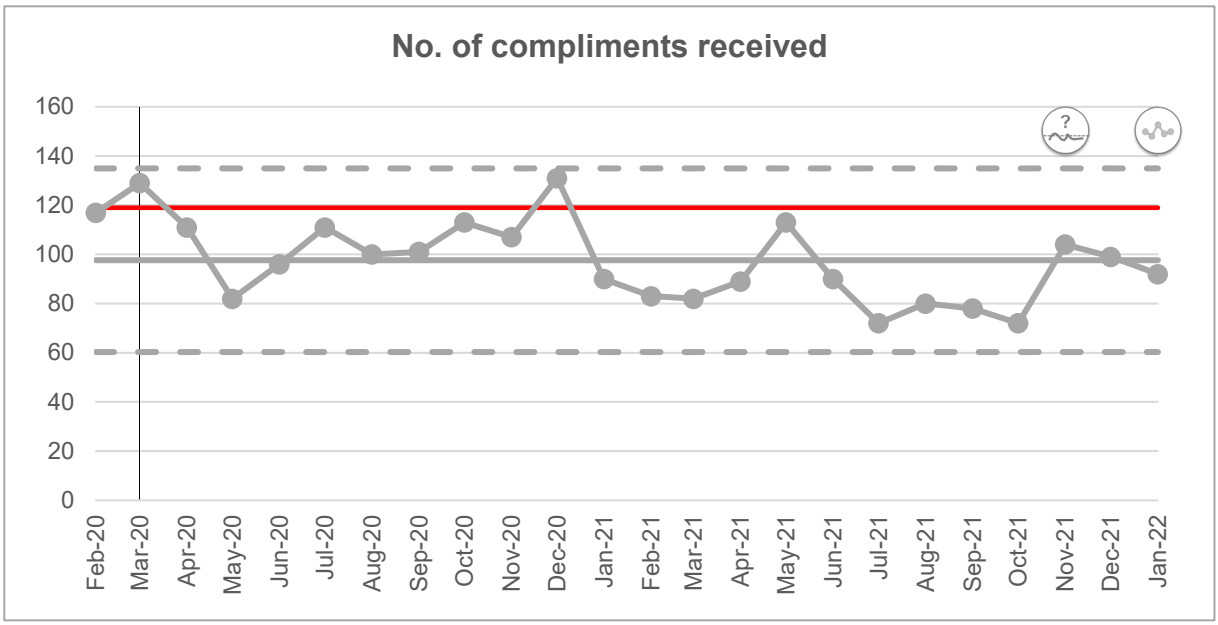
24. Bank staff



In the past 9 months bank staff usage has returned to common cause variation. The trend continues to improve where recruitment is now filling vacancies normally supported by bank staff.

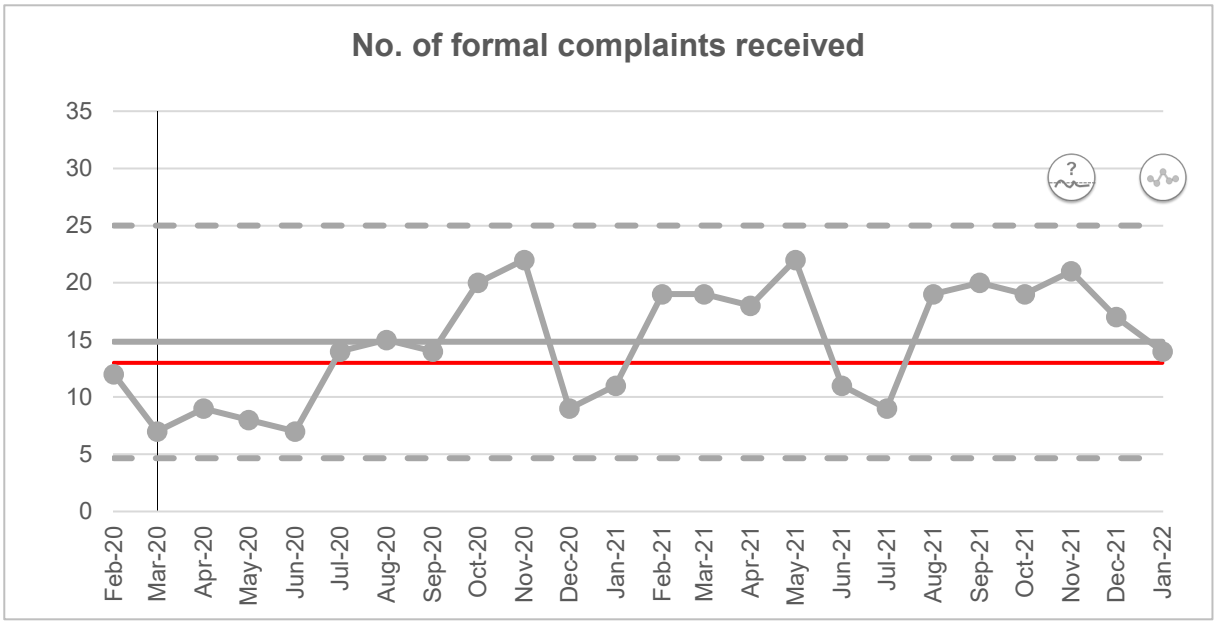
Quality

25. Compliments



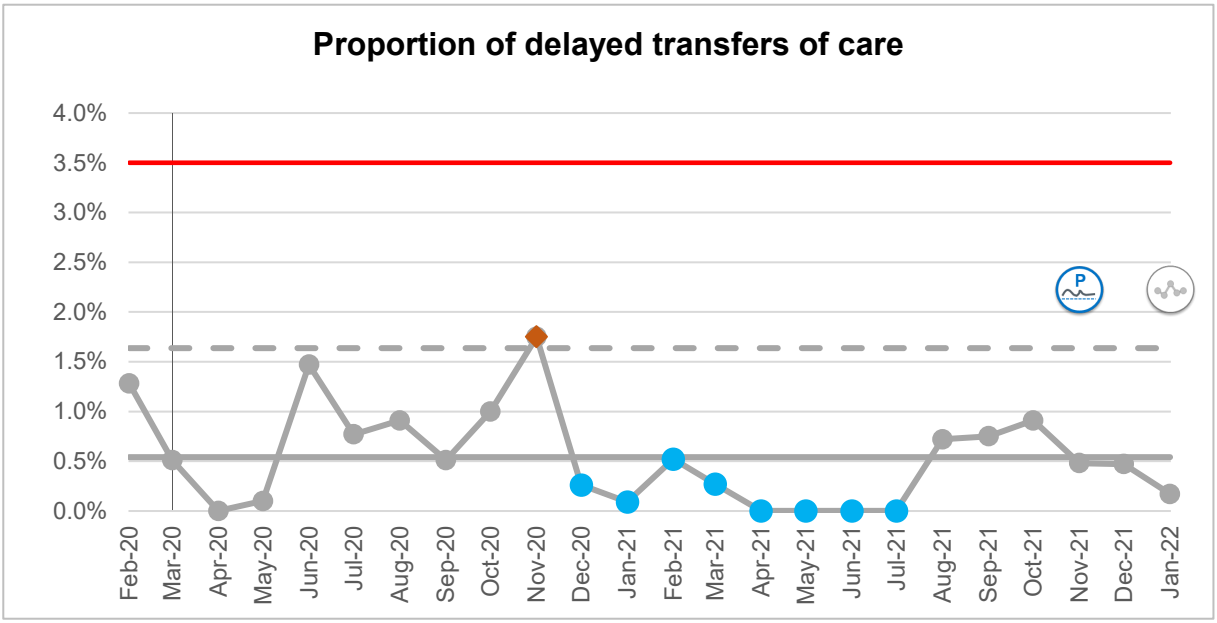
The number of compliments continues to remain below the expected level however, as face to face contact increases, so does the number of compliments received. This is due to compliments mostly being received verbally and then staff recording them. A Head of Nursing has now been allocated to lead on Trust-wide projects and their first project is the roll out of the electronic patient survey which will provide a further method of receiving compliments, complaints, and concerns.

26. Complaints



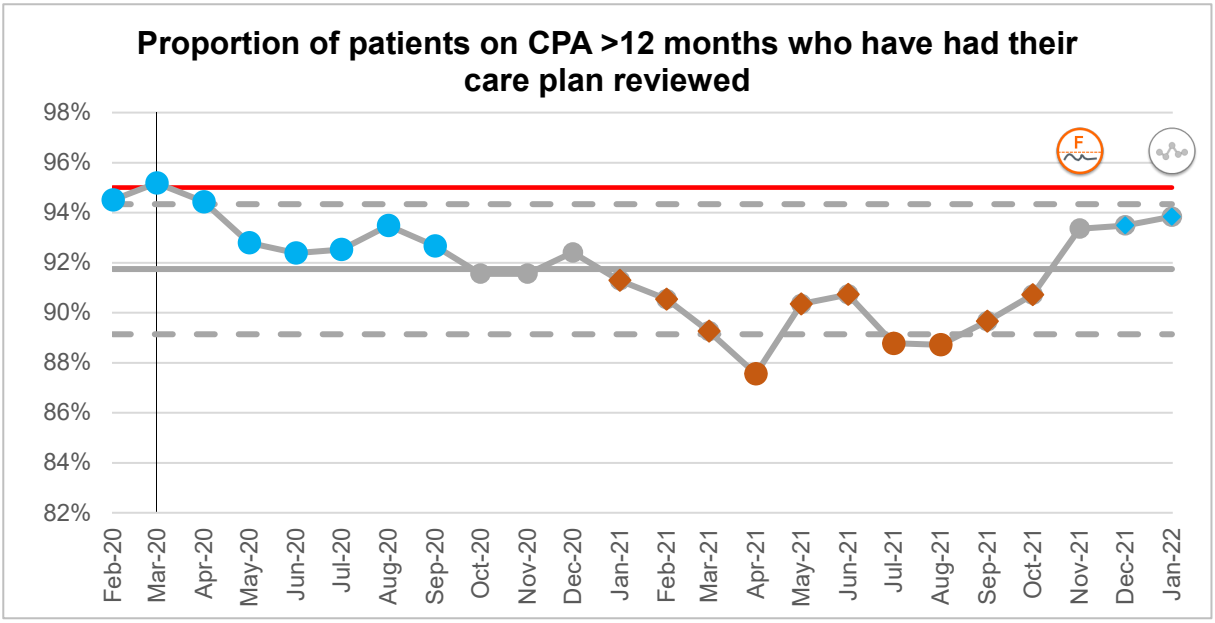
As face-to-face contact increases and services begin to stand back up, the number of complaints decreases. In reviewing data, a large number of complaints are in relation to reduced face to face contact and reduced access to services. As services continue to stand back up and the electronic patient survey is implemented the number of complaints is expected to continue to decrease.

27. Delayed transfers of care



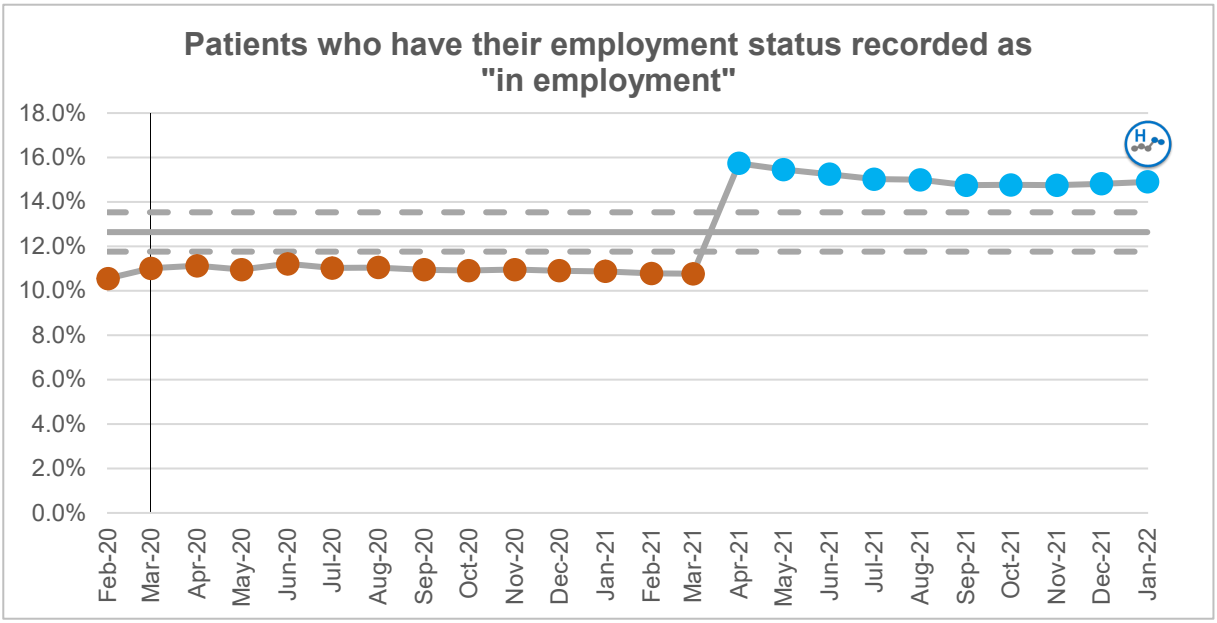
Since the multi-agency discharge events (MADE) were held, numbers of delayed transfers of care have reduced and now sit below the mean line. Work continues within the rapid review processes and clinical meetings.

28. Care plan reviews



The proportion of patients whose care plans have been reviewed continues to be lower than usual. However, as can be seen there is a positive trajectory and improvements in the percentage of reviewed care plans. Work continues to improve this month by month and this is expected to continue as this is completed largely face to face.

29. Patients in employment

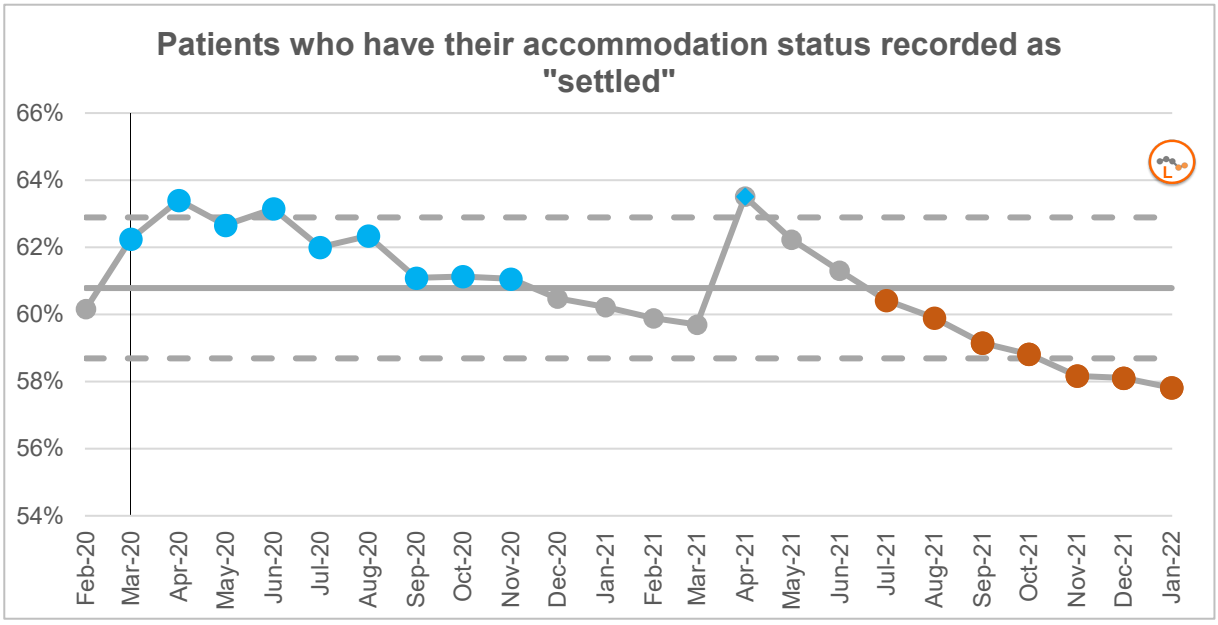


Around one third of patients have no employment status recorded. For those with a recorded status, the breakdown is as follows:

Recorded status	n	%
Unemployed	4805	46.5%
Employed	2253	21.8%
Long term sick or disabled	1499	14.5%
Student not working or seeking work	1028	10.0%
Retired	298	2.9%
Not stated (declined)	139	1.3%
Homemaker not working or seeking work	138	1.3%
No benefits not working or seeking work	95	0.9%
Unpaid voluntary work	67	0.6%
Recently unemployed	1	0.01%
Stopped work	1	0.01%
Does voluntary work	1	0.01%
Self-employed	1	0.01%
In paid employment	1	0.01%
On sick leave from work	1	0.01%

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 Trust has recently employed two experts by experience to focus on the implementation and management of Health Education England training in relation to peer support working and apprentices. As a result, those in employment or education is expected to improve in time. This aims to support people into employment, apprentice, or education.

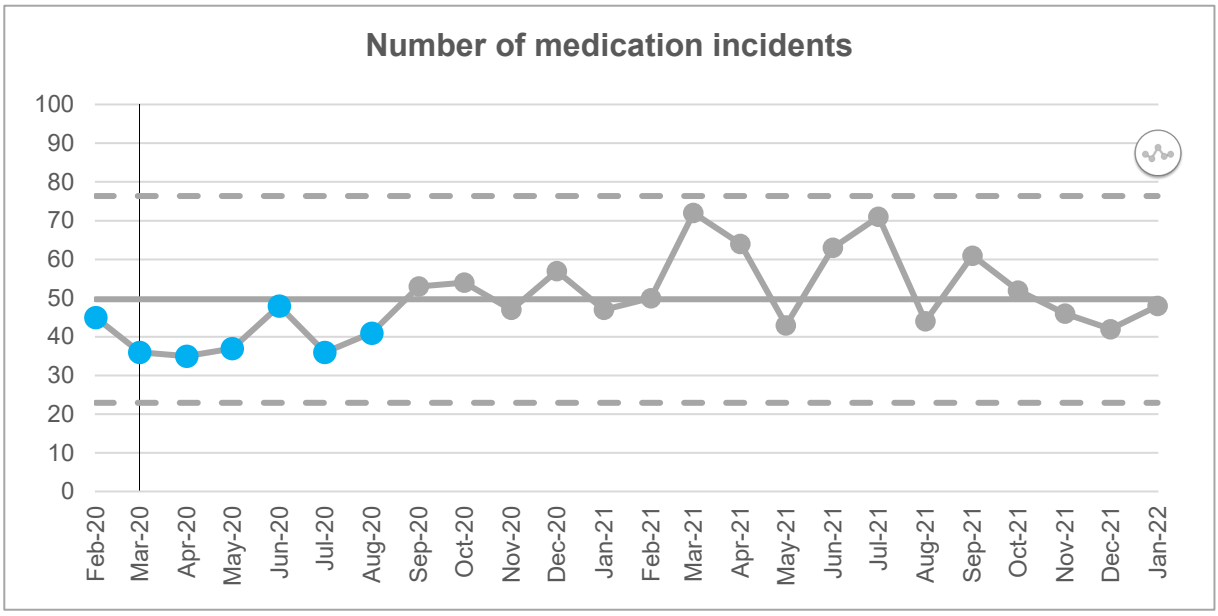
30. Patients in settled accommodation



Around one third of patients have no accommodation status recorded. For those with a recorded status, the breakdown is as follows:

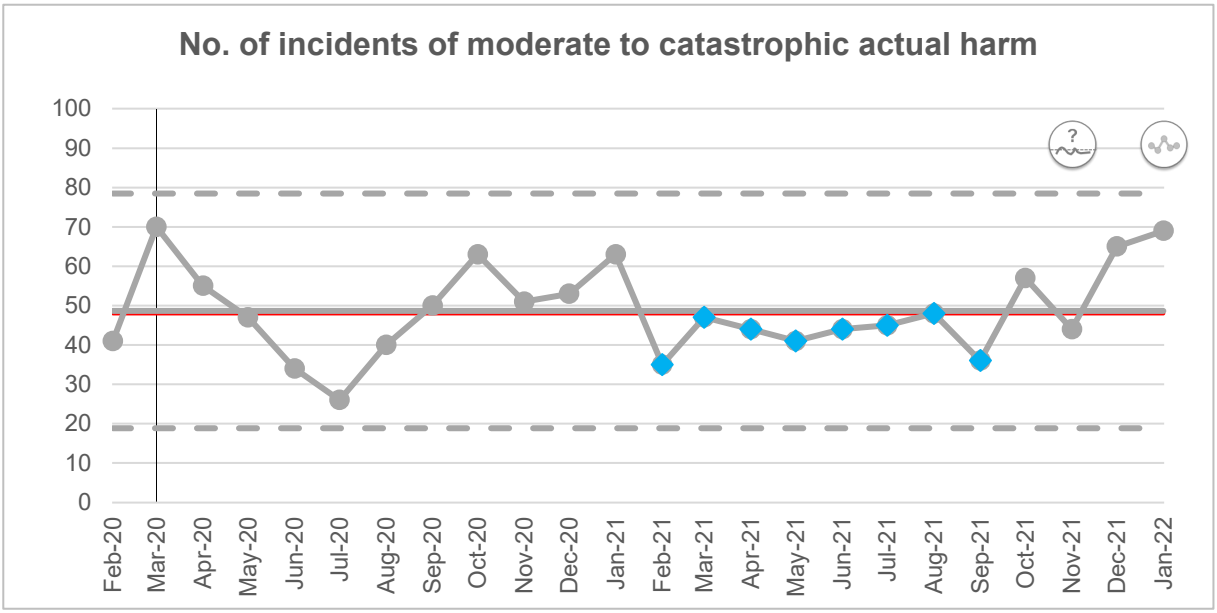
Recorded status	n	%
Mainstream housing	8754	91%
Accommodation mental health care/support	337	3%
Accommodation other care/support	196	2%
Homeless	166	2%
Acute/long Stay hospital	128	1%
Sheltered housing	38	0.4%
Accommodation criminal justice support	14	0.1%
Mobile accommodation	10	0.1%

31. Medication incidents



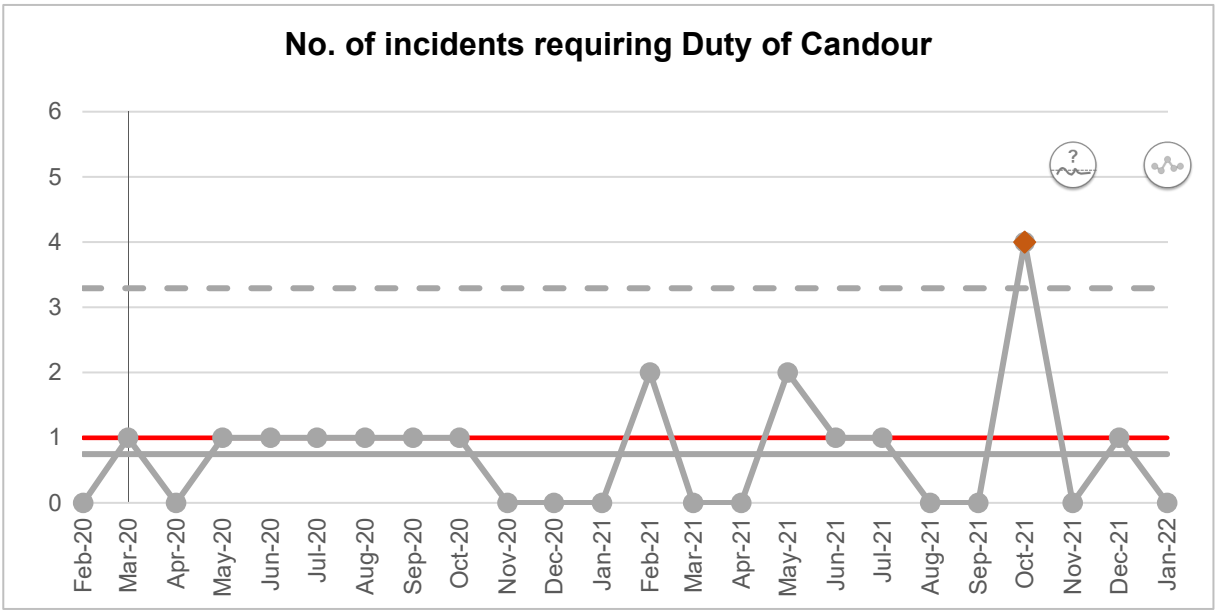
When looking into medication incidents, they take a variety of forms, from missed doses, wrong medication administration, missed fridge temperature recording, prescription error and non-location of medication. As a result, there are several factors that impact such as how busy the ward is, number of qualified staff and how the medication cabinet is organised. The medicines management operational subgroup are currently revising the medications error procedure, taking into account Trust values, and the Acute Inpatient Matrons are in the process of updating the relevant policies which will reduce the number of insignificant incidents.

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 by the Heads of Nursing team on a quarterly basis and fed into the relevant COAT meetings.

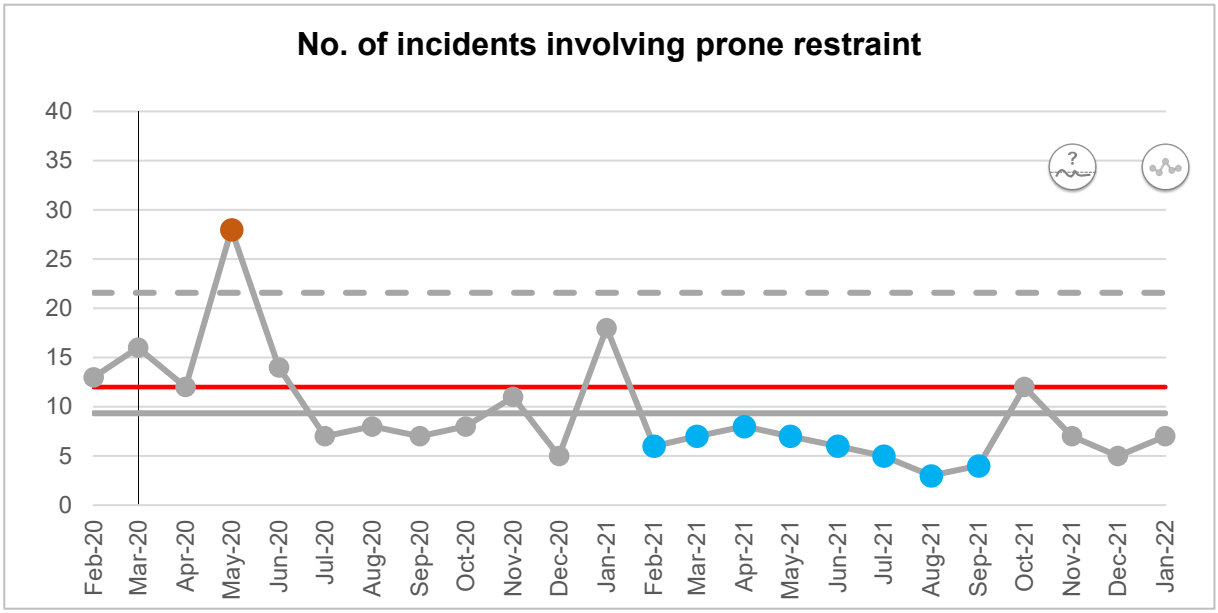
33. Duty of Candour



There has been one instance of Duty of Candour in the last 3 months. This comes in line with reports being finished and signed off by the Executive Serious Incident Group, resulting in pockets

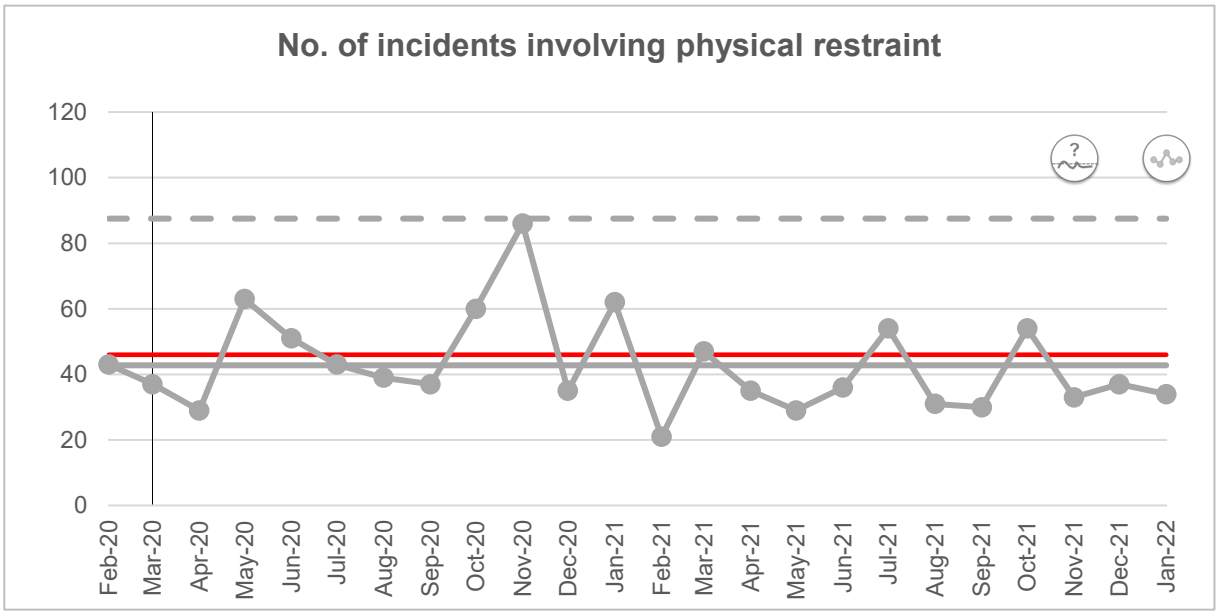
of data increase. This pattern is expected as groups of reports are signed off and Duty of Candour raised. At times this can present high in certain months as they are all reported together rather than as soon as the report has been completed.

34. Prone restraint



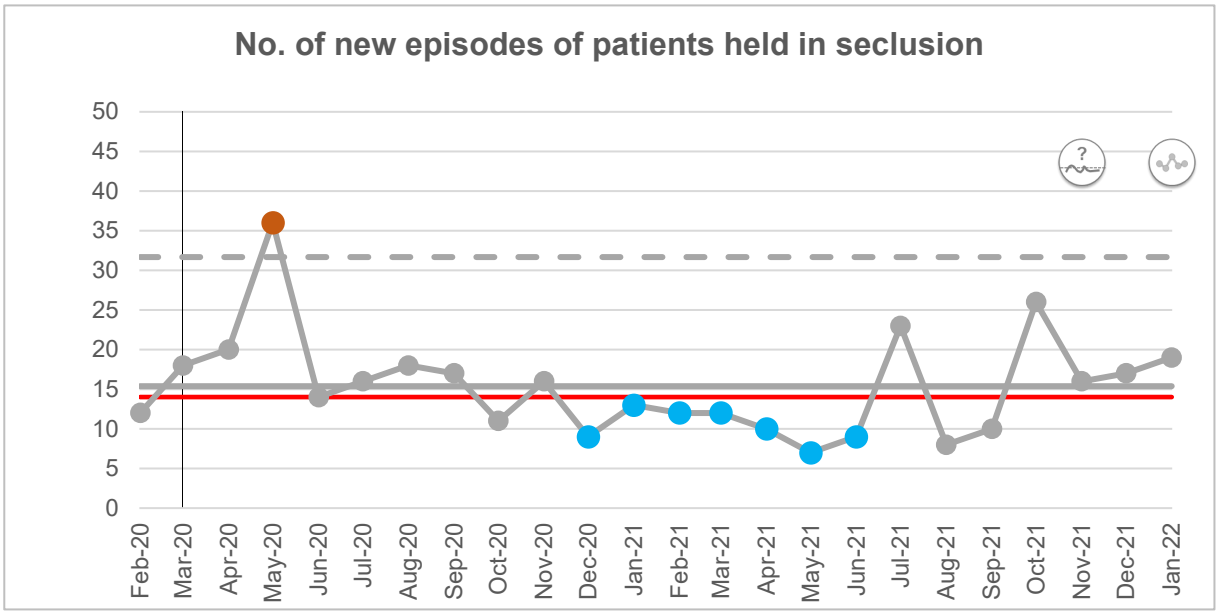
There are ongoing work streams to support the continuing need to reduce restrictive practice, including the introduction of body worn cameras, monitoring of restrictive practice within forums. Data analysis and review has shown that even where restraint and seclusion has increased, the use of prone restraint has continued to reduce. A spike in prone restraint in October has been linked to an increase in seclusion within the same month. A review of the data shows no patterns as incidents are spread across wards, however, largely within the Radbourne unit. A small spike in incidents on ward 35 has resulting in the need for further review and monitoring. Although some spikes in data have occurred in the last 6 months, we still remain low in numbers of prone restraint and much lower than the regional average per bed numbers.

35. Physical restraint



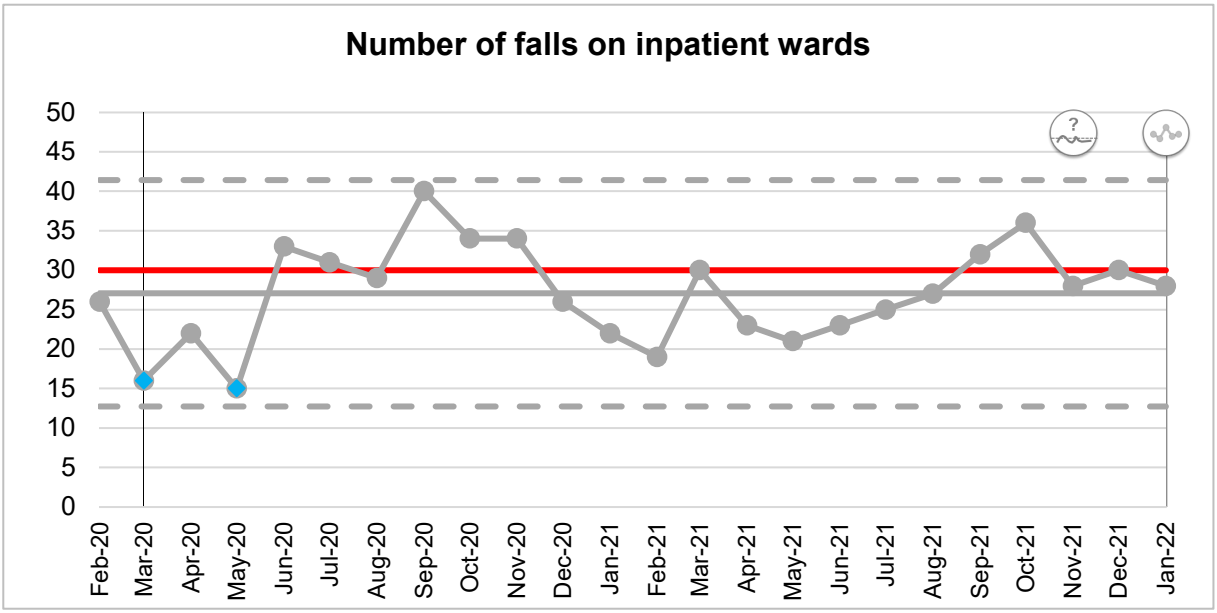
The number of reported incidents involving restraint have remained within common cause variation throughout the reporting period. The changes in numbers are linked to the data above relating to prone restraint and below relating to seclusion. It is important to highlight that a common impacting factor to restrictive practice is increased use of bank staff, vacancies, increased sickness, staffing challenges and concerns relating to closed culture. A working group has been created to put together a working procedure for assessing closed cultures and what needs to be done where closed cultures are identified. This work aims to improve patient feedback along with reducing restrictive practice both in inpatient services and community services.

36. Seclusion



The use of seclusion was within common cause variation, however, has increased in July and October. In further investigating this trend, there appears to be a link 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. Further auditing and investigation will be carried out by the new Head of Nursing for Acute and Assessment Service when they commence in January and is due to be completed in March and will include reviewing PICU admissions.

37. Falls on inpatient wards

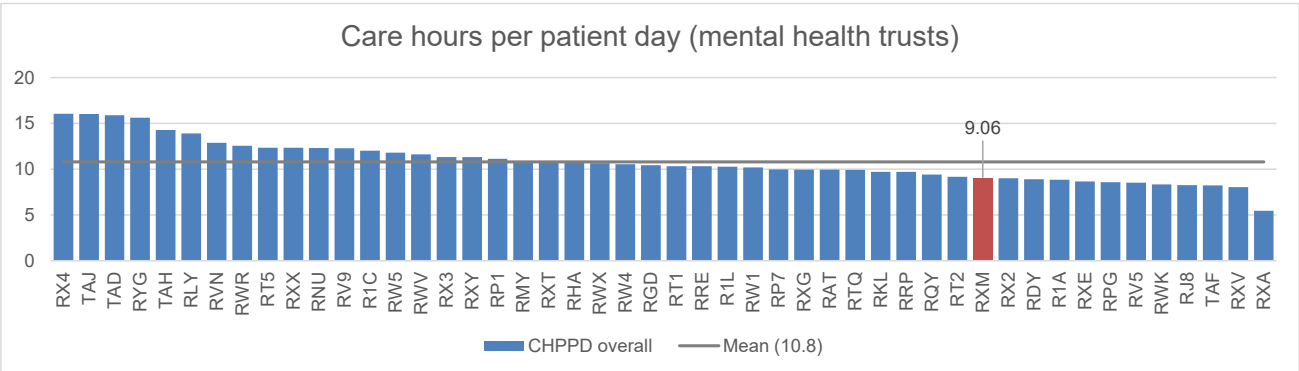


After an increase above the mean line in September and October, the number of falls in November has fallen, similar to previous months. The new Matron and Head of Nursing for the older adult areas have been working on reducing falls across the inpatient areas. It is important to acknowledge that falls have also been occurring on Pleasley Ward, a mixed age older adult and working age adult ward which provides challenge in training and implementing change. Plans are in place for the older adult cohort to move to a new setting in 2022 which will allow for more focused work to occur.

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 recorded 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 (October 21) when benchmarked against other mental health trusts. We were below average:

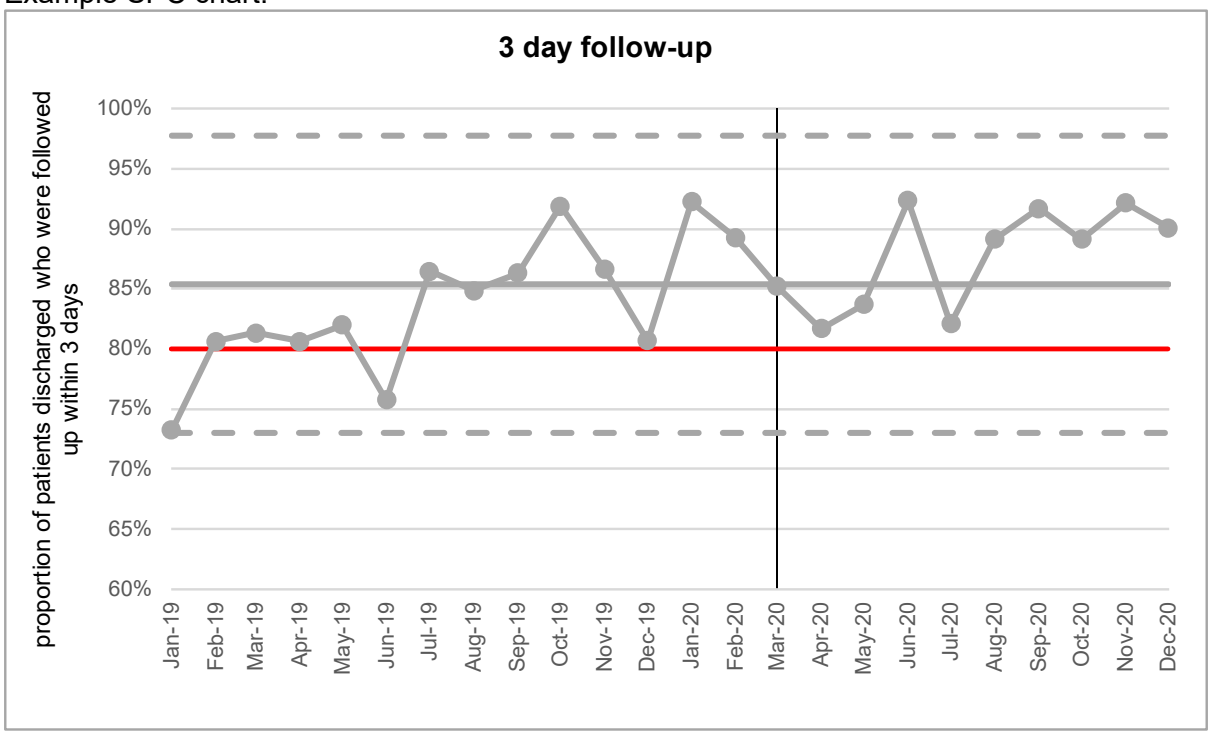


Data source: NHS England » Care hours per patient day (CHPPD) data

Appendix 1

Statistical Process Control Chart (SPC) Guidance

Example SPC chart:



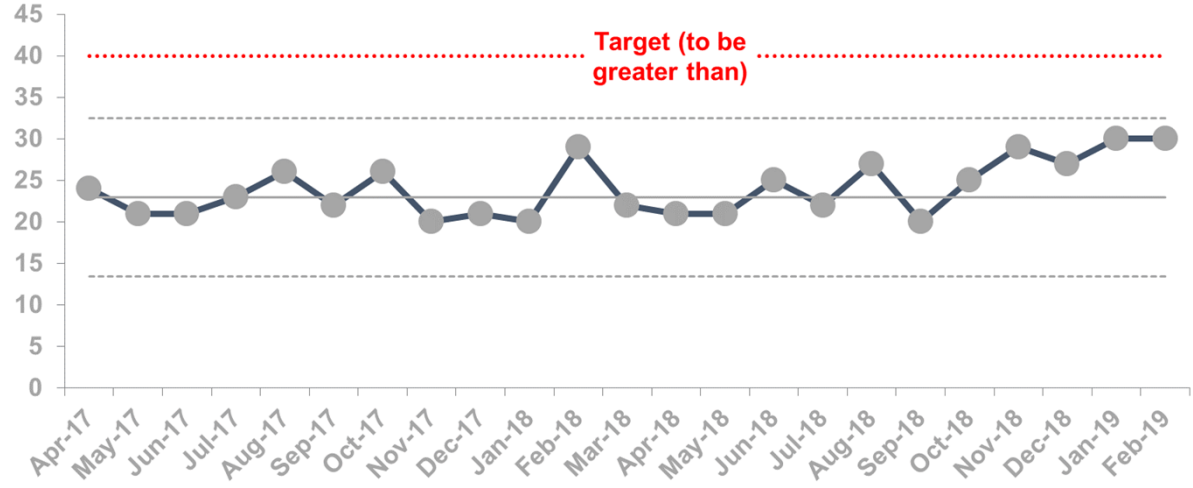
- The red line is the target.
- The grey dots are the actual performance each month. They are coloured grey as performance each month is normal in this example.
- The solid grey line is the average (mean) of all the grey dots.
- The grey dotted lines are called process limits, or control limits.

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.

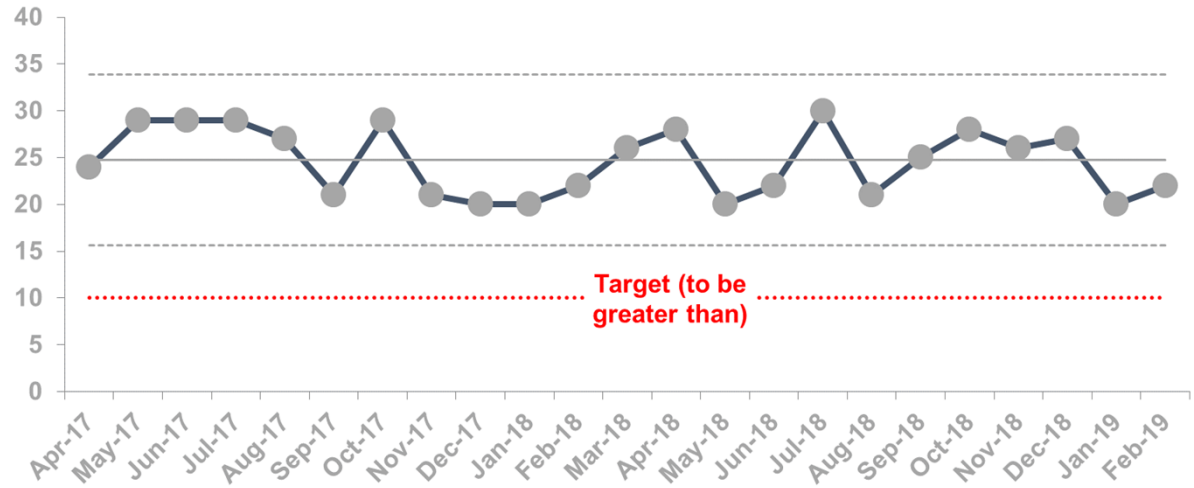
Things to look out for:

1. A process that is not working



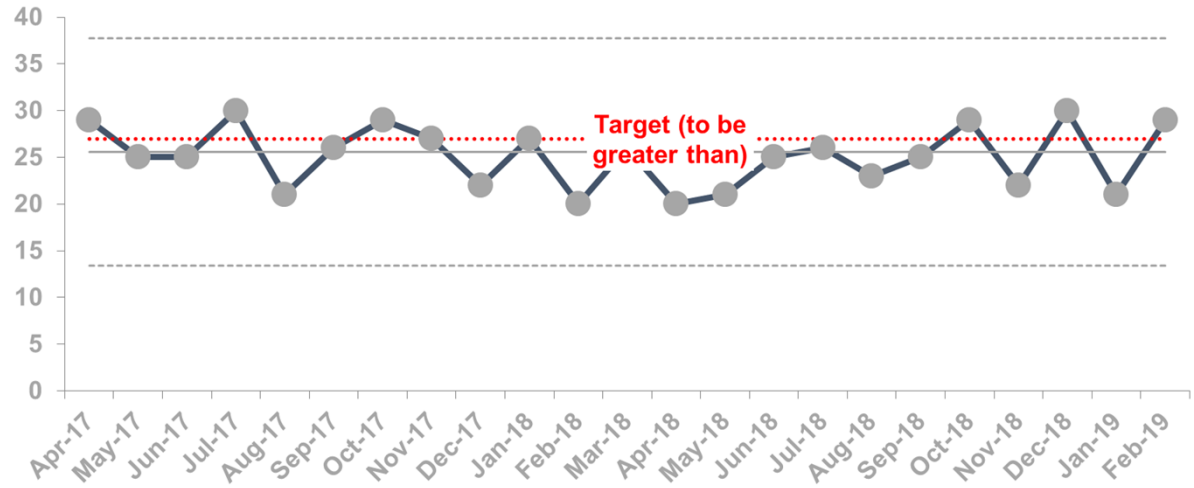
In this example the target is higher than the upper dotted grey line. This means that the target will never be achieved. To achieve the target, we need to change how we do things.

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

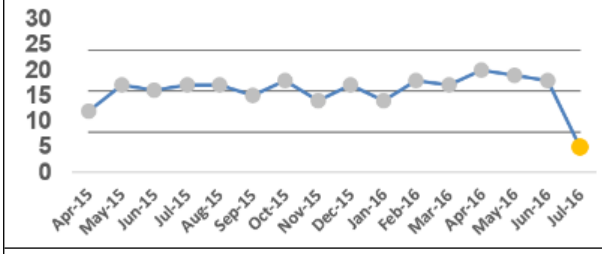
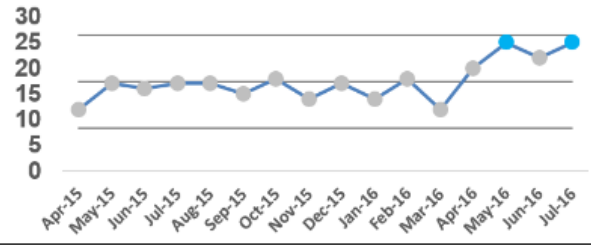


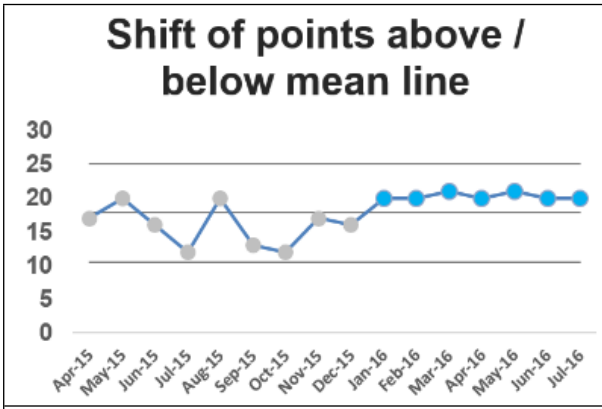
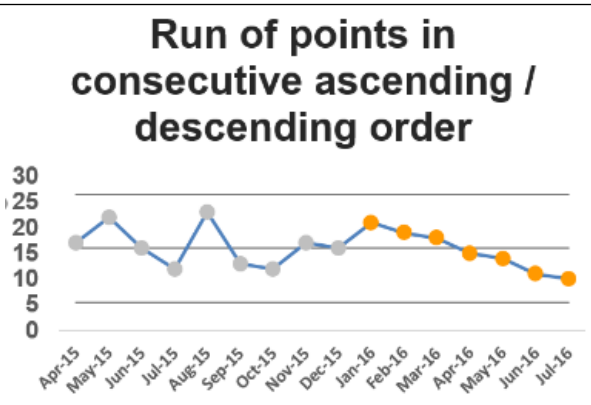
In this example the target line sits between the 2 grey dotted lines. As it is normal for the grey dots to fall anywhere between the 2 dotted grey lines, this means that it is entirely random as to whether or not the target will be achieved. So, this system is unreliable and needs to be redesigned if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

	
In this example the July 16 perfomance is significantly lower than expected and falls beneath the lower grey dotted line.	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.

	
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.	A run of 7 points in consecutive ascending or descending order is significant. In this example things are getting worse over time.

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

Appendix 2 – Data Quality Maturity Index Benchmarking Data

PROVIDER NAME	October 2021	September 2021	August 2021
National Average	85.1	82.1	81.1
DEVON PARTNERSHIP NHS TRUST	99.7	89.1	89.1
GREATER MANCHESTER MENTAL HEALTH NHS FOUNDATION TRUST	99.6	98.2	98.4
NORFOLK AND SUFFOLK NHS FOUNDATION TRUST	99.5	95.3	95.4
TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST	99.3	98.2	98.0
BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST	99.2	98.0	98.6
LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST	99.2	95.6	95.3
BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST	99.1	98.4	97.2
CAMDEN AND ISLINGTON NHS FOUNDATION TRUST	98.9	97.1	97.1
PENNINE CARE NHS FOUNDATION TRUST	98.8	92.5	92.5
SURREY AND BORDERS PARTNERSHIP NHS FOUNDATION TRUST	98.4	92.5	92.7
SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST	98.2	93.0	93.6
NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST	97.4	97.8	97.8
NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST	95.6	96.2	96.3
ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST	95.6	96.4	96.5
CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST	95.4	73.5	97.5
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST	94.5	96.4	96.1
MIDLANDS PARTNERSHIP NHS FOUNDATION TRUST	94.3	94.4	93.1
CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST	94.1	93.7	93.8
CORNWALL PARTNERSHIP NHS FOUNDATION TRUST	93.8	90.5	90.6
WORCESTERSHIRE HEALTH AND CARE NHS TRUST	93.6	94.0	94.0
BRADFORD DISTRICT CARE NHS FOUNDATION TRUST	93.2	93.2	93.3
HERTFORDSHIRE PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	92.5	94.9	94.8
ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	92.3	93.9	93.9
SOUTH WEST LONDON AND ST GEORGE'S MENTAL HEALTH NHS TRUST	92.3	95.2	95.3
LEICESTERSHIRE PARTNERSHIP NHS TRUST	92.2	92.5	92.3
SOLENT NHS TRUST	92.2	91.4	91.4
LANCASHIRE & SOUTH CUMBRIA NHS FOUNDATION TRUST	91.5	90.9	91.0
CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST	91.2	92.4	92.3
OXLEAS NHS FOUNDATION TRUST	90.9	91.7	91.7
SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST	90.8	93.9	94.0
WEST LONDON NHS TRUST	90.7	94.7	94.8
CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST	90.5	88.9	88.1
AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST	90.4	92.3	93.1
SUSSEX PARTNERSHIP NHS FOUNDATION TRUST	90.4	92.9	92.7
DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST	89.6	90.1	88.4
NORTHAMPTONSHIRE HEALTHCARE NHS FOUNDATION TRUST	88.7	91.5	91.8
SOUTHERN HEALTH NHS FOUNDATION TRUST	86.9	89.0	89.5
BLACK COUNTRY PARTNERSHIP NHS FOUNDATION TRUST	86.8	90.5	87.1
GLOUCESTERSHIRE HEALTH AND CARE NHS FOUNDATION TRUST	85.3	88.7	89.4
EAST LONDON NHS FOUNDATION TRUST	85.2	93.1	93.7
NORTH EAST LONDON NHS FOUNDATION TRUST	84.4	85.8	86.4
COVENTRY AND WARWICKSHIRE PARTNERSHIP NHS TRUST	81.2	85.9	86.0
SHEFFIELD HEALTH & SOCIAL CARE NHS FOUNDATION TRUST	81.1	88.5	88.7
OXFORD HEALTH NHS FOUNDATION TRUST	75.3	81.9	82.4
BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	38.0	50.4	49.9
MERSEY CARE NHS FOUNDATION TRUST	37.1	49.8	50.1
HUMBER TEACHING NHS FOUNDATION TRUST	22.4	68.1	36.6

Data source: Data quality - NHS Digital

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors - 1 March 2022

Quality Position Statement - Use of Resources

Purpose of Report

This paper provides the Trust Board with an updated quality position statement that considers the use of our resources in the context of delivering high quality services and patient care.

It provides an overview report in support of our strategic objective: 'Best Use of our Money' as well as in support of Regulator assessments in considering the use of resources.

Furthermore, it supports the Board in strategic discussions on how best to further improve our use of resources and in doing so deliver associated quality and wider benefits.

Executive Summary

The Board will recall that our previous Use of Resources reports to Trust Board determined that our highest ten priorities for use of our resources (pre-Covid) were:

1. Increasing our focus on improving staff wellbeing and satisfaction in particular to reduce rates of sickness absence and the associated costs (in people and financial terms)
2. Delivery of the new Leadership and Management strategy supporting recruitment, retention and workforce development
3. Implementation and oversight of more robust e-rostering and job planning
4. Elimination of Adult Out of Area placements
5. Better use of digital technology
6. Medicine optimisation and e-prescribing
7. Streamlining access to services and improving missed appointments
8. Optimising utilisation of estates
9. Considering the appropriate size and function of corporate services
10. Improved administration and communication

The main content of the paper updates the Board on key considerations for these ten priorities, considering the last two years and looks ahead to areas of further focus.

As the Board is acutely aware, we have been operating for the last two years in an ongoing pandemic with its various phases and with highly unusual financial and contracting arrangements.

The pandemic has of course created significant financial costs that didn't exist before has increased some pre-existing costs, but it also created innovation and technical changes that have had some beneficial impact on our use of resources.

It is also increasingly difficult to distinguish what can be defined as a solely 'Covid cost' that may cease or may continue in some guise.

The regular integrated performance reporting to the Trust Board has considered

elements of our use of financial resources in the context of our quality, operational and workforce performance and within that we have flagged areas of resource concern, such as our increasing agency expenditure.

Sustainable change and our ambition to build back even better post-covid is important to us and so we have explicitly considered ways in which we can learn from the Covid pandemic.

We have committed to, and invested in, Quality Improvement (QI) and have an updated Quality Improvement strategy. This will help us to continually improve quality and we expect it will also bring improvement in efficiency and resource utilisation in support of our use of resources priorities. We have the processes to understand and report our continuing improvement journey both internally and to the system.

Throughout the pandemic, Derbyshire Healthcare remained resolutely committed to our People First approach and so the wellbeing and health and safety of colleagues has been paramount, in fact we continue to emphasise not only health and safety and wellbeing, but we aim for our colleagues to thrive.

The cost of our workforce is our primary cost; enhanced workforce planning and resource deployment solutions for our current and future workforce requirements are of paramount priority; for both the effective use of resources and for delivering high quality care and patient experience.

During 2021/22 we have been working successfully with partners to undertake important and effective events such as Multi Agency Discharge Event (MADE) and Perfect Week that have considered our patient flows and associated productivity. They have highlighted good areas for us to focus on that will (and have already) reduced out of area placements, supported discharge, and improved patient flow and patient experience, for example.

Looking ahead, we will build further on our improvements and learnings from Covid. We are co-producing new ways of working, developing thoughts with our teams for working in a hybrid way. This will help us refine and define our future estate needs as well as help us to meet our green plan objectives. Our estate improvements are very important to our use of resources, the quality of our care as well as the experiences for those that work for us. Some of our estate improvements involve significant financial investment and will therefore increase related costs, these are supported by the system.

We acknowledge that going into 2022/23 and beyond there will be a renewed and very sharp focus on productivity and the assessment of ‘value’ in the wider NHS and in Derbyshire. In Derbyshire the system operates with an underlying financial deficit and improvement in the use of resources will be crucial for the integrated care system’s financial sustainability.

We are undertaking a refresh of our Trust Strategy and as part of this we expect our existing strategic objective around best use of resources/money to be maintained but to be fully refreshed. For example, our building blocks and priority actions will consider factors within our organisation and more widely with our collaborative partnership working in the Joined Up Care Derbyshire system and with our East Midlands Provider Alliance.

We are also looking at corporate support functions across the system. There has been acknowledgement at system level delivery board that the fantastic sector investment over recent and future years also necessitates the appropriate review of relevant infrastructure and support function resources.

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 consideration of the use of resources touches on many of the risks on the Board Assurance Framework, not just the delivery of financial plans. The financial performance is a direct result of the use of our resources in its broadest sense.

The proposed level of assurance for this paper is **limited** due to the mixed picture of achievements to date and us having operated under highly unusual circumstances for two years with some inherent inefficiencies created during covid pandemic but also the current significant financial pressures in Joined Up Care Derbyshire and in our Trust.

Consultation

This paper has not been formally considered by any other groups or committees but has been jointly produced by the Finance team and the Programme Office.

Governance or Legal Issues

There are no other legal or governance issues impacted on by this paper other than the usual regulatory requirements of CQC and NHSE as described.

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 paper explores the use of resources at whole Trust level rather than by the protected characteristics of patient or staff groups

The Board will be aware that there are some improvement areas within our equality, diversity and inclusion priorities.

Adverse experiences can directly and indirectly affect the use of our resources. These include for example:

- WRES and WDES improvement requirements
- Gender pay gap
- Staff Network feedback and Freedom to Speak up feedback about adverse experiences e.g. bullying and harassment and inflexibility or inconsistency in management behaviour
- Examples of intelligence contained in the Staff Survey, Pulse checks.

We have also had many positive equality diversity and inclusion (EDI) achievements that we are proud of. Over recent years our people have expressed many positive findings in our staff survey.

We are working with partners including our staff networks to further understand and improve areas where there are less positive experiences for people with protected characteristics, where this is known.

Of course it is also important for us to increase levels of meaningful data capture, for all protected characteristics, to help inform our understanding and enable us to appropriately focus further inclusion-related improvement planning actions and to celebrate successes.

We recognise that improvement in use of resources should benefit those who use our services and those that provide our services.

Recommendations

The Board of Directors is requested to:

1) Consider the overview of our use of resources and discuss its strategic implications.
2) Consider whether there are any areas of focus that the Trust Board or Board Committees may wish to further scrutinise.

Report presented by:	**Claire Wright** **Deputy CEO and Finance Director**
Report prepared by:	**Claire Wright** **Deputy CEO and Finance Director**
	Rachel Leyland **Deputy Finance Director**
	Joe Wileman **Head of Programme Delivery**
	With thanks for contributions from wider members of Team Derbyshire Healthcare

Quality Position Statement – Use of Resources

Introduction and context

Trust Strategy

One of the strategic objectives in the current Trust Strategy is the '**Best Use of money'** by

- Making financially wise decisions every day and avoid wasting resources
- Always striving for best value by finding ways to male our money go further

This will be achieved through the relevant building blocks of 'Best Value', 'purposeful partnerships' and 'sustainable transformation'.

(The strategic priorities and associated building blocks are currently under review as part of our Trust strategy refresh)

NHSI/CQC Use of Resources Assessments

From 5 March 2018, for non-specialist acute trusts the CQC consider a sixth key question alongside their CQC's existing quality ratings for safe, caring, effective, responsive and well-led. Like CQC's five quality questions, Use of Resources is given a rating of outstanding, good, requires improvement or inadequate.

This paper considers equivalent or nearly equivalent measures to enable the Board to have a strategic discussion of the use of our resources.

Carter: NHS operational productivity: unwarranted variations in mental health and community health services

This review led by Lord Carter covered the operational productivity of English NHS community and mental health services. The final report made 16 recommendations and indicated productivity benefits worth £1bn can be achieved of which 80% of this would be through clinical and workforce productivity.

We will consider each of our previously identified ten priorities in turn.

1. Increase wellbeing and reduction in sickness absence

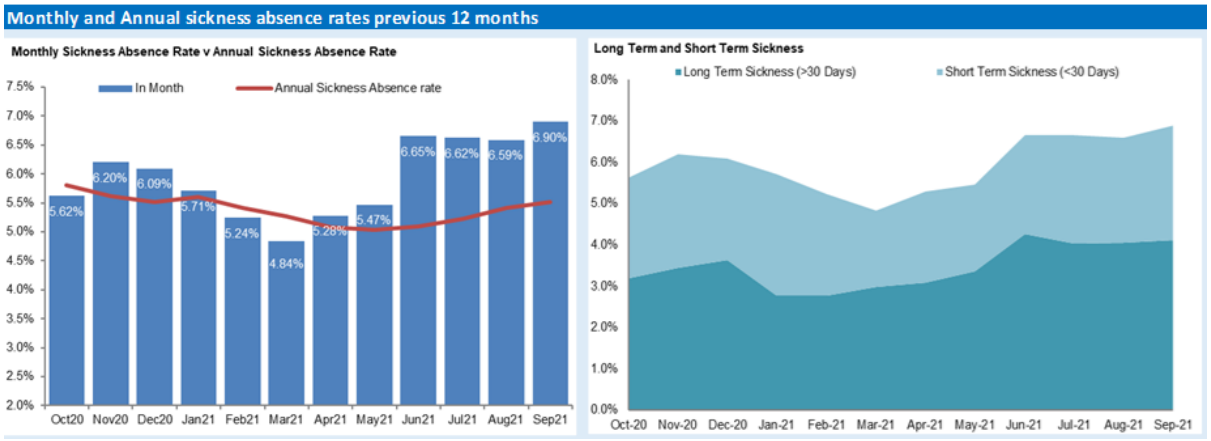
A wellbeing programme of work is underway. Work streams are focusing on staff turnover and recruitment and retention; improved support and management, related to returning to work and sickness management training and support; and bank control system and optimisation of e-rostering to deliver a fit for purpose system compliant with wellbeing best practice.

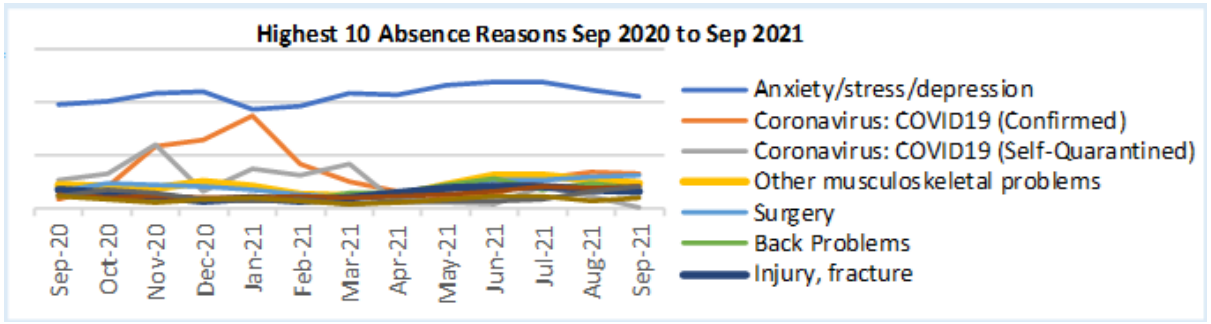
<u>Absence levels</u>

Absence has fluctuated as demonstrated by the charts below. As at quarter 3 in 2021/22, the annual absence rate was 5.5% against a target of 5%. This was a lower level of absence compared local MH&LD trusts for the year to date.

Key factors relating to this were:

- Increase in sickness has been seen across operational services
- Sickness related to stress, anxiety, depression or other psychiatric illness remains high but decreasing over last previous quarter
- Absence increase seen due to injury/fracture and surgery related to the restart of elective surgery
- Accountability processes stepped up





Actions established to lower sickness and absence to target of 5% were implemented in quarter 3 and will be evaluated in quarter 4.

Action	Date of Commencement	Date Impact Seen	Target Reduction	Action	Progress
Enhancement of current staff health and wellbeing offer to help people remain at work and reduce absence length					
Development of advanced psychological staff support	Oct-21	Jan-22	0.02%		Funding secured for staff clinical psychologist post.
Increased investment in staff counselling service	Dec-21	Jan-22	0.02%		Further £20k committed and increase access to service delivery.
Fast track support to psychologists	Oct-21	Jan-22	0.02%		Escalation process identified for where there is any delay in referrals.
Fast track support to Trauma coaching has started, to be rolled out widely	Oct-21	Jan-22	0.02%		Has commenced.
Leadership debrief with framework for leading with teams	Oct-21	Dec-21	0.02%		Completed. Further debrief sessions now taking place at team level.
Health and wellbeing conversations	Jan-21	Mar-22	0.02%		System being developed to ensure we can capture these.
Mandated health and wellbeing conversations	Nov-21	May-22	0.02%		Formal roll out to take place February when system ready to launch.
Thematic analysis and review of health and wellbeing conversations	Jan-22	Mar-22	0.02%		To commence as soon as system captures date (from February)
Long COVID pathway now introduced	Oct-21	Dec-21	0.02%		Completed.

Action	Date of Commencement	Date Impact Seen	Target Reduction	Action	Progress
Introduction of robust sickness management processes					
More robust processes for staff contact during absence	Oct-21	Dec-21	0.10%		Masterclass training covers this area.
All leaders to attend training on managing attendance Dec 21	Dec-21	Apr-22	0.10%		Masterclass training continued to take place. (Currently paused as part of Covid response)
All leaders to attend advanced training on use of absence system First Care	Oct-21	Mar-22	0.02%		Further sessions being arranged.
New operational oversight meeting introduced with performance management oversight and standards being monitored fortnightly	Oct-21	Dec-21	0.02%		Delayed due to Covid now planned to commence at the end of January. These are being fed into Tool and will continue once these are reinstated.
Improved HR support to line managers	Nov-21	Mar-22	0.02%		DPLs have been actively involved with Managers to look in particular at Long Term Sickness cases to resolve and cases with multiple triggers.
		Total	0.50%		

Action plans were introduced in all divisions and additional manager support was put in place for top 20 identified 'hot spot' areas.

Turnover

Turnover is generally consistent at around 10% but saw an increase of 2 percentage points to around 12% from mid-2021. Data for 2021/22 shows significant year on year increases in the number of staff retiring. Indications in quarter 3 and 4 are that turnover is back on a downward trajectory.

Recruitment

Actions are in place to fill newly funded posts:

- Enhanced localised recruitment campaigns
- Increased investment in resources for driving recruitment pace
- Executive Recruitment Oversight and Monitoring weekly meeting
- A system approach taken where enhanced gains can be achieved
- Proactive work with MH Alliance on workforce opportunities including overseas recruitment

Workforce planning

Enhanced focus on holistic workforce planning will be crucial to ensure we can sustainably resource our workforce requirements in the coming years, this needs to cover the recruitment for:

- Substantive vacancies in our current funded establishments, including proactive planning for retirements and leavers
- New roles to deliver the long term plan for current and future years
- Workforce for the new and refurbished acute care facilities provided through the acute care capital programme

The cost of our people makes up the vast majority of our total Trust costs. Making best use of workforce resources is clearly key to efficient and effective use of resources. Enhancing our focus on our workforce planning and increasing substantive recruitment and thereby reducing reliance on premium-cost temporary staffing especially agency will be key.

Agency costs during covid increased significantly as reported regularly to Board and to Finance and Performance Committee. Forecast agency costs for the final quarter of 2021/22 signal a substantial step change increase in costs that must be addressed with urgency.

Aside from the financial considerations, providing care with ongoing substantive staffing teams is more likely to give greater benefits for patient experience, outcomes and quality of care.

Effective and robust workforce planning will of course need to go together with effective resource deployment solutions such as e-roster and e-job planning (covered elsewhere in this paper).

A key enabler in recruitment is the extent to which we are an employer of choice. We have our well-embedded People First approach which has seen a significant shift in how people feel, as evidenced in our staff survey.

2021/22 Q2 National Staff Pulse Survey: within mental health/learning disability (MH/LD) trusts:

- 2nd highest engagement score
- 2nd highest involvement score
- 3rd highest advocacy score
- Highest motivation score

2020/21 National NHS Staff survey: within MH/LD trusts:

- Top trust: Theme: staff health and wellbeing
- Top trust: Theme: Immediate managers
- Top trust: Theme: Staff Morale

We will continue to develop our culture to be a great place to work and we have agreed actions for improving our processes and accountability framework

2. Inclusive leadership / retention

The pandemic response has been a testing time which the Trust is proud to say has been managed very well by its leadership teams. The continued development of leaders has been integral to that and is a key component in our workforce and organisational development plans to deliver organisational strategy over the long-term. Elements of leadership development which have resumed or ran throughout are:

Leadership masterclasses continuing from September and more to be scheduled in the remainder of the year and into 2022/23.

The Aspiring to Be programme commenced in September. For additional support, some participants are offered one-to-one guidance and a mini First Steps into Leadership programme which covers self-awareness through Myers Briggs Type Indicator (MBTI), building confidence, courageous conversations and leading through change. Participants are encouraged to access the NHS LA Edward Jenner e-learning programme.

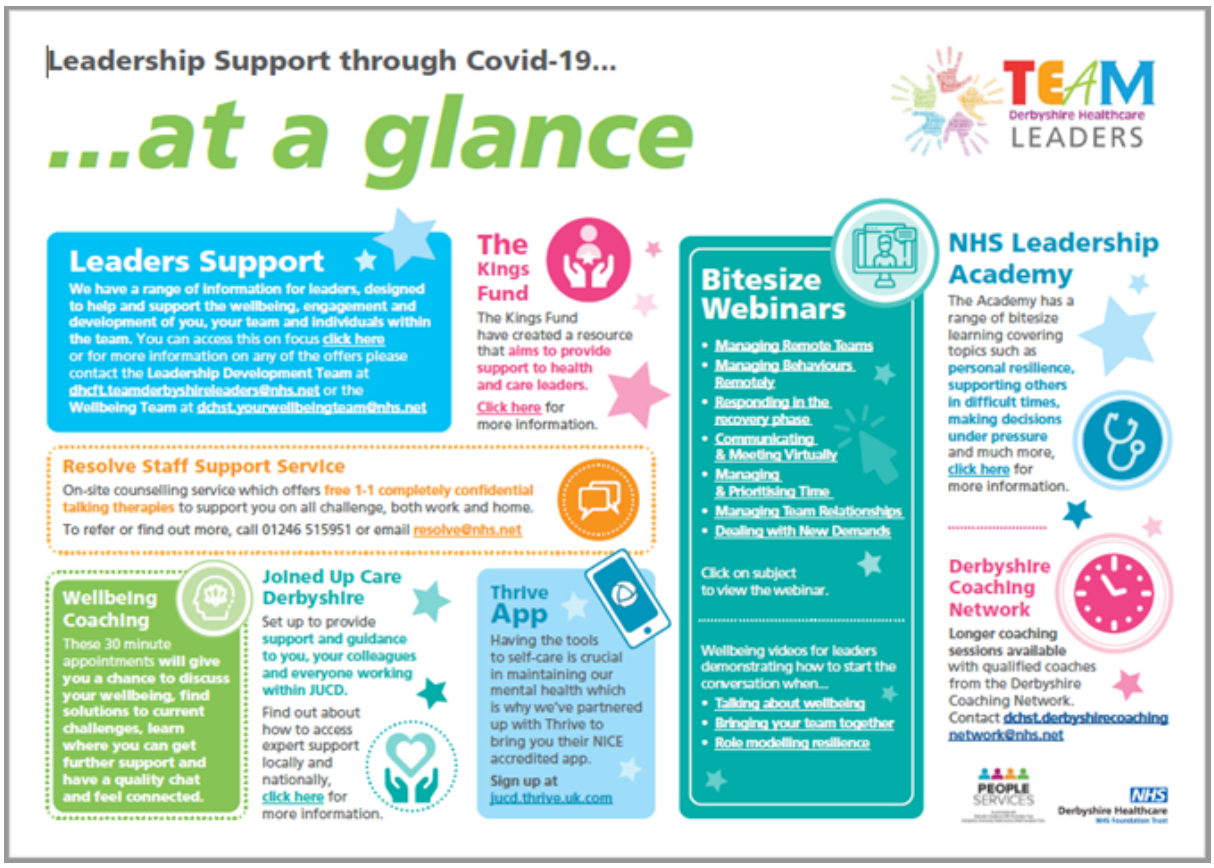
Mary Seacole Derbyshire have 10 cohorts for the Derbyshire health and social care system, DHCFT have had 18 places allocated with a further 2 cohorts to be short-listed.

The Quality Conversations for Leaders programme (coaching conversations) is running across the Derbyshire system.

A number of Leadership Apprenticeships including a level 5 coaching programme are on offer to leaders at all levels within the organisation starting at a Level 3 Team Leading apprenticeship to a Level 7 Senior Leader (MBA).

In partnership with Derbyshire Community Health Services NHS Foundation Trust (DCHS) we have negotiated with NHS Elect to offer their programmes and webinars free of charge to DHCFT until the end of the financial year. This also includes a Remote Leadership Programme where delegates co-design around the problems they are facing.

Whilst we target leaders regularly through Connect, Facebook and Twitter with our offers, a monthly Leadership Update email is sent out via the communications teams to reach as many leaders as possible.



Management and Leadership Strategy Conversations – Planning Ahead

The management and leadership strategy 2018-2021 is due for review. Leadership conversations were held in June 2021 with the aim of checking in with leaders on their well-being but also to discuss the challenges they are facing and what development is needed to support these.

Key themes from the conversations were as follows:

- Remote Leadership
- Restoration & Recovery
- Managing Time/Work Pressures
- Feedback/Conflict/Difficult Conversations
- System Working/Integration
- Talent Management

3. E-Roster and e-Job Planning (also related to optimising digital technology)

E-Rostering

Electronic rostering has been in place for several years, but it has been identified through benchmarking of staffing related data, there are opportunities for more effective resource deployment, and greater efficiencies with a review of the numbers and types of roster being managed alongside an optimisation of rostering processes.

In 2021/22 the forecast expenditure on agency related to inpatient services (those that would be managed by e-roster) is £2.1m, and bank staff is a further £3.5m. A proportion of this is to cover vacancies and so reduced expenditure or savings would relate to the net difference in costs between substantively employed and flexible staff.

Prior to Covid initial consultation took place around roster and shifts but was then paused due to covid. At that point where there was still significant work to do around next stages of engagement and to reach consensus of the identification of suitable cost-effective rosters. This will need to be rescoped and delivered as part of current and planned Organisational Development, workforce planning for current and future workforce requirements.

E-Job Planning

An e-job planning system (SARD workforce management software for healthcare) is now established and has begun use for managing doctors' job plans. Currently 50% (55 of 110) of doctors have started an online job plan but there is work still to do to complete that job planning. The aim in 2022/23 is for the cycle of job plan reviews to complete over the span of a year, by which time all job plans will be developed and managed in electronic form on the system. The benefits of e-job planning include the reporting functionality and the ability to see demand by directorate, location, team or specialty and to assist with substantive and flexible workforce planning. With medical agency cost forecast to be £2.5m in 2021/22, it is beneficial to be able to more quickly and easily identify where there are risks relating to demand pressures and recruitment, or opportunities for more effective deployment of resources.

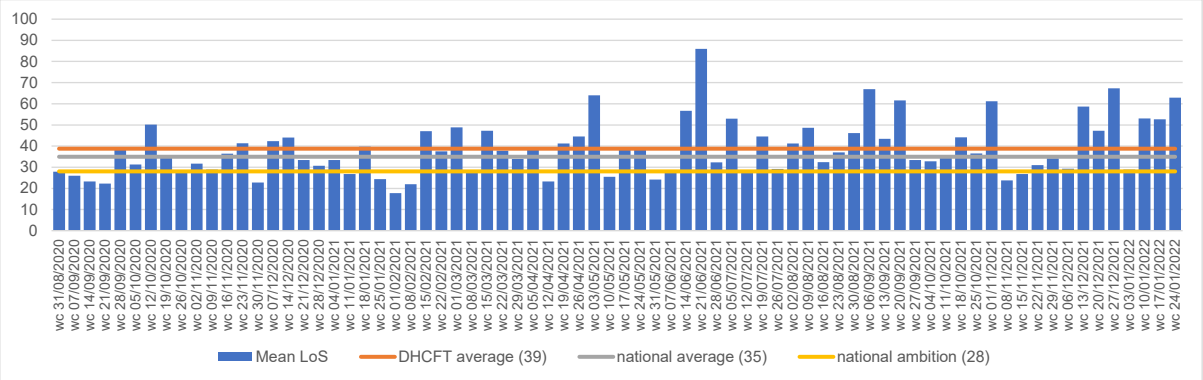
4. Elimination of out of area placements

Adult Acute Out of Area placements

The NHS Long Term Plan aims to achieve zero inappropriate out of area placements for mental health patients and this remains a key focus for DHCFT in improving experience of healthcare for the population of Derbyshire. Avoidance of admissions through improved packages of care in the community and reduced length of time spent as an inpatient releases capacity which can be used to treat patients locally who would otherwise have gone out of area.

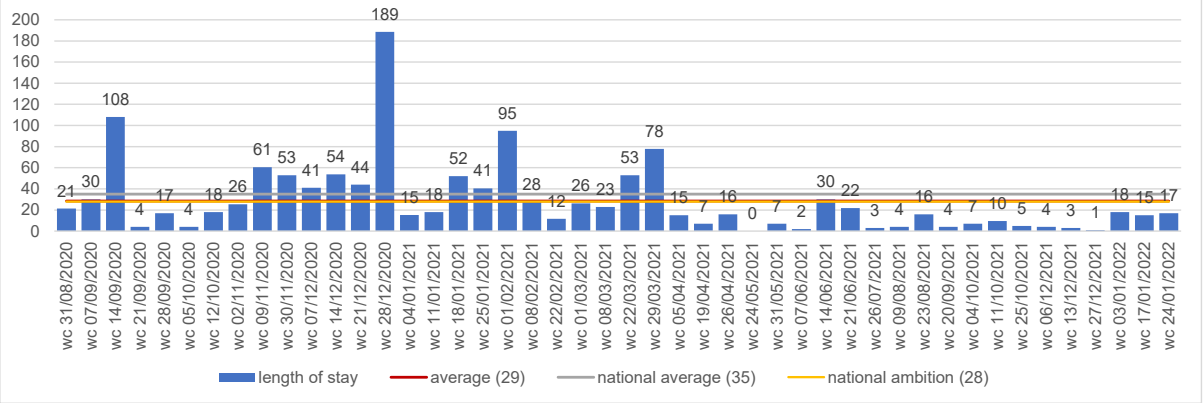
The current length of stay for discharged patients across all adult inpatient units lies at an average of 39 days, compared to the national ambition of 28 days. To achieve this goal DHCFT has set a target of achieving and maintaining 85% occupancy across its inpatient beds by the end of Q4 2021/22. The aim is to free up available beds, particularly out of hours and at weekends to ensure patients do not need to be referred of area.

Acute - Average length of stay (days) – discharged patients



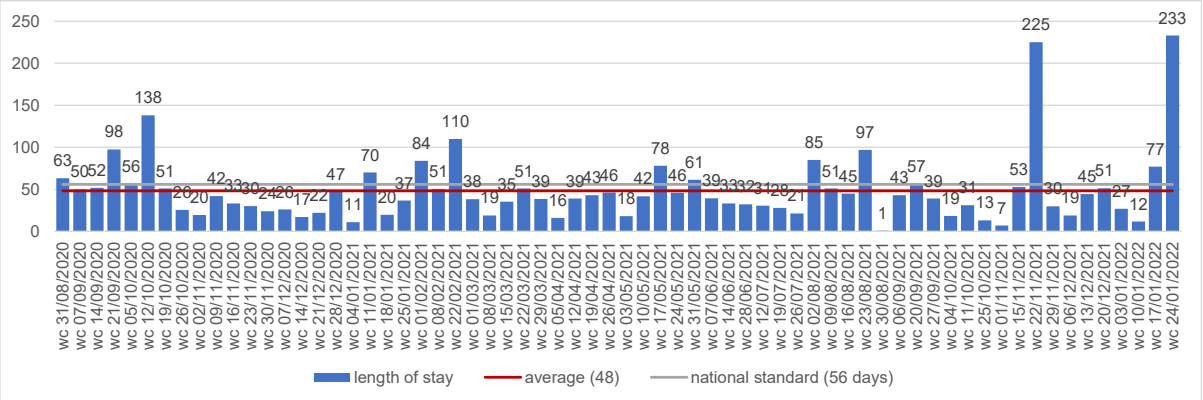
Work has been ongoing through the year to reduce the length of stay for acute out of area placements although this has been adversely affected by the required bed closures for covid social distancing and infection prevention and control requirements on the wards.

Inappropriate Out of Area Length of stay (days) – discharged patients

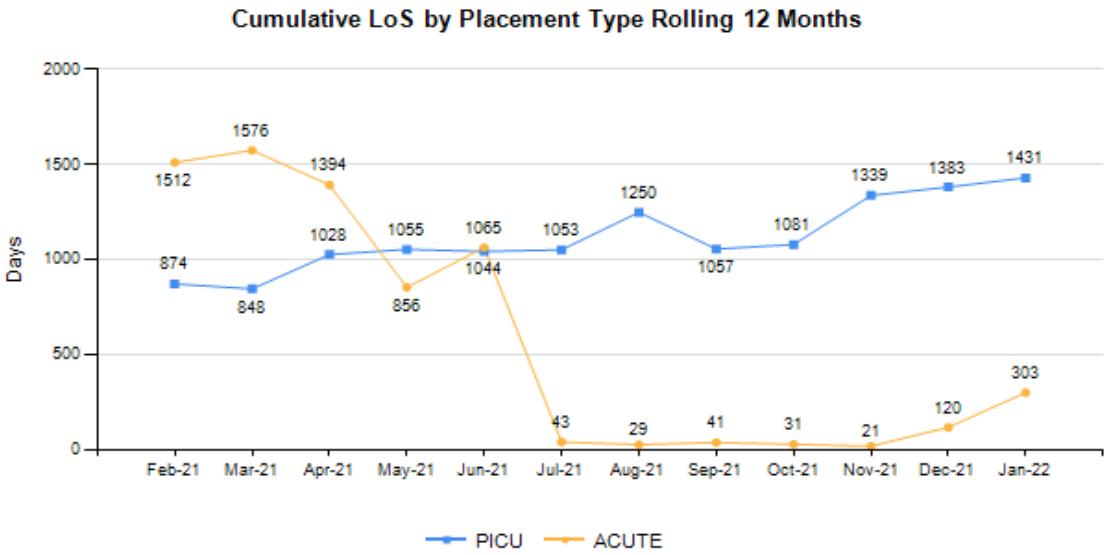


There is currently no Psychiatric Intensive Care Unit (PICU) facility in Derbyshire. The acute care capital programme will address this issue with a male PICU unit and female Acute plus facility being planned at Kingsway for Spring of 2024. Weekly reviews of PICU placements are undertaken with agreed providers to assess readiness to repatriate patients back into Derbyshire beds.

PICU - Average length of stay (days) – discharged patients



Derbyshire has continued to experience challenges of Covid and the national lockdown impact on the performance levels of out of area placements but have achieved significant improvement in adult acute out of area placements.



In May 2021 the Derbyshire system submitted its planned trajectory for reducing inappropriate out of area placements by Q4 2021/22. The plan aimed to achieve zero inappropriate out of area placements by end Q4 2021/22 and transformation across key services is being implemented within DHCFT to achieve this goal.

Trajectory for Reducing Innappropriate Out of Area Placements (Derbyshire Healthcare NHS FT)				
2021/22	**Q1**	**Q2**	**Q3**	**Q4**
Total active inappropriate OAPs at end of Quarter	**15**	**15**	**15**	**0**
Total Inappropriate OAPs bed days across Quarter	1699	1380	1380	870

Derbyshire undertook a Multi-Agency Discharge Event (MADE) in the first week in October across DHCFT adult and older adult MH inpatient units bringing together the local health care system to a rapid review of inpatient provision and identifying and unblocking delays to support improved discharges over the week.

A follow up MADE was held in community services (the Perfect Week) in January 2022. The aim of the events was to:

- Support improved patient flow across the system.
- Recognise and unblock delays
- Challenge, improve and simplify complex discharge processes.

Several observations and insights on operating practices were identified during the weeklong event and action plans and targeted responses have been developed with system partners to identify alternatives to admissions, blockages in inpatient flow pathways, reasons for delayed discharge and resolve them through partnership working. Metrics have been established for each and constructed into a dashboard for programme management.

Planned actions are in place in three key areas to support achieving the aim of zero inappropriate out of area placements.

I. Crisis Assessment and Alternatives Pathways

- Ongoing transformation of Crisis and Assessment Pathways, including development of Crisis Alternatives provision across Derbyshire through improved collaboration and co-production between mental health NHS providers, Police, East Midlands Ambulance Service (EMAS), Commissioning (CCG/PCC/Local Authority), Social Services and Voluntary/Third Sector organisations.

- The plan includes development of the Crisis and Home Treatment services to deliver high fidelity providing open access to assessment and crisis interventions, gatekeeping of referrals to mental health inpatient units leading to avoidance of mental health inpatient stays due to increased provision of home treatments and community-based support.

II. Inpatient Pathways flow modelling

- Bi-weekly task group set up to review MH acute inpatient admissions, out of area acute and PICU admissions and delayed discharges. A multi-agency medically fit for discharge cell reviewing delayed discharges and is attended by Social care, step down and housing providers alongside inpatient teams. Out of Area team undertaking weekly review of inappropriate out of area acute and PICU placements.

- 11 acute beds for female beds have been commissioned by DHCFT at Mill Lodge, Kegworth for inclusion within the Derbyshire system through development of Continuity of Care principles to provide mitigation against the forced closure of dormitory beds at Hartington and Radbourne centres due to Covid-19 social distancing requirements.

- Formalising Step Down and Step-Up providing support to patients through residential step down and navigation support on discharge as well as non-clinical short-term step-up respite care as an alternative to inpatient admission.

- Clozaril initiation clinics and enhanced pharmacy in the community.

- Interim solutions are in place between system leads and NHSEI to support the PICU OAP position whilst awaiting a longer-term solution through development of the in-Derbyshire. PICU contracts have been agreed with two PICU providers, which include continuing care principles with DHCFT built into the specification.

- Organisational structures working at their optimum level to ensure patient reviews are undertaken within 72 hours of admission alongside weekly multi service Multi-disciplinary team (MDT) reviews to ensure that each admission has a clear purpose and discharge plan to avoid over dependence and increase expectations of a successful outcome from admissions.

- DHCFT is part of the national dormitory eradication capital programme and a business case is in development for single room across all inpatient units by 2023/24.

- Plans for construction of a new male PICU unit on the Kingsway Hospital site, with plans for inclusion of additional beds on site for female patients requiring acute-plus are due to start in year with completion by March 2024.

III. Enhanced Community MH Pathways

- Development of Emotional Regulation Pathways (ERP) team (Personality Disorders) as part of the community mental health teams providing a resilient community offer to avoid unnecessary admissions and reduce length of stay when an admission is deemed appropriate.

- Additional Community Mental Health teams (CMHT) support provided to both the Radbourne and Hartington units to facilitate early discharge back to the community during the Covid-19 pandemic is aimed to be maintained through 2021/22.

- Development of the Living Well programme alongside CMHT Continuity of Care provision to inpatients units providing more enhanced coordination of patient care during an inpatient stay and improved care packages in the community supporting earlier discharge alongside of co-production of a range of alternatives pathways for support outside of NHS secondary care provision.

5. Optimise digital technology

Single EPR (Electronic Patient Record)

Single EPR has been a large clinically led project over the last year with a final phase go live date of 9 May 2022. SystmOne replaces Paris and brings most clinical services into one system and allows for more effective and efficient capture, storage and sharing of patient information. It brings additional functionality with TPP applications and opportunities to develop and evaluate ways to improve provision of care such as patient observations and ECG screening.

There are enabling tasks related to equipment provision to optimise use of the new EPR and in the current year 300+ smart digital devices have/are being configured and distributed to clinical areas for use.

At the start of the year 18 electrocardiogram (ECG) screening devices were in use across 6 service areas. These devices interface with trust smartphones and enable quick ECG screening to take place between clinician and patient and give an indication of risk and requirement for further specialist screening and intervention. Data is being collated and systems and processes are in evaluation, but successful trials and further spread could lead to system savings in relation to cardiac pathways.

Video Consultation

As of February 2022, Attend Anywhere, our primary digital video patient consultation system has been used for more than fifty thousand contacts since its launch in April 2020. It is currently averaging around 550 contacts per week equating to just over 400 hours of patient facing time. It was rapidly implemented early in our pandemic response and further developed over time through our close working with the provider and our system partners. It has been greatly valued by patients and clinicians with important feedback from one eight thousand user survey: Responses show it should have an ongoing role in how services are provided.

- 94% would like to be offered video consultation appointments in the future
- 90% say video consultation is better than telephone
- 32% say video contact is better than physical face to face contact
- 46% say video contact is not better than face to face
- 22% say they have no preference contact type.

In addition to the clinical benefits and preferences, there are obvious efficiency gains from video consultation through reduced journeys, for the patient and clinician, and reduced demand on trust estate for clinic space. There is a task and finish group looking at optimisation of clinical video consultation with a view to embedding as a standard offer in the provision of services.

MS Teams

The pandemic brought about a need for staff to change how they worked and for many, where they worked. With restrictions on the number of people who could physically come together it was necessary to equip staff with the equipment and capability to work remotely. Similar to the rapid development of Attend Anywhere, MS Teams was implemented across the trust (and within system partners) enabling meetings between individuals and groups of staff to continue on a virtual platform instead of face to face. The enabling work to upgrade equipment and infrastructure was considerable and included the significant increase in bandwidth across sites to cope with increased data flow, boosting and extending wi-fi coverage and digitalising processes and upgrading storage. As a result, it has become normal practice for many face-to-face meetings to now take place over MS Teams. These range from established trust meetings, large engagement sessions and events, to one-to-one supervisions and coaching, as well as training and induction.

It is considered that the benefits related to the use of Attend Anywhere and MS Teams and the associated reduction in journeys is significant. There are financial savings for the trust in reduced mileage claims and savings for patients who may also have driven or used public transport to get to appointments. Where those journeys would have been made in fossil fuel burning vehicles (cars typically), there is a positive impact in the reduction of carbon emissions; a key element in a wider piece of work to deliver a net-zero carbon, sustainable NHS.

Consultant Connect

Consultant Connect supply and manage a system that provides enhanced advice and guidance to potential referrers, typically primary care and GPs. The principle is that primary care clinicians refer fewer patients to hospital or specialist services if they get timely input first. Referrers use the Consultant Connect app or a dial in

number to speak to specialist clinicians for pre-referral advice and guidance over the telephone. Calls are answered by a rota of specialists which is established from particular areas of specialty open to the system.

The system has been in operation with system partners in Derbyshire since 2020 and in operation in the trust since 1 July 2020. In our trust we have established it for use with pharmacy, to provide advice and guidance for referrers on medication issues. As at mid-February a total of 130 calls have been received since the start of its use of which 64 have resulted in advice and guidance leading to a potential referral being avoided. This equates to around 40 potential referrals per year which would have been unnecessary for the patient and an inefficient use of trust resources.

Data is continually being evaluated to assess the potential benefits of expanding its use to incorporate consultant psychiatry. This is progressing in 2022.

6. Medicine optimisation and E-prescribing

A key focus in 2022 is the implementation of ePMA (electronic Prescribing and Medicines Administration). There are clear benefits of implementing ePMA in terms of safety and quality of services provided for patients, and quantitative and qualitative efficiencies.

Cash releasing benefits from implementing an EPMA system:

Benefit Description	Rationale
Reduction in stationary costs	Based on 2020 / 21 expenditure on prescription medication cards
Improved medicines optimisation processes	Improved adherence to the medicines formulary
Reduction in misappropriation of medicines	Greater visibility of medicines usage in clinical areas

Noncash releasing benefits from implementing an EPMA system:

Benefit Description	Rationale
Reduction in medication errors.	Savings based on reductions in litigation (paid by insurance), reduced length of stay, and reduced costs of corrective treatments.
Reduction in adverse drug reactions (ADRs)	Savings based on reduced admissions and bed occupancy
No need to look for misplaced prescription charts*	Saving pharmacy staff, nursing staff and medical staff time to focus on direct patient care and assessing and reviewing the patient's needs.
Rewrite prescription charts	Medical staff time saved as well as minimising the risk of transcription errors
Reduction in staff time transporting prescriptions to Pharmacy*	Electronic transmission of prescription / supply requests
Reduction in drug wastage	Reduction in duplicate prescriptions, duplicate ordering and supply and duplicate administration.

The rollout is informed by the timeframe for remaining phases of the single EPR project due to go live on 9 May. The final phases of ePMA rollout consider the value of seamless transition and transfer of care from Crisis and Inpatient settings so seek to schedule these next and as close as possible. A significant focus for the Community teams has been around the electronic transfer of prescriptions to community pharmacies and so to allow for TPP to complete the work, test, and ensure compliance, the community teams will be rolled out as the final cohort, to ensure that electronic transfer of prescriptions is incorporated into the roll out rather than waiting for optimisation.

7. Streamline access to services

Referral rates into secondary care mental health services across the NHS have grown by 10% over the last two years (Q2 2021 vs. Q2 2019). This has necessitated services to explore new models of care and develop new and innovative ways of working. There are currently approximately fifteen thousand service users on caseloads across adult mental health teams in the trust and benchmarking shows this may be relatively high compared to other trusts with similar populations and services to Derbyshire. Benchmarking also shows that many teams across the country have risen to the challenge of embracing new ways of working, especially in CMHTs, and many of these benefits have translated directly into more patients who require CMHT services having faster access, and patients who no longer need these services being managed by partners within those systems. Some of these benefits ultimately translate to better outcomes for patients, with additional benefits including stronger system working, retainment of the clinical workforce, productivity gains, and more.

In January the 'Perfect Week' exercise mentioned earlier in the paper, took place with similar aims to those of the MADE event outlined in the elimination of out of area placements work, seeking to unblock delays and to support improved discharges and onward referrals. The exercise reviewed hundreds of patients on current caseload and examined appropriateness in terms of intervention and duration and whether there were other parts of the care continuum that were better positioned to do those interventions. It stimulated thinking around new ways of working and engaged system partners, patients, clinical leaders and operational teams, who contributed to the planning of optimum pathways that ensure patients are supported in the best possible way.

The findings of the exercise align with and complement the work and vision of the Living Well roadmap which has progressed in pilot form in the trust with system partners throughout 2021 and into 2022. This also places positive emphasis in its service design on teams of people with a range of expertise and experience to provide mental health and wellbeing support. Significantly in this solution there is integration between CMHTs and other care providers to ensure everybody gets the support they need.

Adopting the learning, and improving access and flow within community services there is a programme of work in 2022/23 looking at:

- Clear well-articulated, inclusive, needs-led models of care for the whole community pathway. This needs to build on the vision set out by Living Well. There needs to be a shared understanding for service users and staff of how people transition across the whole pathway including CMHTs.

- Delivery of an intervention-based model of care, based on the principle of utilising specialist resource to best effect in a time-limited way where appropriate.

- Shift away from 'being all things to all people' to clear criteria for needs-led, time limited intervention.

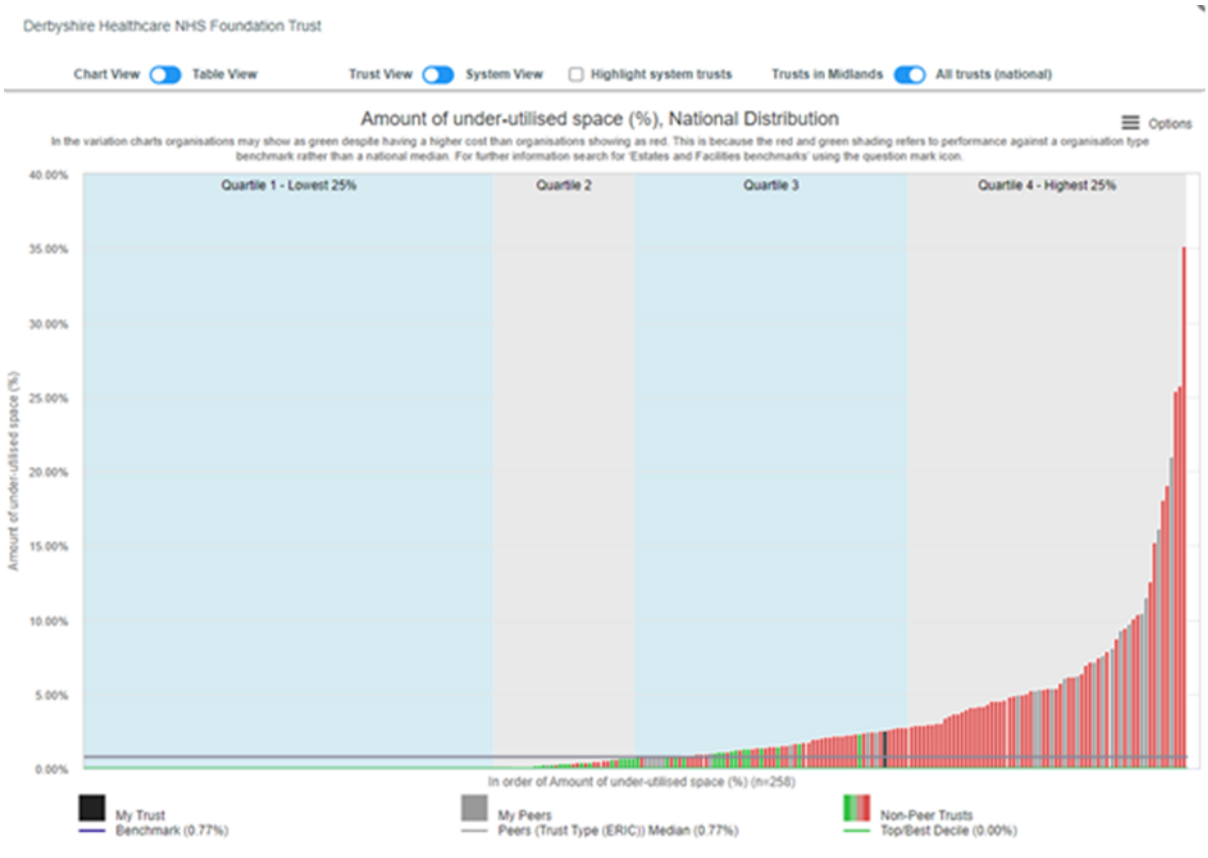
- Exploration of flow between community teams and outpatient model.
- Review of transfer of care processes ensuring multi-disciplinary input and effective decision making and follow up.
- Effective service user and carer involvement in care plans and decisions.
- Closer relationships and mapping of primary care to support transfers in and out of services.
- Develop wider community partnerships/VCSE to support care and treatment plans and flow as well as sharing of expertise and resources.
- The application and optimisation of shared care protocols.

8. Optimise the use of Estate

The Trust provides services from 57 properties across Derbyshire.

It owns 14 properties, leases 38 properties and has 5 properties via PFI contracts.

In total the Trust's sites have a footprint of 45,373m^2. Clinical space equates to 37,072m² (81.7%) and non-clinical space 8,301m² (18.3%).



This extract from the model mental health trust (model.nhs.uk) shows a quartile 3 position, favourable against comparable trusts (peers). Of the reliable data in the series, it indicates a mid-position with a value indicating opportunities for efficiency gain.

Covid has changed demand on our estate with requirements to reduce and limit the number of occupants in some of its physical spaces and change the function of its spaces in other areas, particularly in relation to managing clinical operations in Covid safe ways.

Observations and data capture are showing reduced use of estate, correlating with some reduced activities as well as the transfer of some clinical and non-clinical activities to digital video and other means. Significantly the requirement to work from home where possible during Covid has resulted in many staff changing how they work and establishing long-term home working capability.

As restrictions and precautionary measures ease as anticipated in 2022, we are exploring the extent to which we can coproduce and embed new ways of remote and agile working to deliver positive benefits to working practices, productivity, environmental impact and use of estate.

A working party was established in January to look at estate demand and allocation. It will consider:

- Dedicated and shared space requirements
- Further supportive measures for remote working
- Room booking processes, including digital systems
- System partnership working including voluntary, community and faith sectors

9. Consider the size and function of corporate services

For corporate services as a whole, Carter highlights that mental health trusts generally operate smaller corporate entities and the spend in this area does tend to benchmark higher than other organisations therefore report advises that trusts consider the most appropriate scale of their business functions.

Carter advises that there is clear efficiency of scale with larger organisations spending less on corporate services as a proportion of turnover and suggests collaboration to standardise and share corporate services especially for smaller trusts.

For awareness caveats to the information below include:

- The latest data available has been produced from the most recent Corporate benchmarking exercise which is covering 2020/21 financial year which contains an error. (This will be corrected)

- The comparator used is from the 2018/19 exercise because there was no exercise and therefore no central data for 2019/20 (due to the pandemic)

- The comparators are therefore two years apart and compare costs during a pandemic year with those in a non-pandemic year.

The table below shows the overall summary of corporate services costs that are in scope of the benchmarking exercise*.

Sector:	Mental Health
ICS:	Joined Up Care Derbyshire

Trust income:	£174m
Trust FTE:	2,204

†Finance function total excludes 'Service Improvement / PMO team' sub-function.

*No cost opportunity is calculated for non-transactional IM&T.

Function	2020/21				2018/19	
	Cost (£m)	Cost per £100m income		Absolute opportunity to national LQ (£m)	Cost (£m)	Cost per £100m income (£m)
		Trust value (£m)	National LQ (£m)			
Finance†	1.62	0.93	0.54	0.68	1.39	0.94
Gov & Risk	2.66	1.53	0.59	1.64	2.10	1.41
HR	2.40	1.38	0.89	0.86	1.92	1.29
Transactional IM&T	3.66	2.11	1.44	1.16	2.97	2.00
Non-trans. IM&T*	0.83	0.48	0.48		0.77	0.52
Legal	3.97	2.29	0.11	3.78	0.23	0.15
Payroll	0.17	0.10	0.07	0.05	0.13	0.09
Procurement	0.20	0.11	0.14		0.17	0.12
Total	15.51	8.94		8.17	9.68	6.51

The summary shows that our costs have increased from £9.68m in 2018/19 to £15.51m in 2020/21 and the cost per £100m has increased from £6.5m to £8.94m. The data suggests an opportunity of £8.17m. *However, there is an error in the published data above, relating to the legal expenditure, of which NHSE/I have agreed that the data can be resubmitted. The legal expenditure was part of a separate return to NHSI and not actually part of the Corporate benchmarking submission.

In absolute terms, and excluding the legal error, costs have increased from £9.45m to £11.54m, which is an increase of 22%. The highest increase relates to payroll of 31% along with HR increasing by 25%. Governance and Risk has increased by 27% from 2018/19 and is identified as the highest area of opportunity of £1.64m.

However, when comparing cost per £100m income, costs (excluding the legal error value) have increased from £6.36m to £6.65m which is only 4.6% across the two-year span. Most services have increased slightly apart from Finance, Procurement and non-transactional IMT which show a slight reduction in costs per £100m. This would demonstrate that despite the increase in turnover over the last few years that the costs in those teams have not increased to the same proportion.

Whilst there are caveats to the data it will still be of value to assess any areas where efficiency can be increased (within the Trust and working collaboratively with partners). It is also important to ensure there is sufficient and appropriate infrastructure support to adequately enable and support direct care and front line service delivery.

10. Improve administration and communication

Administration
Pre-Covid, work took place to revise the management and leadership structure within the trust admin function. This involved streamlining professional leadership and the management of admin leads. Regularly reviewing administrative ways of working and priorities will be beneficial for colleagues across all services.

Communication
Back in 2018 we introduced a new internal communications and staff engagement approach, following feedback from colleagues. With a new 'Team Derbyshire Healthcare' strapline and imagery, alongside a refresh of the Trust values and strapline, we launched the 'people first' approach. This included the following:

- Development of the Team Derbyshire Healthcare Promise
- Launch of a new annual staff conference
- Introduction of the Derbyshire Healthcare Staff Forum
- Re-established Team Brief processes
- Re-introduced the printed staff magazine – Team Talk
- Introduced more two-way communication opportunities, including 'Ifti on the road'
- Started to map and plan Exec engagement with our services
- Introduction of a new closed Facebook group, for use by Trust colleagues.

Over subsequent years we built on this, launching a new Trust website and intranet, Focus. These developments aid our internal and external engagement. Our recent Staff Survey results have been very positive and reflect very well on these engagement approaches:

- Derbyshire Healthcare being one of the best trusts of its type in the country
- Our highest ever response rates
- 75% of colleagues say they would recommend the Trust as a place to work
- Our overall score for staff engagement places us near the top of the results shared by staff working for other organisations that provide services similar to our own
- People reflect positively on the effectiveness of our communication and having adequate tools to do their jobs.

In 2020 this staff engagement approach was reviewed to ensure that effective two-way communication mechanisms continued to be in place during the Covid-19 pandemic. The Trust's Incident Management Team (IMT) included a communications cell that managed internal and external communications, with a commitment to providing regular updates throughout the pandemic. This has included regular written messages from the incident director, alongside video updates from a variety of senior colleagues, in addition to a weekly written message and video from the Chief Executive. A series of all staff and service specific live engagement hour events were also established, for colleagues to raise any questions or concerns they may have and to stay connected. We have utilised this approach to discuss specific questions such as the development of health risk assessment, mandatory vaccinations and during peaks in the pandemic.

Our staff reward and recognition approach increased during the pandemic, aligned with the Trust's wellbeing agenda. This ensured colleagues received regular tokens of thanks (in addition to the verbal appreciation shared) and support for their wellbeing during challenging times. The Trust's DEED scheme continued during COVID and in May 2021 the Trust's held its first ever virtual Team Derbyshire Healthcare HEARTS awards.

The People Pulse survey in August 2020 revealed that 96% of colleagues felt informed and 85% felt supported at work.

Going forwards, incorporating feedback and building on our strengths and learning over the last year, our plans include:

- A review and streamline for staff communications
- Reconfirmation of the purpose of communication channels post Covid such as Team Brief
- Increased focused leadership communications
- Ongoing focus on conversations (as well as information)
- Segment internal communications – to engage directly with specific teams and services
- Retain new methods of communication e.g., video messages, staff Facebook page, live engagement hour events
- Continue to ensure visibility of Executive Directors and senior leaders
- Retain and build regular staff reward and recognition
- Further align our communications, culture and Equality Diversity and Inclusion work
- Ongoing feedback and review of communication channels.

We will evaluate our progress later in 2022.

Supporting delivery against the 10 priority areas: Continuous Quality Improvement

Continuous quality improvement (QI) and the application of QI methodology is a key enabler in progressing initiatives against the priority areas on an ongoing, innovative and evolutionary basis. The Trust QI strategy was revised in late 2021 and sets out the plans and approach for further development and growth of trust QI capability.

Quality improvement ideas, projects and programmes will typically fall in and across several categories which assist how they are managed and progressed.

<u>LifeQI</u>
LifeQI is a web-based platform the trust uses to capture, work on, store and share quality improvement ideas. It is essentially a pipeline, the place where all ideas are guided to utilise common QI tools and access support with the aim of bringing those ideas to life. Ideas can range from small and simple to large, complex and high value. LifeQI was commenced in late 2021 and it is estimated will be up to capacity in its first phase in mid-2022 with 100+ live projects.

Programme Management
Ideas that are more complex and of significant quality and financial value and requiring more of a programme or project management approach, including equality and quality impact assessment (EQIA), are managed as part of the transformation programme and utilise a programme management information system (PMIS). There are plans in 2022 to switch to the same programme management information system being developed by the Derbyshire Integrated Care System. DHCFT has been involved in its development and testing and switch-over does not pose any significant concerns.

The transformation programme is a programme of work with more dedicated and focused support from the transformation team and (as QI capability develops through a Trust-wide training programme in 2022/23) access to a directory of trust QI practitioners who utilise protected time to support QI initiatives.

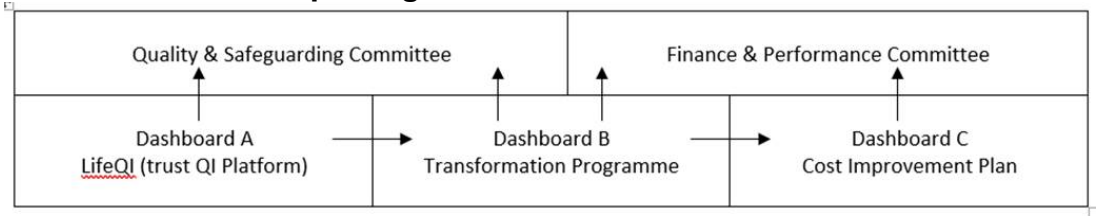
All projects in the transformation programme have identified quality improvement aims and benefits and are transformation oriented. Projects which are solely transactional (not requiring significant project management) or scoped to deliver a cost improvement or finance benefit only, typically will not be managed in the transformation programme. There may be business critical exceptions.

Cost Improvement
Transactional and cost improvement projects are managed in a cost improvement plan (CIP) typically at a local level by budget owners and monitored in a CIP tracker managed by Finance. All these projects are subject to equality and quality impact assessment (EQIA) and sign off, and for consistency this element is managed by the Transformation Team in line with the transformation programme process.

Derbyshire System Programme Management Office (PMO)
In 2022/23 some transformation and CIP projects of significance to the Derbyshire system will be further reported and managed in the system programme office utilising the new system programme management information system. The trust Head of Programme Delivery works into the system PMO and supports this process.

Governance
For governance purposes, reports relating to QI projects, transformation and cost improvement in 2022/23 are provided to the trust Quality and Safeguarding Committee and Finance and Performance Committee as per the diagram below.

Trust QI Process Reporting



Dashboard A – LifeQI (trust quality improvement platform and toolkit) - Managed by Transformation Team
Dashboard B – Transformation Programme - Managed by Transformation Team
Dashboard C – Cost Improvement Plan – CIP Tracker - Managed by Finance

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors –1 March 2022

Learning from Deaths - Mortality Report

Purpose of Report

The 'National Guidance on Learning from Deaths' requires each Trust to collect and publish specified information on a quarterly basis. This report covers the period 23 July 2021 to 20 January 2022.

Executive Summary

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.

Due to recent sickness within the mortality team, there is a backlog of non Datix reportable deaths that require reviewing against the red flags outlined in the Royal College of Psychiatrists Care Review Tool and the internal Trust red flags. All deaths reported through the Incident Reporting and Investigation Policy and Procedure (Datix) continue to be reviewed.

All deaths directly relating to Covid-19 are reviewed through the Learning from Deaths procedure unless they also meet a Datix red flag, in which case they are reviewed under the Incident Reporting and Investigation Policy and Procedure.

- From 23 July 2021 to 20 January 2022 there have been 3 deaths reported where the patient tested positive for Covid-19.
- The Trust received 986 death notifications of patients who had been in contact with our service in the last six months There is very little variation between male and female deaths; 507 male deaths were reported compared to 479 females.
- 0 Inpatient deaths were recorded.
- The Mortality Review Group reviewed 38 deaths through a Stage 2 Royal College of Psychiatrists Care Review Tool These reviews were undertaken by a multi-disciplinary team and it was established that of the 38 deaths reviewed, none were due to problems in care.
- The Trust has reported 16 Learning Disability deaths in the reporting timeframe.
- Good practice identified through case note reviews is fed back to clinicians involved as part of our appreciative learning.

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

Assurances

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

Governance or Legal Issues

There are no legal issues arising from this Board report.

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

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

Public Sector Equality Duty 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:

- From 23 July 2021 to 20 January 2022 there is very little variation between male and female deaths; 507 male deaths were reported compared to 479 female.
- No unexpected trends were identified according to ethnic origin or religion.

Recommendations

The Board of Directors is requested to accept this Mortality Report as assurance of the Trust's approach and agree for the report to be published on the Trust's website as per national guidance.

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

Report prepared by: **Rachel Williams**
Lead Professional for Patient Safety and Experience

Louise Hamilton
Mortality Technician

Learning from Deaths - Mortality Report

1. Background

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

To date the Trust has met all of the required guidelines.

The report presents the data for 23 July 2021 to 20 January 2022.

2. Current Position and Progress (including Covid-19 related reviews)

- The Trust is still waiting to ascertain if cause of death (COD) will be available through NHS digital. Currently COD is been ascertained through the coroner officers in Chesterfield and Derby but only a very small number of COD have been made available.

- Medic rotas for the north and south have been updated. 30 Case Note Review sessions were undertaken, where 38 incidents were reviewed. Unfortunately 17 sessions did not take place due to lack of medic availability and 3 sessions did not take place due to nurse availability.

- Regular audits continue to be undertaken to ensure compliance with policy and procedure and any necessary amendments made. This has included auditing complaint data against names of deceased patients to ensure this meets the requirements specified in the National guidance. The last audit was completed 7 January 2022.

- The monthly mortality review group meetings resumed in November 2020. These were put on hold during the COVID pandemic.

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

3. Data Summary of all Deaths

Note that inpatients and learning disability (LD) data is based upon whether the patient has an open inpatient or LD referral at time of death. The table below outlines information for 23 July 2021 to 20 January 2022.

2021/22	23 to 31 Jul	Aug	Sept	Oct	Nov	Dec	1 to 20 Jan
Total Deaths Per Month	39	167	174	144	175	189	98
LD Referral Deaths	0	3	4	1	2	3	3

Correct as of 20 January 2022

507 patients were male, 479 female, 742 were white British and 15 Asian/Asian British Pakistani. The youngest age was 0 years, the eldest age was 102.

From 23 July 2021 to 20 January 2022, the Trust received 986 death notifications of patients who have been in contact with our services.

4. Review of Deaths

Total number of Deaths from 23 July 2021 to 20 January 2022 reported on Datix	74 “Unexpected deaths” 3 Covid deaths 16 “Suspected deaths” 11 “Expected - end of life pathway” 0 Inpatient deaths
Incidents assigned for a review	85 incidents assigned to the Operational Incident Group 16 did not meet the requirement 22 incidents are to be confirmed

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

- Homicide – perpetrator or victim
- Domestic homicide - perpetrator or victim
- Suicide/self-inflicted death, or suspected suicide
- Death following overdose
- Death whilst an inpatient
- Death of an inpatient who died within 30 days of discharge from a DHCFT hospital
- Death following an inpatient transfer to acute hospital
- Death of patient on a Section of the Mental Health Act or Deprivation of Liberty Safeguards (DoLs) authorisation

- Death of patient following absconsion from an inpatient unit
- Death following a physical restraint
- Death of a patient with a learning disability
- Death of a patient where there has been a complaint by family / carer / the Ombudsman, or where staff have raised a significant concern about the quality of care provision
- Death of a child (this will also be subject to scrutiny by the Child Death Overview Panel)
- Death of a patient open to safeguarding procedures at the time of death, which could be related to the death
- Death of a patient with historical safeguarding concerns, which could be related to the death
- Death where a previous Coroners Regulation 28 has been issued
- Death of a staff member whilst on duty
- Death of a child under the age of 18 of a current or previous service user who has died in suspicious circumstances
- Where an external organisation has highlighted concerns following the death of a patient whether they were open to the Trust at time of death or not.

5. Learning from Deaths Procedure

The mortality team, as well as reviewing identified deaths against the 'red flags' outlined in the Royal College of Psychiatrists Care Review Tool also review deaths against locally defined red flags**.**

From 5 August 2021 these locally defined red flags were:

- Patient diagnosed with a severe mental illness
- Patient only seen as outpatient
- Patient with long term physical condition
- Patient with long term chronic pain

Over the last 12 months the Patient Safety Team with support from NHSE Patient Safety team have been considering current Trust identified Mortality red flags against the red flags identified in the Royal College of Psychiatrists Care Review Tool for mortality reviews. This tool was developed following the publication of the Learning from Deaths Guidance for Mental Health Trusts to use when undertaking mortality reviews. It has become clear that the Trust has overcommitted its resources in this area and a redesign of the Mortality (learning from deaths) process is required.

The red flags identified within the care review tool are met under the Trust Incident review process with the exception of psychosis within the last episode of care.

The mandatory Red Flags for review under this guidance are:

- All patients where family, carers or staff have raised concerns about the care provided.

- All patients with a diagnosis of psychosis or eating disorders during their last episode of care, who were under the care of services at the time of their death or have been discharged within 6 months prior to their death.

- All patients who were an inpatient in a mental health unit at the time of death or who had been discharged from in-patient care within the last month.

- All patients who were under a Crisis Resolution and Home Treatment Team (or equivalent) at the time of death.

- Those patient deaths which meet these 'red flag' criteria above should be subject to a review process if they are not already under the Incident process

At the stage of determining if a death meets the criteria for reporting as an incident, teams are required to review all deaths against the Trust Incident 'Red Flags'. An amendment will be made to the incident reporting system to include Psychosis in the last episode care as a 'Red Flag' for DATIX, this will not however trigger review through the incident process, this will safeguard the Trust during a period of change around the incident and mortality process.

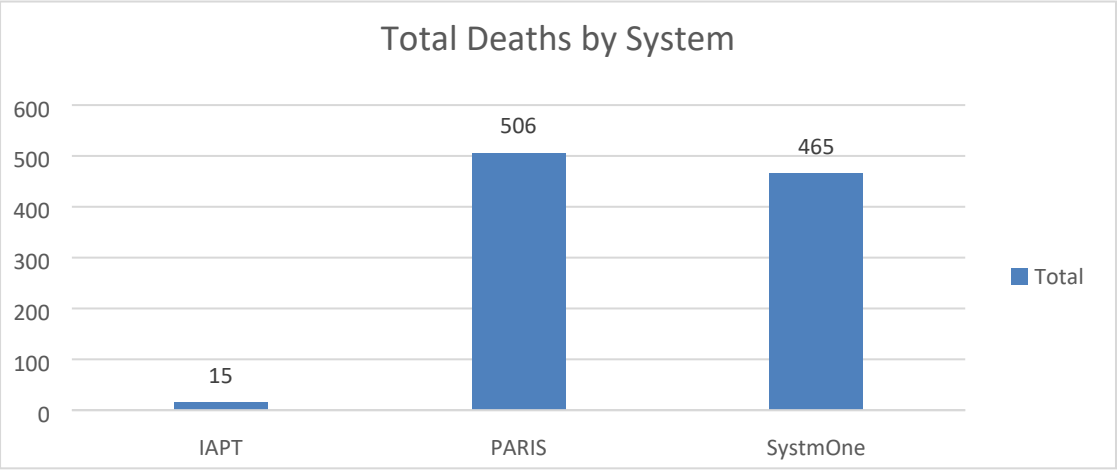
A form is currently under development based on the section 1 of the Royal College of Psychiatrists care review tool for mortality reviews which will sit within the patient electronic record which confirms the consideration against the identified mandatory red flags. It is important to note that clinical teams already assess each death when determining if a DATIX incident is required. This will release capacity within the Patient Safety team and allow for greater return on the Case Record Review process.

For the period 23 July 2021 to 20 January 2022, the Mortality Review Group reviewed 38 deaths through a Stage 2 Case Note Review. These reviews were undertaken by a multi-disciplinary team and it was established that of the 38 deaths reviewed, 0 were not due to problems in care.

From the 23 July 2021 to 20 January 2022 there have been 3 deaths reported where the patient tested positive for Covid-19. Of these deaths all patients were male and were from a white British background.

6. Analysis of Data

6.1 Analysis of deaths per notification system since 23 July 2021 to 20 January 2022

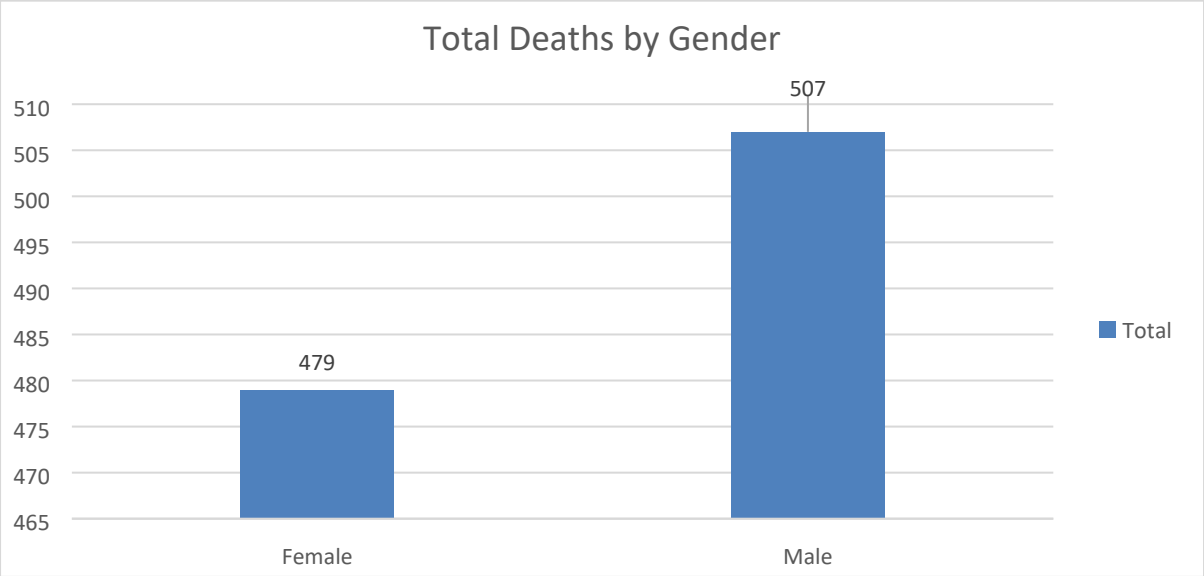


System	Number of Deaths
IAPT	15
SystmOne	465
PARIS	506
Grand Total	**986**

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

6.2 Deaths by Gender

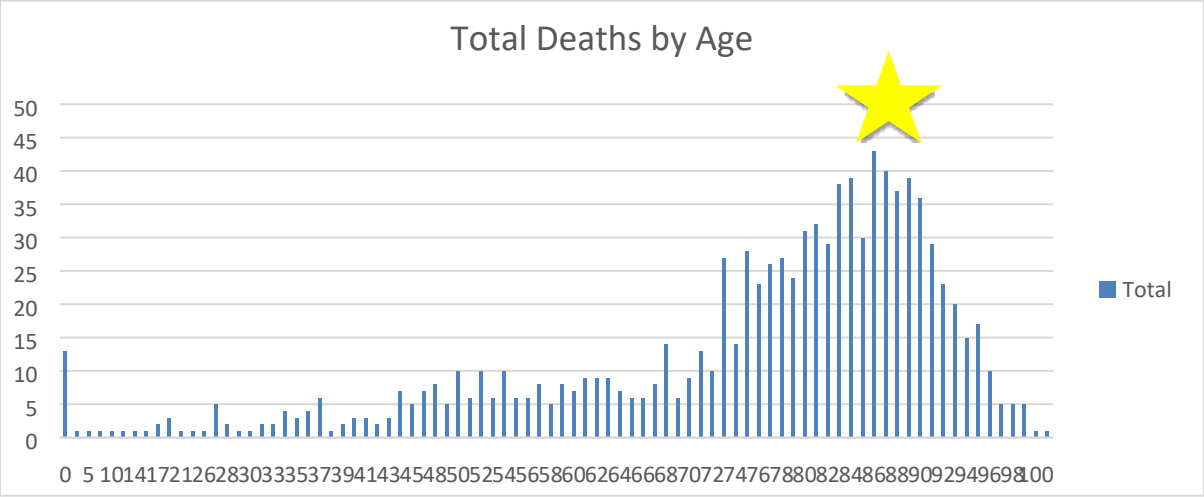
The data below shows the total number of deaths by gender 23 July 2021 to 20 January 2022. There is very little variation between male and female deaths; 507 male deaths were reported compared to 479 females.



Gender	Number of Deaths
Female	479
Male	507
Grand Total	**986**

6.3 Death by Age Group

The youngest age was classed as 0, and the oldest age was 102 years. Most deaths occurred within the 83 to 90 age groups (indicated by the star).



6.4 Learning Disability Deaths (LD)

	23 to 31 Jul	Aug	Sept	Oct	Nov	Dec	1 to 20 Jan
LD Deaths	0	3	4	1	2	3	3

The Trust reviews all deaths relating to patients diagnosed with a Learning Disability. The Trust also currently sends all Learning Disability deaths that have been reported through the Datix system to the Learning Disabilities Mortality Review (LeDeR) programme. Due to challenges in reporting out from the LeDeR programme, we are unable to ascertain how many of our Trust's deaths have been reviewed through the LeDeR process. The Trust continues to share relevant information with LeDeR when requested which is used to inform their reviews.

23 July 2021 to 20 January 2022, the Trust has recorded 16 Learning Disability deaths. The Trust now receives a quarterly update from LeDeR which highlights national good practice and identified learning; this is shared in the Mortality monthly meeting.

6.5 Death by Ethnicity

White British is the highest recorded ethnicity group with 742 recorded deaths, 128 deaths had no recorded ethnicity assigned, and 7 people did not state their ethnicity. The chart below outlines all ethnicity groups.

Ethnicity	Number of Deaths
Asian or Asian British - Bangladeshi	1
Black or Black British - Any other Black background	1
Mixed - White and Black Caribbean	1
Asian or Asian British - Any other Asian background	1
Mixed - White and Asian	2
Black or Black British - Caribbean	2
Mixed - Any other mixed background	3
Asian or Asian British - Pakistani	5
White - Irish	5
Asian or Asian British - Indian	6
Not stated	7
White - Any other White background	21
Other Ethnic Groups - Any other ethnic group	61
Not Known	128
White - British	742
Grand Total	**986**

6.6 Death by Religion

Christianity is the highest recorded religion group with 216 recorded deaths, 562 deaths had no recorded religion assigned and 5 people refused to state their religion. The chart below outlines all religion groups.

Religion	Number of Deaths
(blank)	484
Mixed religion	1
Anglican	1
Catholic religion	1
Congregationalist religion	1
Spiritualist	1
Orthodox Christian religion	1
Islam	1
Pagan	1
Greek Orthodox	1
Protestant	1
Catholic: Not Roman Catholic	1
Quaker religion	1
Not stated	2
Religion NOS	2
Buddhist	2
Jehovah's Witness	2
Nonconformist	3
Muslim	3
Religion (other Not Listed)	3
Atheist	3
Sikh	3
Patient Religion Unknown	4
Not Given Patient Refused	5
None	5
Roman Catholic	11
Methodist	16
Church of England, follower of	41
Not Religious	48
Church Of England	54
Unknown	67
Christian	216
Grand Total	**986**

6.7 Death by Sexual Orientation

Heterosexual or straight is the highest recorded sexual orientation group with 166 recorded deaths. 685 have no recorded information available. The chart below outlines all sexual orientation groups.

Sexual Orientation	Number of Deaths
(blank)	676
Gay Or Lesbian	1
Bi-Sexual	1
Homosexual	2
Not Stated (declined)	3
Not Appropriate To Ask	5
Sexual orientation not given - patient refused	8
Unknown	9
Heterosexual Or Straight	115
Heterosexual	166
Grand Total	**986**

6.8 Death by Disability

The table below details the top 5 categories by disability. Gross motor disability was the highest recorded disability group with 37 recorded deaths.

Disability	Number of Deaths
Physical disability	8
Mobility and gross motor	8
Behaviour and emotional	14
Intellectual functioning disability	26
Gross motor disability	37

There were a total of 170 deaths with a disability assigned and the remainder 816 were blank (had no assigned disability).

7. Recommendations and Learning

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

- Community team Managers to review the current documentation processes for unforeseen absences and agree a standardisation method of documenting contact for all teams.

- A review to be completed to assess the quality of information being recorded and therefore available on admission, transfer and discharge between wards and teams.

- The Trust should ensure that robust processes are in place to ensure effective and appropriate transfer of patients from medical wards to mental health settings, this must include: Local agreement with neighbouring providers in relation to sharing clinical information Medical review and handover. Documentation within the electronic patient record, including assessment and acceptance of transfers as being medically fit. Mental Health Act assessment completion and documentation pre and post transfer.

- Systems to be in place to ensure there is continuity of care on transfer from services including a pathway which ensures safety reviews prior to discharge and input from all services involved in line with Trust Transfer and Discharge Policy and Procedure.

- Pathway to be developed for MASH Advisory Team in relation to sharing information with services.

- Development of suitable alternative community providers or emergency accommodation for service users with a learning disability leading to reduce admissions to acute psychiatric units.

- Bespoke resuscitation and medical emergency training to be delivered to staff in their clinical environment in order to ensure familiarity with local procedures and equipment through a model of simulation.

- Review the current psychological capacity and offer within acute mental health services.

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 1 March 2022

Guardian of Safe Working Quarterly Report

Purpose of Report

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.

Executive Summary

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.

The Board of Directors 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 (ER) during the last quarter.
2) The British Medical Association (BMA) fatigue and facilities charter for junior doctors is regularly discussed in the Junior Doctors Forum (JDF) and changes have been implemented with a view to improve the junior doctors mess and rest areas. One junior doctor has been nominated each from the north and south of the county to explore with other junior doctors about the use of allocated funds for this purpose.
3) There have been fewer issues with Allocate, the software used to log ER, however there are still minor problems with logging ER or closing them which causes a slight delay in the process. We have had no contact with the provider recently despite messages left for them. This seems to be a national issue.
4) During the COVID-19 crisis, the junior doctors had previously raised issues about their work environment, situation with PPE and some training issues. The 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 DME – Director Medical Education (DME). There have been no new concerns raised recently at JDF.
5) Support is provided by the DME, Associate Director Medical Education (ADME), Nursing Matron from the Hartington Unit and the Freedom to Speak Up Guardian (FTSUG) or signposted elsewhere. The JDF has continued to be held every 4-6 weeks and will continue for the rest of the year.
6) The junior doctors have agreed to a back up rota to support the out of hours work during the Covid pandemic.

7) Junior doctors have been successfully completing their virtual induction and have given positive feedback.

8) The FTSUG has met with junior doctors recently and explained her role to them. She has also attended JDF and meets with the champions for Freedom to Speak Up on a regular basis. Two of these champions are junior doctors.

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

- At the Junior Doctor Forum about relevant issues discussed in the report
- At the local negotiation 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, ADME regarding the concerns raised by Junior doctors
- Quality and Safeguarding Committee.

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 Freedom to Speak Up Champion as I feel this will encourage juniors to use the FTSUG 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 Black, Asian and minority ethnic 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 Smita Saxena**
Guardian of Safe Working

` **Dr John Sykes**
Medical Director

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

GUARDIAN OF SAFE WORKING QUARTERLY REPORT
(October 2021)

1. Trainee data

Information supplied from 1 December 2021 to 1 March 2022.

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	3		7	
GP Trainees	4		7	
Foundation	5		9	

2. Exception Reports (with regard to working hours)

There have been 4 reports during this period. No fines were levied.

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	0	0	0
South	0	4	3	1
Total	0	4	3	1

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	3	3	0
GPVTS	0	0	0	0
Foundation	0	1	0	1
Total	0	4	3	1

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

Response time				
Grade	**48 hours**	**7 days**	**Longer than 7 days**	**Open**
CT1-3	0	0	0	0
Foundation	0	0	1	1
ST4-6	0	3	0	0

1. The exception reports by the Higher Specialist Trainee ST trainee in south were during out of hours when they were called for mental health act related work. This breached the recommended rest period. They were all agreed as time off in lieu (TOIL).

2. The exception report by Foundation trainee was due to clinical situations arising towards the end of their shift which required them to stay an hour longer to complete documentation. This is in the process of being closed currently with TOIL being offered.

3. It has taken longer than 7 days to resolve the exception reports due to Allocate related issues – logging in problems, non -visibility of exception reports on the Guardian dashboard, problems with e mail generation informing the guardian when Exception reports are logged in. We continue to discuss these issues with responsible persons at Allocate but this seems to be a national issue. We have asked the trainees to individually let the Guardian know about the Exception reports through an e mail.

4. Work schedule reviews

No formal work schedule reviews needed during this period.

4. Fines

No fines imposed.

5. Locum/Bank Shifts covered

North – 26 shifts totalling £10,236.48
South – 32 shifts totalling £15,671.81

The locum spend remains high during this period due to a vacancy, COVID-19 related absence and general sickness. Two junior doctors have not been able to undertake their out of hours duties on health grounds.

6. Agency Locum

South – 11 shifts totalling £3373.68

All attempts are made to cover the shifts by our own doctors when this has not been successful we go to agency for cover.

7. Vacancies

	North Nov 21 – Mar 22	South Nov 21 – Mar 22
CT1-CT3	0	1
ST4-7	3	0
GP Trainees	0	0
Foundation	0	0

The ST vacancies are a reflection of national issue with recruitment. The DME at local level and the Royal college of psychiatry, at a national level are working towards improving this situation.

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 the Forum JDF constitution.

This has been well attended by the juniors both in north and south. A representative from the BMA has also been present on all occasions. The FTSUG was also present at the last meeting.

9. Issues arising

9.1 Compliance of Rota

Some trainees had previously raised concerns that the rest requirements for the on call rota were still not in line with the recent recommendations i.e. trainees to have 48 hours of rest after seven consecutive days of work.

Action completed: current rota is fully compliant since August 2020

9.2 Currently there is adequate PPE availability.

The trainees have not reported any concerns.

9.3 Vacancies

As described above, DME and ADME are addressing the issues around higher trainee recruitment.

9.4 Induction for August 2022

Induction is being held virtually during COVID-19 and the junior doctors have given a positive feedback.

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 for time being.

The GOSW has encouraged trainees to find a representative each from North and South to take the initiative to liaise with other trainees about the budget spend in future.

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.

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

The junior doctor rep has requested for a presentation by the BMA regarding process of ER for the junior doctors and the consultants.

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**
- **Meeting held between the trainee reps and FTSU Guardian. Feedback will be given at next JDF**.
- **We continue to encourage trainees to speak up at the Junior Doctors Forum about any issues at place of work.**

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 1 March 2022

Gender Pay Gap Report 2021/22

Purpose of Report

To present to the Board a summary of the Trust's position in the latest Gender Pay Gap Report.

The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 requires employers to report their gender pay gaps for any year where they have a headcount of 250 or more employees.

This report sets out DHCFT's gender pay gap information for the period to 31st March 2021.

Executive Summary

As one of the UK's largest employers, the NHS is committed to addressing the Gender Pay Gap (GPG). Closing the gender pay gap not only addresses factors and barriers common to all women (such as the number in lower grade jobs with lower pay), but they also target the inequalities faced by women belonging to specific groups, based on characteristics such as ethnicity, age and profession.

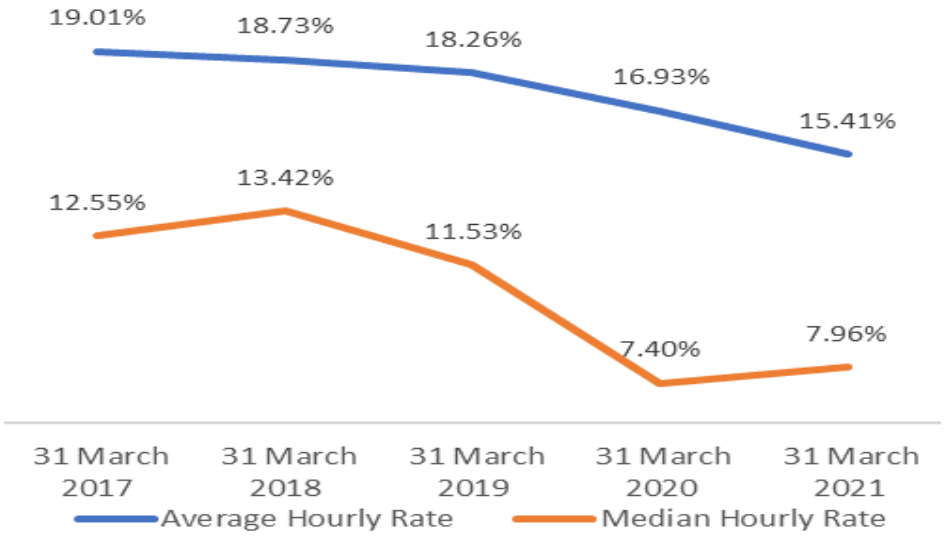
Equal pay deals with the pay differences between men and women who carry out the same or similar jobs. The gender pay gap differs from equal pay as it is concerned with the differences in the average pay between men and women over a period of time no matter what their role is. The national NHS terms and conditions 'Agenda for Change' pay system introduced in October 2004 ensures that pay in the NHS is consistent with the requirements of equal pay law.

This report compares the pay of men and women at DHCFT, but does not differentiate trans, non-binary and gender diverse colleagues due to limitations in the Electronic Staff Record (ESR) database. Though we are unable to provide this local data, research by Stonewall shows that trans individuals are subject to high levels of bias, discrimination and abuse in the workplace. It is reasonable to assume that these individuals would also be subject to pay inequality.

For our Trust this aligns strongly with our People First and Respect values, our Inclusion Strategy as well as our endeavours to improve overall staff satisfaction and employee retention with 79.28% of our workforce identifying as female as at March 2021.

Our latest GPG report shares information about the difference between pay levels for men and women that work for us. Over last year we have seen improvements in the gender pay gap in DHCFT in comparison to similar Trusts. This year shows another positive step and it is particularly important to highlight this against the backdrop of providing a nationwide response to the pandemic and the impact on our workforce. The chart below shows the GPG now standing at 15.41% for 2021. This is an improvement of 1.52% on the GPG in 2020 which was reported as 16.93%.

Annual Tracker 2017 – 2021

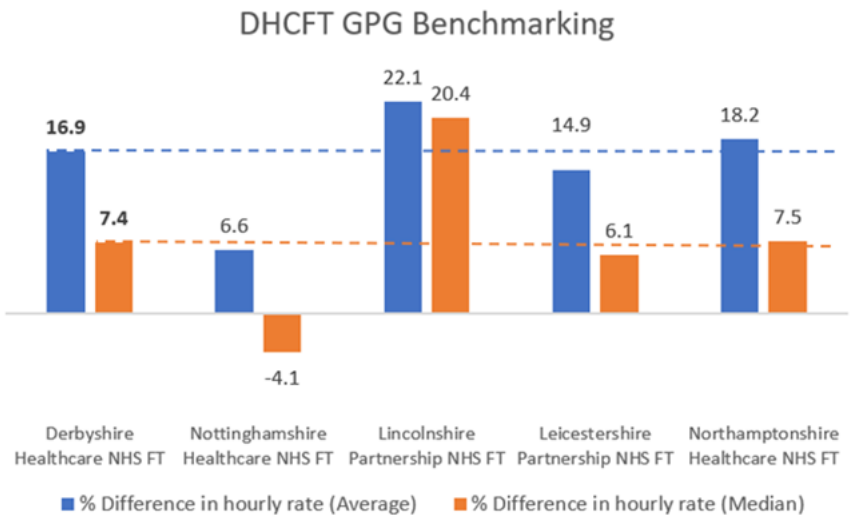


- The average pay gap has been consistently improving since initial reporting in 2017 and is currently 15.41%. The median pay gap compares the salary that sits in the middle between the highest and lowest: our median pay gap has increased slightly by 0.56% since the prior year (to 7.96% in 2021 from 7.40% in 2020) which is attributed to an increase in leavers/retirements that are female and that more men have been recruited and their average pay is still historically higher than female average pay.

- The percentage of women, 71.7%. in the top quartile is lower than other comparator organisations. However in the data for this year the percentage has declined to a GPG difference of 71.21%. This is a 0.45% reduction in our female workforce in the top quartile. We need to do more to address decline, albeit a very small decrease due to the numbers of women in that top quartile, a female leaver in this top quartile will make more of a difference in percentage terms than a male leaver. We are working on all aspects of how we recruit, develop and retain those higher earning female posts to reverse this trend.

- Our 'Average Bonus Pay' has declined by 11.72% since 2020, from an 77.82% pay gap to 89.54%. This variance is impacted by Clinical Excellence Awards being calculated as an equal amount pro rata to sessions worked. This is a change to the way in which these awards have been awarded historically. The percentage has been skewed due to the proportion of part time females in our medical workforce compared to the higher percentage of full-time working males. Improving our recruitment, development and retention of our female workforce will help to address the average pay imbalance.

- **How do we benchmark against comparable Trusts?**



DHCFT's GPG for the difference in 'Average Hourly Rate' at 16.9% for women compared to men remains the third highest compared to the Trusts above and is the third highest for 'Median Hourly Rate'. This means we are in the middle of comparator organisations in difference in average pay for men and women.

We continue to see the Gender Pay gap closing, a trend we have followed since 2017 this is attributed to our commitment to equality, diversity and inclusion. Actions that will further contribute to reducing our pay gap include:

- Continuing our commitment to flexible working more needs to be done to operationalise this going forward.
- We recognise how changes in average pay are directly affected by starters leavers and promotions, our new workforce, generated by exciting investments over the next two to three years will need to support an inclusive approach to recruitment and talent management and building existing specialised support programmes
- Continue to work across our workforce and Network groups to explore how we can address intersectional issues and barriers and make our place of work one where everyone feels they can engage, participate, develop and grow."
- Over the next three years as our workforce grows, we have an opportunity to close the pay gap through focussed initiatives and approaches

The initiatives listed below we are proud to continue practicing and further developing:

- Following the introduction of agile working practices initiated during COVID-19 we have agreed hybrid models of working
- Relaunch of the Trust's Women's Network to understand the experience of female staff and identify ways to support, develop, retain and engage

female staff. In addition, work with our existing networks to capture intersectional issues related to addressing gender equality This would inform further review of the Trust's action plan.

- Celebrate notable dates that align to gender equality, for example, International Women's Day, National Day for Carers and develop internal communications to help raise awareness and understanding around gender equality and positive action.
- Monitor feedback from our learning development programmes to ensure they are inclusive and support positive action.
- Continue to use Recruitment Inclusion Guardians for all vacancies at Band 6 and above from shortlisting to appointment to further support and promote greater representation.
- All policies have been independently reviewed for inclusivity and equality.
- A coaching and development programme launched for employee Network Chairs to support positive change and impact of their agenda.
- Positive feedback from the creation of the DHCFT Women's Health Support Group which has provided a space for dialogue on issues affecting women, for example, speakers talking about lived experience e.g. the menopause, and the impact it can have.
- We have a number of policies we will be looking to introduce that support the lifecycle of female staff

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

All organisations must submit the GPG report to the Government Equalities Office and publish online by 31 March 2022. This report has been compiled in line with their guidance.

Consultation

- Our gender pay gap report will be discussed by the Executive Leadership Team on 28 February 2022
- The report will be discussed at the EDI Delivery Group and at the Trust's Women's Network.

Governance or Legal Issues

The Gender Pay Gap Report has been compiled in line with the guidance issued.

Since the Equality Act 2010 (Specific Duties) Regulations 2011 (SDR) came into force on 10 September 2011, there has been a duty for public bodies with 150 or more employees to publish information on the diversity of their workforce.

The Trust is required by the Government Equalities Office to publish the Gender Pay Gap report by the deadline of 31 March 2022 using data taken from 31 March 2021.

Public Sector Equality Duty and Equality Impact Risk Analysis

In compliance with the mandated NHS 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 GPG primarily focuses on gender as a protected characteristic. Monitoring the data and making improvements to remove barriers to progression will positively impact on our staff of different genders.
- The importance of intersectionality must also be considered; identifying and acting on areas for improvement will benefit staff with further protected characteristics.
- The GPG data provides an understanding of what the GPG balance looks like within DHCFT. It can be used to target resources/interventions effectively and address gender balance and workforce strategies.
- Monitoring the GPG data annually allows the Trust to assess the impact of targeted actions and ensure they remain effective and is essential to improving the experiences of staff at Derbyshire Healthcare to create a more ‘positively inclusive’ culture.
- Addressing the GPG assists the Trust in meeting its duties as set out by the Equality Act 2010.

Recommendations

The Board of Directors is requested to:

1. Approve the GPG report prior to forwarding to the Government Office and publishing on the Trust’s website
2. Receive assurance on the work in progress and that this data will inform engagement with our people and further work to be done.

Report presented by:	**Jaki Lowe, Director of People and Inclusion**
Report prepared by:	**Celestine Stafford, Assistant Director People & Inclusion Team** **Amany Rashwan, Equality, Diversity and Inclusion Advisor** **Liam Carrier, Assistant Head of Systems and Information/Project Manager**

NHS
Derbyshire Healthcare
NHS Foundation Trust

Gender Pay Gap Report

2021/22 (data extract as at 31 March 2021)

Gender Pay Gap 2021/22 (data extract as at 31 March 2021)

Introduction

Gender pay reporting legislation requires employers with 250 or more employees to publish statutory calculations every year showing how large the pay gap is between their male and female employees.

Reporting may show, for example, that on average men earn 10% more pay per hour than women, that men earn 5% more in bonuses per year than women, or that the lowest paid quarter of the workforce is mostly female. These results must be published on the employer's own website and a government site. This means that the gender pay gap will be publicly available to stakeholders, employees and potential future recruits.

As a result, employers should consider taking new or faster actions to reduce or eliminate their gender pay gaps.

There are two sets of regulations. The first is mainly for the private and voluntary sectors (taking effect from 5 April 2017) and the second is mainly for the public sector (taking effect from 31 March 2017). Employers will have up to 12 months to publish their gender pay gaps.

As one of the UK's largest employers, the NHS is committed to addressing the Gender Pay Gap (GPG). Closing the gender pay gap not only addresses factors and barriers common to all women (such as the number in lower grade jobs with lower pay), but they also target the inequalities faced by women belonging to specific groups, based on characteristics such as ethnicity, age and profession.

This report compares the pay of men and women at DHCFT, but does not differentiate trans, non-binary and gender diverse colleagues due to limitations in the ESR database. Though we are unable to provide this local data, research by Stonewall shows that trans individuals are subject to high levels of bias, discrimination and abuse in the workplace. It is reasonable to assume that these individuals would also be subject to pay inequality.

What is the gender pay gap?

- The gender pay gap is the difference between the average earnings of men and women, expressed relative to men's earnings
- The mean pay gap is the difference between average hourly earnings of men and women
- The median pay gap is the difference between the midpoints in the ranges of hourly earnings for men and women.

What about equal pay?

Equal pay deals with the pay differences between men and women who carry out the same or similar jobs. It has been a statutory entitlement since the Equal Pay Act was introduced in 1970.

Paying men and women differently for the same or like work is unlawful, however it is possible to have pay equality at the same time as having a gender pay gap.

The gender pay gap differs from equal pay as it is concerned with the differences in the average pay between men and women over a period of time no matter what their role is.

The national NHS terms and conditions ‘Agenda for Change’ pay system introduced in October 2004 ensures that pay in the NHS is consistent with the requirements of equal pay law.

There are a number of specific gender pay gap calculations):

- Average gender pay gap as a mean average
- Average gender pay gap as a median average
- Proportion of men and women when divided into four groups ordered from lowest to highest pay
- Average bonus gender pay gap as a mean average
- Average bonus gender pay gap as a median average
- Proportion of men receiving a bonus payment and proportion of women receiving a bonus payment.

Ordinary pay includes:

- basic pay
- paid leave, including annual, sick, maternity, paternity, adoption or parental leave (except where an employee is paid less than usual or nothing because of being on leave)
- area and other allowances
- shift premium pay, defined as the difference between basic pay and any higher rate paid for work during different times of the day or night
- pay for piecework
- It does not include:
- remuneration referable to overtime.
- remuneration referable to redundancy or termination of employment
- remuneration in lieu of leave
- remuneration provided otherwise than in money.

The relevant pay period means the pay period within which the snapshot date falls, which for monthly-paid staff would be the month in which the date is included.

Bonus pay relates to performance, productivity, incentive, commission or profit-sharing, but excludes:

- remuneration referable to overtime
- remuneration referable to redundancy
- remuneration referable to termination of employment.

Doctors' clinical distinction/excellence awards will be regarded as bonus pay, as well as any other payments above the level of ordinary for performance or expertise such as performance related pay for very senior managers, long service awards and others. The relevant period means the period of 12 months ending with the snapshot date.

Calculating the quartiles

Determine the hourly rate of pay and then rank the relevant employees in rank order from the lowest to the highest.

Divide those employees into four sections, each comprising an equal number of employees to determine the lower, lower middle, upper middle and upper quartile pay bands.

Show the proportion of male and female employees in each band as a percentage of the total employees in each band.

What employers need to publish

The information outlined above will need to be published within one year of the date for the 2021 snapshot (publishing deadline of 30 March 2022 for data as at 31 March 2021)

The information must be published on a website that is accessible to employees and the public free of charge. The information should remain on the website for a period of at least three years beginning with the date of publication.

In addition, employers have the option to provide narrative that will help people to understand why a gender pay gap is present and what the organisation intends to do to close it.

During the first publication employers will have already registered with the Government online reporting service to submit their GPG results.

Colleagues from the Electronic Staff Record (ESR) continue to refine the tool that helps organisations nationally to calculate their GPG data.

The 2021 Gender Pay Gap (GPG) results for Derbyshire Healthcare NHS FT are detailed below:

GPG results as at 31 March 2021:

Gender	Average Hourly Rate	Median Hourly Rate
Male	£20.06	£17.27
Female	£16.97	£15.90
Difference	£3.09	£1.37
Pay Gap %	**15.41%**	**7.96%**

Quartile	Female	Male	Female %	Male %
1	608	118	83.75	16.25
2	557	132	80.84	19.16
3	618	159	79.54	20.46
4	522	211	71.21	28.79

Q1 = Lowest, Q4 = Highest

GPG Bonus results as at 31 March 2021:

Gender	Avgerage Bonus Pay	Median Bonus Pay
Male	£8,350.38	£400.00
Female	£873.47	£200.00
Difference	£7,476.91	£200.00
Pay Gap %	**89.54%**	**50.00%**

To gain a clearer understanding, bonuses have then broken down to illustrate the difference in Doctors' clinical excellence awards and long service awards.

Clinical Excellence Awards

Gender	Avgerage Bonus Pay	Median Bonus Pay
Male	£16,447.82	£12,063.96
Female	£4,820.99	£5,358.94
Difference	£11,626.83	£6,705.02
Pay Gap %	**70.69%**	**55.58%**

Long Service Awards

Gender	Avgerage Bonus Pay	Median Bonus Pay
Male	£252.94	£200.00
Female	£245.45	£200.00
Difference	£7.49	£0.00
Pay Gap %	**2.96%**	**0.00%**

A comparison of 2020 v 2021 Gender Pay Gap results for Derbyshire Healthcare NHS FT are detailed below:

Gender Pay Gap

31 March 2020

Gender	Average Hourly Rate	Median Hourly Rate
Male	£19.85	£16.63
Female	£16.49	£15.40
Difference	£3.36	£1.23
Pay Gap %	**16.93%**	**7.40%**

31 March 2021

Gender	Average Hourly Rate	Median Hourly Rate
Male	£20.06	£17.27
Female	£16.97	£15.90
Difference	£3.09	£1.37
Pay Gap %	**15.41%**	**7.96%**

Variation

Average Hourly Rate	Median Hourly Rate
£0.21	£0.64
£0.48	£0.50
-£0.27	£0.14
-1.52%	0.56%

31 March 2020				
Quartile	Female	Male	Female %	Male %
1	583	112	83.88	16.12
2	563	133	80.89	19.11
3	550	123	81.72	18.28
4	526	208	71.66	28.34

31 March 2021				
Quartile	Female	Male	Female %	Male %
1	608	118	83.75	16.25
2	557	132	80.84	19.16
3	618	159	79.54	20.46
4	522	211	71.21	28.79

Variation	
Female %	Male %
-0.13	0.13
-0.05	0.05
-2.18	2.18
-0.45	0.45

Gender Pay Gap Bonus

31 March 2020		
Gender	Avgerage Bonus Pay	Median Bonus Pay
Male	£6,451.37	£292.50
Female	£1,431.02	£292.50
Difference	£5,020.35	£0.00
Pay Gap %	**77.82%**	**0.00%**

31 March 2021		
Gender	Avgerage Bonus Pay	Median Bonus Pay
Male	£8,350.38	£1,807.46
Female	£873.47	£200.00
Difference	£7,476.91	£1,607.46
Pay Gap %	**89.54%**	**88.93%**

Variation	
Avgerage Bonus Pay	Median Bonus Pay
£1,899.01	£1,514.96
-£557.55	-£92.50
£2,456.56	£1,607.46
11.72%	**88.93%**

Clinical Excellence Awards

31 March 2020		
Gender	Avgerage Bonus Pay	Median Bonus Pay
Male	£14,645.23	£12,063.97
Female	£5,438.50	£4,993.69
Difference	£9,206.73	£7,070.28
Pay Gap %	**62.87%**	**58.61%**

31 March 2021		
Gender	Avgerage Bonus Pay	Median Bonus Pay
Male	£16,447.82	£12,063.96
Female	£4,820.99	£5,358.94
Difference	£11,626.83	£6,705.02
Pay Gap %	**70.69%**	**55.58%**

Variation	
Avgerage Bonus Pay	Median Bonus Pay
£1,802.59	-£0.01
-£617.51	£365.25
£2,420.10	-£365.26
7.82%	**-3.03%**

Long Service Awards

31 March 2020		
Gender	Avgerage Bonus Pay	Median Bonus Pay
Male	£227.50	£195.00
Female	£241.69	£195.00
Difference	-£14.19	£0.00
Pay Gap %	**-6.24%**	**0.00%**

31 March 2021		
Gender	Avgerage Bonus Pay	Median Bonus Pay
Male	£252.94	£200.00
Female	£245.45	£200.00
Difference	£7.49	£0.00
Pay Gap %	**2.96%**	**0.00%**

Variation	
Avgerage Bonus Pay	Median Bonus Pay
£25.44	£5.00
£3.76	£5.00
£21.68	£0.00
9.20%	**0.00%**

Further GPG Hourly Rate analysis as at 31 March 2021

By Staff Group

Average Hourly Rate	Gender			
Staff Group	Male	Female	Diff	Gap
Add Prof Scientific and Technic	£22.97	£21.20	£1.77	**7.71%**
Additional Clinical Services	£13.22	£12.49	£0.73	**5.52%**
Administrative and Clerical	£20.07	£13.55	£6.52	**32.50%**
Allied Health Professionals	£18.48	£18.12	£0.36	**1.97%**
Estates and Ancillary	£12.10	£11.16	£0.94	**7.76%**
Medical and Dental	£43.67	£40.32	£3.35	**7.66%**
Nursing and Midwifery Registered	£19.34	£18.98	£0.36	**1.86%**
Students	£10.20	£10.81	-£0.61	**-5.96%**

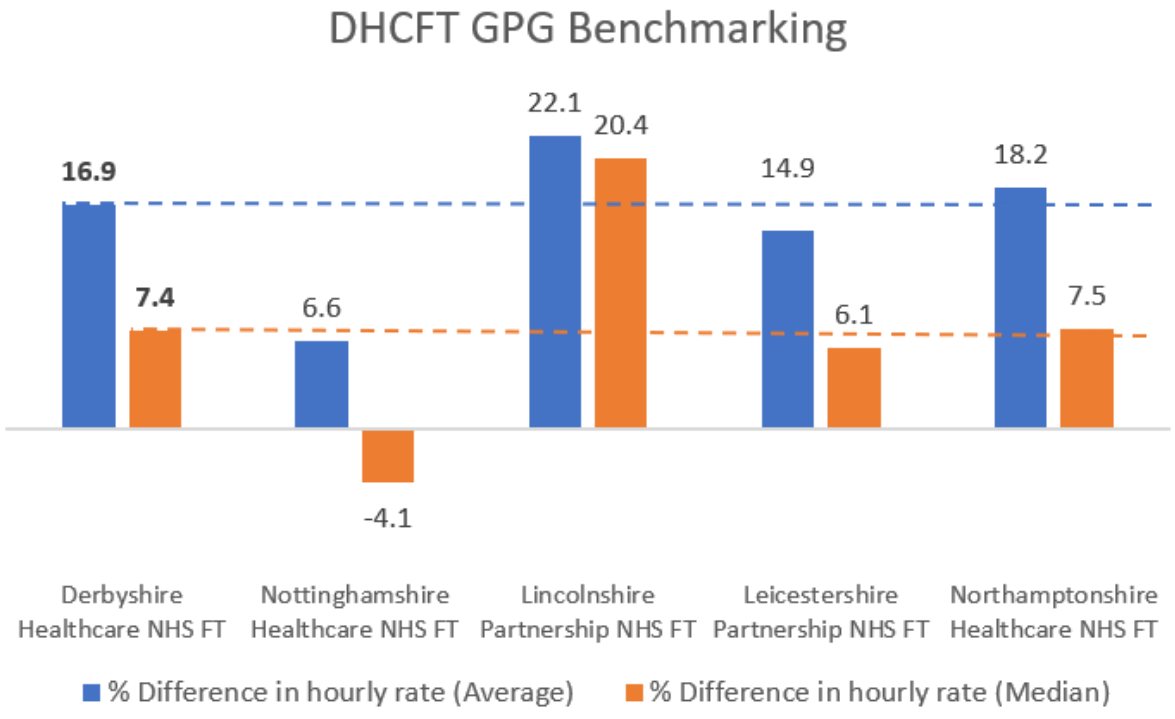
By Service Line

Average Hourly Rate	Gender			
Service Line	Male	Female	Diff	Gap
Adult Care Acute	£20.25	£17.19	£3.06	**15.10%**
Adult Care Community	£22.49	£17.89	£4.61	**20.48%**
Business Improvement + Transformation	£37.75	£18.39	£19.36	**51.28%**
Children's Services	£20.82	£16.89	£3.94	**18.90%**
Clinical Serv Management	£30.75	£25.58	£5.17	**16.81%**
Corporate Central	£18.63	£16.84	£1.79	**9.62%**
Estates + Facilities	£13.16	£11.74	£1.42	**10.80%**
Finance Services	£18.64	£20.77	-£2.13	**-11.43%**
Forensic + MH Rehab	£15.98	£16.95	-£0.97	**-6.06%**
Med Education & CRD	£21.73	£16.77	£4.96	**22.83%**
Neuro Developmental	£16.10	£16.38	-£0.28	**-1.73%**
Nursing + Quality	£22.94	£21.18	£1.76	**7.65%**
Older Peoples Care	£22.29	£15.82	£6.47	**29.04%**
Ops Support	£19.36	£15.58	£3.78	**19.52%**
People + Inclusion	£14.50	£14.48	£0.02	**0.13%**
Performance Delivery Clustering	£0.00	£15.87	-£15.87	
Psychology	£24.28	£23.56	£0.72	**2.97%**
Specialist Care Services	£27.59	£18.19	£9.40	**34.07%**

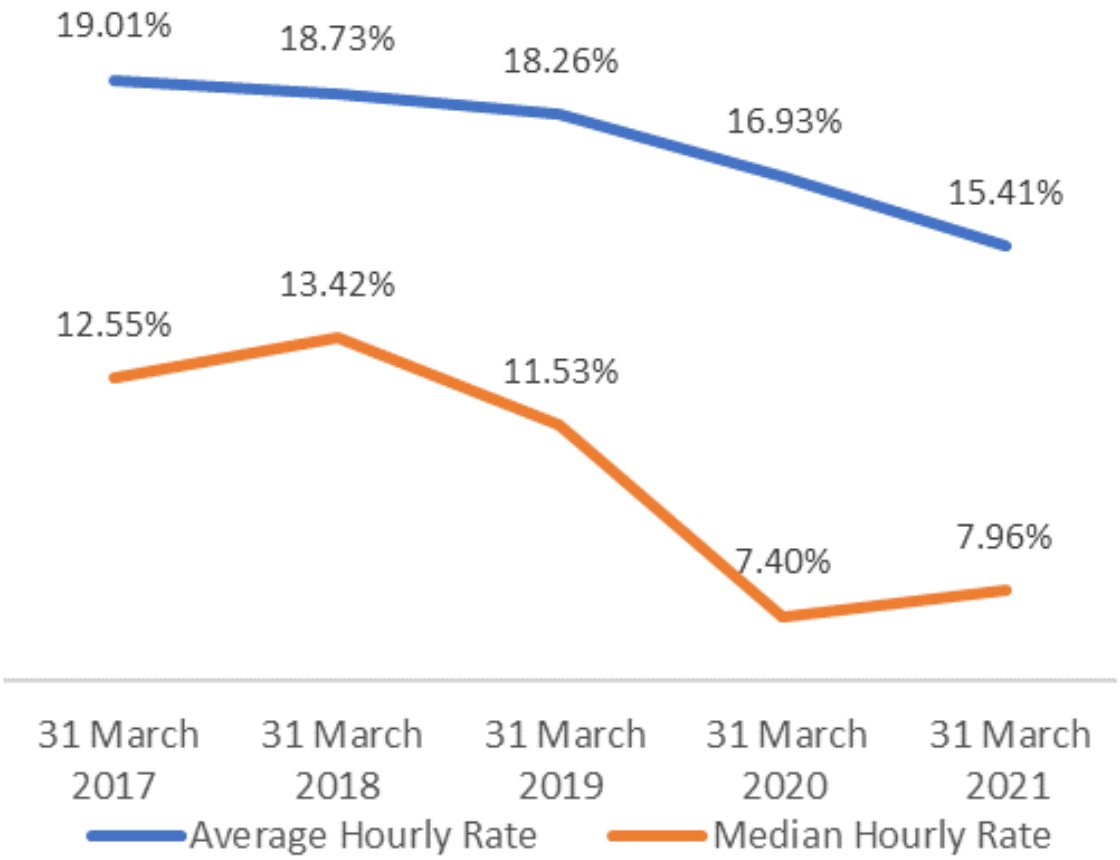
Benchmarking (latest available benchmarking data 31 March 2020):

Employer	% Difference in hourly rate (Average)	% Difference in hourly rate (Median)	% Women in lower pay quartile	% Women in lower middle pay quartile	% Women in upper middle pay quartile	% Women in top pay quartile	% Who received bonus pay (Women)	% Who received bonus pay (Men)	% Difference in bonus pay (Mean)	% Difference in bonus pay (Median)
Derbyshire Healthcare NHS FT	**16.9**	**7.4**	83.9	80.9	81.7	71.7	63.6	36.4	77.8	0
Nottinghamshire Healthcare NHS FT	**6.6**	**-4.1**	77	68.8	77.6	72.3	41.1	45.9	20.8	0
Lincolnshire Partnership NHS FT	**22.1**	**20.4**	87	82	80	72	0.2	2.9	19.8	19.5
Leicestershire Partnership NHS FT	**14.9**	**6.1**	84.2	83.4	84.2	75	0.3	2.4	25.7	50
Northamptonshire Healthcare NHS FT	**18.2**	**7.5**	88	85	86	78	7	12	76.1	38.7

Source: *GOV.UK*



Annual Tracker



Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 1 March 2022

Board Assurance Framework (BAF) Issue 4 2021/22

Purpose of Report

To meet the requirement for Boards to produce an Assurance Framework. This report details the fourth issue of the BAF for 2021/22.

Executive Summary

Issue 3 of the BAF was presented to the Board on 2 November 2021. Each Director Lead has since reviewed their associated risks. Issue 4 (version 4.1) was then reviewed by the Executive Leadership Team (ELT) on 17 January and version 4.2 was reviewed by the Audit and Risk Committee on 27 January.

The People and Culture and Quality and Safeguarding Committees then each sat in February and updates were also received from Director Leads for all actions that had a review date of 31 January. All updates were then reviewed again by Audit and Risk Committee members outside of the meeting in preparation for Issue 4.3 being submitted to Board. Changes/updates to this issue of the BAF, compared with Issue 3, 2021/22, are indicated by blue text.

Extreme Risk – Deep Dive

There is currently one BAF risk rated as extreme, risk 21-22 3a, which underwent a 'deep dive' at the Audit and Risk Committee in January and it was agreed that risk rating remains the same. The Finance and Performance Committee also agree with this rating remaining rated extreme at year-end and into the next financial year. Since Issue 3 of the BAF one of the key gaps in controls has changed from Amber to Blue as the Psychiatric Intensive Care Unit (PICU) and Dormitory Eradication Programme team is now recruited to and there is a programme governance structure in place.

System based risk impacting on and mitigated by multiple system organisations

A new risk has been added to the BAF report, although it is presented separately from the BAF as it is a risk that impacts on and is mitigated by multiple organisations. The risk that '*There is a risk to safe, effective clinical care across Derbyshire impacting upon patients, due to not achieving national standards and variation of clinical practice and service commissioning in the Learning Disability (LD) Transforming Care Partnership and in ICS inpatient LD bedded care'* has been reviewed by the Executive Directors, the CEO and was included in the BAF (version 4.2) submitted to Audit and Risk Committee for consideration and discussion as a highly rated strategic risk.

In response to the Audit and Risk Committee, the Director Leads will report to the Quality and Safeguarding Committee in March 2022, their review will include updates on:

- Clarity of the responsibilities of each of the committees that are cited as a 'Responsible Committee'
- Updates on all key gaps in control and the actions to close the gaps.

Operational Risks
There remain six operational risks from the corporate risk register that are aligned to the BAF, five under Risk 21_22 1a and one under 21_22 2a, which have been reviewed by the Risk Owners since Issue 3 - There have been no changes in ratings.

As with previous considerations of this paper, the content of the strategic risks reflected in the BAF represent the understanding of the risks as they currently stand at the time of writing.

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

Assurances

This paper details the current Board Assurance risks and provides assurance on the process of the review, scrutiny and update of the BAF in seeking to identify and mitigate risks to achieving the Trust's strategic objectives

Consultation

Board Committees:

- Quality and Safeguarding Committee: 14.12.21, 11.01.22, 08.02.22
- Finance and Performance Committee: 25.01.22
- People and Culture Committee: 11.01.22, 01.02.22

Formal Reviews:

- Executive Leadership Team, Issue 4.1: 17.01.22
- Audit and Risk Committee, Issue 4.2: 27.01.22, 14.01.22 (outside meeting)

Governance or Legal Issues

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

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:

Specific elements within each BAF risk and associated actions are addressed by the relevant lead Executive Director in taking forward.

Recommendations

The Board of Directors is requested to:

1) **Approve** this fourth 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) Continue to receive updates in line with the forward plan for the Trust Board.

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

Report prepared by: **Kel Sims**
Risk and Assurance Manager

Summary Board Assurance Framework Risks 2021-22 – Issue 4.1 Board 01 March 2022

PART ONE – RISKS TO DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST'S STRATEGIC OBJECTIVES

Ref	Principal Risk	Director Lead	Rating (Likelihood x Impact)	Responsible Committee
Strategic Objective 1 - To provide GREAT care in all services				
21_22 1a	There is a risk that the Trust will fail to provide standards for safety and effectiveness as required by our patients and our Board	Director of Nursing (DON)/Medical Director (MD)	**HIGH (4x4)**	Quality and Safeguarding Committee
21_22 1b	There is a risk that the Trust does not deliver key regulatory and strategic requirements related to dormitory eradication and Psychiatric Intensive Care Unit (PICU) and that the Trust estate more generally is not maintained sufficiently well to comply with regulatory and legislative requirements	Chief Operating Officer (COO)	**HIGH (4x4)**	Finance and Performance Committee
21_22 1c	There is a risk that the Trust fails to maintain continuity of access to information to support effective patient care	Director of Business Improvement and Transformation (DBIT)	**MODERATE (3x4)**	Finance and Performance Committee
21_22 1d	There is a risk that the Trusts increasing dependence on digital technology for the delivery of care and operations increases the Trusts exposure to the impact of a major outage, i.e. cyber-attack, equipment failure	Chief Operating Officer (COO)	**MODERATE (3x4)**	Finance and Performance Committee
Strategic Objective 2 - To be a GREAT place to work				
21_22 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	Director of People and Inclusion (DPI)	**HIGH (3x5)**	People and Culture Committee
21_22 2b	There is a risk of continued inequalities affecting health and well-being of staff	Director of People and Inclusion (DPI)	**HIGH (4x4)**	Trust Board
Strategic Objective 3 - To make BEST use of our money				
21_22 3a	There is a risk that the Trust fails to deliver its revenue and capital financial plans	Director of Finance (DOF)	**EXTREME (4x5)**	Finance and Performance Committee
21_22 3b	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	Director of Business Improvement and Transformation (DBIT)	**HIGH (4x4)**	Finance and Performance Committee
21_22 3c	Whilst there are significant benefits from the creation of the Integrated Care System (ICS) as an NHS body, there is a risk that the effects of the change on senior managers from across the system may impact negatively on the cohesiveness of the Derbyshire health and care system	Director of Business Improvement and Transformation (DBIT)	**HIGH (4x4)**	Trust Board

Summary Board Assurance Framework Risks 2021-22 – Issue 4.1 Board 1 March 2022

Strategic Objective 1 - To provide GREAT care in all services

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

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

Root causes:

a) Workforce supply and lack of capacity to deliver effective care across hotspot areas
b) Risk of substantial increase in clinical demand in some services and COVID-19 related mental health surge
c) Changing demographics of population and substantial impacts of inequality within the deprived wards of the city and county
d) Intermittent lack of compliance with Care Quality Commission (CQC) standards specifically the safety domain
e) Lack of embedded outcome measures at service level
f) Known links between Serious Mental Illness (SMI) and other co-morbidities, and increased risk factors in population including inequality/ intersectionality
g) Lack of compliance with physical healthcare monitoring in primary and secondary care
h) Restoration and recovery of access standards in autism and memory assessment services, due to COVID-19 pandemic
i) New and emerging risks related to waves of COVID-19, excess deaths associated with winter, impact of substantial economic downturn
j) Increased safeguarding and domestic violence related investigations as a result of harm to our patients and their families related to the impact of lockdown
k) Lack of appropriate environment to support high quality care, i.e. single gender dormitories and PICU
l) Lack of capacity to meet population demand for community forensic team
m) ~~Lack of Quality Improvement Strategy and full implementation plan~~
n) Deterioration in national enquiry into homicide – November 2021, above median
o) Local NHS Trusts will offer Recruitment and Retention Premium to Consultant Psychiatrists in specialist services and other clinical staff due to competitive practices that destabilises Trust clinical services and leads to a deterioration in waiting time and potentially in safety

BAF Ref: 21_22 1a	**Director Lead**: Carolyn Green (DON) / Dr John Sykes (MD)	**Responsible Committee**: Quality and Safeguarding Committee

Summary Board Assurance Framework Risks 2021-22 – Issue 4.1 Board 1 March 2022

Key Controls												
Inherent risk rating			**Current risk rating**				**Target risk rating**			**Risk appetite**		
HIGH	Likelihood 4	Impact 4	HIGH	Likelihood 4	Impact 4	Direction ⇔	MODERATE	Likelihood 3	Impact 4	Accepted	Tolerated	NOT ACCEPTED

Preventative – Quality governance structures, teams and processes to identify quality related issues; mandatory training; Duty of Candour processes; clinical audits and research; health and safety audits; risk assessments; physical health care screening and monitoring; investment in COVID-secure environments and cleaning

Detective – Quality dashboard reporting; quality visit programme/virtual clinical service contact visits; incident, complaints and risk investigation; Fire Safety Regulations (FSR) compliance checks; mortality review process; physical health care monitoring clinics pilots; safety check log; Head of Nursing and Matron compliance visits

Directive – Trust Strategy and commitments; Quality Improvement Strategy; Physical Health Care Strategy; Safeguarding Strategy; Suicide Reduction Strategy; clinical strategies; policies and procedures available via Trust intranet; Central Alerting System (CAS) alerts; clinical sub committees of the Quality and Safeguarding Committee ~~Information Management Team processes, including ethics governance cell~~

Corrective – Board committee structures and processes ensuring escalation of quality issues; six monthly skill mix review; CQC action plans; learning from incidents, complaints and risks; actions following clinical and compliance audits; workforce issues escalation procedures; reporting to commissioners on compliance with quality standards; learning from other Trust experiences and national learning

Assurances on controls (internal)	Positive assurances on controls (external)
Quality and Trust dashboards Scrutiny of Quality Account (pre-submission) by committees Programme of physical healthcare and other clinical audits and associated plans COVID Board Assurance Framework reported to NHS England Positive and Safe self-assessment reported to the East Midlands ~~Clinical Senate on Reducing Violence~~ Head of Nursing and Matron compliance visits	National enquiry into suicide and homicide NHS Litigation Authority (NHSLA) scorecard demonstrating low levels of claims Safety Thermometer identifies positive position against national benchmark Mental Health Benchmarking data identifies higher than average qualified to unqualified staffing ratio on inpatient wards CQC comprehensive review 2020 Trust is rated Good; two core services rated outstanding, two rated as require improvement Identified Trust fully compliant with National Quality Board (NQB) Learning from Deaths guidance 2020/21 Internal audits: Risk management; data security and protection 2020/21 Estates and Facilities Management internal audit (limited assurance) Transitional Monitoring Meetings with CQC (bi-monthly), no conditions

Summary Board Assurance Framework Risks 2021-22 – Issue 4.1 Board 1 March 2022

Key gaps in control	Key actions to close gaps in control	Impact on risk to be measured by	Expected completion date (Action review date)	Summary of progress on action	Action on track
Embedded learning from CQC regulatory actions, particularly in relation to improvement of training governance	Review operational governance of training compliance [ACTION OWNER: DPI] Develop and implement improvement plan to ensure sustained compliance with mandatory training [ACTION OWNERS: DPI/COO]	Embedded compliance with mandatory training and compliance rates. Reported to People and Culture Committee (PCC) Lack of recurrence of common themes regarding training compliance. Reported to PCC and to be led by the operational leadership teams	~~(30.11.21)~~ ~~(31.01.22)~~ 14.03.22	New reporting mechanism commenced May 2021 with Positive and Safe and Immediate Life Support (ILS) training compliance reporting to Board ILS / Basic Life Support (BLS) / Safeguarding Adults / Children / Positive and Safe: All available. Next training recovery areas defined and being implemented in line with the Trust roadmap Residual unmitigated risk: Manual handling training compliance. This is currently at 72% and until it reaches the 75% threshold and a sustainable training plan- it is not achieved	AMBER
Inability to complete physical health checks for patients whose consultations remain undertaken virtually	Improvement plan to be developed and implemented to ensure required physical health care checks are completed [ACTION OWNER: MD]	Compliance with physical healthcare checks, reported in the Quality Dashboard A 360 audit has been commissioned to review whether these improvements are embedded	~~(30.11.21)~~ ~~(31.01.22)~~ 14.03.22	Revised metrics included in Quality Dashboard reported to Quality and Safeguarding Committee. Maintenance to be monitored though dashboard data Remain under monitoring	AMBER

				– Consistent approach formulated for physical assessments to be completed face to face prioritised by need. Full progression of improvements has been impeded by the January COVID wave ~~New~~ Successful bid to region to implement a coaching and self-report pilot model of health care to improve compliance and patient empowerment	
Implementation of revised priority actions for 'Good Care' which support the Trust strategy	Redesign improvement plans to align to revised building blocks which support the Trust Strategy [ACTION OWNER: DON]	Compliance with suite of metrics and reporting schedule detailed in quality dashboard	31.03.22	Indicators are within agreed tolerance including revised requirements as outlined in the COVID recovery roadmap. Modest community survey results (2021) and positive staff survey results Health protection unit in place and active ~~New~~ Quality dashboard ~~launched June 2021~~ embedded	AMBER
Insufficient investment in Community Forensic Rehabilitation Team	Significant investment (est. £1m+) required by Clinical Commissioning Group (CCG) to meet demand as outlined in new national specification Learning from mental health homicide reviews and formal recommendation for Trust to review capacity of the community forensic team	Agreed funding allocation	~~(30.11.21)~~ ~~(31.01.22)~~ 31.03.22	Escalated to CCG, in principle agreement in investment in August 2021. Clinical team developing information and analysis as they await the commissioner's final decision	~~RED~~ Changed to GREEN

	[ACTION OWNERS: COO/DBIT]			Expansion of the team agreed by the System Delivery Board in September 2021. Service is progressing with phased recruitment January-March 2022 Homicide review will be published in February 2022 with learning completed bar one action which was escalated, delayed and now resolved	
Insufficient investment in autism assessment and treatment services to meet demand. No commissioned treatment services Waiting time has increased over COVID-19 period, exacerbated by underlying demand	Investment required by CCG to meet assessment and treatment demands [ACTION OWNERS: COO/DBIT]	Agreed funding allocation has occurred, recruitment to posts is active	31.03.22	Mental Health and Learning Disability and Autism Board (MHLD AB) agreed investment in principle into autism services. Proposal ratified Recruitment to Derbyshire Community Health Services (DCHS) - North Autism Intensive Support Team (IST) and South Autism IST service has commenced Recruitment has begun for the Specialist Autism Team (SAT) Reduction in autism assessment waiting list required. Increased investment required – Not scheduled until April 2022 in line with new National Autism Strategy	AMBER

				Likely that waiting time will increase due to current staff absence. System exploration for waiting list initiative potential from private sector organisations	
Monitoring of changes and patterns in population need in relation in the potential deterioration due to impact of COVID-19	Continued monitoring and focus by the operations team and Divisional Achievement Reviews (DARs) [ACTION OWNERS: COO/MD/DON]	Monitoring of waiting list targets and implementation of mitigating actions. Reporting through DARs DON continues arm's length monitoring of monthly NHS benchmarking which continue to not follow the national trend	~~30.11.21~~ ~~(31.01.22)~~ 31.03.22	Safety standards remain in place for urgent referrals. Limited evidence of COVID related surge in demand. Robust oversight in place Community mental health team (working age) not having increase in referrals. Acuity and activity in existing patients is significant. Monitoring and team support in place Capacity against projected demand for non-inpatient contact and the inpatient demand is being reviewed. The Trust is feeding this work into the Strategic Operational Resilience Group (SORG)	AMBER
Six service areas assessed as 'Requires Improvement' by CQC in relation to safety	Develop and implement an improvement plan to enable all six service areas to reach 'Good' for safety in relation to the CQC standards [ACTION OWNER: DON]	CQC inspection and assessment	~~(30.11.21)~~ ~~(31.01.22)~~ (31.03.22)	Significant improvement in all services. Plan to meet training compliance by 31.05.21 was achieved ~~Further recovery of manual handling training requires further attention~~ Residual CQC actions still require further attention to	AMBER

				embed and sustain improvements – There are currently 15 open actions	
Gap in operating standards for acute and community mental health services	Enhanced monitoring of acute and community mental health services by the Nursing and Quality Directorate [ACTION OWNER: DON] Implement Royal College of Psychiatrists (RCP) Standards across Acute Services [ACTION OWNERS: MD/DON/COO] Implement 2019 Community Mental Health Framework [ACTION OWNER: DBIT]	Improvement in operating standards compliance. To be confirmed by external CQC inspection and assessment of at least 'Good' Implemented Acute Inpatient Mental Health Service Accreditation (RCP Standards) reported in Divisional Achievement Reviews and Quality Account Implemented Mental Health Community Framework to Quality and Safeguarding Committee	31.03.22 (31.03.24) (31.03.22)	Increased performance management scrutiny and unannounced site visits have been undertaken with compliance checks Standards compliance work continues. Gaps in Accreditation for Inpatient Mental Health Services (AIMS) due to accommodation requirements. New estates plan will meet standards when complete Plan for investment agreed with NHSE April 2021. Reported to Quality and Safeguarding Committee May 2021 Active recruitment now underway and named specific pilot areas in roll-out Design of new fully integrated model completed. Implementation delayed by Voluntary, Community and Social Enterprise (VCSE) procurement processes, now resolved Sites for year-two roll-out	AMBER

				agreed as Derbyshire Dales, Chesterfield and North East Derbyshire/Bolsover	
Implementation of clinical governance improvements with respect to: - Outcome measures - Clinical service reviews including reduction in excess waiting times - Getting it Right First Time (GIRFT) reviews - Patient Safety Incident Response Framework (PSIRF) implementation - Commissioning for Quality and Innovation (CQUIN) Framework - National Institute for Health and Care Excellence (NICE) guidelines	Develop and implement an improvement plan to enable all governance improvement plans to be implemented [ACTION OWNERS: MD/DON/COO/DBIT]	Compliance with suite of metrics and reporting schedule	~~(30.11.21)~~ ~~(31.01.22)~~ (31.03.22)	Trust's COVID recovery roadmap outlines timescales for standing up of core clinical governance developments, commenced June 2021 PSIRF implementation continues – New processes in place and approval of revised incident policy. Staff training on PSIRF is yet to be launched due to impact of January COVID wave. This roll out has been paused until DIPC authorises CQUIN progress to be included in DARs from 2022 NICE guideline mapping recommenced September 2021 Getting it Right First Time (GIRFT) reviews were held in July 2021, action plan received. Response drafted by operational and clinical group with action plan in development Reduction in waiting times	AMBER

				and ~~analysis commence from September 2021 – Outcome measures and~~ waiting times included in DARs. Work continues until the gap is significantly reduced. Extra support is required in Psychology and resources are being planned	
Implementation of three new quality priorities for: - Reducing violence - Sexual safety - Learning from COVID-19 pandemic	Develop and implement an improvement plan to enable all quality priorities to be implemented [ACTION OWNER: DON]	Compliance with suite of metrics and reporting schedule	~~(30.11.21)~~ ~~(31.01.22)~~ (31.03.22)	Reducing violence - Body worn camera investment has commenced Sexual safety – Improvement work commenced (dashboard, preceptorship training and protocols) Learning from COVID - Review of learning commissioned and IMT event ~~planned for~~ delivered September 2021. Review of findings in development for a formal learning report Design and feedback will be incorporated into the Quality Account	GREEN
Lack of Quality Improvement (QI) strategy and implementation plan may result in failure to achieve most effective quality improvement and reduce the quality of patient care	Develop and implement a QI strategy [ACTION OWNERS: DBIT]	Develop and implement an improvement plan in line with required standards for Well Led	~~30.11.21~~ ~~31.01.22~~ (31.03.22)	QI Strategy ~~is in development~~ submitted to Quality and Safeguarding Committee (for sign off) and Finance and Performance Committee (for information) in November 2021. The	AMBER

				implementation plan was signed off by ELT in December 2021 and is in implementation phase	

Summary Board Assurance Framework Risks 2021-22 – Issue 4.1 Board 1 March 2022

Related operational high/extreme risks on the Corporate Risk Register:

Record ID	Service Line	Title	Risk: Summary of Progress	Date Risk Created	Date of Next Review	Residual Risk Rating
3009	Learning Disabilities Services	Demand for Autism Spectrum Disorder (ASD) assessment Service far outstrips contracted activity	04.11.21: Temporary funding for a specialist doctor is allowing stabilisation of the prescribing caseload and some assessment and follow up work. Demand outstrips capacity – Working with CCG to develop a long-term plan. Business case in draft 02.02.22: This remains a significant concern within Derbyshire and the demand continues to rise. The team is still not commissioned to provide the number of assessments which are required for the region.	01.01.16	28.02.22	HIGH
21586	Community Care Services (Older People)	Wait times breaching CCG contract	24.11.21: There are currently approximately 1600 patients on the MAS waiting list. In the North of the county, it is a 12 week wait for initial assessment and in the South a 20 week wait. This is an improving picture from a covid recovery point of view. The MAS team continue to be in a transformation process improving efficiency and increasing the quality of patient care. All patients accepted into the service are being supported through the Waiting Well Policy	12.12.18	23.05.22	HIGH
22154	Community Paediatrics Teams	Neurodevelopmental (ND) Assessment Pathway – operational delivery and capacity risks	01.06.21: Internal review shows Attention Deficit Hyperactivity Disorder (ADHD) diagnosis and management is the greatest risk. Short term funding also to be used to employ a short-term Specialty Doctor to help with the prescribing and oversight of this group 22.10.21: Engaged in demand and capacity modelling with the CCG. Estates impacting delivery. Specialty doctor recruited for 12 months	05.10.20	28.02.22	HIGH
21739	Operational Services	Emergency Preparedness, Resilience and Response (EPRR) Risks within Derbyshire	The incident management team response to the pandemic proactively managed disruptions in a safe, responsive way 10.11.21: Risks locally still remain the same as there are external factors as well as internal ones. Any changes in national and regional risk registers and guidance will result in early review of this risk	23.07.19	31.05.22	HIGH
22677	Non-Trust	Bed availability across the Learning Disability and Autism (LD/A) secure regional pathway	There is pressure on female medium secure unit (MSU) beds in the region and at a national level. This is impacting on the ability to admit patients, particularly to female LD/A beds 'Impact', the collaborative provider is aware of the risk 28.01.22: There remains to be pressure on the MSU female pathway and secure pathways for male and female LD&A provision 11 secure wards at St Andrews remain paused for admission. The risk remains unchanged	12.08.21	31.03.22	EXTREME

Summary Board Assurance Framework Risks 2021-22 – Issue 4.1 Board 1 March 2022

Strategic Objective 1 – To provide GREAT care in all services

There is a risk that the Trust does not deliver key regulatory and strategic requirements related to dormitory eradication and PICU and that the Trust estate more generally is not maintained sufficiently well to comply with regulatory and legislative requirements

Impact:
Low quality care environment specifically related to dormitory wards
Crowded staff environment and non-compliance with COVID-secure workplace environments
Non-compliance with statutory care environments
Non-compliance with statutory health and safety requirements

Root causes:

a. Long term under investment in NHS capital projects and estate
b. Limited opportunity for Trust large scale capital investment
c. Increasing expectations in care and working environments as national capital strategy and surrounding legislative and regulatory requirements evolve
d. National capital funding restrictions for business as usual capital programme for Trusts and Integrated Care Systems
e. Gaps in relation to the revised Premises Assurance Model (PAM)

BAF Ref: 21_22 1b	**Director Lead**: Ade Odunlade (COO)	**Responsible Committee**: Finance and Performance Committee

Key Controls

Inherent risk rating			Current risk rating				Target risk rating			Risk appetite		
HIGH	Likelihood 4	Impact 4	HIGH	Likelihood 4	Impact 4	Direction ⟷	MODERATE	Likelihood 3	Impact 4	Accepted	Tolerated	NOT ACCEPTED

Preventative – Routine environmental assessments for statutory health and safety requirements; environmental risk assessments reported through DATIX; COVID secure workplace risk assessments
Detective – Reporting progress against Premises Assurance Model (PAM) to the Executive Leadership Team (ELT); ~~IMT reporting against COVID secure workplace compliance~~ Dormitory Eradication Board reports into Trust Board
Directive – Capital Action Team (CAT) role in scrutiny of capital projects; ~~IMT estates cell implementing all relevant COVID secure guidance~~ COVID secure workplace policy and procedure
Corrective – Short term investment agreed to support key risk areas including provision of equipment to ensure COVID secure workplace environments

Assurances on controls (internal)	Positive assurances on controls (external)
- COVID secure workplace assessments - Health and Safety Audits - Premises Assurance Management System (PAMS) reporting providing updates on key priority areas	- Mental Health Capital Expenditure bidding process - External authorised reports for statutory health and safety requirements - 2020/21 Estates and Facilities Management internal audit (limited assurance)

Summary Board Assurance Framework Risks 2021-22 – Issue 4.1 Board 1 March 2022

Key gaps in control	Key actions to close gaps in control	Impact on risk to be measured by	Expected completion date (Action review date)	Progress against action	Action on track
Estates Strategy delivery recommendations will need to be updated for ongoing COVID secure requirements	Review of Estates Strategy delivery recommendations to ensure compliance with ongoing COVID secure guidance [ACTION OWNER: COO]	Revised COVID compliant delivery recommendations	~~During 2021/22 financial year – Depending on pandemic evolution~~ (31.03.22)	Unable to review until during 2021/22 financial year as strategy needs to be considered post-COVID or when and how 'living-with COVID' is ascertained Estates Strategy is reviewed regularly at Trust Operational Oversight Leadership group (TOOL). Significant risks will be reviewed at year-end	AMBER
Lack of adherence to emerging national guidance and policy requiring the elimination of mixed sex wards and dormitory style inpatient facilities	Deliver a single room en-suite delivery plan and programme of work [ACTION OWNER: COO]	Delivery of approved business cases and surrounding associated schemes for dormitory eradication	(31.03.24) Hard deadline for national funding of March 2024	Allocation of £80m confirmed Application for funding in place for new PICU and other hospital buildings, with a new plan in place once funding is approved, which would mean total eradication of dormitories	AMBER
Lack of an accessible Derbyshire wide Psychiatric Intensive Care Unit (PICU)	Delivery of local PICU arrangements (new build and associated projects taking into account gender considerations) [ACTION OWNER: COO]	Agreed programme of work with capital funding to support it	(31.03.24) PICU delivery date aligned to dorms new build and interim CCG contract dates	Application for funding in place for new PICU and other hospital buildings, with a new plan in place once funding is approved, which would mean total eradication of dormitories	AMBER
Internal Audit recommendations highlighted the need for evidence of assurance on estate	Deliver Internal Audit report recommendations in full Premises Assurance Model (PAM)	Completion of agreed recommendations and management actions	31.03.22	Plan for reporting of suite of assurance for estates delivered at ELT September 2021 outlining	AMBER

maintenance and wider governance for estate compliance with statutory legislation	assessment to be completed [ACTION OWNER: COO] Review of current estates and facilities governance structures [ACTION OWNER: COO]	Reporting to Finance and Performance Committee twice yearly and any exceptions in between Governance structure in place		the timeline and process/Outline Business Cases (three in total) – These should be completed in November 2021 Internal governance structure in place and meeting monthly Management audit undertaken by internal auditors Quarter 4 2020/21 Governance reporting will include audit recommendation response and delivery	
Insufficient staffing resources in the PICU and dormitory eradication project	Recruit temporary Strategic Lead on People for the PICU and dormitories project [ACTON OWNER: DPI]		31.03.22	New strategic lead for PICU recruited and commencing 20.12.21	AMBER

Related operational high/extreme risks on the Corporate Risk Register: None

Summary Board Assurance Framework Risks 2021-22 – Issue 4.1 Board 1 March 2022

Strategic Objective 1 – To provide GREAT care in all services

There is a risk that the Trust fails to maintain continuity of access to information to support effective patient care

Impact: Inability of staff to access patient records from the right place at the right time

Root causes:

a. Transfer to new electronic patient record provider
b. Inefficient access to clinical information in current system
c. Interoperability of systems with partner organisations
d. Current significant number of forms and processes resulting in issues regarding the consistency of recording of information

BAF Ref: 21_22 1c	**Director Lead**: Gareth Harry (DBIT)	**Responsible Committee**: Finance and Performance Committee

Key Controls

Inherent risk rating			Current risk rating				Target risk rating			Risk appetite		
MODERATE	Likelihood 3	Impact 4	MODERATE	Likelihood 3	Impact 4	Direction ⟺	LOW	Likelihood 2	Impact 3	Accepted	TOLERATED	Not Accepted

Preventative – Local Implementation Groups (LIG) and overarching Clinical Design Authority (CDA) ensuring all forms and processes have been rigorously tested and signed off by representatives of the clinical services
Detective – Non-Executive Director (NED) Board member on OnEPR (one electronic patient record) Programme Delivery Board (PDB) providing project expertise and direct link to Board
Directive – OnEPR PDB governance oversight with respect to delivery of the new EPR with secured expert and experienced third-party provider; fully resourced project management team within the third-party provider and DHCFT; reporting on progress to Finance and Performance Committee (F&P) and fortnightly updates to ELT; rapid escalation of issues to ELT
Corrective – Phased approach to delivery (four phases over 18-month project delivery plan); 'Go/No Go' rationale agreed and measures for decision making, ahead of each delivery phase. Weekly 'Go/No Go' meeting in 10-week run up to 'Go Live' date for each phase of implementation

Assurances on controls (internal)	Positive assurances on controls (external)
- Weekly project update report and wider project progress report highlighting current position against delivery plan	

Summary Board Assurance Framework Risks 2021-22 – Issue 4.1 Board 1 March 2022

Key gaps in control	Key actions to close gaps in control	Impact on risk to be measured by	Expected completion date (Action review date)	Progress against action	Action on track
Capacity within the IM&T Team to support programme delivery to the level required by the project plan	Identify and agree priorities and release of staff [ACTION OWNER: COO]	Compliance with the agreed resource plan for the project	~~31.01.22~~ 31.05.22	Fully resourced plan and gateway review dates agreed with Channel 3 for the release of their resource as required ELT agreed to amalgamate phase 3 and 4~~. with a go live of 24.01.22 (including a fully resourced capacity plan – This is delayed due to the current pandemic situation~~ The launch date has been changed to 09.05.22 to allow system support and training to take place	GREEN
Maintenance of staff well-being (in particular IM&T and Channel 3 staff) during final implementation of each delivery phase	Build in plans and expectations of working arrangements for IM&T and Channel 3 staff from phase 2 implementation onward [ACTION OWNER: DBIT]	Feedback from staff	~~31.01.22~~ 31.05.22	Staff wellbeing considered on deciding to delay phase two ~~go live to 28.06.21~~ and was an active influence on the judgement made to amalgamate phase 3 and 4 Adequate staffing resource and capacity built into programme plans for the remaining months	~~AMBER~~ Changed to GREEN
Adherence to the project delivery plan due to unforeseen circumstances	Close monitoring of the project risk register and issues log/regular updates with potential to adjust phasing of 'go live' decisions for each phase [ACTION OWNER: COO]	Adherence to the project delivery plan, which includes a range of clear measurable criteria against key milestones	~~31.01.22~~ 31.03.22	ELT agreed to amalgamate phase 3 and 4 with a go live date of 24.01.22 – This is delayed due to the current pandemic situation. Plan included fully resourced capacity plan	AMBER

Related operational high/extreme risks on the Corporate Risk Register: None

Summary Board Assurance Framework Risks 2021-22 – Issue 4.1 Board 1 March 2022

Strategic Objective 1 - To provide GREAT care in all services

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

Impact: This could lead to the disruption in the provision of services with risk to patient safety

Root causes:

a. Increasing reliance on a single electronic patient record
b. Increasing use of video software for the direct provision of care and operational purposes
c. Increased staff home working
d. Increasing electronic collaboration across health and social care partners
e. Increasing global instability and risk from state supported cyber attacks
f. Increase in locally developed system solutions to support DHCFT and partner operations and performance, i.e. COVID vaccination, health risk assessments, COVID flow testing, flu

BAF Ref: 21_22 1d	**Director Lead**: Ade Odunlade (COO)	**Responsible Committee**: Finance and Performance Committee

Key Controls

Inherent risk rating			Current risk rating				Target risk rating			Risk appetite		
MODERATE	Likelihood 3	Impact 4	MODERATE	Likelihood 3	Impact 4	Direction ⟷	MODERATE	Likelihood 2	Impact 4	Accepted	TOLERATED	Not Accepted

Preventative – Trust utilises NHS provided solutions as widely as possible, i.e., Office 365, NHS Mail to ensure compliance with mandated requirements. Use of the secure Health and Social Care Network (HSCN) specified by NHS Digital. Staff training on data security and protection. Regular all staff communications regarding safe ways of working and phishing emails. Contract with NHS Arden and Greater East Midlands Commissioning Support Unit ~~Arden GEM~~ provides information governance and security services, includes review of risks and addressing of vulnerabilities. Subscription with NHS Digital Care Certification Programme highlights cyber vulnerabilities and monitors Trust's compliance against them
Detective – Cyber essentials framework: NHS Digital encourage all organisations to comply. Advanced Threat Protection (ATP) monitors every server and device to highlight threats and software vulnerabilities
Directive – Compliance with NHS Digital requirements. Monthly rigor review meeting with NHS Arden and Greater East Midlands Commissioning Support Unit ~~Arden GEM~~ to identify software solutions which require upgrading to ensure supported. Data Security and Protection Policies and Procedures. Business continuity plan and procedure
Corrective – Timely actions undertaken in response to vulnerabilities identified through controls/processes outlined above

Assurances on controls (internal)	Positive assurances on controls (external)
IM&T Strategy delivery update to F&P – September 2021	- Templar Cyber Organisational Readiness Report (CORS) - Annual external cyber review by Dynac (vulnerability scan) - Data Security and Protection annual review by Internal Audit, weighted toward cyber security - Compliance with Data Security and Protection Toolkit, including high levels of training compliance

Summary Board Assurance Framework Risks 2021-22 – Issue 4.1 Board 1 March 2022

Key gaps in control	Key actions to close gaps in control	Impact on risk to be measured by	Expected completion date (Action review date)	Progress against action	Action on track
Business continuity plans reflect changes to service delivery such as increased phone and video contacts	All services to review business continuity plans to ensure they take account of the increased use of phone and video contacts for care provision and also use of video conferencing for operational delivery [ACTION OWNER: COO]	Reporting to the Divisional Achievement Reviews (DARs)	~~30.11.21~~ ~~(31.01.22)~~ 31.03.22	Due to start in Quarter 2 following development of division level plans	AMBER
Limited resource within organisation dedicated to cyber security	Consider development of a business case to increase cyber support [ACTION OWNER: COO]	Increased capacity to support cyber risk management	~~(31.12.21)~~ ~~(31.01.22)~~ (31.03.22)	Head of cyber security and team in post at NHS Arden and Greater East Midlands Commissioning Support Unit. DHCFT is working with their team and maintaining communication through regular meetings	AMBER
Embedded programme of software and hardware upgrades	Prioritise work alongside organisational requirements and developments [ACTION OWNER: COO]	Information Technology Strategy (IT Strategy) 6-month update to Finance and Performance Committee	~~(30.11.21)~~ (31.03.22)	~~Embedded programme of software and hardware upgrades routinely reviewed in monthly meetings with NHS Arden and Greater East Midlands Commissioning Support Unit~~ There is a continual review of hardware and software undertaken in conjunction with NHS Arden and Greater East Midlands Commissioning Support Unit monthly as part of our 'Rigor' programme. Actions are agreed in the meeting to ensure that we continue to comply with the NHS mandate to operate on supported software and	GREEN

				platforms	
Live testing of business continuity plans	Desktop incident response exercise on IT failure to be completed [ACTION OWNER: COO]	Exercise evaluation report to Finance and Performance Committee	28.02.22	The Emergency Planning and Business Continuity Manager will be working with IM&T on testing of the business continuity plans	AMBER
Some gaps identified in Cyber Operational Readiness Support (CORS) review undertaken by Templar	Consideration of recommendations in relation to asset owners and policies. Trust to develop own actions in response [ACTION OWNER: COO]	Response to CORS recommendations report to Data Security and Protection Committee	~~30.11.21~~ 31.03.22	Semi deep dive ~~planned for~~ done at November F&P Committee Cyber Organisational Readiness Support (CORS) recommendations all reviewed – All actions complete or underway and on target	~~AMBER~~ Changed to GREEN

Related operational high/extreme risks on the Corporate Risk Register: None

Summary Board Assurance Framework Risks 2021-22 – Issue 4.1 Board 1 March 2022

Strategic Objective 2 - To be a GREAT place to work

There is a risk that we do not sustain a healthy vibrant culture and conditions to make DHCFT a place where people want to work, thrive and to grow their careers

Impact: Risk to the delivery of high-quality clinical care
Inability to deliver transformational change
Exceeding of budgets allocated for temporary staff
Loss of income

Root causes:

a. National shortage of key occupations and registered professions
b. Future commissions of key posts insufficient for current and expected demand
c. Sufficient funding to deliver alternative workforce solutions
d. Retention of staff in some key areas
e. Overdependence on registered professions
f. Impact of COVID-19 pandemic
g. Increase in mental health demand and associated funding
h. Increase in use of technology
i. Consistent person-centred culture not fully embedded

BAF Ref: 21_22 2a	**Director Lead**: Jaki Lowe (DPI)	**Responsible Committee**: People and Culture Committee

Key Controls

Inherent risk rating			Current risk rating				Target risk rating			Risk appetite		
EXTREME	Likelihood 4	Impact 5	HIGH	Likelihood 4	Impact 5	Direction ⇩	MODERATE	Likelihood 2	Impact 5	Accepted	Tolerated	NOT ACCEPTED

Preventative – Workforce plan covering wide range of recruitment channels including targeted campaigns, 'Work For Us' internet page, leadership development, new role and skill mix changes, leadership development programme, increased well-being support, system workforce hub
Detective – Performance report identifying specific hotspots and interventions to increase recruitment and retention, Freedom to Speak Up Guardian role, Peoples Services Leadership Team meeting to oversee delivery of the People Agenda. Health risk assessments. Health and wellbeing conversations and well-being action plans. Black, Asian, and Minority Ethnic (BME) risk assessments
Directive – Wellbeing Strategy, infrastructure and programmes to support staff health and wellbeing. Workforce plan to grow and develop the workforce. Assurance reports on delivery of People Strategy to People and Culture Committee. Leadership support sessions. Staff engagement forums
Corrective – Leadership and Management Strategy and development programmes to build inclusive and engaging leadership and management. Leadership Programme – Core Leaders. Occupational health contract monitoring meeting

Assurances on controls (internal)	Positive assurances on controls (external)
Workforce Performance Report to Executive Leadership Team monthly Bimonthly People Dashboard to People and Culture Committee, includes recruitment tracker and deep dives	Outstanding results from 2020 staff survey, identifying significant improvements across all themes Safe staffing reports and Care Hours Per Patient Day (CHPPD) reporting

Summary Board Assurance Framework Risks 2021-22 – Issue 4.1 Board 1 March 2022

ELT rolling programme of deep dives of strategic building blocks Employee relations assurance report to ELT Deep dive review of the risk to Audit and Risk Committee (January 2021)	(planned versus actual staff) Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and gender pay gap reporting 2020/21 Internal Audit: WRES and WDES data quality (significant assurance) Reduction in employee relations cases No employment tribunal cases

Key gaps in control	Key actions to close gaps in control	Impact on risk to be measured by	Expected completion date (Action review date)	Progress against action	Action on track
~~Effective recruitment and retention plan to all posts~~ Time taken to recruit to new and vacant posts Lack of a recruitment plan showing the vacancies and recruitment position Lack of correlation between finance, HR and operational systems and information Insufficient clarity on hotspot areas and what needs to be done to address these areas	Recruitment plans in place for workforce requirements related to capital projects and mental health investment plans (relating to PICU plans and dormitory eradication) Establish a Multi-Disciplinary Team Recruitment Task and Finish group to establish a clear position on vacancies, starting January and completing by end of March 2021 [ACTONS OWNER: DPI]	Vacancy rates, time to recruit data within performance report to Board. People dashboard to PCC and monthly people assurance report to ELT Diversity in appointments. Target of 20% of workforce as BME	~~TBC~~ 31.03.22	Recruitment processes working well. Plans in place for all new posts are being dynamically managed – Operational and 'business as usual' (BAU) A new group scrutiny meeting with People & Inclusion Services is being launched, with a clear set of actions to address on the recruitment part of the process, to review vacancies and establishment controls The BME staffing rate continues to improve and is now at 16.5%	~~GREEN~~ Changed to AMBER
Embedded flexible workforce arrangements in place	Implementing the learning from flexible working arrangement in response to the COVID-19 pandemic, i.e. home working Review of policies/processes and contracts of employment to embed flexible working [ACTONS OWNER: DPI]	Sickness absence rate reported in performance dashboards as outlined above Staff survey responses Pulse and people pulse check responses Percentage of people working on flexible contracts with respect to	(30.04.22)	DHCFT Promise for flexible working in place. Working from home and flexible working policies both updated. Guidance and advice for managers has been produced and focus groups on flexible working have been undertaken Pulse checks commenced and will take place quarterly –	GREEN

		hours and location (reporting metric to be developed)		Operational and BAU Flexible working group in operation (NHSE/I initiative), led by Nursing & Quality on a six-month programme	
Fully embedded person-centred culture of leadership and management	Review of policies and processes to support a person-centred approach to leadership and management Review of leadership development offer Re-establish line manager development sessions Scrutiny of people data at divisional level [ACTONS OWNER: DPI]	Reduced number of formal staff relations issues/cases. Reported in monthly people assurance report to ELT Reporting to TOOL	~~(31.10.21)~~ Ongoing	'People First - Supporting colleagues fairly through workplace situations' in place and disciplinary and incident polices reviewed in line with approved proposal with 'Above Difference' to review cultural intelligence - Started with Board session on 15.09.21 External review of workforce policies ongoing – ~~This is a continuous process~~ Completed Commenced case oversight meeting to ensure timely and appropriate management	~~AMBER~~ Changed to GREEN
Development of a funded Workforce Plan that delivers on new role development	Develop and implement 2021/22 of the Workforce Delivery Plan (WDP) [ACTON OWNER: DPI]	Vacancy rate of registered posts reported in performance dashboards as outlined above and recruitment report to IMT No of new roles in place, metric to be developed. Apprenticeship student nurse uptake reported to Workforce Delivery Plan Group	Ongoing	Delivery of plan being monitored though Workforce Planning Delivery Group, through to ELT and PCC. Initial WDP reported to Board May 2021 Medical Workforce Project Group review of all vacancies, recruitment and agency spend fortnightly The Workforce Plan is included in the overarching People & Inclusion Services budget planning	AMBER

People and Inclusion Directorate shaped to deliver against future needs of the organisation	Review of Peoples Services model and plans Identify resources required to shape culture locally Develop performance framework to support delivery of revised model [ACTONS OWNER: DPI]	Service line agreements KPIs	~~(31.12.21) Deferred to 2021/22~~ (31.03.22)	Negotiations almost complete with DCHS. New schedule of service agreed. New service level agreements and KPIs to be finalised. Performance management arrangements to be established Recruitment to two Assistant Director Posts in People & Inclusion complete and one underway. More formal service oversight meetings will be established in October 2021 with both Assistant Directors Oversight meetings were planned to start in December 2021 but have been deferred until 2022 due to the recent changes in the pandemic status	RED
Consolidate health and wellbeing provision and infrastructure, ensuring learning from COVID-19 pandemic is incorporated	Align well-being offer to local Sustainability and Transformation Plan (STP) and national offers Updating well-being offer, in particular mental health interventions Roll out of health and wellbeing plans for all staff Review management of change policy to incorporate health and well-being discussions Similar review of appraisal policy and processes [ACTONS OWNER: DPI]	Maintain sickness absence rates to below 5% or below Reduction in sickness absence as a result of anxiety and stress Percentage uptake of health and wellbeing plans Published policies	~~TBC 31.12.21~~ (28.02.22)	Local, regional and national offer published via Trust intranet Increase uptake of health risk assessments Wellbeing offer has been reviewed. Health & Wellbeing Framework has been rolled out Review RESOLVE contract to increase capacity for referrals Consider a reflective practice offer Absence rates have not	AMBER

				decreased as anticipated – Monitoring continues	
	Roll out of flu vaccination plan for autumn 2021 [ACTON OWNERS: DPI/DON]	Increased uptake of staff flu vaccination by 30.11.21	~~(30.11.21)~~ (31.03.22)	~~Planned delivery in place. No outstanding actions/risks.~~ Vaccination programme delivery is on track	GREEN
Training compliance in key areas below target set by the Trust Long-term solution required for the training venues for mandatory training and induction	Recovery being implemented Mandatory training to be rostered Estates team to consider options for central room booking and for training [ACTION OWNERS: DPI/COO]	Percentage of compliance with mandatory training reported to ELT and bimonthly to Board as part of performance report Forward planning for training compliance	~~(31.12.21)~~ (31.03.22)	Recovery plan implemented, particularly in relation to ILS and Positive and Safe training. Forward plans to include rostering of training to be developed Significant impact of COVID-19 on release of staff – Extra resource given to support the Training and Development Team to improve attendance at training~~, which relaunches in line with the Trust roadmap~~ – Remains in place until March 2022 Target is 85% and we are above this. A new training venue is required for Positive & Safe and Manual Handling training, this is being sourced	AMBER
Evidence of safer staffing levels of suitably qualified staff	Compliance with NHS Improvement (NHSI) Workforce Safeguards requirements [ACTION OWNER: DPI]	Full compliance with safer staffing levels in line with the NHSI Workforce Safeguards	~~31.12.21~~ ~~(31.01.22)~~ 31.03.22	Plan was presented to PCC July 2021 New reporting process started to incorporate ward level reporting.~~ – Reporting from ward managers is the current gap, work in progress~~ Board approval has been given to recruit two registered and two	~~AMBER~~ Changed to GREEN

				non-registered staff per ward, which wards are now actioning. Monitoring of actions to ensure E-Roster has the correct safer staffing template for each ward continues	

Related operational high/extreme risks on the Corporate Risk Register:

Record ID	Service Line	Title	Risk: Summary of Progress	Date Risk Created	Date of Next Review	Residual Risk Rating
22727	People Services	Risk of not being able to recruit newly qualified mental health nurses	Over the last academic year, the Trust was asked to provide a total of 215 placements to meet the needs of the September 2020 cohort, to which we were only able to provide 99 placements. The university has been using placements outside of the Trust to meet the deficit and this will increase in line with the increase of student recruitment There is currently a system-wide approach being undertaken to look at placement expansion across Derbyshire NHS Trusts	07.10.21	27.04.22	HIGH

Summary Board Assurance Framework Risks 2021-22 – Issue 4.1 Board 1 March 2022

Strategic Objective 2 - To be a GREAT place to work

There is a risk of continued inequalities affecting health and well-being of staff

Impact:
Risk to the delivery of high-quality clinical care
Inability to attract, recruit and retain a motivated and diverse workforce
Risk to the health and wellbeing of our staff
Risk to patients and communities having access to the right services
Escalation in formal cases impacting on individuals and teams
Reduced confidence by our communities in our Trust

Root causes:

a. Commissioning of services does not meet the need of diverse communities
b. Change management and transformation programmes lead to deterioration in experience
c. Processes and policies have inbuilt bias
d. Processes for advocacy and raising issues not clear or dealt with well
e. Gaps in cultural competence of leaders and managers

BAF Ref: 21_22 2b	**Director Lead**: Jaki Lowe (DPI)	**Responsible Committee**: Trust Board

Key Controls

Inherent risk rating			**Current risk rating**				**Target risk rating**			**Risk appetite**		
HIGH	Likelihood 4	Impact 4	HIGH	Likelihood 4	Impact 4	Direction ⇔	MODERATE	Likelihood 3	Impact 4	Accepted	Tolerated	NOT ACCEPTED

Preventative – Freedom to Speak Up Guardian (FTSUG) self-assessment and six monthly reports; annual review of people development plan commissioned through People and Inclusion Directorate; provision of information through induction processes for new staff; staff engagement sessions; Equality, Diversity and Inclusion (EDI) Delivery Group meeting; supported networks for diverse staff groups and allies; Health and Well-being Network; workforce planning design meeting; Culture and Leadership Delivery Group; Training and Education Delivery Group
Detective – ~~Weekly recruitment report to IMT;~~ EDI updates to ELT, monthly performance report to Board; recruitment reporting to TOOL; Reverse Commissioning Project Group; Reverse Commissioning Steering Group; Equality Forum; attendance management monitoring; take up of Reasonable Adjustment Passports; updating of Electronic Staff Record (ESR) regarding disability and long-term conditions
Directive – People Strategy; Inclusion Strategy; Joined Up Care Derbyshire (JUCD) People Strategy
Corrective – Leadership and management development strategy ensuring inclusion is at the heart of all development; exit interview feedback

Summary Board Assurance Framework Risks 2021-22 – Issue 4.1 Board 1 March 2022

Assurances on controls (internal)	Positive assurances on controls (external)
Executive Leadership Team rolling programme of deep dives on strategic building blocks	2020 staff survey results Gender pay gap annual assessment and report Assessment and report annually for Equality Delivery System (EDS2) WRES and WDES annual report 2020/21 Internal Audit WRES/Disability Worker Exclusion Scheme (DWES) data quality (significant assurance)

Key gaps in control	Key actions to close gaps in control	Impact on risk to be measured by	Expected completion date (Action review date)	Progress against action	Action on track
Develop an Equality, Diversity and Inclusion Strategy (EDI Strategy) Insufficient resources in place to deliver the plans	~~Establish approach for~~ Refreshing and expanding the strategy ~~Establish a steering group to oversee refresh of the strategy~~ ~~Complete~~ Roll out review of cultural intelligence ~~Refreshed strategy completed~~ Launch events for the Equality, Diversity and Inclusion Strategy Development of directorate equality dashboards Recruitment process for the head of EDI and Race Equality Lead [ACTIONS OWNER: DPI]	Improved position regarding staff motivation in staff survey and pulse checks Freedom to Speak Up Index to People and Culture Committee and Board Inclusion Recruitment report Positive Friends and Family Test Percentage of exit interviews completed Metrics within the employee relations report	~~31.12.21~~ (30.06.22)	Strategy has been developed, engagement and embeddedness ~~to be~~ reviewed. EDI delivery group will oversee delivery of the strategy Strategic approach taken to Trust Board November 2021 Delivery group now stood up to full operating expectations and will oversee delivery of the strategy	AMBER
Refresh and expand engagement plans. Include lessons learnt from response to COVID pandemic	Establish approach for refreshing and expanding the engagement plan and a group to oversee the refresh Refresh 12-month engagement plan Develop a cultural sensitivity approach to	Improved staff survey results Positive Friends and Family Test Positive pulse check	~~31.12.21~~ (30.04.22)	Engagement plan for next 12 months to be developed, in line with Trust COVID recovery roadmap Learning from COVID-19 has been completed and cultural	~~AMBER~~ Changed to GREEN

	health and wellbeing discussions [ACTIONS OWNER: DPI]			sensitivity to health and wellbeing discussions were undertaken – Progress reporting into TOOL	
Gaps in the cultural competence of leaders and managers resulting in staff reporting being disadvantaged due to their protected characteristics	Roll out of cultural competence training to equip leaders and managers to be able to lead and support staff and provide the best experience for service users Participation in the national pilot on disciplinary processes Training on acceptable behaviours in teams where there are issues [ACTIONS OWNER: DPI]	Live WRES monitoring at corporate and directorate level BME case numbers Setting of targets at divisional level Development of divisional WRES Action plans	~~31.03.22~~ 30.06.22	Health risk assessment has been revisited and is now a dynamic process. Roll out of master classes for cultural intelligence start September 2021. Cultural workshops undertaken in areas of need (on disparity ratio of BME staff at Band 7 and above)	AMBER
Unequal experience of people with protected characteristics through recruitment process	Review of assurance framework that inclusion and recruitment guardians will use Increase the number and availability of Recruitment Inclusion Guardians (RIGs) Establish an escalation process where a RIG is not in place System Recruitment Pilot to change the recruitment process Review of all data from the Freedom to Speak Up Guardian, disciplinary cases and grievances to identify areas to address [ACTIONS OWNER: DPI]	Improved BME recruitment process outcomes Improved disparity ratios Review the role of the RIG from a panel member to an assurance process	28.02.22	Increased the number of inclusion guardians to 50+ System wide pilot on reviewing recruitment process has commenced and will conclude in February 2022 Senior appointments at the most senior level have also improved the disparity	AMBER

Related operational high/extreme risks on the Corporate Risk Register: None

Summary Board Assurance Framework Risks 2021-22 – Issue 4.1 Board 1 March 2022

Strategic Objective 3 - To make BEST use of our money

There is a risk that the Trust fails to deliver its revenue and capital financial plans

Impact: Trust becomes financially unsustainable

Root causes:

a) Financial detriment (revenue, cash and/or capital) resulting from large capital development programme, in particular dormitory eradication and associated capital schemes and patient record investment
b) Non approval of business case for national funding
c) Insufficient capital envelope for JUCD system that inhibits Trust capital spend requirements for the self-funded projects within the dormitory eradication and PICU programme
d) Organisational financial detriment created by commissioning decisions or wider 'system-first' decisions including enactment of risk-sharing agreement in partnership arrangements or changes in NHS financial arrangements during and beyond the pandemic
e) Non-delivery of expected financial benefits from transformational activity
f) Non-delivery of standard or additional financial efficiency requirements
g) Lack of sufficient cash and working capital
h) Loss due to material fraud or criminal activity
i) Unexpected income loss or non-receipt of expected transformation income (e.g. long-term plan (LTP) and Mental Health Investment Standard (MHIS) without removal of associated costs
j) Costs to deliver services exceed the Trust financial resources available, including contingency reserves.

BAF Ref: 21_22 3a	**Director Lead**: Claire Wright (DOF)	**Responsible Committee**: Finance and Performance Committee

Key Controls

Inherent risk rating			Current risk rating				Target risk rating			Risk appetite		
HIGH	Likelihood 3	Impact 5	EXTREME	Likelihood 4	Impact 5	Direction ↑	MODERATE	Likelihood 2	Impact 5	Accepted	Tolerated	NOT ACCEPTED

Preventative – Integrated Care System (ICS) sign off and support for dormitory eradication work. Devoted and adequate team for Programme delivery. High quality business cases. Regular meetings with NHSIE on programme progress. Meaningful stakeholder engagement (internal and external). Robust cash flow forecasting and delivery
Multi-disciplinary development of financial plans for new programmes of work. System sign-off and appropriate governance arrangements for new programmes of work: Budget training, segregation of duties, management of commissioning risk through system engagement and leadership, mandatory counter fraud training and annual counter fraud work programme: Enhanced cash management and forecasting aligned to large capital and transformational programmes
Detective – Risk logs and programme-reporting (capital/transformation) informs ongoing financial risk assessment: Audits (internal, external and in-house); scrutiny of financial delivery, bank reconciliations; continuous improvement including cost improvement planning (CIP) and delivery; contract performance, local counter fraud scrutiny

Summary Board Assurance Framework Risks 2021-22 – Issue 4.1 Board 1 March 2022

Directive – Business plans and templates set out clear financial plans and assumptions: Standing financial instructions; budget control, delegated limits, recruitment approval processes; business case approval process; invest to save/Quality Improvement methodology and protocol - Plan Do Study Act. Risk and gain share agreements

Corrective – Risk mitigation activity and oversight at ICS system/other partnership level. Proactive reporting and forecasting of capital and wider transformation programme progress enabling remedial activity to take effect. General corrective management action; Use of contingency reserve; Disaster recovery plan implementation; Performance reviews and associated support/ in-reach

Assurances on controls (internal)	Positive assurances on controls (external)
- Dormitory eradication and PICU Programme monitoring and reporting. Urgent decision- making taking place and relevant meetings in place. - Appropriate monitoring and reporting of financial delivery – Trust overall and programme-specific including 'Use of Resources' reporting updates - Assurance levels gained at Finance and Performance Committee - Delivery of Counter fraud and audit work programme with completed and embedded actions for all recommendations - Independent assurance via internal auditors, external auditors and counter fraud specialist that the figures reported are valid and systems and processes for financial governance are adequate	- NHSE/I feedback throughout progress of dormitory eradication programme - Internal Audits – Financial integrity and key financial systems audits - External Audits – Strong record of high-quality statutory reporting with unqualified opinion - National Fraud Initiative – No areas of concern - Local Counter fraud work – Referrals show good counter fraud awareness and reporting in Trust and no material losses have been incurred. Use of risk-based activity in new counter fraud standards Information Toolkit rating – Evidencing strong cyber risk management (ref fraud/criminal financial risk)

Key gaps in control	Key actions to close gaps in control	Impact on risk to be measured by	Expected completion date (Action review date)	Progress against action	Action on track
Dormitory eradication and PICU programme team not yet fully in place	Recruitment to project manager and project officer Secure and backfill relevant internal Trust staff into programme [ACTION OWNER: Senior Responsible Officer (SRO)]	Full team in place and operational	~~Quarterly - Ongoing~~	SRO, Programme Director, Clinical Project Manager, Programme Support/Equal Representative and necessary specialist advisors in place. Programme governance structure in place. Delivery/status reporting monthly. Team required at this stage is in place - Complete	~~AMBER~~ Changed to BLUE

Fixed Cash flow timing for national funding presents risk for cashflow management and working capital as the full suite of all Trust capital projects progress over forthcoming years and in particular as cash reserves are utilised in later stages	Enhanced cashflow monitoring, oversight, forecasting and reporting Prompt and effective cashflow management if required [ACTION OWNER: DOF]	Accurate cash forecasting and maintenance of sufficient cash flow balances	(31.03.22)	Augmented reporting and processes in train. Internal finance team supported by external expert cost advisors. Local Operating Procedure linked to Standing Financial Instructions signed off. Internal finance team supported by external expert cost advisors update report monthly. Revised cashflow and request for new Memorandum of Understanding for £12m enabling works, pre-Full Business Case approval to de-risk programme, submitted to NHSE/I Capital Departmental Expenditure Limit related cashflow subject to VAT abatement and discussions ongoing with NHSE/I and system partners	AMBER
'Best Value' building block - Extant Use of Resources priorities to be revisited post COVID 1. Increase wellbeing and reduction in sickness absence 2. Inclusive leadership/retention 3. Deliver E-Roster and E-job planning 4. Eliminate out of area placements 5. Optimise digital technology 6. Medicines optimisation and E-Prescribing 7. Streamline access to services 8. Optimise use of estate 9. Consider size and	Revisit the previous 'Use of Resources (UoR)' Top Ten priorities incorporating transformational gains achieved during pandemic [ACTION OWNER: DBIT]	Improvement in UOR related metrics as reported to: - Board - Finance and Performance Committee - People and Culture committee	(31.03.22)	Impact of COVID continues. March Trust Board will receive end of year Use of Resources report that will also capture an update to this BAF gap in control Sickness levels adversely impacted due to COVID-19 pandemic Leadership development adversely impacted due to COVID-19 pandemic E-Roster – In place and extra functionality is being looked at, e.g., measures of acuity on the wards to inform staffing levels. Recruitment for an e-roster manager is underway. Monthly report to TOOL (safer staffing) now commenced. Specific programme changes are on hold – Will now be affected by	AMBER

function of corporate services 10. Improve administration and communication				dormitory eradication programme Out of area placements – Linked to eradication of dormitory accommodation and COVID secure environment Multi-Agency Discharge Events (MADE) reviewing flow through inpatient to community services took place October-December. Work is ongoing to eradicate out-of-area placements. Weekly meetings have been established to work on the action plan that was agreed as a result of the MADE events Digital – Attend Anywhere in place, Microsoft Teams in place – Rapid digital transformation achieved during COVID-19 – Needs maintaining and enhancing Medicine optimisation ongoing, E-Prescribing part of OnEPR Access – Lessons learned/business as usual. Waiting lists impacted by COVID-19 Estate – Impacted by: Social distancing requirements, remote working and home working, dorms eradication work Corporate services – Some STP work (e.g., payroll) moved to University Hospitals Derby and Burton (UHDB) as of April 2021. Admin and communications – Engagement and communications	

				are of high focus and success - A progress review against future actions and use of resources is underway and due to report to Board in ~~March~~ May 2022	
Delivery of planned benefits of specific change programmes	Delivery of planned benefits realisation for change programmes in particular: - Dormitory eradication programme - Delivery of OnEPR programme - Delivery of enhanced E-Roster and E-Job planning informed by dorms programme - Delivery of planned MHIS/LTP service changes [ACTION OWNERS: DOF/COO]	Achievement of planned benefits of change programmes as reported to Programme Boards and Finance and Performance Committee at key milestone points (and by exception)	Next review: After first half of year	F&P receive regular updates from key programmes such as OnEPR as well as more general Cost Improvement programme/quality improvement updates and reports on Dormitories/PICU and long-term plan delivery E-roster and E-job planning is affected by the pandemic. The year-end use of resources report will update further - ~~OnEPR phases 3 and 4 timeframe reviewed due to COVID~~ - ~~Measurables: Expected benefits reported to F&P Committee~~ - ~~Dormitory eradication - Updates to Board include identification of measurable critical success factors~~ - ~~E-Roster is in place, but changes were not enacted and consultation to be revisited. On hold for dorms work. Now sits under operational management~~ - ~~E-Job planning update required~~ - ~~MHIS, service development funding (SDF) and recovery funding recruitment is proceeding in line with submitted cases and funding notified in April 2021~~	AMBER

Need to secure £80m national funding for dormitory eradication through business case approval	Develop suitable business cases and all surrounding actions All programme activities to be delivered Successful engagement [ACTION OWNER: SRO]	Approved business cases delivered to time scope and cost Risk log of programme to be maintained and mitigated	31.03.24 Ongoing reviews in line with programme timelines	Two Outline Business Cases approved nationally September 2021. Full business cases in development for submission to NHSE/I May 2022, seeking approval August 2022. Regular reporting to F&P and Trust Board. Risk logs maintained	AMBER
Unknown **capital** requirement for requirements over and above the national funded projects	Urgent decisions on best clinical delivery models for buildings outside of new build facilities to be costed up [ACTION OWNER: DOF]	Defined costs produced to eliminate the unknown Confirmation that that value is affordable from internal cash reserves Confirmation that the cash and capital expenditure is supported and include in the signed-off JUCD capital programme	(31.03.22) 31.03.24	Clinical model determined and additional requirements estimated for refurbishments. Cash affordable from internal reserves The residual cash and local sign off for Capital Departmental Expenditure Limit (CDEL) requirements are covered in local system capital line below – Action complete	BLUE
Revenue requirements for all new models and configuration of services exceed funding	Revenue requirements in business cases and associated financial planning achieves system and commissioner sign off and is affordable [ACTION OWNERS: DOF/SRO]	Approved financial and contractual arrangements to incorporate new ways of service delivery	Next reviews in line with programme timelines 31.03.24 (contracted delivery)	Revenue costings for outline business cases are complete with letters of support. Revenue costings for Radbourne Unit refurbishment, PICU and Acute-Plus approved through System Outline Business Cases (OBC). Older adult mental health services relocation OBC in development, seeking March/April 2022 approval Suite of six full business cases being developed with system partners for approval May 2022. Revenue consequences will need to include final pay award	AMBER
Local system **capital** envelopes are limited and may not allow sufficient capital expenditure to self-fund 100% dormitory eradication and provide	Cash constrained, minimal capital plan to retain sufficient internal cash Discussion with regulators as to how Foundation Trusts with	Signed off capital programme sufficient to fund requirements ICS Department of Finance letters of support for Outline Business Cases (OBCs)	31.03.24	CDEL allocations for future years not available (expected end of December 2021) Net cash requirement and affordability for acute capital	AMBER

PICU	sufficient cash can spend on larger schemes that exceed 'normal' levels of system CDEL [ACTION OWNER: DOF]	Letters of support for Full Business Cases (FBCs)		programme confirmed apart from older adult mental health services relocation, which is in development Support for and approval within ICS CDEL limit needs confirming at full business case stage for all six cases OBC Department of Finance letters of support ~~expected~~ received. JUCD approved five OBCs to date System development of suite of full business cases for acute capital programme with expert advice on appropriate VAT treatment continues JUCD CDEL envelope is expected to be insufficient for total system 'ask'. Prioritisation across system will be required	
Changing and unknown future NHS financial arrangements, including those for provider alliances and integrated care systems ICS evolution into statutory body – Unknown impact on providers and system ways of working	Assimilation of new guidance and arrangements when received System Financial oversight, planning and governance arrangements [ACTION OWNERS: DOF/DBIT/CEO]	Agreed financial arrangements being enacted and achievement of planned financial outturns, as measured by reporting and KPIS such as surplus or deficit in period and forecast. For trust and wider system in aggregate Visibility of progress reported to ELT, F&P and Board as appropriate	Quarterly	System Directors of Finance and Deputies are working to current guidance System financial meetings take place regularly to scrutinise planning and forecasting assumptions System finance reporting ~~is underway~~ continues. New guidance for ICS and financial framework was issued for H1 only with H2 guidance (NHS 2021/22 priorities and operational planning guidance) now issued. Breakeven plan submitted for Trust and JUCD system	AMBER

				2022/23 planning guidance awaited Significant efficiency requirements have been trailed which will require cost reductions throughout system partners	

Related operational high/extreme risks on the Corporate Risk Register: None

Summary Board Assurance Framework Risks 2021-22 – Issue 4.1 Board 1 March 2022

Strategic Objective 3 - To make BEST use of our money

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

Impact: Improvements in the quality of care, working lives and service efficiencies are lost

Root causes:

a) Impact of the COVID-19 pandemic and adherence to directives including COVID secure environments
b) Increased use of clinical consultations and interventions using virtual technology in response to COVID-19
c) Increased use of videoconferencing for clinical and corporate meetings in response to COVID-19
d) Closer relationships between community teams and inpatient services developed as a result of working within COVID-19 guidance
e) Less miles travelled miles on trust business due to greater use of virtual technology and videoconferencing
f) Flexible working arrangements for colleagues increased in response to COVID-19
g) Understanding of factors which have led to the reduction in sickness and absence of colleagues
h) Historical reliance on staff based in trust estate
i) Limited team autonomy to make local improvements at pace
j) Improvements to acute pathway length of stay during the pandemic are lost

BAF Ref: 21_22 3b	**Director Lead**: Gareth Harry (DBIT)	**Responsible Committee**: Finance and Performance Committee

Key Controls

Inherent risk rating			Current risk rating				Target risk rating			Risk appetite		
HIGH	Likelihood 4	Impact 4	HIGH	Likelihood 4	Impact 4	Direction ⟺	MODERATE	Likelihood 3	Impact 4	Accepted	Tolerated	NOT ACCEPTED

Preventative – Adherence to national and local guidance in relation to responding to the COVID-19 pandemic; Trust review group exploring how office and working spaces can reformed going forward
Detective – ~~Lessons Learnt Cell of IMT~~ Transformation Team; EQUAL Forum; regular reporting to Finance and Performance Committee on pipeline to include future transformation; home working and COVID secure policies and procedures
Directive – ~~Estates Cell of the Incident Management Team~~ Estates Strategy includes rationalisation of corporate estate. Home working promise agreed and circulated to all staff ~~home working and estates optimisation;~~ Quality Improvement (QI) Strategy; clinical strategies
Corrective - Fortnightly System Restoration Cell focused on joint plans; restoration plans in line with Phase 3 national planning; evidence of local improvements at team level, i.e., risk stratification of caseloads, discharge processes. 'QI Life' software and use of will capture and report benefits. Ongoing covid guidance from the Trust Executive Team

Summary Board Assurance Framework Risks 2021-22 – Issue 4.1 Board 1 March 2022

Assurances on controls (internal)	Positive assurances on controls (external)
~~- Regular reporting of impact of measures taken to IMT~~ Reporting and deep dives to F&P Feedback from EQUAL Forum	- Patient surveys for patients with learning disabilities and Serious Mental Illness (SMI) conducted by Healthwatch

Key gaps in control	Key actions to close gaps in control	Impact on risk to be measured by	Expected completion date (Action review date)	Progress against action	Action on track
Implementation of the Estates Strategy in relation to community and corporate estate	Conduct estates optimisation work for community and corporate services [ACTION OWNER: COO]	Freeing up corporate estate to be utilised for clinical space	~~31.12.21~~ 31.03.22	Work ongoing in line with Trust Roadmap (Phase 1) Consideration of short-term estates changes to support service recovery (at Phase 2 onwards) and medium/longer term issues post COVID-19 Full implementation of the Estates Strategy will be ongoing throughout 2021/22 as we still don't fully understand what any long-term COVID-19 mitigations might remain/be needed	GREEN
Embedding of current ways of working in a post COVID environment	Maintain directives on virtual meetings and non-patient facing activities to support new ways of working [ACTION OWNER: DBIT]	Less miles travelled on trust business compared to a pre COVID baselines More hours working from home compared to a pre COVID baselines	~~31.12.21~~ (31.03.22)	The organisation is continuing to operate under COVID-secure guidelines. Further work being undertaken at team, divisional and organisational level during phase 1 of the roadmap (Quarter 1) to look at medium-term operational models Ahead of phase 2 of the roadmap a shift in approach to face-to-face operational meetings based on risk assessments rather than Trust-wide directives will take place.	AMBER

				The ambition to retain use of Teams for non-developmental meetings at a team and individual level remains Phase 3 of the roadmap implemented from 01.10.21. New ways of working embedded into divisional plans as agreed at TOOL. Potential for ongoing COVID-19 restrictions in late quarter 3 and quarter 4. The Trust roadmap is under fortnightly review by ELT Roadmap progress delayed by Omicrom wave. Revised roadmap issued 07.02.22	
Consistency of application with respect to use of videoconferencing software for patient consultations vs face to face in person consultations	Agreed protocol for when face to face in person appointments are necessary for patient safety with the understanding all other contacts would be via video or phone [ACTION OWNERS: DON/MD]	Percentage use of video/phone contacts with patients in line with the agreed protocol		Further work undertaken at team, divisional and organisational level during first phase of the roadmap to look at medium-term operational models and ongoing use of video contacts – Complete	BLUE
Learning from COVID-19 pandemic outbreak Pulse checks/staff survey - check	Review learning from colleagues [ACTION OWNER: COO]	Positive staff feedback on learning from COVID-19	31.03.22	Live staff engagement sessions continued throughout pandemic. Learning the Lessons surveys/focus groups undertaken, reported to Board Pulse checks ~~restarted in July~~ completed in 2021. Staff survey 2020 results shared and learning taken, including regarding the impact of COVID-19	GREEN
Implemented clinical strategies and Quality Improvement (QI) strategies and sign off all actions	Refresh Quality Improvement strategy and implementation plan Build in prioritised actions from clinical	Increase in no of people trained and supported to undertake Quarter 1 actions at a local team level	~~31.12.21~~ ~~(31.01.22)~~ (31.03.22)	Roadmap outlines resumption of strategic work later in 2021/22 ~~A cross-organisational group has been meeting since May~~	RED

	improvement strategies into divisional business plans [ACTIONS OWNER: DBIT]	Delivery against the divisional business plans		~~2021 to refresh the Trust QI strategy and implementation plan. Drafts to be considered at ELT and Quality & Safeguarding Committee in Quarter 3~~ Planning sessions with divisions/teams postponed due to focus on pandemic response. The Transformation Team are regularly meeting with divisional colleagues around 2021/22 and 2022/23 plans QI Strategy was agreed by the Quality & Safeguarding Committee in November 2021. Transformation Team working has recommenced following redeployment QI Implementation Plan agreed by Quality and Safeguarding Committee and Finance and Performance Committee in December 2021	
Improvements to acute pathway length of stay during pandemic are reversed	Fortnightly out of area monitoring meetings continuing, led by Medical Director Crisis team expansion and crisis alternatives to admissions in place and continuing to be developed. Social worker input on wards being sustained Transformational change postponed by pandemic restarted [ACTIONS OWNER: DBIT]	Bed occupancy being managed at less than 85%	~~31.12.21~~ ~~(31.01.22)~~ (31.03.22)	~~Average acute length of stay worsened in July 2021 due to delayed discharging of a number of long stay patients.~~ The COO has ~~is instigating~~ instigated a new approach to the management of acute flow focusing on delivery of 85% bed occupancy rather than length of stay. New mechanisms are being implemented for patient reviews and discharge coordination Out of area acute placements	AMBER

				are at very low levels since June 2021. Fortnightly monitoring meetings stood down Acute length of stay was included in MADE in October 2021 and plans are in development based on results of the event, focussing on how we maintain 85% bed occupancy. Recommendations are feeding into a QI approach at a ward level using data to address process differences and variation Omicrom Wave response and national expectations on medically fit for discharge patients resulted in refreshed approach to flow and ongoing work to embed new processes learnt through the MADE events. Initial positive impact on occupancy and out of area placements	

Related operational high/extreme risks on the Corporate Risk Register: None

Summary Board Assurance Framework Risks 2021-22 – Issue 4.1 Board 1 March 2022

Strategic Objective 3 - To make BEST use of our money

Principal risk: Whilst there are significant benefits from the creation of the Integrated Care System (ICS) as an NHS body, there is a risk that the effects of the change on senior managers from across the system may impact negatively on the cohesiveness of the Derbyshire health and care system

Impact: Financial position of the Derbyshire Health and Care system worsens; working relationships across the system deteriorates; loss of confidence from regulators in the Derbyshire system

Root causes:

a) New senior management relationships across organisations, with potential new appointments in system leadership roles with the creation of the new ICS as an NHS body and the creation of provider collaboratives
b) Creation of mental health, learning disability and autism provider collaborative may destabilise some of the established relationships in place across Derbyshire
c) Creation of system level governance structures may impact on provider Foundation Trust governance arrangements and decision-making processes
d) CCG staff impacted by change, may lead to increased staff turnover in teams supporting the delivery of the Mental Health Long-Term Plan and subsequent loss of organisational memory
e) The Trust taking on additional lead-provider responsibilities at an ICS or regional level could impact on the quality, performance and financial risks faced by the organisation

BAF Ref: 20_21 3c	**Director Lead**: Gareth Harry (DBIT)	**Responsible Committee**: Trust Board

Key Controls

Inherent risk rating			Current risk rating				Target risk rating			Risk appetite		
HIGH	Likelihood 4	Impact 4	HIGH	Likelihood 4	Impact 4	Direction ⟺	MODERATE	Likelihood 3	Impact 4	Accepted	Tolerated	NOT ACCEPTED

Preventative – Governance structures in place at a system and Delivery Board level. Ongoing close communication with NHSE/I, mental health and learning disability teams at a regional and national level. Assumed NHSE/I-led appointment process to new ICS Board positions
Detective – Early meetings to be put in place with all new appointees at an executive level. Continuing engagement in all Joined up Care Derbyshire governance from DHCFT representatives. Due diligence processes undertaken prior to accepting any lead provider responsibilities
Directive – Mental Health, Learning Disability and Autism System Delivery Board to engage widely across membership on the development of any provider collaborative with agreed plans and processes. Gateway process run by NHSE prior to agreement to establish the Trust as lead-provider in any regional collaborative
Corrective – Weekly meetings of wider system transformation team to continue, providing support and advice to colleagues across the system. Regular meetings with system partners to plan and respond to risks and issues related to lead provider responsibilities

Summary Board Assurance Framework Risks 2021-22 – Issue 4.1 Board 1 March 2022

Assurances on controls (internal)	Positive assurances on controls (external)
- Regular reporting of position to Board by CEO - Regular ELT updates and discussions - NED Board members on JUCD committees and Board - Board agreement required prior to undertaking of lead-provider responsibilities	- Monthly Mental Health and Learning Disability assurance meetings with NHSE/I teams with DHCFT represented by DBIT - Appointments/ assurance of new ICS board through NHSE/I processes - Gateway process run by NHSE prior to agreement to establish a Trust as lead-provider in regional collaboratives

Key gaps in control	Key actions to close gaps in control	Impact on risk to be measured by	Expected completion date (Action review date)	Progress against action	Action on track
Maintenance of relationships with CCG colleagues during period of change and potential instability	Weekly meetings of wider MHLD system transformation team. Support and guidance provided from DHCFT Early meetings at DHCFT Board level with all new appointees into the ICS Board [ACTION OWNER: DBIT]	Staff turnover from wider transformational team, including CCG staff Positive working relationships formed with all new appointees in the Derbyshire system	~~Ongoing~~ ~~31.12.21~~ ~~(31.01.22)~~ (30.04.22)	Weekly meetings continuing A permanent ICS Chair was appointed in July 2021. The CEO advert was published on 01.09.21. Integrated Care Board CEO appointed in October 2021; incumbent CCG CEO successful. Other executive posts being recruited to from December 2021 Recruitment process initiated with first stage of interviews in w/c 14.02.22	AMBER
Ensuring DHCFT board members are represented in positions of responsibility in JUCD governance structures	DHCFT Non-Executive Directors representing the organisation on a range of JUCD system governance committees and groups [ACTION OWNER: CEO]	DHCFT Board oversight of JUCD system and levels of confidence in system working and decision-making (measured in Board development sessions)	~~(31.12.21)~~	Non-Executive Directors including the Chair are now represented on JUCD governance Boards/committees	~~GREEN~~ Changed to BLUE
Plan required for the development of the Mental Health, Learning Disability and Autism System Delivery Board (MHLD SDB) to become a provider collaborative	Plan to be developed in partnership with all other organisations in the collaborative [ACTION OWNER: CEO]	Development and agreement of Mental Health, Learning Disability and Autism (MHLD&A) Provider Collaborative before December 2021	~~(31.12.21)~~ ~~(28.02.22)~~ (31.05.22)	~~Draft Terms of Reference for expanded SDB being considered. Accountability framework for delivery groups reporting to MHLD SDB is in development.~~	~~AMBER~~ Changed to GREEN

				~~System-wide provider collaborative approach is in development~~ ~~System support for MHLD&A SDB to be fast tracked on development of provider collaborative~~ All Boards in the Derbyshire system have agreed their support for the direction of travel for a single provider collaborative across the system and sitting below that it is explicit that there will be a MHLD&A provider Alliance. Work is starting imminently on what that form would look like Two cross system development sessions held on the creation of an Alliance. Expect agreement to be in place amongst partners before end of May 2022	
Increased decision-making at a system and/or provider collaborative level may impact on Trust-level governance structures becoming obsolete without regular review and change	Review of trust governance arrangements to be conducted in response to creation of ICS as an NHS Body with Non-Executive and Executive Director representation on the Board and the creation of a provider collaborative for Mental Health, Learning Disability and Autism [ACTION OWNER: CEO/Trust Secretary]	Board level confidence in new and emerging governance structures and ability to gain assurance on DHCFT risks and issues via system level governance regime	~~31.12.21~~ (28.02.22)	NHSE/I published ICS guidance documents and resources on 19.08.21 to support systems' transition into statutory Integrated Care Boards (ICBs) by 01.04.22. This document summarises these resources and provides detailed commentary on the ICB functions and governance guidance, model constitution and ICS people guidance A new series has been	AMBER

				launched to help colleagues understand the new ICS. The CEO updated the Council of Governors on the MHLD SDB. The series of engagement events with key system leaders continues	

Related operational high/extreme risks on the Corporate Risk Register: None

Summary Board Assurance Framework Risks 2021-22 – Issue 4.1 Board 1 March 2022

PART TWO – SYSTEM BASED RISK IMPACTING ON AND MITIGATED BY MULTIPLE SYSTEM ORGANISATIONS

Multiple System Strategic Risk

There is a risk to safe, effective clinical care across Derbyshire impacting upon patients, due to not achieving national standards and variation of clinical practice and service commissioning in the Learning Disability (LD) Transforming Care Partnership and in ICS in-patient LD bedded care

Impact: May lead to avoidable harm and delays in accessing appropriate services, affecting patients, their family members and staff

Root causes:

p) The community Intensive Support Team and Learning Disability models have non-standardised operating models and require more capacity

q) Currently the delivery and commissioning partnership in Derbyshire have not met national standards

r) The collective vision for Learning Disability services across Derbyshire and the formal outcome to achieve repatriation to Derbyshire has not been effective with some people remaining in outsourced areas of England for extended and significant periods of time

s) Inpatient bedded facilities do not meet safer staffing levels due to substantial vacancies

t) Derbyshire bedded facilities do not meet current standards, e.g., en-suite accommodation, safety and environmental standards and the seclusion room does not meet the required standards as outlined in the Mental Health Act Code of Practice. (The CQC did note the lack of appropriate provisions in the seclusion room available in 2016 but this was not noted as a requirement notice)

u) The current LD bedded care facilities do not meet the national specifications for the Royal College of Psychiatrists Learning Disability recommended standards

v) Gaps in controls – Derbyshire bedded care facilities for LD services have not had a full CQC inspection since 2016 as a core service. There may have been a drift in scrutiny connected to inspection

BAF Ref: 21_22 MS1	**Director Lead**: Ade Odunlade (COO)	**Responsible Committee**: Quality and Safeguarding Committee within DHCFT Quality and Performance Committee within the Derbyshire ICS Mental health, LD and Autism Board in terms of system operational delivery

Key Controls

Inherent risk rating			Current risk rating				Target risk rating			Risk appetite		
HIGH	Likelihood 4	Impact 4	HIGH	Likelihood 4	Impact 4	Direction ⇔	MODERATE	Likelihood 3	Impact 3	Accepted	Tolerated	NOT ACCEPTED

Preventative – Health and safety audits; risk assessments; investment in estates development; workforce plan covering recruitment and retention. Mental Health Act Code of Practice

Detective – CQC inspection reports; quality visit programme/virtual clinical service contact visits; incident, complaints and risk investigations; safety check log; Head of Nursing and Matron compliance visits

Directive – Trust Strategy and commitments; Quality Improvement Strategy; Physical Health Care Strategy; Safeguarding Strategy; policies and procedures available via Trust intranet

Corrective – Board committee structures and processes ensuring escalation of safety and quality issues; NICE Quality standards, Royal College of

Psychiatrist standards for LD, CQC action plans; learning from incidents, complaints and risks; actions following clinical and compliance audits; workforce issues escalation procedures; reporting to commissioners on compliance with safety and quality standards					
Assurances on controls (internal)		**Positive assurances on controls (external)**			
Regional and national escalation process internal preparation		Advisory support provided by DHCFT to the system on bedded care standards for Learning Disability in-patient services Involvement of Local Government Association to deliver a peer review Involvement of external consultants – Two reports			
Key gaps in control	**Key actions to close gaps in control**	**Impact on risk to be measured by**	**Expected completion date (Action review date)**	**Summary of progress on action**	**Action on track**
The community Intensive Support Team and Learning Disability models require review	Review all models of support offered by the Intensive Support Team [ACTION OWNERS: COO/DON/MD]	Outcome of review – Improved models of support	~~(31.01.22)~~ 31.03.22	COO to submit review report to Quality and Safeguarding Committee in March 2022	GREEN
Improvements are required in rapidly returning patients who access Learning Disabilities and Autism (LD&A) services to local care to enable them to live their lives in the least restrictive manner as close to home as possible	Develop an improvement plan for all Derbyshire in-patient LD&A services, to include the model, delivery, regulation and standards [ACTION OWNER: COO]	Improvement plans developed and implemented resulting in a stabilised service and positive outcomes for patients Enhancing and reviewing Listening and Engagement Active Partnerships (LEAP) procedures Improvement plans in admission avoidance, crisis alternatives to admission and market stimulation and development Make significant impacts on the number of stranded patients who have delayed discharges in units across the country resulting in the NHSE escalations	(28.02.22)	Initial review of progress to follow the review of models of support currently offered Monthly reviews of progress, development and implementation to be undertaken	RED
Current substantial staff vacancies are negatively impacting on safer staffing levels in a non-DHCFT Derbyshire	Compliance with NHS Improvement (NHSI) Workforce Safeguards requirements	Full compliance with safer staffing levels in line with the NHSI Workforce Safeguards	(28.02.22)	Reviews of safer staffing and stabilisation in non-DHCFT Derbyshire bedded LD facility	AMBER

bedded care facility	Staff temporarily redeployed from DHCFT to DCHS to ensure immediate safety and develop service stabilisation [ACTIONS OWNERS: COO/DON/DPI]			Reviews of DHCFT safer staffing, due to destabilisation of DHCFT services on releasing staff to an alternative facility	
Clinical care standards in a non-DHCFT Derbyshire bedded care facility including care plans, levels of incidents, restrictive practices including the use of long-term segregation are not compliant with clinical care standards	Develop an improvement plan for all Derbyshire in-patient LD&A services [ACTION OWNERS: COO/DON)	Full compliance with required care standards External review of Long-Term Segregation and review to end restrictive practices	(28.02.22)		RED
Lack of adherence to national guidance and policy on in-patient care in a non-DHCFT Derbyshire bedded care facility	Deliver a single room en-suite delivery plan and programme of work [ACTION OWNER: COO/DON]	Delivery of approved business cases for development of single en-suite facilities, seclusion suite at specification standards and other improving the therapeutic and healing environment requirements Implementation of programme of work	(31.03.22)	Initial review and development of business plan to be undertaken, progress to reviewed by 31.03.22 Work to provide facilities that meet national standards to be completed – Expected completion date to be confirmed	AMBER

Summary Board Assurance Framework Risks 2021-22 – Issue 4.1 Board 1 March 2022

Risk Rating
The full Risk Matrix, including descriptors, is shown in the Trust's Risk Management Strategy

RISK ASSESSMENT MATRIX						
The Risk Score is a multiplication of Consequence Rating X Likelihood Rating						
The Risk Grade is the colour determined from the Risk Assessment Matrix						
		CONSEQUENCE				
LIKELIHOOD		INSIGNIFICANT 1	MINOR 2	MODERATE 3	MAJOR 4	CATASTROPHIC 5
RARE	1	1	2	3	4	5
UNLIKEY	2	2	4	6	8	10
POSSIBLE	3	3	6	9	12	15
LIKELY	4	4	8	12	16	20
ALMOST CERTAIN	5	5	10	15	20	25

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

Actions on Track for Delivery Against Gaps in Controls and Assurances	Colour Rating
Action completed	Blue
Action on track to completion within proposed timeframe	Green
Action implemented in part with potential risks to meeting proposed timeframe	Amber
Action not completed to original or formally agreed revised timeframe. Revised plan of action required	Red

Action Owners

CEO	Chief Executive Officer	COO	Chief Operating Officer
DOF	Deputy Chief Executive and Executive Director of Finance	DON	Director of Nursing and Patient Experience
MD	Medical Director	DPI	Director of People and Inclusion
DBIT	Director of Business Improvement and Transformation		

Definitions

Preventative	A control that limits the possibility of an undesirable outcome
Detective	A control that identifies errors after the event
Directive	A control designed to cause or encourage a desirable event to occur
Corrective	A control to limit the scope for loss and reduce the extent of undesirable outcomes

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 1 March 2022

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 July to December 2021 at Derbyshire Healthcare NHS Foundation Trust (DHCFT).

Total case numbers seen in this report to Board have decreased by 61.4% compared to cases reported in the September 2021 FTSU report to Board for the six-month period, January to June 2021.

Emerging, or ongoing, themes include:

- **Staff safety and wellbeing:** FTSUG logged cases from two specific areas around staffing levels. Concerns logged reference risk to staff and the impact on staff wellbeing as well as quality of patient care.
- **Policy Process and procedure:** FTSUG has heard some concerns around exit interviews within the Trust: How many are carried out? What the Trust does with the information from Exit interviews? This is an ongoing theme.

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 a date in mid-2022, 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.

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

- The joint working of Midlands FTSUGs and WRES (Workforce Race Equality Standards) Experts to discuss future ways of working to support BAME staff to raise concerns.
- Any FTSU concerns logged around discrimination from BAME staff provide assurance that these issues are supported by employee relations/HR processes; and that any wider issues are being considered by senior Trust leadership.

This report highlights some areas of good practice including the use of FTSU Champions from a BAME background and the regular attendance of the FTSU Guardian with our wide range of networks. This level of engagement is felt to be partly responsible for the increase in colleagues from BAME communities contacting the Guardian.

Bullying and harassment within our BAME community continues to be a serious concern and actions are identified in the report that support both individual resolution and wider cultural change.

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 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** **Freedom to Speak Up Guardian**

Derbyshire Healthcare NHS Foundation Trust
Public Trust Board – 1 March 2022
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 (CQC) assesses a Trust's speaking up culture under the Well-Led domain of its inspections.

1.2 The FTSU report covers the period from July to December 2021: Quarters 2 and 3 of 2021/22. 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 July to December 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 and Wellbeing, 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 29 cases in Q2 and 33 cases in Q3 2021/22. This is not dissimilar to the case numbers seen in the preceding year with 38 in Q2 2020/21 and 34 cases in Q3 2020//21.

3.3 In Q4 2021/22, 21 cases have been logged, to date, with the FTSUG. Figure 4 shows cases logged with FTSUG from 2017/18 onwards. Q4 tends to have higher reporting figures than other quarters although current reporting is at a lower level. 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 January to December 2021 per quarter is 44.25 cases. The FTSUG believes that higher

case numbers indicate that the Trust has a positive culture around staff feeling safe and confident to speak up.

3.4 **Patient safety and quality:** During Q2 and Q3 of 2021/22, patient safety concerns were limited to 8% of cases. This is consistent with 8.5% of patient safety logged concerns logged in January to June 2021. 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.

Table 1: FTSU Data Q2 and Q3 2021/2022

Types of Concerns	Q2 2021/22	Q3 2021/22
With an element of **Bullying and Harassment (NGO/PIDA)**	**9**	**8**
With an element of **Patient Safety and Quality (NGO/PIDA)**	**2**	**3**
With an element of **Worker Safety and wellbeing (NGO)**	**11**	**17**
Potential Fraud or Criminal Offence (PIDA)	**2**	**1**
Attitude & Behaviours	14	4
Culture	10	2
Policy, Process and Procedure	10	19
Health and Safety	1	0
Patient Experience	1	1
Total Cases reported to FTSUG*	**29**	**33**
Public Interest Disclosure Act (PIDA) concerns	**13**	**12**
Reportable to NGO: Bullying and Harassment / Patient Safety / Worker Safety	22	28
Anonymous / Other	6	3
Person indicates suffering a detriment as a result of speaking up	0	4
Number of cases that have received feedback	27	33

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

3.5 **Bullying and Harassment concerns** represented 27.4% of cases raised to the FTSUG from July to December 2021. This is an increase on the 22.2% of cases raised from January to June 2021. 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).

The FTSUG continues to promote the Trust's Dignity at Work policy, the Bullying and Harassment booklet and our wellbeing offers, Unions/Staff-Side and Employee Relations where staff require support around bullying and harassment concerns. The Director of Organisational Development is considering a Civility Save Lives programme which is often delivered in NHS Trusts.

Figure 2 shows bullying and harassment cases recorded for DHCFT in the period April to September 2021 (Q1 and Q2 2021/22) 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 during this period is 9 and the peer median (Mental Health Trusts) is 10. **Figure 3**, shows Model Health System data for the Trust in relation to patient safety and quality and bullying and harrassment from 2017/18 through to 2020/21. 2019/2020 showed an increase in reporting for bullying and harrassment concerns logged from two teams speaking up.

3.6 **Worker safety theme:** Reporting for July to December 2021/22 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 and in Q3 2021/22 around Covid secure working, staffing levels, and vaccination concerns. **Figure 1** shows the three themes reported to the NGO as a percentage of total cases per quarter through 2021.

Figure 1

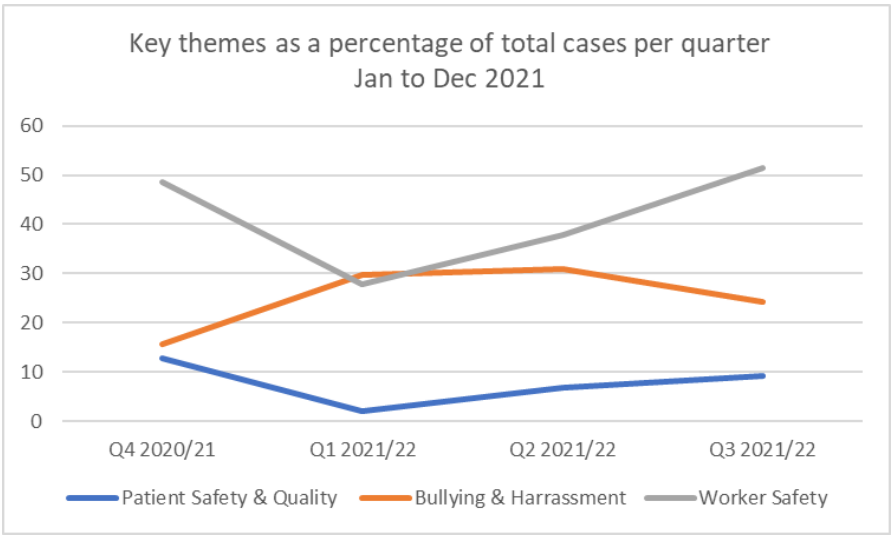


Figure 2

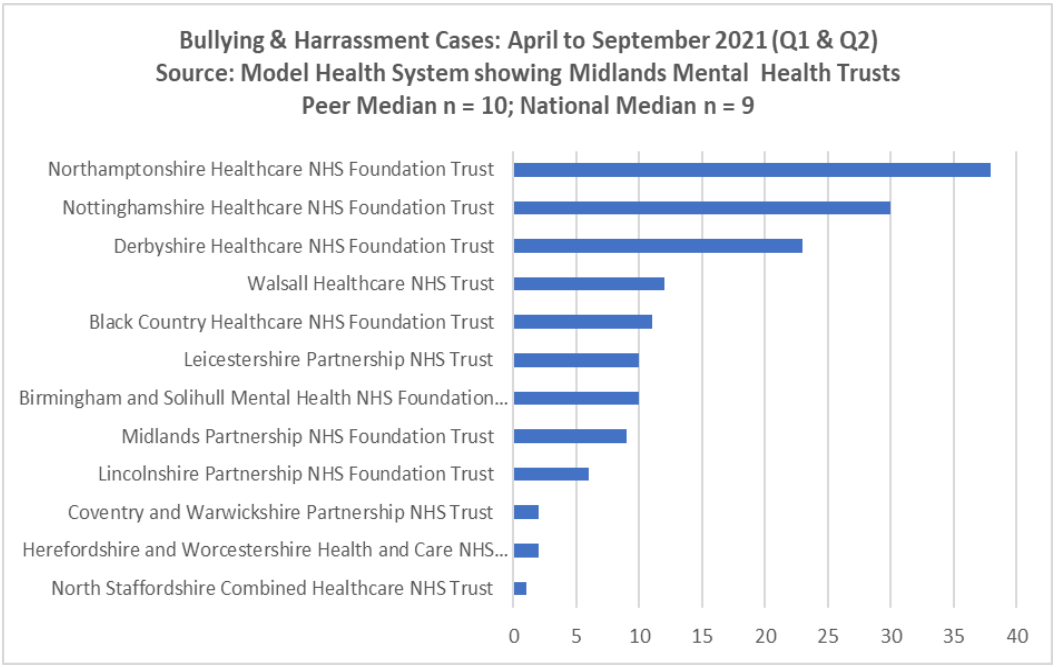
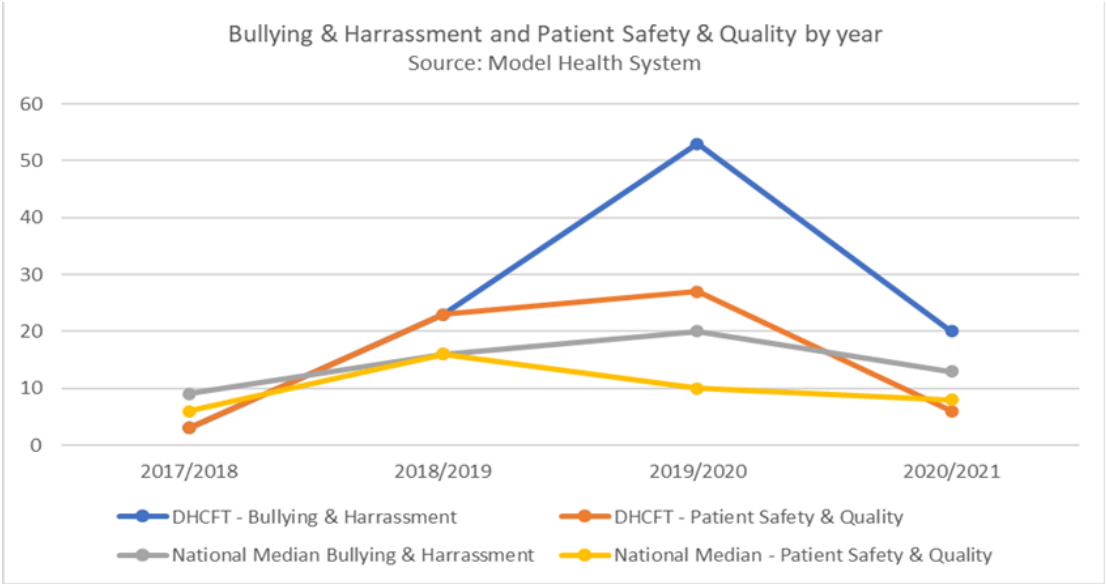


Figure 3

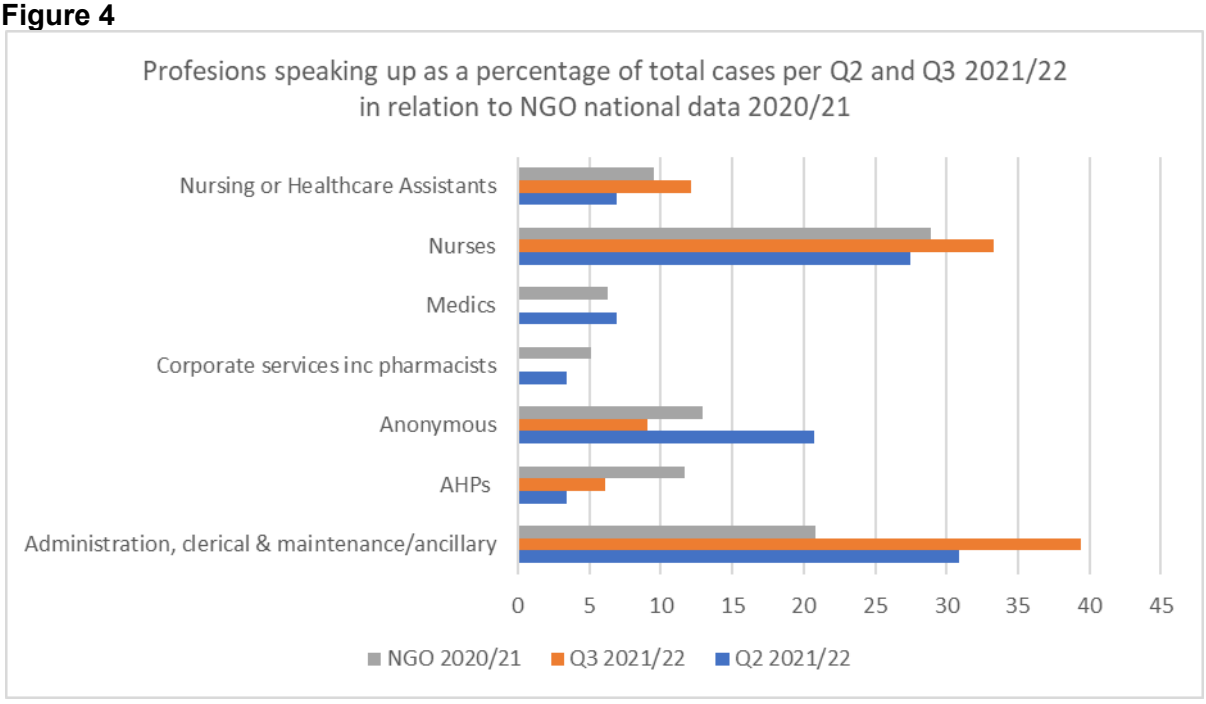


* 2021/22 not yet available.

3.7 **Professional groups** speaking up in Q2 and Q3 of 2021 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).

In Q3 there was an increase in numbers of HCAs, Nurses and Admin, clerical, maintenance and ancillary staff speaking up. These were all somewhat higher than the national NGO reporting from 2020/21 (data not available for 2021/22 from the NGO). There a reduction in anonymous reporting in Q3 of 2021/22.

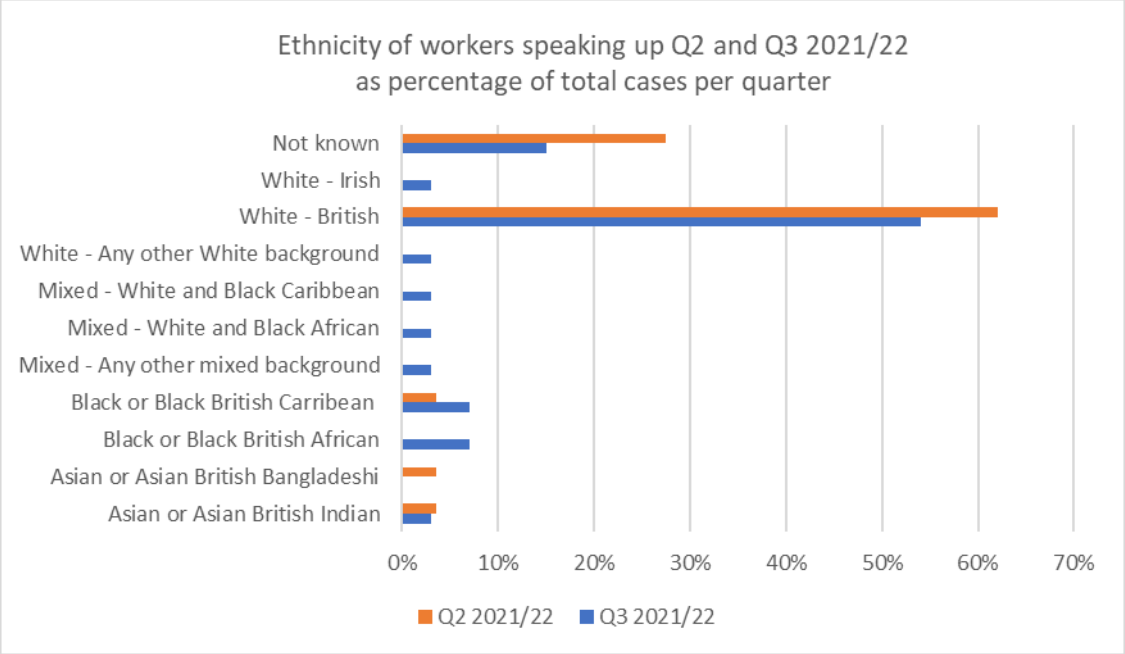
Figure 4



3.8 **Experiencing detriment or demeaning treatment:** In Q3 (2021/22), 12.1% (four workers) of those speaking up felt that they had experienced a detriment or demeaning treatment as a result of speaking up. In Q2, no worker reported detriment. Two detriment concerns were related to workers believing they were being treated differently as a result of speaking up. Two staff felt that speaking up and raising concerns had made their positions in the Trust difficult and as a result they had had to leave the Trust – these were complex issues and both cases were part of a people services process. The FTSUG now intends to discuss perceived detriment / demeaning treatment with the Director of Organisational Development. The FTSUG is part of a regional Midlands FTSU working group looking in greater detail at detriment and how it is recording and best practice for Trusts in responding to perceived detriment.

3.9 **Ethnicity of workers:** In Q3, 27.3% of those speaking up identified as being BAME; a significant increase on 10.3% of cases in Q2. This is not reported to the NGO although they do ask that FTSUGs log ethnicity locally. **Figure 5** shows the ethnicity of workers speaking up in Q2 and Q3 of 2021/22 as a percentage of cases workers speaking up per quarter.

Figure 5



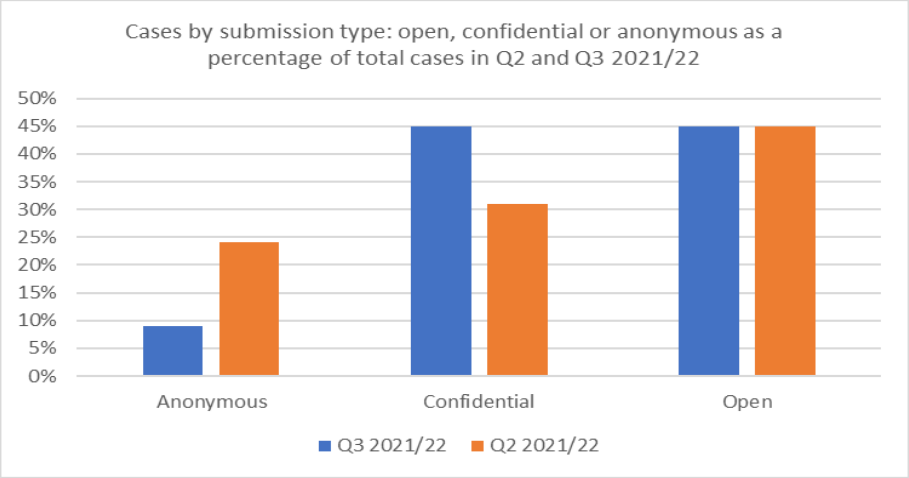
3.10 **Anonymous, Confidential or Open concerns:** The majority of workers used Focus (Trust Intranet) to log anonymous cases. These were directed to senior leaders for a prompt response. Feedback is not easily given to anonymous concerns, but where possible, generic communications were used in communication bulletins or within service divisions or teams. **Figure 6** shows the number of concerns per quarter as anonymous, confidential or open.

Anonymous concerns decreased from 24% in Q2 2021/22 to 9% in Q3 2021/22. DHCFT anonymous cases are at 16.1% for July to December 2021. Average anonymous concerns nationally in 2020/21 are lower 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]).

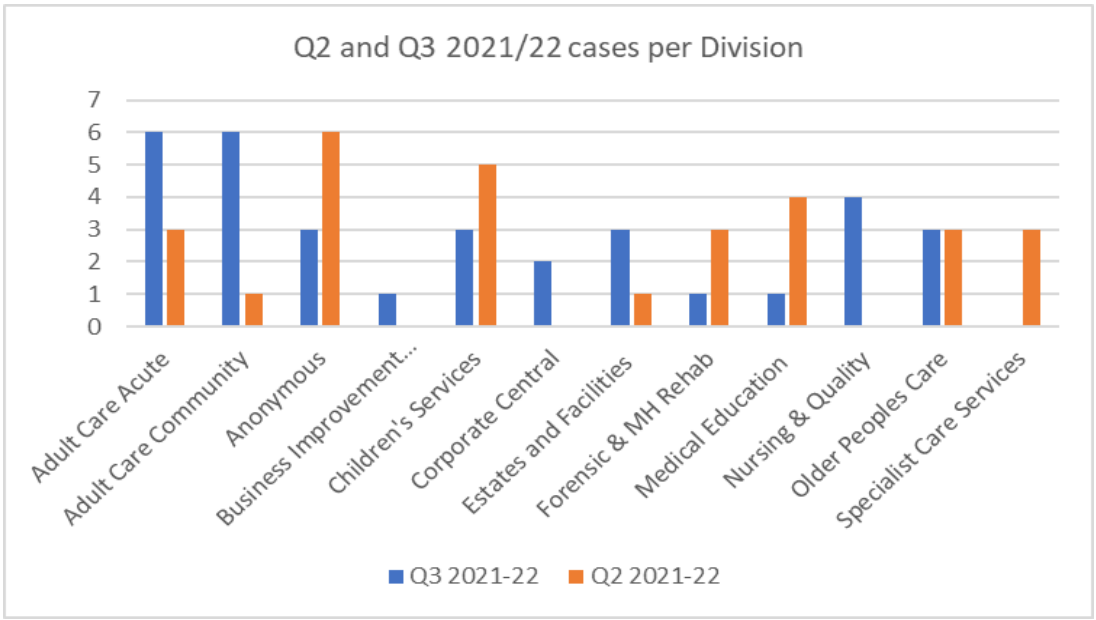
Confidential concerns, where workers wish to keep their identity private, but where they are known to the FTSUG have increased in Q3 2021/22 in relation to Q2 2021/22. However, cases where workers were content to share their identity remained consistent in both quarters.

Figure 6



3.11 **Concerns raised by Division: Figure 7** shows the number of cases from divisions across the Trust. Adult Care Acute, Adult Care Community and Children's Services saw higher number of cases, but this it to be expected as these divisions have higher numbers of staff. Medical Education and Nursing and Quality have somewhat higher numbers of cases relative to their staffing numbers but has not been noted in past reporting.

Figure 7



3.11 Seniority of those speaking up: In DHFT from July to December 2021, workers raised 77.4% of the FTSU cases (77.3% nationally, NGO 2020/21), 9.7% of concerns came from managers (12.2% NGO) with no cases raised by senior leaders (2.1% NGO).

4. Emerging or ongoing themes with learning/action points

4.1 **Staff safety and wellbeing:** FTSUG logged cases from two specific areas around staffing levels. Concerns logged reference risk to staff and the impact on staff wellbeing as well as quality of patient care.

Learning/action:

a) Concerns raised have been shared with relevant senior leaders and Director of Organisational Development for further consideration. Additional staffing support put in place.

b) Managers and leaders supporting staff around concerns raised and communications sent out to staff to reassure and support. The Trust has developed a peripatetic staffing bubble for each site, to reduce the impact of any unplanned COVID isolation on staffing levels. This has been highly impactful in reducing the pressure on teams through this resource.

c) In one case a safe staffing review and clinical check on the concern raised was undertaken. The service was under pressure, but the concern was not founded and upheld. This was independently reviewed and scrutinised and in one case shared with regulators. The regulator did not uphold the concern.

4.2 **Policy Process and procedure:** FTSUG logged concerns around delays to processes related to human resources processes such as grievances and investigations. This is an ongoing theme.

Learning/action: management and senior leaders are aware of these issues and are reviewing timescales on these processes. On escalation managers have intervened and re-adjusted teams to get investigations back on track and offer immediate support to staff.

Policy Process and procedure: FTSUG logged concerns from separate individuals relating to different posts. This is now emerging as an ongoing theme over the past few years in relation to staff wanting to apply for secondments / expression of interest posts etc. Staff have said they have not seen some roles advertised and that some staff appearing to ‘walk in into these roles’ without ‘due process’ being followed.

Learning/action: management and senior leaders have been made aware of these issues for further discussion. The acting up policy allows for staff to be moved in an emergency for up to 12 weeks. The Trust will reconsider the feelings, and impact, associated with acting up and review the policy.

Policy Process and procedure: Exit interviews and how many are carried out with staff leaving the Trust and what happens to the information within them is an ongoing theme.

Learning/action: raised with Director of Organisational Development who is now looking in detail at the Exit interview Process. We will review this process and protocol.

4.3 **Bullying and harassment:** Bullying and harassment is an ongoing theme although on the number of cases are on a par with NGO average for reporting from all NHS Trusts.

Learning/action: leadership training around having courageous and difficult conversations in relation to conflict is in development and is shortly to be delivered to enable managers/leaders to better support staff in these areas. Development of Civility Saves Life programme is also under consideration and has been shown to have significant benefits.

Bullying and harassment: FTSUG logged potential cases from three BAME staff in relation to perceived race-related discrimination.

Learning/action: senior leaders within specific areas aware of these issues. Two of these issues are now within HR processes. A further issue is a development issue being supported by leader/manager and also raised with senior leaders for improvement.

5. Improving Speaking Up Culture

5.1 **Improving visibility and networking:** the FTSUG has continued to promote the speaking up role on social media through the Trust's staff Facebook page, and the FTSUG Twitter account as well as on Focus (staff intranet).

The FTSUG has continued to present on FTSU at Trust inductions. The FTSUG has also presented tailored FTSU training sessions to the Junior Doctor network, to preceptees within the Trust and at team meetings.

5.2 **Staff survey 2020 support:** The FTSUG carried out an analysis of teams identified as having the most reds (red is the equivalent to 'lowest/worst/below national average') on the 2020 staff survey. These teams were then linked to those teams who had scored higher in the red area for the 2020 NHS staff survey question, *'I feel safe to speak up about anything that concerns me in this organisation.'* 18 teams were identified. The FTSUG then approached the team managers and asked to promote speaking up to these teams. 11 teams have had presentations. One specific area requires a higher level of FTSU support which will be delivered with the direction and support of the Director of Organisational Development. Further team meetings to support these teams are also planned.

5.3 **Board Culture:** A Board development session on Speaking Up is planned for 2022. 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). Trusts are advised to carry out FTSU Board Development sessions as part of a commitment to well led leadership.

5.3 **Addressing barriers to speaking up:** Part of addressing barriers to speaking up and improving speaking up culture is linked to learning and development around speaking up. 52 staff in the Trust (December 2021) have carried out the speaking up training on ESR. The FTSUG has developed a training session that covers the Speak Up module and as of January 2022, all staff who attend the FTSU session at Trust Induction will be recorded as having completed the Speak Up module on ESR.

5.4 **Supporting communities who face 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 also seeks guidance and support from the EDI Delivery group.

The DHCFT WRES expert and FTSUG are continuing to look at shared objectives around working together. Further meetings are to be held with the wider FTSU network and Midlands WRES experts.

The FTSUG continues to engage with Staff Networks to identify any barriers to speaking up.

5.4 **Triangulation of data and FTSU:** the FTSUG considers regular reports from the Risk and Assurance Manager in order to triangulate data and to consider any barriers to speaking up identified from these reports. Future meetings have now been put in place with the Risk and Assurance Manager, the Lead for Patient Safety and Patient Experience and the Complaints Manager to further triangulate data and to improve FTSU culture and speaking up.

5.5 **Network of FTSU Champions:** The FTSUG holds regular catch-up meetings with Speaking Up Champions to share good practice, support any concerns or issues and to share NGO information**.** Champions referred in 18% of concerns during Q2 2021/22 and 23% during Q3 2020/21.

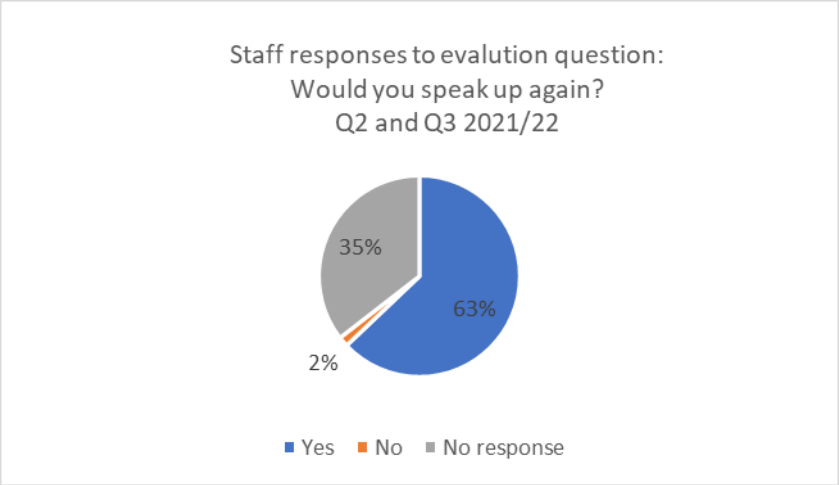
DHCFT currently has 20 FTSU Champions who come from a range of divisions across the Trust. 30% of FTSU Champions are from BAME backgrounds. The first Champion from Estates and Facilities Division was recently recruited to support staff with speaking up.

5.6 **Non-Executive Directors:** the FTSUG is supported by a Non-Executive Director (NED) lead for Speaking Up, Geoff Lewins. Geoff has recently replaced former NED, 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. **Figure 8** shows that 63% of those responding in Q2 and Q3 said that 'yes' they would speak up again with 2% saying that 'no' they would not speak up again. 35% gave 'no response' as they did not complete the evaluation. These categories and figures are those required by the NGO.

Figure 8

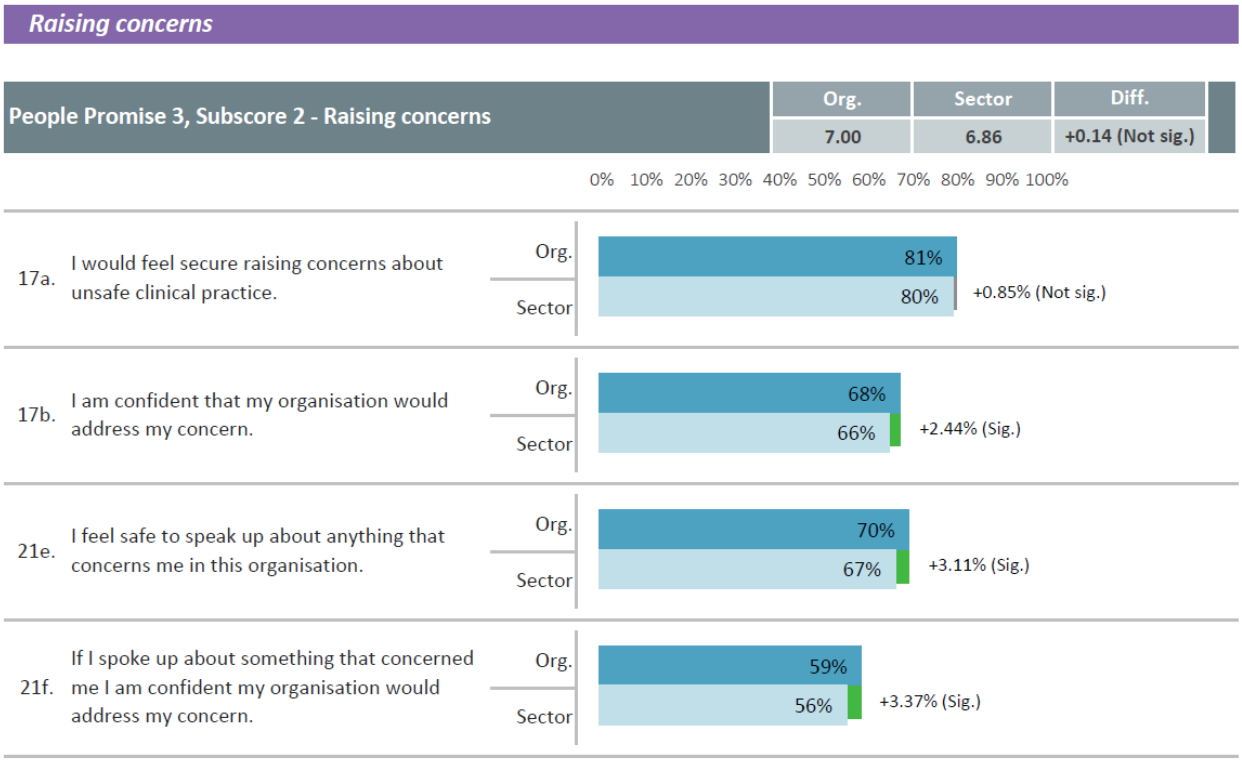


6.2 **Freedom to Speak Up and the 2021 staff survey:** Every year, NHS staff are invited to take part in the NHS Staff Survey to share their views about working in their organisation. In past years, the NGO (National Guardian's Office) has brought together four questions from the staff survey, along with other information such as CQC rating, to produce a Freedom to Speak Up (FTSU) Index. This year the NGO has decided not to run the FTSU Index.

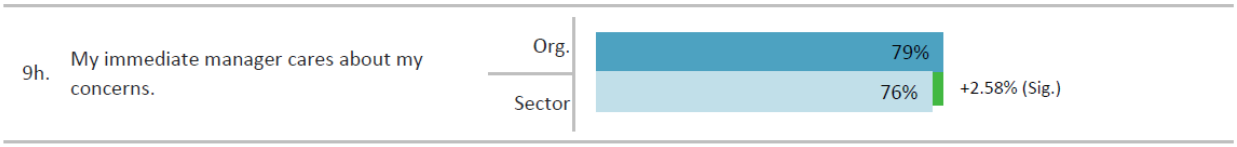
In the 2021 staff survey, there were five questions that related to speaking up. These questions relate to whether staff feel knowledgeable, secure and encouraged to speak up and whether their concern would be addressed.

Table 2 shows Raising Concerns from The People Promise section of the National Staff Survey 2021 for Derbyshire Healthcare NHS Foundation Trust. Raising concerns has a sector score of 6.86 and the Trust is slightly above this at 7.00.

Table 2



The survey question reponse around caring about concerns on question 9h has also been included although it is not part of the Raising Concerns table above:



Source: Derbyshire Healthcare NHS Foundation Full Report NHS Staff Survey 2021 produced by Quality Health.

The **People Promise Sub-scores** are ranked from 1 to 15 for DHFCT. These sub-scores can be considered as summary scores for groups of questions which, when taken together, give more information about a particular area. They are presented as scale scores (on a scale of 0 to 10). Raising concerns is at 11/15.

Table 3 below shows data for three of the raising concerns staff survey questions, their link to the previous staff survey result in 2020 and the Quality Health Comparator Score 2021. There has been a significant increase in questions 17a and 17b in comparison to 2020. Data on questions 21f and 9h was not available at the time of FTSU report production.

Table 3

Question:	2020	2021	% change	Quality Health Comparator Score 2021
17a. I would feel secure raising concerns about unsafe clinical practice.	76%	81%	+5%	80%
17b. I am confident that my organisation would address my concern.	63%	68%	+5%	66%
21e. I feel safe to speak up about anything that concerns me in this organisation.	73%	70%	-3%	67%

Source: Quality Health

6.3 **DCHFT Freedom to Speak Up Vision Strategy:** The FTSUG has written a draft Freedom to Speak Up Strategy for the Trust which will require further development and consultation with a range of stakeholders across the Trust. The Strategy has been shared locally with the NED and FTSU Champions. It will also be shared with staff networks for consultation and the Executive Lead for Speaking Up, as well as the Board.

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. It is now expected that the strategy will be available for approval by late April 2022. CRH

7 National Guardian's Office and related National Changes

7.1 **Case review:** In October 2021, The National Guardian's Office published a case review into the speaking up culture and arrangements at Blackpool Teaching Hospitals NHS Foundation Trust.

The NGO had received information indicating that a speaking up case handling may not followed good practice and as a result a review was carried out. The review found that there were long-standing issues with the trust's speaking up culture. There was a perception among some workers that speaking up was futile. Black and minority ethnic workers – and other groups – also reported facing barriers to speaking up. The review also found that some workers who had spoken up to national bodies had variable experiences.

The FTSUG has read the review and assessed all of the recommendations. DHCFT meets most of the recommendations in the report but the FTSUG has identified a few gaps, mainly to be addressed by the Executive Leadership Team (ELT). This analysis will be shared with ELT at a later date.

7.2 **Using gap analysis to improve speaking up arrangements:** Following feedback, the National Guardians Office, has collated together recommendations from the nine case review reports which have been published and grouped them thematically.

To help with gap analysis, the NGO have included a tool which Freedom to Speak Up Guardians and others responsible for speaking up in their organisations can use to review arrangements and develop plans and actions

for improvement. The NGO tool and guidance can be used as a self-review tool to identify and improve gaps in the Trust's speaking up arrangements.

The FTSUG will have completed this analysis by end of March 2022 and will present to the Director of Organisational Development and Executive Leadership Team (ELT) for further consideration.

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 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 ongoing development of an FTSU 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

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 1 March 2022

Standing Financial Instructions updates

Purpose of Report

Confirm approval of amendment to paragraph 8.18 of Standing Financial Instructions (SFI).

Executive Summary

This paper is to formally confirm the SFI-related matter approved by the Audit and Risk Committee members on 27 January 2022.

Amendment to SFI paragraph

Augmentation to a sentence in the contract protocol section of the SFIs was agreed, in order to add further clarity and improve the explicit read-across with the sections related to approval limits. This too was agreed by virtual means by 24 November 2021.

The change agreed is set out below:

Paragraph 8.18 SFI did say:

8.18 All contract documents, up to the value of £100,000, shall be signed on behalf of the Trust by an Executive Director **(voting or non-voting)** or nominated officer. Every contract the value of which exceeds £500,000 shall be executed under the Common seal of the Trust and be signed by the **Trust Secretary and an Executive Director (voting or non-voting)** duly authorised by the Chief Executive and not from the originating department.

Approved amendment:

8.18 All contract documents, up to the value of £100,000, shall be signed on behalf of the Trust by an Executive Director **(voting or non-voting)** or nominated officer. Documents above £100,000 shall be signed by the Director of Finance, Chief Executive or nominated officer with appropriate approval limit. Every contract the value of which exceeds £500,000 shall be executed under the Common seal of the Trust and be signed by the **Trust Secretary and an Executive Director (voting or non-voting)** duly authorised by the Chief Executive and not from the originating department.

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

- Formal confirmation of approval already received.

Consultation

- Executive Leadership Team, Finance and Performance Committee and Audit and Risk Committee members.

Governance or Legal Issues

- General good procurement and financial governance updates to SFI.

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.

This paper is not directly related to EDI matters.

Recommendations

The Board of Directors is requested to confirm approval of amendment to SFI paragraph 8.18.

Report presented and prepared by: **Claire Wright**
Director of Finance

Board Committee Assurance Summary Reports to Trust Board – 1 March 2022

The following summaries cover the meetings that have been held since the last public Board meeting held on18 January 2022:

- Finance and Performance Committee 25 January
- Audit and Risk Committee 27 January
- People and Culture Committee 1 February
- Quality and Safeguarding Committee 8 February

Finance and Performance (F&P) Committee - key items discussed 25 January 2022
Assurance on Estates strategy – Dormitory Eradication and Psychiatric Intensive Care Unit (PICU) This comprehensive briefing included updates on principle supply chain partner in progressing to guaranteed maximum price; planning permission progress; progression of business cases and consultations; VAT discussions; organisational development change programme and staffing requirements; early draw down of capital ahead of full business case approval; review of key risks. Limited assurance received.
Digital Strategy Update - IM&T strategy 2021-2026 Refreshed Information Management and Technology Strategy with progress against five themes: Access to electronic patient information; efficient process enablement; agile workforce; business intelligence and underpinning technology and service delivery. Reporting is to be twice-yearly and will focus on implementation.
Digital Strategy Updates - Clinical Digital Strategy Review and approval of final draft of Trust Clinical Digital Strategy considering the clinical application of digital technologies in the areas of development: digital channels, digital systems and digital applications including how to mitigate for relative digital deprivation to avoid exclusion. Implementation plan to come back to Committee July 2022. Reference was made to direction of travel with regard to Derbyshire Shared Care Record and system considerations.
OnEPR Programme update Progress update on planned go live rollout for phases 3 and 4 further disrupted by Covid Omicron wave, updates from recent discussions with Executives and Non-Executive indicating the preferred option and awareness of related financial implications. Discussion of risks and mitigations. Brigid App testing discussions held at Executive Leadership Team meeting. Discussion of wider implication of instances of single provider and reliance-related risks.
Operational Performance This was the same performance report received by the Board on 18 January. Additional clarification was sought for 'Trust cancelled' appointments where appointments are brought forward and the wider context. Limited assurance.
Business environments – partnerships, planning and system transformation update Particular focus was made on East Midlands Provider Collaboration programme.

Financial governance and plan delivery including CIP and future financial planning update

Financial situation shown as at end of December forecasting breakeven as organisation and system. Risk Assessed forecast outturn. Slippage on new investment remains an issue. Covid costs will no longer be shown on central corporate code but will be distributed back to source areas. Key pressure areas include higher agency costs and increased out of area costs from covid wave. Note summarising the key reasons for bridging changes in income, pay and non-pay run rates needed. Discussion of underlying run rate work in system and the work happening on future planning. Capital plan includes impact of additional wi-fi funding to bring forecast to balance. Cash and balance sheet noted and off payroll engagements noted. Need to update forecast assumptions for most recent OnEPR changes. Future year planning will require an additional Board Committee meeting for sign-off of planning ahead of submission (on same day as overall system plan). Limited assurance.

Treasury Management Policy review and approval

Updated policy reviewed and approved

Quality Improvement (QI) Strategy 2021 – 2024 Implementation plan

Review of implementation plan across the strategic areas of creating the right conditions for continuous quality improvement, QI infrastructure, QI framework and sustaining and building capacity and training in the workforce as well as the coordination of the QI resource and cultural change.

Change of Private Finance Initiative (PFI) interest regime

The Committee noted the LIBOR transition authority consent letter (move from use of LIBOR (London Interbank Offered Rate) to SONIA (Sterling Overnight Index Average)).

Board Assurance Framework (BAF) risks

Latest iteration of BAF was considered, together with the approach to deep dives and Committee confirmed stance:

1b - The dormitory eradication and PICU element is sufficiently covered by current reporting. The wider estates updates that happen twice yearly are sufficient noting good audit report and actions completion. Review if any material change.

1c – Continuity of access to information - rated moderate no deep dive required

1d – Digital and cyber risk - rated moderate no deep dive required

3a – Detailed financial review at every F&P and Deep Dive to take place at Audit and Risk Committee as rated extreme

3b – Transformation learning from Covid - will do a ‘look back and look forward’ deep dive on this (March or May)

Escalations to Board or other committees

None

Next Meeting – 15 March 2022

Committee Chair: Richard Wright	**Executive Lead: Claire Wright, Director of Finance and Deputy Chief Executive**

Audit and Risk Committee - key items discussed 27 January 2022
Review of the Board Assurance Framework (BAF) The fourth issue of the BAF for 2021/22 was considered. The inclusion of the system based risk impacting on and mitigated by multiple system organisations was scrutinised and discussed in detail. Due to meeting scheduling the BAF had to be received at this meeting first which made it difficult for the Committee to approve as it contained some actions with a deadline for completion by 31 January. The BAF was therefore updated with these actions and with feedback after the system based risk had been scrutinised by the Quality and Safeguarding Committee on 8 February and circulated to the Committee outside of the meeting. The Committee approved the BAF for submission to the Board on 1 March on the understanding that the responsibilities and updates on key gaps in control will be included in the next iteration of the BAF as it is too early at this stage to give assurance regarding these gaps in control.
Deep dive of extreme rated BAF Risk 3a The extreme rated BAF risk 3a currently rated as Likelihood 4, Impact 5 *"There is a risk that the Trust fails to deliver its revenue and capital financial plans"* underwent a 'deep dive'. Given the unpredictability and magnitude of unplanned costs in the ongoing pandemic that are too unpredictable at this point it was agreed to maintain the rating of this risk as extreme. The Committee took assurance from the work the Finance and Executive teams are doing to control expenditure and deliver revenue and capital financial plans.
Revised Standing Financial Instructions and approval of Local Operating Procedure The Committee confirmed approval of Local Operating Procedure (LOP) and amendment to paragraph 8.18 of Standing Financial Instructions (SFIs). The revised version of the SFIs will be submitted to the Board on 1 March for final approval.
Approval of Accounting Standards/Policies for Annual Accounts The Trust's accounting policies for 2021/22 Annual Accounts have been reviewed and updated following the publication of the Department of Health's Group Accounting Manual. Minor changes to the accounting standards in 2021/22 were noted. The Committee was satisfied that a thorough review had been carried out and approved the draft accounting policies for 2021/22 Annual Accounts.
Report on Conflicts of Interest and Declarations of Interest An update on the Trust's compliance with the guidance on conflicts of interest in the NHS which came into force on 1 June 2017 was considered. Assurance was received that gifts following the COVID-19 outbreak have now subsided and will no longer be the subject of exception reporting. The proposed amendments to the Conflicts of Interest Policy were reviewed and approved. Assurance was received that declarations for the previous financial year (2020/21) are at expected levels and are consistent with previous years and at expected levels.
Management of salary overpayments An update was received on actions implemented to improvement the management and prevention of overpayments. As a result of a spike in overpayments in October and November caused by late terminations instructions were issued and managers who submitted late terminations were contacted to explain the impact that late submission of termination forms has on individual employees and the Trust. Limited assurance was obtained from the report. A further report will come to the July meeting in order for the Committee to be satisfied that the situation has been resolved.

Well-Led/Governance update

The Committee was updated on progress with preparing for an external Well-led Development Review. Due to increased pressure on staff to respond to the latest surge of the pandemic this caused the programme to be delayed. It is expected that dedicated resource will return at the beginning of February and a further update will be made to the Committee in April.

2020/21 Clinical Audit programme

It is clear that the Clinical Audit programme provides increasing opportunity for quality improvements and is an integral part of the Quality Improvement platform. Delivery of the Clinical Audit programme was impacted by COVID-19. There were delays in completion of audits due to staff being redeployed.

Limited assurance was obtained from the report because Clinical Audit was paused during the pandemic. However, the Committee was satisfied with the steps being taken to maximise the impact and effectiveness of Clinical Audit.

External audit

The Trust's External Auditor, Mazars took the Committee through the audit scope, approach and timeline for their work. Although the annual accounts submission dates have not yet been confirmed, Mazars provided assurance that they are on track to review the preparate of the annual accounts in readiness for a submission date of 22 June.

Internal Audit

Since the last meeting in October 2021 the Trust's Internal Auditor, 360 Assurance have published their review of General Ledger and Financial Reporting arrangements, providing significant assurance. They also published their Key Financial Systems review with a split assurance opinion.

The Head of Internal Audit Opinion memo set out the findings from the stage 2 work programme. Positive comments were noted regarding the cycle of reporting of the BAF to the Board and Committees, particularly with regard to how actions have progressed and updated on the BAF.

Counter Fraud progress update

Since the last meeting proactive work has been carried out with the Trust relating to the Counter Fraud Functional Standard Returns scores to improve compliance.

Work carried out by the Trust's Risk and Assurance Manager with the Counter Fraud Specialist on the new methodology for assessing risk has ensured that the Trust is in advance of other trusts.

Escalations to Board or other committees

The People and Culture Committee is to receive progress updates on salary overpayments to establish whether the right action is being taken by line managers.

Key risks identified

None

Next Meeting – 24 March 2022

Committee Chair: Geoff Lewins	**Executive Lead: Justine Fitzjohn, Trust Secretary**

People and Culture Committee - key items discussed 1 February 2022
Summary of BAF Risks The Committee considered the BAF Risk 2a it is responsible for "*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*" in the context of subsequent committee discussions and work programme.
Review into the Medical Workforce Although an assurance report had been expected this was not available as the review has only just commenced. A verbal update and presentation provided assurance that a quality improvement approach to medical management will be driven through CLOG i.e. Clinical Leadership Oversight Group to achieve better outcomes for the future.
People and Inclusion performance dashboard The main focus is on recruitment, vacancy management and absence. Performance has returned to a pre-Covid position with performance above comparator organisations. Supervision is being prioritised as part of staff wellbeing and support and engagement. Compliance in supervision and training is being prioritised now we are emerging from the pandemic.
Mandatory vaccination legislation update Discussions reflected on the Government's decision to revoke the mandatory vaccination regulations. This is subject to Parliamentary process and will require further consultation and a vote to be passed. The Trust will continue to operate within the national guidance as it emerges. All staff will continue to be updated as this process takes place.
Safer staffing and use of resources The report provided assurance that all services are staffed at appropriate levels and where there are issues mitigations have been put in place. Challenges with ensuring accuracy of safer staffing data remains. Plans are in place to address this through amending reporting templates.
Keeping people safe - health and wellbeing update Significant assurance was received in terms of aspects of health and wellbeing. A number of innovations have commenced to ensure all colleagues are kept safe and well at work as well as support for those who are not well enough to be at work.
Training compliance update During the Trust's response to the Covid pandemic all but essential training was paused. Improve models for training are being developed so that training can be delivered in a more efficient way as well as moving some training programmes into e-learning spaces.
Supervision Policy and Procedures Minor changes made to the policy to reflect the updated structure and roles were accepted and the Policy was ratified.
Escalations to Board or other committees None

Board Assurance Framework – key risks identified None	
Next Meeting – 22 March 2022	
Committee Chair: Margaret Gildea	**Executive Lead: Jaki Lowe, Director of People and Inclusion**

Quality and Safeguarding Committee - key items discussed 8 February 2022
Summary of BAF Risks BAF risks were considered within the Committee's current work programme. Updates were discussed and agreed for Risk 1a "*There is a risk that the Trust will fail to provide standards for safety and effectiveness as required by our patients and our Board"*. The Committee also considered a new risk that has been added to the BAF for which the Committee is responsible that impacts on and is mitigated by multiple organisations. The risk that *'There is a risk to safe, effective clinical care across Derbyshire impacting upon patients, due to not achieving national standards and variation of clinical practice and service commissioning in the Learning Disability (LD) Transforming Care Partnership and in ICS inpatient LD bedded care".* Clarity of responsibilities and updates on all key gaps in control and the actions to close the gaps will be reported in March as it is too early at this stage to give assurance regarding these gaps in control.
Risk Register escalation assurance A review of the Risk Register evidenced that management of the Risk Register is under good control and that compliance with elements of the risk management training programme is strong. The high turnover of risks was considered to be a positive sign that they are mitigated. Overall significant assurance was obtained from the report.
Quality Performance Dashboard The dashboard showed a stable position. There were no concerns with restraint or seclusion and there was a positive performance in restrictive practices. Incidents of assault from patients to staff largely remain below target. The introduction of body worn cameras has seen a reduction in violence but staff still suffer from incidents of anti-social behaviour from some patients. There are no concerns with current COVID-19 rates. Older people's length of stay continues to be below the national average.
COVID-19 Vaccinations and Health Protection Unit (HPU) update The HPU is meeting the needs of individuals with serious mental illness or protected characteristics by making reasonable adjustments in the way they receive their vaccination. The high number of vaccinations in the community and the Ashbourne Centre was considered commendable. The Committee endorsed the working practice of focussing on physical healthcare and the needs of people with protected characteristics as a significant part of prevention.
Infection Prevention Control (IPC) update The Committee considered this additional overview to be a positive report and obtained significant assurance with the progress made as well as the Trust's compliance with IPC measures.
Community Mental Health Framework (CMHF) An update on the statutory objectives of the Community Mental Health Framework (CMHF) and delivery against local plan was considered. Helpful discussions took place on the Long Term Plan vision for a place-based community mental health model, and how community services should modernise to offer whole-person, whole-population health approaches, aligned with Primary Care Networks. A decision will soon be reached on the specific service model. The Committee will maintain oversight of the CMHF programme through twice yearly reporting.

Transformation of Community Mental Health Services focusing on clinical professional leadership

The Committee considered the progress to date and the outline plan for therapies within Derbyshire Healthcare in respect of Allied Health Professional (AHP) and Psychological Therapies development over the last twelve months. The Committee supported the strategy and structures suggested for clinical professional leadership that will be pivotal to the future clinical strategy.

Alcohol and COVID-19 and investment in alcohol services

A briefing on the impact of alcohol consumption over the pandemic period and the improvement in service and provision of alcohol treatment within Derby city to meet demand provided significant assurance on service improvement.

The Committee acknowledged the development of the Trust's own comprehensive drug and alcohol service and the investment being made in alcohol services by Derby and Derbyshire partners.

Learning from Deaths / Mortality Report

The quarterly Mortality Report covering 23 July 2021 to 20 January 2022 showed there had been no inpatient deaths during this period. All deaths reported through the Incident Reporting and Investigation Policy and Procedure (Datix) continue to be reviewed.

The report provided assurance of the Trust's approach and it was agreed for the report to be considered by the Board on 1 March and then published on the Trust's website as per national guidance.

Positive and Safe Annual Report

The Committee considered an update on progress made regarding implementation of the Positive and Safe Strategy in reducing restrictive practices, reducing violence and keeping all of our people safe.

The good progress seen in the report provided significant assurance and evidence of high standards in clinical practice development and how the Trust is working towards its aspiration to reduce restrictive practice.

Guardian of Safe Working (GOSW) report

The report from the Guardian of Safe Working (GOSW) was reviewed outside of the meeting. Members of the Committee confirmed by email that they were satisfied with the content and for the report to be received by the Board on 1 March.

Chief Pharmacist's report

Significant assurance was taken from the report, particularly with regard to progress made against the stated intent of the Medicines Optimisation Strategy and Pharmacy Strategy and with the wider work around pharmacy and medicines optimisation.

However, gaps in control concerning resource levels in the pharmacy team mainly to do with maternity leave and retirement of senior staff were noted for inclusion in BAF risk 1a. Assurance was received that investment in internal resource is being considered by the Executive Leadership Team.

Escalations to Board or other committees None	
Board Assurance Framework – key risks identified Gaps in control concerning resource levels in the pharmacy team are to be included in BAF risk 1a.	
Next Meeting – 8 March 2022	
Committee Chair: Dr Sheila Newport	**Executive Lead: Carolyn Green, Director of Nursing and Patient Experience**

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
A	
A&E	Accident & Emergency
ACCT	Assessment, Care in Custody & Teamwork
ACE	Adverse Childhood Experiences
ACP	Accountable Care Partnership
ACS	Accountable Care System (now known as ICS)
ADHD	Attention Deficit Hyperactivity Disorder
AfC	Agenda for Change
AHP	Allied Health Professional
AIMS	Royal College of Psychiatrists Accreditation for Inpatient Mental Health Services Standards
ALB	Arms-length body such as NHS Improvement (NHSI) and NHS England (NHSE)
AMM	Annual Members' Meeting
AMHP	Approved Mental Health Professional
ANP	Advanced Nurse Practitioner
AO	Accountable Officer
ASD	Autism Spectrum Disorder
ASM	Area Service Manager
B	
BAF	Board Assurance Framework
BLS	Basic Life Support (ILS Immediate Life Support)
BMA	British Medical Association
BAME	Black, Asian & Minority Ethnic group
BoD	Board of Directors
C	
CAMHS	Child and Adolescent Mental Health Services
CASSH	Care and 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
CHPPD	Care Hours Per Patient Day
CIP	Cost Improvement Programme
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
COO	Chief Operating Officer
CPA	Care Programme Approach
CPD	Continuing Professional Development

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
CPN	Community Psychiatric Nurse
CPR	Child Protection Register
CQC	Care Quality Commission
CQI	Clinical Quality Indicator
CQUIN	Commissioning for Quality and Innovation
CRB	Criminal Records Bureau
CRG	Clinical Reference Group
CRHT	Crisis resolution and home treatment
CRS	(NHS) Care Records Service
CRS	Commissioner Requested Services
CSF	Commissioner Sustainability Fund
CTO	Community Treatment Order
CTR	Care and Treatment Review
D	
DAT	Drug Action Team
DBS	Disclosure and Barring Service
DBT	Dialectical Behavioural Therapy
DfE	Department for Education
DCHS	Derbyshire Community Health Services NHS Foundation Trust
DDCCG	Derby and Derbyshire Clinical Commissioning Group
DHCFT	Derbyshire Healthcare NHS Foundation Trust
DIT	Dynamic Interpersonal Therapy
DNA	Did Not Attend
DH	Department of Health
DoLS	Deprivation of Liberty Safeguards
DBIT	Director of Business Improvement and Transformation
DOF	Director of Finance
DON	Director of Nursing
DPI	Director of People and Inclusion
DNA	Did not attend
DPA	Data Protection Act
DRRT	Dementia Rapid Response Team
DTOC	Delayed Transfer of Care
DVA	Derbyshire Voluntary Action (formerly North Derbyshire Voluntary Action)
DWP	Department for Work and Pensions
E	
ECT	Enhanced Care Team
ECW	Enhanced Care Ward
ED	Emergency Department
EDS2	Equality Delivery System 2
EHIC	European Health Insurance Card
EHR	Electronic Health Record
EI	Early Intervention
EIA	Equality Impact Assessment
EIP	Early Intervention In Psychosis
ELT	Executive Leadership Team
EMDR	Eye Movement Desensitising & Reprocessing Therapy
EMR	Electronic Medical Record

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
EPR	Electronic Patient Record
ERIC	Estates Return Information Collection
ESR	Electronic Staff Record
EUPD	Emotionally Unstable Personality Disorder
EWTD	European Working Time Directive
F	
FBC	Full Business Case
FFT	Friends and Family Test
FOI	Freedom of Information
FSR	Full Service Record
FT	Foundation Trust
FTE	Full-time Equivalent
FTN	Foundation Trust Network
FTSU	Freedom to Speak Up
FTSUG	Freedom to Speak Up Guardian
F&P	Finance and Performance
5YFV	Five Year Forward View
G	
GDPR	General Data Protection Regulation
GGI	Good Governance Institute
GIRFT	Getting it Right First Time
GMC	General Medical Council
GP	General Practitioner
GPFV	General Practice Forward View
H	
HCA	Healthcare Assistant
H1	First half of a fiscal year (April through September)
H2	Second half of a fiscal year (October through the following March)
HEE	Health Education England
HES	Hospital Episode Statistics
HoNOS	Health of the Nation Outcome Scores
HSCIC	Health and Social Care Information Centre
HSE	Health and Safety Executive
HWB	Health and Wellbeing Board
I	
IAPT	Improving Access to Psychological Therapies
ICM	Insertable Cardiac Monitor
ICS	Integrated Care System (formerly ACS)
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IDVAs	Independent Domestic Violence Advisors
IG	Information Governance
ILS	Immediate Life Support (BLS – Basic Life Support)
IMT	Incident Management Team
IM&T	Information Management and Technology
OOA	Outside of Area
IPP	Imprisonment for Public Protection
IPR	Integrated Performance Report

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
IPT	Interpersonal Psychotherapy
J	
JNCC	Joint Negotiating Consultative Committee
JTAI	Joint Targeted Area Inspections
JUCB	Joined Up Care Board
JUCD	Joined Up Care Derbyshire
K	
KPI	Key Performance Indicator
KSF	Knowledge and Skills Framework
L	
LA	Local Authority
LCFS	Local Counter Fraud Specialist
LD	Learning Disabilities
LD/A	Learning Disability and Autism
LHP	Local Health Plan
LHWB	Local Health and Wellbeing Board
LOS	Length of Stay
LPS	Liberty Protection Safeguards
M	
MADE	Multi-agency Discharge Event
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
MD	Medical Director
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
MHLT	Mental Health Liaison Team
MHRT	Mental Health Review Tribunal
MSC	Medical Staff Committee
MSK	Musculoskeletal (conditions)
MSU	Medium secure unit
N	
NCRS	National Cancer Registration Service
NED	Non-Executive Director

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
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 NHS Improvement
NIHR	National Institute for Health Research
O	
OBC	Outline Business Case
ODG	Operational Delivery Group
OPMO	Older People's Mental Health Services
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
PPE	Personal Protection Equipment
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
RCI	Reference Cost Index
REGARDS	Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
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
SMI	Severe Mental Illness
SOC	Strategic Options Case
SOF	Single Operating Framework
SPOA	Single Point of Access
SPOE	Single Point of Entry
SPOR	Single Point of Referral
STEIS	Strategic Executive Information System
STF	Sustainability and Transformation Fund
STP	Sustainability and Transformation Partnership
SUI	Serious (Untoward) Incident
SystmOne	Electronic patient record system
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
TOOL	Trust Operational Oversight Leadership (replaced IMT)
U	
UDBH	University Hospitals of Derby and Burton
UEC	Urgent and emergency care
V	
VARM)	Vulnerable Adult Risk Management
VO	Vertical Observatory
W	
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent
Y	
YTD	Year to Date

(updated 11 January 2022)

2022-23 Board Annual Forward Plan

Exec Lead	Meeting date	10 May 22	5 Jul 22	6 Sep 22	1 Nov 22	17 Jan 23	7 Mar 23
	Paper deadline	**25 Apr**	**27 Jun**	**29 Aug**	**24 Oct**	**9 Jan**	**27 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 - Green Plan sign off (November each year)	X	X	X	X Green Plan	X	X
STRATEGIC PLANNING AND CORPORATE GOVERNANCE							
COO/DOF	NHSI Financial Annual Plan Month 7-12 2022/23				X		
DPI	Staff Survey Results	X					
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			
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 May 2023				X		
DPI	2022/23 Flu Campaign	Summary result of 2021/22 campaign		X			
Trust Sec	NHS Improvement Year-End Self-Certification	X					
Trust Sec	Year-end governance reporting from Board Committees and approval of ToRs	X					
Trust Sec	Governance update						X
Trust Sec	Review SOs, SFIs, SoD plus review/ratify SFI Policy (as Policy Review section below)						Amendment SFI
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	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
CEO/DBIT	East Midlands Collaborative Agreement update (appended to CEO report)					X	
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 publishing on website)	X					

Exec Lead	Meeting date	10 May 22	5 Jul 22	6 Sep 22	1 Nov 22	17 Jan 23	7 Mar 23
QUALITY GOVERNANCE							
EXEC	Quality Position Statement Report - focus on CQC domains (Well Led CQC & NHSI) as per schedule - Caring led by DON due April 2022	Caring DON	Well Led Trust Sec				
MD	Learning from Deaths Mortality report (quarterly publication) (Jul/Nov/Jan/Mar)		X		X	X	X
MD	Guardian of Safe Working Report	X		X			X
DON	Control of Infection Annual Report				X		
DON	Infection Prevention and Control Annual Report and BAF				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 - next due March 2024						
POLICY REVIEW							
DOF/ Trust Sec	Standing Finance Instructions Policy and Procedures Review SOs, SFIs, SoD plus review/ratify SFI Policy (next SFI review July 2022)		X				
Trust Sec	Fit and Proper Person Policy due 31/03/2023						X
Trust Sec	Engagement between the Board of Directors and the CoG due pror to expiry 31/10/2022			X			