Derbyshire Healthcare
NHS Foundation Trust

Derbyshire Healthcare NHS Foundation Trust
Public Board Meeting

Conference Rooms A and B, Centre for Research and Development, Kingsway Hospital, Derby.
5 March 2019 09:30 - 5 March 2019 12:15

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Derbyshire Healthcare
NHS Foundation Trust

NOTICE OF PUBLIC BOARD MEETING – TUESDAY 5 MARCH 2019
TO COMMENCE AT 9:30am IN CONFERENCE ROOMS A&B
FIRST FLOOR, CENTRE FOR RESEARCH & DEVELOPMENT, KINGSWAY HOSPITAL

	TIME	AGENDA	LED BY
1.	9:30	Chair's welcome, opening remarks, apologies, Declarations of Interest Register	Caroline Maley
2.		Minutes of Board of Directors meeting held on 5 February 2019	Caroline Maley
3.		Matters arising – Actions Matrix	Caroline Maley
4.		Questions from governors or members of the public	Caroline Maley
5.	9:35	Chair's Update	Caroline Maley
6.	9:40	Chief Executive's Update	Ifti Majid
OPERATIONAL PERFORMANCE, QUALITY AND STRATEGY			
7.	9:55	Integrated Performance and Activity Report - Workforce Safety Standards	C Wright/A Rawlings/ C Green/M Powell
8.	10:20	Quality Report – Well-led Domain	Sam Harrison
9.	10:35	Staff Survey Results and Action Plan	Amanda Rawlings
10.	10:45	Equality Delivery System 2 Update and Draft Gender Pay Gap Report	Amanda Rawlings
11:00 B R E A K			
11.	11:15	Freedom to Speak Up Guardian Report	Kully Hans
12.	11:30	Final report on recommendations arising from the Deloitte Phase 3 report	Sam Harrison
13.	11:40	Flu Self-Assessment Report	Amanda Rawlings
14.	11:50	Board Committee Assurance Summaries and Escalations: Safeguarding Committee 7 February, Quality Committee 12 February, People & Culture Committee 19 February 2019 *(minutes of these meetings are available upon request)*	Committee Chairs
CLOSING MATTERS			
15.	12:05	- Identification of any issues arising from the meeting for inclusion or updating in the Board Assurance Framework - Draft Forward Plan for 2019/20 - Meeting effectiveness	Caroline Maley
FOR INFORMATION			
Glossary of NHS Acronyms			

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

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

The next meeting will be held at 9.30am on 2 April 2018 in
Conference Rooms A & B, Centre for Research and Development, Kingsway, Derby DE22 3LZ
Users of the Trust's services and other members of the public are welcome to attend the meetings of the Board.
Participation in meetings is at the Chair's discretion

Derbyshire Healthcare
NHS Foundation Trust

Our vision

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

Making a positive difference

Our values

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

Our Trust values are:

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

Derbyshire Healthcare
NHS Foundation Trust

DECLARATION OF INTERESTS REGISTER 2018/19		
NAME	**INTEREST DISCLOSED**	**TYPE**
Margaret Gildea Non-Executive Director	• Director, Organisation Change Solutions Limited • Non-Executive Director, Derwent Living	(a, b) (a)
Carolyn Green Director of Nursing & Patient Experience	• Husband employed by Derbyshire Probation Service	(d)
Gareth Harry Director of Director of Business Improvement & Transformation	• Chairman, Marehay Cricket Club • Member of the Labour Party	(d) (e)
Geoff Lewins Non-Executive Director	• Director, Woodhouse May Ltd • Director, Arkwright Society Ltd	(a, b) (a)
Ifti Majid Chief Executive	• Board Member NHS Confederation Mental Health Network • Kate Majid (spouse) Chief Executive of the Shaw Mind Foundation which is a global mental health charity	(e) (a, d)
Mark Powell Chief Operating Officer	• Chair of Governors, Brookfield Primary School, Mickleover, Derby	(e)
Amanda Rawlings Director of People and Organisational Effectiveness (DHCFT)	• Director of People and Organisational Effectiveness, Derbyshire Community Healthcare Services (DCHS) • Co-optee Cross Keys Homes, Peterborough	(e) (e)
Dr Julia Tabreham Deputy Trust Chair and Non-Executive Director	• Non-Executive Director, Parliamentary and Health Service Ombudsman • Director of Research and Ambassador Carers Federation • Member of Sir Alex Allan's Parliamentary and Health Service Ombudsman's Clinical Advice Service Review • Daughter Sophie Elizabeth Barker-Tabreham is a head hunter for Europrojects an organisation that recruits staff from the NHS for private sector companies and special projects	(a) (d) (a) (e)
Dr John Sykes Medical Director	• Undertakes paid assessments of patients at the request of the local authorities under the Mental Health Act and Mental Capacity Act and acts likewise for solicitors representing patients.	(e)
Richard Wright Non-Executive Director	• Executive Director, Sheffield Chamber of Commerce • Chair Sheffield UTC Multi Academy Trust • Board Member, National Centre of Sport and Exercise Medicine Sheffield	(a) (a) (d)

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

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

Derbyshire Healthcare
NHS Foundation Trust

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

Held in Training Rooms 1 & 2
Research and Development Centre, Kingsway, Derby DE22 3LZ

Tuesday 5 February 2019

MEETING HELD IN PUBLIC

Commenced: 9.30 Closed: 12:50

PRESENT	Caroline Maley	Trust Chair
	Margaret Gildea	Senior Independent Director
	Geoff Lewins	Non-Executive Director
	Dr Anne Wright	Non-Executive Director
	Richard Wright	Non-Executive Director
	Ifti Majid	Chief Executive
	Claire Wright	Director of Finance & Deputy Chief Executive
	Mark Powell	Chief Operating Officer
	Carolyn Green	Director of Nursing & Patient Experience
	Dr John Sykes	Medical Director
	Samantha Harrison	Director of Corporate Affairs
	Amanda Rawlings	Director of People Services & Organisational Effectiveness
	Gareth Harry	Director of Business Improvement & Transformation
	Suzanne Overton-Edwards	Non-Executive Director under NHSI NExT Director scheme
IN ATTENDANCE	Anna Shaw	Deputy Director of Communications & Involvement
	Sue Turner	Board Secretary (minutes)
For item DCHFT2019/159	Karen Sangha	Clinical Lead Occupational Therapist, Radbourne Unit
For item DCHFT2019/159	Tanya Wilson	Nursing Assistant, Trainee Practitioner, Radbourne Unit
For item DCHFT2019167	Denise Reid	Occupational Therapy Support Worker, Radbourne Unit
For item DCHFT2019/167	Tracy	Service User
For item DCHFT2019/167	Simon	Peer Support Worker and volunteer
VISITORS	John Morrissey	Lead Governor
	Al Munnien	Staff Governor, Nursing
	Rachel Leyland	Deputy Finance Director
	Jessimen Samanga	Student Mental Health Nurse
	Agnieszka Florian	Student Mental Health Nurse
	Luke Appleton	Populo Consulting Ltd
	Sandra Austin	Derby City & South Derbyshire Mental Health Carer's Forum and Trust Volunteer
	Martyn Bell	Trust Member
APOLOGIES	Dr Julia Tabreham	Deputy Trust Chair and Non-Executive Director

DHCFT 2019/001	**CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND DECLARATION OF INTERESTS** The Trust Chair, Caroline Maley, welcomed all to the meeting. Apologies for absence were noted from Deputy Trust Chair and Non-Executive Director, Julia Tabreham due to an extended leave of absence. The Declaration of Interests register, as included in the Board papers, was noted. No additional declarations of interest in agenda items were raised.
DHCFT 2019/002	**PATIENT STORY** Colleagues from the Hope and Resilience Hub joined the meeting to discuss the service they provide at the Hope and Resilience Hub based at the Radbourne Unit. Service receiver Tracy and Peer Support Worker Simon also attended and shared their experience as inpatients at the Radbourne Unit and gave an account of how the therapies they had received had aided their recovery. The Hope and Resilience Hub is based at the Radbourne Unit and provides intervention and crisis care for day patients. The staffing mix consists of occupational therapists, registered mental health nurses and volunteers who work closely with the Crisis and Inpatient teams to aid service users to rediscover their coping, emotional and social skills through individual and group therapy sessions while working to the individual's recovery needs. They also work in partnership with Quad, Derby County Football Club and a selection of non-referral groups such as the Hearing Voices Group. The Board heard how the activities and therapies used at the Hub had enabled Tracy and Simon to recover and move forward with their lives. Simon gave an account of the difficulties he had encountered when he was well enough to leave the Radbourne Unit while not being assigned to a regular CPN (Community Psychiatric Nurse) which meant he had to continually repeat his medical history. He now has a permanent CPN and a Peer Support Worker who has helped him move forward with his life. Simon has since become a Peer Support Worker at the Radbourne Unit and helps facilitate anxiety management group work and recovery education art sessions which has given him the satisfaction of being able to give back help to the team that gave him help when he needed it. Tracy explained how the Hub had "brought me back to being me" which the Board felt was a wonderful recovery quote. She went on to say how she also plans to carry out peer support work as she found that speaking to someone who has been through a similar experience had helped her enormously. Tanya, Denise and Karen described how fulfilling it is to enable people to recover and take back control of her lives through person centred care and described how they are a strong team that supports each other with the day to day challenges at the Hub. The Board was disappointed to hear that Tracy and Simon did not receive care from the Trust earlier and expressed concern they only received the help they needed when they were referred to the Crisis Team. This initiated discussion on how the Trust's services should be better publicised in the community so that people can recognise when they become ill and access the help they need. Caroline expressed the Board's appreciation of the valuable and inspirational work provided at the Hub that enables people's recovery. Tracy and Simon were both thanked for their openness with the Board and for their constructive feedback that

	would provide potential opportunity for improving the service that the Trust provides to its service users.
DHCFT 2019/003	**MINUTES OF THE BOARD OF DIRECTORS MEETING HELD ON 4 DECEMBER 2018** The minutes of the previous meeting, held on 4 December 2018, were accepted as a correct record of the meeting.
DHCFT 2018/004	**MATTERS ARISING – ACTIONS MATRIX** The Board agreed to close all completed actions. Updates were provided by members of the Board and noted on the actions matrix. All completed 'green' actions were scrutinised to ensure that they were fully complete and actions that were not complete were challenged with Executive Director leads.
DHCFT 2019/005	**QUESTIONS FROM GOVERNORS OR MEMBERS OF THE PUBLIC** No questions had been received from members of the public or governors in advance of the meeting.
DHCFT 2019/006	**CHAIR'S UPDATE** This report provided the Board with the Trust Chair's summary of activity she had undertaken since the previous Board meeting on 4 December 2018. Caroline reflected on the visits she had made to some of the Trust's front line services which provided her with a good understanding of the services that the organisation provides. Reference was made to the HFMA (Healthcare Financial Management Association) Chairs Conference held in London which focussed on the key challenges faced by the NHS. Caroline found this a particularly inspiring event and noted that many of the issues that Chairs should be focussed on, as raised at the event by Peter Wyman, CQC Chair, are regularly on our Board agenda. **RESOLVED: The Board of Directors noted the activities of the Trust Chair since the last meeting held on 4 December 2018**
DHCFT 2019/007	**CHIEF EXECUTIVE'S UPDATE** This report provided 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 provided a detailed focus on the NHS Long Term Plan, the Workforce Race Equality Standard (WRES) report and the Trust's EU Exit planning assurance. Board members were encouraged to read the NHS Long Term Plan that was published in January and familiarise themselves with the specific areas that impact the Trust. Chief Executive, Ifti Majid, paid particular attention to the impact that the plan would have on Children and Young People's Mental Health Services. He was pleased to see that current service models will be extended so that by 2020 transitions to adult services will be based on need and not age and that the new model will be driven by CAMHS (Child and Adolescent Mental Health Service)

	practitioners and young people themselves. Non-Executive, Director, Richard Wright said that he did not feel that the report set out how the plan would transform and was disappointed that it made no reference to the current environment in which the NHS works nor how the impact of social media on child suicide could be tackled. The Board discussed how the report did not venture into the specific issues of children and young people's needs and acknowledged that the whole life of the child needs to be looked at in order to deal with the issues children and young people are facing. Reference was made to the key findings contained in the Workforce Race Equality Standard (WRES) data. Although steady improvement could be seen in most of the WRES indicators Ifti was disappointed that in the Midlands and East the appointment rate for BME applications had slightly worsened. There is still a concentration of BME people in low band roles and only a slight increase at senior levels. The Board reiterated its commitment to improve these levels. Ifti looked forward to the March Board Development session when the BME Talent Network will be joining the Board to understand how senior leaders in our organisation and the NHS can ensure that BME colleagues have the right aspiration, knowledge and skills and how these individuals can be used as role models to make a tangible difference in the NHS workforce. In preparation for the UK's exit from the EU Ifti was pleased to confirm Chief Operating Officer, Mark Powell as Senior Responsible Officer for EU Exit for the Trust and that he has completed risk assessments on all the key areas of risk identified by the Department of Health and Social Care. Since the last Board meeting Ifti and members of the Board had met with residents of the Kingsway housing development to discuss the challenges of living near a busy hospital. He had shared information about the services that the Trust provides and hoped this would help understanding of how our services operate. The Chairs and CEO meetings referred to in Ifti's report were discussed in relation to ascertaining the system's appetite for changing the focus of care, particularly as this is an area where Non-Executive Directors (NEDs) focus their challenge to Executive Directors. NEDs committed to holding Board members to account and would focus on providing the best outcomes for those people within Trust services and deliver appropriate care models. **RESOLVED: The Board of Directors scrutinised the Chief Executive's update, noting the risks and actions being taken.**
DHCFT 2019/008	**<u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT</u>** The Integrated Performance Report (IPR) provided the Board with an integrated overview of performance as at the end of December 2018. The focus of the report is on workforce, finance, operational delivery and quality performance. Chief Operating Officer, Mark Powell, drew attention to the assurance that the report provided on impact of actions undertaken to improve urgent care services, particularly adult acute inpatient areas. An acknowledgement was made of the challenges faced in reducing waiting lists in neighbourhood CAMHS services and Paediatrics. Work is continuing to achieve best practice in neighbourhood waiting lists and Mark is hopeful that learning obtained from other trusts on how they have improved waiting times will yield improvements.

	Reference was made to the decision to report Paediatrics as part of the 18 week RTT (referral to treatment) standard. It is acknowledged that this will result in a deterioration in overall RTT performance as there are longer waits in this service. The Board was assured of the action that is taking place to address these challenges as funding to support delivery of the 18 week standard is being discussed with commissioners. In the meantime NHSI have been informed of the Trust's decision and the implications this will have on RTT performance in the short to medium term. Director of Nursing and Patient Experience, Carolyn Green asked for assurance that quality levels are being secured across all services and highlighted the need to commit to apply RTT standards to Learning Disabilities and Substance Misuse Services. In terms of Urgent Care improvements, the greater visibility of senior leaders to support the implementation and oversight of clinical standards has had a positive impact and clear improvements are being seen. Staffing remains a significant challenge particularly in inpatient services and is constantly being monitored, and is driven by the amount of vacancies and sickness levels. The Board was assured that staff are being supervised more efficiently and that day to day operational performance is being monitored. Mark Powell was pleased to report that positive feedback had been received from the NHSI/CCG visit to the Trust's acute inpatient services in January. The Board took assurance from the actions that have been taken to embed improvements as outlined in the Urgent Care Improvement Plan. Non-Executive Director, Anne Wright asked what was being done to enable staff to be released to attend training to maintain and increase their skills. The Board was assured of work being undertaken to deliver training in a more efficient way and the learning that is being obtained from other trusts on how training compliance levels can be improved. As a result of discussions the Board recognised the improvements that have been made in the urgent care services and agreed that limited assurance could be obtained from the report due to the reported areas that are performing below standard. **RESOLVED: The Board of Directors received the report and obtained limited assurance on current performance across the areas presented**
DHCFT 2019/009	**SAFE STAFFING AND STRATEGIC WORKFORCE CHALLENGES** This supplementary report to the IPR presented by Mark Powell covered safe staffing and strategic workforce challenges and was used by the Board to engage in discussion on both operational and strategic issues as well as current and future workforce challenges. The Board noted areas where the Trust had made improvements and where further action is continuing to address ongoing risks and recognised that there is still further work to be done to improve safe staffing reporting more widely. Staff retention was regarded as an important step, particularly in senior leadership roles. Director of People and Organisational Development, Amanda Rawlings advised that the key to retention would be achieved through creating a culture where people feel listened to, supported, enabled and fulfilled in their roles.

	Director of Finance and Deputy Chief Executive, Claire Wright asked how reporting of staff from BME groups and those with protected characteristics could be made more visible to provide a better understanding of the Trust's culture. This led to the Board discussing the aspirations of different types of people within the workforce and accepted that much of this is captured in the People Strategy which is overseen by the People and Culture Committee. The People Strategy is also used to analyse recruitment and development opportunities to map career pathway work. The Board considered the challenges presented within the report and agreed that a Board Development session should be arranged to discuss wider workforce issues. **ACTION: Amanda Rawlings to lead a Board Development session to explore wider workforce issues.** **ACTION: ELT is to consider how safer staffing is to be reported to the Board to ensure reporting is correctly focussed to meet the requirement of NHSI Developing Workforce Safeguards guidance.** **RESOLVED: The Board of Directors** **1) Noted the triangulated information contained within this report with other information from the IPR and Committee reports** **2) Noted the key areas of concern set out in the report – identified as hotspots**
DHCFT 2019/010	**<u>QUALITY STRATEGY REPORT</u>** This report presented by Director of Business Improvement and Transformation, Gareth Harry, outlined the approach agreed by the Trust for Quality Improvement and the use of Continuous Improvement methodologies. It also provided examples of how continuous improvement has been put into practice since the strategy was agreed and how it has been implemented into business as usual processes. Continuous Improvement methodologies have been at the heart of new approaches to Business and Operational Planning, identification of cost savings plans and the future development of clinically-led strategies, together with the potential difficulties in balancing the need for urgent service improvements with long-term objectives and in identifying specific Cost Improvement Plans from wider ranging improvement programmes. The Board reflected on how a wider Continuous Improvement Plan could be drawn from Cost Improvement Plans and how continuous improvement methodology and CQC expectations apply to the Quality Strategy. The need for an overarching framework that indicates the specific tools to be used in approaching individual problems without creating a bureaucracy is required along with the need to encourage confidence from clinicians and provide them with opportunities to choose the appropriate approach. It was thought that this could be applied through sharing examples of success or case studies that have produced improved outcomes. The Board discussed ways of using examples of rapid service improvement work carried out within the last nine months and how this can be allied with medium and long term quality improvement objectives. It was decided that successes should be promoted as opportunities for longer term quality improvement to encourage a culture where staff are inspired by leaders to take action where it is required. The

	Board agreed this could be achieved through developing a culture that thrives on involvement. This will enable people to foster their creativity and make decisions on patient outcomes. It was thought that quality improvement and authority could be delegated to teams in the same way that the Board permeates its authority through ELT and throughout the organisation. This could be replicated using performance management review meetings to develop quality improvement projects based on the agreed quality priorities which will enable staff to have a wider engagement with our quality priorities. Identification of continuous improvement work and identification of cost improvement schemes is reported through the Finance and Performance Committee where work will take place to establish a practical way of how this can be reported to the regulators. The Board saw that the balance of compliance versus innovation is possible within the Trust's governance framework. Board members undertook to use opportunities when meeting teams to celebrate, share success and support learning throughout the organisation. The Continuous Improvement programme will be improved by empowering staff and encouraging them to develop schemes by focusing on what they think is most important to them. **RESOLVED: The Board of Directors:** **1) Noted the report** **2) Discussed the delivery of Quality Improvement Strategy objectives, versus requirements for urgent service improvement schemes** **3) Considered further opportunities to support and nurture a culture of continuous improvement in the Trust** **4) Considered the potential implications of failure to identify specific CIP schemes from wider Continuous Improvement Programmes**
DHCFT 2019/012	**LEARNING FROM DEATHS MORTALITY REPORT** This report presented to the Board by Medical Director, John Sykes is produced to meet requirements set out in the 'National Guidance on Learning from Deaths'. As the data contained in the mortality report was not available for the 4 December Board 2018 meeting this report was submitted retrospectively to the Board and has been published on the Trust's website in line with national requirements. John Sykes outlined how he had escalated to NHSI (NHS Improvement) that although it is not possible to determine the outcome of some deaths, the Trust is working towards being able to undertake more efficient reviews of deaths. He assured the Board that learning obtained from Serious Incident investigations is used to acquire informative learning and confirmed that no inpatient deaths were found to have been avoidable throughout September, October and November 2018. **RESOLVED: The Board of Directors accepted the Mortality Report as assurance of the Trust's approach and acknowledged that the report has been published on the Trust's website**
DHCFT 2019/013	**SECTION 37/41 BRIEFING ON SECRETARY OF STATE'S POSITION ON THE DISCHARGE OF RESTRICTED PATIENTS ON CONDITIONS THAT INVOLVE A DEPRIVATION OF LIBERTY** This report served to brief the Board on the consequences of a Supreme Court

	Ruling in December 2018 which concluded that forensic patients discharged into the community with restrictions (otherwise known as conditionally discharged patients or Section 42 patients) could not be deprived of their liberty through the conditions imposed on their Section by the Ministry of Justice or in the associated care plan. John Sykes assured the Board that the Trust has a triage process established for Section 37/41 cases which has been agreed as appropriate. As the Ministry of Justice proposed that this is now expanded into a multi-agency panel that would consider the Section 37/41 cases in the community or awaiting imminent discharge, a multi-agency meeting took place where it was decided that a scoping exercise will run until the end of May and that further guidance may be forthcoming from the Ministry of Justice over this timescale. The Board decided that it was not its remit to decide on the level of risk that the implication of the recent Supreme Court Judgement places on the Trust. It was agreed that actions taken from the Section 37/41 meeting held on 25 January would be reported to the Mental Health Act Committee. The Committee is to provide assurance to the Board on the approach being taken and will escalate any issues to the Board arising from the review of Section 37/41 actions. **ACTION: Mental Health Act Committee to provide assurance on approach being taken to Section 37/41** **RESOLVED: The Board of Directors:** **1) Noted the implications of the recent Supreme Court Judgement** **2) Noted that the actions taken at the Section 37/41 meeting on 25 January 2019 together with the full notes of the meeting will be submitted to the Mental Health Act Committee on 7 March** **4) Agreed that the Mental Health Act Committee will escalate to the Board any issues arising from the review of Section 37/41 actions.**
DHCFT 2019/014	**<u>BOARD ASSURANCE FRAMEWORK (BAF) FOURTH ISSUE FOR 2018/19</u>** This report presented by Director of Corporate Affairs, Sam Harrison provided the Board with details of the fourth issue of the BAF for 2018/19. Revised risk ratings for two risks were presented since issue 3 of the BAF: • Risk 3a (risk that the Trust fails to deliver its financial plan) has been reduced from extreme to high due to reduction in gaps in controls in relation to reducing agency expenditure and delivery of firm plans for 2018/19 CIP, with the decision by the Executive Leadership Team (ELT) to reconcile the 2018/19 programme and move focus to the 2019/20 programme. • Risk 2a (risk that if the Trust doesn't engage our workforce and create an environment where they experience the aims and values of the Trust). This risk was reduced from high to moderate due to the significant amount of action undertaken to mitigate the risk and the further work planned to engage middle managers to improve engagement across the organisation. • Two risks continue to be rated as extreme. These are 4a (retention, development and attraction of staff) and 4d (acute inpatient flow). • Discussion at the Quality Committee in December 2018 proposed splitting the

	risk 18_19 4d *There is a risk that the Trust will not improve the acute inpatient flow of patients through our service,* to highlight the specific risks around acute inpatient care. Work is already underway to develop the 2019/20 BAF to include a specific focus on acute inpatient care and this will be completed for the Audit and Risk Committee in March 2019. In the interim, risk 18_19 Risk 4d has been amended to include the focus on inpatient flow, rather than overall flow of patients through services. • The Mental Health Act Committee agreed to retain risk 18_19 1b *There is a risk that the Trust will fail to provide full compliance with the Mental Health Act (1983) and Mental Capacity Act (2005)* as high, pending results of an audit around compliance with capacity assessment in the community which is due March 2019 Sam Harrison outlined how the consideration of risks for the 2019/20 BAF have commenced with ELT and will be agreed at the Board Development session planned for 20 February 2019. It is proposed that Executive Directors will take a more collective responsibility for updating and reviewing the BAF during 2019/20. This will ensure updates to the BAF reflect the range of executive input to the risk and are actively challenged and shared responsibility to develop appropriate controls and assurances, with associated shared ownership for mitigation of the risk. Executive Leads for individual risks will remain. Richard Wright cross referenced the proposed 2019/20 longlist risks with matters he noted to have arisen within Board Committees. He received confirmation that this mapping would be undertaken as part of the Board BAF session on 20 February where all Board members could confirm and challenge proposed risks. The Board was satisfied that the BAF had been the subject of thorough scrutiny Margaret Gildea commented on discussion on risk 2a held at the People and Culture Committee in December and this is to be clarified outside of the meeting. **ACTION: People and Culture Committee to clarify the status of BAF risk 2a** **RESOLVED: The Board of Directors:** **1) Agreed and approved this fourth issue BAF for 2018/19 and the significant assurance the paper provides of the process of the review, scrutiny and update of the BAF in seeking to identify and mitigate risks to achieving the Trust's strategic objectives** **2) Agreed the amended risk rating, that is to decrease risk 3a (financial plan) from extreme to high risk and 2a (engagement) from high to moderate as proposed by the Executive Leadership Team and supported by the Audit and Risk Committee** **3) Received the initial list of potential risks for inclusion in the 2019/20 BAF for discussion and agreement at the Board Development session on 20 February 2019** **4) Agreed to receive the final version (v5) of the 2018/19 and first version (v1) of the 2019/20 BAF in April 2019.**
DHCFT 2019/015	**<u>BOARD COMMITTEE ASSURANCE SUMMARIES AND ESCALATIONS</u>** Assurance summaries were received from the Board Committees and highlights were provided by the respective Non-Executive Chair. **Mental Health Act Committee 7 December:** Caroline Maley chaired this meeting

	in the absence of Anne Wright. The summary accurately captured the decisions made during the meeting and was noted by the Board. **People & Culture Committee 18 December:** Committee chair, Margaret Gildea, referred to the review of BAF Risk 2a Staff Engagement and reported that the Committee agreed that the risk rating would remain rated as high until the results of the staff survey are released. **Quality Committee 9 January:** In the absence of the Committee chair, Margaret Gildea had chaired the meeting. She escalated the Committee's concerns regarding the clinical commissioning strategy and asked that the Board consider the capacity and demands made upon the Trust's services compared with the commissioned services. The Board agreed that this would be discussed further in in order to assess the investment to be had from MHIS (Mental Health Investment Standard) and how this can be taken forward within our next contracting round. **Audit & Risk Committee 15 January:** Committee Chair, Geoff Lewins reported that the Committee was satisfied with the programme of work being undertaken to prepare the Trust's Annual Report and Accounts for 2018/19. **Finance & Performance Committee 22 January:** Chair, Richard Wright made no escalations to the Board on behalf of the Committee. He reported that an extraordinary meeting of the Committee would be held on 20 February to receive a progress update on 2019/20 Continuous Improvement including CIP (Cost Improvement Plan), financial planning and current contract negotiations. **RESOLVED: The Board of Directors received and noted the Board Committee Assurance Summaries**
DHCFT 2019/016	**IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK** No additional issues were raised in the meeting for updating and including in the Board Assurance Framework.
DHCFT 2019/017	**2018/19 BOARD FORWARD PLAN** The forward plan was noted by the Board along with upcoming reports to be received at subsequent meetings. The 2019/20 forward plan is under development and dates of meetings have now been published on the Trust's website.
DHCFT 2019/018	**MEETING EFFECTIVENESS** Attendees and visitors were thanked for their attendance at today's meeting. The Board reflected on the extensive discussions that had taken place during the meeting and the need to anticipate when reports might need extended debate.
The next meeting of the Board to be held in public session will take place at 9.30 on Tuesday 5 March 2019 in Conference Rooms A&B, Research and Development Centre, Kingsway, Derby DE22 3LZ.	

				BOARD OF DIRECTORS (PUBLIC) ACTION MATRIX - MARCH 2019			
Date	**Minute Ref**	**Item**	**Lead**	**Action**	**Completion Date**	**Current Position**	
4.12.2018	DHCFT 2018/168	Report from Quality Committee on Recommendations arising from the NHS Resolution Report on Learning From Suicide Related Claims	Carolyn Green	Quality Committee to monitor the implementation of NHS Resolution Recommendations	2.4.2019	This will be monitored via a detailed report to be received by the Quality Committee on 12 March following the previous report that went to Quality Committee in November and Board in December	Amber
5.2.2019	DHCFT 2019/009	Safe Staffing and Strategic Workforce Challenges	Amanda Rawlings	Amanda Rawlings to lead a Board Development session to explore wider workforce issues.	2.4.2019	This session will feature in the Board Development Programme for 2019/20 which is currently under consideration	Amber
5.2.2019	DHCFT 2019/009	Safe Staffing and Strategic Workforce Challenges	Amanda Rawlings	ELT is to consider how safer staffing is to be reported to the Board to ensure reporting is correctly focussed to meet the requirement of NHSI Developing Workforce Safeguards guidance	5.3.2019	Reporting on safer staffing will be reported to the Board through the Integrated Performance Report - paper setting out requirements will be received at March meeting (to follow)	Green
5.2.2019	DHCFT 2019/013	Section 37/41 Briefing	John Sykes	Mental Health Act Committee to provide assurance on approach being taken to Section 37/41	2.4.2019	Will be addressed by Mental Health Act Committee on 8 March. Assurance on approach being taken to S37/41 will be itemised in the Committee's assurance summary to be submitted to the Board on 2 April.	Yellow
5.2.2019	DHCFT 2019/014	BAF Fourth Issue 2018/19	Amanda Rawlings	People and Culture Committee to clarify the status of BAF risk 2a	5.3.2019	Having reviewed the Staff Survey Results the Committee agreed that risk 2a can be reduced from high to moderate. This will be clearly articulated in the next iteration of the BAF.	Green

Resolved	**GREEN**	**3**	**50%**
Action Ongoing/Update Required	**AMBER**	**2**	**33%**
Action Overdue	**RED**	**0**	**0%**
Agenda item for future meeting	**YELLOW**	**1**	**17%**
		6	**100%**

Derbyshire Healthcare NHS Foundation Trust
Report to the Public Board of Directors – 5 March 2019

Trust Chair's report to the Board of Directors

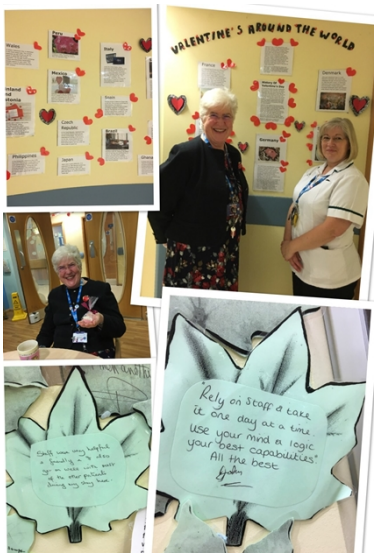
Purpose of Report

This report is intended to provide the Board with the Trust Chair's reflections on my activity with and for the Trust since the previous Board meeting on 5 February 2019 The structure of this report reflects the role that I have as Trust Chair.

Our Trust and Staff

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

2. On 12 February I visited Ward 1 at the London Road Community Hospital where I was met by Nicola Lewis, Occupational Therapist. After walking around the space that we have, I was able to sit with a number of patients undertaking a craft activity, and was pleased to hear their positive views on the ward, their care, and in particular their praise for the staff who work hard to look after them and help them recover. Ward 1 staff were very welcoming and pleased to have had a visit as they can feel isolated from the Trust. I am delighted that Nicola will be joining us at our Board meeting in March.



3. On 14 February, I spent time with the Patient Experience Team reviewing compliments and complaints. There is richness to the information that one gleans from reading a complaint from beginning to end, and it is evident that we look for the lessons to be learned from each one. It also brings to life the challenges that our staff face day to day. The team has been short staffed and there is a backlog in the complaints management, but I was heartened by the positive attitude of new staff to get on and make a positive difference in the work that they do.

Council of Governors

4. On 31 January I joined governors attending a training and development session which was entitled "Induction Part 2". It was aimed at new(er) governors and more established governors reinforcing the role of the governor in community engagement, and also in holding the NEDs (Non-Executive Directors) to account for the performance of the Board. I was joined in the afternoon by Geoff Lewins

(NED) to bring a NED perspective to the afternoon session. Eleven Governors attended the session and feedback has been positive.

5. We have sought nominations for public governors in Chesterfield, Derby City East, Erewash and Surrounding Areas, as well as a medical staff governor. Nominations closed on 30 January. I am pleased to see that all of the constituencies where voting will take place will be contested with some of our current governors standing again. We will be saying farewell to Gillian Hough and Shelley Comery who are not standing again, and thank them for their commitment and support as Governors over the past three years. Elections will close on 18 March and I look forward to welcoming new (and possibly returning) governors to the Trust.

6. The Governance Committee met on 12 February. Carole Riley has been chairing this Committee as interim chair. At this meeting, Kelly Sims and Christine Williamson were appointed as Chair and Deputy Chair of the Committee. The Committee also reviewed the training programme for governors; the Governor Engagement Action Plan and the proposals for the Annual Members Meeting and the issues to be escalated to the Council of Governors due to be held on 5 March. Opportunity was also taken to share with the governors their role in the Trust's annual Quality Report and the indicators which could be selected for audit.

7. On 26 February we are hosting an East Midlands governor networking event for NHS Providers. I will cover this in more detail in my next report.

8. The next meeting of the Council of Governors will be on 5 March after the public Board meeting. The next Governance Committee takes place on 9 April. The next meeting of the Nomination and Remuneration Committee takes place on 13 March. At this meeting, a consolidated report on NED appraisals will be presented.

Board of Directors

9. Board Development on 20 February focussed on the Board Assurance Framework development for 2019/20, and was led by our Internal Auditors. The discussion resulted in a desire and need to relook at our strategy: simplifying it and then building the Board Assurance Framework with a fresh perspective on the risks which will stop us achieving our strategic outcomes and the potential risks which could "derail" us. This should result in a clarity of expectations which can be focussed on by all, from the Board and throughout the Trust. The opportunity was also taken to build on the work that we started at the January Board Development session on the softer / interpersonal skills of the Board, and how we work together to our very best, ensuring that the unitary board is being as effective as it can. It has been beneficial to spend this time with quality conversations and reflection.

10. On 25 February I will join the recruitment panel for the appointment of a new Trust Secretary. Sam Harrison will be leaving the Trust at the end of March. This has been a valuable opportunity to review the role that the Trust needs and

to appoint the best person to take over from Sam who has made a significant contribution to the Trust's overall improvement in governance during her tenure.

11. Board appraisals for all NEDs are now complete with the finalisation of those for Geoff Lewins and Anne Wright. NED appraisals are completed on the anniversary of their appointment and reported to the next planned Nomination and Remuneration Committee of the Council of Governors. This will be held on 13 March.

12. I have met with Margaret Gildea as part of my routine quarterly meetings with NEDs. During these meetings we review performances against objectives set at the beginning of the appointment / review cycle, as well as discuss generally mutual views on the progress of the NED and the Trust.

13. I am pleased with the support and input we have had from Suzanne Overton-Edwards, our NExT director placement with us until June 2018. Suzanne has been providing us with NED support and challenge whilst Julia Tabreham continues to recuperate. We hope that Julia may be able to return to the Board in April, subject to her health continuing to improve.

System Collaboration

14. I attended the JUCD (Joined Up Care Derbyshire) Board on 21 February. There is a provider frustration about the lack of progress in operating as one system and resorting to bilateral contracting negotiations for 2019/20. This came up more than once as a barrier to ensuring that the system can deliver on its vision for Derbyshire. It is also apparent that much of the work is not properly resourced, and the central team does not have the capacity to provide a full project management office (PMO) to support the workstreams. A closing report was tabled from each of the workstreams, and it is evident that there has been a lot of work taking place to move some of the projects forward. However, it is impossible to quantify the financial or quality impacts that these works have had as a whole in the past twelve months. Approval was given to start the recruitment process for an independent chair for the board. This will be covered in more detail in the CEO report.

Regulators; NHS Providers and NHS Confederation and others

15. The quarterly meeting for Chairs in the Midlands and East due to be held on 6 February was cancelled, as Dale Bywater needed to be in London for an NHSI/E meeting. Our regular quarterly meeting with Fran Steel of NHSI due to take place on 19 February was cancelled again. It is apparent with the changes taking place as NHSI and NHSE work more closely together may affect how we interact with our regulators.

Beyond our Boundaries

16. I am taking part in the assessment panels for the Regional Talent Board (Aspire Together). The vision of Aspire Together is to move talent management from individual organisations to a place where it is owned and valued by the whole

system. The first of the assessment days that I took part in was held on 3 December in Leicester. This is a pilot scheme being carried out in the Midlands and East and Dido Harding (Chair of NHSI) has an appetite to move faster with the pilot to identify more potential directors for a national talent pool.

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

Assurances

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

Consultation

This report has not been to other groups or committees.

Governance or Legal Issues

None

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

Actions to Mitigate/Minimise Identified Risks

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

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

Demonstrating inclusive leadership at Board level

Through the Trust's involvement in the NeXT Director scheme, hosting a placement for Suzanne Overton-Edwards, we are supporting the development of those who may find it more difficult to be appointed as a NED in the NHS.

Recommendations

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

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

Chief Executive's Report to the Public Board of Directors

Purpose of Report

This report provides the Board of Directors with feedback on changes within the national health and social care sector as well as providing an update on developments occurring within our local Derbyshire health and social care community. The report also updates the Board on feedback from external stakeholders such as our commissioners and feedback from our staff. The report should be used to support strategic discussion on the delivery of the Trust strategy.

National Context

1. The Health Foundation has published its third annual NHS workforce trends report called *'A Critical Moment'*. Some of the key findings of the report include:

   - The past year has seen modest growth in the number of full-time equivalent (FTE) staff, with 18,567 more staff in July 2018 compared with a year before – an increase of 1.8%. But this is against a backdrop of more than 100,000 vacancies reported by trusts
   - While there has been continued growth in the number of hospital-based doctors, the number of GPs has fallen by 1.6%
   - More than 1 in 10 nursing posts are vacant in England – 41,000 registered nursing posts vacant
   - Whilst the Long Term Plan continues to reflect the ambition of having more care in local communities workforce numbers in community sectors continue to fall – 1.2% decline this year
   - The numbers in mental health nursing – another priority area – increased by less than 0.5% (172 FTE) over the year to July 2018
   - To address nursing shortages, the government has committed to increasing the number of nurses in training. However, 2018 was the second year in a row in which the number of applications and acceptances for pre-registration nursing degrees in England fell. Across the UK, almost a quarter (24%) of those starting a nursing degree either didn't graduate or failed to do so within the expected timeframe.
   - Another source of new staff is international recruitment. As The NHS Long Term Plan acknowledges, this will remain vital to achieving the overall staffing numbers needed, but it is currently being constrained by broader migration policies and by the uncertainties of Brexit.
   - Improving NHS staff retention is also a priority, but our analysis shows there has been no improvement in retention over the past year.

   This report is being published at a key time for the NHS. The NHS Long Term Plan recognises that the NHS workforce can be the enabler of its objectives. However, the report notes that if the existing workforce shortages and deficits continue, they will severely hinder progress. The themes detailed in this report from the Health Foundation will chime with members of the DHcFT Board, the People and Culture Committee receives regular updates on progress linked with our triple aim of recruit, retain and develop and the trends detailed here are evident in our progress. The report brings a helpful national context and benchmark as we consider how to frame our

people risk for the 2019 Board Assurance Framework.

2. In July 2018, Tom Kark was commissioned to review the scope, operation and purpose of the Fit and Proper Persons Test (FPPT). The review has now concluded and I have set out the key findings below:

   - The test only applies to providers there was a clear view it should apply to commissioners and arm's-length bodies (ALBs) such as NHS Improvement (NHSI) and NHS England (NHSE)
   - The focus has been on areas such as bankruptcy and criminal records testing with less clarity or rigour often applied to competency, experience and qualifications
   - FPPT information held by organisations is very varied
   - Some Trusts had used FPPT to remove Directors even if formal disciplinary proceedings didn't conclude that was appropriate
   - There is lack of consistency as to if FPPT applies beyond the Board
   - There is confusion and problems with the word 'privy' as it is associated to serious misconduct as in many cases whole Boards are privy to issues as they are briefed on it
   - The way the CQC checks for FPPT could lead to false assurance in that the CQC regulates the processes that are in place but doesn't regulate individual Directors
   - Trusts have reported difficulty in getting historical information about Directors.

   The review has made seven broad recommendations of which the first two have immediately been accepted by the Secretary of State and Baroness Harding has been asked to review the other five recommendations with respect to implementation. The recommendations are:

   - All directors must meet specific standards of competence to sit on the board of any health organisation
   - A central database should be developed to hold relevant information about all directors
   - Full, honest and accurate employment references must be required for all directors
   - The FPPT should be extended to all ALBs and commissioning organisations
   - An organisation should be set up with the power to suspend and disbar directors who have committed serious misconduct
   - Remove the words 'privy' in the requirement relating to serious misconduct
   - Consider how FPPT applies to social care organisations

   I was pleased that the review made the distinction between directors who had areas where they needed to develop or were under too much pressure from being classed as failing the FPPT due to serious misconduct. It is also positive that the review steered away from increasing formal central regulation leaving the core requirement sitting with boards.

   Our Board of Directors will consider the recommendations in full in the appropriate setting to review our current policy in light of the recommendations. It should be noted that our current policy is extensive and already covers areas such as full employment history, references and social media searches.

Local Context

3. 14 February was our local Derbyshire Health and Social Care system combined stocktake meeting with NHS Improvement and NHE England. The purpose of the meeting was to understand the trajectory to contract sign off and planning submissions as well as to understand our expected journey towards becoming an integrated care system.

   In essence the feedback fell into three distinct areas:

   - Some positive feedback around enablers of more joined up system delivery such as estates and information and some examples of broadening system expertise eg GP training around suicide prevention
   - A need for the system to adopt different approaches to planning and contracting that move us away from traditional bilateral negotiations to seeking solutions that include multiple providers and new types of contracts
   - Positive feedback around our proposed outcome based performance monitoring approach and the development of Place Alliance Groups.

4. The Joined up Care Derbyshire (JUCD) Board met on 21 February. Key issues discussed included:

   - Following the guidance in the long Term Plan we agreed and approved the appointment of an independent chair for JUCD. This role we now go out to national advert
   - It was positive to hear that the Derbyshire system has received £220k to support GP retention
   - A detailed conversation about the need to fundamentally shift the way we operate with respect to transparency and collaboration linked to the creation of a single system plan.
   - I was pleased to note the Dementia Rapid Response Team getting a specific mention as a development that epitomised new ways of working. A move of staff from inpatient care in one organisation to delivering community care close to home in another. We noted the biggest risk to continuing to progress many of the ongoing workstream work is capacity and ability for organisations to release staff from historical ways of working particularly around contracting.
   - We received and discussed the vision for GP Services over the next 10 years in Derbyshire called 'Vibrant General Practice for Derbyshire' with three key goals:
     - Right Clinician, right place, right time
     - Investment in Patients
     - General Practice wellbeing
   - We reviewed the bed modelling assumptions and predictions that were included in the original STP plan submission. Perhaps unsurprisingly given the pressure we see day to day the revised modelling suggests the system will need more beds going forward without significant interventions to develop new models of care.

Within our Trust

5. We have commenced the roll out of our new leadership and management development offer called Leading Team Derbyshire Healthcare. The initial launch session led by myself, Amanda Rawlings and Claire Wright, supported by other

executives will need to be attended by some 600 colleagues who are in leadership and management roles. The purpose of this first session is about discussing why a change in leadership and management approach is needed, style expectations and the current environment we are operating in. We also introduce colleagues to the leadership and management development offer that we have developed within the Trust. The plan is to complete a couple of sessions a week through the next twelve weeks. Early feedback from the sessions completed so far has been very positive and levels of engagement through the session have been high.

6. Our Staff Forum met on 13 February with discussion being had around three key areas:

   - Mileage rates and travel pressures
   - E-learning
   - Communications methods, approach and responsibilities.

   The Forum also had some important discussions about how we continue to develop its role one year in. We discussed some of the great successes, mileage being one of them where colleagues from the Forum raised mileage reimbursement as an issue, work was done to understand alternatives and this was approved by formal consultative committees and fed back to the staff forum.

7. January and February saw the start of our work to develop improvement strategies for each of our clinical areas. Starting with Older People's Mental Health (OPMH), across two days, over 50 frontline clinicians, patients and carers came together to consider and agree the common purpose of the service and the big and small ideas that would improve our services and mean they can adapt to the needs of patients over the coming three to five years.

   Big themes coming out of the OPMH sessions included: the need for parity between services across the county; the need to work more closely with DCHS (Derbyshire Community Health Foundation Trust) services; the potential benefits of co-locating inpatient services together and the need to develop the workforce to be able to fully meet the mental health and physical health needs of older people.

   Around 30 improvement ideas were developed through the two days, with the wider engagement of other team members in the week between the events. Following on from here, a small group of clinicians will work together to develop the strategy, test it with stakeholders and then bring to Board for agreement and then on to implementation.

   The governance arrangements around the implementation of the strategies are in development and will be discussed in future updates.

   The Working Age Adults sessions are currently being run and similar processes are planned for all our other clinical areas, running through to June.

8. On 20 February I met with Dr Paula Holt, Pro Vice Chancellor, Dean at the College of Health and Social Care, University of Derby. It was helpful to understand opportunities for our Trust colleagues to take advantage of development programmes within the faculty that support new models of care such as nursing apprenticeships but also to spend time considering how as we move towards an integrated care system we should include education and development establishments in our thinking. I was also able to share some concerns relating to our Workforce Race Equality Standard data that shows a gap in colleagues from BME Backgrounds working in senior leadership and

management roles within the Trust and how we could develop expectations in our students relating to career progression. I am delighted we have agreed to do some further work together on this vital area.

9. I met with Amanda Solloway (ex local MP) who now runs a Charity called Head High. One of the projects that we have supported as a Trust is the setup of a night café known as the Night Bus. The Night Bus is open from 10pm until 2am every night and is a safe warm place for people with mental health worries to go along to and be with other people. The Night Bus launched mid-January and is already proving popular with six or seven different people attending every night. We will continue to support what is a fantastic community venture by providing volunteers with training and supervision. Board members will make the link with the information about the NHS Long Term Plan I presented last month as one of the expectations in that was for the development of mental health night cafes.

10. During February engagement visits have continued. I have held *Ifti on the Road* engagement events at the Ritz in Matlock and Corbar View in the High Peak. I also attended the Clinical team meeting at the adult mental health team in Buxton.

    Key themes that emerged from these sessions included:

    - How we support front of house colleagues where they may be alone in buildings
    - Issues around mileage travel and inefficiencies in Derbyshire wide approaches around room sharing
    - Difficulties of providing support to people with multiple complex mental health needs in a highly rural area
    - Lack of full community forensic team
    - Greater efficiencies could be gained from record sharing particularly with primary care
    - A notable shift in referral expectations from primary care

    Feedback from each visit has been logged on our engagement spreadsheet, actions allocated and shared with our freedom to speak up guardian.

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

Assurances

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

Actions to Mitigate/Minimise Identified Risks

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

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

The two national strategic documents discussed in the report have the potential to contribute to 'closing the gap' within our WRES data that was discussed at the Board last month, in particular a focus on varied recruitment methods targeted at local communities could have a high impact on recruiting a more diverse and inclusive workforce – not just relating to BME communities. However there are risks that with any increase in perceived centralisation of process eg for Board level appointments this could lead to a reduction in both applicants and successful appointments from diverse communities.

To tackle some of these risks requires targeted action and our new leadership and management programme discussed within the paper provides that direct action as does the consideration of access through our local communities within our clinical strategy work.

Any equality impact assessment carried out will determine a response to the three

aims of the general equality duty:

- Identifying barriers and removing them before they create a problem
- Increasing the opportunities for positive outcomes for all groups, and
- Using and making opportunities to bring different communities and groups together in positive ways.

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**

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 5 March 2019

Integrated Performance Report Month 10

Purpose of Report

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

Executive Summary

The Trust continues to perform well against many of its key indicators, with maintenance or improvements continuing across many of the Trust's services. These can be seen within the body of this report.

There are a number of areas where performance is below standard in the month, or trends are showing an overall change in performance. In order to ensure that there is a focused discussion on key issues these have been listed below.

1. Regulatory Compliance dashboard:

    - Out of area placements
    - Sickness absence
    - Annual appraisals
    - Compulsory training

2. Strategy Performance dashboard:

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

In addition, a benchmarking section has been added to the end of this report to provide the Board with a contextual view of how the Trust is performing in comparison with other Trusts.

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

Assurances

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

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

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

Actions to Mitigate/Minimise Identified Risks

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

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

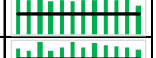
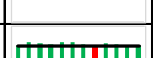
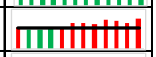
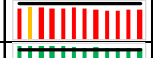
Recommendations

The Board of Directors is requested to:

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

Report presented by:	**Mark Powell, Chief Operating Officer**
	Claire Wright, Director of Finance/Deputy CEO
	Amanda Rawlings, Director of People and Organisational Effectiveness
	Carolyn Green, Director of Nursing and Patient Experience
Report prepared by:	**Peter Charlton, General Manager, IM&T**
	Rachel Leyland, Deputy Director of Finance
	Liam Carrier, Workforce Systems & Information Manager
	Rachel Kempster, Risk and Assurance Manager
	Peter Henson, Performance Manager

1. Regulatory Dashboard

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Last 12 Months
Finance	Finance Score	Finance Scorecard	YTD	1	0	G	↓	
			Forecast	1	0	G	↓	
		Capital Service Cover	YTD	2	0	G	↓	
			Forecast	2	0	G	↓	
		Liquidity	YTD	1	0	G	↓	
			Forecast	1	0	G	↓	
		Income and Expenditure Margin	YTD	1	0	G	↓	
			Forecast	1	0	G	↓	
		Income and Expenditure variance to plan	YTD	1	0	G	↓	
			Forecast	1	0	G	↓	
		Agency variance to ceiling	YTD	1	0	G	↓	
			Forecast	1	0	G	↓	
	Single Oversight Framework	Agency costs as % of total pay costs	YTD	2.91%	0.00%	G	↓	
			Forecast	2.87%	0.00%	G	↓	
		NHS I Segment	YTD		0		↓	
Quality and Operations	KPIs	CPA 7 Day Follow-up (M)	Jan, 2019	95.00%	98.55%	G	↑	
			Dec, 2018		90.77%	R		
		Data Quality Maturity Index (DQMI) - MHSDS Data Score (Q)	Jan, 2019	95.00%	96.05%	G	→	
			Dec, 2018		96.53%	G		
		IAPT RTT within 18 weeks (Q)	Jan, 2019	95.00%	100.00%	G	→	
			Dec, 2018		100.00%	G		
		IAPT RTT within 6 weeks (Q)	Jan, 2019	75.00%	97.26%	G	→	
			Dec, 2018		98.26%	G		
		Early Intervention in Psychosis RTT Within 14 Days - Complete (Q)	Jan, 2019	53.00%	73.08%	G	↓	
			Dec, 2018		88.89%	G		
		Early Intervention in Psychosis RTT Within 14 Days - Incomplete (Q)	Jan, 2019	53.00%	75.00%	G	↓	
			Dec, 2018		81.25%	G		
		Patients Open to Trust In Employment (M)	Jan, 2019		10.20%	G	→	
			Dec, 2018		10.40%	G		
		Patients Open to Trust In Settled Accommodation (M)	Jan, 2019		57.61%	G	↓	
			Dec, 2018		58.69%	G		
		Under 16 Admissions To Adult Inpatient Facilities (M)	Jan, 2019	0	0	G	→	
			Dec, 2018		0	G		
		IAPT People Completing Treatment Who Move To Recovery (Q)	Jan, 2019	50.00%	50.95%	G	→	
			Dec, 2018		51.21%	G		
		Physical Health - Cardio-Metabolic - Inpatient (Q)						
		Physical Health - Cardio-Metabolic - EI (Q)						
		Physical Health - Cardio-Metabolic - on CPA (Community) (Q)						
		Out of Area - Number of Patients Non PICU (M)	Jan, 2019		20		↑	
			Dec, 2018		13			
		Out of Area - Number of Patients PICU (M)	Jan, 2019		23		↑	
			Dec, 2018		17			
		Out of Area - Average Per Day Non PICU (M)	Jan, 2019	0.9	6.7	R	↓	
			Dec, 2018	0.9	6.8	R		
		Out of Area - Average Per Day PICU (M)	Jan, 2019	23.1	12.6	G	↑	
			Dec, 2018	23.2	9.2	G		
		Written complaints – rate (Q)	Q42018/19		0.03		↓	
			Q32018/19		0.03			
		Staff Friends and Family Test % recommended – care (Q)	Q3 2018/19	81%	61%	R	↓	
			Q22018/19		73%	R		
		Occurrence of any Never Event (M)	Jan, 2019	0	0	G	→	
			Dec, 2018		0	G		
		Patient Safety Alerts not completed by deadline (M)	Jan, 2019		0		→	
			Dec, 2018		0			
		CQC community mental health survey (A)	2018		6.9/10		↑	
			2017		7.3/10			
		Mental health scores from Friends and Family Test – % positive (M)	Jan, 2019	81%	96%	G	→	
			Dec, 2018		96%	G		
		Potential under-reporting of patient safety incidents per 1000 bed days(M)	Oct17-Mar18		36.10	G	↑	
			Jan-00		0.00	G		
Workforce and Engagement	KPIs	Turnover (annual)	Jan, 2019	10.00%	10.25%	G	↓	
			Dec, 2018		9.95%	G		
		Sickness Absence (monthly)	Jan, 2019	5.04%	7.53%	R	↑	
			Dec, 2018		6.49%	R		
		Sickness Absence (annual)	Jan, 2019	5.04%	5.68%	R	↑	
			Dec, 2018		5.66%	R		
		Vacancies (funded fte)	Jan, 2019		9.16%		↓	
			Dec, 2018		9.53%			
		Appraisals All Staff (number of employees who have received an appraisal in the previous 12 months)	Jan, 2019	90.00%	75.48%	R	↑	
			Dec, 2018		74.50%	R		
		Medical Appraisals (number of medical employees who have received an appraisal in the previous 12 months)	Jan, 2019	90.00%	95.00%	G	→	
			Dec, 2018		94.00%	G		
		Compulsory Training (staff in-date)	Jan, 2019	90.00%	83.88%	A	↑	
			Dec, 2018		84.44%	A		
		NHS Staff Survey (A)	Work		60.92%			
			Treatment		72.77%			

Key:

Period Current Month / Previous Month

Achieving target; Not achieving target; Within tolerance; No Target Set

Target

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

1.1 Finance position

The overall score of a '1' is in line with plan year to date and forecast outturn.

All metrics are forecast to achieve their planned outturn including the agency metric with agency expenditure forecast to be below the ceiling.

Comparing the actual expenditure on Agency to the ceiling, we are below the ceiling value by £111k at the end of January. This generates '1' on this metric within the finance score. Agency expenditure is forecast to be below the ceiling by 4% which is generating a score of '1' which is as per the plan. Agency expenditure forecast includes contingency costs estimated at £50k.

The forecast agency expenditure equates to the plan of 2.9% of the pay budgets (2.9% last month). National NHSI benchmarking information from 2017/18 showed agency expenditure at 4.5% of pay budgets, with the Midlands and East region at 5.2%.

1.2 Out of area adult placements (non-PICU)

The number of patients whom the Trust admitted to out of area beds in January increased for the first time in 4 months and is higher than we would wish to see. The Trust continues to take part in the regional learning collaborative that is focused on supporting Trusts to reduce out of area placements. Within the Trust a number of initiatives are in place to optimise bed use and free up capacity, which include a complex case panel meeting that has been established to review patients with a length of stay over 50 days.

1.3 People position

Work is ongoing across all Divisions in the Trust to tackle increasing levels of sickness absence. The main reason for sickness absence is stress and anxiety, which accounted for 27.97% of all sickness absence during January 2019.

Through Employee Relations and support where necessary from Divisional People Leads (DPL's) focus is particularly aimed at long term sickness cases and what support is in place to either support the employee back to work in a more timely way or to look at alternative solutions. Each case is treated individually working within policy and where available with staff side support.

Compulsory training compliance is running at 83.88% and appraisals at 75.48%.

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

The Trust vacancy rate includes funded Fte surplus for flexibility including sickness and annual leave cover and is currently running at 9.16%, a decrease of 4.02% compared to April 2018.

During the last 12 months (February 2018 to January 2019) 324 people have joined the Trust through external recruitment and 261 employees have left the Trust, which included 76 retirements.

Targeted recruitment has been taking place over the last quarter to fill the hard to recruit areas, in particular this refers to inpatient acute areas where People Resourcing have been working closely with operational colleagues to chase at each stage of the recruitment process through the 'Trac' recruitment system. Weekly updates have been escalated to senior colleagues and any blockages e.g. shortlisting delays etc have been investigated and are now being resolved in a more timely way. There continues to be pressure from inpatient areas where turnover is higher than average and where sickness levels are also high, leading to staff choosing to move to community posts, not necessarily leaving the Trust.

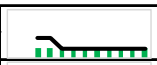
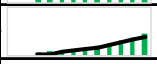
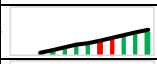
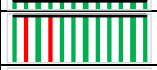
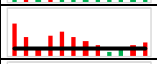
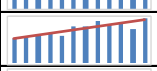
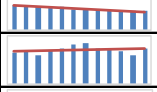
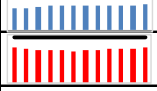
Monthly Sickness Absence	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Business Improvement + Transformation	2.3%	0.9%	0.0%	5.8%	8.5%	1.4%	0.0%	0.4%	0.0%	0.0%
Corporate Central	0.3%	0.0%	0.1%	0.3%	4.6%	3.6%	0.7%	4.0%	1.4%	1.2%
Estates + Facilities	4.6%	4.4%	5.0%	5.8%	5.9%	6.2%	8.1%	6.9%	6.9%	8.6%
Finance Services	3.0%	0.6%	0.7%	0.2%	1.1%	1.5%	2.8%	2.2%	4.9%	8.3%
Med Education & CRD	1.8%	0.6%	0.5%	1.0%	0.6%	0.4%	2.9%	0.2%	0.8%	2.0%
Nursing + Quality	6.8%	6.6%	6.5%	7.4%	9.2%	8.0%	12.4%	11.1%	7.3%	8.2%
IT, Information Management + Patient Records	2.7%	3.2%	2.7%	1.2%	1.9%	3.0%	7.8%	5.0%	2.0%	0.7%
Ops Management	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.8%	8.4%	15.8%	11.3%
Pharmacy	2.7%	0.1%	4.5%	5.6%	2.3%	2.3%	2.6%	2.9%	1.0%	2.9%
People Services	24.0%	21.9%	N/A	N/A	N/A	N/A	0.0%	0.0%	0.0%	0.0%
Operational Services	4.9%	5.1%	5.6%	7.1%	6.8%	6.7%	7.6%	7.3%	7.0%	8.0%
Campus	6.4%	7.6%	8.2%	11.1%	10.3%	9.4%	10.0%	8.4%	8.8%	10.9%
Central Services	3.6%	3.9%	4.5%	4.4%	4.3%	3.8%	5.3%	6.0%	5.0%	5.2%
Children's Services	3.3%	4.1%	3.9%	4.3%	4.8%	5.4%	7.2%	6.5%	6.5%	8.0%
Clinical Serv Management	4.4%	0.3%	2.8%	3.2%	3.1%	1.9%	1.2%	1.7%	0.3%	3.4%
Neighbourhood	5.2%	3.9%	4.7%	6.1%	5.8%	6.3%	6.7%	7.7%	6.7%	6.7%

NB “People Services” consists of 2 staff members employed by the Trust

Compulsory Training	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Business Improvement + Transformation	87.4%	93.7%	96.8%	90.3%	93.2%	93.6%	93.6%	93.6%	88.9%	88.9%
Corporate Central	73.2%	72.7%	69.5%	71.8%	76.2%	76.9%	78.2%	79.6%	78.5%	77.4%
Estates + Facilities	81.7%	81.9%	80.5%	80.6%	80.5%	77.8%	82.0%	81.9%	82.9%	84.0%
Finance Services	97.6%	97.5%	98.0%	97.4%	99.5%	98.0%	99.0%	99.0%	97.5%	98.5%
Med Education & CRD	77.1%	78.6%	77.2%	76.9%	72.5%	76.2%	79.6%	80.7%	80.0%	75.5%
Nursing + Quality	85.0%	84.9%	82.7%	85.0%	86.6%	87.7%	86.4%	87.8%	86.8%	86.1%
Ops Support	91.0%	91.3%	87.6%	87.6%	89.7%	88.9%	91.7%	91.6%	93.1%	92.9%
IT, Information Management + Patient Records	94.6%	97.7%	97.7%	95.2%	96.9%	95.2%	99.5%	98.6%	97.8%	98.9%
Ops Management	91.7%	91.7%	86.1%	77.8%	77.8%	73.3%	73.5%	76.7%	79.6%	71.4%
Pharmacy	87.4%	84.6%	77.2%	80.4%	83.5%	84.3%	84.6%	85.5%	89.6%	89.9%
People Services	88.9%	88.9%	88.9%	66.7%	72.2%	72.2%	72.2%	51.9%	72.2%	72.2%
Operational Services	86.2%	86.0%	82.3%	82.6%	82.9%	82.9%	83.0%	83.7%	84.2%	83.6%
Campus	87.3%	86.8%	83.4%	83.2%	82.6%	81.5%	81.5%	82.5%	83.5%	82.8%
Central Services	86.0%	87.3%	83.3%	83.8%	84.2%	85.6%	85.8%	86.3%	86.2%	85.7%
Children's Services	85.2%	83.3%	80.4%	80.3%	81.4%	82.2%	81.6%	82.3%	82.7%	81.7%
Clinical Serv Management	68.0%	68.3%	61.2%	64.3%	66.4%	67.1%	70.5%	72.0%	74.0%	72.2%
Neighbourhood	86.7%	86.9%	83.0%	83.8%	84.1%	83.8%	84.2%	85.0%	85.2%	84.9%

NB “People Services” consists of 2 staff members employed by the Trust

2. Strategy Delivery

Category	Metric	Period	Target	Actual	Variance	Trend	Last 12 Months	DQ
Finance Scorecard	Finance Scorecard	YTD	1	1	G	→		
		Forecast	1	1	G	→		
	Control Total position £000	YTD	1884	2208	G	↑		
		Forecast	2331	2331	G	→		
	CIP achievement £m	YTD	4.034	3.882	R	↑		
		Forecast	4.871	4.584	R	→		
		Recurrent	4.871	1.466	R	→		
	Agency £m	YTD	2.530	2.419	G	↑		
		Forecast	3.030	2.915	G	↓		
	Cash £m	YTD	22.432	27.701	G	↓		
		Forecast	21.608	22.915	G	→		
Quality and Operations Scorecard	RTT Incomplete Within 18 Weeks (%)	Jan, 2019	92%	94.4%	G	↑		
		Dec, 2018		93.3%	G			
	CPA Review in last 12 Months (on CPA > 12 Months)	Jan, 2019	95%	95.5%	G	↓		
		Dec, 2018		96.7%	G			
	Delayed Transfers of Care (%)	Jan, 2019	0.8%	1.38%	R	→		
		Dec, 2018		1.15%	R			
	North Neighbourhood Average Wait (weeks)	Jan, 2019		8.8		↑		
		Dec, 2018		7.4				
	North Neighbourhood Current Waits (number)	Jan, 2019		1791		↓		
		Dec, 2018		1816				
	City Neighbourhood Average Wait (weeks)	Jan, 2019		8.5		↓		
		Dec, 2018		8.6				
	City Neighbourhood Current Waits (number)	Jan, 2019		1478		↑		
		Dec, 2018		1356				
	South Neighbourhood Average Wait (weeks)	Jan, 2019		10.1		↑		
		Dec, 2018		9.1				
	South Neighbourhood Current Waits (number)	Jan, 2019		1684		↓		
		Dec, 2018		1764				
	CAMHS Average Wait (weeks)	Jan, 2019		8.1		↑		
		Dec, 2018		5.5				
	CAMHS Current Waits (number)	Jan, 2019		867		↓		
		Dec, 2018		928				
	Community Paediatrics Average Wait (weeks)	Jan, 2019		18.9		↓		
		Dec, 2018		19.9				
	Community Paediatrics Current Waits (number)	Jan, 2019		761		↓		
		Dec, 2018		785				
	Number of Adult Acute Inpatients (Hartington and Radbourne) LoS > 50 Days	Jan, 2019		72		↑		
		Dec, 2018		59				
	Health Visiting 0-19 Caseload (based on 50.8 WTE)	Jan, 2019	250	337	R	↓		
		Dec, 2018		348	R			
	Distinct LD Caseload	Jan, 2019		1078		↓		
		Dec, 2018		1094				
	Distinct Substance Misuse Caseload	Jan, 2019		5332		↑		
		Dec, 2018		5080				
	RTT Incomplete Within 18 Weeks inc Paediatrics (%)	Jan, 2019		72%		→		
		Dec, 2018		71%				
Workforce and Engagement Scorecard	RETAIN - Staff engagement score	2017 Annual	To see an improvement in the staff engagement score	3.740	G	↑		
		2016 Annual		3.690				
		Q2 Sep 2018		74%	G	→		
		Q1 Jun 2018		74%				
	DEVELOP - Recruitment of preceptorship staff	2017/18	Number of students recruited into preceptorship	31	R	↓		
		2016/17		46				
	ATTRACT - Retention of preceptorship staff	2017 Annual	Number of students recruited into preceptorship who stay for at least one year	91%	G	→		
		2016 Annual		91%				
	LEADERSHIP & MANAGEMENT - Employee relations cases	Q3 Dec 2018	To see a reduction in the number of cases	34	G	→		
		Q2 Sep 2018		34	G			
		Q1 Jun 2018		40	G			
		Q4 Mar 2018		48				

Key:

Period Month

Previous Month

Achieving target

Not achieving target

No Target Set

Target

Trend

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

2.1 Cost Improvement Programme (CIP)

At the end of January £4.6m of CIP has been assured in the ledger with no further schemes to deliver. This then leaves a gap to delivery of the full plan by £287k. Of the total forecast savings only 32% is to be saved recurrently.

2.2 Delayed Transfers of Care

Currently there a 4 patients whose discharges are being delayed, these are escalated for resolution to partner agencies. We continue to work with relevant partners to address and minimise delays to avoid unnecessary waits in beds.

2.3 Neighbourhood Waiting Lists

As reported previously, the number of referrals received has been steadily increasing over time. This is likely to continue in line with population growth. The recommendations set out below will be taken into the development of the clinical strategy for both working age and older adult community mental health services.

Agreed overarching recommendations:

- Reintroduction of distinct community mental health teams (CMHTs) for adults of working age and CMHTs for older adults and people with Dementia
- Delivery of pathways of care, largely based on care clusters
- Integrate the various community-based psychological therapy offers into CMHTs
- Design a tiered model of care enabling clinicians to work with people in ways that are consistent with their presenting need
- Ensure the Care Programme Approach (CPA) process and associated documentation reflect the tiered model of care and provide a distinguishable difference between CPA and non-CPA offers.
- Define the CMHT offers for diagnosed personality disorder, ADHD and ASD
- Establish service user co-production of services
- Define and Standardise the referral, triage, allocation and assessment function within CMHTs, identifying issues for prioritisation
- Confirm outcome measures to be utilised
- Establish the CMHT structure within PARIS and DATIX
- Define the core recovery and wellbeing offer
- Recruit and/or train Non-Medical Prescribers

We are in the process of operational and clinical restructure which will facilitate achievement of the above.

2.4 CAMHS Waiting List

The CAMHS team and pathway structure has been revised and a significant piece of work has now been completed reassigning all the patients to the new teams. Following on from the pathway revision, work is still in progress to seek to reduce waiting times within the resources available. This includes clearly mapping interventions to specific pathways. An action plan is in place and being reviewed at Trust Management Team in February.

2.5 Paediatric Waiting List

Over the last 2 years there have been numerous discussions with commissioners about whether our service waits should be reported as part of the national 18 week RTT. Following an internal review, where it is clear that our service is a consultant led pathway, the Executive Team has decided that we should start to report this service as part of the 18 week RTT standard. This will affect the Trust's 18 weeks RTT performance as there are longer waits in this service. However, as part of the decision to begin to report this, the Trust has formally notified the CCG of our intent and requested that they provide the correct level of funding to support delivery of this standard. The CCG have suggested that a joint working group be set

up and we are proactively responding with suggested representatives and dates. More practically, demand is exceeding capacity by 60 referrals per month. This has informed the request submitted to Commissioners to request additional funding to meet this demand and reduce the waiting list to an acceptable level, meeting the national RTT standard.

2.6 Health Visitor Caseloads

Health Visitor caseloads are persistently high at around 348 children per Health Visitor. The Institute of Health Visiting recommends a maximum caseload of 250. Nationally 44% of health visitors have caseloads in excess of 400 children. This poses a risk to our teams. As stated previously, a number of actions have been undertaken to seek to minimise this risk, as follows:

- A review of the caseloads and staffing in all of the teams to ensure equity where possible
- Benchmarking against guidance as to what constitutes a caseload for a Health Visitor, and against other organisations
- Over-recruitment at Band 4 to help alleviate some of the work, which will remain on a Health Visitor's caseload, but with interventions undertaken under the supervision of the Health Visitor.
- Working with partner organisation, Ripplez to review their allocations and ensure equity

2.7 Learning Disability Caseloads

LD Services are currently in the process of consultation regarding a new model of care and as a result of that are carrying some vacancies which will have some impact on overarching caseload.

2.1 Substance Misuse Caseloads

This indicator has recently been added and is showing increased levels of activity.

3. Benchmarking

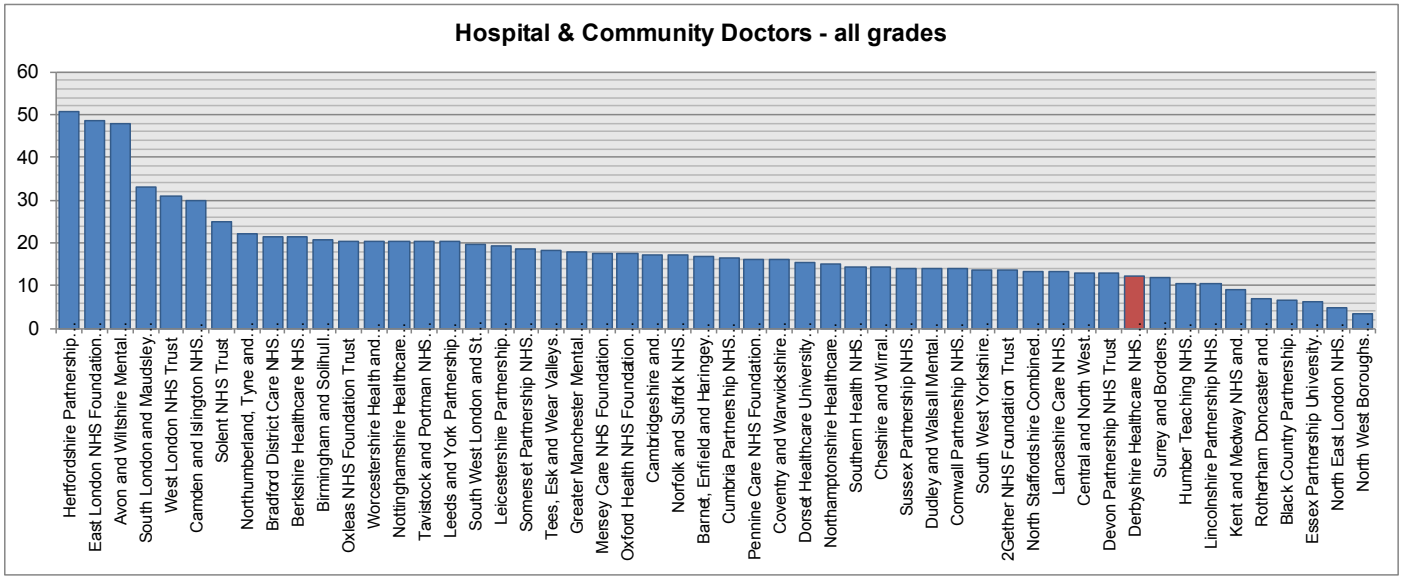
3.1 CPA Reviews

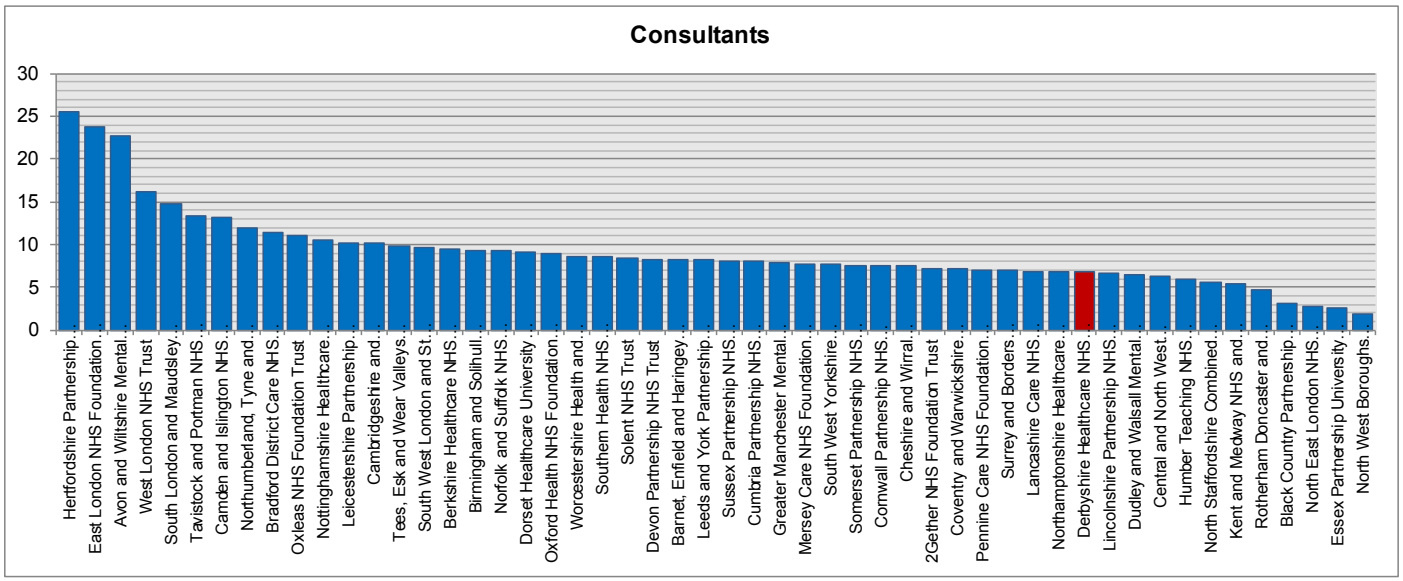
PRIMARY_LEVEL_DESCRIPTION	AMH01 - People in contact with adult mental health services at the end of RP	AMH02 - People in contact with adult mental health services on CPA at the end of RP	AMH05 - People in contact with adult mental health services on CPA for 12 months at the end of RP	AMH06 - People in contact with adult mental health services on CPA for 12 months with review at the end of RP	Cpa Reviews compliance	Proportion of patients on CPA
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	3360	80	40	40	100%	2%
BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST	9255	2695	1660	1645	99%	29%
OXLEAS NHS FOUNDATION TRUST	15580	2050	1345	1320	98%	13%
2GETHER NHS FOUNDATION TRUST	11700	1360	905	885	98%	12%
WORCESTERSHIRE HEALTH AND CARE NHS TRUST	7535	865	585	570	97%	11%
NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST	17970	1670	885	855	97%	9%
BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST	34060	5000	2960	2845	96%	15%
EAST LONDON NHS FOUNDATION TRUST	28600	4865	2955	2840	96%	17%
SOUTH WEST LONDON AND ST GEORGE'S MENTAL HEALTH NHS TRUST	15140	3205	1960	1880	96%	21%
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST	18710	2570	1915	1835	96%	14%
CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST	7455	1505	805	770	96%	20%
CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST	21095	3435	2615	2495	95%	16%
SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST	20965	4075	2580	2460	95%	19%
COVENTRY AND WARWICKSHIRE PARTNERSHIP NHS TRUST	26295	1825	855	815	95%	7%
WEST LONDON NHS TRUST	13535	2710	1950	1830	94%	20%
KENT AND MEDWAY NHS AND SOCIAL CARE PARTNERSHIP TRUST	21350	3070	1930	1805	94%	14%
AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST	20790	5900	3285	3065	93%	28%
HERTFORDSHIRE PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	14300	2360	1410	1315	93%	17%
BRADFORD DISTRICT CARE NHS FOUNDATION TRUST	13325	3185	1905	1760	92%	24%
NORTH EAST LONDON NHS FOUNDATION TRUST	31665	3405	2530	2330	92%	11%
HUMBER TEACHING NHS FOUNDATION TRUST	6195	2515	1435	1305	91%	41%
GREATER MANCHESTER MENTAL HEALTH NHS FOUNDATION TRUST	29130	5980	4220	3820	91%	21%
MIDLANDS PARTNERSHIP NHS FOUNDATION TRUST	18780	4180	2235	2020	90%	22%
CAMDEN AND ISLINGTON NHS FOUNDATION TRUST	10605	2000	1610	1445	90%	19%
SOLENT NHS TRUST	3210	595	355	315	89%	19%
DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST	10625	2295	1150	1015	88%	22%
TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST	35110	8855	4510	3965	88%	25%
ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	29135	5185	3360	2940	88%	18%
SOMERSET PARTNERSHIP NHS FOUNDATION TRUST	7325	1450	575	500	87%	20%
NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST	12460	1720	1175	1005	86%	14%
SUSSEX PARTNERSHIP NHS FOUNDATION TRUST	33760	4115	2730	2330	85%	12%
CUMBRIA PARTNERSHIP NHS FOUNDATION TRUST	8305	1055	620	525	85%	13%
NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST	22015	3630	1755	1485	85%	16%
LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST	14365	2120	1275	1075	84%	15%
PENNINE CARE NHS FOUNDATION TRUST	22865	3400	2660	2240	84%	15%
BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	16555	1050	635	530	83%	6%
SOUTHERN HEALTH NHS FOUNDATION TRUST	17810	2005	1005	820	82%	11%
SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST	30935	4900	3475	2825	81%	16%
SHEFFIELD HEALTH & SOCIAL CARE NHS FOUNDATION TRUST	10760	1175	750	600	80%	11%
CORNWALL PARTNERSHIP NHS FOUNDATION TRUST	8180	3415	1390	1100	79%	42%
NORTHAMPTONSHIRE HEALTHCARE NHS FOUNDATION TRUST	13740	1415	725	545	75%	10%
CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST	22210	3070	2040	1505	74%	14%
LEICESTERSHIRE PARTNERSHIP NHS TRUST	21995	1705	1000	655	66%	8%
OXFORD HEALTH NHS FOUNDATION TRUST	13060	4805	3425	2095	61%	37%
ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST	13100	2025	1440	870	60%	15%
MERSEY CARE NHS FOUNDATION TRUST	26740	3860	2850	1505	53%	14%
SURREY AND BORDERS PARTNERSHIP NHS FOUNDATION TRUST	21670	2930	1460	730	50%	14%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	2435	80	40	15	38%	3%
LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST	15040	1165	385	70	18%	8%
NORFOLK AND SUFFOLK NHS FOUNDATION TRUST	19380	4155	2165	270	12%	21%
LANCASHIRE CARE NHS FOUNDATION TRUST	52055	6425	4410	95	2%	12%

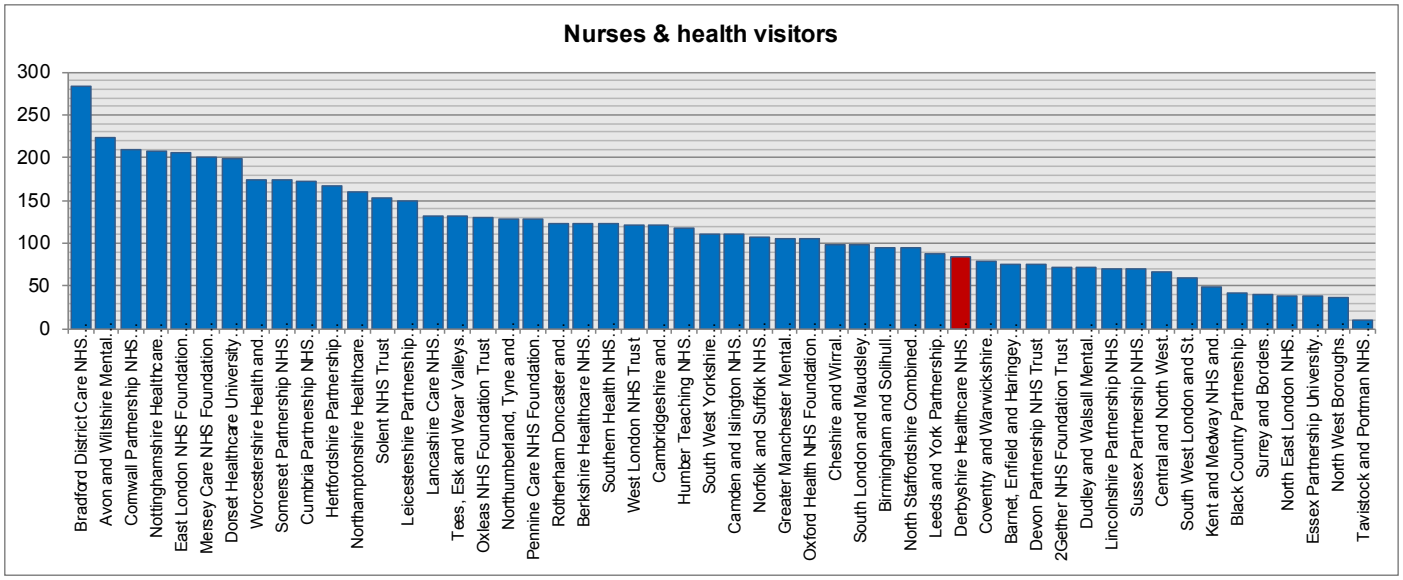
In the latest MHSDS data we perform very highly against the national target in comparison with other trusts. At 14% our proportion of patients on CPA is slightly below the national average of 17%. There is a wide variation in CPA caseload sizes, application of the CPA model and achievement of the CPA review target.

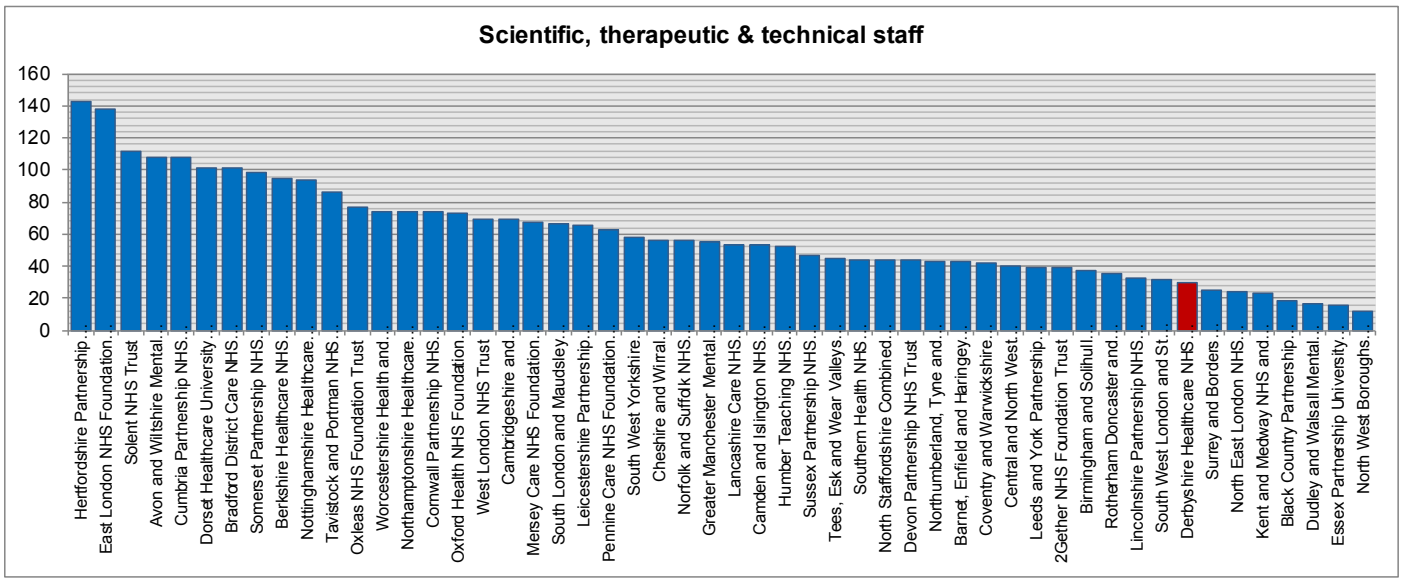
3.2 Workforce Statistics – Staffing Levels per 100,000 Population Served

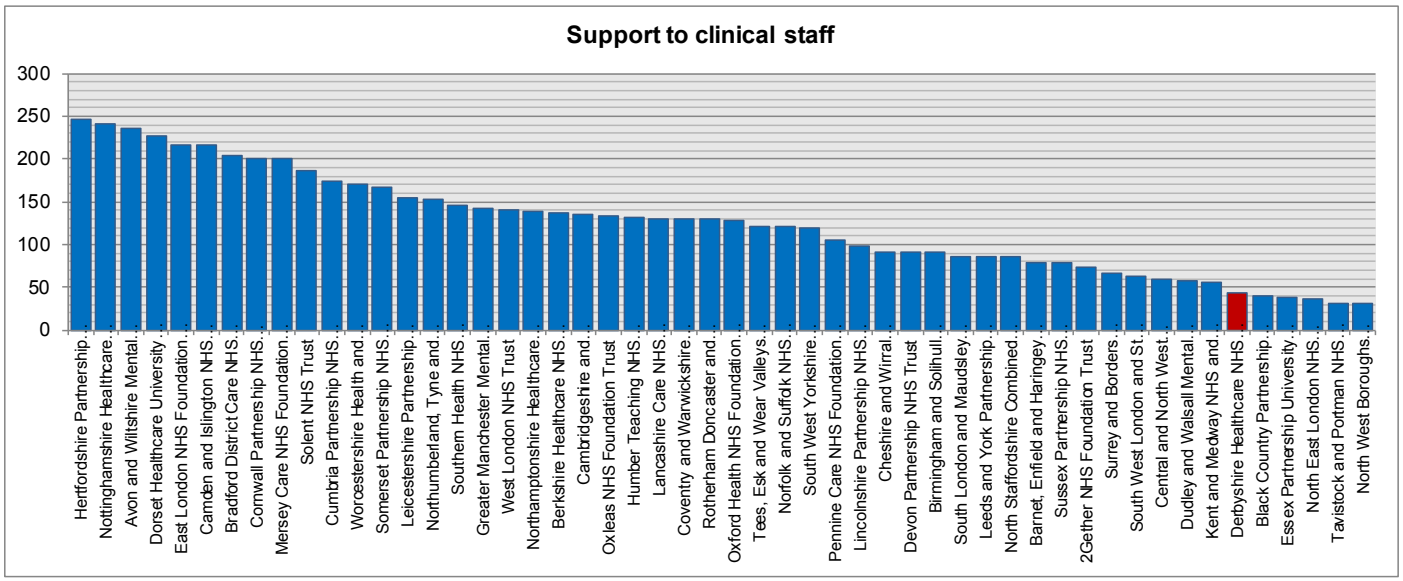
(a) Operational



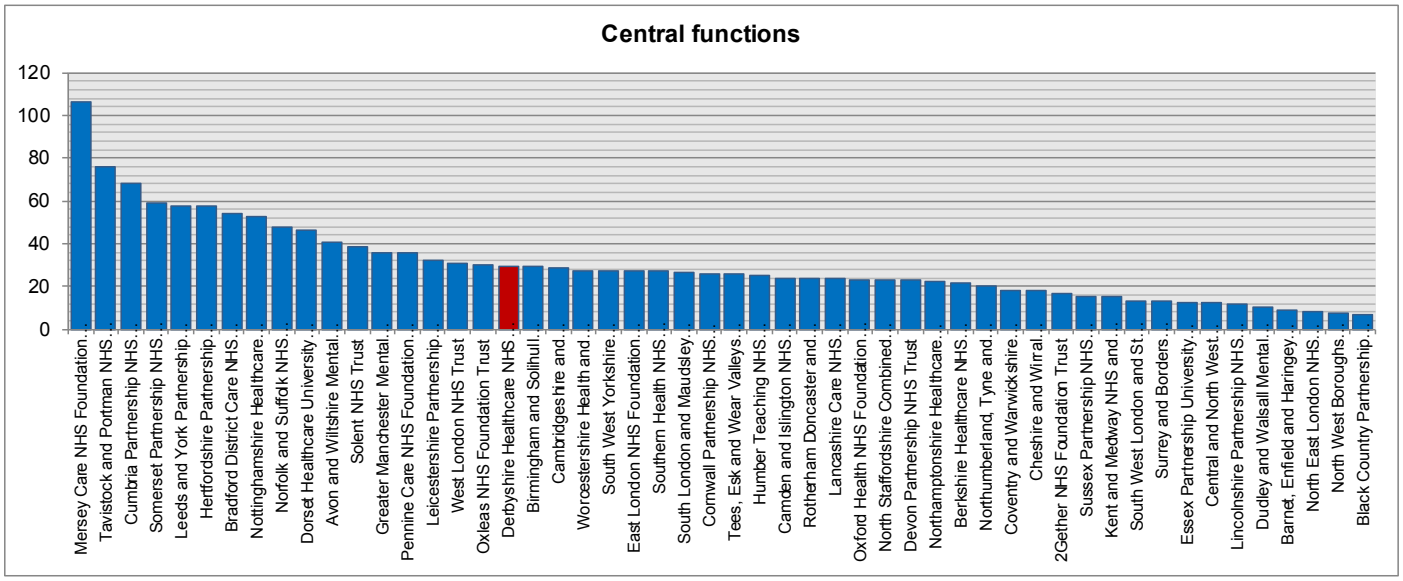


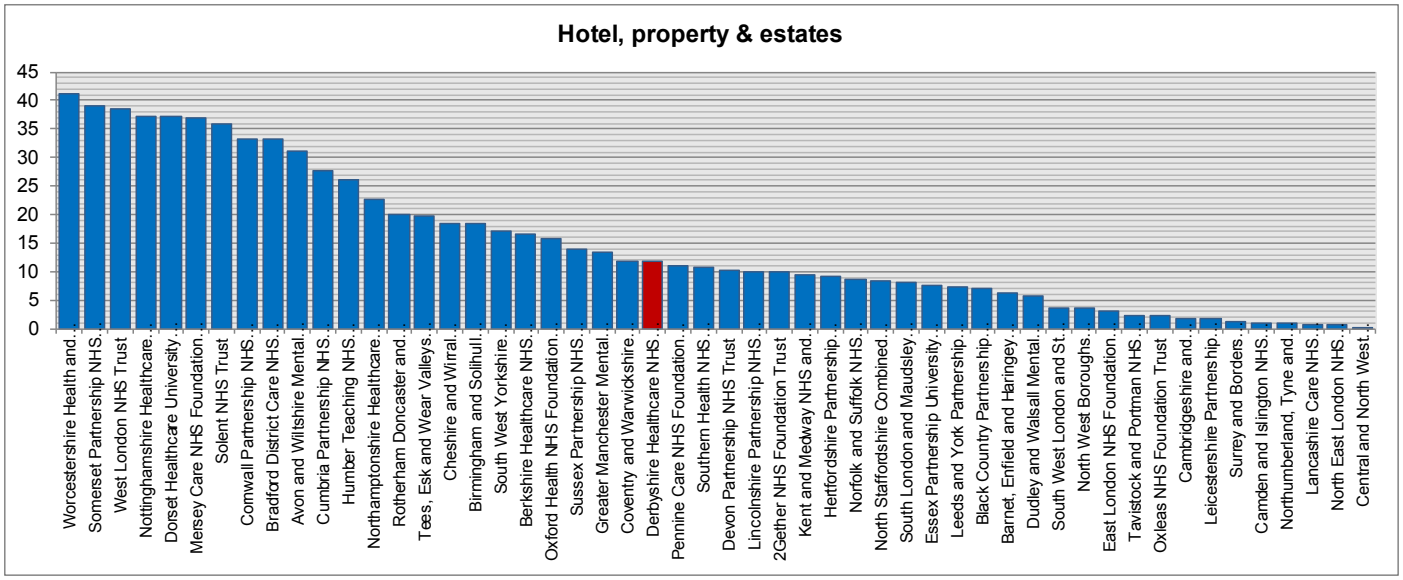



Scientific, therapeutic & technical staff
160
140
120
100
80
60
40
20
0
Hertfordshire Partnership...
East London NHS Foundation...
Solent NHS Trust
Avon and Wiltshire Mental...
Cumbria Partnership NHS...
Dorset Healthcare University...
Bradford District Care NHS...
Somerset Partnership NHS...
Berkshire Healthcare NHS...
Nottinghamshire Healthcare...
Tavistock and Portman NHS...
Oxleas NHS Foundation Trust
Worcestershire Health and...
Northamptonshire Healthcare...
Cornwall Partnership NHS...
Oxford Health NHS Foundation...
West London NHS Trust
Cambridgeshire and...
Mersey Care NHS Foundation...
South London and Maudsley...
Leicestershire Partnership...
Pennine Care NHS Foundation...
South West Yorkshire...
Cheshire and Wirral...
Norfolk and Suffolk NHS...
Greater Manchester Mental...
Lancashire Care NHS...
Camden and Islington NHS...
Humber Teaching NHS...
Sussex Partnership NHS...
Tees, Esk and Wear Valleys...
Southern Health NHS...
North Staffordshire Combined...
Devon Partnership NHS Trust
Northumberland, Tyne and...
Barnet, Enfield and Haringey...
Coventry and Warwickshire...
Central and North West...
Leeds and York Partnership...
2Gether NHS Foundation Trust
Birmingham and Solihull...
Rotherham Doncaster and...
Lincolnshire Partnership NHS...
South West London and St...
Derbyshire Healthcare NHS...
Surrey and Borders...
North East London NHS...
Kent and Medway NHS and...
Black Country Partnership...
Dudley and Walsall Mental...
Essex Partnership University...
North West Boroughs...

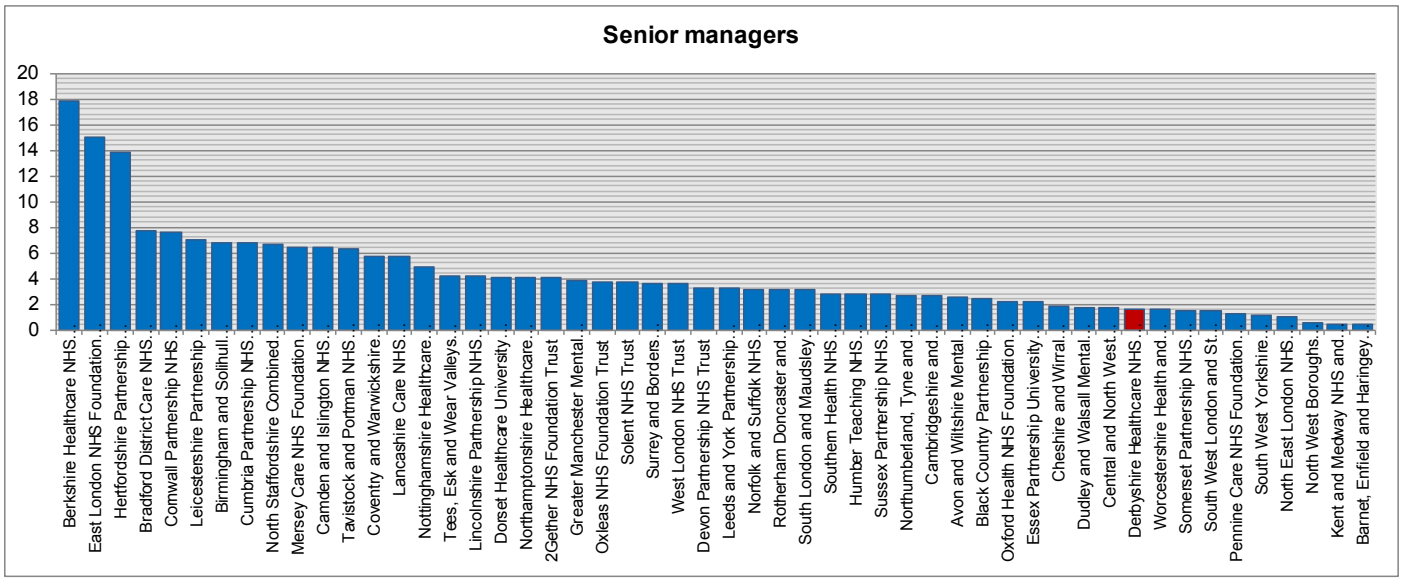

Support to clinical staff
300
250
200
150
100
50
0
Hertfordshire Partnership...
Nottinghamshire Healthcare...
Avon and Wiltshire Mental...
Dorset Healthcare University...
East London NHS Foundation...
Camden and Islington NHS...
Bradford District Care NHS...
Cornwall Partnership NHS...
Mersey Care NHS Foundation...
Solent NHS Trust
Cumbria Partnership NHS...
Worcestershire Health and...
Somerset Partnership NHS...
Leicestershire Partnership...
Northumberland, Tyne and...
Southern Health NHS...
Greater Manchester Mental...
West London NHS Trust
Northamptonshire Healthcare...
Berkshire Healthcare NHS...
Cambridgeshire and...
Oxleas NHS Foundation Trust
Humber Teaching NHS...
Lancashire Care NHS...
Coventry and Warwickshire...
Rotherham Doncaster and...
Oxford Health NHS Foundation...
Tees, Esk and Wear Valleys...
Norfolk and Suffolk NHS...
South West Yorkshire...
Pennine Care NHS Foundation...
Lincolnshire Partnership NHS...
Cheshire and Wirral...
Devon Partnership NHS Trust
Birmingham and Solihull...
South London and Maudsley...
Leeds and York Partnership...
North Staffordshire Combined...
Barnet, Enfield and Haringey...
Sussex Partnership NHS...
2Gether NHS Foundation Trust
Surrey and Borders...
South West London and St...
Central and North West...
Dudley and Walsall Mental...
Kent and Medway NHS and...
Derbyshire Healthcare NHS...
Black Country Partnership...
Essex Partnership University...
North East London NHS...
Tavistock and Portman NHS...
North West Boroughs...

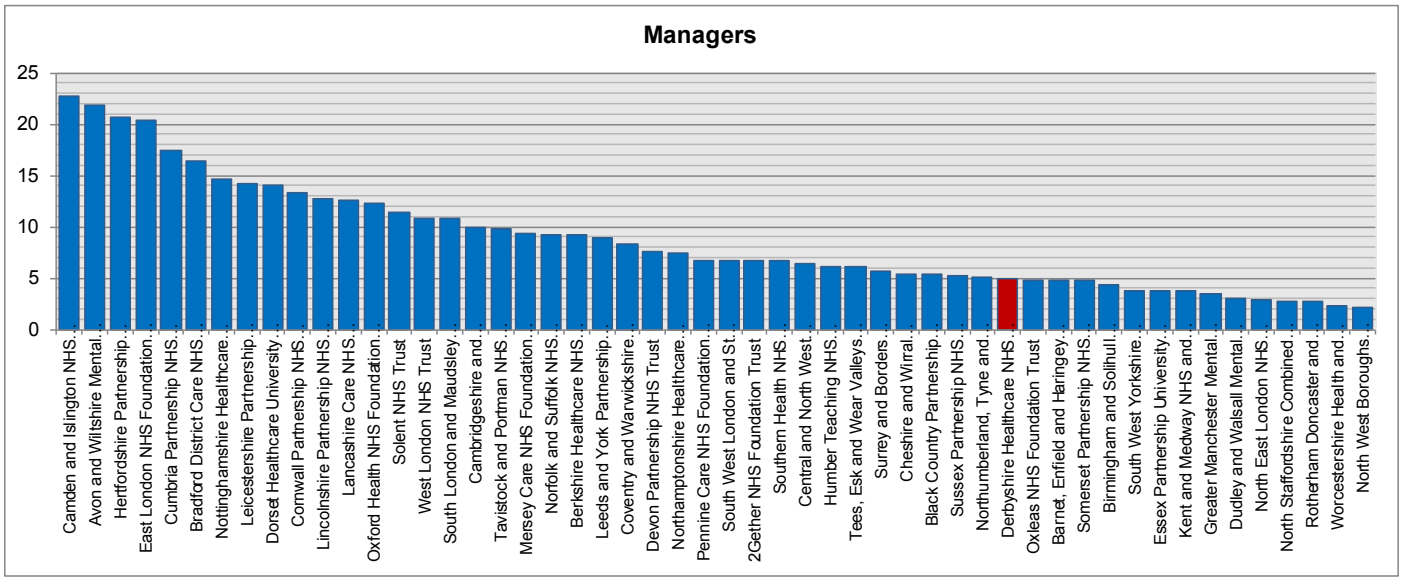
(b) Corporate


Central functions
120
100
80
60
40
20
0
Mersey Care NHS Foundation...
Tavistock and Portman NHS...
Cumbria Partnership NHS...
Somerset Partnership NHS...
Leeds and York Partnership...
Hertfordshire Partnership...
Bradford District Care NHS...
Nottinghamshire Healthcare...
Norfolk and Suffolk NHS...
Dorset Healthcare University...
Avon and Wiltshire Mental...
Solent NHS Trust
Greater Manchester Mental...
Pennine Care NHS Foundation...
Leicestershire Partnership...
West London NHS Trust
Oxleas NHS Foundation Trust
Derbyshire Healthcare NHS...
Birmingham and Solihull...
Cambridgeshire and...
Worcestershire Health and...
South West Yorkshire...
East London NHS Foundation...
Southern Health NHS...
South London and Maudsley...
Cornwall Partnership NHS...
Tees, Esk and Wear Valleys...
Humber Teaching NHS...
Camden and Islington NHS...
Rotherham Doncaster and...
Lancashire Care NHS...
Oxford Health NHS Foundation...
North Staffordshire Combined...
Devon Partnership NHS Trust
Northamptonshire Healthcare...
Berkshire Healthcare NHS...
Northumberland, Tyne and...
Coventry and Warwickshire...
Cheshire and Wirral...
2Gether NHS Foundation Trust
Sussex Partnership NHS...
Kent and Medway NHS and...
South West London and St...
Surrey and Borders...
Essex Partnership University...
Central and North West...
Lincolnshire Partnership NHS...
Dudley and Walsall Mental...
Barnet, Enfield and Haringey...
North East London NHS...
North West Boroughs...
Black Country Partnership...



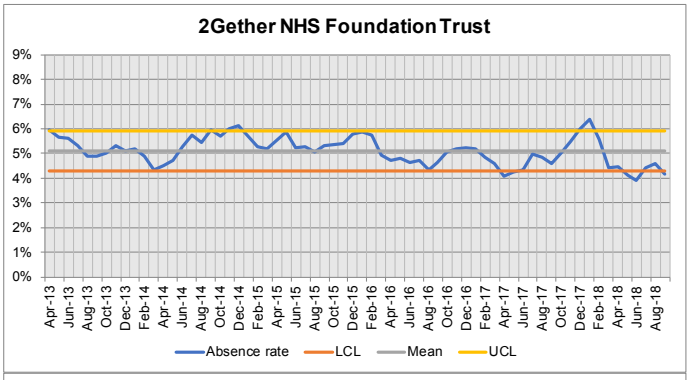
(c) Management

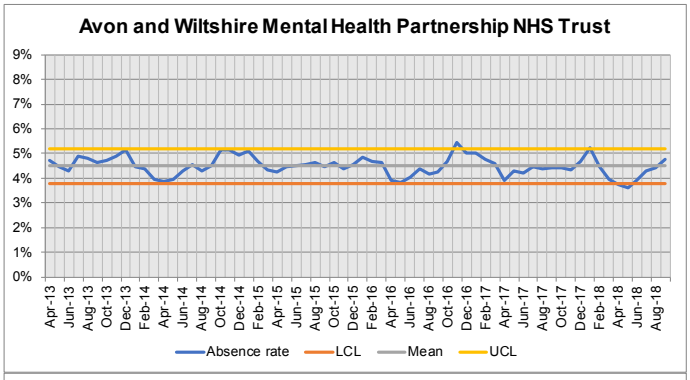


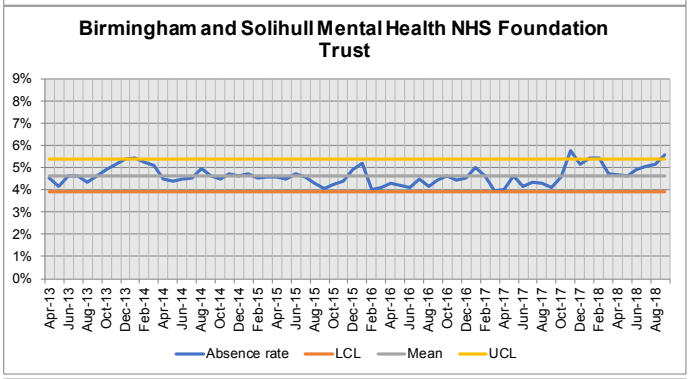


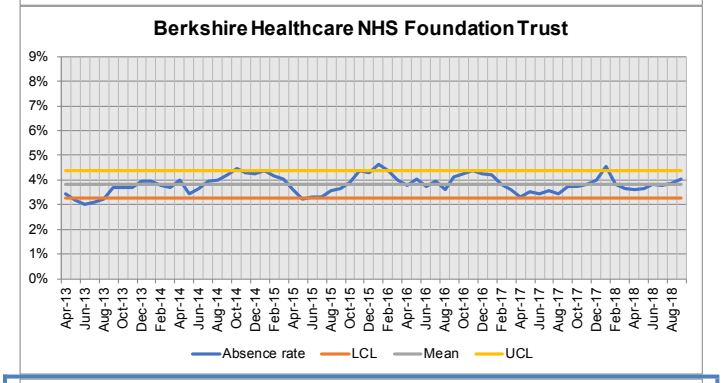
From the most recent NHS workforce statistics our levels of operational staffing and corporate management are low when compared with other organisations. To enable comparison, data has been standardised per 100,000 population served using population data from Trust websites and annual reports, where published, or in the 2 cases where no data was published, using ONS population data.

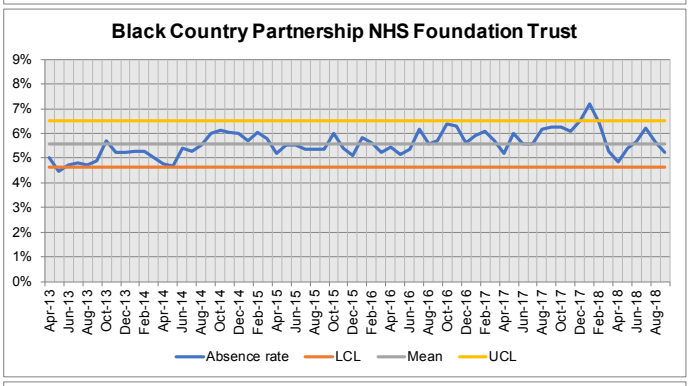
3.3 Sickness Absence (April 2013 to September 2018)

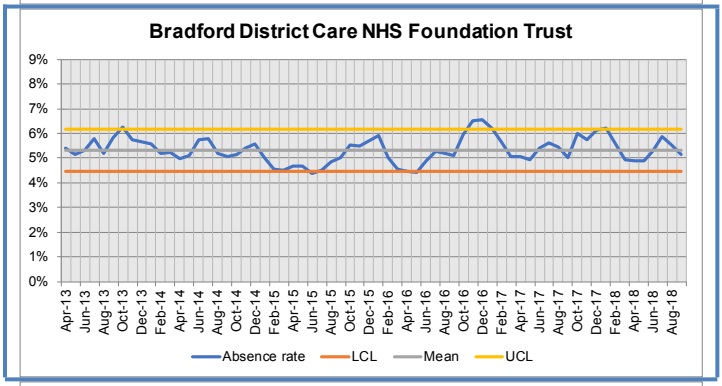


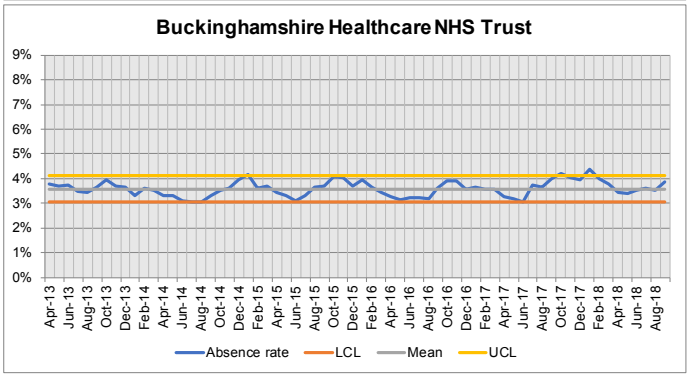


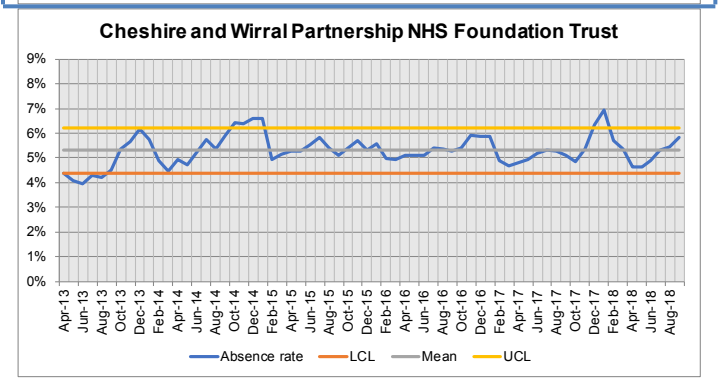


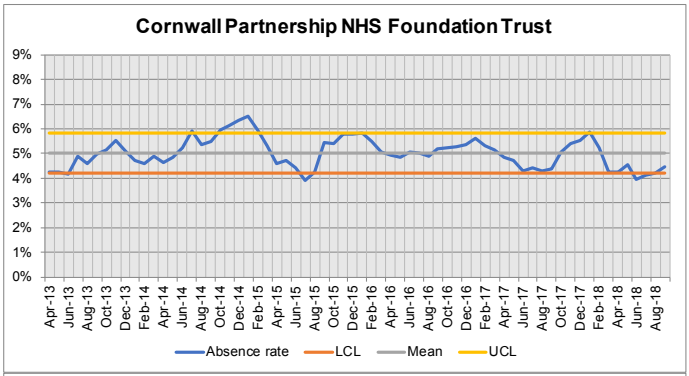


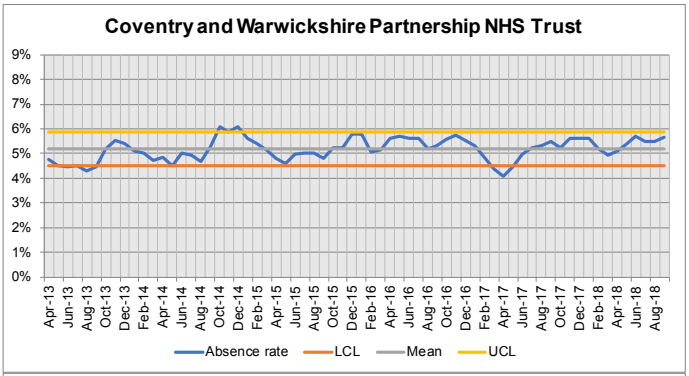


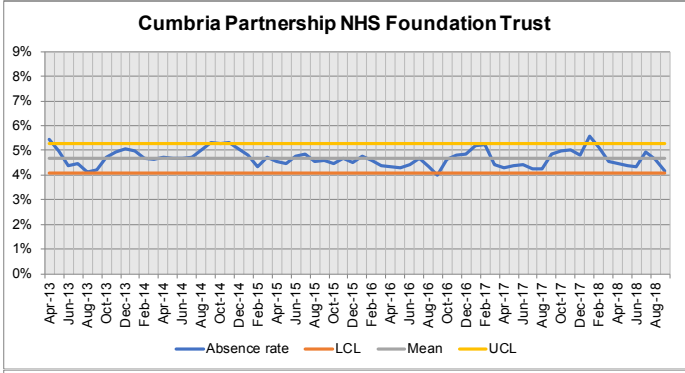


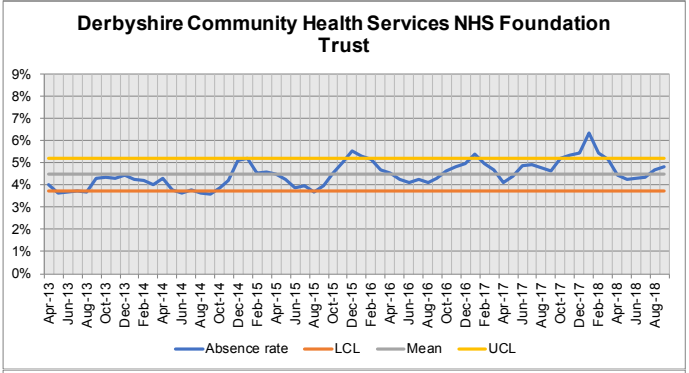


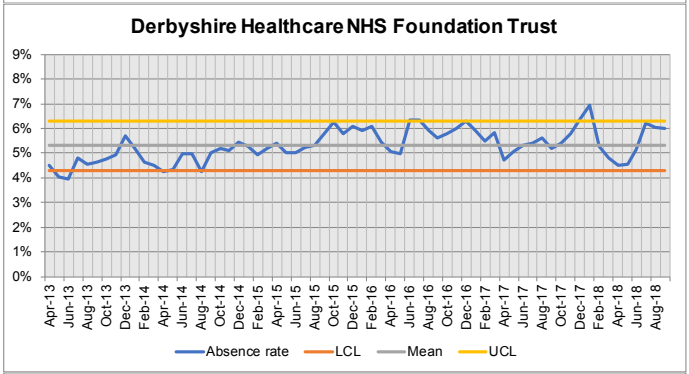


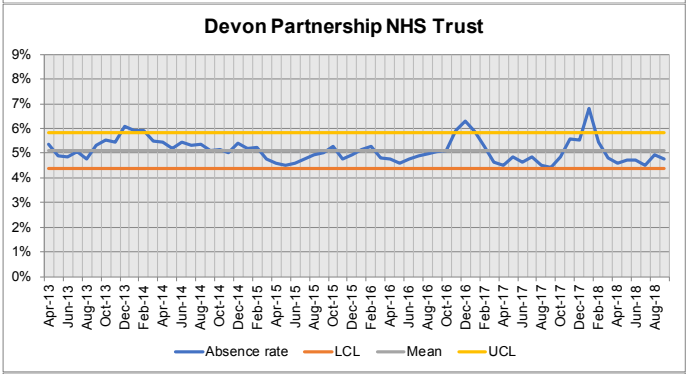

Cornwall Partnership NHS Foundation Trust
Absence rate
LCL
Mean
UCL

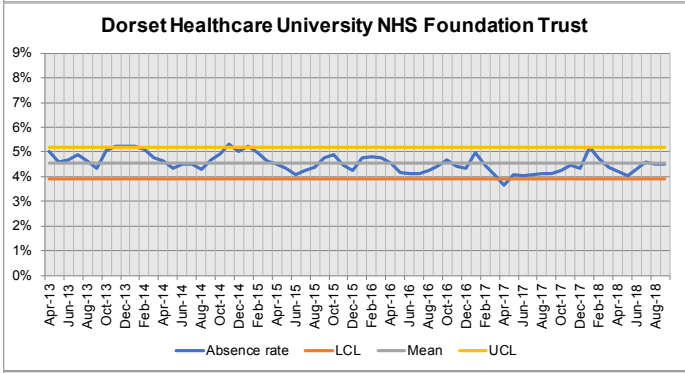

Coventry and Warwickshire Partnership NHS Trust
Absence rate
LCL
Mean
UCL

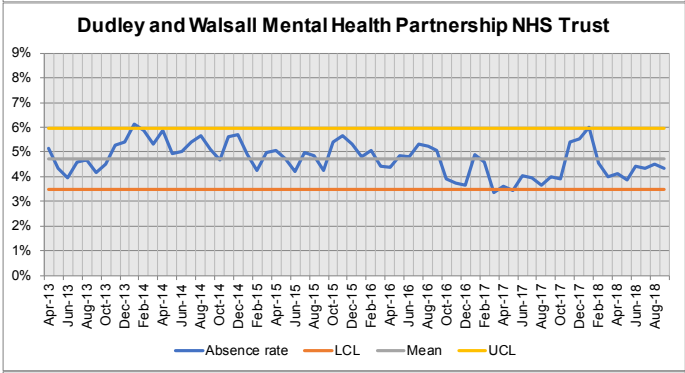

Cumbria Partnership NHS Foundation Trust
Absence rate
LCL
Mean
UCL

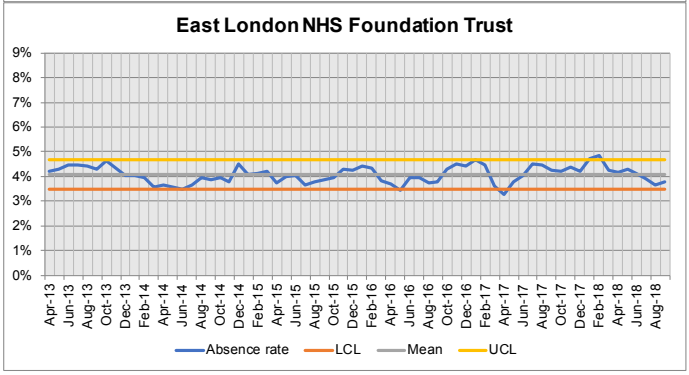

Derbyshire Community Health Services NHS Foundation Trust
Absence rate
LCL
Mean
UCL

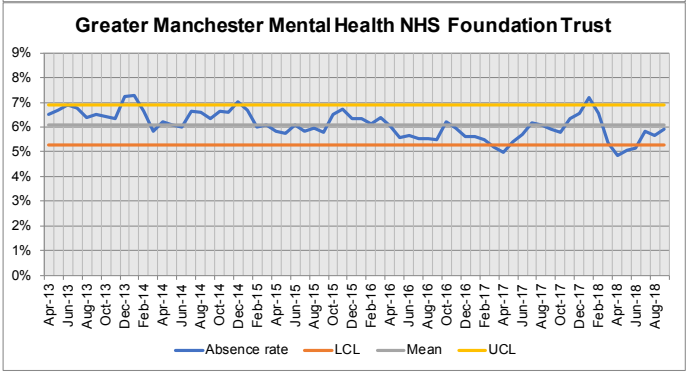

Derbyshire Healthcare NHS Foundation Trust
Absence rate
LCL
Mean
UCL

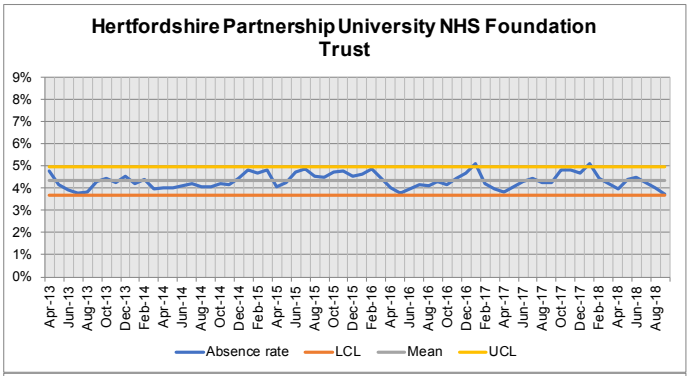

Devon Partnership NHS Trust
Absence rate
LCL
Mean
UCL

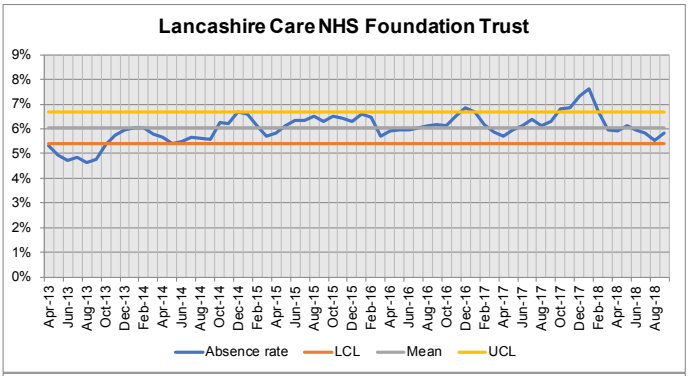

Dorset Healthcare University NHS Foundation Trust
Absence rate
LCL
Mean
UCL

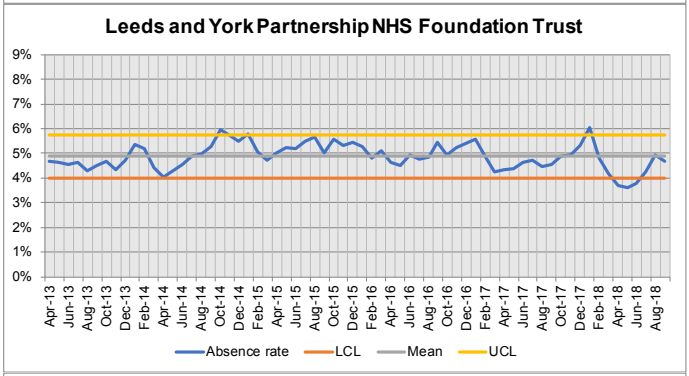

Dudley and Walsall Mental Health Partnership NHS Trust
Absence rate
LCL
Mean
UCL

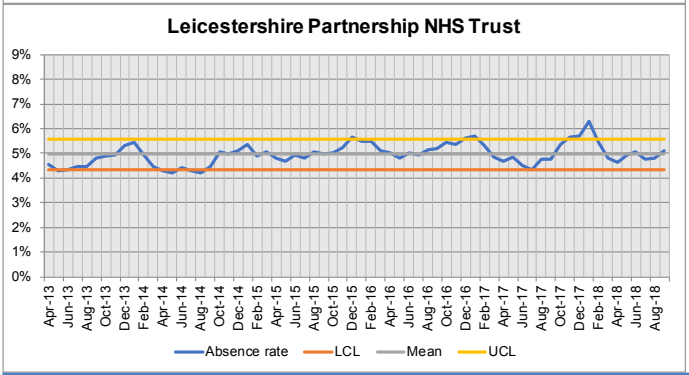

East London NHS Foundation Trust
Absence rate
LCL
Mean
UCL

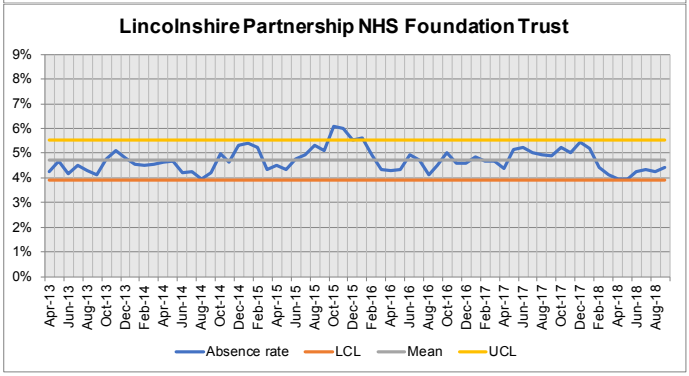

Greater Manchester Mental Health NHS Foundation Trust
Absence rate
LCL
Mean
UCL

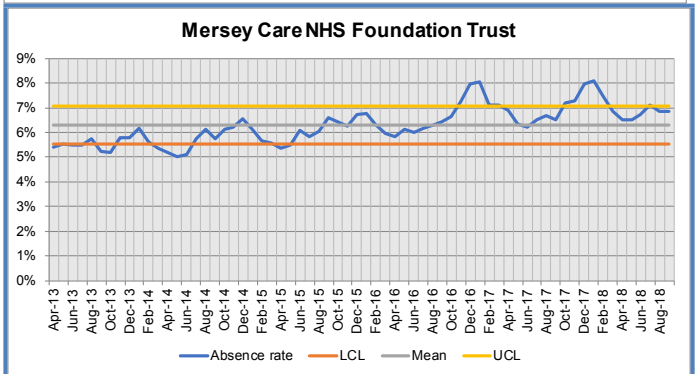

Hertfordshire Partnership University NHS Foundation Trust
Absence rate
LCL
Mean
UCL

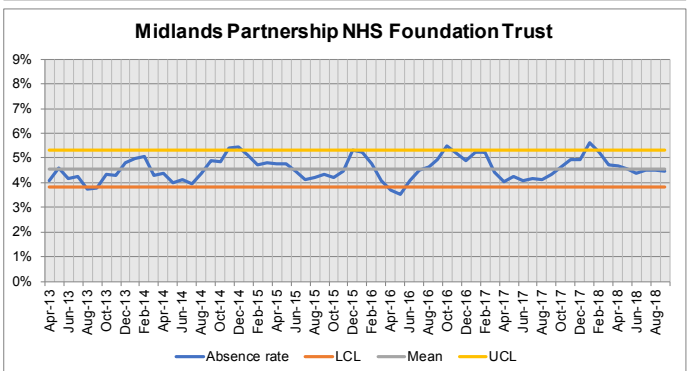

Lancashire Care NHS Foundation Trust
Absence rate
LCL
Mean
UCL

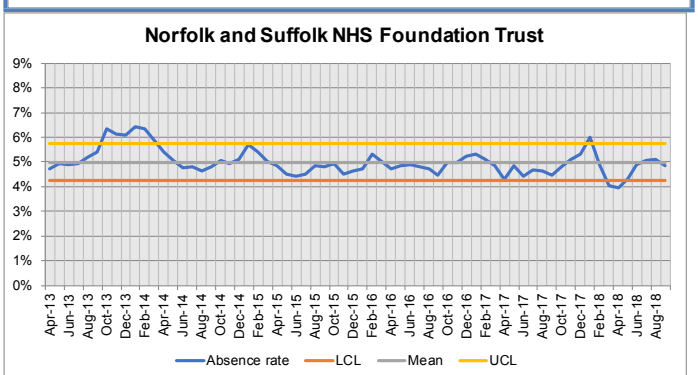

Leeds and York Partnership NHS Foundation Trust
Absence rate
LCL
Mean
UCL

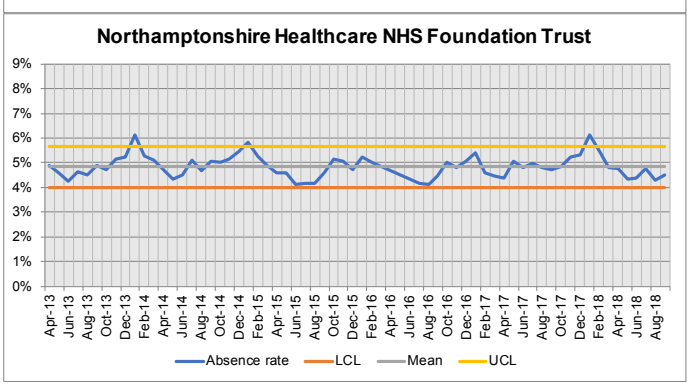

Leicestershire Partnership NHS Trust
Absence rate
LCL
Mean
UCL

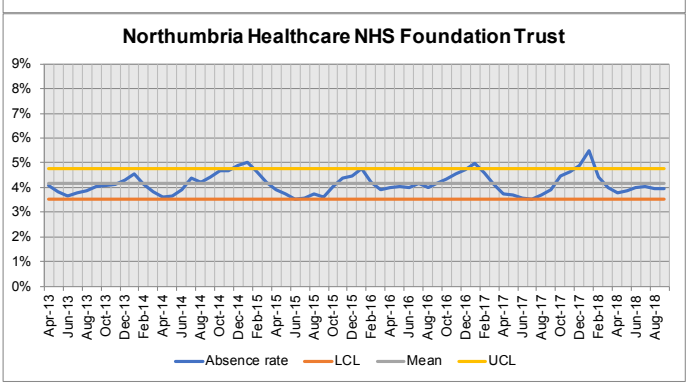

Lincolnshire Partnership NHS Foundation Trust
Absence rate
LCL
Mean
UCL


Mersey Care NHS Foundation Trust
Absence rate
LCL
Mean
UCL


Midlands Partnership NHS Foundation Trust
Absence rate
LCL
Mean
UCL


Norfolk and Suffolk NHS Foundation Trust
Absence rate
LCL
Mean
UCL


Northamptonshire Healthcare NHS Foundation Trust
Absence rate
LCL
Mean
UCL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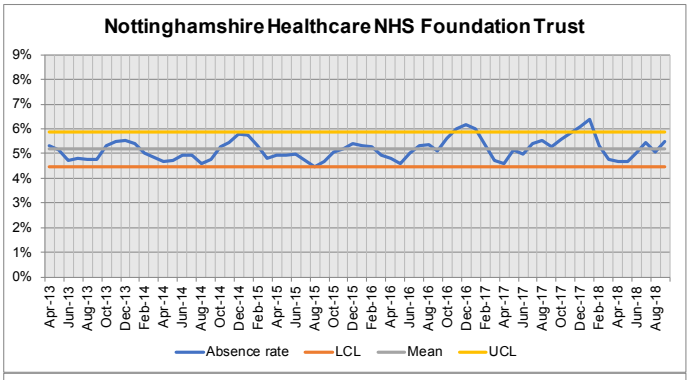
Absence rate
LCL
Mean
UCL


Nottinghamshire Healthcare NHS Foundation Trust
Absence rate
LCL
Mean
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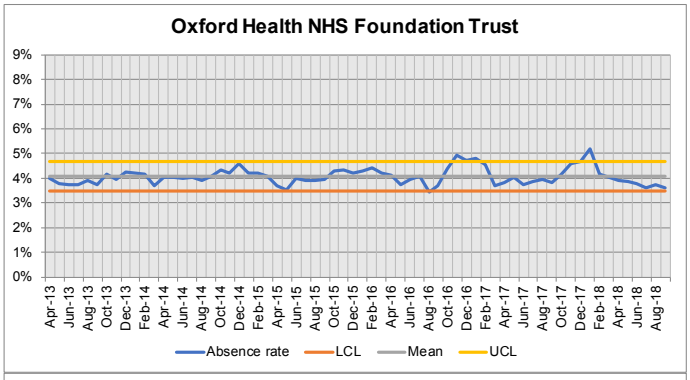
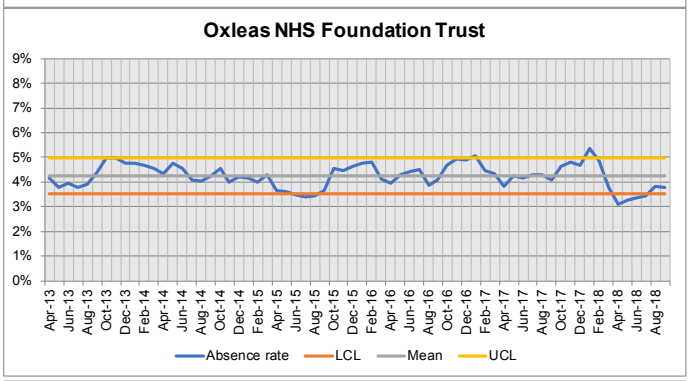
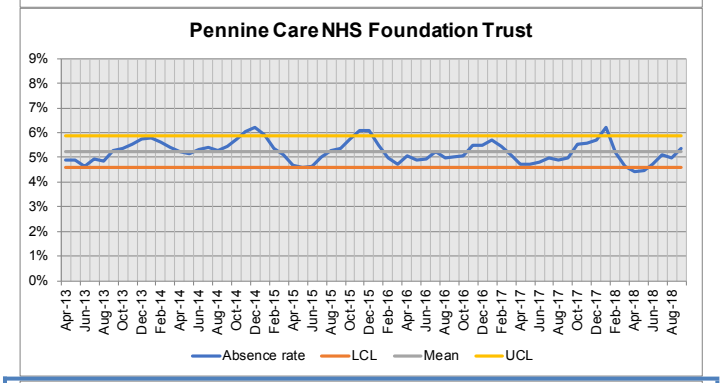
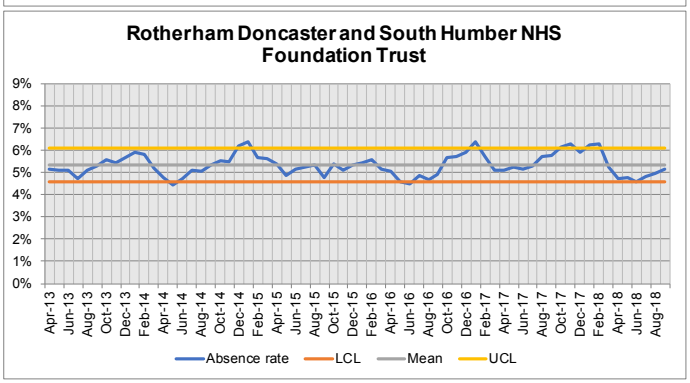
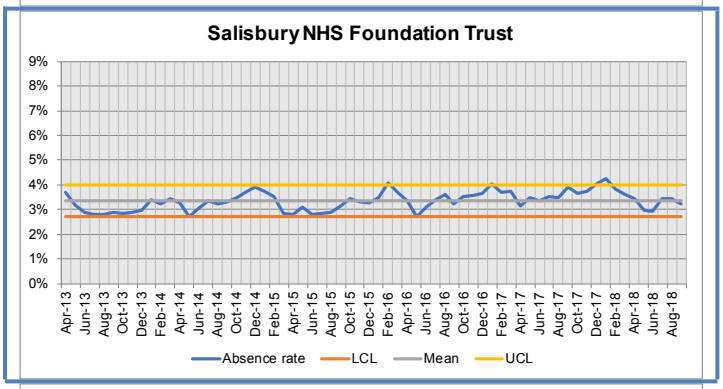
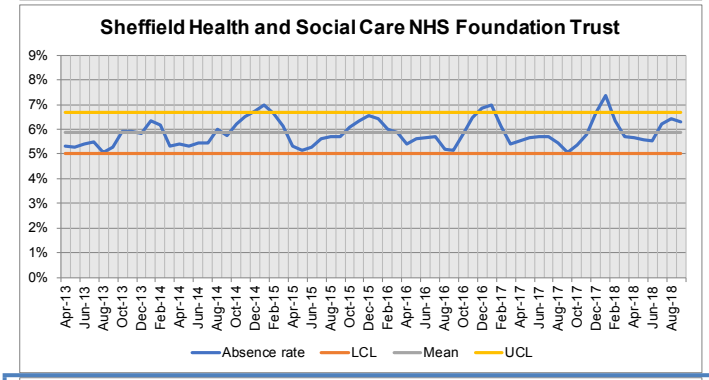

Oxford Health NHS Foundation Trust
Absence rate
LCL
Mean
UCL


Oxleas NHS Foundation Trust
Absence rate
LCL
Mean
UCL


Pennine Care NHS Foundation Trust
Absence rate
LCL
Mean
UCL


Rotherham Doncaster and South Humber NHS Foundation Trust
Absence rate
LCL
Mean
UCL


Salisbury NHS Foundation Trust
Absence rate
LCL
Mean
UCL


Sheffield Health and Social Care NHS Foundation Trust
Absence rate
LCL
Mean
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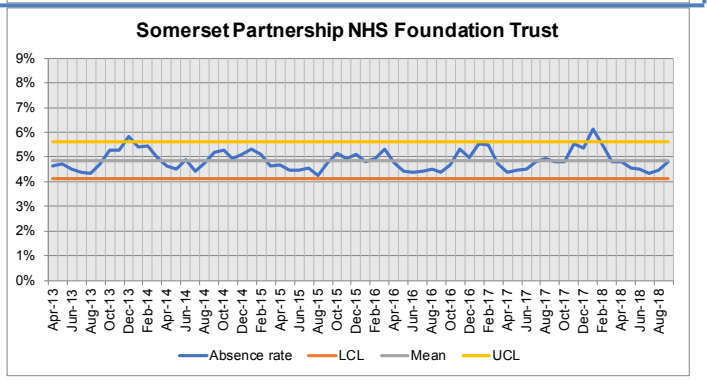
Somerset Partnership NHS Foundation Trust
Absence rate
LCL
Mean
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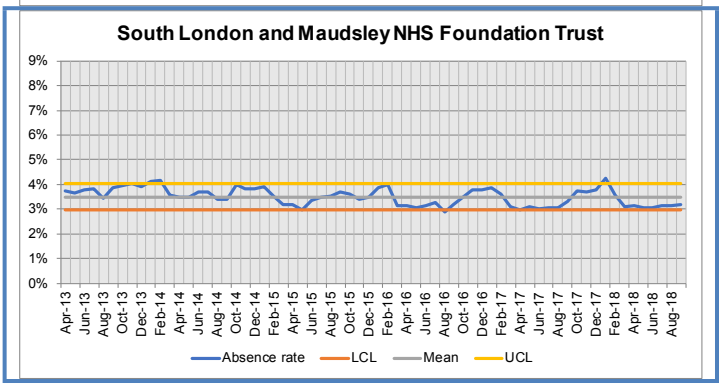
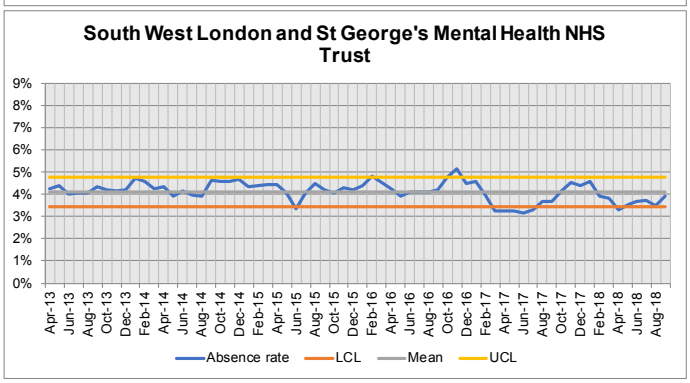
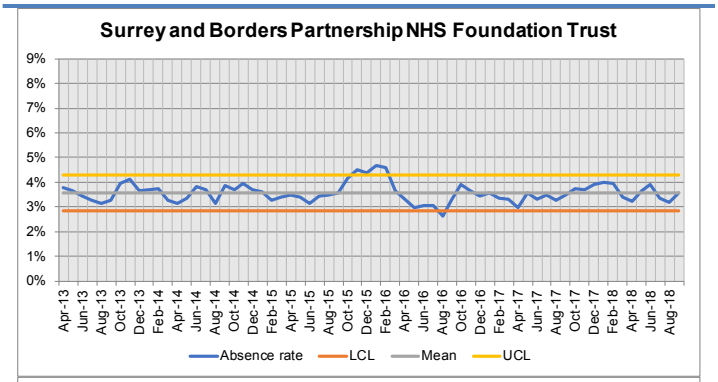
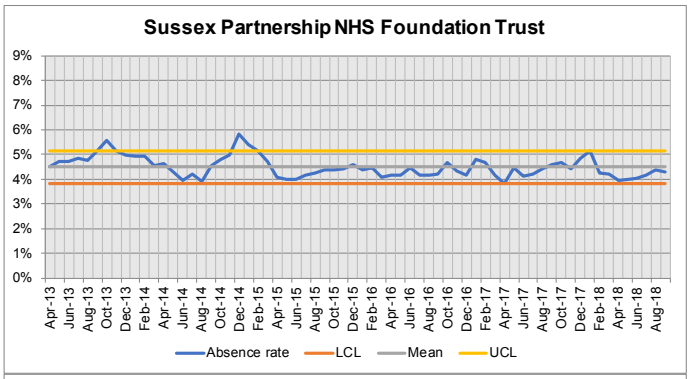
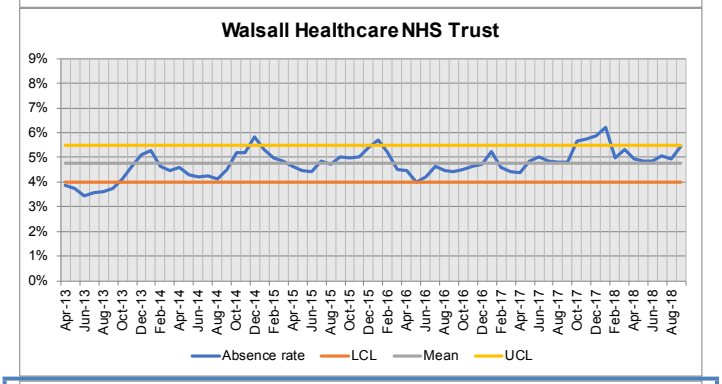
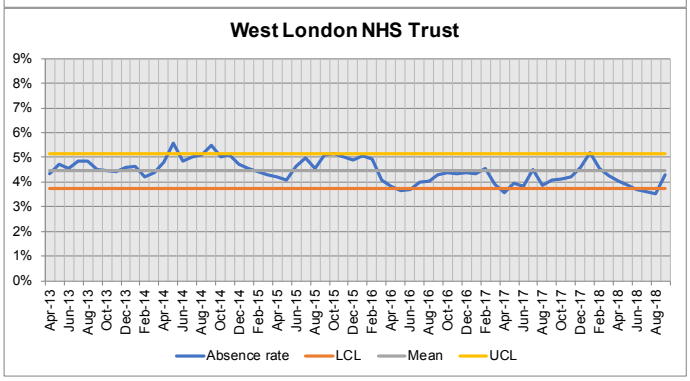

South London and Maudsley NHS Foundation Trust
Absence rate
LCL
Mean
UCL

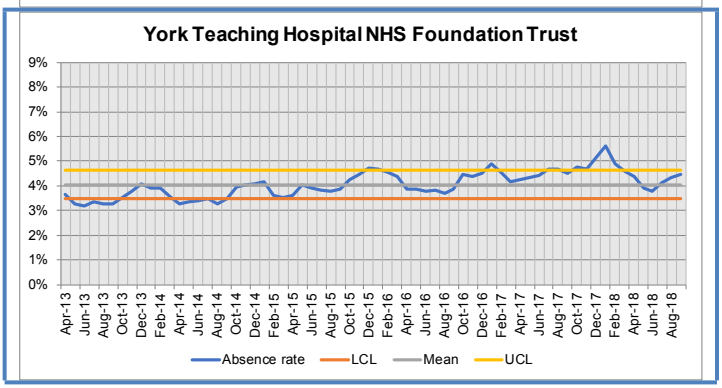

South West London and St George's Mental Health NHS Trust
Absence rate
LCL
Mean
UCL











Several trusts have been cited in NHS Employer's case studies as improving their sickness rates through various initiatives – highlighted in blue above, with hyperlinks to the case studies – but interestingly, statistically this is not reflected in the data.

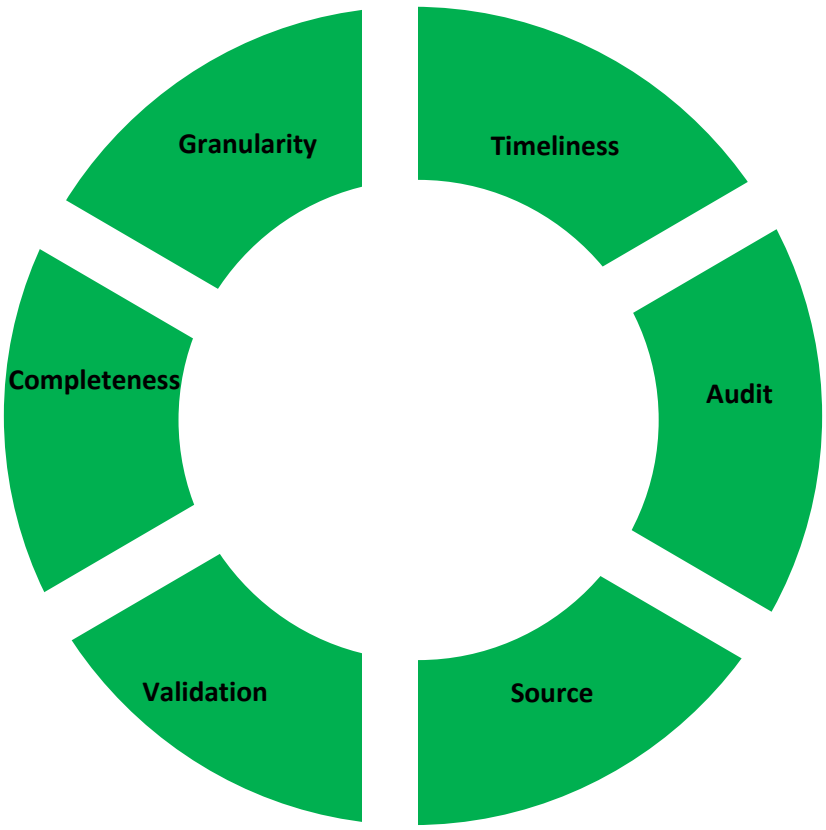
Data source: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates

Data Quality Kite Mark

Background

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

Approach



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

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

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

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

KPI Data Quality Reviews

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 5 March 2019

Workforce Standards Formal Submission

Purpose of Report

In October 2019, NHS Improvement wrote to all trusts asking them to review their workforce safeguards and implement some formal recommendations. The purpose of this report is to ensure that the Trust is formally assessing its compliance. This is a self-assessment of the workforce safeguards and this is delegated to the People and Culture Committee to scrutinise and review all workforce information, systems and process of staff deployment, rostering and skill mix of our services.

Executive Summary

The paper outlines a number of recommendations and the Trust is compliant with a significant number of the requirements. In 2019, we will continue to refine the reporting and monitoring of these standards through the People and Culture Committee. This will include a revised integrated workforce report to provide the Board with assurance of our compliance against these recommendations.
The self-assessment outlines that the Trust has compliance. All principles and systems are in place. However, standard reporting and monthly reporting as per required guidance requires streamlining. All component parts are available, but a revised reporting architecture from operation services to the People and Culture Committee is required.

The Quality Committee is compliant with the standards. The Director of Nursing is the Lead Director and National Quality Board (NQB) Mental Health. Other guidance is reviewed and is part of safer staffing reviews at Quality Committee. This is assured and in place.

The workforce standards and the governance are overseen by the People and Culture Committee with all of the metrics being overseen and managed through that assurance and operational delivery structure.

The Quality Committee receives the National Quality Required Standards twice per year to review the safety aspects of this requirement:

- Medical staffing is provided by the Medical Director and the Guardian of Safe Working Practices.

- As stated in CQC's well led framework guidance (2018) 6 and NQB's guidance 7, any service changes, including skill mix changes, must have a quality impact assessment (QIA) review. This is in place.

- Any re-design or introduction of new roles (including, but not limited to Physician Associate, Nursing Associates and Advanced Clinical Practitioners (ACPs) would be considered a service change and must have a full QIA. The Director of Nursing has a deployment and risk management plan for Nursing Associates.

- The proposed developments for changing the rostering system, will not progress to consultation until a QIA has been completed.

- Given the day-to-day operational challenges, we expect trusts to carry out business as usual dynamic staffing risk assessments including formal escalation processes. Any risk to safety, quality, finance, performance and staff experience must be clearly described in these risk assessments. A daily system of monitoring staffing and making active deployment to ensure staff safety is in place.

- Should risks associated with staffing continue or increase and mitigations prove insufficient, trusts must escalate the issue (and where appropriate, implement business continuity plans) to the Board to maintain safety and care quality. Actions may include part or full closure of a service or reduced provision – for example; wards, beds and teams, re-alignment or a return to the original skill mix. This is in place.

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

Assurances

- Mental health and other guidance is reviewed and is part of safer staffing reviews at Quality Committee
- Trusts must ensure the three components are used in their safe staffing processes, which include evidence based tools (where they exist) from the Mental Health Guide and professional judgement adopted, led by the Assistant Director of Clinical Professional Practice and Heads of Nursing / AHP (Allied Health Professional). This will include a dashboard, CHPPD (care hours per patient day) and e-roster – this is assured and in place.
- We have gaps in assurance, therefore limited assurance in a revised reporting section and a final workforce plan for 2019. We have a draft workforce plan that requires further changes in 2019, based upon the continuous quality improvement work in our clinical strategy developments.

Consultation

- As part of the safe staffing review, the Executive Director of Nursing and Medical Director must confirm in a statement to their Board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable.

Governance or Legal Issues

- To check on a yearly basis that the three components are used in the safe staffing processes
- To base our assessment on the annual governance statement, in which Trusts will be required to confirm their staffing governance processes are safe and sustainable, this will be in development with the Annual Report process
- To ensure compliance is met with https://www.cqc.org.uk/files/inspection-framework-nhs-trusts-foundation-trusts-trust-wide-well-led
- As part of the yearly assessment, the Trust will also seek assurance through the SOF in which a provider's performance is monitored against five themes
- Trusts must have an effective workforce plan that is updated annually and signed off by the Chief Executive and Executive Leaders. The Board should discuss the workforce plan in a Public Meeting.
- The Trust must ensure that it has an agreed local quality dashboard that cross-checks comparative data on staffing and skill mix with other efficiency and quality metrics such as the Model Hospital dashboard. Four trusts should report on this to their Board on a monthly basis.

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

Actions to Mitigate/Minimise Identified Risks

The risks are people related, so there are always adverse impacts, however these safeguards are to improve clinical and workforce risks and it is the risks of not implementing these safeguards rather than the risk of implementing these required monitoring requirements.

There are risks to equality and delivery which are geographical in nature. Changes to trainee recruitment will switch from South Yorkshire/Sheffield rotation to Nottingham/Derby being imposed by HEEM/School of Psychiatry in Nottingham and not QIA. Potential risk to services in North Derbyshire including inpatient units in Chesterfield. This will be monitored and briefed to the Executive Leadership Team.

Recommendations

The Board of Directors is requested to:

1) Review the self-assessment and the briefing on this paper.
2) To be appraised of the compliance areas and the key areas of limited assurance, that we require further improvement work, namely a revised reporting structure and a final submission of a revised workforce plan.

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

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

Mark Powell
Chief Operating Officer

Carolyn Green
Director of Nursing and Patient Experience

John Sykes
Medical Director

This is a self-assessment against the recommendations:-

1. Trusts must formally ensure NQB's 2016 guidance is embedded in their safe staffing governance.	Executive Director of Nursing is Lead Director and NQB Mental Health and other guidance reviewed and part of safer staffing reviews at Quality Committee	Assured and in place
2. Trusts must ensure the three components (see Figure 1 below) are used in their safe staffing processes:	Compliant	
– evidence-based tools (where they exist)	Mental Health Guide	The Quality Committee have reviewed the Mental Health Guidance, benchmarked against this information and the required recommendations and this is in place
– professional judgement	Led by Assistant Director of Clinical professional practice and Heads of Nursing / AHP. It includes a dashboard / CHPPD and E-roster	Assured and in place
– outcomes.	Recommendations form clinical staff and Heads of profession are included in the skill mix review and have been implemented	Assured and in place
We will check this in our yearly assessment.	Available for assessment	
3. We will base our assessment on the annual governance statement, in which trusts will be required to confirm their staffing governance processes are safe and sustainable. https://www.cqc.org.uk/files/inspection-framework-nhs-trusts-foundation-trusts-trust-wide-well-led	In development with Annual Report process, for submission	The Well- led review in 2018, including reviewing our safe staffing and skill mix review. There were no concerns re our establishment. The concerns were for continual improvement in reducing our vacancy rate in core hot spot area, our Trust wide qualified vacancy rate is below the East midlands reginal average. We continue to deploy mitigation actions in our

		operational services to ensure the safety of our series
4. We will review the annual governance statement through our usual regulatory arrangements and performance management processes, which complement quality outcomes, operational and finance performance measures	Revision to ensure all recommendation requirements are reviewed as per this guide and a standard operating framework for these required reports in a new model is implemented	Mark Powell and Amanda Rawlings
5. As part of this yearly assessment we will also seek assurance through the SOF, in which a provider's performance is monitored against five themes	Provided in integrated report, any further refinements as per recommendation 4, will be enacted in March 2019	Mark Powell and Amanda Rawlings
6. As part of the safe staffing review, the Executive Director of Nursing and Medical Director must confirm in a statement to their board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable	Available for Nursing and AHP in Quality Committee papers. All service changes have a QIA and this has been externally assessed by CQC in 2018 as meeting required standards To ensure that medical staffing is safe, effective and sustainable: • Medical workforce monitoring for all grades including trainees in real time, reports at Medical Workforce Group every 2 weeks with exception, chaired by Medical Director or his deputy with Operational and HR leads in attendance. • International and local recruitment (and retention) initiatives with engagement events led by Medical Director and medical education leads. • Founder member of East Midlands Hub to control locum costs. • Medical Director and HR lead member of national learning set to investigate best practice nationally. • Medical Workforce Group drafted first integrated workforce plan which is now	Medical risks to delivery for safe staffing Changes to trainee recruitment with switch from South Yorkshire/Sheffield rotation to Notts/Derby being imposed by HEEM/School of Psychiatry in Notts and not QIA we are aware of. Potential risk to services in North Derbyshire including inpatient units in Chesterfield. This will be monitored and briefed too the Executive leadership team.

	expanded to include all clinical disciplines. • Medical Director has presented workforce plan at PCC. • E-job planning being procured. • All training posts compliant with national contracts with reports from Guardian of Safe Working reporting to Quality Committee. • Trust rated highly by GMC re medical training standards. • Alternative cover arrangements for physical healthcare after hours being worked into business case for QIA. Includes hospital at night models. • Workforce plan to deliver Physical Healthcare Strategy in development to feed into overall integrated workforce plan. • Group formed to explore gender/diversity issues in medical workforce including gender pay gap. • Recent conference with national lead exploring issues of 'generational' workforce development and fitness of purpose re NHS 10 year plan. • Alternative models of CAMHS on call under development (shortage specialty) which will be subject to QIA.	
7. Trusts must have an effective workforce plan that is updated annually and signed off by the chief executive and executive leaders. The board should discuss the workforce plan in a public meeting	The Trust is closing of the delivery of year 2 of its workforce plan. We are in the process of developing the 2019/20 plan in line with the Trust business planning and the STP planning process	Strategic Workforce Group has overseen the delivery of the two year plan. PCC and Trust Board will receive the revised plan – limited assurance at this point as in development
8. They must ensure their organisation has an agreed local quality dashboard that cross-checks comparative data on	The Integrated Performance report provides some of this information, but not all of it and not	Limited assurance

staffing and skill mix with other efficiency and quality metrics such as the Model Hospital dashboard. 4 Trusts should report on this to their Board every month	in the detail that is being advised. This will need to be developed as part of the refresh of the IPR	
9. An assessment or re-setting of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit where available) must be reported to the board by ward or service area twice a year, in accordance with NQB guidance5 and NHS Improvement resources. This must also be linked to professional judgement and outcomes	Available in Quality Committee papers/ Board Level Committee. This is reported to the Board through the Board level summaries. There were no escalation issues to the Trust Board based upon these submissions	Revise reporting model in 2019-20 to include direct board report, post Quality Committee submission twice per year
10. There must be no local manipulation of the identified nursing resource from the evidence-based figures embedded in the evidence-based tool used, except in the context of a rigorous independent research study, as this may adversely affect the recommended establishment figures derived from the use of the tool	This is a statement – not a specific question to answer. We do not adapt any information.	
11. As stated in CQC's well-led framework guidance (2018)6 and NQB's guidance7 any service changes, including skill-mix changes, must have a full quality impact assessment (QIA) review	Will be re-visited in implementing any new changes this includes the deployment of Nursing Associates and any changes to the roster. Evidence available	Assured and in place
12. Any redesign or introduction of new roles (including but not limited to physician associate, nursing associates and advanced clinical practitioners – ACPs) would be considered a service change and must have a full QIA	Compliant. Executive Director of Nursing has a deployment and risk management plan for nursing associates. Deployment is two staff and occurs in April 2019, subject to successful achievement of registration and qualification	Assured and in place
13. Given day-to-day operational challenges, we expect trusts to carry out business-as-usual dynamic staffing risk assessments including formal escalation processes. Any risk to safety, quality, finance, performance and staff experience must be clearly described in these risk assessments.	Staffing in high risk service areas is reviewed on a daily basis with a formal process and monitoring system, which includes dynamic risk assessment. This is performed locally by Managers and their teams, with oversight by the Nursing and Quality team. Datix is used to record risk, with an assessment of risk part of this.	Assured and in place

14. Should risks associated with staffing continue or increase and mitigations prove insufficient, Trusts must escalate the issue (and where appropriate, implement business continuity plans) to the Board to maintain safety and care quality. Actions may include part or full closure of a service or reduced provision: for example, wards, beds and teams, re-alignment, or a return to the original skill mix	Staffing risks are identified in inpatient areas via a daily assurance process, whereby current and future risks are reviewed and actions taken to minimise risk When appropriate escalation to Directors for service closure decisions are made	Assured and in place

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 5 March 2019

Quality Report – Well–led Domain

Purpose of Report

This paper provides Trust Board with a focused report on well led (leadership) as part of wider reporting relating to Care Quality Commission (CQC) domains.

The report is intended to provide an overview of our work in this domain and to prompt a strategic discussion about our approach, provide assurance on implementation and help identify whether further development or focus may be needed.

Executive Summary

This report presents information relating to one of the five key questions which the Care Quality Commission considers when reviewing and inspecting services:

1. Are they safe?
2. Are they effective?
3. Are they caring?
4. Are they well-led?
5. Are they responsive to people's needs?

The report has been split into a number of sections:

1. Introduction – this section provides national regulatory context to help inform and focus our discussion on strategic issues, along with detail of our current position in terms of NHS Improvement (NHSI) and CQC requirements for well-led.

2. Well-led performance across a number of identified areas:

- Management capability and leadership (Key Line of Enquiry (KLOE) 1) – detailing current approach, provision and future plans including relevant staff survey feedback
- Culture of the organisation (KLOE 3) – including steps taken to develop an engaged workforce and staff survey feedback
- Governance and management (KLOE 4) – outlining governance frameworks including the overall corporate governance framework and divisional governance
- Management of risk and performance (KLOE 5) – including external assurance and performance management arrangements.

3. Next Steps – prompting a review of our current activity and challenge of impact and timeframes.

This report does not include data or information about all elements of the well-led framework nor across or all Trust services. There is well-established and wide reporting and oversight of these well-led domains across the Trust's governance framework:

- Oversight of assurance of 'Management capability and leadership' and 'Culture of the organisation' falls within the focus of People and Culture Committee where regular reporting of all aspects of the People Strategy and engagement are discussed.

- 'Governance and management' and 'Management of risk' is overseen by the Audit and Risk Committee, with operational issues relating to these areas managed through the Executive Leadership Team (ELT), Trust Management Team (TMT) and operational teams throughout the Trust.

- 'Management of performance frameworks' is overseen by the Finance and Performance Committee and operationally through ELT, TMT and operational teams.

The aggregation of the information in this report and from other Board Committee reports is intended to facilitate a discussion by Board members on strategic issues associated with the well-led aspect (leadership) of Trust services. Information presented cuts across other Board reports on today's Board agenda – which is reflective of the importance and focus on governance and leadership as essential to meeting the organisations strategic objectives.

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

Assurances

This paper relates directly to the delivery of the Trust's strategy on providing well-led services. The report should be considered in relation to the risks in the Board Assurance Framework. The content of the report provides assurance across several BAF risks related to service delivery and regulatory compliance.

Consultation

This paper has not been considered elsewhere.

Governance or Legal Issues

The CQC inspection of providers includes a key line of enquiry to establish whether or not services are well-led in line with the legal requirement under Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

Actions to Mitigate/Minimise Identified Risks

This report reflects leadership and performance related to our whole staff and therefore includes members of those populations with protected characteristics in the REGARDS groups. Any specific impact on members of the REGARDS groups is described in the report itself. In particular, opportunities for career progression into senior management and leadership is a key focus for staff networks with protected characteristics (ie BME, LGBT+ and Disability) and we are working with these and other groups to ensure equity of opportunity, that we identify and remove barriers and take positive action where required.

Recommendations

The Board of Directors is requested to;

1. Consider whether our current priorities for management and leadership, culture and governance adequately address our aim to ensure the Trust is well led to meet its strategic objectives.

2. Confirm the level of assurance obtained on current oversight across the areas presented.

3. Update the 2018/19 Board Assurance Framework and inform the development of the 2019/20 BAF where appropriate.

Report prepared and presented by: **Sam Harrison**
Director of Corporate Affairs and Trust Secretary

1 Introduction

As a Board we are responsible for all aspects of the leadership of our Trust. We have a duty to conduct our affairs effectively and demonstrate measurable outcomes that build patient, public and stakeholder confidence that we are providing high quality sustainable care. Robust governance processes should give us, those who work in the Trust and those who regulate us, confidence about our capability to maintain and continuously improve services.

1.1 Policy and regulatory requirements linked to well-led and the Trust's current position

1.1.1 NHS Improvement (NHSI)

NHSI require regular developmental reviews of leadership and governance in line with their well-led framework. This consists of a review of key lines of enquiry (KLOE) covering a range of areas in a framework which is wholly shared with and underpins CQC's regulatory assessment of the well-led question. While CQC regulatory assessments are primarily for assurance, the developmental reviews are for providers to facilitate continuous improvement. NHSI require trusts to undertake an externally facilitated well-led review on a three yearly basis with interim internal reviews on an annual basis.

The Trust had an external well-led review undertaken over an extended (almost three year) period. This initially arose following a review of governance and related functions by Deloitte LLP reporting in February 2016, and which sat alongside a focussed CQC review in early 2016 and an earlier review of HR governance dated December 2015. These reviews reported a number of similar themes and actions which culminated in the development of a consolidated Governance Improvement Action Plan (GIAP), along with a detailed corresponding governance and oversight structure to ensure that there was a clear focus on the progress of key actions.

Deloitte were subsequently commissioned to undertake a formal independent review of the effectiveness of governance arrangements at the Trust in three phases. This in its totality constituted the external well-led developmental review. The findings from the first two phases of this work were outlined in reports received by the Trust in October 2016 (governance and improvement action plan assurance) and April 2017 (governance and HR arrangements). Phase 2 of the review focussed on implementation and project management of the GIAP and delivery framework and Deloitte noted a number of elements of good practice in comparison to other trusts.

The final report, received by the Trust on 12 January 2018 presented findings of Phase 3 of Deloitte's work which included:

- Revisiting areas highlighted in phases 1 and 2 of the review which had highlighted where further progress was required, namely divisional governance, performance management and progress of implementation of the People Plan
- Reviewing the five areas of the well-led framework which had not been covered during previous phases of the Deloitte work.

Since the time of the first two phases of work, the well-led framework had been updated (June 2017) and therefore we requested that Phase 3 of the review should map across the five outstanding areas to the new framework to ensure that we were reviewing our

arrangements and taking forward work arising from recommendations following the new framework requirements.

Deloitte assessed the well-led elements and rated each as 'amber–green' which was broadly in line with our own self-assessment conducted prior to the Phase 3 review. The significant progress made by the Trust was acknowledged and recommendations made by the external review supported existing areas of priority for the Trust and served to reinforce our direction. We have continued to focus on progress and importantly sustaining and embedding actions as part of the Trust's 'business as usual'. The final report on implementing actions from the Phase 3 review is included on the Board agenda for challenge and scrutiny following Board Committee debate, and subject to approval concludes the cycle of implementation of recommendations as complete and/or embedded as business as usual.

Going forwards, an external three year external independent review is due in 2021 and an internal Trust-wide review is due to be undertaken during 2019.

1.1.2 Care Quality Commission (CQC)

As part of the CQC inspection framework, assessment of well-led at the trust-wide level is an assessment of: the leadership and governance at trust board and executive team-level; the overall organisational vision and strategy; organisation-wide governance, management, improvement; and organisational culture and levels of engagement. The trust-wide assessment of the well-led question also takes into account findings across the service level inspections, especially in well-led at service level.

On 28 September 2018 the Care Quality Commission published the outcomes from their comprehensive inspection over the period 22 May 2018 to 13 July 2018. The Trust received a rating of requires improvement for well-led which was an improved rating from inadequate in June 2016. The CQC ratings for each area inspected and the trend in performance is set out below:

Area	Well led rating 2016 or 2018	Trend
Acute wards	**Inadequate Sept 2018**	↓
Long stay or rehabilitation wards for adults of working age	**Good Sept 2016**	**N/A**
Forensic inpatient or secure wards	**Good Sept 2018**	↑
Wards for older people	**Good Sept 2018**	↑
Community mental health services for adults	**Requires improvement Sep 2018**	
Mental Health Crisis Services	**Good Sept 2018**	⟺
Specialist community mental health services for children and young people	**Good Sept 2016**	**N/A**
Community bases mental health services for older people	**Good Sept 2018**	⟺
Community bases mental health services for people with a learning disability or autism	**Good Sept 2018**	⟺
Overall	**Requires improvement Sep 2018**	↑

Key

Rating change since last inspection	Same	Up one rating	Down one rating
Symbol	⟺	↑	↓

The report concluded that improvements had been made in well-led since the last inspection and highlighted some of the areas as follows:

- Significant improvements in the stability of the Trust Board and Board development
- Improvements in governance structures to support the delivery of our strategy
- Executive and Non-Executive Directors clear about their areas of responsibility
- The Board knew its most significant risks and how to monitor and manage them
- Improvements in the relationship between the Trust Board and the Council of Governors
- There was visibility of senior leadership
- Staff understood the Trust's vision and values
- Culture and staff morale had improved with most staff feeling respected, supported, and valued
- Staff were able to raise concerns and knew about the whistleblowing, bullying and harassment policies
- Staff received awards from the Trust for good work undertaken.

Areas for further improvement, to achieve a rating of good, were outlined as:

- Lack of leadership in some of the core services such as acute admission wards and crisis services
- The report concluded that not all staff had heard of the Freedom to Speak Up Guardian role and that there was a perceived conflict of interest between the post holder carrying out the Freedom to Speak Up role and being an HR Manager at the same time
- Staff team meetings did not have a standardised approach to make sure all governance issues were covered.

The report also commented that:

- Although the Trust leadership team had a comprehensive knowledge of current priorities and challenges and acted to address them, the pace of change was slow, which we highlighted in previous inspection. This meant that we did not see enough improvement in clinical services, and a deterioration in the acute admission wards. We found a lack of leadership in some core services such as the acute admission wards and crisis service.

These comments are highlighted later in the report along with steps to address the areas for further improvement.

2 Deep Dives on well-led areas

2.1 Leadership capacity and capability (KLOE 1)

The key lines of enquiry include the following prompts for assessment of this area:

- *Do leaders have the skills, knowledge, experience and integrity that they need – both when they are appointed and on an ongoing basis?*
- *Are leaders visible and approachable?*
- *Are there clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and is there a leadership strategy or development programme which includes succession planning?*

2.1.1 Staff Survey Results 2018 on leadership

As covered on the substantive item on the Board agenda, this year NHS England reporting for the staff survey has changed significantly. Key Findings have been replaced by themes. The themes cover ten areas of staff experience and present results in these areas in a clear and consistent way. All of the ten themes are scored on a 0-10 scale, where a higher score is more positive than a lower score. These theme scores are created by scoring question results and grouping these results together. The staff survey of 2018 staff survey included the following questions about managers, with the Trust's results compared to 2017 outlined:

- *The support I get from my immediate manager* - ***worse than average, better than 2017***
- *My immediate manager gives me clear feedback on my work* - ***better than average, better than 2017***
- *My immediate manager asks for my opinion before making decisions that affect my work* - ***better than average, better than 2017***
- *My immediate manager takes a positive interest in my health and well-being* - ***better than average, better than 2017***
- *My immediate manager values my work* - ***worse than average, better than 2017***

These areas all show an improvement as compared to 2017, although wider work is still required to raise all scores above peer average. This can be considered to be an endorsement of work undertaken to encourage positive leadership behaviours including communication, engagement and feedback. A part of our approach to the staff survey we continue to analyse results on a team as well as organisation wide basis, to ensure hotspots are identified and teams are supported to develop actions on a local basis. Progress on addressing actions arising from the staff survey is overseen operationally by TMT, through Divisional Performance Review Meetings (PRMs) and ELT. Assurance on progress is received by the People and Culture Committee.

An area for potential further focus is to understand those teams where there is a strong positive result and identify the key elements of these teams to acknowledge, share and learn across the wider organisation.

2.1.2 Leadership and Management Strategy

Our approach to management and leadership is outlined in the Management and Leadership Development Strategy and Implementation Plan (October 2018). This has been developed through working with staff to provide a menu of people management support and development programmes alongside some more behavioural leadership programmes. The aim is to focus on building leadership and management capacity and capability in tandem, and support engagement of leaders to experience the aims and values of the Trust as a central driver to developing our culture.

The vision of the strategy is to:

- Develop and deliver consistent and capable people and service management capabilities across the Trust
- Develop empowered, compassionate and inclusive leaders who create an environment where staff can live the values
- Develop visionary and engaging leaders that create a high performing and inclusive work environment and great place to work
- Enable leadership to flourish at every level across the Trust

The implementation plan, which runs over three years, includes people management mandatory masterclasses, leadership induction, core leaders programme, 360 degree development programme, senior leaders programme, Aspiring to B series (talent management), East Midlands Leadership Academy programmes and commitment to continuous learning and support through coaching, mentoring, action learning sets and shadowing.

Alongside these focussed sessions are a range of activities, which are pivotal to engaging leaders and wider staff to impact cultural change. The Staff Conference (September 2018) was very positively received, and resulted in the production of the Team Derbyshire Healthcare Promise which serves to outline commitment from the organisation and staff to enact values and behaviours. Team Derbyshire Healthcare sessions currently underway are led by the Chief Executive and are a key way to reiterate our vision and values and create clear simple messaging of the Trust's purpose and aims, expectations and behaviours.

In addition to longer term talent management developments, we continue to progress our operational talent management/succession planning to ensure we have the essential capability and capacity of leaders for the future. There is an important focus for us to work with those with protected characteristics, including our BME, LGBT+ and Disability networks to ensure equity of opportunity and work towards leadership and management roles being reflective of our community. The Board will receive the Gender Pay Gap report which will highlight gender issues in management and leadership we need to consider.

Leadership visibility is an area that regularly features in colleague feedback. Although the CQC inspection report states that they found that there is good visibility, staff survey results and other feedback indicate that further visibility of Directors, and wider leaders, should be undertaken. Not only does this give an opportunity to listen and support managers but it also role models visible leadership that we aspire to be undertaken throughout the organisation as part of developing our culture. An extensive programme of Director engagement, which involves Executive Director visits to all Trust teams over the forthcoming year, is in finalisation, and this will build upon the success of 'Ifti on the Road' to date. Non-Executive Directors have visited a range of services through quality visits and bespoke visits and further focussed visits are planned following off-site Board meetings.

2.1.3 Focussed Management and Leadership support

CQC feedback from the 2018 inspection highlights a particular requirement to focus on leadership in acute services. Since the inspection itself and also subsequent to the publication of the CQC report there has been considerable focus on support and improvement to acute in-patient services through the Urgent Care Improvement Plan. Progress is reported regularly to Trust Board on the interventions and effectiveness of this programme and positive impact has been seen as result of leadership support and role-modelling. Focus is now upon embedding changes into practice. Senior leadership presence and oversight has been strengthened, direct senior management input has now stepped back and we are working to encourage ownership and sustainability. We continue to support pace and focus through work towards the Royal College of Psychiatry assessment with a May target date to attain this.

Assurance on progress made has been received from a joint regulator and commissioner visit (NHSI/NHS England and Clinical Commissioning Group) who undertook a quality visit to the Radbourne Unit on 3 January 2019 and fed back that there was good evidence of strengthened leadership. The daily 'huddle' was observed and strong communication between staff was evident, patients appeared cared for, with good interaction between staff

and patients noted. Staff were enthusiastic and there was good practice seen in multi-disciplinary working.

As an inadequate service CQC will return for an unannounced inspection within six months and the service is preparing to ensure staff are supported for this visit.

The focussed management and leadership support provided to the acute services has been effective over recent months in response to CQC inspection feedback. As a Trust we need to develop a framework to identify where there may be management and leadership challenges and difficulties and proactively support wherever possible. Although the support to acute units involved direct involvement of senior leaders, organisational development work with teams in difficulty may be a more sustainable Trust–wide support and development approach.

We should also ensure that we positively acknowledge, share and learn from those services where well-led scores have increased since the last inspection.

2.2 Culture in our Trust (KLOE 3)

2.2.1 Raising concerns – Speaking up at Work

Allocated resource for the Freedom to Speak Up Guardian role has been in place over the last 15 months, with the post active within the Trust from April 2016. Significant promotion and awareness activity has taken place and the CQC acknowledged that in many service areas the Guardian was well known, although not known in all areas of the Trust. We must work to support the Guardian to further promote the role across the many Trust sites and services and this will be facilitated through further commitment to the role as a four day per week post from April 2019. This role is a substantive post and as such previous staff concerns highlighted by the CQC about potential conflicts of interest arising from a dual role in the Trust have now been addressed by this action. A new postholder is taking on this role from 29 April 2019. It is important that we do not lose momentum for our Speaking Up work and that we maximise its synergy with our wider engagement and organisational culture agenda particularly with respect to encouraging open dialogue, engagement and commitment to organisational learning.

Over the past year there has been an increase in the number of concerns raised. This reflects the national trend of an increase in the number of cases reported across the NHS and can be considered to reflect increasing confidence of staff to raise concerns. The Trust's aim is to maximise impact and learning from concerns, communicate this to staff and thus help to engender a culture of openness. The goal is to promote the real value to be gained from speaking up throughout the organisation and make this integral part of healthy team working throughout our services.

The Trust Board receives a six monthly report which is presented by the Freedom to Speak Up Guardian – this is a separate agenda for the Board March which meeting is the opportunity for the Guardian to directly present their own views and update to Board members. The People and Culture Committee and Audit and Risk Committee also receive reports focussing on the Speaking Up framework and analysis of themes and trends respectively.

The summary data below shows the formal concerns raised to the Freedom to Speak up Guardian, all of which have been addressed with the individuals who raised them and organisational learning shared and communicated where relevant.

Types of Concerns	Q1 April - June 2018	Q2 July - Sept 2018	Q3 Oct - Dec 2018
Attitude and Behaviours	1	4	2
Bullying and Harassment	10	3	7
Health and Safety (not patient related)	3	0	3
Patient Safety/Quality	2	4	13
Policy and Procedure	6	10	32
Other - Leadership, Organisational Change, Information Governance Breach	1	0	23
Total no of concerns	**23**	**21**	**81**

We as other trusts are trying to work to capture those issues that are raised and resolved on a local level which are an important gauge of the culture we are trying to create. Our plans for 2019/20 include working with general managers and operational leads to reflect upon concerns raised with the Freedom to Speak up Guardian and set up methods to capture issues raised and resolved locally and share learning from these. This involvement of leaders and managers throughout the organisation to support and gain value from Speaking Up is a pivotal part of developing our culture.

Importantly it is the triangulation of concerns raised with other areas of engagement feedback, and for example risk and incident management, which is valuable for us to analyse. We have established a central database to record staff feedback from engagement activity to help us identify themes to address and prioritise or identify specific areas for support across the Trust. Another important element in our Speaking Up work is to support those groups who may have barriers to raising concerns and thus we are working with network groups (BME, LGBT+ and Disability) as well as junior doctors and estates colleagues to ensure all are supported to speak up.

2.2.2 Staff survey feedback on culture

Key lines of enquiry cover the following areas, and these can be mapped to staff survey responses as in the table below:

- *Do staff feel supported, respected and valued?*
- *Do staff feel positive and proud to work in the organisation?*
- *Are there co-operative, supportive and appreciative relationships among staff? Do staff and teams work collaboratively, share responsibility and resolve conflict quickly and constructively?*

	2018/19		2017/18		2016/17	
	Trust	**Benchmarking Group**	**Trust**	**Benchmarking Group**	**Trust**	**Benchmarking Group**
Immediate managers	7.2	7.2	7.1	7.1	7.0	7.1
Morale	6.3	6.2	N/A	N/A	N/A	N/A
Staff Engagement	6.9	7.0	6.8	7.0	6.7	7.0

Results show small but positive change over the past three years of the survey.

Staff engagement to facilitate culture change

We have a strategic (Board Assurance Framework) risk for 2018/19 that recognises if we do not effectively engage the workforce to experience the aims and values of the Trust this will impact on the quality and safety of patient care. We have taken significant steps to develop our engagement approach and have established a wide range of channels to capture staff feedback. The aim is that we can then understand issues that are important to staff and work with colleagues across the trust to co-develop ways to address these, and where relevant ensure these are reflected in our organisational priorities.

We have seen a steady improvement in staff engagement over the past year-18 months, using mechanisms that were themselves developed in response to staff suggestions through the 'Working together feeling connected survey' (Summer 2017):

- Staff Forum
- Team Brief
- Team Derbyshire Healthcare Leaders
- New staff magazine
- Staff awards
- Internal Facebook
- Executive engagement
- DEED
- Staff conference

ELT oversee engagement activities and seek to triangulate feedback from the range of mechanisms in place to identify themes, hotspots and trends. The People and Culture Committee routinely receive assurance reports on progress with the engagement framework and scrutinise pace, interventions and impact of our engagement approach. The Committee has in year challenged the take up of engagement, particularly team briefing. In response we are working further through management and leadership development sessions to reinforce the importance of carrying out team meetings, to include team briefing.

Early results from our current Communications Survey has shown that of the first 29 teams responding to the survey, 28 have team meetings and of these 23 discuss the team brief as part of them. Also, as part of work to map teams across the organisation, we have contacted 58 key team links, 54 who have reported they are having team meetings, and of those the majority are delivering team briefing within these. This is positive reflection and improvement in implementation of both team meetings and discussion of team brief as an engagement tool. Further feedback from the survey has reiterated that staff want the team brief to brief and focussed. We will be analysing the full results of the survey following the closing date in early March. Feedback on preferences for communications has confirmed that a range of mechanisms are valued by different staff groups.

Through staff communication we are also reiterating the expectation that staff keep up to date and participate in engagement and read corporate communications as a key element of their role within the Trust. We are working to encourage the principle that team briefing is a two way process, and it is important not only to confirm that the team briefing has been delivered but to ensure feedback and questions on content are returned for reporting to ELT.

The Organisational Effectiveness Team have analysed the most engaged team and least engaged teams relating to the staff survey. For the latter there is opportunity to triangulate with other indicators such as training compliance, retention, supervision and appraisal rate and to work with these teams to provide targeted support through organisational

development. For the most engaged teams it is important that we understand what they do well to share best practice across the organisation.

Going forwards into 2019/20 there are plans to undertake 'engagement for purpose' with proposals to focus on engagement on the issue of staff wellbeing to develop a responsive wellbeing approach to meet staff needs. This will have important potential positive impact on sickness absence, retention and morale.

2.3 Governance and Management (KLOE 4)

The key lines of enquiry include the following prompts for assessment of this area:

- *Are there effective structures processes and systems of accountability to support the delivery of the strategy?*
- *Do all levels of governance and management function effectively and interact with each other appropriately?*
- *Are staff clear about their roles and who they are accountable to?*

Establishing and embedding robust governance approaches and structures as outlined in our Corporate Governance Framework was a key element of the GIAP and we have received positive external assurance from NHSI, the CQC, auditors and Deloitte on the good practice we now implement at the top of the organisation. We have implemented an accountability framework in the wider organisation which clarifies lines of authority, responsibility and accountability, thus providing greater control over how the functions are achieved.

Alongside the Board Committees which are reviewed annually for effectiveness we have implemented successful Performance Review Meetings (six weekly for divisions) and the monthly TMT meetings. TMT has been pivotal to involve and engage senior leaders (including deputy directors, general managers, and heads of services) in the Trust's leadership and Trust-wide agenda and has evolved considerably, driven by members, over the past two years. It has undergone significant development and recent refresh will focus this important group of senior leaders on key organisation-wide priorities and operational oversight to ensure that these are escalated/cascaded effectively through operational teams.

An internal audit of Divisional Governance carried out in October 2018 (reported January 2019) concluded significant assurance with minor improvement opportunities on the arrangements in place. A collective response from divisional leads aims to ensure ownership of implementation of the required changes to ensure coordination of the governance infrastructure within divisions, including Clinical and Operational Assurance Teams, consistency of approach across divisions and help promote a forward looking focus and appropriate input from corporate functions.

Following recent Board debate, a significant review of the accountability and wider governance structure is also proposed to ensure alignment of operational groups to TMT and ELT to ensure that operational reporting does not flow directly to Board Committees. Their work needs to be focussed on seeking assurance and holding Executive Directors to account on specific areas to mitigate risks and ensure successful achievement of strategic objectives. This review will incorporate current debate to ensure that the governance structure reflects strategic objectives and the subsequently defined assurance of risk mitigation to be outlined in the 2019/20 BAF.

2.4 Management of risk and performance (KLOE 5)

The key lines of enquiry include the following prompts for assessment of this area:

- *Are there comprehensive assurance systems, and are performance issues escalated appropriately through clear structures and processes?*
- *Are there robust arrangements for identifying recording and managing risks issues and mitigating actions*?

We have developed robust governance for performance management arrangements through divisional PRMs and further development of the Integrated Performance Report to Trust Board. In addition, we use escalation reports from Board Committees to Board, and follow this principle for other reporting into Board Committees. These have been developed to identify decisions, assurance risks and escalations. Recent discussion has highlighted the need for Board and Committee members to be encouraged to challenge these assurance reports as part of effective scrutiny of assurance and escalation.

The 2019/20 BAF is being developed with a key aim to ensure that it captures operational business as part of mitigating actions, so that there is a clear link between activities we carry out throughout the organisation and achieving our strategy. The Annual Governance Statement captures all aspects of internal control in the Trust and serves to bring together an important overview of our management of risk, performance and overall governance.

2.4.1. Development of Risk Management Strategy

The development of a Risk Management Strategy in December 2016 was pivotal step which brought together all aspects of risk management across the Trust. It was reviewed in October 2018 by the Audit and Risk Committee with significant assurance on rollout and delivery. There is mandated internal audit carried out each year on the Trust's risk and assurance arrangements with an opinion of significant assurance with minor improvement given for the audit carried out in January 2018. The review identified four actions all of which have been actioned:

- *Review of overdue risks* – at the time of the audit this was at 74% and as at January 2018 this is 97% - demonstrating a good level of operational grip on recorded risks
- *Consistency of approach to population and update of the BAF* - has been addressed through liaison with Executive Director leads and this will be further developed in the 2019/20 BAF to focus on priority actions and controls
- *Addition of ratings for residual and inherent risks* - now included in the BAF
- *Extension of risk training programme* – now extended to proactively cover all new risk handlers

In addition, following recommendations from the Deloitte Phase 3 review of this KLOE we implemented further enhancements to our tiered risk management training, reported operational risks alongside the BAF and it also prompted us to further promote the use of Datix across the Trust.

The Board Assurance Framework and risk management internal audit by our new auditors, 360 Assurance, is currently underway and due to report in March 2019.

We have had several focussed discussions in recent weeks both at Trust Board and Executive Leadership Team to build upon previous BAFs, ensure we identify the risks to meeting our strategic objectives and identify focussed actions to support communicating a clear message on our priorities throughout the organisation. Discussions are ongoing and potentially involve reviewing our strategic objectives to ensure that these reflect our key

organisational goals and aspirations. The BAF will continue to be used to drive Board and Board Committee agendas and focus our resource on ensuring we fulfil our strategy.

3 Next Steps

The Trust has made significant progress in its governance and leadership approach over the past three years, both of which form an integral part of the well-led domain. This comes from the position of regulatory enforcement for aspects of governance in February 2016 through to positive feedback from external governance reviews and many areas of good practice highlighted in the 2018 CQC inspection report.

We now have an opportunity to reinforce governance as an enabling framework to facilitate focus on and oversee delivery of our priorities, and establish an open culture based on healthy accountability and performance management in an environment of learning and continuous improvement. We are planning to review our governance arrangements shortly to ensure that they reflect our strategic priorities and it will be important to work with managers and leaders to design, lead and implement effective governance throughout the whole organisation.

Supporting and developing our leaders and managers remains an ongoing priority. Peers who have achieved a CQC outstanding rating for well–led have noted that 'Leadership was seen as the central driver to developing our culture' (Northamptonshire Healthcare NHS Foundation Trust) which further supports our approach. They state that they recognise everyone as leaders 'not because they are personally exceptional, senior or inspirational to others, but because they can see what needs doing and can work with others to do it'. They also emphasise a clear focus on organisational development activity to co-create enabling strategies and approaches.

The Trust has implemented a range of activities over the past months to equip, involve and inspire our leaders with the recognition that leadership is key to culture within the organisation. Importantly this includes the Team Derbyshire Healthcare sessions which explore the Trust's vision and values, culture and behaviours and our leadership approaches. The co-produced Team Derbyshire Healthcare Promise is integral to these conversations. The effective rollout of the implementation plan for the Management and Leadership Strategy is vital over coming months to ensure capability and capacity in colleagues to be confident and effective in supporting delivery of our strategic aims. We need to establish clear evaluation of the impact of these activities through feedback and ongoing engagement with leaders, and assess wider staff feedback on management and leadership through the staff survey, pulse checks and colleague engagement to ensure these are the right interventions and are delivering at sufficient pace.

In terms of benchmarking our culture, findings from the staff survey 2018 show improvement on 2017 and endorse the priorities and activities were have undertaken to improve morale, a positive culture and feedback on management and leaders. Although the movement is small it is consistent across many survey areas and is in the context of an overall increased engagement score. The Trust needs to build upon this positive outcome and maintain momentum with staff across the Trust, empowering leaders and managers on a local level to take ownership and embed openness and engagement, including raising concerns and building team working.

Continuing our engagement activities, with close oversight of their effectiveness, will help us develop opportunities to triangulate data to identify where action should be prioritised. By using our intelligence across the engagement and governance structure we can triangulate, learn and improve, and importantly identify teams who may need further support before more serious difficulties develop. Similarly we can use this approach to identify those areas

who are performing and engaging well and positively acknowledge, share and learn from these teams. As such we can realise the clear value of developing our culture to deliver our vision and values, strategic objectives and improve the performance of the organisation.

Derbyshire Healthcare NHS Foundation Trust
Report to the Trust Board – 5 March 2019

2018 NHS Staff Survey – NHS England Results

Purpose of Report

The purpose of this paper is to update the Trust Board on the NHS Staff Survey – NHS England results, which show our current position based on the 2018 all staff survey.

Executive Summary

This report for Derbyshire Healthcare NHS Foundation Trust contains results for themes and questions from the 2018 NHS Staff Survey, and historical results back to 2014 where possible.

This year the NHS England reporting has changed significantly. The results are no longer grouped by 'Key Findings'; nor do we have the usual 'top and bottom 5 areas' or the 'most and least improved areas' and the most commonly known and benchmarked against previous 'staff engagement score'.

Key Findings have been replaced by themes. The themes cover ten areas of staff experience and present results in these areas in a clear and consistent way. All of the ten themes are scored on a 0-10 scale, where a higher score is more positive than a lower score. These theme scores are created by scoring question results and grouping these results together.

The themes are as follows:

1. Equality, diversity and inclusion
2. Health and wellbeing
3. Immediate managers
4. Morale
5. Quality of appraisals
6. Quality of care
7. Safe environment – bullying & harassment
8. Safe environment – violence
9. Safety culture
10. Staff engagement

The new results within each theme and question are presented in the context of the best, average and worst results for similar organisations where appropriate. Data in this report is weighted to allow for fair comparisons between organisations.

Key information:

- Derbyshire Healthcare NHS Foundation Trust is within the Combined Mental Health / Learning Disability and Community Trusts benchmarking group
- There are 31 organisations in this benchmarking group

In summary of the new 10 themes, compared to the other 30 organisations we are benchmarked against, we are:

- **Best in 0**
- Above average in 3 (health & wellbeing) (morale) (safe environment – bullying and harassment)
- Average in 3 (equality, diversity and inclusion) (immediate managers) (safe environment – violence)
- Below average in 4 (quality of appraisals) (quality of care) (safety culture) (staff engagement)
- **Worst in 0**

Compared to last year*, we are:

- Better than 2017 in 7 themes
- The same as 2017 in 2 themes (quality of care) (safe environment – violence)
- Worse than 2017 in 0 themes

**Please note: morale is not comparable to 2017; therefore only 9 themes appear in the historical summary bullets above.*

In addition to the results, we also received 226 free text comments from staff, which shared some helpful themes to triangulate with our areas of focus for 2019.

It is great to see that, whilst some of our themes are still placed below average when benchmarking against the 30 other Combined Mental Health / Learning Disability and Community Trusts, every one of our themes has either improved or stayed the same compared the 2017 NHS Staff Survey – no theme saw a decline in results.

Based on the analysis of results the suggested themes to be the main focus of improvement in 2019 is **'quality of care'** and **'safety culture'.**

Whilst smaller key focus area work streams should be developed from the 'double red' questions around 'training and development' and 'harassment, bullying or abuse at work from service users' and all references to 'bullying and harassment from colleagues or managers' picked up in the comments from the survey.

Next steps include:

- Communication of results to all staff, governors and other key stakeholders post embargo via a one page summary on 26 February once the embargo has been lifted
- Finalise triangulation of 2019 priorities into current work programmes
- Further work and analysis on all protected characteristics
- Final summary report and detailed triangulation to People and Culture Committee 23 April 2019.

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

Risks and Assurances

Risks associated with the report are linked to the BAF as follows:

Strategic Objective 2. Engagement: 18_19 2a - There is a risk that if the Trust doesn't engage our workforce and create an environment where they experience the aims and values of the Trust, there will be a negative impact on the morale and health and wellbeing of staff which may affect the safety and quality of patient care.

From the 2018 NHS Staff Survey NHS England results we can see that: whilst some of our themes are still placed below average when benchmarking against the 30 other Combined Mental Health / Learning Disability and Community Trusts, every one of our themes has either improved or stayed the same compared the 2017 NHS Staff Survey – no theme saw a decline in results.

Consultation

To date the Picker report has been shared with Executives by email on 7 January 2019, the Board of Directors on 5 February 2019 and the People and Culture Committee on 18 February 2019.

A similar version of this NHS England results summary paper was shared with the Executive Leadership Team by email on 12 February 2019.

The NHS England results build on from the Picker results and are used to benchmark us nationally against all other NHS organisations which fit into our category in the NHS Staff Survey benchmarking of results.

All information on our NHS Staff Survey results will be shared with appropriate stakeholders and governors once the embargo has been lifted on 26 February 2019.

Governance or Legal Issues

- CQC analyse the NHS Staff Survey results
- Some of our results are linked to the Health and Wellbeing CQUIN
- Staff FFT questions are reported and benchmarked nationally.

Public Sector Equality Duty & Equality Impact Risk Analysis The author has a responsibility to consider the equality impact and evidence on the nine protected characteristics (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation)).	
There are no adverse effects on people with protected characteristics (REGARDS).	
There are potential adverse effect(s) on people with protected characteristics (REGARDS). Details of potential variations /inequalities in access, experience and outcomes are outlined below, with the appropriate action to mitigate or minimise those risks.	X
Actions to Mitigate/Minimise Identified Risks The NHS Staff Survey results are also grouped by protected characteristics, allowing us to do further analysis on all 9 of these areas.	

Recommendations

The Board of Directors is requested to:

1) Receive and review the 2018 NHS Staff Survey – NHS England results
2) Discuss and input into the recommendations for proposed focus areas from the 2018 results
3) Approve the priorities for 2019.

It is recommended that significant ssurance should be given at this point based on:

- the significant increase in the response rate
- the fact that every one of our themes either improved (7) or stayed the same (2) compared the 2017 NHS Staff Survey – no theme saw a decline in results.

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

Report prepared by: **Clair Sanders**
Organisational Effectiveness Lead

2018 NHS Staff Survey – NHS England Results – Summary Paper

Introduction

This report for Derbyshire Healthcare NHS Foundation Trust contains results for themes and questions from the 2018 NHS Staff Survey, and historical results back to 2014 where possible.

This year the NHS England reporting has changed significantly. The results are no longer grouped by 'Key Findings'; nor do we have the usual 'top and bottom 5 areas' or the 'most and least improved areas' and the most commonly known and benchmarked against previous 'staff engagement score'.

Key Findings have been replaced by themes. The themes cover ten areas of staff experience and present results in these areas in a clear and consistent way. All of the ten themes are scored on a 0-10 scale, where a higher score is more positive than a lower score. These theme scores are created by scoring question results and grouping these results together. *Please note that you cannot directly compare Key Finding results to theme results.*

The themes are as follows:

1. Equality, diversity and inclusion
2. Health and wellbeing
3. Immediate managers
4. Morale
5. Quality of appraisals

6. Quality of care
7. Safe environment – bullying and harassment
8. Safe environment – violence
9. Safety culture
10. Staff engagement

The new results within each theme and question are presented in the context of the best, average and worst results for similar organisations where appropriate. Data in this report is weighted** to allow for fair comparisons between organisations.

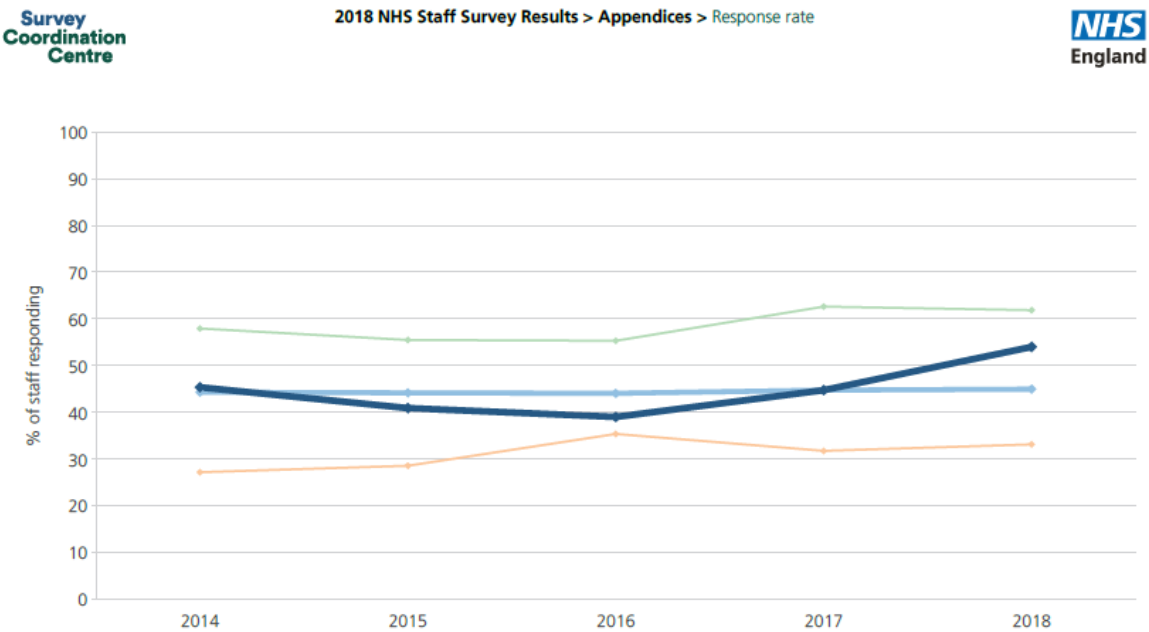
*** Please note: q1, q10a, q19f, q23d-q28a and q29-q31b are not weighted or benchmarked because these questions ask for demographic or factual information.*

Key information:

- Derbyshire Healthcare NHS Foundation Trust is within the Combined Mental Health / Learning Disability and Community Trusts benchmarking group
- There are **31 organisations** in this benchmarking group
- Throughout the report – our organisation is seen on all graphs and charts in **navy blue**.

The results that follow are taken from the 2018 NHS England Staff Survey results. The survey was conducted between Monday 1 October and Friday 30 November 2018, with 1284 Derbyshire Healthcare employees completing the survey giving a 54% response rate (the trend for the past 5 years can be found in figure 1).

Figure 1: Response rate trends for Combined Mental Health / Learning Disability and Community Trusts



	2014	2015	2016	2017	2018
Best	57.9%	55.5%	55.3%	62.6%	61.9%
Your org	45.3%	40.9%	39.0%	44.7%	54.0%
Average	44.3%	44.2%	44.1%	44.7%	44.9%
Worst	27.2%	28.6%	35.4%	31.7%	33.1%

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NHS England Reporting Themes

An overview of all 10 themes can be found in figure 2. We will go into each theme in detail – however in summary this tells us that, compared to the other 30 organisations we are benchmarked against, we are:

- **Best in 0**
- Above average in 3 (health and wellbeing) (morale) (safe environment – bullying and harassment)
- Average in 3 (equality, diversity & inclusion) (immediate managers) (safe environment – violence)
- Below average in 4 (quality of appraisals) (quality of care) (safety culture) (staff engagement)
- **Worst in 0**

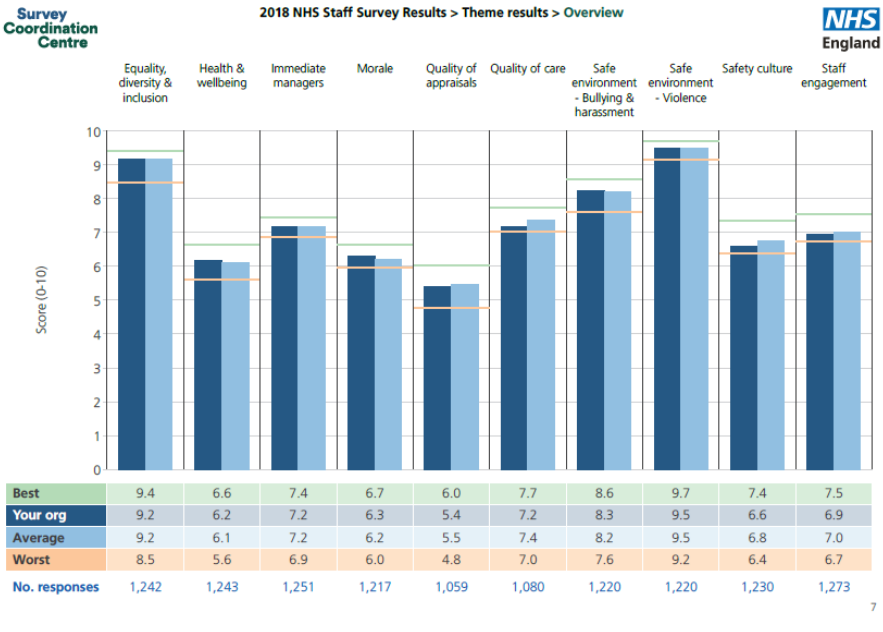
Compared to last year*, we are:

- Better than 2017 in 7 themes
- The same as 2017 in 2 themes (quality of care) (safe environment – violence)

- Worse than 2017 in 0 themes

**Please note: morale is not comparable to 2017; therefore only 9 themes appear in the historical summary bullets above.*

Figure 2: Overview of all 10 themes for Combined Mental Health / Learning Disability and Community Trusts



	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement
Best	9.4	6.6	7.4	6.7	6.0	7.7	8.6	9.7	7.4	7.5
Your org	9.2	6.2	7.2	6.3	5.4	7.2	8.3	9.5	6.6	6.9
Average	9.2	6.1	7.2	6.2	5.5	7.4	8.2	9.5	6.8	7.0
Worst	8.5	5.6	6.9	6.0	4.8	7.0	7.6	9.2	6.4	6.7
No. responses	1,242	1,243	1,251	1,217	1,059	1,080	1,220	1,220	1,230	1,273

We have devised the following infographic to summarise the key results to staff, including: the changes to the NHS England reporting, how we score on each theme this year, how this compares to average and to 2017. Full details can be found in Appendix 1.

Appendix 1 – 2018 NHS Staff Survey – Summary Infographic

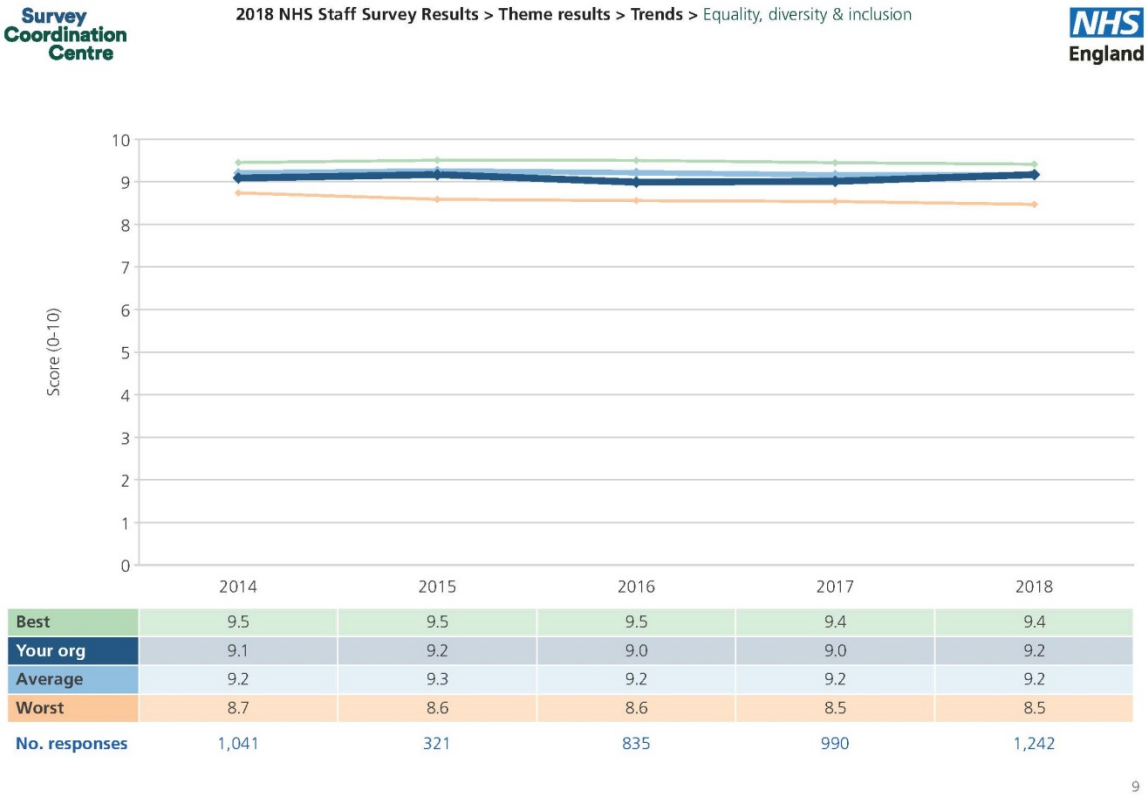
Each theme is now broken down and we can see the trends over the past 5 years (where available) and the individual question results that make up each theme.

Equality, diversity and inclusion

Questions that make up the theme: Q14, Q15a, Q15b and Q28b.

Key points to note:

- **Theme score average compared to other 30 Combined Mental Health / Learning Disability and Community Trusts**
- **Improvement on overall theme score from last year**



- Q14: Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?
    - Worse than average, better than 2017

- Q15a: In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?
    - Better than average, better than 2017

- Q15b: In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?
    - Worse than average, better than 2017

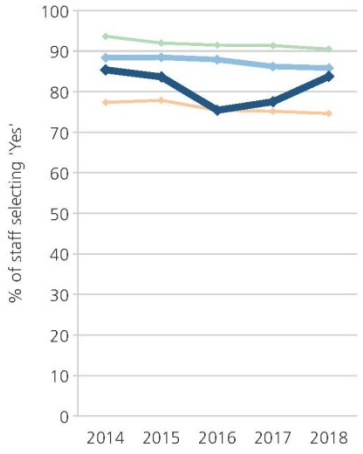
- Q28: Has your employer made adequate adjustment(s) to enable you to carry out your work?
    - Better than average, better than 2017
    -

Survey Coordination Centre

2018 NHS Staff Survey Results > Theme results > Detailed information > Equality, diversity & inclusion 1/2

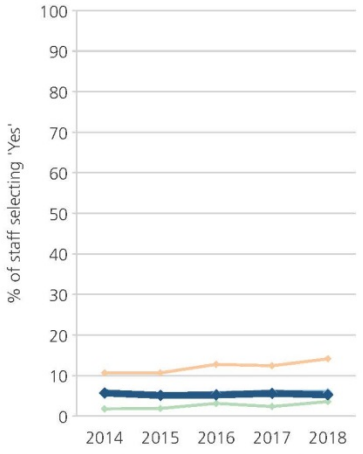
NHS England

Q14
Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



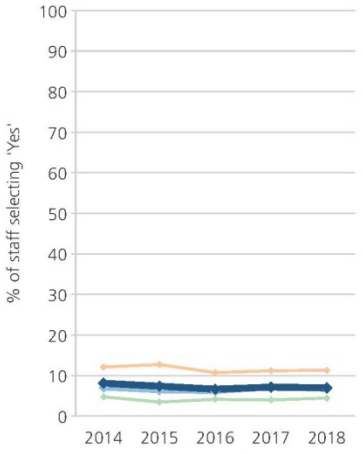
	2014	2015	2016	2017	2018
Best	93.6%	92.0%	91.5%	91.4%	90.5%
Your org	85.4%	83.6%	75.4%	77.5%	83.7%
Average	88.4%	88.5%	87.9%	86.2%	85.8%
Worst	77.3%	77.9%	75.4%	75.2%	74.6%

Q15a
In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?



	2014	2015	2016	2017	2018
Worst	10.6%	10.7%	12.8%	12.4%	14.1%
Your org	5.7%	5.1%	5.2%	5.6%	5.2%
Average	5.5%	5.1%	5.5%	5.8%	5.7%
Best	1.8%	1.9%	3.1%	2.4%	3.6%

Q15b
In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



	2014	2015	2016	2017	2018
Worst	12.1%	12.7%	10.7%	11.2%	11.3%
Your org	8.1%	7.4%	6.6%	7.1%	7.0%
Average	7.0%	6.3%	6.1%	7.1%	6.6%
Best	4.7%	3.5%	4.1%	4.0%	4.4%

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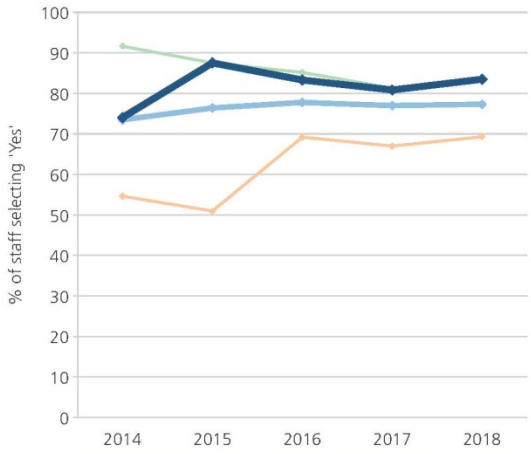
Survey Coordination Centre

2018 NHS Staff Survey Results > Theme results > Detailed information > Equality, diversity & inclusion 2/2

NHS England

Q28b
Has your employer made adequate adjustment(s) to enable you to carry out your work?



	2014	2015	2016	2017	2018
Best	91.6%	87.5%	85.2%	81.3%	83.5%
Your org	74.0%	87.5%	83.3%	80.8%	83.5%
Average	73.5%	76.4%	77.8%	77.0%	77.3%
Worst	54.6%	51.0%	69.2%	67.0%	69.3%

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1. Health & wellbeing

Questions that make up the theme: Q5h, Q11a, Q11b, Q11c and Q11d.

Key points to note:

- **Theme score above average compared to other 30 Combined Mental Health / Learning Disability and Community Trusts**
- **Improvement on overall theme score from last year**

	2015	2016	2017	2018
Best	6.7	6.5	6.5	6.6
Your org	6.4	6.0	6.0	6.2
Average	6.1	6.2	6.1	6.1
Worst	5.8	5.8	5.4	5.6
No. responses	321	849	1,001	1,243

10

Q5h: The opportunities for flexible working patterns
- Better than average, better than 2017

- Q11a: Does your organisation take positive action on health and well-being?
  - Worse than average, better than 2017

- Q11b: In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?
  - Better than average, better than 2017

- Q11c: During the last 12 months have you felt unwell as a result of work related stress?
  - Average, better than 2017

- Q11d: In the last three months have you ever come to work despite not feeling well enough to perform your duties?
  - Better than average, better than 2017

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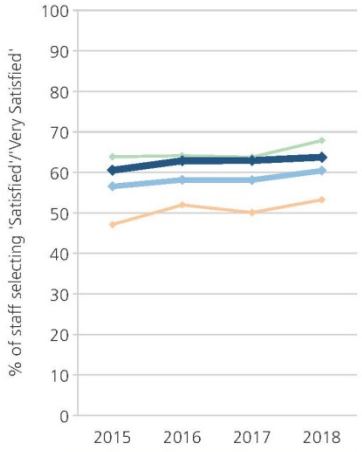
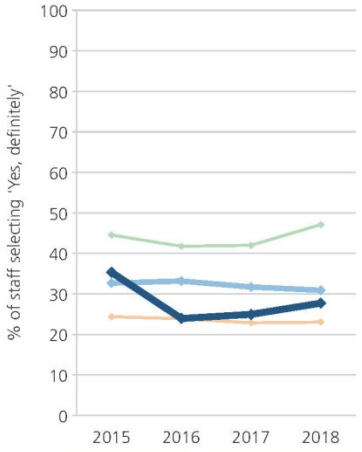
Q5h
The opportunities for flexible working patterns



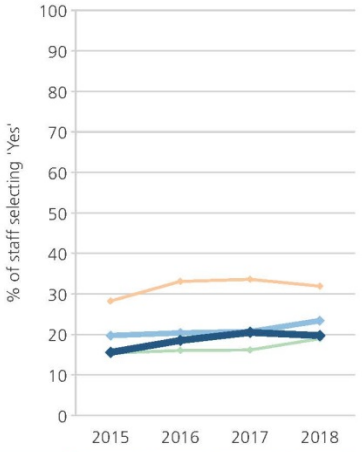
	2015	2016	2017	2018
Best	63.8%	64.1%	63.8%	67.9%
Your org	60.5%	62.9%	62.9%	63.8%
Average	56.5%	58.2%	58.1%	60.4%
Worst	47.1%	52.0%	50.1%	53.2%

Q11a
Does your organisation take positive action on health and well-being?



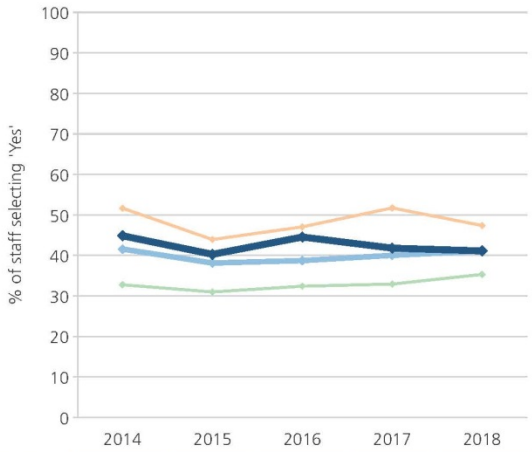
	2015	2016	2017	2018
Best	44.5%	41.8%	42.0%	47.1%
Your org	35.3%	23.9%	25.0%	27.7%
Average	32.7%	33.2%	31.7%	30.9%
Worst	24.4%	23.9%	22.9%	23.0%

Q11b
In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?



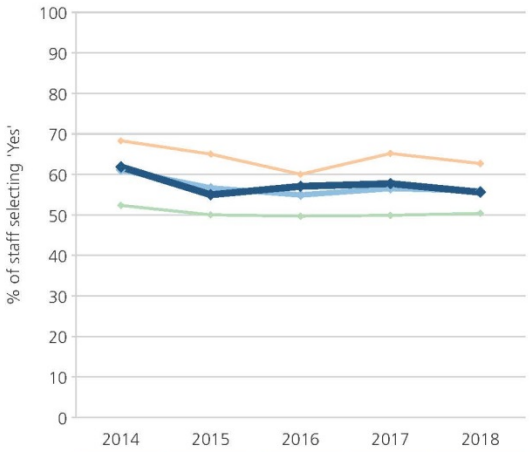
	2015	2016	2017	2018
Worst	28.2%	33.1%	33.6%	31.9%
Your org	15.6%	18.5%	20.5%	19.7%
Average	19.7%	20.4%	20.7%	23.4%
Best	15.4%	16.1%	16.2%	19.0%

Q11c
During the last 12 months have you felt unwell as a result of work related stress?



	2014	2015	2016	2017	2018
Worst	51.7%	43.9%	47.1%	51.7%	47.4%
Your org	44.8%	40.3%	44.5%	41.8%	41.1%
Average	41.6%	38.1%	38.7%	40.0%	41.1%
Best	32.7%	31.0%	32.4%	32.9%	35.3%

Q11d
In the last three months have you ever come to work despite not feeling well enough to perform your duties?



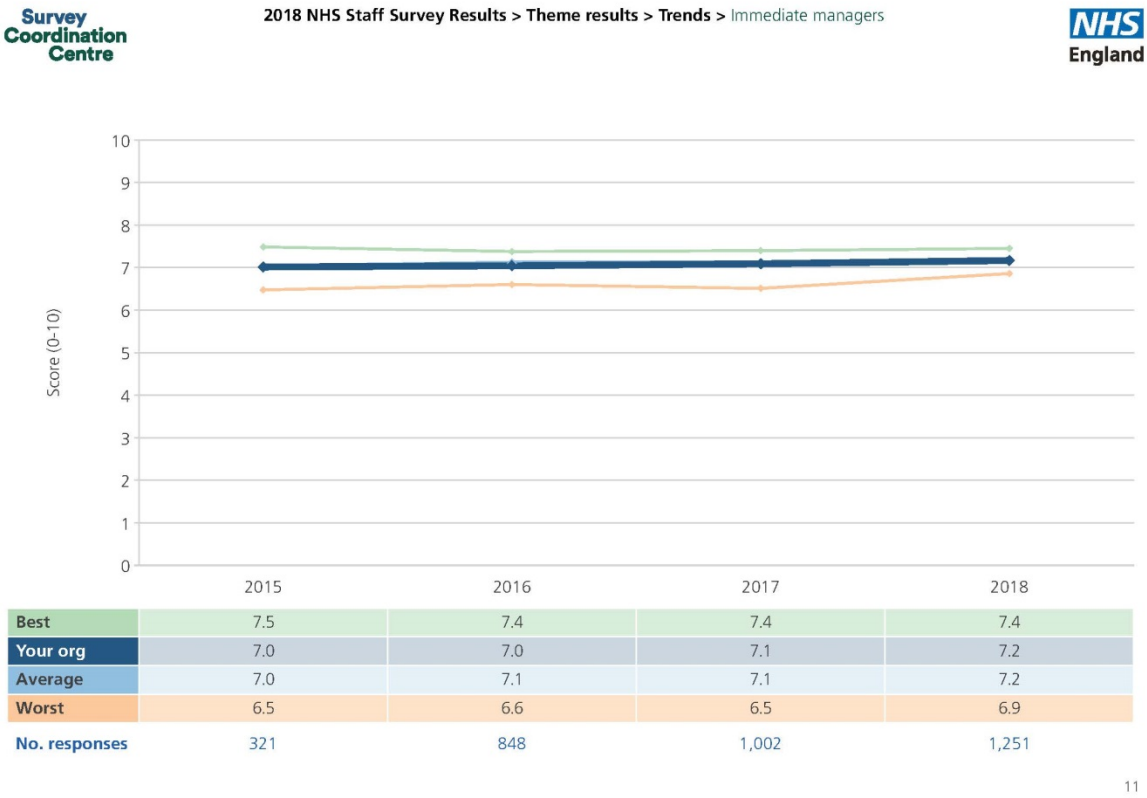
	2014	2015	2016	2017	2018
Worst	68.3%	65.0%	60.0%	65.2%	62.7%
Your org	61.8%	55.0%	57.1%	57.7%	55.6%
Average	61.1%	56.6%	54.9%	56.5%	55.9%
Best	52.3%	50.0%	49.7%	49.9%	50.4%

2. Immediate managers

Questions that make up the theme: Q5b, Q8c, Q8d, Q8f, Q8g and Q19g.

Key points to note:

- **Theme score average compared to other 30 Combined Mental Health / Learning Disability and Community Trusts**
- **Improvement on overall theme score from last year**



- Q5b: The support I get from my immediate manager
  - Worse than average, better than 2017
- Q8c: My immediate manager gives me clear feedback on my work
  - Better than average, better than 2017
- Q8d: My immediate manager asks for my opinion before making decisions that affect my work
  - Better than average, better than 2017
- Q8f: My immediate manager takes a positive interest in my health and well-being
  - Better than average, better than 2017
- Q8g: My immediate manager values my work
  - Worse than average, better than 2017

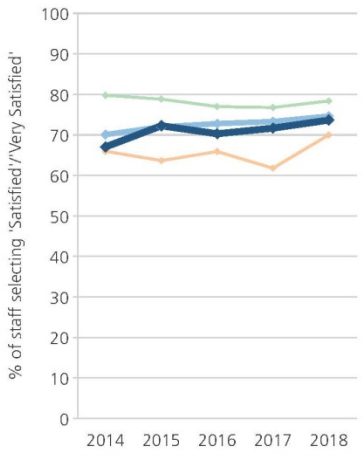
- Q19g: My manager supported me to receive this training, learning or development
    - Worse than average, worse than 2017

Survey Coordination Centre

2018 NHS Staff Survey Results > Theme results > Detailed information > Immediate managers 1/2

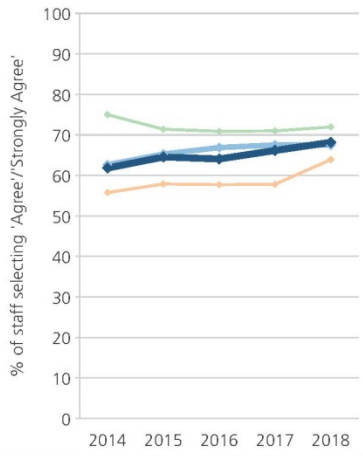
NHS England

Q5b
The support I get from my immediate manager



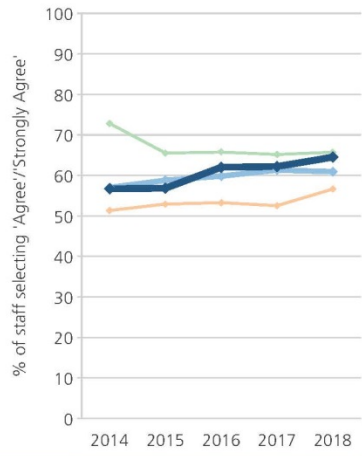
	2014	2015	2016	2017	2018
Best	79.8%	78.8%	77.0%	76.8%	78.4%
Your org	67.0%	72.3%	70.3%	71.7%	73.7%
Average	70.1%	72.0%	72.8%	73.3%	74.6%
Worst	65.9%	63.6%	65.9%	61.8%	70.0%

Q8c
My immediate manager gives me clear feedback on my work



	2014	2015	2016	2017	2018
Best	75.0%	71.4%	70.9%	71.0%	72.0%
Your org	61.8%	64.5%	64.0%	66.2%	68.2%
Average	62.6%	65.3%	66.9%	67.5%	67.5%
Worst	55.7%	57.9%	57.7%	57.8%	63.9%

Q8d
My immediate manager asks for my opinion before making decisions that affect my work



	2014	2015	2016	2017	2018
Best	72.8%	65.5%	65.8%	65.2%	65.7%
Your org	56.7%	56.8%	62.0%	62.2%	64.5%
Average	57.0%	58.8%	59.8%	61.3%	60.9%
Worst	51.3%	52.9%	53.3%	52.5%	56.6%

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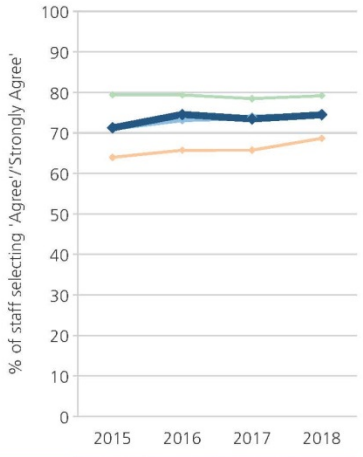
Survey Coordination Centre

2018 NHS Staff Survey Results > Theme results > Detailed information > Immediate managers 2/2

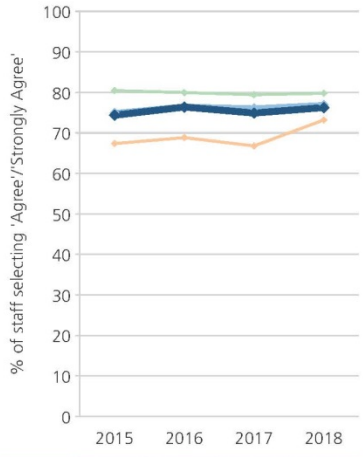
NHS England

Q8f
My immediate manager takes a positive interest in my health and well-being



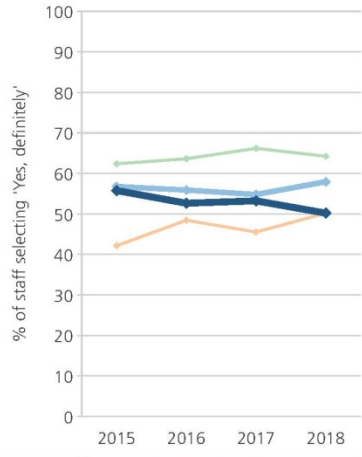
	2015	2016	2017	2018
Best	79.4%	79.4%	78.5%	79.2%
Your org	71.2%	74.6%	73.4%	74.5%
Average	71.2%	73.3%	73.8%	74.4%
Worst	64.0%	65.7%	65.7%	68.7%

Q8g
My immediate manager values my work



	2015	2016	2017	2018
Best	80.4%	80.0%	79.4%	79.8%
Your org	74.4%	76.4%	74.9%	76.3%
Average	75.0%	76.5%	76.1%	76.9%
Worst	67.4%	68.8%	66.8%	73.2%

Q19g
My manager supported me to receive this training, learning or development



	2015	2016	2017	2018
Best	62.4%	63.6%	66.2%	64.2%
Your org	55.8%	52.6%	53.2%	50.2%
Average	56.7%	55.9%	54.8%	57.9%
Worst	42.1%	48.4%	45.5%	50.2%

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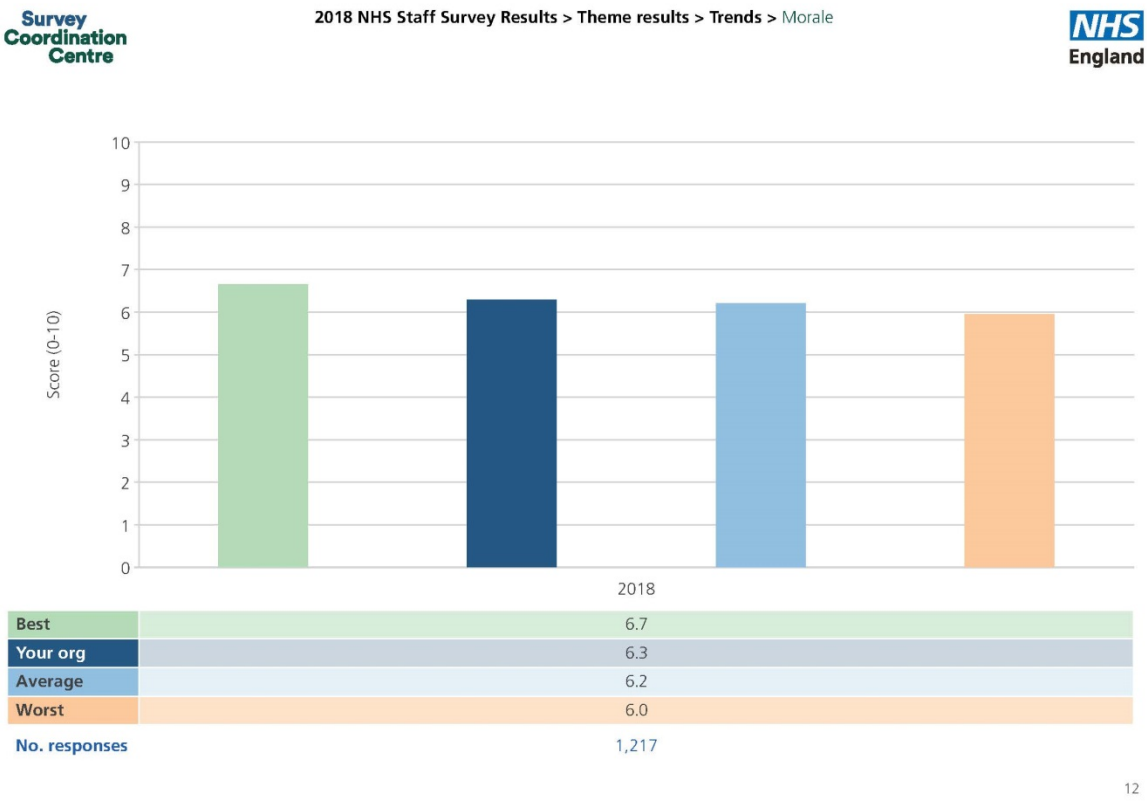
3. Morale

Questions that make up the theme: Q4c, Q4j, Q6a, Q6b, Q6c, Q8a, Q23a, Q23b and Q23c.

Key points to note:

- **Theme score above average compared to other 30 Combined Mental Health / Learning Disability and Community Trusts**
- **Not able to compare historically**



- Q4c: I am involved in deciding on changes introduced that affect my work area / team / department
  - Better than average, better than 2017

- Q4j: I receive the respect I deserve from my colleagues at work
  - Better than average, *no historical data*

- Q6a: I have unrealistic time pressures
  - Worse than average, *no historical data*

- Q6b: I have a choice in deciding how to do my work
  - Better than average, *no historical data*

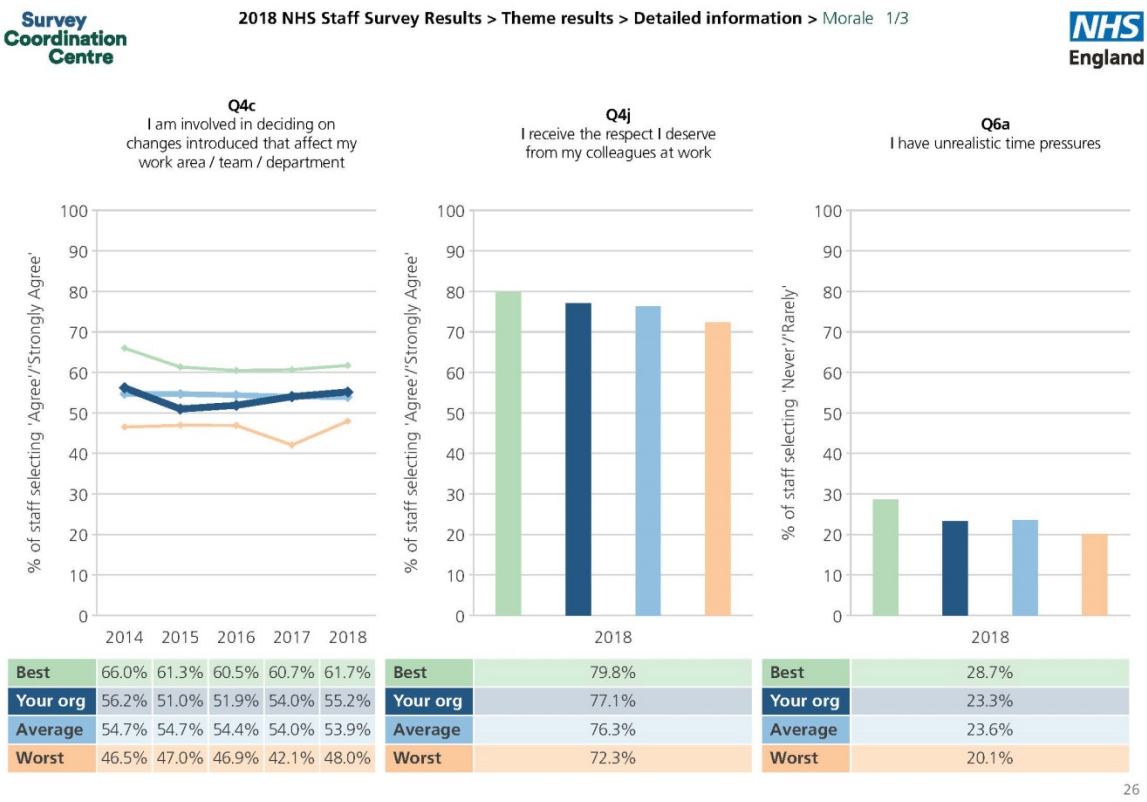
- Q6c: Relationships at work are strained
  - Worse than average, *no historical data*

- Q8a: My immediate manager encourages me at work
  - Better than average, *no historical data*

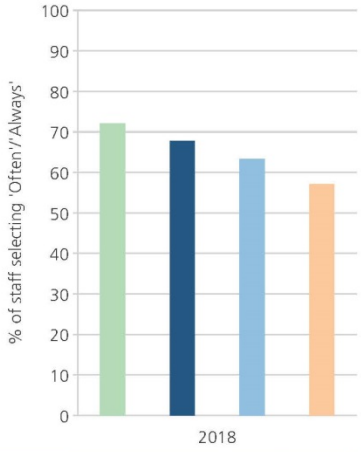
- Q23a: I often think about leaving this organisation
  - Better than average, *no historical data*

- Q23b: I will probably look for a job at a new organisation in the next 12 months
  - Better than average, *no historical data*

- Q23c: As soon as I can find another job, I will leave this organization
  - Better than average, *no historical data*

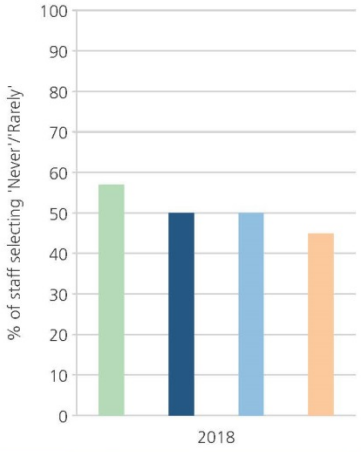


Q6b
I have a choice in deciding how to do my work



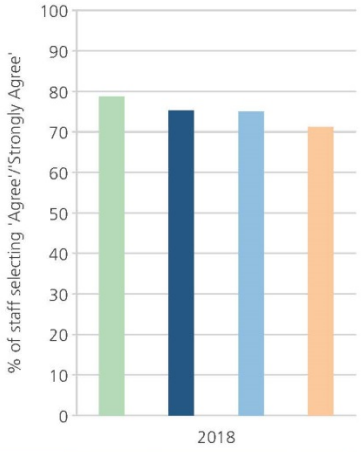
Best	72.1%
Your org	67.7%
Average	63.3%
Worst	57.0%

Q6c
Relationships at work are strained



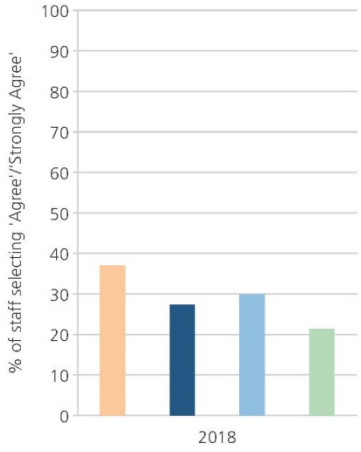
Best	56.9%
Your org	49.9%
Average	50.0%
Worst	44.9%

Q8a
My immediate manager encourages me at work



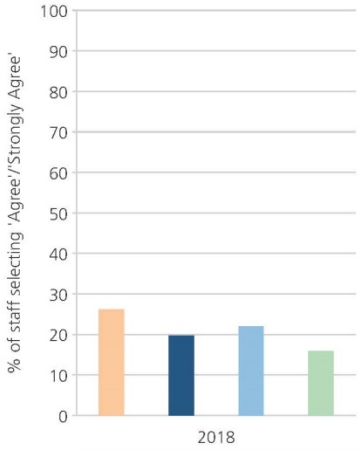
Best	78.7%
Your org	75.3%
Average	75.0%
Worst	71.2%

Q23a
I often think about leaving this organisation



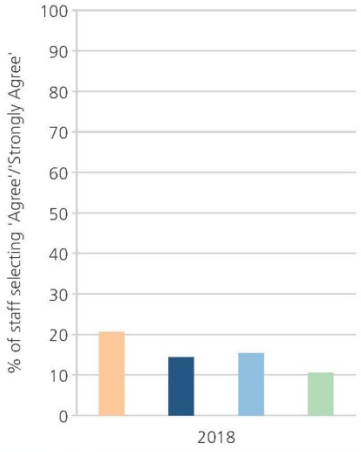
Worst	37.0%
Your org	27.4%
Average	29.8%
Best	21.3%

Q23b
I will probably look for a job at a new organisation in the next 12 months



Worst	26.2%
Your org	19.7%
Average	22.0%
Best	15.9%

Q23c
As soon as I can find another job, I will leave this organisation



Worst	20.6%
Your org	14.4%
Average	15.4%
Best	10.5%

4. Quality of appraisals

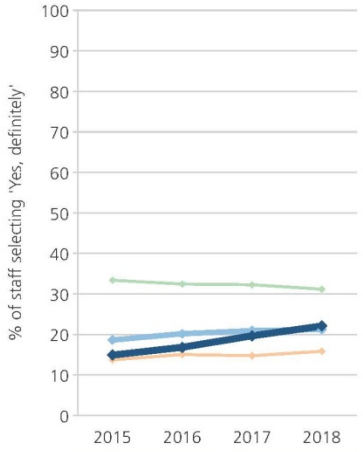
Questions that make up the theme: Q19b, Q19c, Q19d and Q19e.

Key points to note:

- **Theme score below average compared to other 30 Combined Mental Health / Learning Disability and Community Trusts**
- **Improvement on overall theme score from last year**

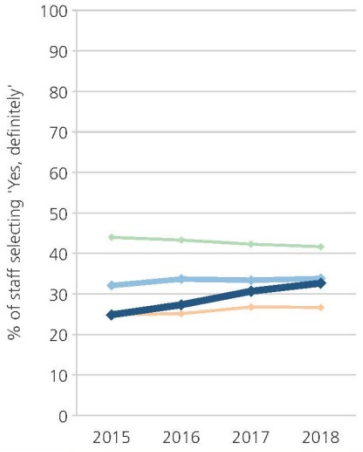
- Q19b: It helped me to improve how I do my job
  - Better than average, better than 2017
- Q19c: It helped me agree clear objectives for my work
  - Worse than average, better than 2017
- Q19d: It left me feeling that my work is valued by my organization
  - Better than average, better than 2017
- Q19e: The values of my organisation were discussed as part of the appraisal process
  - Worse than average, better than 2017

Q19b
It helped me to improve how I do my job



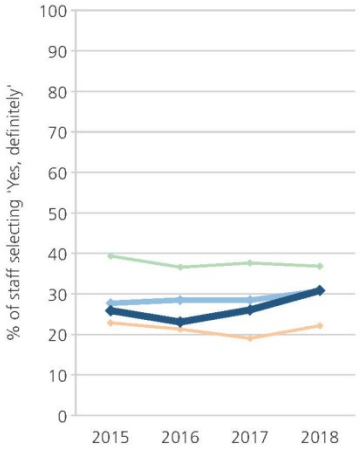
	2015	2016	2017	2018
Best	33.4%	32.4%	32.3%	31.2%
Your org	14.9%	16.8%	19.7%	22.1%
Average	18.6%	20.2%	20.9%	21.2%
Worst	13.7%	15.0%	14.7%	15.8%

Q19c
It helped me agree clear objectives for my work



	2015	2016	2017	2018
Best	44.0%	43.3%	42.3%	41.7%
Your org	24.8%	27.3%	30.7%	32.7%
Average	32.1%	33.7%	33.4%	33.8%
Worst	24.8%	25.1%	26.8%	26.7%

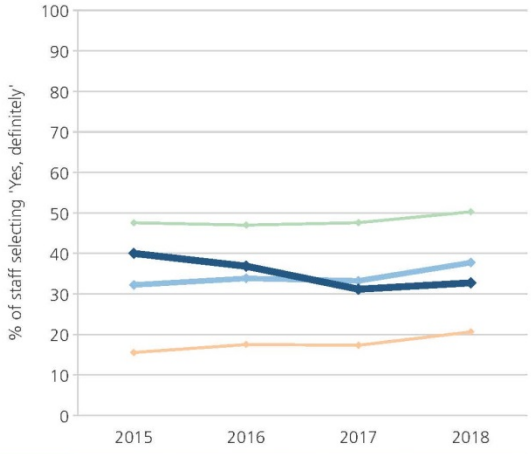
Q19d
It left me feeling that my work is valued by my organisation



	2015	2016	2017	2018
Best	39.4%	36.6%	37.6%	36.8%
Your org	25.9%	23.1%	26.0%	30.8%
Average	27.7%	28.5%	28.5%	30.7%
Worst	22.9%	21.3%	19.0%	22.2%

29

Q19e
The values of my organisation were discussed as part of the appraisal process



	2015	2016	2017	2018
Best	47.6%	47.0%	47.6%	50.3%
Your org	40.0%	36.8%	31.2%	32.7%
Average	32.2%	33.8%	33.2%	37.7%
Worst	15.5%	17.5%	17.3%	20.6%

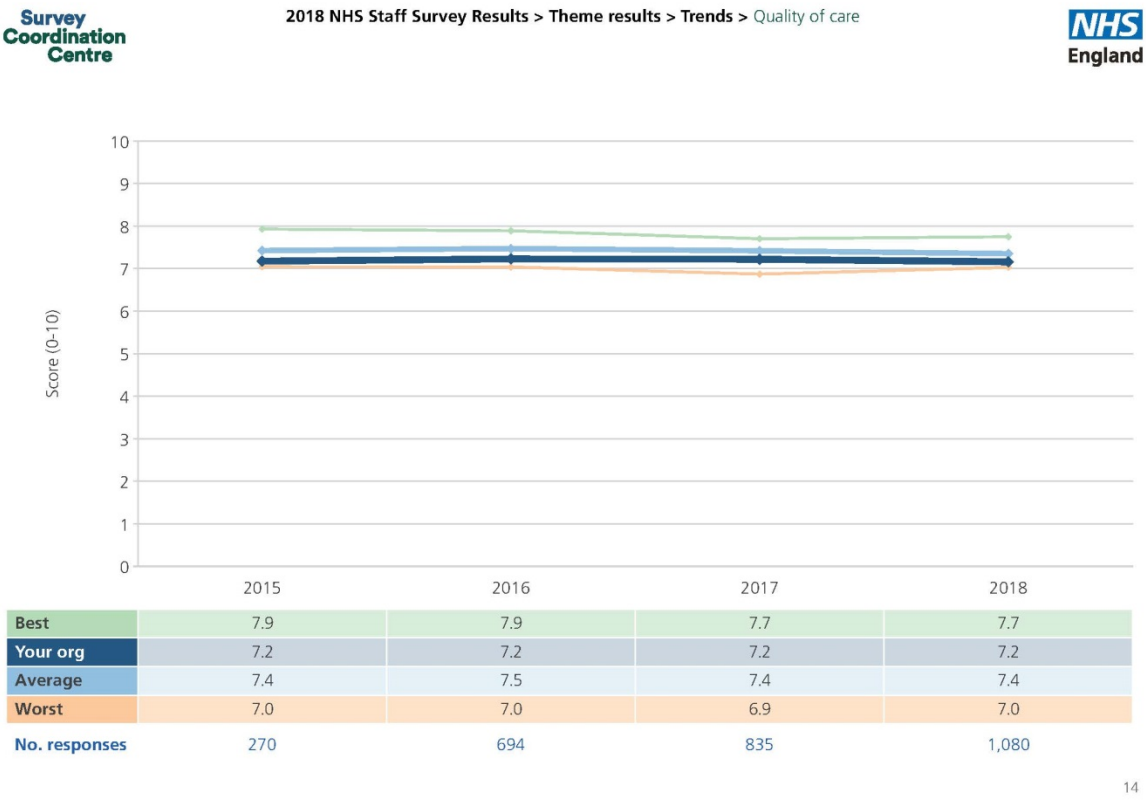
30

5. Quality of care

Questions that make up the theme: Q7a, Q7b and Q7c.

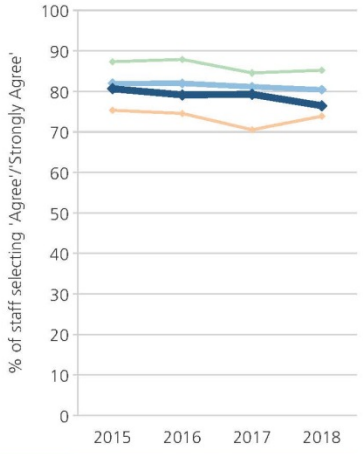
Key points to note:

- **Theme score below average compared to other 30 Combined Mental Health / Learning Disability and Community Trusts**
- **Maintained overall theme score from last year**



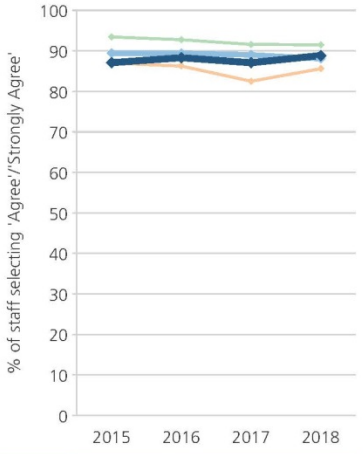
- Q7a: I am satisfied with the quality of care I give to patients / service users
  - Worse than average, worse than 2017
- Q7b: I feel that my role makes a difference to patients / service users
  - Better than average, better than 2017
- Q7c: I am able to deliver the care I aspire to
  - Worse than average, better than 2017

Q7a
I am satisfied with the quality of care I give to patients / service users



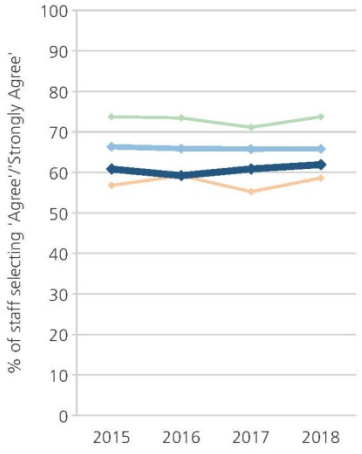
	2015	2016	2017	2018
Best	87.3%	87.9%	84.6%	85.2%
Your org	80.6%	79.1%	79.3%	76.5%
Average	82.0%	82.0%	81.1%	80.4%
Worst	75.3%	74.6%	70.5%	73.9%

Q7b
I feel that my role makes a difference to patients / service users



	2015	2016	2017	2018
Best	93.4%	92.7%	91.6%	91.5%
Your org	87.1%	88.3%	87.1%	88.9%
Average	89.4%	89.4%	89.0%	88.1%
Worst	87.0%	86.2%	82.5%	85.6%

Q7c
I am able to deliver the care I aspire to



	2015	2016	2017	2018
Best	73.7%	73.4%	71.1%	73.7%
Your org	60.8%	59.2%	60.9%	61.9%
Average	66.3%	65.9%	65.8%	65.8%
Worst	56.8%	59.2%	55.2%	58.6%

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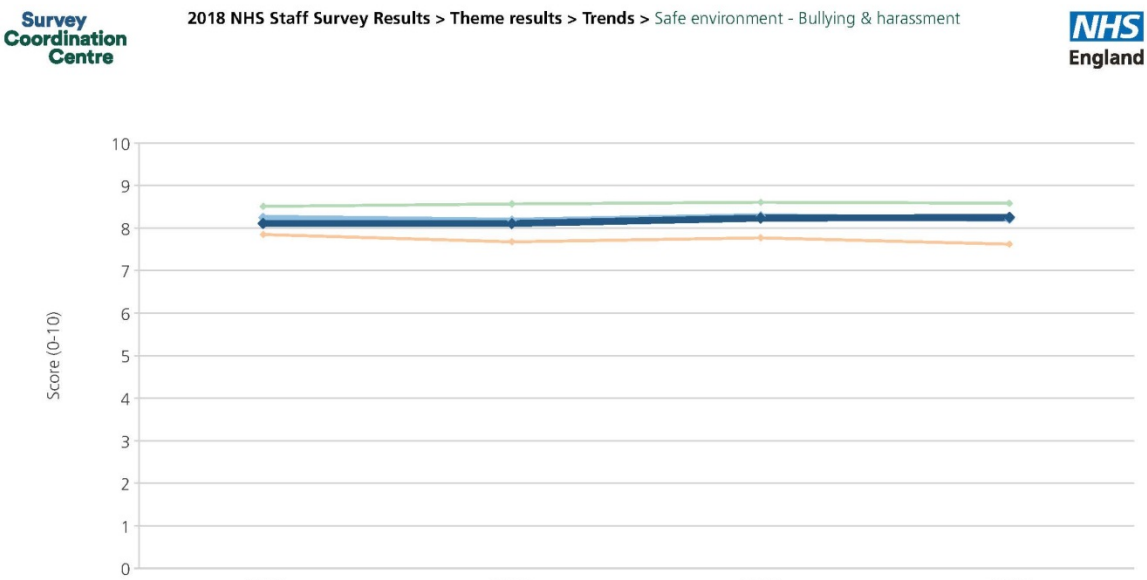
6. Safe environment – bullying & harassment

Questions that make up the theme: Q13a, Q13b and Q13c.

Key points to note:

- **Theme score above average compared to other 30 Combined Mental Health / Learning Disability and Community Trusts**
- **Improvement on overall theme score from last year**



	2015	2016	2017	2018
Best	8.5	8.6	8.6	8.6
Your org	8.1	8.1	8.2	8.3
Average	8.2	8.2	8.3	8.2
Worst	7.8	7.7	7.8	7.6
No. responses	319	834	987	1,220

15

- Q13a: In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?
  - Worse than average, worse than 2017

- Q13b: In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?
  - Better than average, better than 2017

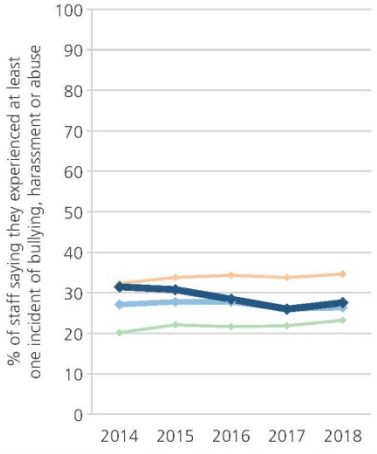
- Q13c: In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?
  - Better than average, better than 2017

Survey Coordination Centre

2018 NHS Staff Survey Results > Theme results > Detailed information > Safe environment - Bullying & harassment

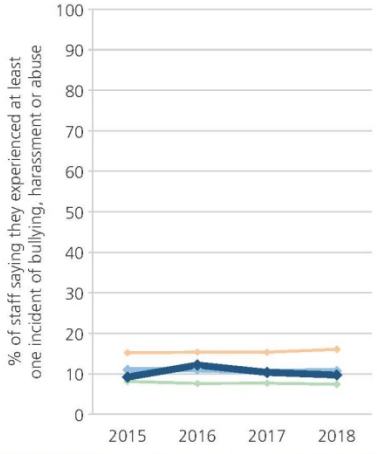
NHS England

Q13a
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?



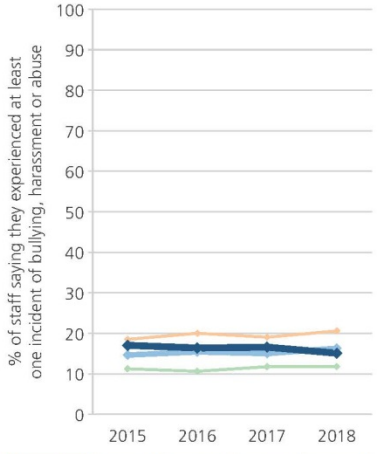
	2014	2015	2016	2017	2018
Worst	32.3%	33.8%	34.3%	33.8%	34.6%
Your org	31.5%	30.8%	28.4%	26.0%	27.5%
Average	27.1%	27.8%	27.7%	26.0%	26.3%
Best	20.2%	22.1%	21.6%	21.9%	23.2%

Q13b
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?



	2015	2016	2017	2018
Worst	15.2%	15.3%	15.3%	16.0%
Your org	9.2%	12.1%	10.3%	9.7%
Average	11.0%	11.0%	10.5%	10.8%
Best	8.1%	7.6%	7.7%	7.4%

Q13c
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?



	2015	2016	2017	2018
Worst	18.5%	20.0%	19.0%	20.6%
Your org	17.0%	16.4%	16.6%	15.1%
Average	14.6%	15.4%	15.0%	16.3%
Best	11.2%	10.6%	11.7%	11.8%

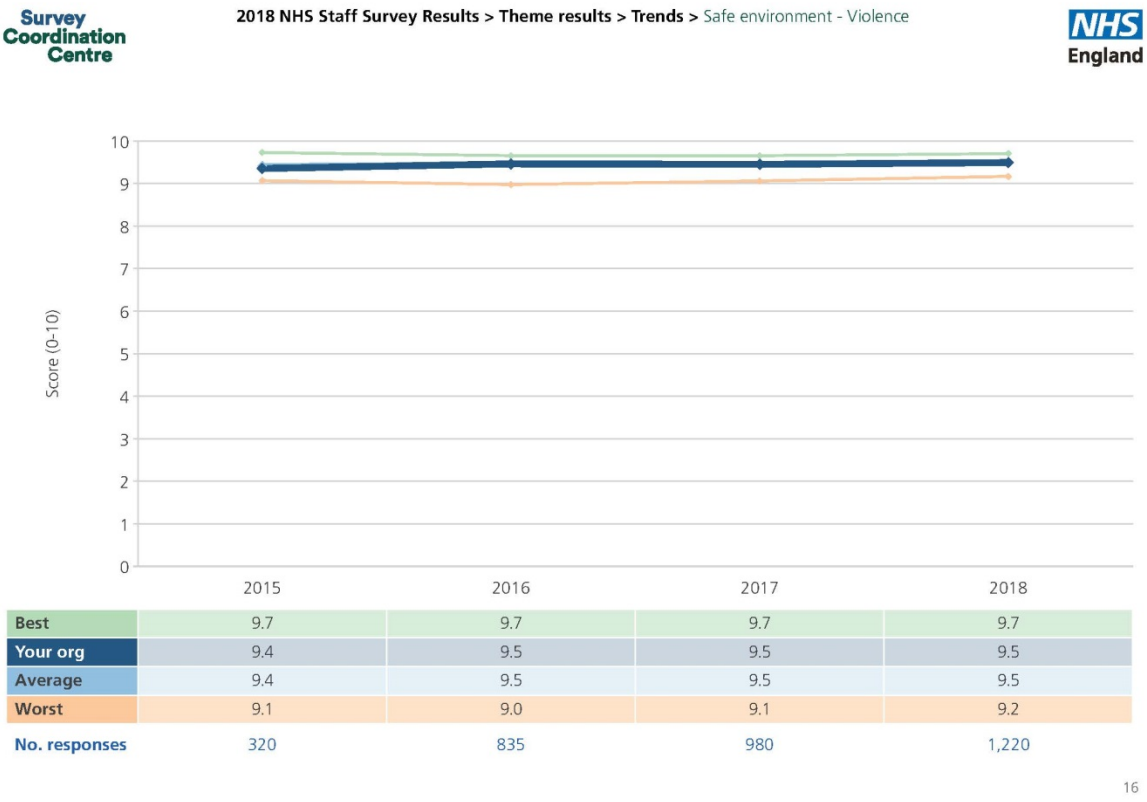
32

7. Safe environment – violence

Questions that make up the theme: Q12a, Q12b and Q12c.

Key points to note:

- **Theme score average compared to other 30 Combined Mental Health / Learning Disability and Community Trusts**
- **Maintained overall theme score from last year**

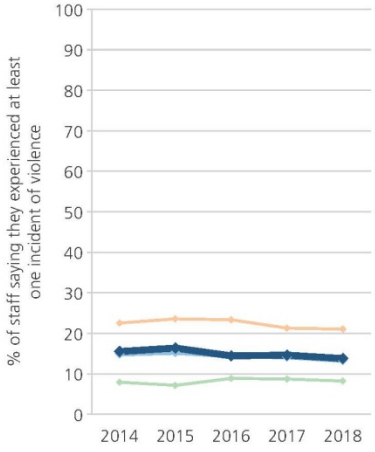


- Q12a: In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?
  - Worse than average, better than 2017

- Q12b: In the last 12 months how many times have you personally experienced physical violence at work from managers?
  - Average, better than 2017

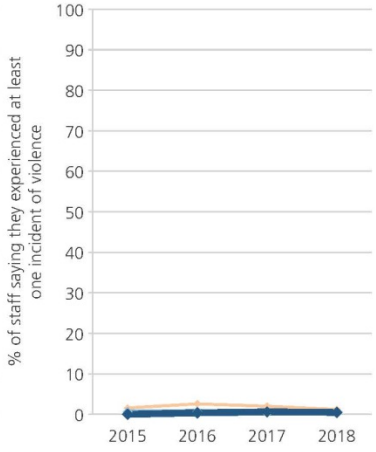
- Q12c: In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?
  - Better than average, better than 2017

Q12a
In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?



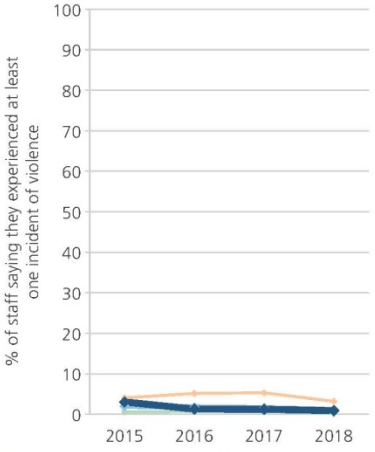
	2014	2015	2016	2017	2018
Worst	22.5%	23.6%	23.3%	21.3%	21.0%
Your org	15.5%	16.4%	14.4%	14.6%	13.8%
Average	15.0%	15.4%	14.5%	14.2%	13.4%
Best	7.9%	7.1%	8.9%	8.7%	8.2%

Q12b
In the last 12 months how many times have you personally experienced physical violence at work from managers?



	2015	2016	2017	2018
Worst	1.6%	2.6%	2.0%	1.2%
Your org	0.0%	0.4%	0.6%	0.5%
Average	0.6%	0.6%	0.5%	0.5%
Best	0.0%	0.2%	0.1%	0.1%

Q12c
In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?



	2015	2016	2017	2018
Worst	4.1%	5.2%	5.3%	3.2%
Your org	3.1%	1.3%	1.2%	0.9%
Average	2.0%	1.8%	1.6%	1.1%
Best	0.6%	0.7%	0.8%	0.2%

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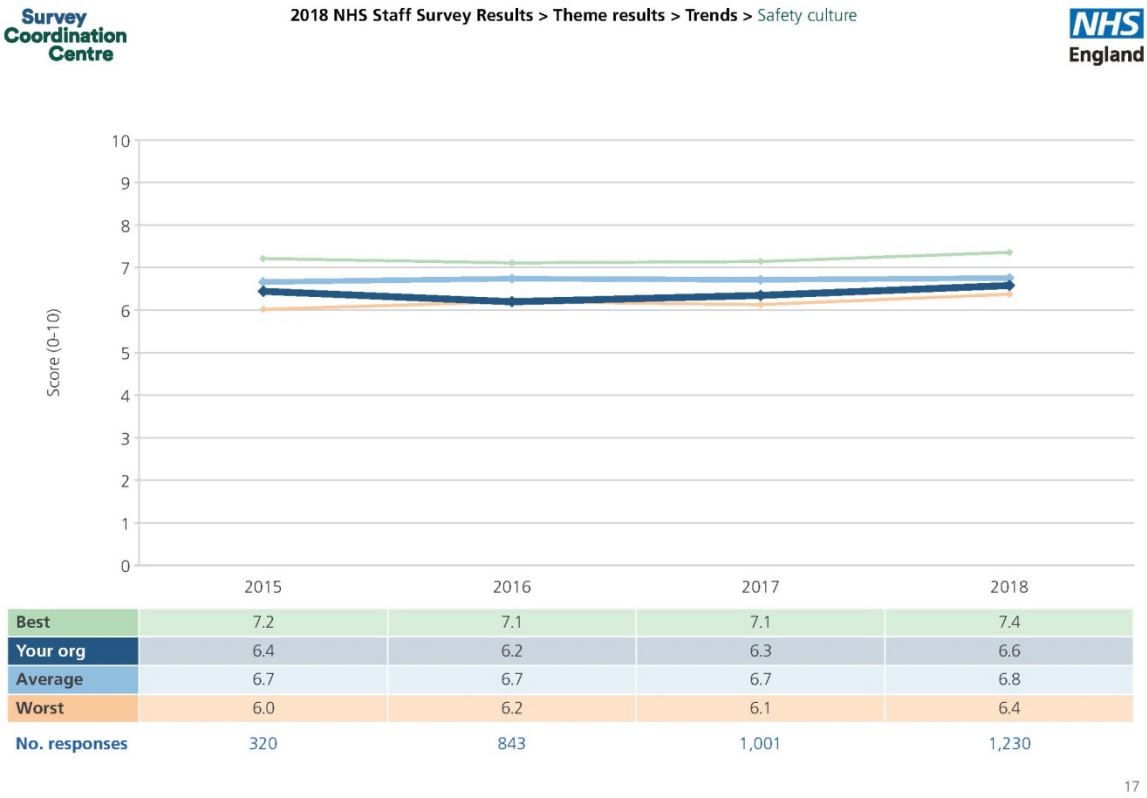
8. Safety culture

Questions that make up the theme: Q17a, Q17c, Q17d, Q18b, Q18c and Q21b.

Key points to note:

- **Theme score below average compared to other 30 Combined Mental Health / Learning Disability and Community Trusts**
- **Improvement on overall theme score from last year**



- Q17a: My organisation treats staff who are involved in an error, near miss or incident fairly
    - Worse than average, better than 2017

- Q17c: When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again
    - Worse than average, better than 2017

- Q17d: We are given feedback about changes made in response to reported errors, near misses and incidents
    - Worse than average, better than 2017

- Q18b: I would feel secure raising concerns about unsafe clinical practice
    - Worse than average, better than 2017

- Q18c: I am confident that my organisation would address my concern
    - Worse than average, better than 2017

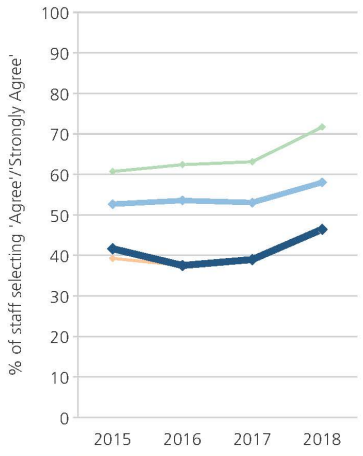
- Q21b: My organisation acts on concerns raised by patients / service users
  - Better than average, better than 2017

Survey Coordination Centre

2018 NHS Staff Survey Results > Theme results > Detailed information > Safety culture 1/2

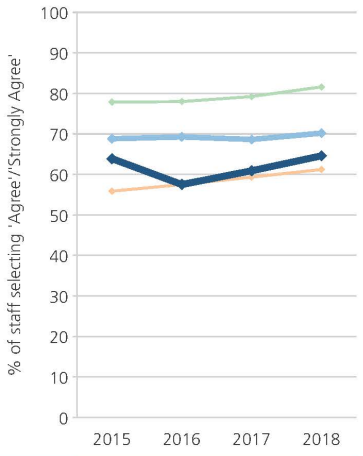
NHS England

Q17a
My organisation treats staff who are involved in an error, near miss or incident fairly



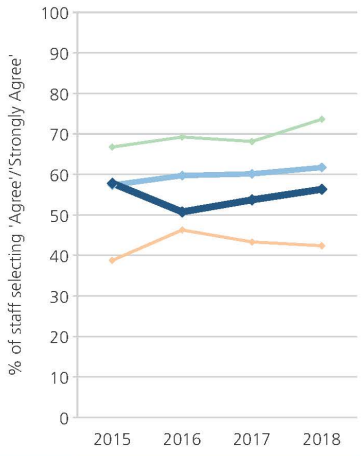
	2015	2016	2017	2018
Best	60.7%	62.4%	63.1%	71.7%
Your org	41.7%	37.5%	39.0%	46.5%
Average	52.7%	53.5%	53.1%	58.0%
Worst	39.3%	37.5%	39.0%	45.9%

Q17c
When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again



	2015	2016	2017	2018
Best	77.9%	78.0%	79.2%	81.6%
Your org	63.9%	57.5%	60.9%	64.6%
Average	68.8%	69.2%	68.6%	70.2%
Worst	55.9%	57.5%	59.3%	61.2%

Q17d
We are given feedback about changes made in response to reported errors, near misses and incidents



	2015	2016	2017	2018
Best	66.8%	69.2%	68.1%	73.6%
Your org	57.8%	50.7%	53.7%	56.3%
Average	57.4%	59.7%	60.1%	61.7%
Worst	38.8%	46.3%	43.3%	42.4%

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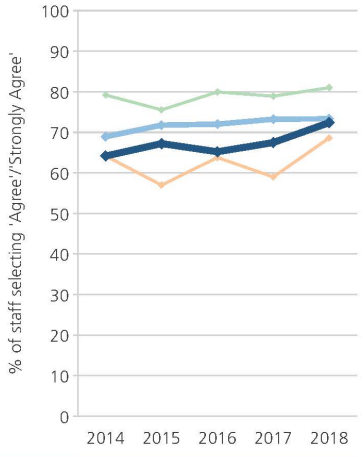
Survey Coordination Centre

2018 NHS Staff Survey Results > Theme results > Detailed information > Safety culture 2/2

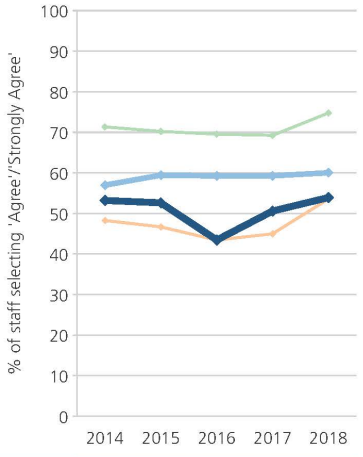
NHS England

Q18b
I would feel secure raising concerns about unsafe clinical practice



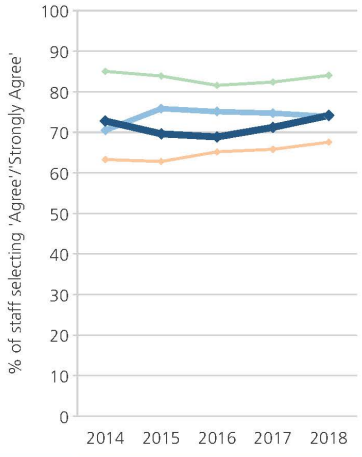
	2014	2015	2016	2017	2018
Best	79.2%	75.5%	79.9%	78.9%	81.0%
Your org	64.2%	67.2%	65.2%	67.5%	72.4%
Average	68.9%	71.8%	72.0%	73.2%	73.3%
Worst	64.2%	57.0%	63.8%	59.0%	68.6%

Q18c
I am confident that my organisation would address my concern



	2014	2015	2016	2017	2018
Best	71.3%	70.2%	69.5%	69.3%	74.8%
Your org	53.2%	52.6%	43.4%	50.6%	53.9%
Average	57.0%	59.4%	59.2%	59.3%	60.0%
Worst	48.3%	46.7%	43.4%	45.0%	53.6%

Q21b
My organisation acts on concerns raised by patients / service users



	2014	2015	2016	2017	2018
Best	85.0%	83.9%	81.6%	82.4%	84.0%
Your org	72.8%	69.6%	68.9%	71.2%	74.2%
Average	70.5%	75.8%	75.1%	74.7%	73.9%
Worst	63.3%	62.8%	65.2%	65.8%	67.6%

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9. Staff engagement

Questions that make up the theme:

- Staff engagement - motivation: Q2a, Q2b and Q2c.
- Staff engagement - ability to contribute to improvements: Q4a, Q4b and Q4d.
- Staff engagement - recommendation of the organisation as a place to work/receive treatment: Q21a, Q21c and Q21d.

Key points to note

- **Theme score below average compared to other 30 Combined Mental Health / Learning Disability and Community Trusts**
- **Improvement on overall theme score from last year**

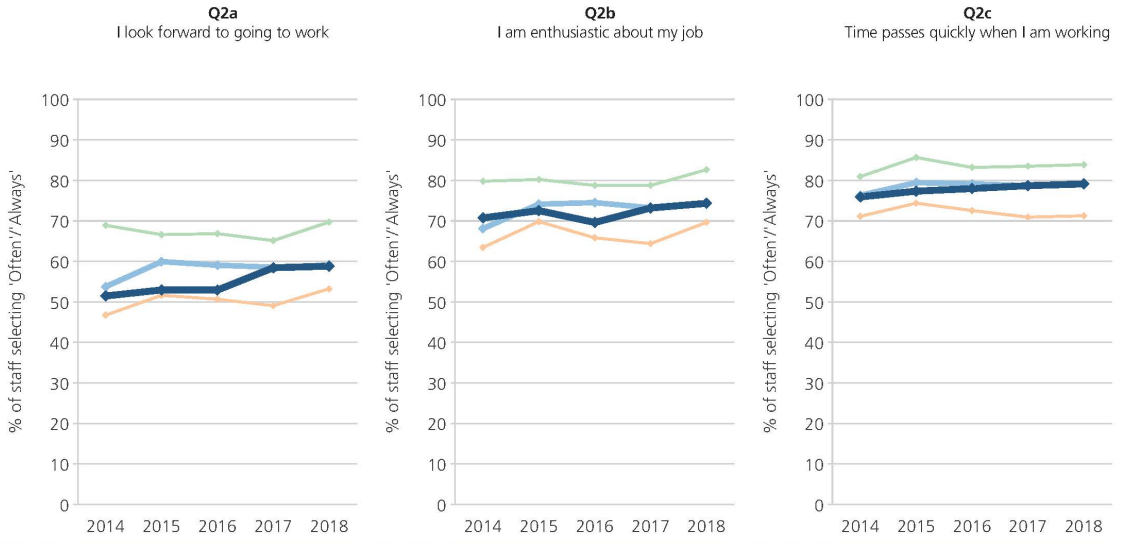
- Q2a: I look forward to going to work
  - Worse than average, better than 2017
- Q2b: I am enthusiastic about my job
  - Worse than average, better than 2017
- Q2c: Time passes quickly when I am working
  - Average, better than 2017
- Q4a: There are frequent opportunities for me to show initiative in my role
  - Average, better than 2017

- Q4b: I am able to make suggestions to improve the work of my team / department
    - Average, better than 2017
- Q4d: I am able to make improvements happen in my area of work
    - Worse than average, better than 2017
- Q21a: Care of patients / service users is my organisation's top priority
    - Worse than average, better than 2017
- Q21c: I would recommend my organisation as a place to work
    - Worse than average, better than 2017
- Q21d: If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation
    - Worse than average, better than 2017

Survey Coordination Centre

2018 NHS Staff Survey Results > Theme results > Detailed information > Staff engagement – Motivation

NHS England



	2014	2015	2016	2017	2018
Best	68.9%	66.6%	66.8%	65.1%	69.7%
Your org	51.5%	53.0%	52.9%	58.4%	58.8%
Average	53.8%	59.9%	59.1%	58.6%	59.1%
Worst	46.7%	51.6%	50.7%	49.1%	53.2%

	2014	2015	2016	2017	2018
Best	79.8%	80.2%	78.8%	78.7%	82.6%
Your org	70.7%	72.5%	69.6%	73.2%	74.3%
Average	68.1%	74.1%	74.5%	73.2%	74.5%
Worst	63.4%	69.8%	65.8%	64.4%	69.6%

	2014	2015	2016	2017	2018
Best	80.9%	85.7%	83.2%	83.5%	83.9%
Your org	75.9%	77.3%	78.0%	78.7%	79.1%
Average	76.3%	79.4%	79.1%	78.7%	79.1%
Worst	71.1%	74.4%	72.6%	70.9%	71.3%

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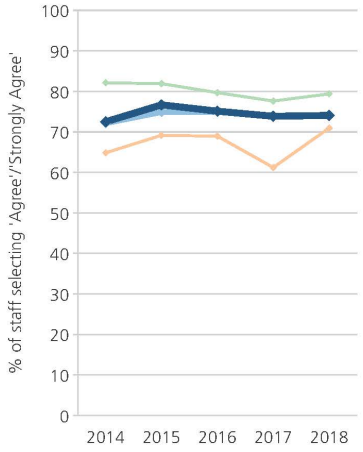
Survey Coordination Centre

2018 NHS Staff Survey Results > Theme results > Detailed information > Staff engagement – Ability to contribute to improvements

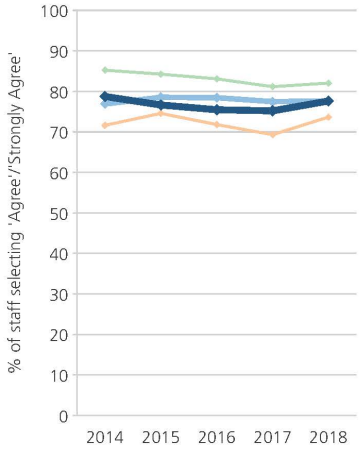
NHS England

Q4a
There are frequent opportunities for me to show initiative in my role



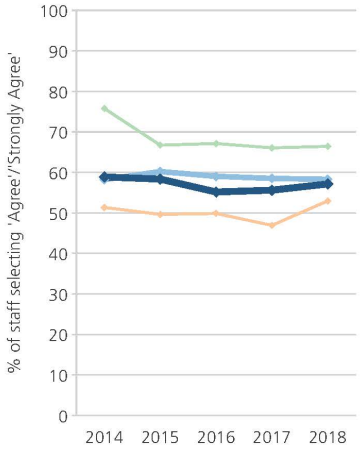
	2014	2015	2016	2017	2018
Best	82.1%	81.9%	79.7%	77.6%	79.4%
Your org	72.5%	76.7%	75.1%	73.9%	74.1%
Average	72.1%	74.9%	74.9%	74.0%	74.1%
Worst	64.8%	69.2%	68.9%	61.2%	70.9%

Q4b
I am able to make suggestions to improve the work of my team / department



	2014	2015	2016	2017	2018
Best	85.2%	84.3%	83.1%	81.2%	82.1%
Your org	78.7%	76.6%	75.5%	75.2%	77.6%
Average	76.9%	78.5%	78.4%	77.5%	77.6%
Worst	71.6%	74.6%	71.8%	69.3%	73.7%

Q4d
I am able to make improvements happen in my area of work



	2014	2015	2016	2017	2018
Best	75.8%	66.7%	67.1%	66.1%	66.4%
Your org	58.9%	58.3%	55.2%	55.6%	57.1%
Average	58.2%	60.2%	59.0%	58.5%	58.3%
Worst	51.3%	49.6%	49.9%	46.9%	53.0%

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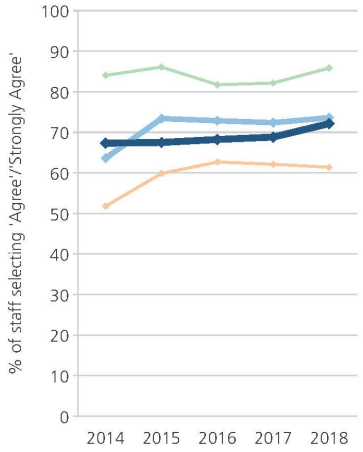
Survey Coordination Centre

2018 NHS Staff Survey Results > Theme results > Detailed information > Staff engagement – Recommendation of the organisation as a place to work/receive treatment

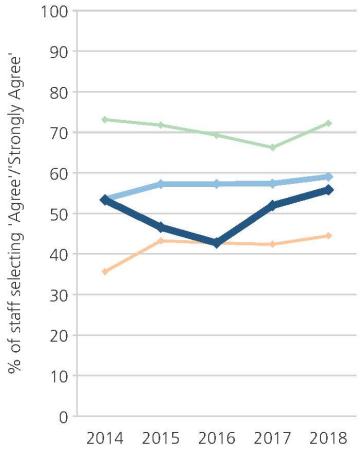
NHS England

Q21a
Care of patients / service users is my organisation's top priority



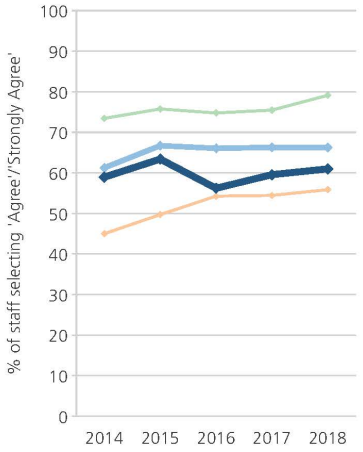
	2014	2015	2016	2017	2018
Best	84.0%	86.1%	81.7%	82.2%	85.8%
Your org	67.3%	67.5%	68.2%	68.8%	72.1%
Average	63.6%	73.4%	72.9%	72.4%	73.6%
Worst	51.8%	59.9%	62.7%	62.1%	61.4%

Q21c
I would recommend my organisation as a place to work



	2014	2015	2016	2017	2018
Best	73.1%	71.8%	69.3%	66.2%	72.2%
Your org	53.3%	46.6%	42.7%	51.9%	55.8%
Average	53.5%	57.2%	57.3%	57.4%	59.0%
Worst	35.6%	43.2%	42.7%	42.4%	44.5%

Q21d
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation



	2014	2015	2016	2017	2018
Best	73.4%	75.7%	74.8%	75.5%	79.1%
Your org	58.9%	63.4%	56.2%	59.6%	61.0%
Average	61.2%	66.7%	66.1%	66.3%	66.2%
Worst	45.0%	49.7%	54.3%	54.4%	55.9%

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Comments Received During the NHS Staff Survey

A thorough and detailed analysis of all 226 free text comments was undertaken – including further detail and themes split down to directorate level – however the main organisational themes that came out are listed below:

- Excellent organisation trying to change cultures
- Strong desire to make a difference
- Lots of supportive managers
- Proud of teams in which colleagues work
- Staff provide excellent care
- Low morale and feeling undervalued
- Staffing concerns
- Bullying and harassment in pockets across the Trust
- Too much paperwork/unnecessary recording of information
- Lack of development opportunities and training
- Greater opportunities for leadership and management skills required

Focus Areas & Priorities for 2019

It is great to see that, whilst some of our themes are still placed below average when benchmarking against the 30 other Combined Mental Health / Learning Disability and Community Trusts, every one of our themes has either improved or stayed the same compared the 2017 NHS Staff Survey – no theme saw a decline in results.

However there is of course still more that we can do to continue improving year on year and align further with the average. Based on the NHS England NHS Staff Survey results, using the weighted data to benchmark nationally, we can see that…

The four themes which are below average are:

- quality of appraisals
- quality of care
- safety culture
- staff engagement

The two themes we did not improve on, compared to the 2017 data are:

- quality of care
- safe environment – violence

Of those below average themes the two that stand out as key areas of focus for 2019 are as follows:

- **quality of care** (below average and one we did not improve on)
- **safety culture** (long way below average, close to worst line on some questions)

Looking at the questions which are classed as ‘double red’ (worse than average ***and*** worse than last year) that make up the themes – the following three have been highlighted as areas of concern:

- Q19g: My manager supported me to receive this training, learning or development
- Q7a: I am satisfied with the quality of care I give to patients / service users
- Q13a: In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?

Based on the analysis of results the suggested themes to be the main focus of improvement in 2019 is **'quality of care'** and **'safety culture'.**

Whilst smaller key focus area work streams should be developed from the 'double red' questions around 'training and development' and 'harassment, bullying or abuse at work from service users' and all references to 'bullying and harassment from colleagues or managers' picked up in the comments from the survey.

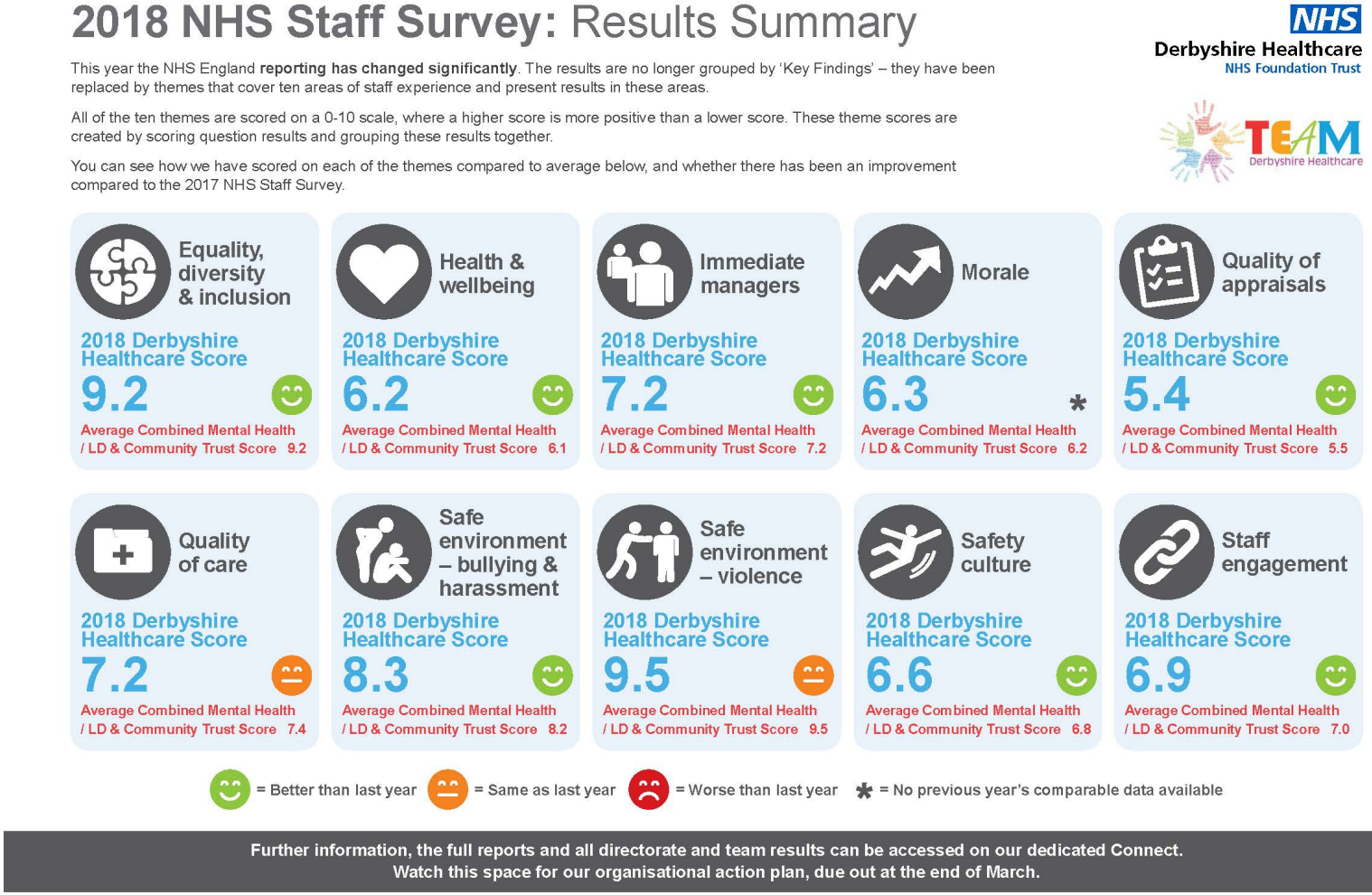
It has been discussed that, similar to last year, rather than having an additional action plan with new initiatives; the Trust is triangulating against the staff engagement programme, People Strategy and clinical development plans etc. This will ensure that we are able to link the key focus areas into current work programmes, in order to guarantee the issues highlighted in the 2018 NHS Staff Survey are captured and swiftly addressed.

Next steps

The NHS England results are under strict embargo and are not to be shared outside of the organisation until 26 February 2019 at 9.30am.

- Communication of results to all staff, governors and other key stakeholders post embargo via a one page summary on 26 February 2019 once the embargo has been lifted
- Headline paper to Board ***(this paper)***
- Finalise triangulation of 2019 priorities into current work programmes
- Further work and analysis on all protected characteristics
- Final summary report and detailed triangulation to People and Culture Committee 23 April 2019.

Appendix 1 – 2018 NHS Staff Survey – Summary Infographic



Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 5 March 2019

Equality Delivery System2 (EDS2) 2018 Update and Draft Gender Pay Gap (GPG) Report February 2019

Purpose of Report

The purpose of this paper is threefold: firstly it presents the annual EDS2, including update for Universal Children Services and secondly the mandatory annual Gender Pay Gap Report (data extract 31 March 2018) produced by the Systems and Information Team for approval. Both documents were presented at the Equalities Forum on the 26 February, 2019.

Finally, advance notice of the new Workforce Disability Equality Standard (WDES) and annual Workforce Race Equality Standard (WRES) statutory reporting requirements and timeframes.

The Board is asked to discuss and approve the attached documents and be cognizant of the tight timeframes for WDES and WRES formal sign off prior to publishing on our external website.

Executive Summary

1. EDS2 Universal Children's Services 'Have your say' Year 1 Review Report November 2018/19 (Appendix 1)

- The attached report is the second document following on from our initial EDS2 grading event that was held on the 23 November 2017. Internal and external stakeholders such as Healthwatch Derby and British Deaf Association were invited to review and grade the service based on how well we meet the diverse needs of our community.

There is significant assurance that :

- The agreed EDS2 improvement action plan developed with external stakeholders has been implemented and the Heads of service have taken measures to meet the four key recommendations. There is one outstanding action regarding the podcast on the Trusts website with British Sign Language interpretation which the Service Area Manager and General Manager are confident in progressing with the Communications Team.

- The attached report is a 'you said, we did' report – a year on, when we held an 'EDS (2) Children's Services One Year Review Fair' during November 2018, showcasing our progress at Kingsway site, Rosehill Children's Centre and Mandela Centre in the community. We wanted to demonstrate our commitment to continuous improvement in delivering an inclusive service and evidence that we have listened and acted on the recommendations of the community. The follow up grading from this review and feedback has been positive and demonstrated that staff and members of the community think the progress made by the service as '**Very Good'** (Developed/green).

- Annual EDS2 Workforce year 2 – this has been deferred from one single

event to maximise engagement and triangulation through a series of events that will be supported by an evidence pack. EDS2 grading will take place with our various staff networks, including the BME Network conference on 20 June and an open 'confirm and challenge' session at our Equalities Forum on 24 September.

- EDS2 implementation plan 2019/20 - it has been agreed at the Equalities Forum that we focus our 'equality deep dive' on our Forensics services and Kedleston Unit. EDS2 plan is to be presented by the service General Manager and appropriate leads at the next meeting on 28 May.

2. Gender Pay Gay Report February 2018 (Appendix 2)

- The GPG report is very similar to last year and includes an additional section which compares the 2017 data against the 2018 data. The overall difference in the GPG in very small (it has decreased slightly by 0.2773%). The trend is positive but the numbers of too small to be statistically significant.

- One key difference in the figures used to calculate the 2018 GPG percentage is an increase in headcount. The increase in headcount includes more staff in post from external recruitment and the transfer/creation of the new Derbyshire Healthcare NHS FT Bank service. There will of course have been other increases and decreases in pay from general turnover and changes in existing staff banding/increments.

GPG Hourly rate comparison 31 March 2017 v 31 March 2018:

Gender	Avg. Hourly		Variation	Median Hourly		Variation
	2017	**2018**		2017	**2018**	
Male	19.4423	19.0004	*-0.4419*	16.6437	16.1763	*-0.4674*
Female	15.7468	15.4418	*-0.3050*	14.5556	13.9900	*-0.5656*
Difference	3.6955	3.5586	*-0.1369*	2.0881	2.1863	*0.0982*
Pay Gap %	**19.01**	**18.73**	*-0.2773*	**12.55**	**13.52**	*0.9740*

Benchmarking data from 31 March 2017 (to be updated when 31 March 2018 submission data is available):

	Gender Pay Gap (female hourly rates are lower by):	
	Average	Median
Derbyshire Healthcare NHS Foundation Trust	**19%**	**13%**
Lincolnshire Partnership NHS Foundation Trust	19%	15%
Gloucestershire Hospitals NHS Foundation Trust	28%	17%
Department Of Health	14%	13%

Significant assurance that we are compliant and confidence in statistics. The benchmarking tells us that we are not an outlier.

However, there are a number of pieces of further analysis that need to be carried out to understand the issues fully and so that we can address these. Good practice and technical guidance to be shared at the May Equalities Forum.

We intend to :

- Publish our results nationally and on our internet – by 30 March 2019
- Undertake further detailed analysis through the Equalities Forum
- Continue to promote opportunities for flexible working, shared parental leave, career progression, promotion and leadership development opportunities

3. NHS Workforce Disability Equality Standard (WDES) update and implementation.

The new WDES metrics have been launched and the first WDES reports must be published by **1 August, 2019** and based on the data from the 2018/19 financial year. The table below sets out the key timeframes and sign off.

As mentioned previously, the WDES requires all NHS organisations to demonstrate progress against a number of indicators of workforce equality. It is a data-based standard that uses ten evidence-based metrics that will enable NHS organisations to compare the reported outcomes and experiences of Disabled and non-disabled staff.

It is overseen by NHS England and the Data Co-ordination Board has approved the WDES as a data collection. The WDES is mandated by the NHS Standard Contract. Trusts will be required to publish their results and develop action plans to address the differences highlighted by the metrics with the aim of improving workforce disability equality. The WDES Technical guidance and resources will shortly be available.

Time	Action and roll out
Jan/March 2019 Prepare	The NHS Trusts review their datasets and declaration rates. We started to prepare in November 2018 by using the draft WDES metrics (data based on 31 March 2018) to initially check our data sources. Declaration rate based on 2494 staff- No disability 63.63% Not declared 31.40% and **Disability 4.97%** (national NHS average is 3% according to NHS employers 25/2/2918)
May/June Report 2019	Prepopulated on-line reporting spreadsheet will be sent by NHS England to Trusts for completing. NHS England will send directly to key contact in the Trust (General Manager IM&T).
June/Aug 2019	Complete pre-populated WDES and submit data via the Strategic Data Collection Service (similar to Workforce Race Equality Standard).Complete and submit the WDES on-line reporting form published on NHS England Website.
1 August, 2019 Publish and action	NHS Trust Boards approve and publish the WDES metrics and action plan on external website.

WDES and WRES Compliance and key actions :

- Workforce Disability Equality Standard and action plan: deadline for publishing is 1st August.

- Workforce Race Equality Standard and action plan: deadline for publishing is 1 September 2019

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

Assurances

- Registered Government Equality Office.
- Meets PSED reporting in line with Equality 2010 and 30 March deadline.

Consultation

- GPG paper initially presented at Trust Equality Forum and Board. EDS", WDES and WRES require engagement to maximise leverage and make a difference to close the gaps.

Governance or Legal Issues

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. Although the SDR did not require mandatory GPG reporting, the Government Equalities Office (GEO) and the Equality and Human Rights Commission (EHRC) provided guidance that made it clear that employers should consider including GPG information in the data they already publish. It was evident that not all employers did this, so the government made GPG reporting mandatory by amending the SDR so that all public sector employers with more than 250 employees have to measure and publish their gender pay gaps.

Showing "due regard" in using the GPG, WDES and WRES in helping to improve workplace experiences and representation at all level. Equality Act 2010 - the legal duty to comply with the Public Sector Equality Duty (PSED). Under the Equality Act, public sector bodies have a duty to publish evidence on how they have: eliminated discrimination against protected groups, advanced equal opportunities for protected groups, and fostered good relations between those in protected groups and those outside of them. There is also a duty to set equality objectives every 4 years. The data and analyses for the GPG indicators will assist organisations when implementing EDS2, in particular, with the outcomes under EDS2 Goals 3 and 4, as shown below

- EDS2 Goal 3: Empowered, engaged and well supported staff and Workforce Race Equality Standard *(Is the Trust a good and fair employer for all REGARDS groups)*
- EDS2 Goal 4: Inclusive leadership *(leaders, showing strong and sustained*

commitment to promoting equality within and beyond organisation. Engaging and responding to the needs of the diverse REGARDS groups).

- EDS2 Outcome 4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

Actions to Mitigate/Minimise Identified Risks – Gender pay gap analysis shows that there is an imbalance in equal pay between male and female.

Recommendations

The Board of Directors is requested to:

1. Note the EDS2 Children Services Year 1 Report 2018/19- positive feedback and 'very good' grading by external stakeholders.
2. Note the EDS2 implementation 2019/20 plan and revised workforce grading process.
3. Approve the Gender Pay Gap Report February 2019 prior to publishing on Trust website 30 March 2019
4. Note the new WDES 2019 and annual WRES 2019 reporting and timeframe requirements – consider Board sign off on 1 July 2019 prior to publishing on website 1 August and 1 September 2019. Include in annual board reporting schedule.

Report presented by: **Amanda Rawlings**
Director of People & Organisational Effectiveness

Report prepared by: **Liam Carrier**
Workforce Information Manager and

Harinder Dhaliwal
Head of Equality, Diversity & Inclusion

Appendix 1: EDS2 Universal Children's Services 'Have your say' Year 1 Review Report November 2018
Appendix 2: Gender Pay Gap Report February 2018 (extracted 31/3/2018)

Derbyshire Healthcare
NHS Foundation Trust

‘Overall progress made in 12 months: Very Good!’

Equality Delivery System (2)

Universal Children’s Services ‘Have your say’ 1 Year Review Report

November 2018

Samantha Pepper
Equality, Diversion & Inclusion & Advisor
Equality, Diversity & Inclusion Team

Contents

Introduction

On 23rd November 2017, Hayley Darn, General Manager and Sue Earnshaw, Area Service Manager of the Universal Children's Services held the 'Equality, Delivery System Have Your Say' conference. Internal and external stakeholders such as Healthwatch Derby and British Deaf Association were invited to review and grade the service based on how well we meet the diverse needs of our community. From this event an agreed action plan was produced and the service has taken measures to meet all the actions.

A year on and we held an 'EDS(2) Children's Services 1 Year Review Fair' on the 15th November 2018 at Kingsway Hospital, showcasing our progress. In addition, we also took the stall to the Rosehill Children's Centre, Derby to access service users and members of the community. An information pack was created and distributed both electronically and personally to those who could not make events and contains the details on how we have implemented the actions and recommendations the initial grading group made.

2017 Action Plan – 2018 Update

	Feedback	Actions	Timescale	RAG
1	Accessibility for the D/deaf community	• Dates set for September 18 for 3 training days to be completed by Robin Ash to increase awareness of BSL for Children's services	August 18 Completed September 18	
	Training for staff around Eastern European families and asylum seekers	• Workshops to be completed to discuss the culture of Eastern European families and learning from a SCR in Derby City	August 18 Completed	
2	Promotion of the 0-19 service to parents and schools.	• Staff to attend school cluster group meetings to promote service to schools and wider MAT. • Service Lead to attend Head of schools meeting to promote service. • Service Lead attend GP study day to promote services. • Service Lead attends GP quarterly safeguarding meeting to promote services. • 0-19 staff to attend school reception class parent talks to promote the service.	September 18 Completed	
3	Podcast on Trusts website with BSL interpreter.	• HV team at Rosehill to develop Pod casts for Trust website with BSL interpreter on role of PBV and 6-8 week review.	February 18 Currently be actioned, will be completed by September 18	

One Year Review Information Pack

Please click here to view the information pack with details on the work we have completed in the last 12 months and our ongoing progress.

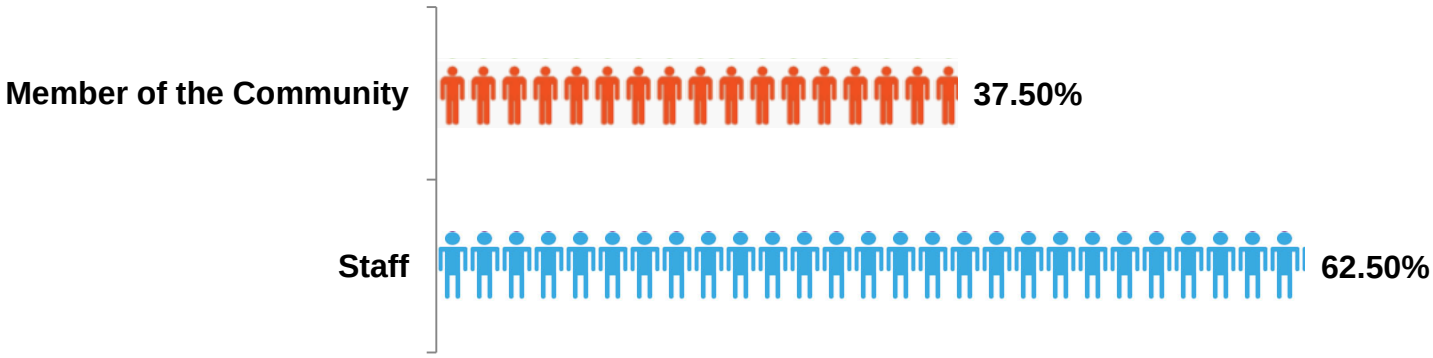
Please click here to see a copy of the blank grading form.

One Year Review Feedback

'Listening, learning and acting is an essential requirement to support NHS employees to the changing needs of our clients in delivering safe effective and efficient services. We have more to do but this trust can support their staff in moving forward.'

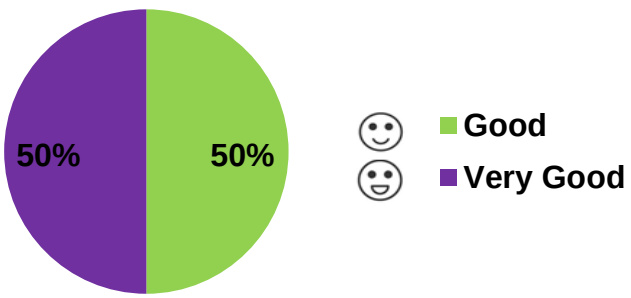
Marie White, Health Visitor Practice Teacher

The following feedback was collected from DHCFT staff (62.50% of responses) and members of the community from Rosehill Children's Centre and The Mandela Centre, Derby (37.50% of responses).



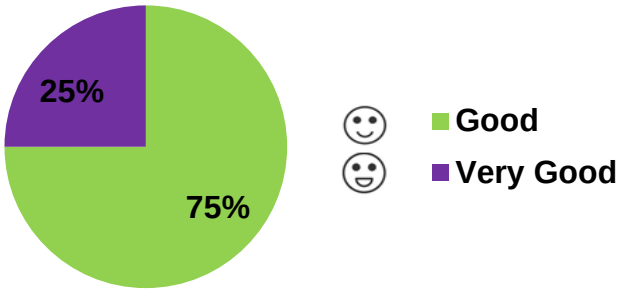
EDS2 Goal 1: Better health outcomes for all (Healthy living & results for all REGARDS groups).

How would you describe the quality of healthcare that you receive from our service?

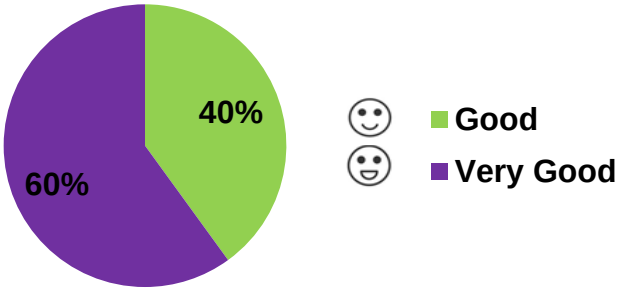


EDS2 Goal 2: Improved patient access and experience (REGARDS Group - getting, using and experiencing our services).

How easy is it to get and use our service?

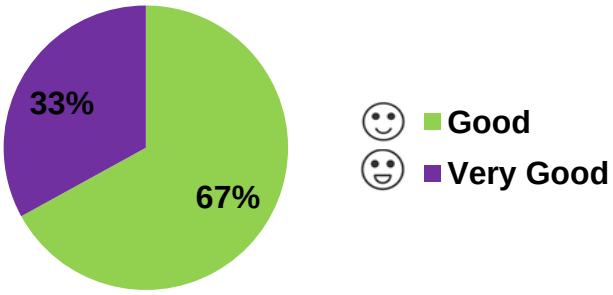


How would you describe the way in which our staff treats you?



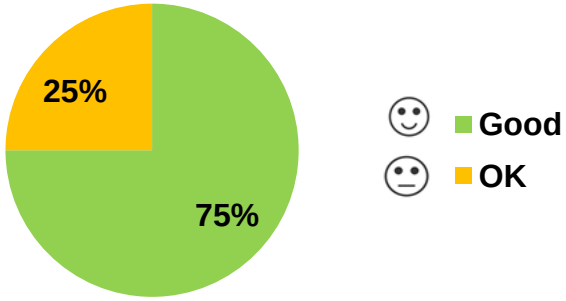
EDS2 Goal 3: Inclusive Workforce (Staff are representative of the diverse community we serve).

How well are we doing as a local employer with regards to being good and fair?

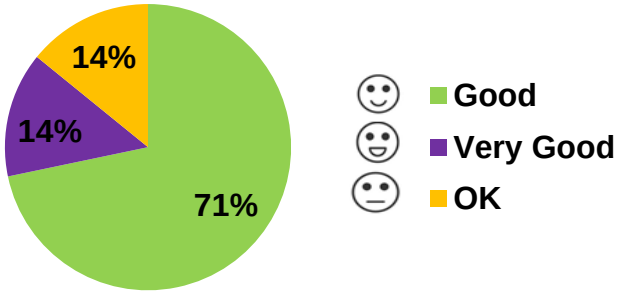


EDS2 Goal 4: Inclusive Leadership (leaders engaging and responding to the needs of diverse communities).

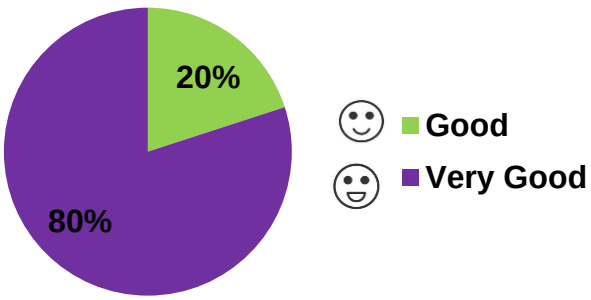
How well do you think the Trust understands the diverse communities it serves?



How well would you say that the decision makers of the Trust are truly listening to you and committed to making a difference to local people and staff?



Overall: In summary, what do you think to the progress we have made since last year? (Please tick)



What 3 words would you use to describe the event?

Summary and Conclusion

We successfully held an annual Equality Delivery System, focusing on Children's Services, which sought advice and guidance from internal and external stakeholders to the trust. From their advice 4 actions were agreed which were to: increase the accessibility to the Deaf Community, support staff with training regarding Eastern European families and asylum seekers, promote the 0 – 19 year olds service to parents and schools and finally to produce a podcast on the trust website with a British Sign Language interpreter. Over the course of 2017 and 2018 the first 3 actions have been completed and the fourth is currently in progress with the target of being completed in early 2019. We wanted to demonstrate our commitment to delivering an equality, diverse service and evidence that we have listened to the voices of the community and therefore held a 1 year review event to showcase our progress. The grading from this review has demonstrated that staff and members of the community think the progress we have made has been overall 'Very Good'.

Derbyshire Healthcare
NHS Foundation Trust

Draft Gender Pay Gap Report

February 2019 (data extract as at 31 March 2018)

Background

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. Although the SDR did not require mandatory GPG reporting, the Government Equalities Office (GEO) and the Equality and Human Rights Commission (EHRC) provided guidance that made it clear that employers should consider including GPG information in the data they already publish. It was evident that not all employers did this, so the government made GPG reporting mandatory by amending the SDR so that all public sector employers with more than 250 employees have to measure and publish their gender pay gaps.

Employers with 250 employees and over need to publish the following information annually for all employees who are employed under a contract of employment, a contract of apprenticeship or a contract personally to do work. This will include those under Agenda for Change terms and conditions, medical staff and very senior managers. All calculations are made relating to the pay period in which the snapshot day falls. For this second year of publication, it will be the pay period including 31 March 2018.

Employers will need to:

- calculate the hourly rate of ordinary pay relating to the pay period in which the snapshot day falls
- calculate the difference between the mean hourly rate of ordinary pay of male and female employees, and the difference between the median hourly rate of ordinary pay of male and female employees
- calculate the difference between the mean (and median) bonus pay paid to male and female employees
- calculate the proportions of male and female employees who were paid bonus pay
- calculate the proportions of male and female employees in the lower, lower middle, upper middle and upper quartile pay bands by number of employees rather than rate of pay.

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 2018 snapshot (publishing deadline of 30 March 2019 for data as at 31 March 2018)

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 2018 Gender Pay Gap (GPG) results for Derbyshire Healthcare NHS FT are detailed below:

GPG results as at 31 March 2018:

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	19.0004	16.1763
Female	15.4418	13.9900
Difference	3.5586	2.1863
Pay Gap %	**18.73**	**13.52**

Quartile	Female	Male	Female %	Male %
1	560.00	96.00	85.37	14.63
2	527.00	129.00	80.34	19.66
3	531.00	125.00	80.95	19.05
4	457.00	200.00	69.56	30.44

GPG Bonus results as at 31 March 2018:

Gender	Avg. Pay	Median Pay
Male	9,104.90	4,220.38
Female	1,485.36	300.00
Difference	7,619.54	3,920.38
Pay Gap %	**83.69**	**92.89**

A comparison of 2017 v 2018 Gender Pay Gap results for Derbyshire Healthcare NHS FT are detailed below:

GPG Hourly rate comparison 31 March 2017 v 31 March 2018:

Gender	Avg. Hourly		Variation	Median Hourly		Variation
	2017	**2018**		2017	**2018**	
Male	19.4423	19.0004	*-0.4419*	16.6437	16.1763	*-0.4674*
Female	15.7468	15.4418	*-0.3050*	14.5556	13.9900	*-0.5656*
Difference	3.6955	3.5586	*-0.1369*	2.0881	2.1863	*0.0982*
Pay Gap %	**19.01**	**18.73**	*-0.2773*	**12.55**	**13.52**	*0.9740*

GPG Quartile comparison 31 March 2017 v 31 March 2018:

	31 March 2017				31 March 2018				Variation	
Quartile	Female	Male	Female %	Male %	Female	Male	Female %	Male %	Female %	Male %
1	480.00	90.00	84.21	15.79	560.00	96.00	85.37	14.63	1.16	-1.16
2	475.00	110.00	81.20	18.80	527.00	129.00	80.34	19.66	-0.86	0.86
3	463.00	120.00	79.42	20.58	531.00	125.00	80.95	19.05	1.53	-1.53
4	409.00	174.00	70.15	29.85	457.00	200.00	69.56	30.44	-0.59	0.59
	Total 2321				Total 2625					

GPG Bonus comparison 31 March 2017 v 31 March 2018:

Gender	Avg. Pay			Median Pay		
	2017	2018	Variation	2017	2018	Variation
Male	7,602.72	9,104.90	1,502.18	2,562.01	4,220.38	1,658.37
Female	1,137.52	1,485.36	347.84	300.00	300.00	0.00
Difference	6,465.20	7,619.54	1,154.34	2,262.01	3,920.38	1,658.37
Pay Gap %	**85.04**	**83.69**	-1.35	**88.29**	**92.89**	4.60

One key difference in the figures used to calculate the 2018 GPG percentage is an increase in headcount. The increase in headcount includes more staff in post from external recruitment and the transfer and creation of the new Derbyshire Healthcare NHS FT Bank service.

Benchmarking data from 31 March 2017 (to be updated when 31 March 2018 submission data is available):

	Gender Pay Gap (female hourly rates are lower by):	
	Average	Median
Derbyshire Healthcare NHS Foundation Trust	**19%**	**13%**
Lincolnshire Partnership NHS Foundation Trust	19%	15%
Gloucestershire Hospitals NHS Foundation Trust	28%	17%
Department Of Health	14%	13%

Liam Carrier – Assistant Head of Systems & Information

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 5 March 2019

Freedom to Speak Up Guardian

Purpose of Report

To present an update on the work of the Freedom to Speak Up Guardian (FTSUG) – as the second of scheduled six-monthly updates going forwards.

Executive Summary

The aim of this report is to enable the Board to maintain a good oversight of FTSU matters and issues, and no less than every six months. The report includes both quantitative and qualitative information, case studies and other information that will enable the Board to fully engage with the FTSUG and to understand the issues being identified, areas for improvement, and take informed decisions about action.

The structure of the report follows that outlined in guidance issued by the National Guardian Freedom to Speak Up, and NHS Improvement in May 2018. This covers main themes of:

- Assessment of Issues
- Potential patient safety or worker experience issues
- Action taken to improve the FTSU culture
- Learning and Improvement
- Recommendations for action

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

Assurances

The report provides assurance on the frameworks in place to support Freedom to Speak Up

Consultation

None

Governance or Legal Issues

It is a requirement that all Trusts have a Freedom to Speak Up Guardian in post and best practice as stipulated by the National Guardian's Office that they report periodically directly to the Trust Board, ideally every six months

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

Actions to Mitigate/Minimise Identified Risks

Issues relating to providing additional support to groups or individuals who may find it more difficult to raise concerns are covered in both the Raising Concerns/speaking up at work (Whistleblowing) policy and also a key feature of the work plan of the Freedom to Speak up Guardian. Evaluation and feedback from staff will help us develop this further.

Recommendations

The Board of Directors is requested to:

1) Note this second report from the Freedom to Speak up Guardian
2) Receive assurance that the role is effective within the Trust, with a clear framework of policies, procedures and personal support to implement this work
3) Note the recommendations that the Trust is asked to consider.

Report prepared and presented by: **Kully Hans**
Freedom to Speak Up Guardian

Freedom to Speak Up Guardian (FTSUG) Board Report March 2019 Covering recommended themes from the National Guardian's Office on Board reporting

The aim of this report is to enable the Board to maintain a good oversight of FTSU matters and issues, and no less than every six months. The report includes both quantitative and qualitative information, case studies and other information that will enable the Board to fully engage with the FTSUG and to understand the issues being identified, areas for improvement, and take informed decisions about action.

Data and other intelligence are presented in a way that maintains the confidentiality of individuals who speak up.

1. Assessment of issues

1.1 What the Trust has learnt and what improvements have been made as a result of Trust workers speaking up.

The last CQC report dated 29 September 2018 outlined in service area reports that a broad range of staff across the Trust knew how to raise concerns and were aware of the FTSUG role, but also stated that "***not all staff had heard of the Speak Up Guardian role***".

This result is dependent on who was spoken to at the time of inspection as the general consensus in the Trust from individuals I have come across is that I am recognised from the many poster displays on site. Often staff respond by saying "***Your posters are everywhere!***".

An additional response highlighted in the CQC report was **"*There was a perceived conflict of interest between the post holder carrying out the Speak Up Guardian role and being a human resources manager at the same time***". The Trust has taken this on board and advertised a permanent role working four days per week purely as a Freedom to Speak up Guardian.

1.2 Information on the number and types of cases being dealt with by the FTSUG and their local network

A log is maintained of concerns that are received. These concerns are raised by individuals directly to the FTSUG, or through the Senior Independent Non-Executive Director, Chief Executive and Directors through their course of work and "On the Road" sessions undertaken throughout the Trust.

Concerns are recorded by Service Divisions and categorised in accordance with the National Guardian's Office (NGO) guidance.

At this time the NGO requires concerns relating to Patient Safety/Quality and Bullying and Harassment to be reported to them along with anonymous concerns. From a Trust perspective it is useful to present all concerns being reported to me under the speaking up route.

For the current year of data (2018/19, Table 1) data is provided for Quarters 1, 2 and 3.

Table 1

2018/19 Data from FTSUG			
Types of Concerns	**Q1 April - June 2018**	**Q2 July - Sept 2018**	**Q3 Oct – Dec**
Attitude & Behaviours	1	4	3
Bullying & Harassment	10	3	7
Health and Safety (not patient related)	3	0	3
Patient Safety/Quality	2	4	13
Policy and Procedure	6	10	33
Other - Leadership, Org Change	1	0	23
Concerns by Areas			
Corporate	10	2	13
Campus	5	6	16
Central	0	3	28
Childrens	3	3	11
Neighbourhoods	4	6	11
Other - Medical	1	1	3
Total number of concerns	**23**	**21**	**82**
Cases reported to FTSUG	**18**	**20**	**81**
Public Interest Disclosure Act Cases	**18**	**9**	**29**
Reportable to NGO - Bullying and Patient Safety	**12**	**7**	**20**
How many staff raised more than one concern	**1 person raised 4 concerns**	**5 people raised 1 or more**	**16 people raised 1 or more**
No of cases still open	**1**	**0**	**6**

Note: There was a substantial increase in concerns that were raised during Quarter 3. This was a result of October 2018 being "*Speak Up Month*" as advised by the NGO and a result of the promotional initiatives that were used to encourage staff to speak up throughout the Trust.

Additionally there was a pre organisational change process being communicated in the Trust relating to a specific service area which caused a lot of anxiety and showed an increase in the number of concerns being raised by individuals. I took steps to alleviate high reporting to myself, by requesting to the Divisional People Lead (DPL) from People Services, who was supporting the change process, to engage with each and every member of staff impacted by the proposed change. Agreement was received from the DPL to reiterate their impartiality and support in the process and to communicate their contact details to each individual in the service. This was actioned and significantly reduced the concerns being raised to me.

1.3 An analysis of trends, including whether the number of cases is increasing or decreasing; any themes in the issues being raised (such as types of concern, particular groups of workers who speak up, areas in the organisation where issues are being raised more or less frequently than might be expected); and information on the characteristics of people speaking up (professional background, protected characteristics)

The number of speaking up cases has increased over the last year. A number of themes have been recognised which include:

Culture – concerns have been raised about the culture within some teams in the Trust and the fact that "cliques" appear to exist in teams. This culture has also been recognised through the Bullying and Harassment Workshops that have taken place. A commitment has been made to address this culture through the Leadership and Management Strategy that is soon to be rolled out to all individuals who supervise/manage staff. I will support modules that aim to promote culture change.

Visibility – a number of individuals had raised the lack of visibility of managers in team meetings or just being visible in the office on occasions. Some were referred to as "***Back Office Managers***". In a Trust with a Derbyshire wide footprint, it is not always easy to engage with staff within teams that do not sit centrally. This said, it is important that staff know their leaders, and therefore encouragement is given to managers to Skype into team meetings, visit teams on route even if just for ten minutes, create team blogs, so the communication channels are flowing and rapport is building. This is a great way to build working relationships so staff feel able to approach managers with ease when they do have concerns they wish to discuss.

Professional Support to Admin staff – the Admin Lead role in the Trust is not clearly understood by all individuals. The general consensus is that the Admin Lead provides professional leadership support as well as ad-hoc operational support to all admin staff within the Trust, however this is not the case. The General Manager who oversees the role of the Admin Lead has outlined that the support is provided to pockets of individuals in one area of service alone. With this in mind it has been agreed that the Admin Lead will be requested to circulate a structure chart showing a clear outline of which services the role provides support to.

2. Potential patient safety or workers' experience issues

2.1 Information on how FTSU matters relate to patient safety and the experience of workers, triangulating data as appropriate, so that a broader picture of FTSU culture, barriers to speaking up, potential patient safety risks, and opportunities to learn and improve can be built.

Where individuals have raised a concern with me relating to patient safety, I have noted on many occasions that the concern has not been reported through a Datix incident (that is using the Trust's risk management system). When questioned, individuals reported "***I wasn't aware I could***", "***I don't know how to complete a Datix***". Additionally there was a perception that the receiving manager would re-classify the Datix and the matter would not be addressed.

Having spoken with a representative in the Risk Department it has been confirmed that a second check of all Datix completed is undertaken by the Risk Department team members, who can re-classify a reported Datix if deemed appropriate. Additionally if an individual wishes to add a further recipient to view the Datix, a link can be added when completing the Datix. This process is something individuals who have approached me are not fully aware of and therefore further work needs to be planned with the Risk Department in supporting individuals to know how to complete Datix and when it is appropriate to do so. Completion of Datix is a form of speaking up and we need to encourage our staff to complete these forms.

3. Action taken to improve FTSU culture

3.1 Details of actions taken to increase the visibility of the FTSUG and promote the speaking up processes.

Promotion of the FTSUG role is continual through regular communication via Weekly Connect and induction. I attend induction on a monthly basis. I have issued my third Newsletter (attached) in January 2019 which gives an overview of the data of concerns, themes and any actions agreed to address concerns. The NGO requested to all Guardians to promote October 2018 as "Speaking up" month. During this period the following promotion was delivered:

2/10/18	Preceptee Staff Presentation
2/10/18	Advert on Trust Facebook
2/10/18	Health Education England Video link provided on Weekly Connect, promoting speaking up
3/10/18	Guardian promoted with a stand at Induction
3/10/18	Tweets issued by the Communications Team
8/10/18	2nd Quarterly Newsletter on Speaking up issued
October	Screen saver on Speaking Up was displayed all month, Qtly Newsletter
8/10/18	Promoted Speaking up in Team Brief
27/10/18	Payslip notification with flowchart on speaking up attached

I met with Union Representatives who support individuals in the Trust to give an understanding of the FTSUG role and how it supports the work they undertake. This was well received and deemed an "***eye opener***". The representatives did voice that sometimes they have concerns that they did not feel appropriate to be raised at JNCC (Joint Negotiating Consultative Committee) but may not fall into an HR process. The group will consider if these types of concerns should be raised to the FTSUG for logging purposes.

3.2 Details of action taken to identify and support any workers who are unaware of the speaking up process or who find it difficult to speak up

There are a number of individuals within the Trust who may not be familiar with the Trust process on speaking up and may not be in the Trust long enough to be aware. These include individuals such as Agency Workers, Students, Junior Doctors on Rotation and Bank Workers. I have continued to promote speaking up as follows:

- Continued attendance at student development days throughout the year to promote the role of speaking up
- Continue to attend each Junior Doctor induction both North and South to promote speaking up

- The bank workers agreement has been reviewed to ensure bank workers are aware of the support available through the FTSUG in speaking up about any concerns
- Newsletter sent out manually to home addresses for individuals in Ancillary Services so that they have an awareness of the role especially as not all have access to computers at work
- I am now a member of the LGBT+ Network and regularly attend meetings
- Operational Meeting at Hartington Unit was attended to give a presentation on speaking up and how managers can support the agenda in promoting speaking up in their work to colleagues and staff.

3.3 Details of any assessment of the effectiveness of the speaking up process and the handling of individual cases

A pulse survey was undertaken in September 2018 and the questions asked within the survey centred around Bullying and Speaking Up. The specific questions asked around speaking up were as follows along with the response figures:

- Do you know who the Trust's FTSU Guardian is – 73% yes
- Do you understand how speak up can support patient safety – 96%
- What prevents you from speaking up – qualitative feedback included comments that staff did not feel anything would be done/ were not clear of the route/managers were not approachable
- I think that it is safe to speak up and challenge how things are done - 42% agreed or strongly agreed.

The results of the pulse survey demonstrate that the role of the FTSUG is well known in the Trust. The qualitative data around "***were not clear of the route/managers were not approachable***" correlates with one of the themes that I have picked up through my data collection. It has been raised by several individuals that managers in some areas of service are not visible or even not known to individuals in the service. This may be due to the Trust-wide Derbyshire footprint that we work to, but more work needs to be done to ensure staff know who their service managers are and how they can be approached.

I have evidence that a number of the same individuals have raised concerns over different quarters relating to different subjects. This is good in that they feel comfortable to raise concerns with me, but does pose the question as to why they are still not approaching their own managers. One aspect is linked to the lack of visibility of managers, as mentioned above but another aspect may be due to managers not being open minded to hear a concern, or that they may deem it to be a "minor" issue and therefore may not feel a need to address.

I have undertaken a lot of work to embed the practice of speaking up in systems, processes and policies. What is lacking is the understanding from different leaders in the Trust on my role and how it supports everything we do in the Trust. An Internal Improvement plan is recommended to change the mind set of leaders so that "speaking up", becomes the "norm", regardless of who is approached. This is attempted to be addressed through the Leadership and Management Strategy that has been agreed by the Trust, but so far my input has been minimal and only when I have instigated it.

I have a Senior Non-Executive Director to support the role in speaking up, but opportunity to meet and discuss concerns and themes has not occurred as regularly as I had hoped. From speaking to fellow Guardians from the East Midlands Network, it appears their supportive Non-Executive Director is meeting with them on a quarterly and sometimes monthly basis. It would be useful for the Non-Executive Director to give assurance in committing to quarterly meetings in order to keep updated on progress and for me to share areas of improvement that are needed.

As the Trust's Speaking up Guardian it is my role to speak up where I feel something has not occurred as it should. I would wish to share that in December 2018 Ifti Majid as Chief Executive issued a Team Brief which was a reflection on all the key work that had occurred over the last year. Unfortunately there was no mention of the speaking up agenda and how this had progressed, so by return of email I shared my disappointment with Ifti on the absence of this subject. This point was not about recognition for me as an individual but more a point about every opportunity needs to be taken to promote speaking up so the culture can change. Ifti was understanding of my email and did provide an apology which was welcomed. Additionally Ifti took steps to promote the role at the next Induction talk. I noted this whilst at the Induction stand and the new starters were sharing that Ifti had mentioned my role in his presentation. This is a prime example of a concern being raised and positive steps being taken to address. I would just like to reiterate that the speaking up agenda has to be addressed by everyone in the Trust as a collective approach, as simply putting it into print does not engage the audience it is intended to reach. As they say "**actions speak louder**". It would be useful for all leaders to display an email icon on speaking up in their email signature and to make speaking up a standing agenda item in their team meetings, supervision sessions, etc. Again something to be embedded in the Improvement Plan for the Trust.

3.4 Information on any instances where people who have spoken up may have suffered detriment and recommendations for improvement.

I acknowledge concerns within three days of receipt as an average. This helps to build rapport. Concerns can usually be closed upon advising an individual but delays may occur where information is awaited from managers or a department etc. There appears to be a lack of urgency in reporting back within agreed timescales and this results in me having to chase for updates. I would like to link this into the recommendation by the CQC that actions need to move at pace.

3.5 Information on actions taken to improve the skills, knowledge and capability of workers to speak up and to support others to speak up and respond to the issues they raise effectively.

I continue to deliver presentations at team meetings to provide a background as to why the FTSU role was established and to outline how I can support individuals to speak up.
Building on from the work undertaken, Speak up Champions have been identified and agreed as follows:

The Champions confirmed in the Trust are:

- Bev Plested Operational Lead Health Visiting, Children's Service
- Chlinder Jandu Admin & Secretarial Support Manager, Central Services
- Jackie Danvers Senior Paediatric Physiotherapist, Children's Service

- Kelly-Hellen Hitchcock Community Psychiatric Nurse, Neighbourhoods
- Louise Jenkins Clinical Senior Nurse, Children's Service

The role of the Champion is to:

- Offer support and guidance to those wishing to raise concerns by asking a few questions and then signposting individuals to the FTSUG
- Encourage staff to raise concerns at the earliest opportunity
- "Champion" a culture where raising concerns becomes "the norm", e.g. team brief, away days, supervision, poster displays, email signature etc.
- Advocate for staff in their work areas
- Contribute to creating a culture of openness and honesty
- Champions need to commit to attending a full one day Foundation Training and any ad-hoc training (probably equates to three days per year)
- Champions would need to seek commitment from their manager in taking forward the role of a Champion and availability to attend training.

The Trust have launched the Team Derbyshire Healthcare Promise which commits the Trust to Putting People First and treating with Respect. The individuals in the Trust in return have committed to being Honest and Doing their Best in their roles. The Promise will ensure individuals feel confident to raise concerns and have trust that their concern will be heard and addressed or attempted to be addressed. In return the leaders in the Trust will respect the concern being raised and be honest around whether anything can or can't be done to address or support the concern.

4. Learning and improvement

4.1 Feedback received by FTSU Guardians from people speaking up and action that will be taken in response

The evaluation feedback form contained with the Raising Concerns/Speaking Up At Work (Whistleblowing) policy has been sent out to a number of individuals to obtain feedback, but this is rarely returned. Moving forward my intention is to request feedback in brief as requested by the NGO and this will be to request responses to the following questions:

Would your experience of speaking up encourage you to speak up again?
Response: Yes/No/Maybe/Don't Know.

Have you suffered a detriment from speaking up?
Response: Yes/No/Maybe/Don't Know.

Email and verbal feedback has been received from a number of individuals and the comments have been as follows:

"Thank you for listening"
"Feels better for sharing"
"Thanks for the support"
"Thanks for your help"
"Thanks for listening at short notice"
"Thank you for your advice and support"
"Thanks for intervening with the 2 managers"
"Glad someone impartial was able to listen and advise"
"Really helpful"

4.2 Updates on any broader developments in FTSU, learning from case reviews, guidance and best practice.

The FTSGU receives regular updates from the National Guardian's Office on developments, best practice, guidance and case reviews. Two case reviews have been completed so far by the NGO and these have followed with recommendations to the respective trusts. The FTSUG has reviewed these recommendations and cross checked them with DHCFT policy and practice and is assured the recommendations are incorporated. From reviewing the cases, I am confident that the recommendations made in each case review, are already implemented within DHCFT. There was only one recommendation that does need to be considered by the Trust and this is as follows:

Conflicts of Interest in respect of Loyalty Interest – This may apply where managers in the same service line are close friends in their personal lives or if there are individuals working closely together with a spouse who is also employed in the Trust. The Nottinghamshire Health Care Case Review highlighted that there was only one entry in their Conflict of Interest Register and therefore clearly evident that the register was not a true reflection. The Trust is asked to review their register of Conflicts of Interest and take action to update this if it has not been reviewed.

5. Recommendations

5.1 Suggestions of any priority action needed

- Leadership and Management Training to include more involvement of the Speak Up agenda and FTSUG
- Responses to concerns to be provided within agreed timescales
- More collective approach to speaking up from senior leaders in the Trust so that they may be seen as Ambassadors in taking the speaking up agenda forward
- Quarterly meetings to be held between the Guardian and Senior Non-Executive Director
- Conflicts of Interest Register to be reviewed and updated.

Report prepared by: Kully Hans, Freedom to Speak up Guardian

Freedom to Speak Up Guardian

Derbyshire Healthcare NHS Foundation Trust

Newsletter January 2019 Volume 1/Issue 3

In This Issue

Contact Kully Hans

Freedom to Speak up Guardian at

dhcft@freedom2SUG@nhs.net

OR

Tel: 07917 511699

OR write to:

FTSUG

Freepost, PO Box 6941

Derby DE1 9GY

Happy New Year

The last year has flown past so quickly that I can't believe we are now in to 2019. I wish everyone a Happy New Year and myself a happy anniversary as I have been in the role of Freedom to Speak up Guardian for a complete year 1/12/2017 – 1/12/2018. It has been exciting, busy and productive.

Data for Q1, Q2 and Q3

2018/19 Data from FTSUG			
Types of Concerns	**Q1 April - June 2018**	**Q2 July - Sept 2018**	**Q3 Oct – Dec 2018**
Attitude & Behaviours	1	4	3
Bullying & Harassment	10	3	7
Health and Safety (not patient related)	3	0	3
Patient Safety/Quality	2	4	13
Policy and Procedure	6	10	33
Other – examples include Leadership, Organisational Change, Information Governance Breach	1	0	23
Total No. Of concerns	23	21	82
Cases reported to FTSUG	18	20	80
Public Interest Disclosure Act Cases	18	9	29
Reportable to NGO - Bullying and Patient Safety	12	7	20

You will note the substantial increase in concerns that were shared during Quarter 3. This was a result of October 2018 being "Speak Up month" and a result of the promotional initiatives that were used to encourage staff to speak up. Clearly they worked and this is really good news. This said where possible I would remind individuals to speak in the first instance with their line managers to address concerns, if this is not possible then by all means come and talk to me and I will advise and support as appropriate.

Concerns that have dictated a change, update or communication

Overtime – When looking at which policy overtime is referred to, this only appeared in the Trust E-Roster policy. If staff are not using E-roster then they would not consider looking at this policy in respect of overtime approval and signoff. A communication via Weekly Connect was issued in order to alert staff and managers of this process.

Probation – The New Employee Policy requires all new starters to the Trust to undertake a probationary period as defined. The policy refers to paperwork to be completed at stages of one month review, three months review and six months review. A communication via Weekly Connect was issued to remind managers of the implementation of this policy.

Travel – A number of initiatives are being considered around mileage undertaken by individuals within the Trust. One aspect is being considered by the Project Team to consider new ways of working in order to reduce the travel incurred by staff. This was shared at the Staff Forum in December 2018. Another is in respect of plans to claim travel electronically using the Electronic Staff Record System and this is being taken forward by the Systems and Information Team in People Services. More information in relation to this will be communicated later this month.

Deprivation Of Liberty Safeguards – Concerns were raised that this process was not being applied appropriately. The Medical Director agreed to undertake a review and this has resulted in the need for extra training to support staff.

Culture – Concerns have been raised about the Culture within some teams in the Trust and the fact that “cliques” appear to exist in teams. This culture has also been recognized through the Bullying and Harassment Workshops that have taken place. A commitment has been made to address this culture through the Leadership and Management Strategy that is soon to be rolled out to all individuals who supervise/manage staff. I as the Trusts FTSUG will support modules that aim to promote culture change.

Visibility – A number of you from many different services have raised the lack of visibility of your managers in team meetings or just being visible in the office on occasions. In a Trust with a Derbyshire wide footprint, it is not always easy to engage with staff within teams that do not sit centrally. This said, it is important that staff know their

leaders, and therefore encouragement is given to managers to Skype into team meetings, visit teams on route even if just for 10 minutes, create team blogs, so the communication channels are flowing and rapport is building. This is a great way to build working relationships so staff feel able to approach managers with ease when they do have concerns they wish to discuss.

FTSU Champions

I am pleased to share that I have now had 5 individuals that have volunteered to become Speak up Champions. The role of the Champion is to:-

- Offer support and guidance to those wishing to raise concerns by asking a few questions and then signposting individuals to the FTSUG.
- Encourage staff to raise concerns at the earliest opportunity.
- “Champion” a culture where raising concerns becomes “the norm”, e.g. Team brief, away days, supervision, poster displays, email signature etc.
- Advocate for staff in their work areas.
- Contribute to creating a culture of openness and honesty.
- Champions would need to commit to attending a full 1 day Foundation Training and any ad-hoc training (probably equates to 3 days per year).
- Champions would need to seek commitment from their manager in taking forward the role of a Champion and availability to attend training.

The Champions confirmed in the Trust are:-

- Bev Plested Operational Lead Health Visiting, Children’s Service
- Chlinder Jandu Admin & Secretarial Support Manager, Central Services
- Jackie Danvers Senior Paediatric Physiotherapist, Children’s Service
- Kelly-Hellen Hitchcock Community Psychiatric Nurse, Neighbourhoods
- Louise Jenkins Clinical Senior Nurse, Children’s Service

If you are a person that individuals come to with concerns and would be interested in volunteering to be a “Champion”, please contact me for a chat. The role is incorporated into the work you already undertake within the Trust and aims to encourage “Speaking Up” to become common practice in the workplace.

Pulse Survey Results

The pulse survey was issued in October 2018 and featured a number of specific questions on “Speaking Up”. The results showed an overall

+2% increase in individuals reporting that "***I think that it is safe to speak up and challenge how things are done***". Individuals within the Trust were aware of the different methods to enable them to speak up and individuals felt confident in speaking up but would like some Focus Groups to take this work further. This is something I will look to do moving forward, therefore if this is something you are interested then please do let me know as I am always glad to hear from you all.

A key point that was raised in the pulse survey was for the FTSUG to be independent from the People Services Team (HR). Most of you will know that I have 2 roles at present, which is working 2 days as the FTSUG and 3 days as an Employee Relations Manager. Both my roles are very much independent of one another and I have maintained boundaries when I have advised and supported in either role. Taking into account the views of individuals and the outcome of the CQC results the Trust has taken a decision to recruit a FTSUG on a 4 day week, which will mean the role will be purely to support the speaking up agenda. This role has been advertised under Equal Opportunities to ensure a fair and equitable recruitment process, therefore watch this space to hear who will be appointed.

Kully Hans, Freedom to Speak up Guardian

National Guardians Office Case Reviews

A number of case reviews have been undertaken in the last year and I would encourage individuals to read these to help broaden knowledge and awareness about how Speaking Up is being reviewed in different Trusts. Case reviews can be accessed on the National Guardian website and have been undertaken of the following Trusts:

- Derbyshire Community Health Services NHS Trust
- Nottinghamshire Healthcare NHS Trust
- Royal Cornwall Hospitals NHS Trust

I hope you enjoyed reading this newsletter and I do welcome any feedback individuals would like to give.

Sincerely

K Hans

Derbyshire Healthcare NHS Foundation Trust
Report to Board of Directors 5 March 2019

Deloitte Well-Led Framework Review Phase 3 Recommendations Progress Update

Purpose of Report

To present a final report on progress with agreed actions to address recommendations arising from the Phase 3 Deloitte review of the Trust's governance arrangements.

Executive Summary

Deloitte were commissioned to undertake an independent review of the effectiveness of governance arrangements at the Trust in three phases. The findings from the first two phases of this work were outlined in reports received by the Trust in October 2016 (governance and improvement action plan assurance) and April 2017 (governance and HR arrangements). The final report, received by the Trust on 12 January 2018 presented findings of phase 3 of Deloitte's work which included:

- Revisiting areas highlighted in phases 1 and 2 of the review which had highlighted where further progress was required, namely divisional governance and performance management and progress of implementation of the People Plan

- Reviewing the five areas of the NHSI Well-led framework which had not been covered during previous phases of the Deloitte work.

Since the time of the first two phases of work, the Well-led framework had been updated (June 2017) and therefore we requested that Phase 3 of the review should map across the five outstanding areas to the new framework to ensure that we were reviewing our arrangements and taking forward work arising from recommendations following the new framework requirements.

The areas of focus (new Well-Led framework) were as follows:

- ***Is there a clear vision and strategy and robust plans to delivery?***
- ***Are there clear and effective processes for managing risks issues and performance?***
- ***Are there robust systems and processes for learning, continuous improvement and innovation?***
- ***Is appropriate information effectively processed challenged and action upon?***

Deloitte assessed the areas above and rated each as 'amber–green' which was broadly in line with our own self-assessment. The Trust Board reviewed the full report at the Board Development Session held on 17 January and formally received the Executive Summary at its public meeting on 31 January 2018. The Board

acknowledged the significant progress made by the Trust and noted that recommendations aligned with work we had recognised required further progress and in many areas, where we had already taken action.

Following discussion with Board members these were assigned to Board Committees to take oversight and to receive assurance on progress with the recommendations. Details were agreed with respect to lead Executive Director, operational committee (where relevant) and operational oversight committee (either Trust Management Team or Executive Leadership Team) to ensure that there would be pace and progress to address the recommendations raised. Forms were developed to outline how each Board Committee was to be assured on progress and how action taken will be sustained and embedded.

The forms providing a six monthly update on progress, scrutinised at Board Committees during September and October, were presented to the Board in November 2018. The Board confirmed that nine of the ten actions were completed and frameworks set in place to ensure these were sustained and embedded.

All relevant Board Committees have since reviewed outstanding actions and further confirmed sustained actions and embeddedness of completed actions. The attached forms provide update on those areas which were not deemed green and complete by the Board in November. Also attached is the blue form relating to Recommendation 1, which is presented to the Board as it has direct oversight of this recommendation, and to mirror the process undertaken by Committees with other recommendations, to review and confirm that the actions as outlined are sustained and embedded.

Recommendations/Comments were discussed at the Executive Leadership Team on 11 February 2019. Discussion focussed on those actions that are deemed to be green – 'business as usual' and confirmed that these are robustly embedded in ongoing work programmes as outlined below.

It should be noted that just one action relation to a recommendation is outstanding. The other two areas for update were not raised as formal recommendations in the Deloitte report but were noted as comments. The Board agreed that we should consider the comments, and include as part of follow up of the Deloitte report and focus on ensuring these were taken forward as part of business as usual by the Trust.

Recommendation	Current Position
6: Staff Objectives	Agreed as Amber rated in March 2018. Discussion at ELT (15 October) focussed on the delay in developing the Trust's revised appraisal process, which was due to awaiting national direction relating to implementation of the pay deal. An appraisal document was circulated to groups for consultation prior to implementation. PCC agreed the amended delivery date of April 2019. The People & Culture Committee in February 2019 received confirmation on the implementation of the plans as outlined, including assurances that the process was robust, had engaged staff in its development and sets a framework to ensure staff

	objectives are set appropriately. As such the Committee agreed the action as Green-business as usual. Ongoing reporting on implementation and appraisal levels to be routinely report to the Committee going forwards.
11: Improvement Methodology	CQI reporting and assurance is part of the forward plan for the Quality Committee and the Finance and Performance Committee. The Board at its 5 February meeting received a position statement on implementation of continuous improvement as part of the programme of quality reporting. Management and Leadership development training has commenced from January 2019 including sessions to ensure staff across the Trust have the appropriate skills to implement continuous improvement as part of their roles. This was agreed as RAG rated Red at the March 2018 Finance & Performance Committee meeting and proposed to shift to Amber rating at the September meeting. This issue is a comment arising from the Deloitte report, not a formal recommendation, however it is acknowledged as a priority area for the Trust to take forward. Finance and Performance Committee agreed at their 19 January meeting that this action was Green- business as usual given the evidence of ongoing work embedded in business as usual of the Trust.
12. Staff views on data	The comments presented in the report, and wider comments from staff relating to data and information have been acknowledged, and responded to where appropriate, through the Electronic Patient Record Clinical Reference Group (EPR CRG) in its role to develop and maintain the effectiveness of the electronic patient record. Recommendations arising from the internal audit on PARIS implementation have been agreed and presented to the Audit and Risk Committee and will be followed up as part of routine internal audit actions follow up. The ongoing work by the Trust to be responsive to user need will be maintained through the EPR CRG and wider governance arrangements to be set in place to take forward and implement the business case following a decision on the provision of current systems. Oversight of the re-procurement and implementation will be overseen as business as usual by ELT, with regular assurance reporting to Finance and Performance Committee.

Specific comments/additions to the forms reflecting reporting to Committees as outlined above are highlighted in red type on the forms themselves.

Subject to the agreement of the Board, this completes the actions required as part of the monitoring process of issues arising out of the Deloitte external governance review phase 3.

Rec/ Comment	Executive Lead	Board Committee (Exec lead)	Scheduled Timescale to complete	RAG rating March 2018	Board Committee Six Month Review	Agreed RAG rating October 2018	RAG rating March 2019
1. Strategy	Gareth Harry	Board (SH)	Apr 2018	Green Complete	06 Nov 2018	Green Complete	Green Complete
2. Annual planning	Gareth Harry	Finance & Performance (CW)	Apr 2018	Green Complete	18 Sep 2018	Green Complete	Green Complete
3. Risk assurance / Escalation report	Sam Harrison	Audit & Risk (SH)	Jul 2018	Green On track	04 Oct 2018	Green Complete	Green Complete
4. Risk management training	Carolyn Green	Audit & Risk (SH)	Apr 2018	Green Complete	04 Oct 2018	Green Complete	Green Complete
5. QIA process	Gareth Harry	Quality (CG)	Jun 2018	Green On track	09 Oct 2018	Green Complete	Green Complete
6. Staff objectives	Amanda Rawlings	People & Culture (AR)	Jul 2018	Amber	22 Oct 2018	Amber	Green Business as usual
7. Sharing learning	John Sykes	Quality (CG)	Sep 2018	Green On track	09 Oct 2018	Green Complete	Green Complete
8. DATIX training	Carolyn Green	Audit & Risk (SH)	May 2018	Green On track	04 Oct 2018	Green Complete	Green Complete
9. IPR	Mark Powell	Board (SH)	Oct 2018	Green On track	06 Nov 2018	Green Complete	Green Complete
10. Data quality	Mark Powell	Audit & Risk (SH)	Oct 2018	Green On track	04 Oct 2018	Green On Track	Green Complete

In addition to the ten recommendations highlighted in the Deloitte report there were two comments which we agreed to oversee progress upon as part of 'business as usual':

11. Improvement methodology	Gareth Harry	Finance & Performance (CW)	Dec 2018	Red	18 Sep 2018	Red	Green Business as usual
12. Staff views on data	Mark Powell	Finance & Performance (CW)	Jun 2018	Red	18 Sep 2018	Amber	Green business as usual

The agreed RAG rating for this process is as follows:

GREEN: Recommendation fully implemented to deadline with clear plans to embed/sustain. A rating of 'Green-On Track' may also be used to indicate that progress is being made to plan to meet a future deadline. A rating of green-business as usual' is used to denote an action that is firmly embedded within the Trust's operational and assurance governance framework.

AMBER: The recommendation has been implemented either in part, or for a limited time only such that further period of evidence gathering is required to demonstrate implementation.

RED: Work has not been completed or embedded to deadline and revised plan of action is required.

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

Assurances

The review represented the third phase of an external governance assurance process for the Well-Led Framework.

Consultation

The Phase 3 report was considered at the Board Development Session held on 17 January 2018, Board meeting on 31 January and Executive Leadership Team on 12 February 2018. The initial forms outlining scope of the actions, operational governance arrangements and respective leads we agreed at Board Committees in March/April 2018. Progress on all recommendations/comments was reviewed and scrutinised at ELT on 15 October. The Board received a six monthly update at its meeting in November 2018. Relevant Board Committees reviewed outstanding actions in Jan/Feb 2019 and ELT had a further review in February 2019.

Governance or Legal Issues

It is a requirement that foundation trusts carry out an external Well-Led Framework review every three years. Completion of this phase 3 of the external review completes the full review and this will be repeated in three years, with annual internal review undertaken.

Public Sector Equality Duty & Equality Impact Risk Analysis

The author has a responsibility to consider the equality impact and evidence on the nine protected characteristics of REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation) and Public Sector Equality Duty & Equality Impact Risk Analysis.

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

minimise those risks.	

Actions to Mitigate/Minimise Identified Risks – The actions outlined include activities which will individually be considered for impact on individuals with protected characteristics as part of operational planning.

Recommendations

The Board of Directors is requested to:

1) Note and agree the update presented to the Board in respect of progress with implementation of the outstanding three actions to meet the Deloitte recommendations/address comments, confirming assurance that these are embedded in business as usual of the Trust.
2) Following the process used by Committees, the Board is asked to confirm the ongoing embeddedness and sustained implementation of actions as highlighted in Recommendation 1, which has direct Board oversight.
3) Agree that this is the final report closing all actions required on the recommendations/comments raised in the Deloitte Phase 3 governance review (Feb 2018).

Report prepared and presented by: Sam Harrison
Director of Corporate Affairs

Deloitte Phase 3 Recommendation/Comment

Recommendation 1

RAG rate whether progress is on track for delivery to agreed timescales.	**Red**	**Amber**	**Green - complete**
Timescale:	**April 2018 COMPLETE**		

Vision, strategy and planning
Recommendation 1
With the planned refresh of the Trust strategy, the Board needs to ensure that: clear links are made to system-wide plans; SMART goals are defined; sufficient detail is included to facilitate implementation planning with teams; and that there is a clear process to ensure ongoing measurement of success.

Board Committee	**Lead director**	**Operational Committee (if applicable)**	**Operational oversight Committee (TMT/ELT)**
Board	Gareth Harry	N/A	ELT

Brief description of scope and proposals to address recommendation ('any additional information to be appended as required')

The Trust strategy was refreshed to reflect the Trust's priorities and the new statement of vision and values. This was presented to the Board in March 2018. Measures of success were identified and agreed and will be reported to the Board on an annual basis. Ongoing measures of success have been reported in the revised Integrated Performance Report, which, in its new form has been reported to the Board since June 2018. The Business Plan for 2018/19 also picks up the measures at Trust and divisional levels.

Outline of proposed assurances to be presented to the Committee: ('to include timing and nature of proposed reports, any proposals for external or internal assurance, audit or other review')

The Integrated Performance Report has been providing the Board with ongoing assurance that the strategy is being delivered. In addition the reports regarding the Business Plan 2018/19 will provide assurance that the in-year actions are being completed.

Details of how changes/actions are to be sustained:

The bi-monthly Divisional Performance Review meetings cover performance and business plan success measures. Where actions are off-track, mitigations have been put in place. Concerns are escalated to ELT through routine escalation reporting.

Developments in data quality will form part of ongoing review of the integrated performance report. Follow up of internal audit will also confirm completion and embeddedness of required actions. This is underway and outcome of this follow up audit will be presented to provide further assurance to the Committee (due to review by the Committee on 4 December) when any further assurance reporting will be identified.
Details of how changes/actions are to be sustained:
The Trust's Business Planning processes, CIP programme development processes, its COAT and TMAC and the development of a specific Quality Improvement Oversight Group will embed CQI into the Trust's processes.
Details of how changes/actions are to be sustained:
This will be outlined as part of the action planning developed by the CRG and wider response to CQC feedback.

Deloitte phase 3 recommendation /comment

Recommendation 6

RAG rate whether progress is on track for delivery to agreed timescales.	Red	Amber	Green business as usual
Timescale:	**October 2018 Update – Completion by April 2019**		

Management of risks, issues and performance
Recommendation 6
All staff need to have meaningful annual objectives which are monitored through a quality appraisal process. Once the Trust strategy has been refreshed, all objectives should be linked to this.

Board Committee	Lead director	Operational committee (if applicable)	Operational oversight committee (TMT/ELT)
People and Culture Committee	Amanda Rawlings	n/a	ELT

Brief description of scope and proposals to address recommendation ('any additional information to be appended as required')

An end to end review of the appraisal process has now been completed. We hoped to have this completed by the end of July 2018, but this has taken a little longer as we have been checking in on the requirements that we will need address as part of the Agenda for Change Pay Deal. We have been through two iterations in the development phase and expect we will made further tweaks as we move to consult with staff and leaders. The new process aligns individual objectives to organisational strategic objectives. Once the consultation is complete we will start training with staff and leaders on the new process in readiness for launch in April 2019.

Outline of proposed assurances to be presented to the Committee: ('to include timing and nature of proposed reports, any proposals for external or internal assurance, audit or other review')

Reporting to the People and Culture Committee will aim to provide assurance that the appraisal process has been robustly reviewed to incorporate the principles of aligning individual objectives to organisational corporate/strategic objectives. Assurance will be provided that consultation with staff has taken place with confirmation that the new process has been overseen by ELT.

The Staff survey will help gauge staff feedback on the effectiveness of the appraisal process. Monitoring of appraisal rates will continue to be monitored, reviewed at Performance Review Meetings, TMT and reported as part of workforce metrics to PCC and the Board.

Details of how changes/actions are to be sustained:

Focus on delivery of an effective appraisal process is part of the People Plan on which progress is reported to People and Culture Committee as part of its annual work programme.

Deloitte phase 3 Recommendation/Comment

Comment 11

RAG rate whether progress is on track for delivery to agreed timescales.	Red	Amber	Green Business as usual
Timescale:	**December 2018**		

Learning, continuous improvement and innovation
Comment 11
Improvement Methodology: Whilst work in this area is ongoing, we understand that the Trust are planning to develop their own in house approach, rather than implement one of the recognised schemes in use in other organisations. It is planned that this will include a strong focus on the development of staff and leaders across the organisation in order to develop skills in this area. In support of this, there are also plans to review the approach to leadership development to include a focus on developing the skills for continuous improvement as outlined in the People Plan next steps.
No specific recommendation has been raised as action is already being undertaken by the Trust in this area.

Board Committee	Lead director	Operational committee (if applicable)	Operational oversight committee (TMT/ELT)
Finance & Performance	Gareth Harry	N/A	ELT

Brief description of scope and proposals to address recommendation ('any additional information to be appended as required')

The comment required the Trust to develop an in-house approach to quality and continuous improvement and that it should include a strong focus on the development of staff and leaders in order to develop skills in these areas. To address this comment, the Trust agreed to put a Quality Improvement Strategy in place and to have an Implementation Plan for the delivery of the strategy. The Implementation Plan would have a particular focus on the empowerment and development of frontline teams and leaders to develop their skills and approaches to improvements in quality, efficiency and effectiveness of their services.

Outline of proposed assurances to be presented to the Committee: ('to include timing and nature of proposed reports, any proposals for external or internal assurance, audit or other review')

In April 2018, the Quality Committee agreed a new Quality Improvement Strategy. In August, the Quality Committee agreed an Implementation Plan. The Strategy and Implementation Plan established that quality improvement, processes of continuous improvement and cost improvement plans were to be combined in a single approach.

The agreed Implementation Plan included a communications plan and outlined how the programme would be launched via inclusion in Trust wide leadership events, COAT agendas and Trust Medical Advisory Committee.

Continuous Quality Improvement (CQI) will be embedded into the existing transformation programme, which will focus on bottom-up improvement schemes involving the Trust's clinical and non-clinical workforce. These processes have reported to Programme

Assurance Board and, by escalation, to ELT.

CQI methodologies and tools, such as SPC, Lean, Carter, Red2Green etc. will be made available to teams and support will be provided from the Transformation Team to enable their use.

Following consideration at F&P Committee in September, the Committee decided to retain the RAG rating for this Comment as Red, rather than Amber as proposed. Committee felt that they were not yet assured that progress had been made on the leadership development areas of the proposed actions.

In July, the People and Culture Committee agreed a new Management and Leadership Development Strategy, which included the commitment to "Provide all leaders with knowledge of quality improvement methods and how to use them at all levels".

The development of the Trust's Business Plans and its identification of savings have adopted a continuous improvement approach.

The Trust's new Management and Leadership Training programme is due to start in April, which includes specific units on continuous quality improvement.

Details of how changes/actions are to be sustained:

The Trust's Business Planning processes, CIP programme development processes, its COATs and TMAC and the development of a specific Quality Improvement Oversight Group will embed CQI into the Trust's processes.

CQI reporting and assurance is part of the forward plan for the Quality Committee and the Finance and Performance Committee. The delivery of the Quality Improvement Strategy and Implementation Plan is reported to Board on a regular basis as part of the Quality Performance Deep Dives.

Deloitte phase 3 recommendation/comment

Comment 12

RAG rate whether progress is on track for delivery to agreed timescales.	Red	Amber	Green Business as usual
Timescale:	**June 2018**		

Reporting
Comment 12
Staff views on data and information

•Both clinical and non-clinical staff we spoke with at various levels described the IM&T team as responsive and helpful. There are, however, many frustrations with the electronic patient record (EPR) systems in use. In particular:

☐Different systems are in place, which can slow staff down when trying to access information. A review of this remains ongoing;

☐Staff described some systems as difficult to use (e.g. being logged off unexpectedly, being unable to access systems when working remotely with patients and being unable to log observations) which can cause safety concerns;

☐Some staff have struggled to adapt to the new safety planning requirements in the EPR, and therefore may not be using appropriate functionality (the executive team is sighted on this);

☐Data from social care is not included and there are no linkages to local acute trusts' systems (an STP workstream is focussing on data integration); and

•We understand that an EPR clinical reference group has been established to address some of these concerns, with a re-procurement exercise planned for 2018. This should provide an opportunity to further address some of the issues described above.

No recommendation raised due to the establishment of the EPR clinical reference group and also the re-procurement exercise due to commence in 2018.

Board Committee	Lead director	Operational committee (if applicable)	Operational oversight committee (TMT/ELT)
Finance and Performance	Mark Powell	Clinical Reference Group (CRG) & TMT	ELT

Brief description of scope and proposals to address recommendation ('any additional information to be appended as required')

An EPR clinical reference group was established to take forward issues relating to EPR systems and ensure developments are reviewed by clinical colleagues and that issues in relation to safety planning are addressed through reporting to Quality Committee. Operationally, the CRG group reports to TMT and through to ELT.

Outline of proposed assurances to be presented to the Committee: ('to include timing and nature of proposed reports, any proposals for external or internal assurance, audit or other review')

F&P receive assurance reporting on the progress of the FSR CRG, including how staff views on data and information are to be taken forward.

- An initial report on the Full Service Record (FSR) Clinical Reference Group was presented to TMT in July 2018 and a further update took place in October 2018. The purpose of the group is to support, develop and maintain the effectiveness of the FSR by liaising with clinicians and promoting the full use of the FSR. Work undertaken by the group in 2018 has continued to be directed at reducing the complexity and repetitive recording in key fields on the system. An

action plan has been developed and includes visits to other sites who implement PARIS.

- Reporting from the FSR CRG has incorporated further recommendations as highlighted in the CQC inspection report (September 2018) relating to PARIS.

- A report was submitted to F&P in July relating to wider proposals on the Electronic Patient Record.

- There are proposals within the Trust to establish the role of Chief Clinical information Officer. and this post has now been advertised. The role has arisen from national recommendations (Watcher report) and will aim to ensure clinical engagement and leadership on the overall IM&T agenda.

- The Trust is working to review current systems and include staff in future decision making on EPR systems. The Committee will receive further assurance as part of its business as usual remit on this issue.

- An internal audit was undertaken in September/October 2018 which concluded that on the basis of the review and scope to consider the design of the governance arrangements that the Trust has evolved to challenge the effectiveness of its full service record, an assessment of significant assurance with improvement required was given. It was noted that the governance was underpinned by the CRG which is tasked with liaising with clinicians throughout the Trust to develop and maintain the effectiveness of the EPR. Recommendations from the internal audit include establishing a clear work plan for the group and continuing to report to TMT; improvement in clinical engagement in the EPR CRG should be undertaken; and that communications across operational structures should be carried to promote the work to remedy concerns.

Details of how changes/actions are to be sustained:

The ongoing work by the Trust to be responsive to user requirements will be maintained through the EPR CRG and wider governance arrangements to be set in place to take forward and implement the business case following a decision on the provision of current systems. Oversight of the re-procurement and implementation will be overseen as business as usual by ELT, with regular assurance reporting to Finance and Performance Committee.

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 5 March 2019

2018 Flu Campaign Update

Purpose of Report

To update Board on the current position and next steps in regards to the 2018 Flu Campaign.

Executive Summary

In 2017 the Trust vaccinated 50% of frontline staff, which was an increase of 12% from the 2016 figure of 38%. The Flu CQUIN for 2018 requires 75% of frontline staff to be vaccinated.

This paper lays out the status of the current campaign, which is based on local lessons learnt and national best practice guidelines.

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

Assurances

The Board can be assured that the staff wellbeing team has analysed the challenges from previous campaigns and addressed these in shaping the 2018/19 flu strategy, along with following national best practice guidelines.

Consultation

The campaign was designed following a review of the 2017 effort with lessons learnt integrated into the 2018 approach. This process involved getting feedback from staff and stakeholders across the Trust.

Governance or Legal Issues

Vaccinating 75% of frontline staff is a requirement of the 17-19 Wellbeing CQUIN

Public Sector Equality Duty & Equality Impact Risk Analysis The author has a responsibility to consider the equality impact and evidence on the nine protected characteristics (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation)).	
There are no adverse effects on people with protected characteristics (REGARDS).	X
There are potential adverse effect(s) on people with protected characteristics (REGARDS). Details of potential variations /inequalities in access, experience and outcomes are outlined below, with the appropriate action to mitigate or minimise those risks.	
Actions to Mitigate/Minimise Identified Risks – not applicable	

Recommendations

The Board of Directors is requested to take assurance on the progress of the flu campaign to date.

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

Report prepared by: **Jamie Broadley**
Staff Wellbeing Lead

2018 Flu Campaign Update

Background

In 2017 DHCFT vaccinated 50% of frontline staff, an increase of 12% from the 2016 figure of 38%.

The Flu CQUIN for 2018 requires 75% of frontline staff to be vaccinated.

This paper lays out the status of the current campaign, which is based on local lessons learnt and national best practice guidelines.

Current Position

At time of writing DHCFT have vaccinated 51% of frontline staff. This means that we have now passed the previous year's total. This therefore represents DHCFT's most successful flu campaign to date. However the figure still leaves DHCFT in the lower quartiles for performance nationally.

This figure is broken down by service below:

Service	Headcount	Vaccinated %
383 Estates + Facilities	46	100.00%
383 Central Services	397	36.27%
383 Campus	629	38.63%
383 Neighbourhood	558	40.50%
383 Children's Services	381	34.38%
383 Finance Services	21	9.52%
383 Clinical Serv Management	32	43.75%
383 Corporate Central	29	68.97%
383 Nursing + Quality	49	42.86%
383 Med Education & CRD	47	38.30%
383 Ops Support	74	36.49%
383 Business Development + Marketing	11	72.73%

The campaign has relied upon a mix of vaccination options for staff to try and ensure greater accessibility. The spread of who delivered vaccinations is broken down below:

Vaccinated By:	%
Occupational Health	18.09%
Peer Vaccinators	50.28%
Roaming Vaccinator	19.09%
GP	10.21%
Pharmacy	1.89%
Other Trust	0.44%

This highlights the success of the peer vaccinators in driving our uptake this campaign. The roaming vaccinator was a new addition to the campaign for 2018 and has made a significant contribution to the figures.

In order to capture those staff who were declining their vaccine we created a ‘pop-up’ that appeared on all staff screens during November. 405 staff responded to this to decline their vaccine. This equates to 18% of DHCFT staff.

Current Work

The campaign is in its final stages with the key focus being on ensuring we have all the data collated so that the figure is as accurate as possible. Due to the paper based nature of recording each vaccine there can be delays in getting the consent forms onto the central system.

We are working through low uptake teams to ensure their data is accurate and connecting staff with peer vaccinators to establish if they still want their vaccine. Similarly we continue to promote the, DHCFT specific, flu email address to get staff vaccinated at a time and place convenient to them.

In our comparison work with other trusts it is clear that our denominator figure is significantly larger than many others. We have vaccinated similar amounts of staff yet this isn’t being reflected in the percentage. We are therefore also doing a data cleanse exercise to ensure the accuracy of our recording and making sure that we are only counting those staff identified by national guidance.

Key Successes

The headline successes of the campaign have been:

- Pre-booking frontline staff onto clinics ahead of the campaign launch
- Utilising a roaming vaccinator to respond to requests, attend team meetings and perform ‘walkarounds’ at key sites.
- Linking staff with peer vaccinators via the email inbox
- Collating declined, GP and pharmacy data via the IT popup

Key Challenges

The headline challenges of the campaign have been:

- Ensuring the PGD was in place prior to the campaign starting (something which has already been rectified for the 2019 campaign).
- Getting consent forms back and uploaded to give us real time data and greater ability to target hotspots.
- A lack of a clear assurance process which has made it hard to make managers accountable to their team’s performance.

National Assurance and Best Practice

To provide assurance to NHSI on the design and progress of the campaign we were asked to complete a standard self-assessment. This was presented to the Executive Leadership Team in October. We rated green for each area, demonstrating that the campaign plan follows national best practice guidelines.

We have since been in contact with similar trusts who have managed to achieve the 75% vaccination figure. The key differences that they had implemented to our campaign were as follows:

- Campaign owned by chief nurse with a clear assurance structure throughout all clinical divisions
- Each service was required to identify their peer vaccinators and ensure cold chain, vaccine supply etc was in place during July and August
- Once campaign started weekly meetings took place between chief nurse and heads of service to provide assurance on vaccination efforts and identify problems.

Other aspects of the campaign such as clinic availability, roaming vaccinator use and communications plans were broadly similar.

Next Steps

We aim to complete the data cleansing exercise by 8 March and will then be able to provide final figures for the campaign. These will be reported directly to the Executive Leadership Team.

In order to inform the planning of the 2019 campaign, a thorough, lessons learnt evaluation of the campaign will be presented to the People and Culture Committee in April.

Suggested template design for each trust to complete

1. Total uptake and opt-out rates (all trusts) [DN: this may not be required as is published monthly]

	Total numbers	Rates
Number of frontline HCW	2236	100%
Uptake of vaccine by frontline HCW	1140	51%
Opt-out of vaccine by frontline HCW	405	18%

2. Higher-risk areas (only trusts with relevant areas – a minimum of which are set out in 7 September letter)

Area name	Total number of frontline staff	Number who have had vaccine	Number who have opted-out	Staff redeployed? Y/N	Actions taken

3. Actions taken to reach 100% uptake ambition (all trusts)

- All clinical staff personally invited to pre-book onto flu clinics
- Roving vaccinator at training, induction, team meetings etc
- Roving vaccinator bookable for specific sessions/times
- Peer vaccinators at all wards & MIUs3 Phase comms approach based on clinical need, myth busting and regional importance
- Thorough GP & pharmacy data gathering

4. Reasons given for opt-out (all trusts)

Reason	Number
I don't like needles	
I don't think I'll get flu	
I don't believe the evidence that being vaccinated is beneficial	
I'm concerned about possible side effects	
I don't know how or where to get vaccinated	
It was too inconvenient to get to a place where I could get the vaccine	
The times when the vaccination is available are not convenient	
Other reason	405

Derbyshire Healthcare NHS Foundation Trust

Board Committee Assurance Summary Report to Trust Board
Safeguarding Committee – 7 February 2019

Key items discussed

- **Policy Matrix** - compliant
- **Safeguarding Committee Effectiveness Annual Report** - Significant assurance on discharging duties as outlined in Terms of Reference.
- **Review of the Committee's Terms of Reference -** Chair does not agree this is operating as a Board level committee. Discussion took place regarding absorbing the Committee into the Quality Committee to increase executive buy in. The CCG attendee fed back that this was a strong committee with effective outcome - the named nurse felt very disappointed by this suggestion. The Named Doctor fed back that connection is an important issue regarding review of legislation and scrutiny. The Safeguarding leads for both Adult and Children are to meet with the CEO to discuss the concerns. Revisions to be made to Terms of Reference.
- **Improvements and revisions to DBS checks for Safeguarding Adults and Children's Doctors. Improvements and revisions to DBS checks for Safeguarding Adults and Children's.** A review of systems and processes, and a review of audit checks to ensure, we are complaint and improvement plan. The timescale for completion with immediate action and completion. The governance policies are rectified.
- **Safeguarding Adults and Children Strategy -** agreed to be developed and received at the next meeting.
- **Safeguarding Children Position Statement -** the increasing number of looked after children (LAC) was noted as a concern. The need to establish solutions to improve safeguarding training compliance was discussed. Key serious case reviews were briefed to the Committee. Significant assurance received, with gaps to improve in training and monitoring of caseload.
- **Trauma Conference -** invitation extended to all Non-Executive Directors to attend Inter-agency Conference on Trauma
- **S11 Compliance with Children's Act – f**ull compliance and assurance received on outcome of audit.
- **S11 Compliance with Children's Act / LAC service. Markers of Good Practice** - Limited assurance received with feedback. Safeguarding Operational Group will be implementing action plans and reporting to the Committee on an exception basis with regards to non-compliance.
- **Pressures on Children's Social Care** – National Audit Office, national benchmarking (received for information) on the national context for writing the new Safeguarding Strategy
- **Safeguarding Adults Position Statement -** Summary given, improvement seen in training, and significant increase in activity and complex activity. Governance improvement to DATIX and Safeguarding referrals. The timeslae for implementation is by June 2019. Safeguarding Adults Dashboard was reviewed. Escalation leads for operational staff representation - escalation made to operational lead. To be escalated and rectified.

- **Risks associated with MAPPA and IPP and effect on CAMHS service model.** Full compliance with legislative requirements.
- **Child Visiting to Mental Health Inpatient and Residential Areas Policy** - Policy reviewed. Improvements were noted and policy ratified.
- **Meeting Effectiveness** - Well chaired. Some improvement seen with summary reports. Core papers are solid.

Assurance/lack of assurance obtained

- **Safeguarding Committee Effectiveness Annual Report** - Significant assurance
- **Improvements and revisions to DBS checks for Safeguarding Adults and Children's Doctors** - limited assurance with a specific improvement plan.
- **Safeguarding Children Position Statement -** Significant assurance
- **S11 Compliance- Children's Act -** Significant assurance
- **Looked After Children Markers of Good Practice -** Limited assurance
- **Safeguarding Adults Position Statement -** Significant assurance
- **Risks associated with MAPPA and IPP and effect on CAMHS service model -** Limited assurance

Key risks identified

- Improvements and revisions to DBS checks for Safeguarding Adults and Children's staff to be mitigated. Scrutiny of plan and People Services statutory standards to be reviewed by executive leads.

Decisions made

- Removal of BAF risk 1a, of commissioning gap – risk of no community forensic meeting.

Escalations to Board or other committee

- No escalations to other Board Committees.

Committee Chair: Anne Wright	**Executive Lead: Carolyn Green. Executive Director of Nursing and Patient Experience**

Derbyshire Healthcare NHS Foundation Trust

Board Committee Assurance Summary Report to Trust Board
Quality Committee meeting held 12 February 2019

Key items discussed

- **Policy Matrix -** agreed and forward planning confirmed.
- **Summary of Board Assurance Framework (BAF) risks for Quality Committee** - Strategic outcome 4 was reviewed. The Quality Committee risks and the risks associated with single gender, single room and dormitory stock were reviewed. Executives are in development stages of revisiting the Estates Strategy with incremental changes in single gender, single room and reaching the developmental level of en-suite rooms. It was agreed that the future BAF paper will be included for information in the policy governance section, rather than a monthly Board assurance summary and would be reduced to bi-monthly submission.
- **Risk Assurance and Escalation Report –** a numerical error was noted in the report which will be clarified and revised. The report showed an improved compliance and demonstrated the golden thread of risks connecting to the BAF.
- **Deep Dive BAF Risk 1d CPA Approach** - Presented and reviewed, CPA compliance has been achieved and now delegated. CPA Compliance Report was provided. This BAF risk can now be removed from the BAF and will continue as business as usual through TMT and Performance Review Meetings.
- **Quality Dashboard -** this was reviewed and issues relating to supervision were focused upon, supervision. A deep dive will be undertaken to review the planning and CQC actions trajectory, delivery timescales, overdue actions, and exploring resource planning and solutions and delivery. Solutions on themed analysis will take place at the May meeting together with a review of the quality assurance model. A review of the Quality Dashboard will be reduced to bi-monthly and will include two reports worth of data.
- **Serious Incidents Bi-monthly report** - analysis of the seasonal variation, number of seasonal variations in self harm, increases in violence and the overall campus theme were noted. Specific risks are associated with Neighbourhoods, care planning and associated involvement. Improvement work has been undertaken with GPs to explore involvement and improvement in learning from serious incidents. The big themes are violence reductions, managing self-harm well and supportive staff. The analysis continues to reinforce the need for accessible Psychiatric intensive care.
- **Patient Experience Quarterly Report Q2 report** - significant assurance and improvements seen with compliments. Positive aspects were noted, and use themes for communications and use within team brief.
- **Urgent care report** - overview and improvement plans. A discussion on length of stay, and improvement is needed, to continually improve and ensure clinical effectiveness. This was agreed and reviewed.
- **Health and Safety Annual report** – Significant assurance
- **Ligature risk assessment** – significant improvement and now fully compliant. Full assurance obtained.
- **Quality priorities** – this will be taken to executive leadership to review and improve.

Consideration given to adapting the Committee's report cover sheet to connect the quality priorities. Review next time to revisit the Quality Priorities. Non-executives challenged by Executive lead to compare significant differences with other trust boards in order to consider resolution.

- Forward Plan and draft agenda for March meeting - some revisions made to the forward plan. Discussed the development of the Quality Account and plans for sign off of the final Quality Account document. Draft agenda for March meeting agreed

- **Consideration of any items affecting the BAF** - closed the CPA BAF risk and reduced to clinical / operational risk register.

Assurance/Lack of Assurance Obtained

- Risk assurance – significant assurance

- CPA deep dive - significant assurance and BAF resolved.

- Quality Dashboard - limited assurance, improvement areas on supervision and CQC overdue actions

- Serious Incidents – significant assurance, improvement area overdue actions and strategic planning to resolve the themes of these incidents

- Patient experience – significant assurance and positive improvements to share with the communications team through team brief.

- Urgent care report- progress, but further attention and improvement

- Health and Safety report- significant assurance

- Ligature risk assessment – full assurance

- Quality priorities – limited assurance, not delivered in all areas, specifically Physical Healthcare, and partial improvement in other areas. Revisions to quality priorities to be discussed at Executive leadership group and return with recommendation in March.

Meeting Effectiveness

- Meeting effectiveness - this was reviewed and overall the discussion on looking at higher level strategic improvement to drive clinical improvement. The need to benchmark against other Trust Boards, on what information goes into the public domain. Overall the need to consider both assurances, improvement – with incremental improvement trajectories. The group accepted there are some statutory reports which require information on whether the Trust complaints with statutory compliance standards

Decisions made

- Executive lead to undertake some time to review some of the priority decision making and make a proposal for the future modelling of the Committee.

- Benchmarking and sense checking with other Quality Committees and other trust boards to consider the risks and benefits of the Trust's Board of Directors

Escalations to Board or other committee	
• None	
Committee Chair: Margaret Gildea	**Executive Lead: Carolyn Green, Director of Nursing & Patient Experience**

Derbyshire Healthcare NHS Foundation Trust

Board Committee Assurance Summary Report to Trust Board
People & Culture Committee – Meeting held 19 February 2019

Key items discussed

- **Matters Arising** – Staff participation at Team Brief
- **Staff Story** – Sharon Rumin, Reverse Mentoring Scheme. The Committee heard how this has influenced her both on a personal and professional level. This has given Sharon the confidence to further her interests and commitment to improving access across the Trust for BME people, to feel valued, to be recognised, to access training and further education to support important networks like the Disability and Wellness Forum. Sharon has recently been voted as Secretary for the South Derbyshire branch of Unison, and has contributed to their latest success of the top branch in recruiting new members. Her message is to listen and develop staff in BME backgrounds, "look, learn and see what's happening". The Committee discussed how complaints are dealt with particularly with staff from a BME background, how bullying is not addressed when key managers are working together to supress them and how the Trust needs to address these issues. If these issues are not addressed it affects morale, people go off sick, and people are more likely to leave.
- **Review of Board Assurance Framework (BAF) Risks** – Discussion around downgrading the risk of BAF Risk 2a relating to strategic engagement from high to moderate
- **Strategic Workforce Report** – this covered the long term plan and pension plans. The need to understand what support other trusts are providing to staff was discussed. Flu figures were disappointing – it was agreed that a paper proposing action to be taken to increase vaccination uptake will be received at the next meeting in April.
- **2018/19 Year-end Effectiveness Report** – report included specific objectives for 2019/20.
- **Freedom to Speak Up Report** – Progress continues to be made. Report included the themes that are developing, the issues being raised and action taken to promote the role across the Trust. Themes will be escalated to the Trust Management Team and progress review meetings to. Permanent post has now been appointed to for four days a week. T
- **Deloitte Phase 3 Well Led Closure report** – this covered the introduction of the new appraisal process which is out for further consultation. Feedback is to be finalised in place for delivery of training as part of the Leadership Development Programme in March in advance of new pay deal arrangements linked to appraisal being effective from April 2019.
- **Staff Survey Results** – update latest position, embargo lifted 28 February and full results to be published. Full report to Trust Board in March 2019
- **Escalation Summary reports from the Committee's sub-groups (BME Talent Network, JNCC)** – agreement that escalations will only be made to the Committee when requested from the sub-groups.
- **Mitigations for reducing the risk rating for Risk 4c Clinical Workforce** – Verbal update regarding the BMJ advert and number of views and applications.
- **2019/20 Forward Plan** - to be agreed to provide assurance against the Workforce Strategy

- **Items escalated to the Board or other Committees** – none
- **Identified risks arising from the meeting for inclusion or updating in the BAF** – none identified
- **Meeting effectiveness** – papers to be more concise and with more focus to the People Strategy and the BAF. Need to reduce the amount of papers received by the Committee. This will enable the Committee to be held to account, identify specific actions and detect what will give impact, recognise potential blockers and decide what support is required.

Assurance/lack of assurance obtained

- Staff Story – limited assurance on our approach to protected characteristics as to how we tackle bullying and harassment particularly when looking at staff from a BME background
- Review of BAF Risks moderate for 2A – significant assurance
- Strategic Workforce Report – assurance not applicable
- 2018/19 Year-end Effectiveness Report – noted
- Freedom to Speak Up Report – limited assurance
- Deloitte Phase 3 Well Led Closure report – limited assurance
- Staff Survey Results – update latest position, assurance not applicable at this stage
- Escalation Summary reports from the Committee's sub-groups (BME Talent Network, JNCC) – assurance not applicable
- Mitigations for reducing the risk rating for Risk 4c Clinical Workforce – verbal update
- Meeting effectiveness – number of suggestions made on the basis of the Committee's year-end survey and specifically more focus on the BAF once revised, need to focus on key elements of the People Strategy and link back to the Trust Strategy, with a greater focus to hold to account in terms of urgency and speed in delivering the strategy.

Key risks identified - none

Decisions made – noted actions above

Escalations to Board or other Committee – none

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

Draft 2019-20 Board Annual Forward Plan

Exec Lead	Item	2 Apr 19	7 May 19	2 Jun 19	2 Jul 19	3 Sep 19	1 Oct 19	5 Nov 19	3 Dec 19	4 Feb 20	3 Mar 20
		26 Mar	29 Apr	28 May	24 Jun	27 Aug	23 Sep	28 Oct	25 Nov	27 Jan	24 Feb
Trust Sec	Declaration of Interests	X	X	X	X	X	X	X	X	X	X
CM	Minutes/Matters arising/Action Matrix	X	X	X	X	X	X	X	X	X	X
CM	Board Forward Plan (for information)	X	X	X	X	X	X	X	X	X	X
CM	Board review of effectiveness of meeting	X	X	X	X	X	X	X	X	X	X
STRATEGIC PLANNING AND CORPORATE GOVERNANCE											
CM	Chair's Update	X	X	X	X	X	X	X	X	X	X
IM	Chief Executive's Update	X	X	X	X	X	X	X	X	X	X
MP/CW	NHSI Annual Plan - timing to be confirmed							X			
JS	Data Security and Protection - annual declaration	A									
AR	Staff Survey Results										X
AR	Equality Delivery System2 (EDS2)							X			
AR	Workforce Race Equality Standard (WRES)				X						
AR	Workforce Disability Equality Standard (WDES)				X						
AR	Gender Pay Gap Report										A
AR	Public Sector Duty Annual Report									A	
AR	Pulse Check Results and Staff Survey Plan					X					
Trust Sec	Corporate Governance Framework							A			
Trust Sec	Trust Sealings (six monthly)	X					X				
Trust Sec	Annual Review of Register of Interests (six monthly)	A									
Trust Sec	Board Assurance Framework Update		X			X			X		
Trust Sec	Raising Concerns (whistleblowing) and Freedom to Speak Up Guardian Report (six monthly)				X						X
Committee Chairs	Board Committee Assurance Summaries (following every meeting) - Audit & Risk Committee - Finance & Performance Committee - Mental Health Act Committee - - Quality Committee - People & Culture Committee - Safeguarding Committee	X	X	X	X	X	X	X	X	X	X
Trust Sec	Fit and Proper Person Declaration		X								X

Exec Lead	Item	2 Apr 19	7 May 19	2 Jun 19	2 Jul 19	3 Sep 19	1 Oct 19	5 Nov 19	3 Dec 19	4 Feb 20	3 Mar 20
MP	Emergency Planning Report (EPPR)							A			
Trust Sec	Board Effectiveness Survey Report	X									
Trust Sec	Report from Council of Governors Meeting (for information)	X		X		X	X		X	X	
Trust Sec	Policy for Engagement between the Board and COG	A									
GH	Business Plan 2018-19 Monitoring						X				X
GH	Measuring the Trust Strategy		X								
OPERATIONAL PERFORMANCE											
CG, CW, AR, MP	Integrated performance and activity report to include Finance, Workforce, performance and Quality Dashboard		X	X	X	X	X	X	X	X	x
QUALITY GOVERNANCE											
CG	Quality Report	X	X	X	X	X	X	X	X	X	x
CG/JS	Safeguarding Children & Adults at Risk Annual Report					A					
JS	NHSE Return on Medical Appraisals sign off *					X					
CG	Control of Infection Report				A						
JS	Re-validation of Doctors				A						
CG	Annual Review of Recovery Outcomes								X		
CG	Treat Me Well Campaign				X						
CG	Annual Looked After Children Report							X			

* In line with Medical Appraisals Policy

Derbyshire Healthcare NHS Foundation Trust

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST TERMS

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

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

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

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

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