Derbyshire Healthcare
NHS Foundation Trust

Derbyshire Healthcare NHS Foundation Trust
Board of Directors Meeting

Conference Rooms A and B, Centre for Research and Development, Kingsway Hospital
3 December 2019 09:30 - 3 December 2019 12:00

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Derbyshire Healthcare
NHS Foundation Trust

NOTICE OF PUBLIC BOARD MEETING – TUESDAY 3 DECEMBER 2019
TO COMMENCE AT 9:30am
CONFERENCE ROOMS A & B, CENTRE FOR RESEARCH AND DEVELOPMENT, KINGSWAY, DERBY

	TIME	AGENDA	LED BY
1.	9:30	Chair's welcome, opening remarks, apologies and Register of Interests	Caroline Maley
2.	9:35	Patient Story	Carolyn Green
3.	10:00	Minutes of Board of Directors meeting held on 5 November 2019	Caroline Maley
4.		Matters arising – Actions Matrix	Caroline Maley
5.		Questions from governors or members of the public	Caroline Maley
6.	10:05	Chair's Update	Caroline Maley
7.	10:10	Chief Executive's Update	Ifti Majid
OPERATIONAL PERFORMANCE, QUALITY, STRATEGY AND GOVERNANCE			
8.	10:30	Integrated Performance and Activity Report	C Wright/A Rawlings/ C Green/M Powell
9.	10:50	Annual Emergency Planning Report (EPPR)	Mark Powell
11:00 B R E A K			
10.	11:15	Annual Report from the Guardian of Safe Working	John Sykes
11.	11:25	Revisions to Board Committee Terms of Reference	Justine Fitzjohn
12.	11:35	Revision to Modern Slavery Statement	Justine Fitzjohn
13.	11:45	Board Committee Assurance Summaries and Escalations: Quality Committee 12 November, Finance & Performance Committee 19 November *(minutes available upon request)*	Committee Chairs
CLOSING MATTERS			
14.	12:00	- Identification of any issues arising from the meeting for inclusion or updating in the Board Assurance Framework - Meeting effectiveness	Caroline Maley
FOR INFORMATION			
Summary of Council of Governors meeting held 5 November 2019			
Glossary of NHS Acronyms and Forward Plan for 2019/20			

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

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

There will be no meeting held in January. The next meeting will be held at 9.30am on 4 February 2020 in Conference Rooms A & B, Centre for Research and Development, Kingsway, Derby DE22 3LZ
Users of the Trust's services and other members of the public are welcome to attend the meetings of the Board.
Participation in meetings is at the Chair's discretion

Our vision

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

Our values

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

Our Trust values are:

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

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

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

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

Derbyshire Healthcare
NHS Foundation Trust

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

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

Tuesday 5 November 2019

MEETING HELD IN PUBLIC

Commenced: 9.30am Closed: 12.55pm

PRESENT	Caroline Maley	Trust Chair
	Richard Wright	Deputy Trust Chair and Non-Executive Director
	Margaret Gildea	Senior Independent Director and Non-Executive Director
	Suzanne Overton-Edwards	Non-Executive Director
	Ifti Majid	Chief Executive
	Claire Wright	Deputy Chief Executive & Director of Finance
	Carolyn Green	Director of Nursing & Patient Experience
	Mark Powell	Chief Operating Officer
	Dr John Sykes	Medical Director
	Amanda Rawlings	Director of People Services & Organisational Effectiveness
	Gareth Harry	Director of Business Improvement & Transformation
	Justine Fitzjohn	Trust Secretary
IN ATTENDANCE	Perminder Heer	NExT Director
	Anna Shaw	Deputy Director of Communications & Involvement
	Sue Turner	Board Secretary
	Kyri Gregoriou	Head of Nursing
	Lesley-Anne Mhunduru	Practice Development Compliance
For DHCFT2019/147	Nicola Fletcher	Assistant Director of Clinical Professional Practice
For DHCFT2019/147	April Saunders	Physical Health and Wellbeing Lead and Staff Governor
For DHCFT2019/147	Amy Johnson	Family Liaison and Investigation Facilitator
Up to DHCFT2019/148	Vikki Taylor	Joined Up Care Derbyshire (JUCD) STP Director
Up to DHCFT2019/148	John MacDonald	Independent Chair, JUCD
VISITORS	Andrew Beaumont	Public Governor, Erewash
	Jo Foster	Staff Governor, Nursing
	Lynda Langley	Lead Governor and Public Governor, Chesterfield
	Julie Lowe	Public Governor, Derby City East
	John Morrissey	Public Governor, Amber Valley
	Christopher Williams	Public Governor, Erewash
	Kevin Parkinson	CEO, First Steps
	Sandra Austin	Derby City & South Derbyshire Mental Health Carers Forum and Trust Volunteer
	Sarah Bennett	Inspector, Care Quality Commission Central West Mental Health Hospitals Inspection Directorate
	Surrinder Kaur	Inspection Manager Mental Health, Care Quality Commission
APOLOGIES	Geoff Lewins	Non-Executive Director
	Dr Julia Tabreham	Non-Executive Director
	Dr Anne Wright	Non-Executive Director

DHCFT 2019/146	**CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND DECLARATION OF INTERESTS** The Trust Chair, Caroline Maley, welcomed everyone to the meeting. Introductions were made to Head of Nursing, Kyri Gregoriou shadowing Chief Executive, Ifti Majid and Practice Development Compliance Lead, Lesley-Anne Mhunduru shadowing Director of Nursing and Patient Experience, Carolyn Green. Caroline also welcomed Vikki Taylor, Joined Up Care Derbyshire (JUCD) STP Director and John MacDonald, Independent Chair, JUCD who would be presenting the STP final document to the Board during the meeting. Apologies for absence were noted from Non-Executive Directors, Geoff Lewins, Dr Julia Tabreham and Dr Anne Wright. No declarations of interest were made on the agenda items.
DHCFT 2019/147	**PATIENT STORY** Trust colleague, April Saunders was welcomed to the meeting to share her experience of caring for her brother Mark while he underwent treatment within the Trust's substance misuse service and the support she received from the family liaison team. April spoke as Mark's sister and not in her professional capacity and described the conflict she felt between being a carer for her brother, and a member of staff. April described how having had a happy childhood things went wrong for her brother when he turned to alcohol. This caused him to withdraw from his family and friends and April was a key person supporting him. During this time Mark was being treated by the Trust's drugs and alcohol team. April accompanied Mark on his appointments but felt that clinicians were not connecting with his situation correctly. Later during this period April discovered that her brother had been self-harming. Although Mark had a mental health assessment his alcohol issues were prioritised and he was informed that he needed to deal with his alcohol addiction first. April felt these should not have been treated as separate issues. April went on to describe how Mark had an accident at home while he was alone and had tragically died before she found him. April felt traumatised from finding her brother and continued to work during this period but found that even with her professional background as a clinician she struggled. April described her experience of Family Liaison and Investigation Facilitator, Amy Johnson who supported her throughout this difficult time and helped put things into perspective by guiding her through her grief. April was asked by Amy if she wanted to make a complaint against the Trust. Although she wasn't looking to blame the Trust for her brother's death April followed through a complaint process because she wanted to make changes and improvements to the way she felt her brother was treated. She also completed a six week period of counselling which helped her cope with her feelings of grief and it also helped her to think about how she felt about the Trust. April told the Board that there were a lot of staff who were aware of her brother's death and she took this opportunity to thank them for the respect they had showed her and for treating her with dignity. She also thanked Amy Johnson for her support and praised her for constantly being there throughout this process.

	On behalf of the Board Caroline Maley thanked April for having the courage to share her difficult story. Discussion took place on the learning to be had from April's experience, particularly the importance of ensuring that investigations are made easier and completed quicker and continue to involve families. The Board also recognised the importance in ensuring that mental health and substance misuse needs are entwined so they both include compassionate person-centred care based upon the needs of the individual. The Board also discussed the value of supporting families and carers well and the need for managers to be trained in how to provide emotional and compassionate support to staff. The Board committed to learn from April's experience to improve investigations and progress the future strategy of the Trust and the Sustainability and Transformation Partnership (STP) to ensure continuous improvement within the substance misuse and alcohol service and in finding new ways of reaching people and connecting to their families.
DHCFT 2019/148	**SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) FINAL DOCUMENT** Vikki Taylor, Joined Up Care Derbyshire (JUCD) STP Director, presented the Board with an update report on progress in refreshing the Derbyshire five year Strategy Delivery Plan which included a summary of outstanding areas requiring resolution along with further actions being taken by the system, ahead of the final submission on 15 November 2019. Most of the content of the report was familiar to Board members who appreciated Vikki highlighting the key changes made to the plan. It was noted that the original timeline for publication of the final document is likely to change as a result of the elections taking place in December. The Board acknowledged that the report outlined the journey for Joined Up Care Derbyshire (JUCD) becoming an Integrated Care System (ICS). This will be a step forward from the STP and is a more mature partnership with the aim of being complete by April 2021. This plan focuses on people not just those in ill health but people's whole wellbeing ensuring good housing, good air quality, good education and good employment which lends itself to building the partnership working that will be rolled out across the whole system. It was noted that the plan does not include at this point some of the key finance and activity information as this work is in the process of being developed by JUCD. Vikki outlined how the plan will improve the outcomes for the people of Derbyshire by applying an effective Population Health Management (PHM) approach to improve population outcomes and drew attention to the transformation programme of work that will deliver the outcomes of the work streams. John MacDonald, JUCD Independent Chair, emphasised that there is wide spread support for this plan which has extremely good benefits and the importance of delivering the plan working within the system. The Board discussed outcomes for people within the Trust's services using earlier intervention and increased community based support that was outlined in the plan. Medical Director John Sykes asked for clarification on whether a frailty pathway within end of life care was included in the plan and how this would help avoid acute hospital admissions. Vikki responded that the strategy for caring for people's last years of life and frailty is included in a number of the work streams as well as the end of life transformation work stream. In addition to this the patient-led assessments of the care environment (PLACE) work connects partners delivering care across the local population and will deliver improvement pathways for frailty.

	Ifti Majid acknowledged that the purpose of this paper was to achieve submission of the plan and support of the plan which is primarily concerned with out of hospital service, earlier intervention and treating people at home. He was concerned that the plan should also include an approach to dealing with the challenges of working with people throughout the winter. More clarity was also needed on the financial implications and the different aspects in demand and how this will be reflected in the plan. John MacDonald responded that he felt that the system is not yet mature enough to address the financial incentives tied up within the different contracts that will deliver the plan. He will be encouraging Boards and governing bodies to consider how value will be added to their statutory responsibilities by working as a system and consider where to focus their efforts. Ifti agreed and urged Board members to consider the links between the Trust's internal strategy and the STP strategy as these must both be delivered in parallel. Director of Finance and Deputy Chief Executive, Claire Wright agreed with the key priorities outlined in the document and informed the Board that delivery of the financial assumptions in the system plan will be overseen through the JUCD Finance Committee which she and Richard Wright are both members of. She proposed that the JUCD Finance report is included as a report to the Board in future. Deputy Trust Chair, Richard Wright reflected on how discussions on staying healthy and prevention have recently become much stronger within the JUCD Board. He felt that a significant challenge will be assessing what the impact of the strategies will be and the specifications of where investment is made for improvement in the future. Director of Business Improvement and Transformation, Gareth Harry welcomed the plan as it provides the opportunity to deliver the footprint for integrated care in a more collaborative and partnership way and thought that the next few months would be an exciting time. Chief Operating Officer, Mark Powell referred to the timetable for the plan's approvals/delivering mechanisms but was concerned that the report did not set out the governance architecture of the plan that would support delivery. John MacDonald and Amanda Rawlings, Director of People Services and Organisational Effectiveness discussed how organisational development (OD) needs to be developed so that the Board and JUCD Board can focus on the risks associated with the Trust's workforce. Senior Independent Director, Margaret Gildea connected these points and stressed the importance of having a system wide HR strategy that will enable a common approach to resourcing people. Carolyn Green was satisfied with the plan but was concerned about immediate capacity. In addition, she felt there was further work to complete in early 2020 to improve and refocus the plan to ensure clinical outcomes are produced. She emphasised the need to redesign the clinical strategy and then recruit to a revised workforce model to provide a vision for the next five to ten years and not just for today. Caroline Maley thanked Vikki Taylor for her involvement in producing the five year strategy delivery plan. She confirmed that the Board was extremely supportive for approval of the plan through the delegated authority by the System Executive: CEO Group as agreed by the JUCD Board as the key next step. **ACTION: JUCD Finance Report to be included as a regular report to the Board** **RESOLVED: The Board of Directors:** **1) Noted the considerations of the plan narrative to date; and noted this is to be considered and reflected where appropriate in the final version**

	2) Approved the content of the draft narrative plan; noting that detailed modelling of finance and activity in particular are still in the process of development, as set out in the report **3) Noted the approvals process and delegated authority by the System Executive: CEO Group as agreed by the JUCD Board.**
DHCFT 2019/149	**MINUTES OF THE BOARD OF DIRECTORS MEETING HELD ON 1 OCTOBER 2019** The minutes of the previous meeting, held on 1 October 2019, were accepted as a correct record of the meeting.
DHCFT 2019/150	**ACTIONS MATRIX** The Board agreed to close all completed actions. Updates were provided by members of the Board and noted on the actions matrix. All completed 'green' actions were scrutinised to ensure that they were fully complete. **MATTERS ARISING** No items were discussed outside of the actions matrix.
DHCFT 2019/151	**QUESTIONS FROM GOVERNORS OR MEMBERS OF THE PUBLIC** None received.
DHCFT 2019/152	**CHAIR'S UPDATE** Caroline's report provided the Board with a summary of her activity and visits to the Trust's services undertaken since the previous Board meeting. This included attending the Trust's BME Conference when she spent time speaking to BME staff and heard their stories about experiencing racism within the organisation. Caroline emphasised her determination that there is zero tolerance of racism within the Trust including racism from service users to staff and that lessons are learned from incidents where this has happened so that the way that we work recognises and welcomes the diversity of our staff. Caroline also attended a Schwartz Round at the Radbourne Unit that focused on staff wellbeing as the work that they are required to do is in a tough environment with lots of demands that are both physical and mental. Caroline also took part in a number of team visits throughout the county and spoke about how she finds it extremely satisfying learning what is important to staff and took the opportunity to thank them for always making her feel so welcome. It was a busy month for the Council of Governors. Governors joined the Board for a joint meeting on 16 October to consider the progress being made on the clinical strategies, the estates strategy, and the work that has started to assess Electronic Patient Record (EPR) implementation. Two new Governors were welcomed as a result of the recent public elections and attended a comprehensive induction event on 17 October. Board Development on 16 October was spent considering the Trust performance against the Key Lines of Enquiry in preparation for the Well Lead Review by the CQC. This time was valuable in reminding us how much we have done since our last review and the progress that we continue to make against our values and our strategy Caroline gave an update around her appraisal and those of the Non-Executive Directors

	which will be reported in full to the Council of Governors. The Board also noted a summary of the NHS Providers Conference which had been attended by four Board members. A highlight was a session focussed on how prevention can play a key role in managing mental health, both for individuals managing their own mental health issues, and more broadly in society. The Board update on JUCD that was appended to the Trust Chair's report was noted by the Board. **RESOLVED: The Board of Directors noted the activities of the Trust Chair since the last meeting held on 1 October 2019.**
DHCFT 2019/153	**CHIEF EXECUTIVE'S UPDATE** Ifti's report gave a summary of the changes within the national health and social care sector, as well as an update on developments within the local Derbyshire health and social care community. The report also includes feedback from external stakeholders, such as commissioners, and feedback from staff. The following issues were highlighted: **National context:** NHS England and NHS Improvement (NHSE/I) have published the community mental health framework for adults and older adults. Board members were made aware of the NHS long term plan's vision for a place-based community mental health model in more detail, and how the NHS can modernise community mental health services to shift to whole person, whole population health approaches. Ifti felt this was a very positive and far reaching view into the Trust's services that focused on prevention and providing intensive and targeted interventions which will be implemented locally via the Mental Health System Delivery Group. Quarter 1 financial figures released from NHSE/I were outlined in Ifti's report. Key headlines showed that the provider deficit is largely concentrated in the acute sector. Of the total reported financial deficit position, 95% is accounted for by acute providers. The remaining deficit position is attributed to the mental health sector, although its £18.7m deficit position is almost £9m better than plan. The mental health sector is forecasting a year-end surplus position. This national data is of relevance to the Trust as the Board must consider the organisation's performance in the context of the system the Trust operates within as well as understanding performance in other sectors. Claire Wright had attended a NHS Leaders roundtable event on Ifti's behalf to discuss the NHS People Plan, in particular the 'core offer' and 'leadership compact' parts of 'Best Place to Work' where I know that she talked about some of the best practice we have developed for example our values driven leadership development sessions, reverse mentoring and recruitment and retention incentives. **Local Context:** A summary of the October JUCD Board was outlined. **Within the Trust:** Ifti was delighted to see that actions arising from the BME conference were already having an impact and have been used to develop the Workforce Race Equality Standard (WRES) Action Plan 2018-19 which was discussed later on during today's meeting. Ifti was pleased to report on success in progressing with the next cohort of Reverse Mentors and Mentees. This initiative is now moving into the implementation phase. The progress of the programme will be overseen by the Reverse Mentor Steering Group

	which reports directly to the Executive Leadership Team (ELT). Rubina Reza was thanked for agreeing to represent the Trust within the NHS Workforce Race Equality Standard (WRES) Expert Programme. The aim of the WRES expert programme will be to support the Trust and the wider health economy to improve workforce race equality and fairness. Rubina's written communication that will be shared with the whole Trust was included in Ifti's report as appendix 1. Regular updates on Rubina's progress will be shared with the Board and she will also be invited to present her update directly to the Board in the near future. **Ifti on the Road:** Ifti had observed a noticeable shift towards staff wanting to show-casing their work. He saw this as a positive step forward that shows that staff culture is improving within the Trust which has also been noted in the increased uptake in responses to the staff survey. **RESOLVED: The Board of Directors scrutinised the Chief Executive's update, noting the risks and actions being taken.**
DHCFT 2019/154	**<u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT</u>** The Integrated Performance Report (IPR) provided the Board of Directors with an overview of Trust performance at the end of September 2019. **Quality and Operations:** The main areas of performance were drawn attention to by Chief Operating Officer, Mark Powell. He provided a positive reflection on recent recruitment and retention activities that is improving staffing in the Trust's acute and community teams. He was pleased to report that the Trust is continuing to improve on national standards. Since June there has been a steady decline in the number of patients placed out of area in a Psychiatric Intensive Care Unit (PICU). Seven day follow up activity is continuing to perform well. Work is also taking place on providing a long term plan for patients with personality disorder in compliance with NICE Guidelines. Mark firmly believes this will be a positive and impactful service that will be offered to patients. John Sykes added that providing appropriate care and approach to help people with personality disorder will ease pressure on beds, out of area (OAA) placements and PICU. In the Crisis Team work with commissioners has resulted in the Trust receiving £800k to recruit to the roles to raise the scope of this service which will rise to £1.8m next year. The number of referrals to autistic spectrum disorder (ASD) assessment services continues to increase. A paper will be taken to the Executive Leadership Team (ELT) setting out options for taking this service forward and engagement with commissioner colleagues. The Trust is also looking to the STP plan in the hope of improving its offer of Autism Spectrum Disorder (ASD) treatment services. Community waiting times are beginning to improve. The Trust Management Team (TMT) discussed a series of actions to manage capacity and a report will be received by the Finance and Performance Committee on 19 November. Carolyn Green outlined how psychology waiting times have halved through the introduction of nurses providing a level of dialectal behavioural therapy (DBT) that focusses on teaching people how to live in the moment and cope healthily with stress. It is hoped that this will help clear psychology waiting times within a year and will be looked at by the Quality Committee. She reported that staff satisfaction and patient experience of this new approach has been extremely positive.

	An update was also given on current waiting lists for Child and Adolescent Mental Health Services (CAMHS) and community paediatrics. Capacity to meet demand continues to be challenging. All vacancies have been recruited to and it is expected that this will soon result in an improvement in waiting times. **Finance:** Claire Wright gave an overview of the Trust's financial position and reported that the surplus of £1.3m was ahead of plan by £0.1m but warned of significant cost pressures and risks that will need to be mitigated. There are several emerging risks that need to be managed in order to achieve that forecast position particularly the unfunded cost pressures, potential for CQUIN income loss, cost improvement (CIP) delivery and the reduction of OOA expenditure. Month 6 and month 7 are key milestones in achieving a level of confidence that there will be an improvement in the underlying forecast position. There were positive signs as at month 6 in the underlying forecast position, but month 7 was not yet known and an extreme risk to delivery still exists including between £0.3m and £0.4m of CIP risk. The Board was pleased to note that agency costs are forecast to remain below the ceiling of £3.03m and that year to date agency expenditure equates to 2.7% of total pay expenditure. Caroline Maley thanked everyone involved in achieving this improvement. Carolyn Green advised that the EQUAL Forum had asked to be provided with feedback on medical staffing, clinical stability and the use of agency risks. John Sykes responded that he would be very happy to talk to the EQUAL Forum to discuss this further. He outlined how new doctors registering in 2018/19 from British medical schools account for around 4.5k doctors. Recruitment from overseas is the backbone of the country's medical workforce and there are 5k doctors registered with the GMC from South Asia, Africa (especially Nigeria) and the Middle East in 2018/19. The Trust is helping develop specialist doctors' portfolios so they can progress to become consultants. The Trust's workforce is becoming more diverse. The Trust is performing well compared to other organisations on solutions for every consultant post. **Workforce:** Ifti asked about nursing vacancies and how the Trust compares to the national vacancy rate. Amanda responded that nursing is the biggest focus of the Trust's interim people plan with out of hospital care being a significant priority of nursing. The Trust is starting to see many nursing coming through from universities and is faring well in comparison with other organisations and is accelerating its rate of recruitment. The People and Culture Committee is addressing some of the incentive work to attract staff into priority areas and the working taking place with local communities and investing in people. Carolyn Green added that a large number of services have no vacancies. The Trust is performing well in recruiting to acute service roles and that the vacancy rate in this service is less than it was twelve months ago. However this is still further work that is required. This area of focus must continue which is why she continues to assess the risk associated with this service as high. Ifti asked if the infrastructure is in place to accommodate new student placements. Carolyn assured him that a large number of student placements have been secured. Performance shows that students who carry out a placement with the Trust want to return within a substantive role. Extra money is being applied to these roles although further investment will need to be made within the workforce plan for learning disabilities (LD) and community mental health areas to secure staff for the future. Initiatives are also being worked on to improve retention rates in the acute service.

	Richard Wright was concerned about the amount of staff due to retire in the next few years. Amanda replied that the retire and return scheme is a national focus and a great initiative. The Trust is working with people who want to retire and give them the opportunity to work different hours to suit their needs to ensure that their experience and knowledge does not disappear from the NHS. Mark Powell suggested that the Board should consider using the 'new money' earmarked for specific services for improving the workforce plan over the next five to six years. Caroline Maley welcomed thoughts from the Board on how the risks associated with not using this money to deliver patient requirements could be managed. The Board supported the opportunity to develop the workforce and proposed that this should be discussed with the Mental Health System Delivery Board and the JUCD Board with the outcome reported back to the Board. Richard Wright asked Claire Wright if the system risk share agreement would affect the Trust's year-end position. Claire responded that discussions are taking place with partners in the system. If the Trust has to contribute to the system risk share the Trust control total will not be achieved. This will also be the case for every other trust in Derbyshire. The system will continue to work towards not transacting the risk share agreement. **ACTION: Risks associated with using long term plan investment earmarked for increasing workforce capacity to provide clinical services being used to support historical deficits in commissioned services to be raised through the Mental Health System Delivery Board and the JUCD Board with the outcome reported back to the Board.** **RESOLVED: The Board of Directors received assurance on current performance across the areas presented.**
DHCFT 2019/155	**<u>ACUTE INPATIENT TRANSFORMATION ACTION PLAN – NOVEMBER 2019</u>** Mark Powell presented a progress assurance update on positive developments and progress made against the Acute Inpatient Services Transformation Plan. This report is regularly received by the Quality Committee and contained a summary of the overall action plan that was developed and agreed in response to making improvements in the Acute Inpatient Service. The report showed that nearly all of these actions have been completed in a short period of time which the Board recognised was a testament to the team. The notable increase in training, appraisal and supervision rates was also commended. The Board recognised that across the Radbourne and Hartington Units every area of performance is above 80% and this is in line with trajectory. In addition to this a concerted effort has been made to make the environment more appealing for patients. The transformation team have also looked at innovative practice to enhance patient care, support for carers and improved colleague experience. In addition to this two matrons have been recruited into post to add greater clinical leadership and oversight for the two units. Although challenges remain around staffing, vacancy and turnover rates have improved. Mark reported that he felt confident that the delivery of these actions has significantly enhanced safety and well led aspects across all the domains. Margaret Gildea added that the teams have not been complacent. She confirmed that the Quality Committee has spent a considerable amount of time scrutinising the Acute

	Care Transformation Plan and has seen a cultural shift emerging within the units along with a significantly improved quality of leadership. She expressed her appreciation of the leadership that has ensured great practice that has been carried across both units which has resulted in staff being determined to continue to underpin the improvement work to deliver compliance against CQC regulations. Suzanne Overton-Edwards said that it is clear that a significant amount of learning has been obtained from effectively improving the Acute Inpatient Team which turned around the culture and attitudes and felt this work should be shared with other colleagues as part of the system work. Ifti clarified that this programme of work is addressed through the Mental Health System Delivery Board. This work can progress as part of urgent care across the system. The Board acknowledged the controls and mitigation plans that have been put in place across the acute care service. Board members agreed that they now had an increased level of assurance with the Board Assurance Framework (BAF) risk associated with this service line. Carolyn Green had assessed the acute services at the Radbourne and Hartington Units through direct visits, triangulation of wider information, CCG visits, clinical information and EQUAL members' visits. She reported that patients had seen an improvement in therapeutic activities and care plans and felt that the acute service had improved and was safe. She therefore endorsed the recommendation to reduce the level of this risk from extreme to high. John Sykes supported this view as he had observed that staff on both units now have a sense of mission in sustaining this level of improvement work, staff are very aware of the differences that have been made and have appreciated the opportunity to make these improvements. The Executive Leadership Team will continue to consult and engage widely with colleagues and feedback on the delivery of action. The Quality Committee will continue to review the transformation plan on a monthly basis. Having reviewed the good performance and improvement across the acute service the Board was assured by the controls that have been put in place and agreed to reduce the rating of BAF risk 1a from extreme to high. **RESOLVED: The Board of Directors reviewed the assurance provided in this report and agreed that the previously escalated Board Assurance Framework Risk 1a associated with this service line can be reduced from extreme to high based on the significant improvements that have been made since July 2019.**
DHCFT 2019/156	**<u>CLINICAL STRATEGIES 2019-22</u>** Gareth Harry presented for agreement the Clinical Service Strategies created through the Clinically-Led Strategy Development (CLSD) process for the Eating Disorders (all age) Service and Perinatal Service. The strategies include a vision of the future service, an outline of the development process, a summary of workforce, estate and Information Management and Technology (IM&T) implications and a more detailed Service Improvement Plan to deliver the strategy. The Board noted that each development within the Service Improvement Plan has come directly from ideas developed through the CLSD sessions, the NHS Long-term Plan for Mental Health or the stakeholder sessions and each link in to a Building Block within the Trust Strategy. Over 500 colleagues front frontline roles alongside patient and carer representatives have been involved in the development.

	Gareth explained that the Learning Disabilities (LD) stakeholder event is now taking place in January and will be presented to the Board for approval in February. He will check whether the strategies scheduled to come to Board in December will have to be deferred due to the fact that no new decisions or announcements are to be made regarding policy or strategy during Purdah. John Sykes observed that specific detail relating to physical healthcare monitoring did not feature in the Eating Disorder Service Strategy and recommended that the involvement of the gastroenterology service is included. Gareth gave assurance that the work being carried out with Commissioners to cover the shared care by gastroenterologists and primary care will be included in the strategy. Margaret Gildea thought it was heartening that a system wide approach to the strategies is being considered during partner stakeholder discussions. Caroline Maley acknowledged the extent of enthusiasm in developing the strategies and asked how the actions can be prioritised. Gareth assured her that working group will plan an implementation period for the year ahead and will incorporate the actions to be delivered during the first eight month. Having considered the development of the strategies the Board approved the Clinical Service Strategies for Eating Disorders and Perinatal Services. **RESOLVED: The Board of Directors:** **1) Agreed the Clinical Service Strategies for Eating Disorders and Perinatal Services** **2) Noted the process undertaken to develop the strategies and the extent to which they have been developed by colleagues in frontline service delivery roles.** **3) Noted the need for working groups established at clinical service level, reporting to the Clinical Services Strategies Transformation Board, to lead implementation of the service development plans and the importance of leadership in this process of Clinical Directors, Clinical leads and other clinical leaders in delivering.**
DHCFT 2019/157	**<u>LEARNING FROM DEATHS MORTALITY REPORT</u>** The 'National Guidance on Learning from Deaths' requires each Trust to collect and publish specified information on a quarterly basis. This report covers the period 1 April 2019 to 30 June 2019. This report was due to be considered by the Quality Committee in September 2019, but was deferred to the October meeting. John Sykes summarised how learning is obtained from holding mortality reviews into deaths of all patients who have been in contact with the Trust's services. The Board was pleased to note how this practice brought about a compassionate approach within the Trust which ensures the process is exceptionally person centred in line with national guidance. In addition to this actions recorded from completed Serious Incidents have helped improve the pathway into forensic services. The report also provided assurance that the Trust is following recommendations outlined in the National Guidance but that there is a bigger picture to consider related to developing a Safety Culture. It was noted that the Quality Committee received significant assurance from the report particularly due to the exposure that the learning from deaths procedure receives from a number of levels including the Trust Management Team (TMT). The Board therefore took full assurance from the approach being taken to reviewing learning from deaths and agreed for the report to be published on the Trust's website in line with national

	guidance. **RESOLVED: The Board of Directors accepted this Mortality Report as assurance of the Trust's approach to learning from deaths and agreed for the report to be published on the Trust's website in line with national guidance.**
DHCFT 2019/158	**<u>2019/20 FLU CAMPAIGN</u>** This report updated the Board on the current position in regards to the 2019 Flu Campaign. Amanda Rawlings outlined the plans put in place to ensure achievement of the Commissioning for Quality Innovation (CQUIN) payment as we reach one month into the campaign. The Trust's Unicef 'jabs for jabs' partnership has been positively received by staff and has so far resulted in the sponsorship of 1,230 vaccines (for measles, tetanus and polio) across the developing world; for every staff member vaccinated, 3 jabs are sponsored via Unicef. Weekly live reporting is proving valuable in assessing who has been vaccinated and helps to tailor the approach to increase vaccination uptake. Caroline Maley thanked the flu team for the success of the scheme so far that was demonstrated in the report but added that efforts need to be continued in order to improve the take up and meet the target. **RESOLVED: The Board of Directors:** **1) Received assurance on the robustness of the flu campaign plan as demonstrated by the NHSI self-assessment framework** **2) Noted the successes of the campaign so far** **3) Noted the challenges identified so far and the plans in place to address these.**
DHCFT 2019/159	**<u>REVISED WORKFORCE RACE EQUALITY STANDARDS (WRES) ACTION PLAN</u>** The Board received an updated Workforce Race Equality Standard (WRES) action plan, co-produced by attendees at the BME Staff Network Conference and senior leaders at the annual conference which took place on 25 September. The actions developed by the Network at the conference have been used to develop the WRES Improvement Action Plan 2019-20. Key actions include recruiting and developing a workforce that reflects the diverse communities the Trust serves on the basis that increasing people diversity will improve performance and patient care. It was noted that a Diversity Recruitment Action Steering Group for improving workforce equality and diversity using 'disruptive and non-traditional approaches' has been established and is chaired by Suki Khatkar and supported by Claire Wright, Deputy Chief Executive and Board Equalities Lead. This group reports directly to Executive Leadership Team and works with BME network members, Trust managers and People Services to, drive progress with the BME (and wider) workforce diversity targets. The Board recognised the foundations that have been put in place and approved the revised WRES Action Plan. It is expected that more comments from BME colleagues and other protected groups will emerge over time will improve workforce equality and sustainability. **RESOLVED: The Board of Directors:** **1) Approved the revised WRES Improvement Action Plan 2019-20** **2) Noted Diversity Recruitment Steering Group reporting directly to ELT to drive improvement across the WRES metrics and targets**

	3) Noted the BME Network Annual Conference Report 2019.
DHCFT 2019/160	**REVISED ENGAGEMENT BETWEEN THE TRUST BOARD AND THE COUNCIL OF GOVERNORS POLICY** The Board of Directors, in consultation with the Council of Governors, had approved the first version of the Policy for Engagement between the Trust Board and the Council of Governors in 2016. The policy is now due for renewal and requires some minor amendments. These minor amendments were supported by the Governance Committee in October and were put forward for Board approval. Assurance was given that the Policy continues to reflect the Foundation Trust Code of Governance and compliments the Trust Constitution, Standing Orders and locally agreed protocols developed by the Council of Governors, for example the process for the appointment of the Lead and Deputy Lead Governor. The Board re-endorsed its commitment to Governors in developing engagement and two-way communication to carry out their respective roles effectively and approved the amendments to the revised policy. **RESOLVED: The Board of Directors approved the revised Policy for Engagement between the Trust Board and the Council of Governors.**
DHCFT 2019/161	**BOARD ASSURANCE FRAMEWORK – FOURTH ISSUE FOR 2019/20** Justine Fitzjohn detailed the fourth issue of the BAF for 2019/20 which provides assurance on the process of identifying and mitigating risks to achieving the Trust's strategic objectives. Although the risk ratings for all risks remain the same overall as the previous version reviewed by the Board on 3 September an additional gap in control has been added to the BAF for risk 3a following discussion and challenge at Finance and Performance Committee on 17 September. Claire Wright described how this resulted from the need to manage and mitigate emergent cost pressures arising as a result of clinical, quality, operational and strategic requirements. The Board agreed that the BAF continues to drive discussions at the Board and the Board Committees. Ifti Majid commented that he expects the next iteration of the BAF to be able to show an improvement in the finance BAF risk 3b if more positive information is received on the Trust's financial position. Mark Powell added that he also expects to see an improvement in risks relating to compliance with estate work after the draft Estate Strategy has been received by ELT and the Finance and Performance Committee. Board members approved the fourth issue of the BAF for 2019/20 and confirmed that they have seen the BAF worked through the Board Committees and are familiar with individual risks. Following earlier discussion that took place on reducing BAF Risk 1a the Board took assurance from the work undertaken through the Acute Care Transformation programme to mitigate this risk and reiterated its agreement to reduce the rating of this risk from extreme to high. Due to the reduction in the rating, the deep dive of this risk will now take place within the Quality Committee and not the Audit and Risk Committee. The Board noted the cycle of BAF review and update which includes consultation with individual Executive Directors and review of the BAF risks at Board Committees. The Board also agreed to continue to receive quarterly updates of the BAF as scheduled in

	the forward plan. **RESOLVED: The Board of Directors:** **1) Approved this fourth issue of the BAF for 2019/20 and the significant assurance the paper provides of the process of the review, scrutiny and update of the BAF in seeking to identify and mitigate risks to achieving the Trust's strategic objectives.** **2) Agreed to reduce BAF Risk 1a from extreme to high** **3) Agreed to continue receive a quarterly update of the 2019/20 BAF risks as outlined in the forward plan.**
DHCFT 2019/162	**<u>BOARD COMMITTEE ASSURANCE SUMMARIES AND ESCALATIONS</u>** The Board received assurance summary updates from recent meetings of the following Board Committees: **People and Culture Committee** held on 24 September - the notable increase in training, appraisal and supervision rates in the acute inpatient service was noted at the meeting. Significant assurance had been received around staff engagement activity and 2019/20 staff survey roll out. Significant assurance had also been received on the process and tracking of employee relations but the Committee had limited assurance on the time to resolve cases. . **Audit and Risk Committee** held on 3 October – the report on risk management strategy showed good progress and set out the objectives for the next three years. The Committee approved the fourth issue of the BAF for 2019/20 and gained significant assurance on the process of the review, scrutiny and update of the BAF in seeking to identify and mitigate risks to achieving the Trust's strategic objectives. The Freedom to Speak Up (FTSU) update report showed the significant developments made to improve speaking up. The FTSU Policy would be revised in light of comments from an Internal Audit review. All other Board Committees will be asked to undertake a mid-year assessment of compliance against the equality, diversity and inclusion objectives and this will be monitored by the Committee as part of the year-end review of committee effectiveness **Quality Committee** held on 10 October - the progress improvements in the Acute Care pathway continue to be a significant focus of the Committee. The Patient Experience Strategy had been ratified and there was positive feedback on the simplicity. The Committee would continue to monitor the situation around Health Visitor Caseloads but noted the review of the caseload skill mix and mitigating actions to reduce the risk the pressure in Children's services. The Committee received significant assurance on the Serious Incidents Bi-monthly report. An escalation was made to the Executive Leadership Team on improvement areas for Flu inoculations. **Safeguarding Committee** held on 15 October – Special Educational Needs (SEND) report showed good areas of practice. It is expected that further improvements will be made and key improvement areas will be seen through system working. The Safeguarding Strategy was agreed and the Chaperone Policy will be revised by Executive Lead. The Committee escalated the Risk register and SEND actions to the Executive Leadership Team. **RESOLVED: The Board of Directors received and noted the Board Committee Assurance Summaries.**
DHCFT	**<u>USE OF EMERGENCY POWERS BY THE CHIEF EXECUTIVE AND THE CHAIR</u>**

2019/163	Caroline Maley drew attention to the report received for information outlining the use of emergency powers by the Chief Executive and the Chair on 24 October to approve the submission of the Improving Access to Psychological Therapies (IAPT) Tender to meet the deadline of 25 October. In line with Standing Orders it was confirmed that two Non-Executive Directors had been consulted on the proposal.
DHCFT 2019/164	**IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK (BAF)** There were no additional items for inclusion and updating within the BAF apart from the reduction of BAF Risk 1a from extreme to high as outlined above.
DHCFT 2019/165	**2019/20 BOARD FORWARD PLAN** The 2019/20 forward plan was noted and will continue to be reviewed further by all Board members.
DHCFT 2019/166	**MEETING EFFECTIVENESS** Carolyn Green thanked Board members for the support they showed to April during today's patient story particularly as she was sensitively aware of recent losses experienced by other Board colleagues. Caroline Maley invited feedback from the people shadowing at the meeting. Kyri Gregoriou thanked Ifti for inviting him to shadow him. From a clinical aspect hearing the discussions today answered many questions that have arisen during staff supervision. Kyri agreed to use this insight to help people learn and improve their career pathway and will be encouraging members of his team to observe Board meetings. Lesley-Anne was grateful for the opportunity of shadowing Carolyn Green. She had expected the meeting to have been more formal and was pleased to see how compassionate Board members were and was impressed with the way that Caroline had chaired the meeting while observing the emotions being felt around the table. She was pleased to see that the Board had discussed matters that are important to her and her team. She will take the message back to her team that the Board considers staff to be at the heart of its planning and determination to provide quality of care rather than just making improvements to meet CQC compliance. Attendees and visitors were thanked for their attendance at today's meeting. Caroline was pleased to see a good level of attendance by Governors. Richard Wright added that there was a good representation of Trust Governors at the JUCD Board meeting held the previous day.
The next meeting of the Board to be held in public session will take place at 9.30am on Tuesday 3 December 2019 2019 in Conference Rooms A and B, Centre for Research and Development, Kingsway Hospital, Derby DE22 3LZ	

				BOARD OF DIRECTORS (PUBLIC) ACTION MATRIX - NOVEMBER 2019			
Date	**Minute Ref**	**Item**	**Lead**	**Action**	**Completion Date**	**Current Position**	
5.11.2019	DHCFT2019/148	STP Final Document	Claire Wright	JUCD Finance Report to be included as a regular report to the Board	3.12.2019	The JUCD finance paper was appended in Finance and Performance Committee (F&P) papers as a committee of the Board. The wider system finance position will feature in commentary of Integrated Performance Reports.	Green
5.11.2019	DHCFT2019/154	Integrated Performance Report	Ifti Majid	Risks associated with using long term plan investment earmarked for increasing workforce capacity to provide clinical services being used to support historical deficits in commissioned services to be raised through the Mental Health System Delivery Board and the JUCD Board with the outcome reported back to the Board.	3.12.2019	This will be addressed primarily through MHSDB and monitored on an ongoing basis through F&P as part of monitoring investment and contracting. Action has been transferred to F&P. Progress will be reported back to the Board through the F&P assurance summaries.	Green

Resolved	**GREEN**	**2**	**100%**
Action Ongoing/Update Required	**AMBER**	**0**	**0%**
Action Overdue	**RED**	**0**	**0%**
Agenda item for future meeting	**YELLOW**	**0**	**0%**
		2	**100%**

Derbyshire Healthcare NHS Foundation Trust
Report to the Public Board of Directors – 3 December 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 November 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 30 October, I shadowed Farina Tahira, one of our staff governors and a Consultant on the Radbourne Unit, Ward 35 at a ward round. In the ward round we saw a number of patients with different needs and requirements. I was particularly pleased to see two advocates from Mind working on behalf of two of our patients, as well as the good relationships that the team has with other agencies supporting our patients.

   However, it was also apparent that repatriation from out of area was a challenge, especially in the case that I saw where there was little information about the patient transferred from a private unit in Bristol who was expecting a discharge and the consultant needs to determine what is in the best interests of the patient. I understand that there is a basic level of information that comes on transfer, but at times a conversation between clinicians looking after the patient would be best to ensure that the decisions taken are safe for all.

3. On 14 November I visited the Kedleston Unit and was able to spend time talking to patients and staff. I was particularly pleased to hear that one of the patients will be taking on a placement in our own kitchens – and he is really excited about the opportunity that this provides. The Unit continues to seek new ways of engaging service users in positive activities and to focus on recovery, and this is apparent from their positive response to meeting me. I was also pleased to hear about the positive steps that the lead nurse is taking to give all staff a voice in the work of the unit.

4. Also on 14 November I visited London Road Ward where once again I was impressed by the activities that are carried out with service users and their families. Preparations were being made for the Christmas decorations for the ward, and a wonderful exhibition was on the walls about Remembrance Day. There was also great care shown for a patient who was returning home on leave, with staff making sure she had some milk to take home with her to be able to make a cup of tea when she got home. The little touches make such a big difference to the care provided. On this ward it is also clear that there is a good working relationship with the Consultant and staff.

5. On 19 November I visited The Beeches perinatal unit. I spent some time with the senior perinatal nurse, learning about the successes and challenges that the unit has faced over the last year. I was particularly pleased to hear about the team development days that they hold once a month where learning and working as a team is key. I understand that staff even want to come in from days off to attend these days, which is really encouraging about the impact that they have had. I was also able to learn about the challenge of providing a service which serves many out of area patients and their families, and the difficulties that can arise due to delayed transfers of care across regional boundaries. It is also encouraging to hear about fund raising that is done for the unit by a now retired member of staff, who handed over a cheque for £1,135 for the unit from riding a bicycle across the country.

6. The Delivering Excellence Awards took place on 20 November, and is a wonderful opportunity to recognise those members of staff who have truly delivered great care. It is a wonderful reflection on the quality of staff that we have in the Trust and a suitable celebration of all that we do. My thanks to the teams who put the afternoon together and all the nominees and finalists and winners.

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

Council of Governors

7. The Council of Governors met on 5 November. The meeting was well attended and a number of governors had attended the Board meeting held in public in the morning which is again good to see. At this meeting, the Council received the

results of the Governors Annual Effectiveness survey, which was pleasing to see. There had been a good response rate and feedback was on the whole very positive about how the Council has developed, is supported and meets its statutory duties. The Council also received a report on the Staff Wellbeing Strategy.

8. The Nominations and Remuneration Committee of the Council met on 12 November to receive my appraisal and the appraisal of Margaret Gildea and Julia Tabreham. There was also a briefing on NHS Improvement (NHSI) Guidance on Chairs Competency Framework and appraisal, and guidance on Non-Executive Director (NED) remuneration. These matters will be considered again at the February meeting of the Committee.

9. The Governors have been involved in the last month in recruiting our sixth NED. Shortlisting took place on 21 November and interviews will be held on 5 December 2019.

10. We continue to provide a comprehensive training programme for our Governors, and on 31 October training on the Mental Health Act was led by Dr John Sykes. We have also reviewed the training to be offered over the course of the next year, and building on the recommendation from the Council of Governors effectiveness survey.

    The next meeting of the Council of Governors will be on 7 January 2020. The next Governance Committee takes place on 10 December. The Nominations and Remuneration Committee will be meeting as required over the course of December to appoint a new NED and to receive my appraisal and the appraisal of two of the NEDs.

Board of Directors

11. Board Development on 13 November included time to prepare for the CQC well led inspection. A session for Board members was led by Paul Devlin, chair of Lincolnshire Partnership FT which was useful as a guide to some of the changes that we are anticipating in the process but also quality time to reflect on what has worked well over the past year and where we might want to do more.

12. During the next month we will be recruiting a sixth NED, with the aim of ensuring that we improve the diversity of our Board. Suzanne Overton-Edwards is filling this gap with an interim appointment, and we have Perminder Heer with us as our NExT Director through to August 2020.

System Collaboration and Working

13. On 21 November, JUCD Board met. Attached as Appendix 1 are the key messages noted from this meeting.

Regulators; NHS Providers and NHS Confederation and others

14. On 8 November, Ifti Majid and I presented at Forum Strategy's event for senior leaders in School Multi Academy Trusts, focussing on the transition from front line worker to CEO and other related matters.

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

Assurances

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

Consultation

This report has not been to other groups or committees.

Governance or Legal Issues

None

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

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

Demonstrating inclusive leadership at Board level

Through the Trust's involvement in the NExT Director scheme we are supporting the development of those who may find it more difficult to be appointed as a NED in the NHS. Perminder Heer has a placement with us thereby continuing to support the system development of future potential NEDs from diverse backgrounds.

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

Recommendations

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

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

Joined Up Care Derbyshire Board 21.11.19 – Three Key Messages

Winter Plan
The Winter Plan for the Derbyshire Health System has been produced following extensive collaboration between partners across Joined up Care Derbyshire (JUCD).

The plan seeks to address the core six asks of NHS England:

1. This winter the goal should, wherever possible locally, be more General and Acute (G&A) hospital beds open, to reflect increased levels of patient need and admissions.
2. Work with Local Authorities to ensure the same or more care packages and nursing /residential home beds are available over the winter period than last year, with the same level of visibility and dual sign-off of on these plans.
3. GP out of hours services should be expected to deliver services from 8pm to 8am 7 days per week, and critically, over bank holidays.
4. Ensure mental health services can respond quickly and comprehensively, particularly in relation to ED presentations.
5. Community health services able to operate to the same "clock-speed" of responsiveness as acute emergency services, e.g. 2 hour home response where that would avoid hospital admissions or speed discharge.
6. Improving the uptake of the flu vaccine.

Whilst each provider organisation in JUCD has its own operational plan for winter, this document draws together and links the planning activities of each to provide assurance that the system can provide an effective response to winter pressures.

With winter not yet in full flow, the system is already under significant pressure and the Board expressed its thanks all staff in health and social care who are working to ensure high quality care continues to be provided to people in Derbyshire.

Gearing Up for 2020/21: The Next Five Months
The main focus of the last few months has been on refreshing the STP Five Year Plan, which was submitted to NHS England/Improvement on 15 November. The focus of the next five months needs to be on three things:

- Delivering this year, particularly winter and system's finances.
- Refine the 5 Year Plan and development a clear implementation programme
- Publishing the 5 Year Plan following the general election
- Build the system capacity and capability so we enter 2020/21 in a stronger position to deliver and to give us a year to further strengthen our capacity and capability before we become an ICS in April 2021

System Development and Board Effectiveness Review
JUCD Board is discussing the ways in which the system needs to develop as a partnership so that our staff and communities are supported to adapt to the new models of care delivery. Working together across organisations is a priority and must address the past barriers to change, including the lack of cross-system working, misaligned incentives and the predominant organisational focus over system-wide and people-centred perspectives. We must make system-level working the default option - 'business as usual.

A system development plan Board effectiveness review is underway to support our aim to become an ICS by April 2021.

Finances
The Derbyshire health and care system is currently reporting an underperformance against savings plans of £13.2m at month 7. We are forecasting breakeven at the end of the financial year, but there remains risk to the delivery of that forecast.

Contract conversations are now commencing, starting with a discussion about how contracts will be reconciled as we come to the end of 2019/20 and at the same time looking at our priorities for addressing the ongoing financial challenge in 2020/21.

Patient Story
JUCD Board hears a patient story at the start of each meeting; this month the Board heard what is perhaps a fairly standard story of patient journey from admission to discharge, where the care provided was excellent and the outcomes were good. The issues lay in the non-clinical elements, which might have been more efficient. These included the ready availability of equipment and the use of taxis to transport medication. The Board reflected on how these elements can be addressed and respective organisations who share the patient stories will take forward any actions with partners, but where we think there may be further opportunities to reflect and address the issues highlighted, the appropriate programme boards will be asked to take forward.

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 3 December 2019

Chief Executive's Report to the Public Board of Directors

Purpose of Report

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

National Context – due to the NHS purdah restrictions, this is a curtailed section of my report

1. NHS England and NHS Improvement (NHSE/I) have published the 2020 national tariff engagement document. The Board is aware that as a Trust the majority of our services are set on a block contract and so most of these proposals do not have direct impact on our Trust. However, the need for 'open book' accounting practice within systems, and the impact that the proposals could have on our system colleagues, as well as the overall challenge in the system for 2020/21, are of relevance to the Board. The main proposals for the 2020/21 national tariff payment system (NTPS) include:

    - Extending the blended payment approach into outpatients, maternity, and adult critical care. Like existing approaches for mental health and emergency care, NHSE/I want to introduce a combination of 'intelligent fixed payments', alongside elements that account for variable activity, risk-sharing and outcomes-based payments.
    - Establishing a single-year tariff for 2020/21.
    - Rolling over price relativities from 2019/20 into 2020/21. This is intended to enable more focus on other payment systems, such as blended payment models.
    - A requirement in the standard contract for providers and commissioners to have a "meaningful system collaboration and financial management agreement", including open book accounting.
    - Updating best practice tariffs (BPTs) for day cases, acute stroke care, fragility hip fractures, and major trauma. NHSE/I have also proposed the introduction of a new BPT for adult asthma care.
    - Making changes to top-up payments for specialised orthopaedic services and incorporating the cost of chemotherapy supportive drugs into chemotherapy delivery tariffs.
    - No adjustments are proposed for the top-slice to the tariff that funds the overhead costs of Supply Chain Coordination Limited (SCCL).
    - NHSE/I are also considering reviewing the market forces factor (MFF).

This follows the significant update to the MFF that was made in the 2019/20 NTPS.

2. The legislation to enable increased independence for the Health Service Safety Investigation Branch (HSSIB) has progressed through Parliament prior to parliament being dissolved. As the Trust Board is aware, following an incident, a number of parallel processes are undertaken, and trusts have multiple responsibilities to discharge. Some of these will be led by the Trust, some will be instigated by those involved in an incident, and some will be carried out by external bodies. Local trust investigations are currently undertaken within the requirements of the Serious Incident Framework (the SIF). This sets out the requirements for trusts and commissioners to investigate and learn from serious incidents; involve and support patients, families and carers; and ensure the safety of healthcare delivery, including by working with a number of statutory organisations and procedures to ensure appropriate accountabilities. The SIF notes serious incident management as "a critical component of corporate and clinical governance", with Trust leaders "ultimately responsible for the quality of care that is provided by that organisation". The HSSIB's national investigations have been added to these responsibilities and processes. They are differentiated by their independence, their safe space provisions, and their systemic perspective. As such, they will fill a gap in how the English healthcare system learns from its mistakes and improves patient safety.

   The principle of creating the HSSIB and enabling it to conduct safe space investigations, so that the NHS can improve patient care and learn from when things go wrong, is something we must all be in support of and links to the developing 'just/people first culture' as a Board we aspire to. This is an approach that has been successfully adopted in a number of other industries (for example, within the airline industry's Air Accidents Investigation Branch [AAIB]). The HSSIB's original remit was to carry out a small number (around 30 a year) of systemic safety investigations within safe space provisions, which would be carried out in addition to local Trust investigations.

   It was latterly required by the then Secretary of State to carry out all maternity investigations (in cases of specified outcomes – expected to number around 1000 a year) in the place of local Trust investigations, in order to facilitate rapid learning and an improvement in the way these investigations were handled. As they will be replacing a Trust's investigation, safe space provisions do not apply. It is understood that the maternity investigations will be returned to the NHS in 2021.

   The HSSIB is currently established under ministerial directions as part of the Trust Development Authority and hosted by NHS Improvement. This bill makes provision to establish the HSSIB as an independent entity. It has undergone pre-legislative scrutiny by a Joint Committee, and the government has responded to its report. Once the bill is finalised and passes into legislation, I will update the Board, but as we consider our response to the new National Safety Strategy, this formal part of the processes is something we must consider.

Local Context

3. During November I attended the second System Performance Review meeting with NHSI and NHSE. This meeting replaces individual Organisation

performance meetings and the purpose is to understand system performance overall, focussing on areas of specific pressure or under performance. Key areas for us to note from this meeting include:

- Positive feedback on progress being made towards becoming an Integrated Care System (ICS) in 2021, in particular our development of the emerging Integrated Care Partnership (ICP) geography, development of Primary Care Networks and some of the innovations that have been enabled through more integrated working. For example, some of the care homes projects and development of our own dementia rapid response teams.
- Concerns about some aspects of performance relating to our services, including the number of 12 Hour ED (Emergency Department) breaches for mental health patients, being slightly behind on our Learning Disability transforming care trajectory and mental health out of area placements, though it was noted significant improvement had been made around PICU (Psychiatric Intensive Care Unit) out of area and adult mental health out of area.
- Cancer 62 week waits and the waits for some diagnostic tests was a concern for regulators.
- Whilst some guidance was provided, regulators were complimentary about our draft long term plan submission, with some amendments and clarifications around areas such as capital investment needed.

4. Gareth Harry, Director of Business Improvement and Transformation attended the November Joined Up Care Derbyshire (JUCD) Board on my behalf and the highlights included:

- A patient story outlining some positive and negative reflections on a discharge from one of our acute trusts. Martin Whittle, Engagement Committee Chair at NHS Derby and Derbyshire CCG, will be proposing how the JUCD Engagement Group takes patient stories forward so they can influence action.
- John MacDonald, Chair of JUCD, outlined a February refresh of governance and establishment in shadow of the ICPs, looking at scale and level of devolution of finance. Time outs are planned in February to review progress.
- Vikki Taylor, STP Director for JUCD, reflected on an overall positive System Review Meeting and the heavy focus on operational delivery, rather than finance.
- Details were given of a £47m risk within savings delivery with some mitigations in place, meaning overall remaining risk around £30-35m being the “likely case”, rather than worst case. It was noted there was a need for provider and commissioner transparency on the underlying deficit position and the impact of the £30-35m on this.
- The Board agreed the System Winter plan. There was agreement that it was recognised by all the parties in the system and that it felt and read like a system plan this year, rather than a collection of organisational plans, e.g. single escalation processes. We agreed there should be a system winter debrief in March/April.
- The STP Refreshed Plan was agreed as submitted. We agreed that we needed to develop Delivery Plans for 2020/21.
- The Board received the Organisational Development (OD) strategy and

agreed the principles and framework. We now need to consider how each organisation responds on OD to coordinate and take forward OD together, building local offers, such as a local Mary Seacole programme.

- John MacDonald presented a proposal to review the Board effectiveness and Board Governance. A Core Team is to be identified to review these areas and a wider Reference Group to oversee. There may be opportunities for Governance and Risk Management leads in organisations to get involved in this work.

5. 11 November was a landmark day for the Derbyshire system as it was the first time all the executives from all organisations got together to think about system working and ways of enhancing integration. This was an organisational development session, facilitated by Dame Angela Pedder, and hence focussed on risks and opportunities for working in different ways. We agreed that this was something we would look to do on a regular basis, as the benefit of a space to develop a shared understanding of system priorities, was clear to all involved.

Within our Trust

6. On 31 October I was privileged to spend some time speaking to our trainee doctors based in both the North and South of Derbyshire. It was a great opportunity to share the likely changes to our NHS over the coming few years and discuss how they will impact on their future careers. There was much interest from those GP trainees in the changes around primary care networks and the likely alterations of historical practice make up towards primary care at scale. It was also gratifying to hear that trainees continue to value their education and development within the Trust.

7. It was a real privilege to attend the first of a series of workshops for school students in Derby, led by our Healthy Schools Team on 4 November, associated with anti-bullying month. I went along to the Noel Baker Academy in Derby where I met children from all ages who were encouraged to talk about what kept them away from getting involved in knife crime, and how they personally stayed strong and resilient. I was so impressed with how interested the young people were in getting involved. We wrote our tips on wooden lolly sticks that were then stuck on an 'mdf' man to create an alternative 'knife angel' that visited Derby in October. An innovative approach to engage our young people in such an important topic.

8. The Trust's Communications Team has continued to support and promote key events and initiatives over recent months. This included World Mental Health Day on 10 October - with a particular focus on an open day event held by our CAMHS team, opened by former Derby County players, Roy McFarland and Roger Davies. The event received coverage in both print and online media, sharing key messages to support younger people with their mental health and wider themes of suicide prevention, which was the theme for the day. Leanne Walker, the Trust's Expert by Experience, also shared her spoken narrative piece that was initially shared at the Trust's Annual Members' Meeting in September, which also generated several conversations and received high praise.

   The Trust has received positive coverage through local media outlets in recognition of colleagues whose work has been recognised at both a local and national level. This has included Kelly Hitchcock, Community Psychiatric Nurse

(CPN), who was announced as a finalist in the 'rising star' category of the recent Nursing Times awards for her community based work in Swadlincote. Dr Kirsty Williams, Clinical Psychologist, was also successful in winning an award for compassion at the University Hospitals of Derby and Burton NHS Foundation Trust's 'Making a Difference' awards. Kirsty, who is employed by the Trust but based in the cancer service at the hospital, was nominated for tirelessly going "above and beyond to support all who cross her path".

On a national basis I have continued to promote mental health and the need to ensure true parity of esteem through a feature with NHS Providers, regarding the recent NHS funding announcements, which neglected to mention mental health services.

Our social media channels continue to celebrate the Trust's DEED nominees and winners. There was also a peak of engagement via social media during the BME Staff Conference, held by our BME Staff Network in September, and following the announcement of our finalists and winners at the Delivering Excellence Awards on 20 November.

9. Mark Powell, Chief Operating Officer, and I held the second of our evening sessions with Trust operational managers to provide them with a safe space to discuss challenges and risks to our ongoing performance. More importantly it creates a safe space for the sharing of frustration and barriers to progressing new ways of working. We have lots of focus on ensuring our front-line colleagues are able to share concerns and this regular meeting adds to the opportunity for our operational managers, not only to share concerns, but together to co-create solutions and alternative approaches.

10. Claire Wright and I attended a Future Focussed Finance Event in London to showcase some of our inclusion work, in particular the development of our networks. There were around 100 attendees and it was a little surprising to me that the engagement we take as natural in our networks is a long way from universal over the NHS with many people sharing with us difficulties they were facing in getting networks up and running. I was also struck by one particular story that perhaps epitomised some of the challenges BME colleagues face in the NHS. An Indian female was telling me how she had worked in India as the HR Director for one of the biggest companies in India. She was CIPD qualified, yet when she followed her husband to the UK two years ago, was not able to secure a senior role in HR, and so was working as a temporary project manager in implementing ESR – what a waste of talent and a salient lesson in ensuring that we construct our recruitment processes to recognise and encourage all experiences wherever they happen.

11. Trust Chair, Caroline Maley and I attended the West Midlands Multi-Academy Trust CEO Network, to talk about our experience of leading in the NHS, and drawing parallels between career development in education and that in the NHS. Each time we do these sessions, it surprises me just how similar the challenges are of leading organisations in different sectors, including workforce, finance and regulatory involvement. A conversation that particularly resonated was around how we must create organisations that give us feedback and that silent organisations were very problematic in creating a 'change culture'.

12. On Tuesday, 19 November, we hosted the Secretary of State for Health, the Right Honourable Matt Hancock MP, who spent time visiting the Radbourne Unit and attended Ward 36 and our Perinatal Inpatient Unit. It was a moment of real pride to see our colleagues talking so passionately about what they do, innovations they have in place, and of course raising issues like the built environment as challenges they deal with daily.

13. On Wednesday, 20 November we held our Delivering Excellence Awards Event where we come together to celebrate some of the fantastic work carried out by colleagues in our Trust. All the awards finalists who attended the awards ceremony were chosen by a judging panel, made up of myself; Caroline Maley; Al Munnien, staff governor; Philomena Temple, stakeholder representative and Noel O'Sullivan, peer support worker. The winners were:

Compassion in Practice Award
Joanna Miatt, Service Manager and Consultant Clinical Psychologist, Eating Disorders Service
For being a truly caring, supportive and dedicated member of staff, she demonstrates unwavering patience and relentless support in the face of challenges and setback.

DEED of the Year Award
Alex Patrick
For consistently providing the highest level of care and following best practice to support patients with dedication and compassion.

Enhancing our Workforce Award
Nicola Lewis, Occupational Therapist, Ward 1, London Road Community Hospital
For her outstanding contribution to the education of Occupational Therapy students. Nicola is involved in student forums and has made valuable contributions to the education of other educators.

Going the Extra Mile Award
Peter Matkin, Chargehand Porter, Estates and Facilities Portering Team
For leading by example in the way he interacts within the team, wider colleagues and service users, and giving 100% to every task.

Inclusion and Partnership Award
Karen Wheeler, Occupational Therapy Lead, Neighbourhood and Central Services
For the huge impact she has made on the inclusion and partnership agenda, leading to the development of a range of projects within the community.

Innovation Award
Martyn Revis, Receptionist and Admin Support, Hartington Unit
For independently researching the effects of virtual reality (or VR) on improving physical health conditions and overall wellbeing of patients, and for piloting VR at the Hartington Unit.

Inspirational Leader Award
Ruth Crawford, Service Manager, Killamarsh and North Chesterfield Adult CMHT
For her approach to staff wellbeing and happiness and for always making sure

that everyone feels recognised and valued.

Rising Star Award
Grace Clements, Mental Health Practitioner, Enhanced Home Support Service
For her work in setting up a new service looking at supporting young people and families at risk of tier 4 hospital admissions.

Volunteer of the Year Award
Simon Dean, Volunteer Support Worker, Hope and Resilience Hub, Radbourne Unit
For his positive attitude and his openness in sharing his daily coping strategies. Simon is always professional in his approach and his peers find him sensitive and compassionate.

14. Since our last Board meeting, I have attended on the Road sessions at:

- Rivermead – Belper
- St Pauls House, Derby (Universal Children's services)
- London Road Resource Centre

Some of the key issues arising from these sessions included:

- Length of time to complete investigations
- The need to connect Learning Disabilities (LD) SKiP training with the general developments around positive and safe, led centrally by our people training team
- Some real pride in developments around family centred planning
- Great feedback on our induction programme and the Trust values acting as a draw to applicants (heard from several new starters in our Children's services)
- The ongoing issue around core qualification, which I am pleased we now have a clear programme set up to review, under Darryl Thompson's leadership.

I have also attended various clinical and team meetings to help my understanding of the opportunities, best practice and challenges our teams face on a daily basis including:

- North Derbyshire Dementia Rapid Response Team
- Dales Older Adults, Community Mental Health Team (CMHT)
- Medical Secretaries Team meeting
- Hartington Unit walk around

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

Assurances

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

As such, implementation of national policy in our Trust would include a repeat Equality Impact Assessment, even though this will have been completed nationally. The new tariff proposals continue to, in effect, recompense the most acute end of our provider pathways, which could act as a barrier to enhancing local services in communities, where we know more work is needed to enhance health and wellbeing. The move to give the HSSIB more independence must be good news for families of people affected by the most serious incidents within the NHS, and with this independence goes an opportunity to ensure connections are made with protected groups.

This paper demonstrates some strong features of good practice relating to inclusion and diversity. Our Trust Networks are becoming recognised nationally as beacons of good practice, as evidenced by myself and Claire Wright, attending the FFF event in London. In addition, my work with NHS Providers supporting challenging lack of parity of esteem, also demonstrates proactive inclusive behaviour from our Trust.

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 – 3 December 2019

Performance Report 2019/20

Purpose of Report

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

Executive Summary

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

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

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

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

Finance

As at the end of October the surplus to date of £1.3m is slightly ahead of plan. The forecast assumes the achievement of the stretch plan surplus of £1.8m. However there remain significant cost pressures and risks to be mitigated. In order to achieve £1.8m surplus we need to mitigate expected costs of £1.3m during the remainder of the financial year, which is a worsening position of £0.6m since month 6. The adverse movement in the underlying forecast is mainly due to two previous highlighted risks that have now moved into the actual forecast: Under delivery of cost improvement programme (CIP) by £0.3m and the potential loss of CQUIN income of £0.3m. The level of the relevant Board Assurance Framework (BAF) risk to delivery of stretch plan surplus of £1.8m therefore remains extreme.

Agency is forecast to remain below the ceiling of £3.03m. Year to date agency expenditure equates to 2.8% of total pay expenditure.

CIP is behind plan year to date and is now forecast not to deliver in full and have a shortfall of £0.3m. Capital is behind plan year to date but forecast to spend to plan by the end of the financial year.

Quality and Operations

Out of Area – Psychiatric Intensive Care Units (PICU)

Since June 2019 we have continued to see a steady decline in the number of patients who have been placed in a PICU facility - from 23 in June to an average of 6 patients per day in October.

Out of Area – Acute Placements

While the average number of patients in out of area (OOA) acute beds each day was maintained at 8 for July, August and September, October saw an increase in demand for acute beds which increased the number of OOA acute placements during October to an average of 11 patients per day.

October saw occupancy levels of just under 99% across the adult acute wards, which meant there was a decrease in the number of available beds, reducing the capacity to repatriate patients from out of area acute beds.

As previously stated, the Acute Services Management Team have clear systems and processes to ensure the flow of patients is planned to reduce the amount of time patients are out of area and to optimise beds in the acute units:

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

Waiting list for child and adolescent mental health services (CAMHS)

The waiting list and capacity to meet demand continue to be a challenge for CAMHS. Vacancy and some sickness continues to impact on capacity to undertake assessments. We have now filled the vacancies in the assessment team and new staff joined us in November. Once these staff have completed their induction period we will start to see improvement. We continue to await Clinical Commissioning Group (CCG) release of agreed additional investment into CAMHS for this financial year which will afford us some additional capacity, in advance of the CCG planning for next year.

Waiting list for community paediatrics

Progress continues to be made. The longest waits remain below 52 weeks, and we continue to focus on those children waiting in excess of 26 weeks. Managing the capacity centrally is a key action, and we have recruited a waiting list coordinator to better manage resource and capacity. An update paper was presented to the Trust Management Team on 24 October which set out a series of actions being taken to manage this challenge. Further assurance was provided to November's Finance and Performance Committee meeting. We are also now in the process of reviewing the service specification with the CCG, which formed part of the action plan.

Waiting list for psychology

Work is ongoing to manage and reduce waiting list and numbers waiting across all community teams. Improvements continue to be made. Ongoing recruitment into vacancies is taking place.

Patients open to Trust in employment and in settled accommodation

Both of these measures are seeing a reducing trend. The Trust has recently committed to an initiative to support improvement in employment rates, and will be seeking to understand and address issues around our settled accommodation figures.

Delayed transfers of care

This continues to be an overall downward (and therefore improving) trend.

Workforce

Annual appraisals

The Systems and Information team are working with services across the Trust to align appraisal completion dates correctly ie when there is a new starter or an employee is taking maternity leave or a career break, the date should be extended to when the appraisal will be completed instead of showing as non-compliant from the start of that period.

Staff sickness

Sickness absence rates continue to cause concern across areas of the Trust with an increase of 1.31% this October to 7.31% from September's figures. The top reason for absence remains to be anxiety/stress/depression and other psychiatric illnesses, this accounts for 31.7% of sickness absence. The Resolve service is now seeing greater numbers of staff attending with Acute Services making up over 25% of the referrals. All line managers are mandated to attend the Absence Management training module, part of the Leadership masterclasses, which are being delivered by the Employee Relations team. Classes for 2020 are now being planned as a number of managers have not attended and they will be part of a targeted approach going forward.

Vacancies

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

This month's IPR also includes further information on safe staffing for all inpatient wards.

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

Assurances

This report relates directly to the delivery of the Trust's strategy by summarising performance across the four key performance measurement areas. This report should be considered in relation to the relevant risks in the Board Assurance Framework.

As an integrated performance report the content provides assurance across several BAF risks related to workforce, operational performance, quality performance, financial performance and regulatory compliance. The use of run charts will provide the Board with a more detailed view of performance over time as it enables the differentiation between normal and special cause variation.

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty and Equality Impact Risk Analysis

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

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

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

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

Recommendations

The Board of Directors is requested to:

1) Confirm the level of assurance obtained on current performance across the areas presented.
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 Henson, Head of Performance, Delivery & Clustering** **Kathryn Lane, Deputy Director of Operational Services** **Rachel Leyland, Deputy Director of Finance** **Catherine Pynegar, Business Intelligence Manager** **Celestine Stafford, Assistant Director of People & Culture Transformation** **Nadeem Mirza, Safety and Risk Systems Administrator** **Darryl Thompson, Deputy Director of Nursing & Quality Governance**

1. Assurance Summary

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

[1]The rating symbols were designed by NHS Improvement

Key:

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

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

[1]The rating symbols were designed by NHS Improvement

Key:

	The system is expected to consistently pass the target
	The system may achieve or fail the target subject to random variation
	The system is expected to consistently fail the target

2. Detailed Narrative

Finance

As at the end of October the surplus of £1.3m is slight ahead of plan. The forecast assumes the planned surplus of £1.8m is achieved. However there are significant cost pressures and risks to be mitigated. Therefore in order to achieve the planned surplus the forecast assumes the requirement to reduce expected costs by £1.3m during the remainder of the financial year, which is a worsening positon of £0.6m. The adverse movement in the underlying forecast this month is due to two previous highlighted risks that have now moved into the actual forecast: under delivery of CIP by £0.3m and the potential loss of CQUIN income of £0.3m. The underlying financial risk is generated by unfunded cost pressures partially offset by contingency reserves leaving a net cost pressure of £1.2m.

Agency is forecast to remain below the ceiling of £3.03m. Year to date agency expenditure equates to 2.8% of total pay expenditure.

The cost improvement programme (CIP) is behind plan year to date and is now forecast not to deliver in full and have a shortfall of £0.3m. Capital is behind plan year to date but forecast to spend to plan by the end of the financial year.

Operations

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

The team understand the distress that can be caused for patients and families when placed miles from home and aim at all times to place patients as close to home as possible. However, there are times when due to no beds being available on the acute wards out of area placements will be sought. The team review placements daily of all patients who are placed out of area to repatriate them as quickly as possible back to their local community.

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

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

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

Out of Area – Psychiatric Intensive Care Units (PICU)

Since June 2019 there has been a steady decline in the number of patients who have been placed in a PICU facility - from 23 in June to an average of 6 patients in October. Part of the repatriation process is for patients to be admitted to the Enhanced Care Ward or to return to an acute ward where this is clinically appropriate. Due to vacant beds during the summer months DHCFT were able to repatriate patients through these routes.

Out of Area – Acute Placements

While the average number of patients in out of area (OOA) acute beds was maintained at eight for July August and September, October saw an increase in requests for acute beds. There was high demand over the weekends of 4 to 6 October resulting in four patients being placed out of area with a further five patients requiring admission over the weekend 11 and 13 October. This increased the number of OOA acute placements during October to an average of 11 patients at any time.

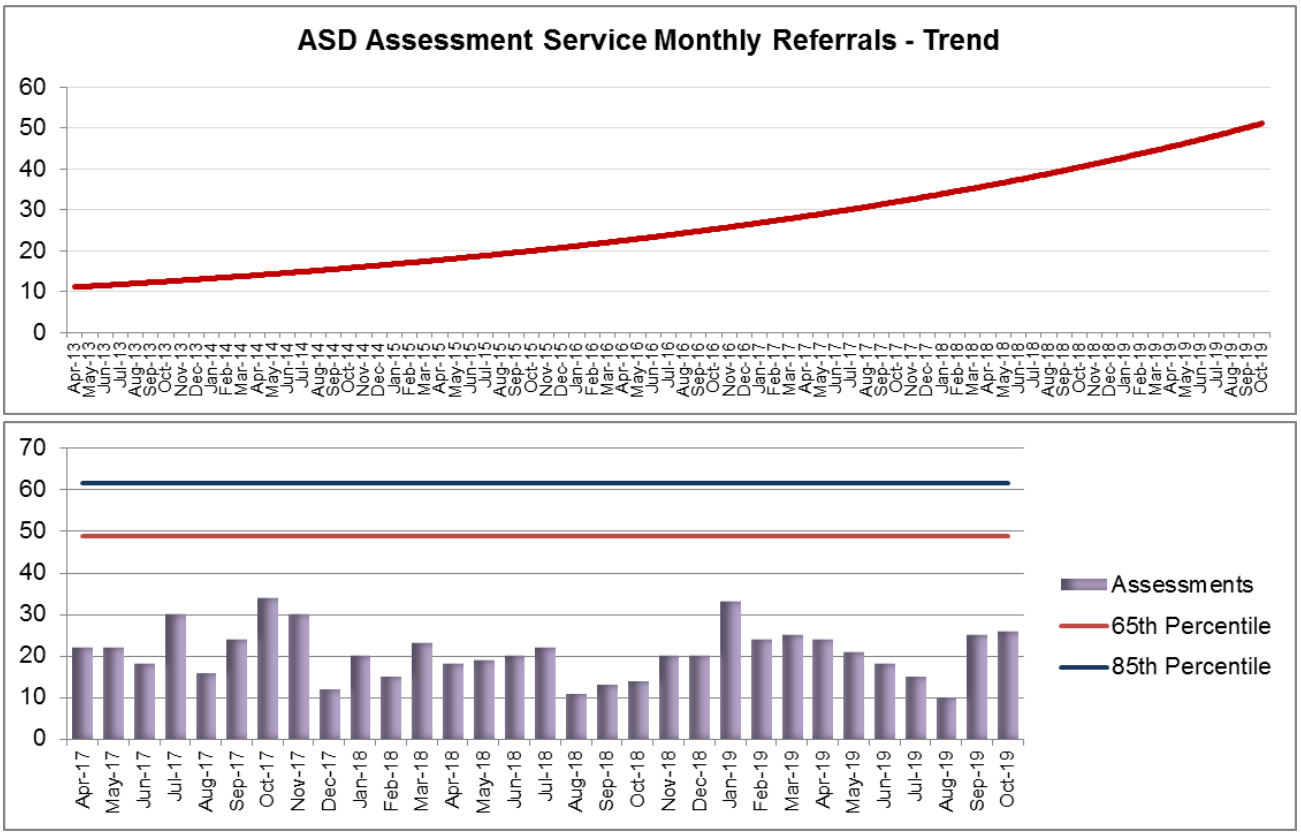
Throughout October there was a decrease in the number of available safe beds, reducing the capacity to return patients from the OOA acute beds.

The Acute Services Management Team have clear systems and processes to ensure the flow of patients is planned to reduce the amount of time patients are out of area and to optimise beds in the acute units:

- Monday morning clinical meetings with ward based consultants, senior nurses, LA social care workers and Assessment Services
- Daily ward rounds
- Daily senior nurse meetings to discuss patient flow
- Daily Assurance Calls with senior management team to discuss bed availability
- Weekly discussion with case managers, flow coordinators and senior managers
- Review of patients awaiting accommodation
- Identification of patients awaiting allocation of a social worker
- Escalation of cases to social care

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

The team will be back to full capacity from November 2019. The team has also achieved their monthly commissioned activity target in September and October. However, it is important to note that full commissioned capacity is not enough to meet the ongoing and increasing levels of demand for this service. To meet demand, the service would need capacity to assess between 49 and 62 patients per month, whereas the service has averaged around 20 assessments per month, with 34 being the highest level ever achieved.



C. Waiting list for psychology

Work is ongoing to manage and reduce waiting list and numbers waiting across all community teams. A 0.5 wte new member of staff has joined the Chesterfield Adult Community Team and an existing member of staff (0.8wte) has returned from maternity leave in Older Adults Derby City Team. This will impact positively on numbers waiting and waiting times in both teams.

We have several posts out to advert and have appointed a 1.0 wte to Amber Valley Team: start date due March/April 2020.

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

Ongoing recruitment into vacancies is taking place.

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

The waiting list and capacity to meet demand continue to be a challenge for CAMHS. Vacancy and some sickness continues to impact on capacity to undertake assessments. Demand has consistently outstripped capacity in the preceding months in part due to CCG disinvestment in existing services prior to investing in new services. This had a significant impact.. We have now filled the substantive vacancies in the assessment team and new staff joined us in November 19. New starters are currently completing their induction, shadowing assessment clinics to enable them to confidently run assessment clinics independently from January 20. Until this point it is unlikely we will see any improvement.

Urgent assessment will continue to be offered, however routine assessment clinics are not offered over the 2 week Christmas period owing to lack of demand. At full capacity the team can offer 38 initial assessments per week, however this is reduced to 33 per week currently due to the temporary promotion of a team member into the clinical lead post whilst this post is substantively recruited to. 90 cases are being allocated to the new starters to provide short term intervention and group work. A weekly boys group, developed jointly with Derby County, will be supported by one of the new starters.

It is anticipated that recruitment into vacancies will have a positive impact on existing staff and reduce absence. We continue to await the CCG release of agreed additional investment into CAMHS for this financial year which will afford us some additional capacity and positively impact on the waiting list, in advance of the CCG planning for next financial year. Investment into the Recovery pathway will support throughput within the service, free up capacity within Asist, reduce internal waits and enable the teams to provide the right service at the right time.

E. Waiting list for community paediatrics

Progress continues to be made. The longest waits remain below 52 weeks, and we continue to focus on those children waiting in excess of 26 weeks. Managing the capacity centrally is a key action, and we have recruited a waiting list coordinator to better manage resource and capacity. An update paper was presented to the Trust Management Team on 24th October which set out a series of actions being taken to manage this challenge. Further assurance was provided to November's F&P Committee. We are also now in the process of reviewing the service specification with the CCG, which formed part of the action plan.

Quality

Particular measures of note are as follows:

A. Patients open to Trust in employment

This has been reducing for the past year. One response to this is the Trust's participation in the Wave 2 transformation funding for the expansion of Individual Placement and Support services which is expected to help improve employment opportunities for service users.

B. Patients open to Trust in settled accommodation

This is a clear reducing trend, so is being reviewed by managers in the community in a bid to understand what might be driving this change, either in our reporting or in our patient population.

C. Number of falls on in-patient wards

Overall, a reducing trend is apparent over recent months, with one particularly elevated measure in May 2019. Falls reduction is a local Commissioning for Quality and Innovation (CQUIN).

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

Whilst this might be observed to be a reducing trend, it is important to note that it is still above target

E. Delayed transfers of care

This continues to be an overall downward (and therefore improving) trend

Workforce

A. Annual appraisals

All line managers are mandated to attend the appraisal training programme, part of the Leadership Development Programme. Appraisal completion is now steadily rising to 80.12% this month (target is 90%) from 77.17% in September. Divisional people Leads (DPLs) continue to monitor and support where there are low rates of completion.

B. Turnover

Our turnover profile for last month has now changed. Turnover in the acute adult inpatient areas is now under the target level, whereas turnover has now increased in month in these areas: children's, and adult community. We are now looking into these areas as a deep dive to see if this is a one off month spike or if further work is required in these areas. Comparing turnover for the last three months (August, September and October) to the same three months period last year, there is an increase of 22 more employees leaving the Trust compared to the number last year for the same period.

The main reason is retirements followed by relocation and then work life balance. The retire and return policy is currently under revision and it's hoped this will encourage more employees to return where possible alternative roles may exist. Exit interviews are now actively promoted and the information from these, collated in employee relations will start to show some trends and support further retention initiatives.

C. Compulsory training

There has been excellent progress over the last few months to increase compliance particularly in the acute inpatient areas. Mandatory training compliance Trust-wide is now at 86.79% (above the 85% target) and role specific 75.15% (above the 75% target).

D. Staff sickness

The Employee Relations team continues to provide targeted support for those long term cases where a range of options is considered. Particular focus is on the Acute Care Adults division where sickness absence is now running at 9.81%, Forensic and Rehab at 9.38% and Adult Care Community at 8.10%.

The DPLs in these areas are working closely with the Service Managers highlighting sickness trends and hot spots and providing support and advice. Return to work meetings, reviews etc. are being followed up with attention to the speed of referrals in Occupational Health, this is now being monitored as there have been concerns around the response from this service. Managers have provided positive feedback to the mandatory People Masterclass "Managing attendance", however there are still a number of managers who have not yet been able to attend and they will be an area of focus to attend in 2020.

Positive feedback regarding the Resolve service and the increases in clinic attendance is now preventing more employees going off sick. Current data from Resolve indicates that at least 25% of referrals are coming from the Acute inpatient areas. We are doing a deep dive into long term sickness to understand whether a change in approach is required.

E. Supervision

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

F. Vacancies

Focus on inpatient areas to recruit and initiatives to recruit and retain are now in place. Recruitment activity continues to remain at high levels with the KPI of 60 days now slipping to 70.2 working days this month. Delays in the shortlisting process are a factor which the People resourcing team are working hard to resolve. This means giving more dedicated support to inpatient areas in particular where the delays are more common. As a temporary measure, from this month, two colleagues in the inpatient Divisions have been tasked to work specifically with the People Resourcing team to reduce the number of days and to move the shortlisting and appointment process.

3. Business Plan Performance Summary

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

Specialist Services Narrative

The internal changes within Learning Disabilities and implementation of a new service specification have concluded. Our IAPT partnership Talking Mental Health Derbyshire (alongside Derwent Rural Counselling Service, Relate and IESO) has submitted the formal tender to be part of the new Derbyshire IAPT service and is awaiting the outcome.

Forensic and Rehabilitation Narrative

Good progress is being made against the milestones. The plan on a page needs to be reviewed following establishment of the division.

4. Safer Staffing

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

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

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

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

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

Ward name	Main 2 Specialties on each ward		Day				Night				Allied Health Professionals			
			Registered Nurses/Midwives		Non-registered Nurses/Midwives (Care Staff)		Registered Nurses/Midwives		Non-registered Nurses/Midwives (Care Staff)		Registered allied health professionals		Non-registered allied health professionals	
	Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours
AUDREY HOUSE	314 - REHABILITATION		892.5	673.82	450	613	609	397.75	0	231	0	0	0	0
CHILD BEARING INPATIENT	710 - ADULT MENTAL ILLNESS		892.5	577.25	900	745.24	315	315	315	325.5	0	0	0	0
CTC RESIDENTIAL	314 - REHABILITATION		900	929.36	1965	1374.17	630	343.5	315	630	0	72.5	0	0
ENHANCED CARE WARD	710 - ADULT MENTAL ILLNESS		1350	924.75	1350	1581.5	630	379.5	630	1147	0	79	0	0
HARTINGTON UNIT - MORTON WARD ADULT	710 - ADULT MENTAL ILLNESS		1372.5	1032	1372.5	1418.75	555	314.49	555	681.65	457.5	0	0	0
HARTINGTON UNIT - PLEASLEY WARD ADULT	710 - ADULT MENTAL ILLNESS	715 - OLD AGE PSYCHIATRY	1530	1046.5	1372.5	1139.67	555	314	555	555.74	457.5	253.75	0	0
HARTINGTON UNIT - TANSLEY WARD ADULT	710 - ADULT MENTAL ILLNESS		1530	1274.49	1372.5	881.47	555	466.38	555	592.78	915	183.84	0	0
KEDLESTON LOW SECURE UNIT	712 - FORENSIC PSYCHIATRY		1860	1512.42	2250	1686.75	615	616.25	1230	1231	0	0	0	0
KINGSWAY CUBLEY COURT - FEMALE	715 - OLD AGE PSYCHIATRY		1440	1132.17	2190	1978.69	624.9	395.53	1250.1	1350.35	0	15	0	0
KINGSWAY CUBLEY COURT - MALE	715 - OLD AGE PSYCHIATRY		1567.5	998.6	2362.5	2506.09	624.9	505.48	937.5	1290.09	0	0	0	7.5
LONDON ROAD COMMUNITY HOSPITAL - WARD 1 OP	715 - OLD AGE PSYCHIATRY		1605	1217.6	1440	1311.77	624.9	556.62	624.9	906.25	0	0	0	0
RADBOURNE UNIT - WARD 33 ADULT ACUTE INPATIENT	710 - ADULT MENTAL ILLNESS		1350	1225.1	900	1001.45	630	326.25	315	798.5	450	134.5	0	0
RADBOURNE UNIT - WARD 34 ADULT ACUTE INPATIENT	710 - ADULT MENTAL ILLNESS		1350	1134.9	900	1037.75	630	399	315	922	450	106.5	0	0
RADBOURNE UNIT - WARD 35 ADULT ACUTE INPATIENT	710 - ADULT MENTAL ILLNESS		1305	1007.92	870	895.42	630	284	315	623.5	435	130.75	0	0
RADBOURNE UNIT - WARD 36 ADULT ACUTE INPATIENT	710 - ADULT MENTAL ILLNESS		1350	1083.91	1350	1006.66	630	346.5	315	780.5	450	116	0	0

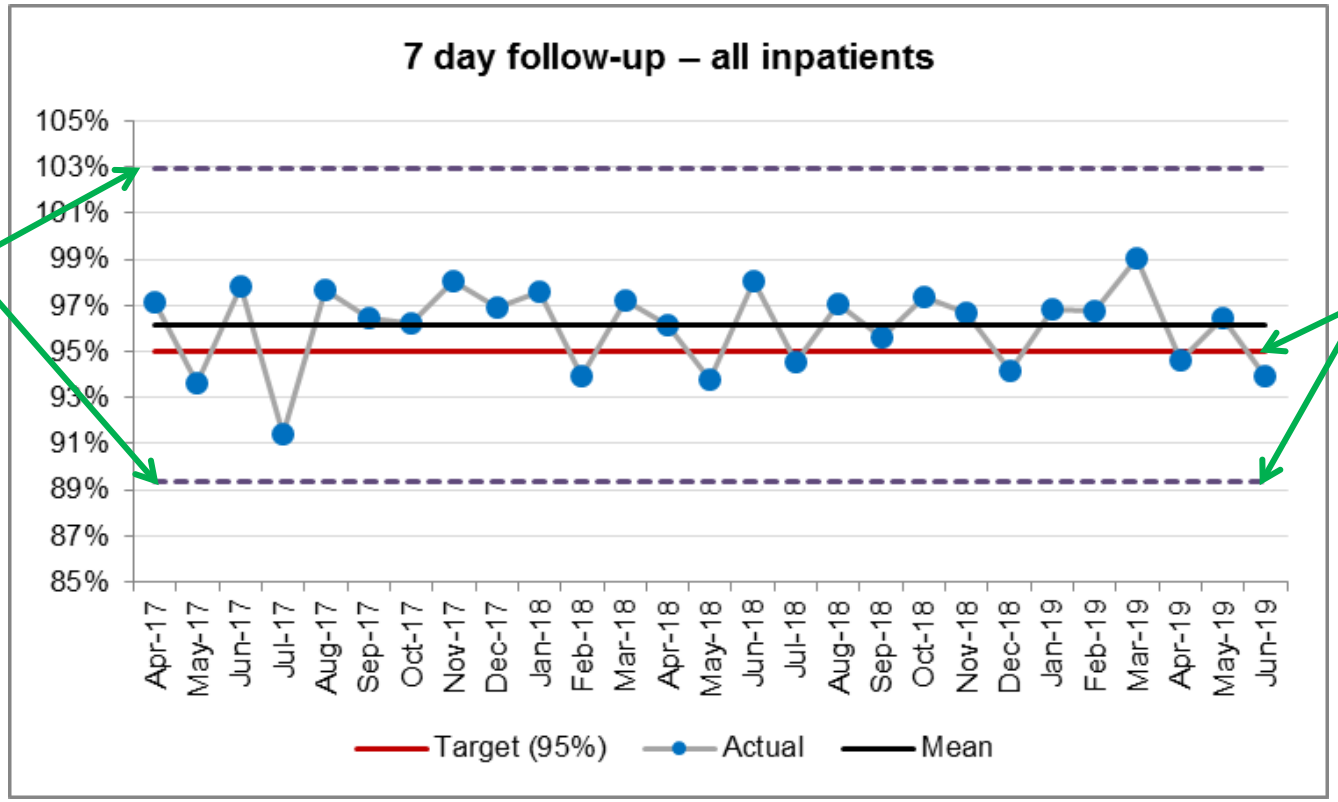
Table 2. Ward Care Hours Per Patient Day & Average Fill Rates (September 2019)

	Care Hours Per Patient Day (CHPPD)								Day		Night		Allied Health Professionals	
Ward name	Cumulative count over the month of patients at 23:59 each day	Registered Nurses/Midwives	Non-registered Nurses/Midwives	Registered Nursing Associates	Non-registered Nursing Associates	Registered allied health professionals	Non-registered allied health professionals	Overall	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - registered allied health professionals (AHP) (%)	Average fill rate - non-registered allied health professionals (AHP) (%)
AUDREY HOUSE	245	4.4	3.4	0.0	0.0	0.0	0.0	7.8	75.5%	136.2%	65.3%	-	-	-
CHILD BEARING INPATIENT	95	9.4	11.3	0.0	0.0	0.0	0.0	20.7	64.7%	82.8%	100.0%	103.3%	-	-
CTC RESIDENTIAL	732	1.7	2.7	0.0	0.0	0.1	0.0	4.6	103.3%	69.9%	54.5%	200.0%	-	-
ENHANCED CARE WARD	260	5.0	10.5	0.0	0.0	0.3	0.0	15.8	68.5%	117.1%	60.2%	182.1%	-	-
HARTINGTON UNIT - MORTON WARD ADULT	535	2.5	3.9	0.0	0.0	0.0	0.0	6.4	75.2%	103.4%	56.7%	122.8%	0.0%	-
HARTINGTON UNIT - PLEASLEY WARD ADULT	537	2.5	3.2	0.0	0.0	0.5	0.0	6.2	68.4%	83.0%	56.6%	100.1%	55.5%	-
HARTINGTON UNIT - TANSLEY WARD ADULT	563	3.1	2.6	0.0	0.0	0.3	0.0	6.0	83.3%	64.2%	84.0%	106.8%	20.1%	-
KEDLESTON LOW SECURE UNIT	454	4.7	6.4	0.0	0.0	0.0	0.0	11.1	81.3%	75.0%	100.2%	100.1%	-	-
KINGSWAY CUBLEY COURT - FEMALE	509	3.0	6.5	0.0	0.0	0.0	0.0	9.6	78.6%	90.4%	63.3%	108.0%	-	-
KINGSWAY CUBLEY COURT - MALE	435	3.5	8.7	0.0	0.0	0.0	0.0	12.2	63.7%	106.1%	80.9%	137.6%	-	-
LONDON ROAD COMMUNITY HOSPITAL - WARD 1 OP	513	3.5	4.3	0.0	0.0	0.0	0.0	7.8	75.9%	91.1%	89.1%	145.0%	-	-
RADBOURNE UNIT - WARD 33 ADULT ACUTE INPATIENT	536	2.9	3.4	0.0	0.0	0.3	0.0	6.5	90.7%	111.3%	51.8%	253.5%	29.9%	-
RADBOURNE UNIT - WARD 34 ADULT ACUTE INPATIENT	516	3.0	3.8	0.0	0.0	0.2	0.0	7.0	84.1%	115.3%	63.3%	292.7%	23.7%	-
RADBOURNE UNIT - WARD 35 ADULT ACUTE INPATIENT	539	2.4	2.8	0.0	0.0	0.2	0.0	5.5	77.2%	102.9%	45.1%	197.9%	30.1%	-
RADBOURNE UNIT - WARD 36 ADULT ACUTE INPATIENT	564	2.5	3.2	0.0	0.0	0.2	0.0	5.9	80.3%	74.6%	55.0%	247.8%	25.8%	-

Appendix 1

How to Interpret a Statistical Process Control Chart (SPC)

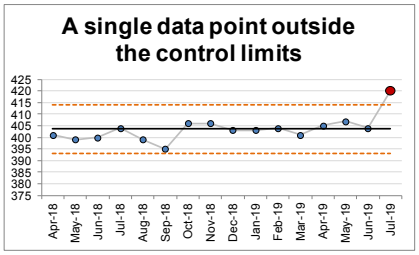
The dotted lines are the "control limits". Any performance between these 2 lines is normal for the current system. This is known as "normal variation"

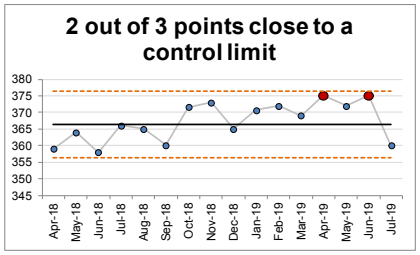


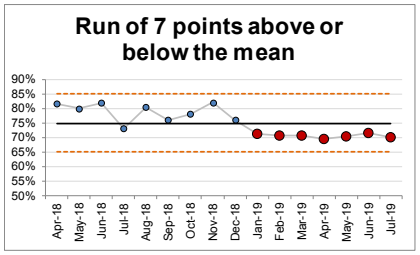
If the system is effective, the **lower** control limit will be above the target line (for targets where higher is better) or the **upper** control limit will be below the target line (for targets where lower is better). In that scenario we have nothing to worry about and can be assured our system is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

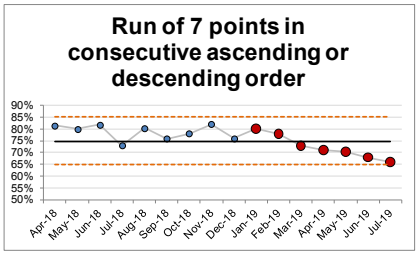
In this case the target line is above the lower control limit which indicates that the system is ineffective.

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



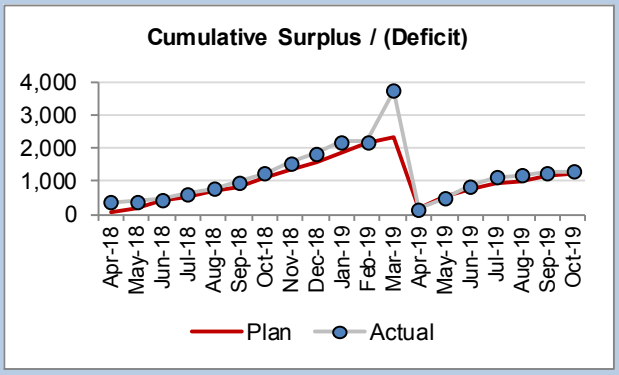


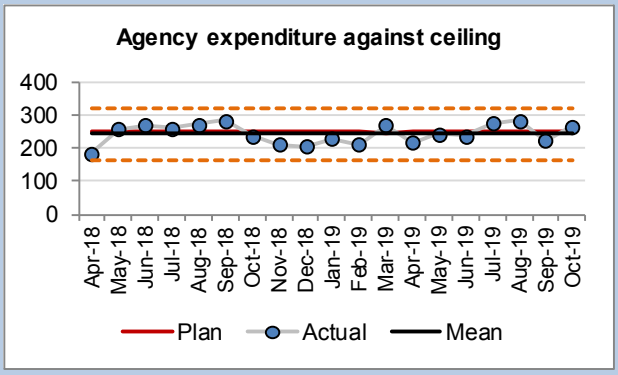


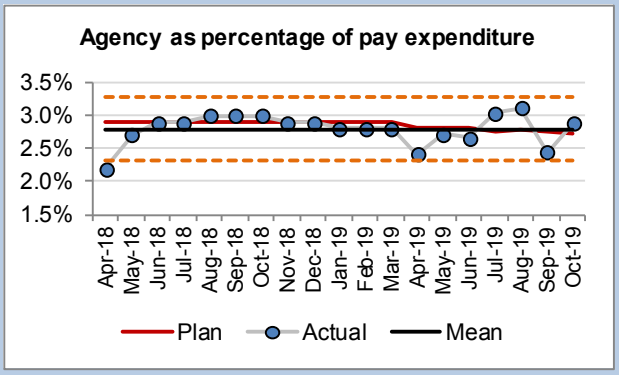


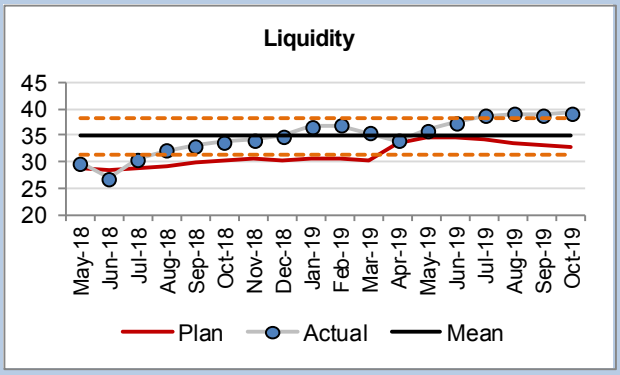
Appendix 2 – Charts

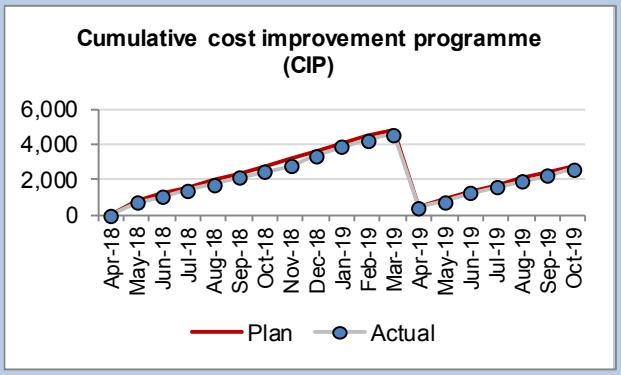
Financial Indicators

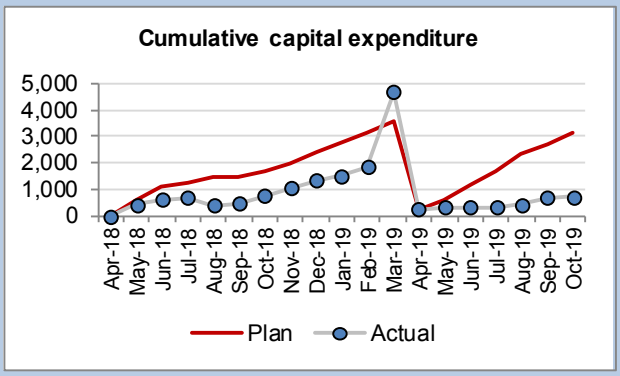


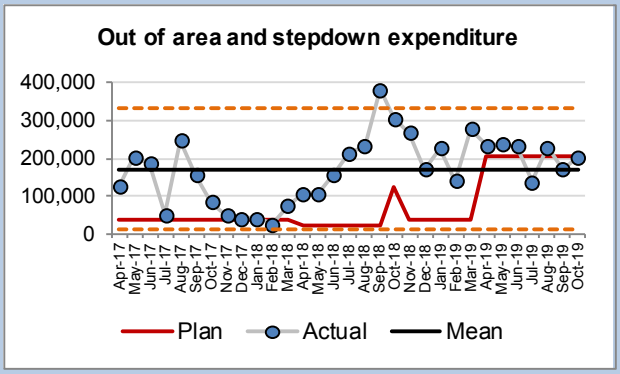




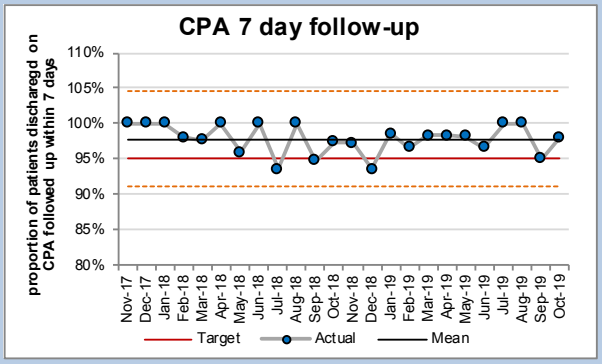


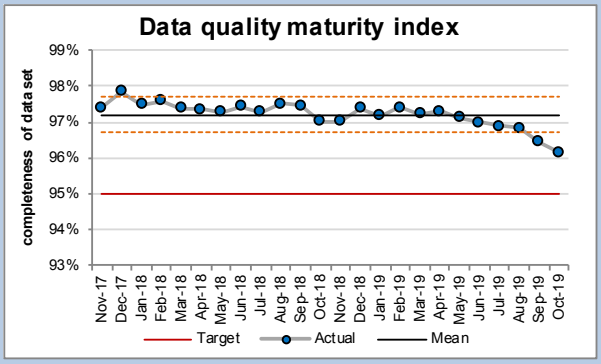


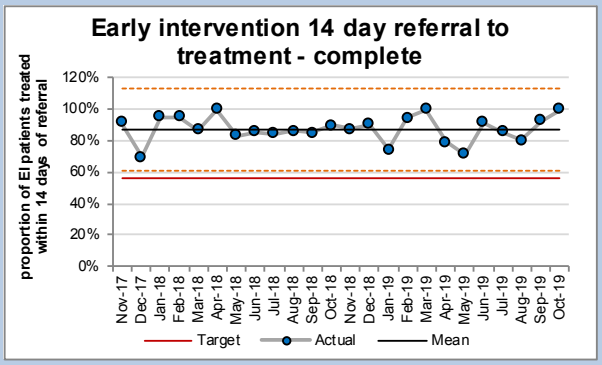


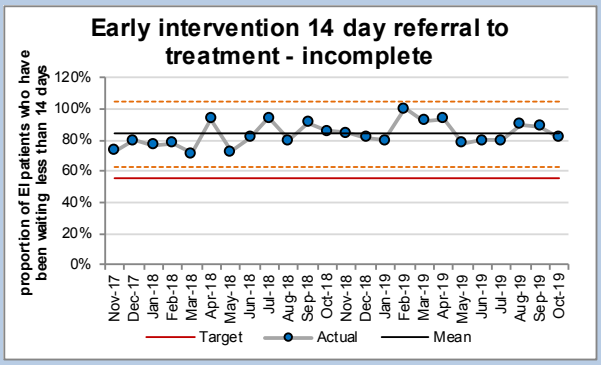


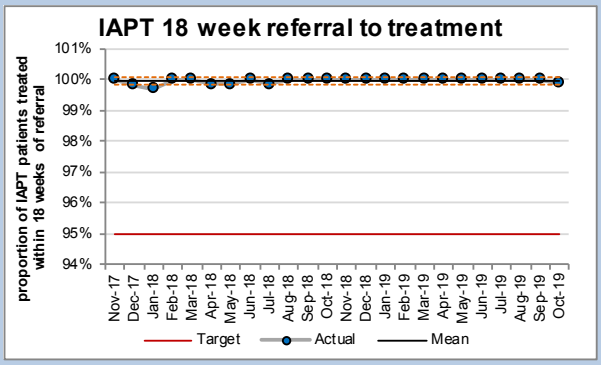
Operational indicators

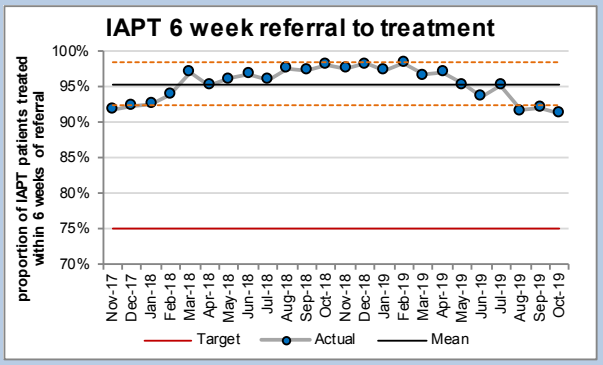


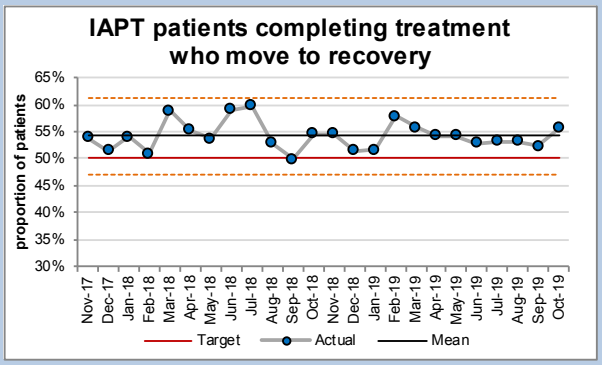


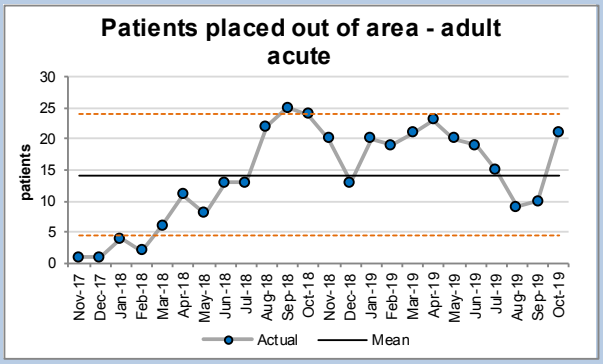


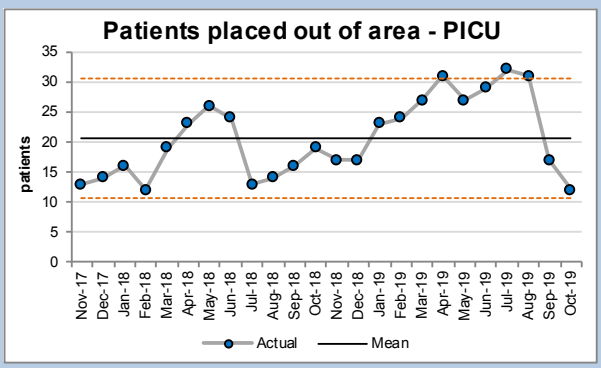












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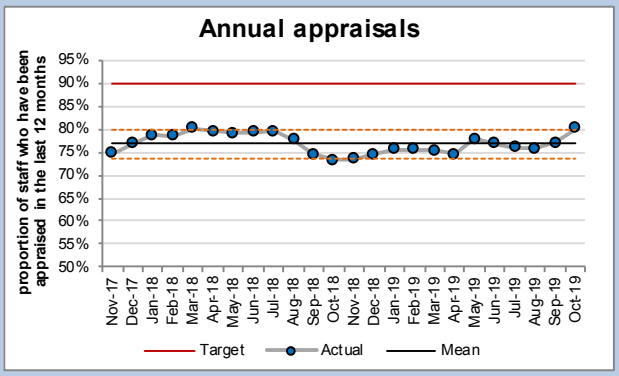
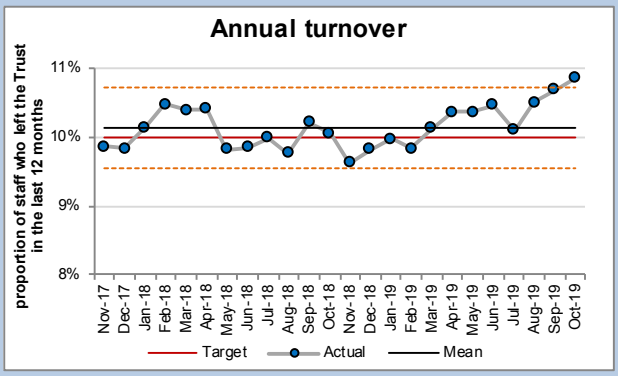
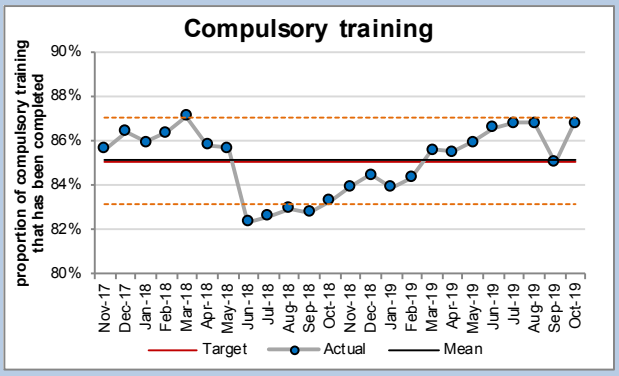
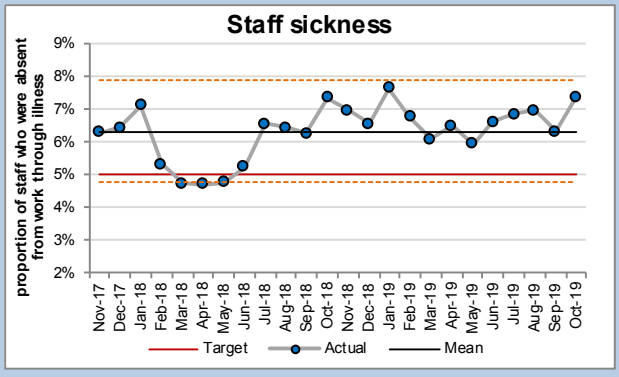
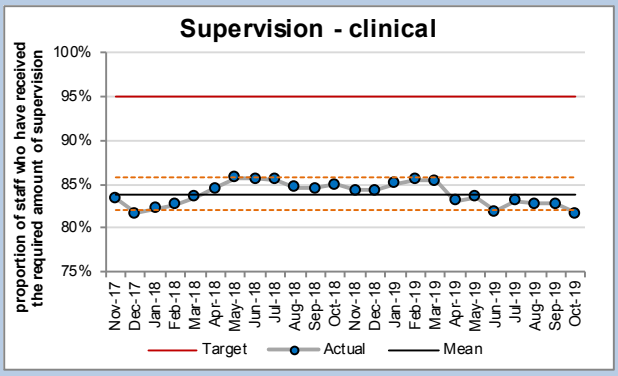
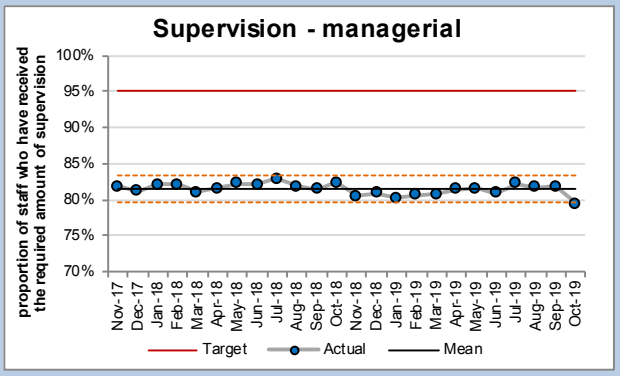


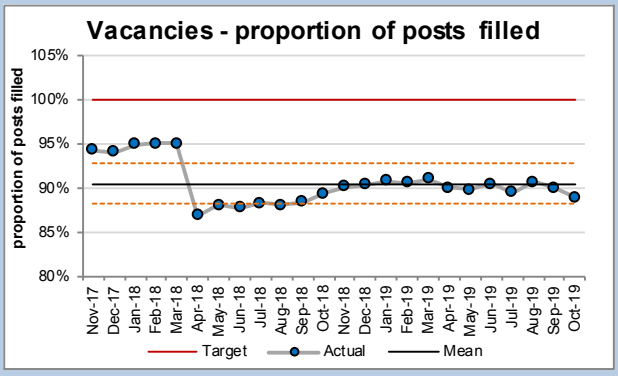


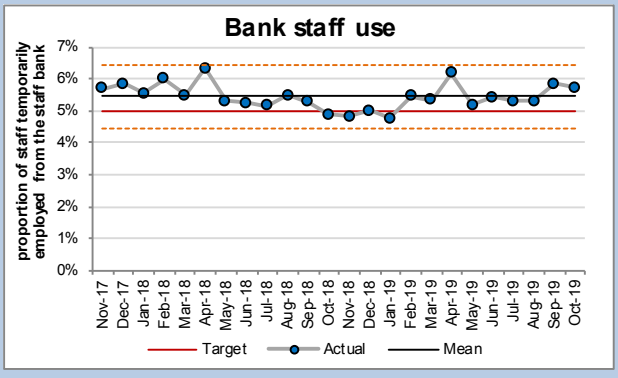






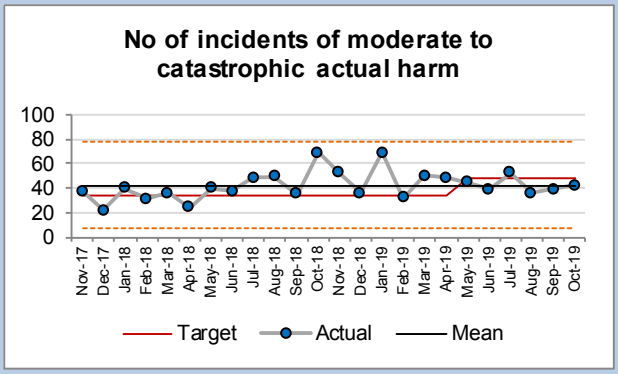


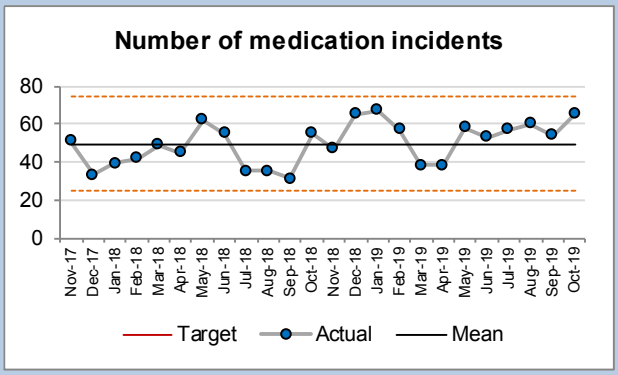


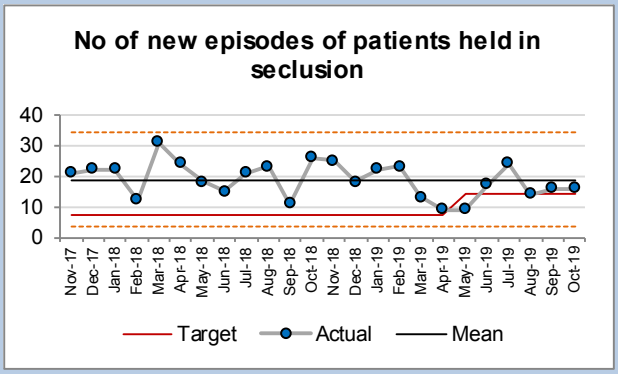


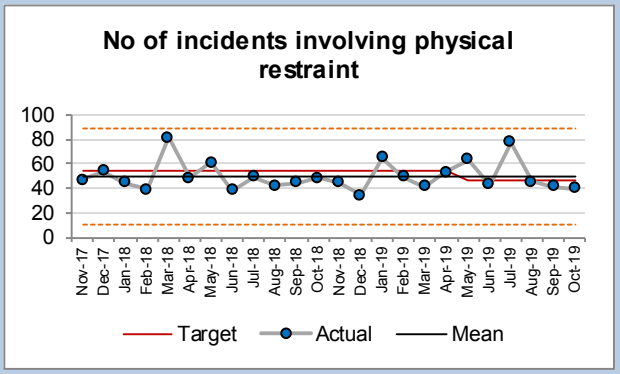
Quality Indicators

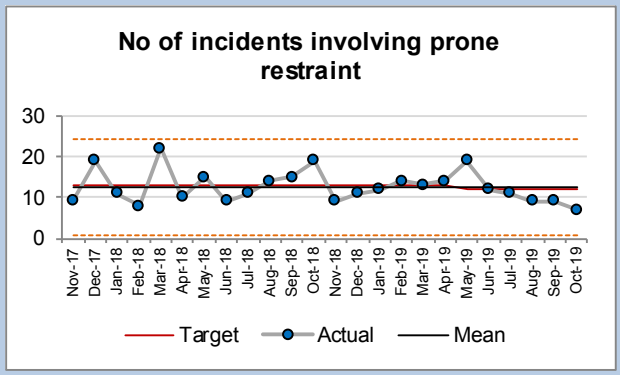
Safe

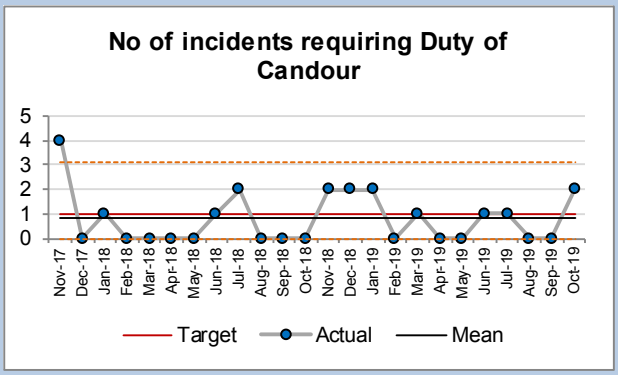


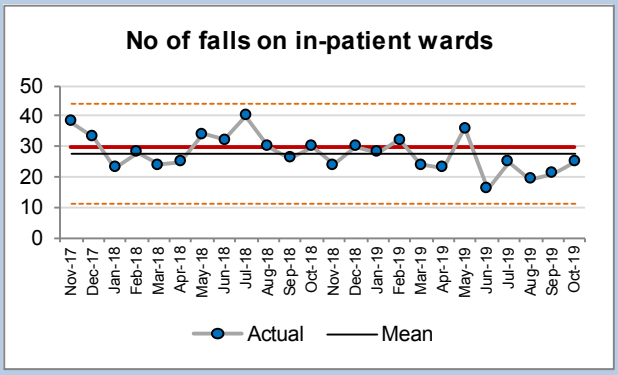






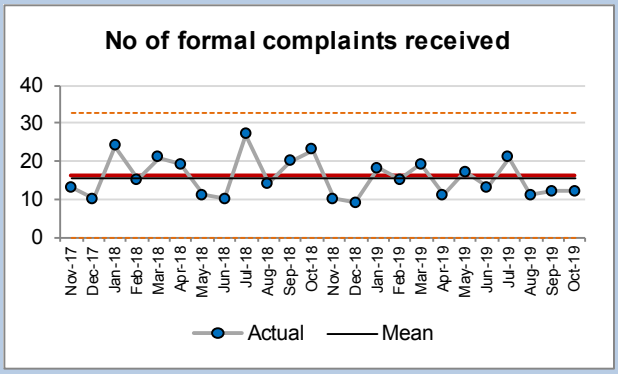


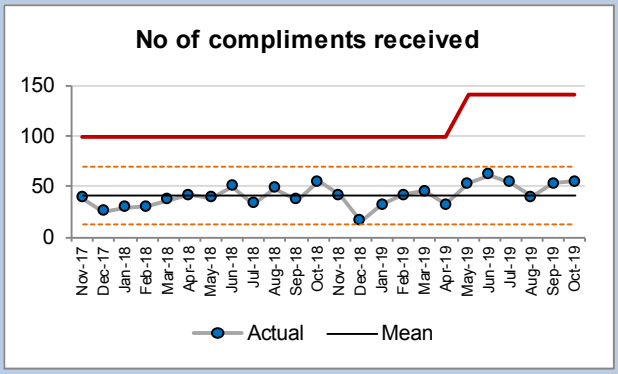


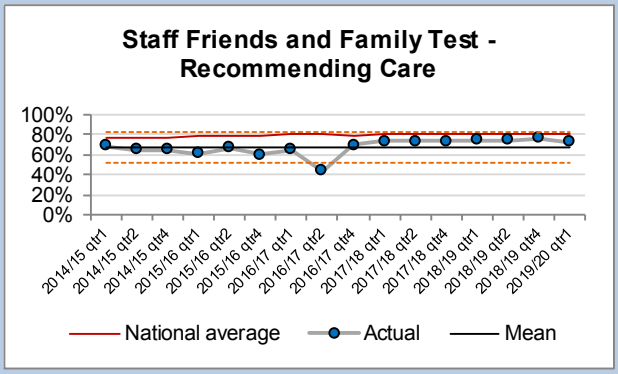


Quality Indicators

Caring







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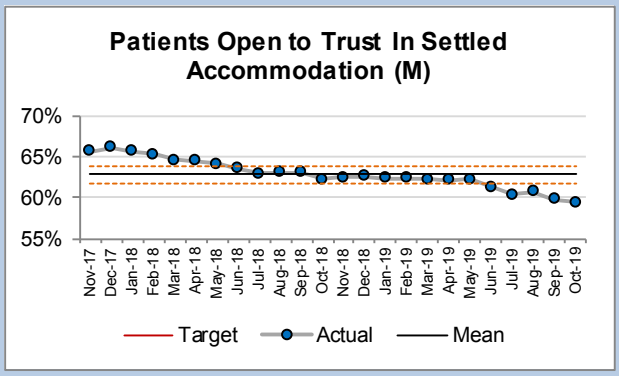

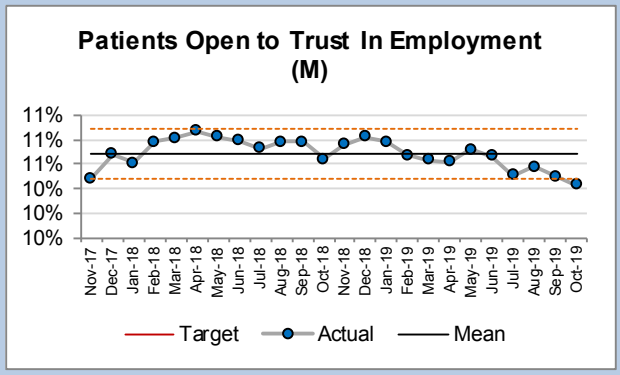

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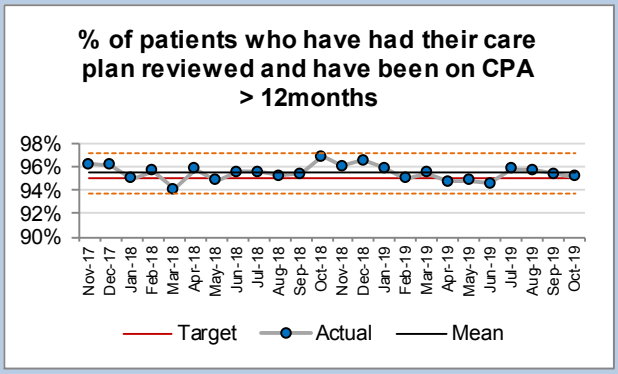
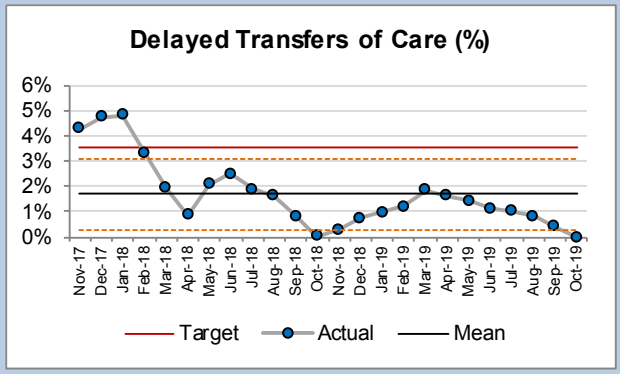
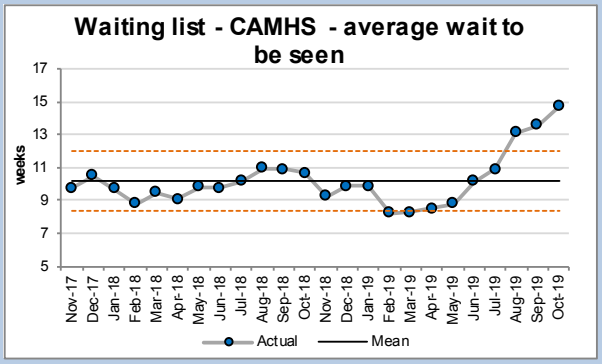
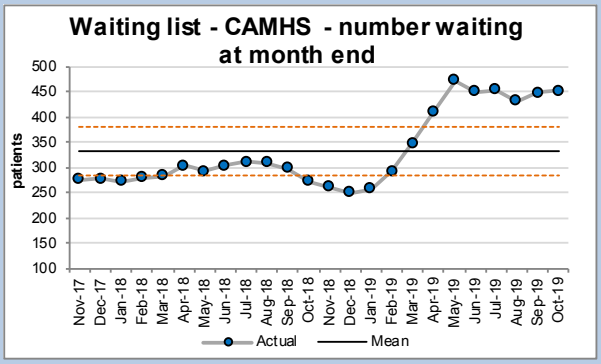
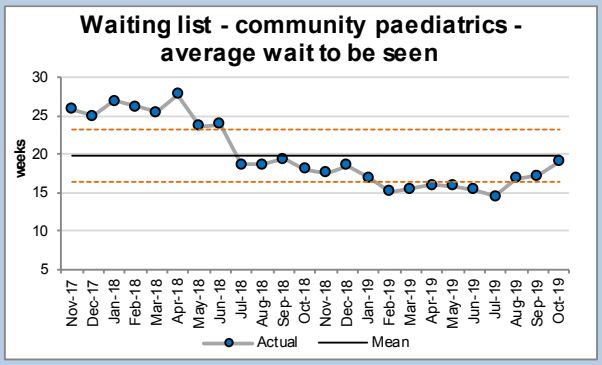


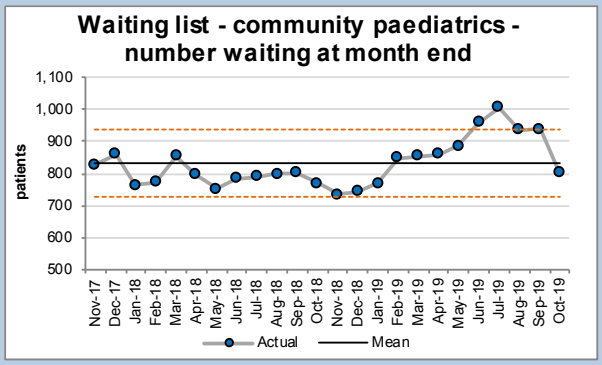


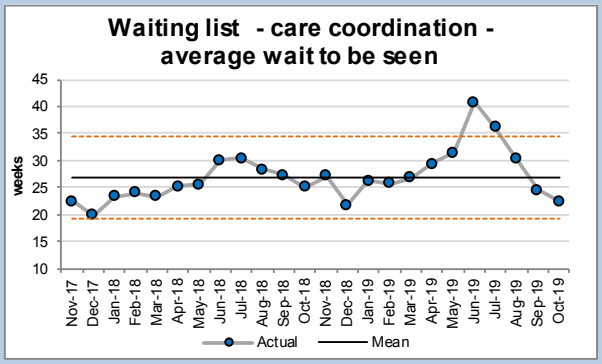
Operational indicators

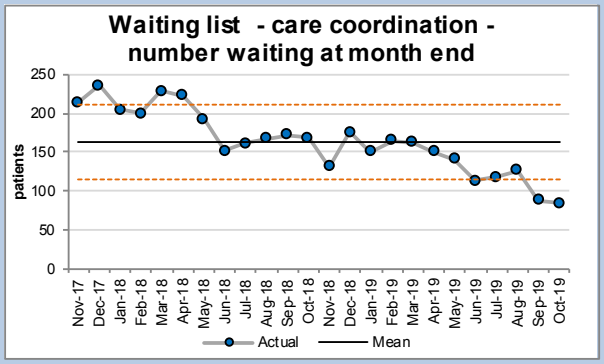


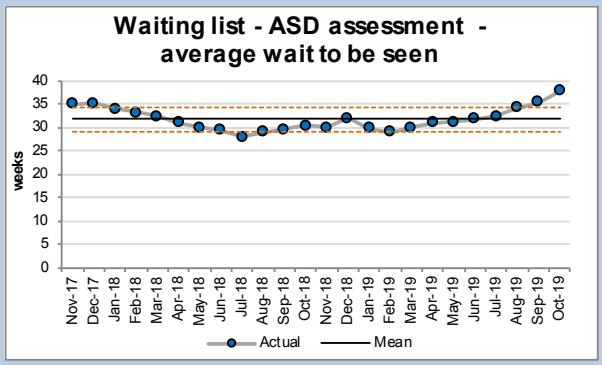


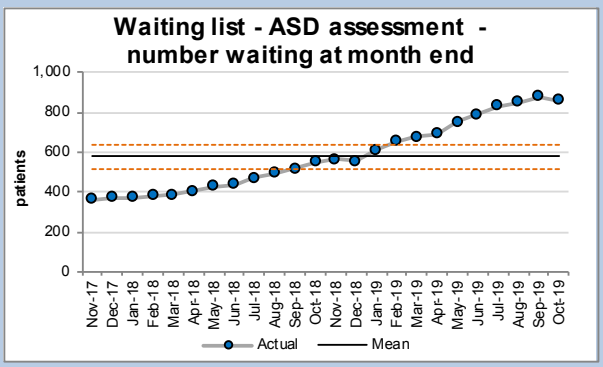


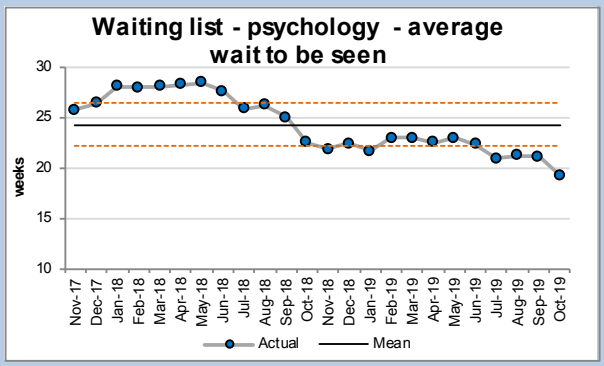


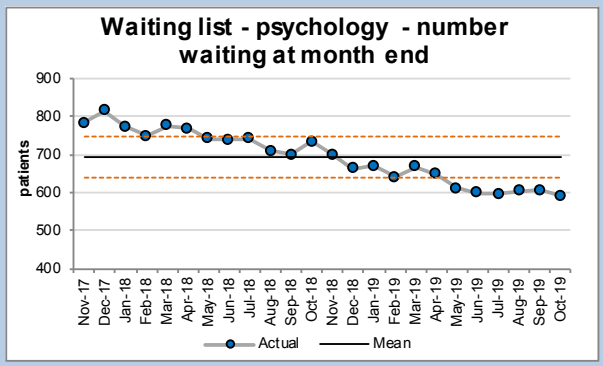












Appendix 3 – Data Quality Kite Mark

Background

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

Approach

Assessment of each domain will be based on the following criteria:

Data Quality Indicator	Definition	Not yet assessed	Sufficient	Insufficient
Timeliness	Is the data the most up to date and validated available from the system?	Not yet assessed	The data is the most up to date available.	Data is not available for the current month due to the time taken to extract / prepare from the system.
Audit	Has the system or processes used to collect the data been subject to audit (Internal Audit/ External Audit / self-audit) in the last 12 months?	Not yet assessed	The system and processes involved in the collection, extraction and analysis of the data have been audited and presented to the oversight committee.	No formal audit has taken place in the last 12 months. Exceptions have been identified and corrective action has not yet been implemented.
Source	Is the source of the data fully documented and understood?	Not yet assessed	All users understand how to extract the data in line with the indicator definition. The data source is well documented in the event that there is a change in personnel producing the indicator.	The data source is poorly documented and could be inconsistently extracted.

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

KPI Data Quality Reviews

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 3 December 2019

Emergency Preparedness Resilience and Response (EPRR) Progress Report

Purpose of Report

This report contains three elements relating to EPRR within the Trust:

1) The outcome from the annual EPRR Core Standards Confirm and Challenge meeting with the CCG
2) The EPRR Annual Report.

Executive Summary

There are two documents attached to this report as listed above. A brief synopsis for each is written below.

EPRR Core Standards Confirm and Challenge

In our submission we agreed overall we are substantially compliant and that there are five outstanding actions as shown below:

- Duty to maintain plans – 1
- Response – 1
- Business Continuity – 3

During our Confirm and Challenge Session there was a positive discussion around the level of preparedness within the Trust and acknowledgement of the appointed full time Emergency Planning and Business Continuity Manager post. The panel felt that our response standard had been met and raised our compliance from partial to fully. The letter provides a breakdown of the actions still to be completed. The business continuity actions have started to be addressed through the updating of the policy and additional documentation. The duty to maintain plans will be finalised when the Emergency Incident Response Plan is updated in March/April.

EPRR Annual Report

The Trust is continuing with its efforts to promote the EPRR agenda throughout the organisation. This can be seen through the substantial compliance to the core standards. There are areas for further development and this has been captured within the work plan for the steering group. The Trust responded to an external major incident in August with positive outcomes.

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

Assurances

- This report provides assurance that the Trust is progressing to full compliance with the outstanding actions to be monitored through the EPRR Steering Group.
- The EPRR agenda is current and updating processes as required.

Consultation

- Finance and Performance Committee

Governance or Legal Issues

- Compliance with the Civil Contingencies Act 2004
- Compliance with the NHS England Emergency Preparedness, Resilience and Response Framework 2015 (incorporating the Core Standards)

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

- The EPRR Core Standards is an external document providing an overarching view of the Trust's preparedness for all types of emergencies. There are a number of component internal policies that deliver the compliance to the core standards; these documents will require a more in depth equality impact assessment to evaluate the impact of the Trust's response to a variety of scenarios.

- Any potential equality and diversity implications will be assessed and managed as policies are reviewed, developed and implemented. Consideration will also be given to any exercising or training sessions scheduled to incorporate the cross cutting needs of the population we serve who may be affected by an EPRR related incident. Initial response to an incident will always consider preservation of life as a priority above all other issues. Following the initial lifesaving phase all REGARDS issues will be considered in detail.

Recommendations

The Board of Directors is requested to:

1) Receive the EPRR Progress update and note substantial compliance
2) Confirm and challenge as appropriate
3) Be assured of ongoing work to improve and further enhance the Trust's EPRR agenda throughout the Trust.

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

Report prepared by: **Celia Robbins**
Emergency Planning and Business Continuity Manager

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Derby and Derbyshire
Clinical Commissioning Group

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Cardinal Square
10 Nottingham Road
Derby
DE1 3QT

Tel: 01332 868764
www.derbyandderbyshireccg.nhs.uk

Letter sent by email

Mark Powell
Chief Operating Officer
Derbyshire Healthcare NHS Foundation Trust HQ
Kingsway Hospital Kingsway
Derby
DE22 3LZ

2 October 2019

Dear Mark

Re: 2019/20 EPRR Assurance Process – Derbyshire Healthcare NHS Foundation Trust

Subsequent to the submission of your Core Standards for EPRR 2019/20 (Self-Assessment) and Confirm & Challenge meeting undertaken on 2nd October 2019, I can confirm that NHS England / Improvement (North Midlands) and Derby and Derbyshire CCG have evaluated Derbyshire Healthcare NHS Foundation Trust Compliance Level to be *substantially compliant.*

Compliance level	Definition
Non-compliant	Not compliant with the core standard. In line with the organisation's EPRR work programme, compliance will not be reached within the next 12 months.
Partially compliant	Not compliant with core standard. The organisation's EPRR work programme demonstrates evidence of progress and an action plan to achieve full compliance within the next 12 months.
Fully compliant	Fully compliant with core standard.

Whilst it was recognised that some good work has taken place since last year, there are improvements that will be required over the next 12 months in the following areas.

POST CONFIRM & CHALLENGE TABLE					
Ref	**Domain**	**Standard**	**Post Confirm & Challenge RAG**		
			Fully	**Partial**	**Non**
11	Duty to maintain plans	Critical Incident		√	
Recommendations: A review of the Emergency Incident Response plan is required to incorporate escalation levels and the definition of a critical and major incident.					
30	Response	Incident Coordination Centre (ICC)	√		
Recommendations: We recognise sufficient evidence is in place for this standard, however a scoping project is to be undertaken to review possible venues in the north of the county to provide a secondary ICC.					
53	Business Continuity	BC Audit		√	
Recommendations: As part of the Business Continuity Management System an audit programme will be developed with 360 Assurance for 2020/21.					
40	Cooperation	LHRP Attendance	√		
Recommendations: To commit to Director level attendance at LHRP for the remaining two meetings of the year. Where a deputy attends LHRP the deputy should have delegated responsibility to make decisions.					

Please can I ask that you continue to keep me up to date with any progress on implementing the any of our recommendations and your action plan in writing by the 2 April 2020.

Yours sincerely

Chrissy Tucker
Director of Corporate Delivery
Central Derby and Derbyshire CCG

Marcel Comer
Head of EPRR – Midlands (North and Midlands localities)
NHS England and NHS Improvement

Copy to:

Fran Steele, Director of Strategic Transformation / Locality Director, NHS England / Improvement
Marcel Comer, Head of EPRR – North Midlands, NHS England / Improvement Jenny Dawson, Operations & Delivery Coordinator, NHS England / Improvement

Derbyshire Healthcare
NHS Foundation Trust

Emergency Preparedness Resilience and Response (EPRR) Progress Report

Introduction

The Trust is continuing its compliance against the NHS England (NHSE) EPRR Core Standards, all policies are up to date and are continuing to be reviewed within the governance schedules. A full time permanent Emergency Planning and Business Continuity Manager has been appointed which is helping to develop and grow upon the systems currently in place.

Training and Exercising

Current overall training compliance rate is 81% for bronze, silver and gold training. A work plan was presented to the EPRR Steering Group in September to consider training and exercising requirements for the Trust for the next three years. There is a requirement for the Trust to undertake an annual exercise to test the level of preparedness and validate EPRR plans and policies; work will begin to generate a Trust wide table top exercise within the next six months.

Maintaining plans

All EPRR related policies have been reviewed and updated within the governance schedule. There have been a number of national guidance documents which have been updated to reflect best practice and learning from incidents. Elements of this will require new plans to be generated for the Trust moving forward.

Business Continuity

A full review of the business continuity management system has been undertaken to facilitate the Trust into a higher level compliance against the NHSE Core Standards and the ISO22301 – Business Continuity and Societal Security. Within this piece of work is the development of new template documents to help identify critical activities within services and the local management actions required during an incident.

An implementation and audit plan has been developed in detail for 2020 and a scoping exercise is being undertaken for 2021. In order for the Trust to be fully compliant with the international standard, as expected by the NHSE EPPR Core Standards, there will be an ongoing journey over the next three years. This will be monitored through the EPRR Steering Group and reported on a six monthly basis to the Finance and Performance Committee.

Multi-agency working

The Emergency Planning and Business Continuity Manager is involved in a number of multi-agency groups within Derbyshire and the East Midlands to ensure the Trust is represented as required; this is helping to maintain and improve links with partner organisations involved in emergency planning.

EU Exit Preparation

The Trust has now stood down the arrangements for EU Exit following the extension to 31 January 2020. During the preparation stages, the EU Exit team met to consider the national planning assumptions and the impact it could have on the Trust. An EU Exit plan was developed based on these assumptions. The multi-agency response was stood up and we were invited to participate in the Strategic Coordinating Group meetings. Daily sitreps were completed and submitted to NHS England and NHS Improvement. Trusts have been asked by the National Team to consider where we can make further improvements to our preparations and consider the differences an exit 31 January will have on the organisation. It is anticipated that the daily sitreps will be required from 13 January 2020. Further updates will be provided as more information is shared from the national team.

Incidents

During August, the Trust responded to the Toddbrook Reservoir incident in Whaley Bridge; this was a large scale incident that required a multi-agency response. From an internal perspective, our initial response included phone calls to our patients who lived within the affected zone to ensure their safety and consider any further support required. As discussions moved towards residents returning home, we were asked to facilitate the human aspects group to provide additional support to residents as part of the multi-agency response. The Trust provided trauma leaflets which were distributed to all residents and held within the information hub in Whaley Bridge. Following on from this, a trauma screening was sent to 500 homes, we received 71 responses of which two were referred to Improving Access to Psychological Therapies (IAPT). We have carried out an internal debrief to capture the lessons we have identified to improve on for the next event, these will be monitored through the EPRR Steering Group.

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 3 December 2019

Guardian of Safe Working Annual Report

Purpose of Report

To give assurance that the Trust is discharging its statutory duties regarding safe working for medical trainees.

Executive Summary

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

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

Assurances

The Guardian has been attending the local and national conferences to gain more knowledge and experience through discussions with other Guardians. The business continuity plan involving Derbyshire Health United has been used on one occasion with success when a trainee doctor was not available after hours.

Consultation

- The junior doctor forum discussed the report
- The Director of Medical Education and Associate Directors of Medical Education were consulted about the rest and other necessary facilities for junior doctors.
- The report was presented to the Quality Committee.

Governance or Legal Issues

The report complies with the essential provision of the Junior Doctor Contract.

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

- The medical workforce is cosmopolitan. There are increasing numbers of doctors joining the GMC register from overseas, particularly South Asia. More doctors are beginning to come from Africa and the Middle East. Many doctors are now female. Equity issues are taken with utmost seriousness and doctors supported to speak up and report by exception.

- The Guardian of Safe Working ensures that any issues are identified and deal with effectively so that all doctors feel valued and treated fairly and have an acceptable work/life balance.

Recommendations

The Board of Directors is requested to note:

1) There are a few vacancies in trainee posts that reflect the national issue with recruitment in psychiatry.
2) Trainees are being supported with exception reporting and these have been resolved in a timely fashion. There are few exception reports and none raised by the foundation trainees or GP trainees
3) The BMA fatigue and facilities charter for junior doctors is being carefully considered and recently issue with space for juniors in the south has been successfully resolved.
4) Issues persist with Allocate, the software for logging in ER (Exception Reports). We have regular communications with the company and they have attended one of the Junior Doctor Forum meetings recently.
5) The Quality Committee received a level of assurance.

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

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

Title	**Report on Safe Working Hours: Doctors in Training January 2019 – December 2019**
Author	Dr Smita Saxena, Guardian of Safe Working Consultant Psychiatrist
Accountable Executive Director	Dr John Sykes, Medical Director

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

1. Introduction

This is the annual report 2018-19.

- Transition to the 2016 Junior Doctor Contract for all doctors in training in the Trust was completed in September 2017
- Changes have been to higher trainee rotas which aim to ensure compliance with safe working
- Details of exception reports received to date will be outlined in this report
- Issues identified through the Junior Doctors Forum meeting were addressed by the Guardian of Safe Working and Local Negotiating Committee (LNC)
- The Board is asked to note the information contained in the report including risks associated with vacant trainee posts and associated rota gaps

2. Trainee data

2.1 Number of posts for doctors in training:

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

- Amount of time available in job plan for guardian to do the role 0.5 programmed activities (PA)
- Admin support provided to the guardian (if any) facilitated through Medical Education and Medical HR
- Amount of job-planned time for clinical supervisors for Clinical supervision: each Trainer has 0.25 PA per Trainee per week job planned
- Amount of job-planned time for educational supervisors: 0.125 PA per Trainee

2.2 Exception Reports

Information supplied from January 2019 to December 2019

Exception reports				
Location	**Exceptions carried over from last report**	**Exceptions raised**	**Exceptions closed**	**Exceptions outstanding**
North	0	3	3	0
South	0	1	1	0
Total	0	4	4	0

Exception reports by Grade				
Location	**Exceptions carried over from last report**	**Exceptions raised**	**Exceptions closed**	**Exceptions outstanding**
CT1-3	0	3	3	0
ST4-7	0	1	1	0
GPVTS	0	0	0	0
Foundation	0	0	0	0
Total	0	4	4	0

Exception reports by action				
	Payment	**TOIL**	**Not agreed**	**No action required**
North	1	2	0	0
South	0	1	0	0
Total	1	3	0	0

The exception reports in the NORTH were as follows:

i) Raised by core trainees (CT) – The two exception reports were due to difference in hours worked, one was resolved through TOIL whereas the other was resolved by extra payment. One of them was due to an error encountered on PARIS system while the trainee was clerking a new admission during her normal shift, resulting in her losing all her work. This meant that she had to type all over again.
ii) Raised by the higher specialist trainee (HST) who stayed after 5pm on a weekday to resolve a complex situation to do with admission and Mental Health Act assessment. This was resolved with TOIL.

The exception report in SOUTH was as follows:

i) Raised by CT trainee – stayed back to finish work. This exception report has been resolved through TOIL

Response time				
Grade	**48hrs**	**7 days**	**Longer than 7 days**	**open**
CT1-3	0	2	1	0
Foundation	0	0	0	0
ST4-6	0	1	0	0

The delay in resolving the above exception report was due to technical issues and it still shows as pending on Allocate, however it has been closed.

The exception reports were all submitted within seven days as all trainees are provided with log in details at induction.

3. Work schedule reviews

No formal work schedule reviews needed during this period

4. Fines

No fines imposed

5. Locum/Bank Bookings

North 34 shifts totalling £13,204.42
South 79 shifts totalling £34,484.71

6. Agency

North 11 shifts totalling £6,302.50
South 23 shifts totalling £13,737.25

7. Vacancies

	North - Mar 2019 until date	South - Mar 2019 until date
CT1-CT3	0.4	1
GP Trainees	0	0
Foundation	0	1

8. Qualitative information

8.1 The Junior Doctor Forum has met quarterly over the period reported. Active representation sought with each changeover of new doctors in accordance to the Forum constitution. At the last junior doctors forum, we had representation from Allocate to discuss the software issues.

8.2 There have been no concerns about any gender or ethnicity related issues with regards to the process of exception reporting

8.3 There has been no exception reporting from GP or Foundation trainees.

9. Issues arising

9.1 Space for junior doctors on Radbourne Unit – There have been discussions between the Associate Director of Medical Education (ADME) in the South, myself and the Director of Medical Education (DME), about concerns raised about suggestions to remove one of the on call rooms and making the mess a shared facility for all staff as well as moving the office space area to a different location. It was felt that the proposed changes would be disruptive to junior doctors' lives as they are using the facilities frequently. It would also affect the recruitment in long term and reputation of the trust as a leading training provider. We have also had advice from Rachael Backhouse from the BMA who has advised the mess should be easily accessible to the junior doctors and somewhere where they can take short naps during breaks if necessary. She has also advised that whilst the guidance refers to the mess not to be exclusively for juniors, this means available for consultants and speciality doctors.

This issue has now been resolved following a meeting with the estates team. The new rearranged service plans no longer impact on the above doctor's facility/mess.

9.2 Further discussion is to take place at future junior doctors forum about the money received for improving the working life of junior doctors by the Deanery.

9.3 We are currently considering undertaking a trainee survey to establish the understanding of the process of exception reporting and also to establish fairness of the process

10. Ongoing issue

To continue to engage with trainees and to encourage them to understand the purpose and process of exception reporting when this is a valid option.

Consultant Psychiatrist
Dr Smita Saxena
Guardian of Safe Working

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 3 December 2019

Revisions to the Board Committee Terms of Reference

Purpose of Report

The Board Committee structure assists and supports the Board in the exercise of its responsibilities. This report provides an overview of the revised structure and changes to the Board Committee terms of reference.

Executive Summary

The Board has recently undertaken a review of the Board Committee structure to ensure it is aligned to the new Strategic objectives and also to consider frequency of meetings, membership and balance of work. As a result the following changes have been agreed:

- To incorporate strategic oversight of safeguarding into the Quality Committee to form the new Quality and Safeguarding Committee. Robust operational oversight of safeguarding will continue through the current operational group and processes. The Board Safeguarding Committee met for the final time on 15 October and in line with the reporting regime the new Quality and Safeguarding Committee will be formed from 1 February 2020.
- In order for the Quality Committee to have the capacity to take on safeguarding aspects of compliance; namely Health and Safety and Emergency Planning, have been transferred from the Quality Committee to the Finance and Performance Committee.
- In terms of the frequency of meetings, the review concluded that the committees will continue to meet as currently scheduled on the proviso that additional extra-ordinary meetings could be called if required.

The terms of reference of the Board Committees have been updated to take account of their new responsibilities. It is recommended that with the exception of the Audit and Risk Committee all the Board Committee terms of reference be revised to reflect that the Chief Executive Officer reserves the right to attend any meeting. The Board will receive copies of all terms of reference in line with the annual effectiveness review in May 2020.

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

Assurances

Each Committee or Committee Chair has been assured that the Committees are meeting the requirements of their terms of reference.

Consultation

- Board Development session and Board Committee Chairs.
- Through the Quality Committee, Safeguarding Committee, Finance and Performance Committee and People and Culture Committee meetings held in September and October.

Governance or Legal Issues

The Committee structure has been designed to ensure it aligns to provide assurance on meeting the Trust's strategic objectives.

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

- From 2019/20 and beyond, all Board committees have an objective to actively consider the equality impact and evidence relating to all items of Committee business as part of the Committee's contribution to equality, diversity and inclusion.

Recommendations

The Board of Directors is requested to:

1) Note and approve the structure of the Board Committees
2) Note and approve the revisions made to the Board Committee terms of reference.

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

Report prepared by: **Sue Turner**
Board Secretary

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 3 December 2019

Modern Slavery Statement

Purpose of Report

To seek support to revise the content of the Trust's Annual Modern Slavery Statement for 2018/19.

Executive Summary

The Trust's Modern Slavery Statement has been revised to ensure it covers the areas outlined in Home Office Guidance. The intention is for this to be approved by the Board and will replace the version currently published on the Trust's website. Going forwards, a draft statement will be considered by the People and Culture Committee following financial year-end to allow the Committee to assess that the Trust has met the criteria for the preceding financial year. The Board will then be asked to approve the Annual Modern Slavery Statement and this will be uploaded to the Trust's website.

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

Assurances

The Board received assurance that the Trust is discharging its statutory duties regarding the modern slavery statement and approved the statement within its Annual Report and Accounts (2018/19). This extract was published on the website.

Consultation

Board of Directors.

Governance or Legal Issues

The Trust has to publish an annual statement setting out the steps they take to prevent modern slavery in their business and their supply chains. This is a requirement under Section 54 (Transparency in Supply Chains) of the Modern Slavery Act 2015. The statement must be updated every year and published on the Trust website within six months of the financial year-end.

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

The Trust commits to the design and implementation of services, policies and measures that meet the diverse needs of services, the population and workforce, ensuring that none are placed at a disadvantage over others.

Recommendations

The Board of Directors is requested to approve the revised Modern Slavery Statement for 2018/19.

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

MODERN SLAVERY STATEMENT - 2018/19

INTRODUCTION

This Statement is made pursuant to section 54 of the Modern Slavery Act 2015 and sets out the steps that Derbyshire Healthcare NHS Foundation Trust (the Trust) has taken, and is continuing to take, to make sure that modern slavery or human trafficking is not taking place within our business or supply chain.

Modern slavery encompasses slavery, servitude, human trafficking and forced labour. The Trust has a zero tolerance approach to any form of modern slavery. We are committed to acting ethically and with integrity and transparency in all business dealings and to put effective systems and controls in place to safeguard against any form of modern slavery taking place within our business or our supply chain.

AIM OF THIS STATEMENT

The aim of this statement is to demonstrate that the Trust follows good practice and all reasonable steps are taken to prevent slavery and human trafficking.

All members of staff have a personal responsibility for the successful prevention of slavery and human trafficking, with the Procurement Department taking the lead responsibility for compliance in the supply chain.

ABOUT THE ORGANISATION

The Trust is a provider of mental health, learning disability and children's services across the city of Derby and wider county of Derbyshire. We provide a variety of inpatient and community based services throughout the county. We also provide specialist services across the county including substance misuse and eating disorders services.

Successful partnership working is essential to the delivery of many of our services. The Trust works in close collaboration with our commissioners and fellow providers of local healthcare services, together with local authority colleagues at Derby City Council and Derbyshire County Council, and voluntary and community sector organisations. Derbyshire Healthcare is an active partner in Joined Up Care Derbyshire, a partnership of health and care organisations working collectively to address challenges and improve the level of joined up working within the local health and care economy.

The Trust provides services to a diverse population, including areas of wealth alongside significant deprivation. The Trust's catchment area includes both city and rural populations, with over 70 different languages being spoken.

We became a Foundation Trust in 2011 and we employ over 2,400 staff based in over 60 locations across the whole of Derbyshire. Across the county and the city, we serve a combined population of approximately one million people.

OUR POLICIES ON SLAVERY AND HUMAN TRAFFICKING

The Trust is aware of its responsibilities towards patients, service users, employees and the local community and expects all suppliers to the Trust to adhere to the same ethical principles. The Trust is committed to ensuring that there is no modern slavery or human trafficking in our supply chains or in any part of our business. Our internal policies replicate our commitment to acting ethically and with integrity in all our business relationships.

Currently all awarded suppliers sign up to our terms and conditions of contract which contain a provision around Good Industry Practice to ensure each supplier's commitment to anti-slavery and human trafficking in their supply chains; and that they conduct their businesses in a manner that is consistent with the Trust's anti-slavery policy.

The Trust policies, procedures, governance and legal arrangements are robust, ensuring that proper checks and due diligence are applied in employment procedures to ensure compliance with this legislation. We also conform to the NHS employment check standards within our workforce recruitment and selection practices. This strategic approach incorporates analysis of the Trust's supply chains and its partners to assess risk exposure and management on modern slavery.

We operate a number of internal policies to ensure that we are conducting business in an ethical and transparent manner. These include the following:

Recruitment and Selection policy and procedure: We operate a robust recruitment policy including conducting eligibility to work in UK checks for all directly employed staff. Other checks include checks of identity, evidence of qualifications, health clearance, employment history and in areas of safeguarding risk a Disclosure Barring Service criminal records check. External agencies are sourced through the NHS Improvement nationally approved frameworks and are audited to provide assurance that pre-employment clearance has been obtained for agency staff to safeguard against human trafficking or individuals being forced to work against their will.

Equal Opportunities: We have a range of controls to protect staff from poor treatment and/or exploitation which comply with all respective laws and regulations. These include provision of fair pay rates, fair terms and conditions of employment, and access to training and development opportunities.

Safeguarding Policies: We adhere to the principles inherent within both our Safeguarding Children and Adults policies and procedures. These provide clear guidance so that our employees are aware as to how to raise safeguarding concerns about how colleagues or people receiving our services are being treated, or about practices within our business or supply chain.

Raising Concerns/Speaking Up at Work (Whistleblowing) Policy: We operate a Speak Up policy so that all employees know that they can raise concerns about how colleagues or people receiving our services are being treated, or about practices within our business or supply chain, without fear of reprisals.

Standards of Business Conduct (within Standing Orders): This policy explains the manner in which we behave as an organisation and how we expect our employees and suppliers to act.

WORKING WITH SUPPLIERS

The Procurement Team ensures that due diligence is undertaken for all new and ongoing suppliers of goods and services to the organisation and their associated Supply Chains by sourcing through the following compliant routes:

1. Competitive OJEU (Official Journal of the European Union) procurements tendered in compliance with EU guidance which require suppliers to confirm they comply with the Modern slavery act. To support their response bidders are also required to state:

   a. *the organisation's structure, its business and its supply chains;*
   b. *its policies in relation to slavery and human trafficking;*
   c. *its due diligence processes in relation to slavery and human trafficking in its business and supply chains;*
   d. *the parts of its business and supply chains where there* is *a risk of slavery and human trafficking taking place, and the* steps *it* has *taken to* assess *and manage that risk;*
   e. *its effectiveness in ensuring that slavery and human trafficking* is *not taking place in its business or supply chains, measured against such performance indicators as it considers appropriate;*
   f. *the training and capacity building about slavery and human trafficking available to its staff.*

2. Procurement through EU compliant national government frameworks.

3. All contracts and associated purchase orders are raised on the NHS Standard Terms and Conditions which suppliers are mandated to comply with. These conditions state:

   10.1.28 it shall: (i) comply with all relevant Law and Guidance and shall use Good Industry Practice to ensure that there is no slavery or human trafficking in its supply chains; and (ii) notify the Authority immediately if it becomes aware of any actual or suspected incidents of slavery or human trafficking in its supply chains;

   10.1.29 it shall at all times conduct its business in a manner that is consistent with any anti-slavery Policy of the Authority and shall provide to the Authority any reports or other information that the Authority may request as evidence of the Supplier's compliance with this Clause 10.1.29 and/or as may be requested or otherwise required by the Authority in accordance with its anti-slavery Policy.

The Procurement Team upholds the Chartered Institute of Procurement and Supply (CIPS) Code of Professional Conduct.

TRAINING

Advice and training about Modern Slavery and human trafficking is available to staff through our mandatory Safeguarding Children and Adults training programmes, our Safeguarding policies and procedures, and our Safeguarding Leads. It is also discussed at our compulsory staff induction training.

Awareness is also raised through information sharing on the Trust intranet and our public website.

Advice and training about Modern Slavery and human trafficking is available to staff through our Safeguarding Children and Adults training programme. The Trust is committed to and follow the Derbyshire and Derby Safeguarding Adults Policy and Procedures and the Derby and Derbyshire Safeguarding Children Partnership Procedures.

OUR PERFORMANCE INDICATORS

We will know the effectiveness of the steps that we are taking to ensure that slavery and/or human trafficking is not taking place within our business or supply chain if:

- No reports are received from our staff, the public, or law enforcement agencies to indicate that modern slavery practices have been identified.

BOARD OF DIRECTORS' APPROVAL

The Board of Directors has considered and approved this statement and will continue to support the requirements of the legislation.

This statement is made pursuant to Section 54(1) of the Modern Slavery Act 2015 and constitutes our organisation's modern slavery and human trafficking statement for the current financial year.

Signed on behalf of the Board of Directors:

Caroline Maley
Trust Chair

Ifti Majid
Chief Executive

Derbyshire Healthcare NHS Foundation Trust

Board Committee Assurance Summary Report to Trust Board
Quality Committee meeting held 12 November 2019

Key items discussed

- **Summary of BAF Risks for Quality Committee** - risk 1a is reduced from extreme to high. The physical healthcare improvements require further attention. Deep dive of risk 1a will take place at the December meeting of the Committee.
- **Risk Escalation and Corporate Risk Register** – the report showed how the Trust continues to have robust and well embedded systems and processes for reporting and escalating its risks, via the risk management module held on Datix. The Committee discussed how equality and diversity and protected characteristics can be captured in the Risk Register and how this could be included in Datix reporting. WRES risks and risks associated with equality and diversity will be referred to the People and Culture Committee for further review of the impact that these risks have on staff and an assessment of whether the risk issues are sufficient.

  The Committee took significant assurance that compliance with the Trust's Risk Management Strategy is robustly managed. It was decided that the Risk Register Escalation Assurance report is to be received by the Committee on a quarterly basis and that the next report is to show how the risks interconnect with the BAF and to confirm how they are operationally scrutinised setting out the escalation of risks from DATIX through TMT to ELT. The report cover sheet is to also include a summary of how the risks impact staff with protected characteristics.
- **New Quality Performance Dashboard** – this was positively received. SPC charts provided a greater assurance of data - some wider additional improvements were noted. Improvements to be made to the equalities section of the report to include monitoring and mitigating actions. Significant assurance.
- **Acute Care Transformation Plan Monthly Update** - Report triangulated a recent NED visit to the Hartington Unit. Report showed significant progress. The next report is to include an update on environmental improvements and demonstrate expected progress. Next report will also include an analysis of incidents in acute inpatient areas over a six month period. Committee noted the significant progress that had been made in the acute service area but received limited assurance overall until all actions completed
- **Guardian of Safe Working Annual Report** – report contained positive outcomes and a summary of exceptions. Report cover sheet to be submitted to the Board is to include the potential improvements in gender equality, improvements and support. Next report is to include activation and use of DHU business continuity plans, for any unscheduled rota gaps.
- **Preparation for the 2019/20 Quality Report** – Committee discussed including more factors on prevention rather than care alone, aspects of partnership working, overall patient wellness and wellbeing, the role of school nurses and examples of quality visits.
- **Care Planning/Person Centred Care** – Acute care was noted as improved. Further improvement required in specific divisions and areas in Community Mental Health and Learning Disability. This clinical standard is escalated to three monthly reporting. Risk focus on community health working age adult care plan and learning disability care plan improvements to be included in the Quality Performance Dashboard. Limited assurance.
- **Skill Mix Review** – The positive impact on improvement areas was noted. Significant assurance received that the Trust is working towards the requirements outlined in formal standards on the requirements outlined in setting the standards.

- **NICE Guidelines Update** - significant assurance obtained with the improvement work and that the Trust is working towards the requirements outlined in formal standards.
- **Quality Visits Programme/Outcome** - new approach for the coming Season 9 was agreed and significant assurance was obtained from the Quality Visit process as part of the Ward to Board assurance.
- **Quality Impact Analysis bi-annual update** – Committee was satisfied with the methodical approach being taken to fully test the QIA Process for Cost/Continual Improvement Programmes and received full assurance with the report.
- **Updated Terms of Reference for Quality and Safeguarding Committee** - new terms of reference setting out the incorporation of the Safeguarding Committee within the Quality Committee and the combined responsibilities were accepted.
- **Equality and Diversity half year assessment –** discussed the effectiveness of the completion of the equalities section of the report front sheets. Improvements will continue be made to this area of reporting to show evidence r of the Committee's contribution to EDI. Three quality objectives will be agreed by NED members.

Assurance/Lack of Assurance Obtained

- Acute Care Transformation Plan - further improvement work on the amber areas.
- Care Planning/Person Centred Care - further improvements are required, increase in reporting in community work age adults and learning disability to be included in the dashboard.

Meeting Effectiveness

- Significant analysis, positive use of NED triangulation from service visits and quality visits.
- Evidence of progress in acute service with residual risks remaining high risk.
- Well chaired with positive summary of progress and actions.

Decisions made

- To add in a section on the acute service on in-patient incidents, as a focused report on incidents.
- Share skill mix and safer staffing review.
- Further improvement work on equality objectives and refining the Committee work plan.

Escalations to Board or other committee

- Escalation to Directors – Amanda Rawlings and Claire Wright to review the risk issues, to add BME experience of staff and improvement plans to reduce this experience to the Corporate Risk Register.
- Escalation to People and Culture Committee to consider the quality of leadership in the acute sector and improvements that can be made to the clinical leadership development programme to enable a talent pipeline in this area. Development of further coaching, appreciative enquiry and improvement work.

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
Finance & Performance Committee – Meeting held 19 November 2019

Key items discussed

Board Assurance Framework – F&P risks for consideration

- Discussed timing and fast-moving picture on financial position and forecast.

Deep Dive – BAF Risk 1b (Estate compliance)

- Summary of progress made on estate compliance with recommendation to reduce BAF risk rating from 4 x 4 to 3 x 4 (likelihood 3) due to increased visibility of compliance evidence
- Agreed to a reduced risk rating as long as the plan is implemented within timelines and the read-across is enhanced between impact, root cause and actions.

Draft Estate Strategy

- PICU content will be re-framed.
- Affordability is a key issue to be addressed, with access to capital yet to be confirmed. Each stage will be subject to business cases to describe financial and non-financial benefits and priorities
- Context of wider system, future investments from long term plan, growth, digital agenda etc
- Equality factors to be addressed more explicitly

Commissioning Interface and Contract Update (QIPP/contract levers/penalties/CQUIN)

- IAPT – awaiting feedback from submitted bid.
- Commissioner requests volume is still very high

Operational Performance and KPI Achievement including Community Paediatrics update

- Discussion focussed on autism, clarification of info in tables and the impact of actions on the level of demand.

IM&T Strategy

- Volume of demand on IM&T team is significant.
- Discussion of longer term digital strategy within JUCD system context
- Impressive team that has delivered a lot and the key strategy areas remain important

Continuous (Quality) Improvement Delivery Programme

- Size of CIP requirement for 20/21 is very large (current estimate c£7m) with majority of it having no quantified schemes for delivery at this stage which is of significant concern.
- Described ongoing ELT conversations and additional actions taking place to address gap
- Discussed system wide savings across programme spend and need to align to Long Term Plan Rationalise the separate 'business planning' process to release time to the other clinical strategies work.

2019/20 Financial Performance including CIP 2019/20

- Main reasons for the deterioration in the underlying forecast and the methods of mitigations in meeting the £1.8m stretch plan and £1.4m control total (that will be discussed with regulators)
- Elements in the detailed risk table
- Confirmed that the forecast assumes no contribution to the system risk share

Reference Cost Draft

- Noted draft position. Discussed cluster impact and the relative performance compared to national and compared to Trust index in previous year.

Bi-annual EDI update REGARDS reporting update and wider consideration of Committee EDI objective

- Covered themes, threads, areas for improvement, joining up content and mitigations and noted progress, with some distance to go
- Future conversations should focus more on what is going to change with regard to the issue and summarise the thinking of EDI evidence that has gone into papers.

EPRR – Terms of Reference and Year-end report

- Self-assessment and challenge and confirm outcome increased to fully compliant, with confidence and some actions to complete. Whaley Bridge and flooding has tested the procedures well.

Assurance/lack of assurance obtained

- Operational Performance and KPI Achievement including Community Paediatrics update – Assurance - Significant assurance overall working on challenges
- IM&T Strategy - Significant assurance
- Continuous Quality Improvement/CIP for 20/21 – No Assurance
- 19/20 Financial Performance - Limited assurance

Key risks identified

- Size of 20/21 CIP requirement and current lack of progress with pipeline of quantified schemes

Decisions made

- Agreed change to BAF risk rating of 1b
- Agreed for Estates Strategy to go to Board for final approval

Escalations to Board or other committee

None (noting that the nil level of assurance on CIP 20/21 will be highlighted in feedback)

Committee Chair: Richard Wright	**Executive Lead: Claire Wright, Deputy Chief Executive and Director of Finance**

Report from the Council of Governors Meeting held on 5 November 2019

The Council of Governors met on Tuesday 5 November 2019 at the Centre for Research and Development, Kingsway Hospital site, Derby. The meeting was attended by 16 governors.

Verbal update on Joined Up Care Derbyshire – including the impact of the Long Term NHS Plan

Ifti Majid gave a verbal update on the latest activities within Joined Up Care Derbyshire (JUCD). It was noted that the full strategy which Ifti referred to was included in the 5 November Board papers. Ifti will provide a further update to the next Council of Governors meeting on 7 January 2020.

Council of Governors Annual Effectiveness Survey

The results of the survey (which was anonymised) were presented to the Governance Committee on 10 October. 24 governors had responded to the survey – this equated to 96% (the current complement of governors at the time of the survey was 25). The response rate has significantly increased compared to last year when 57.14% of governors completed the survey – the complement of governors at that time was 28.

The responses to the survey were overall positive. In 17 out of the 27 questions the positive response rate of strongly agree/agree was over 90% and for five of these questions a 100% positive response was recorded. The results give good feedback from governors on their effectiveness and support identifying further focus for debate and training/development.

A number of proposed actions to continue to enhance the effectiveness of the Council of Governors were listed in the paper.

The Council of Governors agreed future surveys will not be anonymised.

Non-Executive Director deep dive

Margaret Gildea, Chair of the Quality Committee presented a Deep Dive focusing on quality.

Escalation of items to the Council of Governors

Two items of escalation were received from the Governance Committee:

1. Governors seek assurance from the Non-Executive Directors on whether the Trust is participating in Derbyshire wide substance misuse delivery
2. How is the Trust participating more widely in Joined Up Care Derbyshire, can Anne Wright explain the perspective of how the mental health work stream is engaging with other trusts?

The responses were tabled at the meeting.

Presentation on how to interpret a run chart

Peter Henson, Head of Performance, Delivery and Clustering explained how to read run charts. After the meeting, the link to the NHS Improvement guidance on run charts was circulated to governors.

Integrated Performance Report

The Integrated Performance Report (IPR) was presented to the Council of Governors to provide an overview of performance as at the end of August 2019. The Non-Executive Director Board Committee Chairs reported on how the report had been used to hold Executive Directors to account in their respective Board Committees for areas with regards to workforce, finance, operational delivery and quality performance.

Wellbeing and improving attendance – developing the staff Wellbeing Strategy

Jamie Broadley, Wellbeing Lead presented the paper which provided detailed information on initiatives that the Trust has taken to improve staff wellbeing and attendance including:

- Re-tendering the Occupational Health Contract which now includes staff access to physiotherapy
- Establishing Resolve an onsite counselling service
- The provision of a new staff benefits service

It was also noted that a Trust staff Wellbeing Strategy is being developed.

Governance Committee Report

Kelly Sims, Chair of the Governance Committee presented a report of the meeting held on 10 October 2019. Of note were the following items:

- Governors reviewed the implementation of the Membership Strategy 2018-21
- Governors reviewed the Governor Membership Engagement Action Plan
- Governors were encouraged to get involved in engagement events as it is an opportunity for governors to get to know their constituents and feedback any issues relating to the Trust
- Governors were reminded to complete the governor engagement template for engagement activities they have undertaken in their governor role
- Expressions of interest were sought for the Deputy Chair of the Governance Committee vacancy

Feedback from the Annual Members' Meeting (AMM)

Feedback included:

- The AMM was the 'best one ever' - the mix of staff, service user, carer, governor, members' etc. involvement was welcomed; and the formal part of the meeting was appreciated
- The venue and parking at Kingsway site was good

In preparation for next year's AMM, the Council of Governors agreed:

- That the AMM will be held on 10 September – Suicide Prevention Day – and will focus on suicide prevention
- To establish a governor task and finish group to plan the AMM. This will comprise of David Charnock, Rosemary Farkas, Julie Lowe, Jo Foster and Rob Poole

It was noted that the first floor of the Centre for Research and Development, Kingsway site has been provisionally booked for the AMM next year. Governors agreed to discuss the venue in the New Year.

Governor Elections Update

Denise Baxendale, Membership and Involvement Manager provided the Council of Governors with an update on the recent governor elections and the preparations underway for the forthcoming public governor and staff governor elections. The Council of Governors agreed to proposals outlined by Justine Fitzjohn, Trust Secretary to align governors' terms of office to move towards annual elections.

Any other business

Information packs for governor – these have been complied for governors to use on their engagement activities.

Membership of the Governors Nominations and Remunerations Committee – the Council of Governors agreed to the proposal to include Carole Riley, Public Governor and David Charnock, Appointed Governor in the membership cohort.

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

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

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
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 Disabilities
LHP	Local Health Plan
LHWB	Local Health and Wellbeing Board
LOS	Length of Stay
M	
MARS	Mutually Agreed Resignation Scheme
MAU	Medical Assessment Unit
MAS	Memory Assessment Service
MAPPA	Multi-agency Public Protection Arrangements
MARAC	Multi-agency Risk Assessment Conference (meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, probation, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors.
MASH	Multi-Agency Safeguarding Hub
MCA	Mental Capacity Act
MDA	Medical Device Alert
MDM	Multi-Disciplinary Meeting
MDT	Multi-Disciplinary Team
MFF	Market Forces Factor
MHA	Mental Health Act
MHIN	Mental Health Intelligence Network
MHIS	Mental Health Investment Standard

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
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
PDSA	Plan, Do, Study, Act
PHE	Public Health England
PICU	Psychiatric Intensive Care Unit
PID	Project Initiation Document
PLIC	Patient Level Information Costs
PMLD	Profound and Multiple Disability
PPT	Partnership and Pathway Team
PREM	Patient Reported Experience Measure
PROMS	Patient Reported Outcome Measure
PSF	Provider Sustainability Fund
Q	
QAG	Quality Assurance Group
QC	Quality Committee
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Productivity Programme
R	
RAID	Rapid Assessment, Interface and Discharge
RCGP	Royal College of General Practitioners
RCI	Reference Cost Index
REGARDS	Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation
RTT	Referral to Treatment
S	
SAAF	Safeguarding Adults Assurance Framework
SBARD	Situation, Background, Assessment, Recommendation and Decision (SBARD) tool
SBS	Shared Business Services
SEND	Special Educational Needs and Disabilities

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
SI	Serious Incidents
SIRI	Serious Incident Requiring Investigation
SLA	Service Level Agreement
SLR	Service Line Reporting
SOC	Strategic Options Case
SOF	Single Operating Framework
SPOA	Single Point of Access
SPOE	Single Point of Entry
SPOR	Single Point of Referral
STEIS	Strategic Executive Information System
STF	Sustainability and Transformation Fund
STP	Sustainability and Transformation Partnership
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

2019-20 Board Annual Forward Plan

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

Exec Lead	Item	2 Apr 19	7 May 19	4 Jun 19	2 Jul 19	3 Sep 19	1 Oct 19	5 Nov 19	3 Dec 19	4 Feb 20	3 Mar 20
Trust Sec	Freedom to Speak Up Guardian Report (six monthly)					X					X
Trust Sec	Fit and Proper Person Declaration			X							
Trust Sec	Board Effectiveness Survey Report	X									
Trust Sec	Policy for Engagement between the Board and COG								X		
Trust Sec	Annual Approval of Modern Slavery Statement								X		
Trust Sec	Report from Council of Governors Meeting (for info)	X		X		X	X		X	X	
Committee Chairs	Board Committee Assurance Summaries (following every meeting) - Audit & Risk, Finance & Performance, Mental Health Act, Quality, People & Culture	X	X	X	X	X	X	X	X	X	X
MP	Annual Emergency Planning Report (EPPR)								X		
GH	Business Plan Monitoring close down of 2018/19 (May) Proposal for 2019/20 (June) 2019/20 - Dec update in IPR		X	X					X		
GH	Trust Strategy Review		X		X						
GH	Clinical Strategies 2019-22: Oct: Older Adult, Working Aged Adult - Nov: Eating Disorders, Perinatal - Dec: Forensic and Rehab, Substance Misuse, Children's - Feb: LD						X	X	X		
OPERATIONAL PERFORMANCE											
CG/CW/AR/ MP	Integrated performance and activity report to include Finance, Workforce, performance and Quality Dashboard		X	X	X	X	X	X	X	X	X
CG/JS/AR/ MP	Workforce Standards Formal Submission/Safer Staffing										X
QUALITY GOVERNANCE											
CG/CW/MP/ GH/JS/AR	Quality Report - focus on CQC domains (Well Led CQC & NHSI (Trust Sec) Apr 2020		Responsive MP	Caring CG		Use of Resources CW				Safety JS	Effective CG AR
JS	Learning from Deaths Mortality report (quarterly publication of information on death) Apr/Jul/Oct/Feb/Apr	X				A		X		X	
JS	Guardian of Safe Working Report			X					A		X
JS	NHSE Return on Medical Appraisals sign off					X					
CG	Control of Infection Report					A					
JS	Re-validation of Doctors				A						
CG	Treat Me Well Campaign Update				X						
CG	Annual Looked After Children Report						X				
CG	Outcome of Patient Stories						X				
POLICY REVIEW											
JF	Fit and Proper Person Policy										X