Derbyshire Healthcare
NHS Foundation Trust

Derbyshire Healthcare NHS Foundation Trust
Meeting of the Board of Directors

To be held digitally via MS Teams
2 March 2021 09:30 - 12:15

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Derbyshire Healthcare
NHS Foundation Trust

VIRTUAL PUBLIC BOARD MEETING
TUESDAY 2 MARCH 2021 TO COMMENCE AT 9:30am
Following national guidance on keeping people safe during COVID-19 this will be a virtual meeting conducted via MS Teams

	TIME	AGENDA	LED BY
1.	9:30	Chair's welcome, opening remarks and apologies, declarations of interest	Caroline Maley
2.		Patient Story "Why am I less important that another person with another condition?"	Carolyn Green
3.		Minutes of Board of Directors meeting held on 13 January 2021	Caroline Maley
4.		Matters arising – Actions Matrix	Caroline Maley
5.		Questions from members of the public	Caroline Maley
6.	10:00	Chair's Update	Caroline Maley
7.	10:10	Chief Executive's Update	Ifti Majid
STRATEGY, OPERATIONAL PERFORMANCE AND QUALITY ASSURANCE			
8.	10:25	Integrated Performance and Activity Report	C Wright / J Lowe / C Green / M Powell
9.	10.40	COVID-19 Update	Mark Powell
10:50 B R E A K			
10.	11:00	Annual Gender Pay Gap Report for approval	Jaki Lowe
11.	11:10	Assurance on Adopting a Just Culture approach within the Disciplinary Policies and Processes	Jaki Lowe
12.	11:20	Learning from Deaths Mortality Report	John Sykes
GOVERNANCE			
13.	11:25	Board Assurance Framework Update 2020/21 Issue 4	Justine Fitzjohn
14.	11:35	Freedom to Speak Up Guardian Report	Tamera Howard
15.	11:50	Corporate Governance Update	Justine Fitzjohn
16.	11:55	Board Committee Assurance Summaries: Finance and Performance, Audit and Risk, People and Culture and Quality and Safeguarding Committees	Committee Chairs / Justine Fitzjohn
POLICY REVIEW			
17.	12:05	Standing Finance Instructions Policy and Procedures	Claire Wright
CLOSING MATTERS			
18.	12:10	- Identification of any issues arising from the meeting for inclusion or updating in the Board Assurance Framework - Meeting effectiveness	Caroline Maley
FOR INFORMATION			
Summary Report from the Council of Governors meeting held 3 November 2020 Glossary of NHS Acronyms 2021/22 Forward Plan			

Questions that are applicable to the agenda, and at the Chair's discretion, can be sent by email to the Board Secretary up to 48 hours prior to the meeting for a response provided by the Board at the meeting. Email: sue.turner17@nhs.net
The Trust Chair may, under the Foundation Trust's Constitution, request members of the public to withdraw for the Board to conduct its remaining business in confidence as special reasons apply or because of information which is likely to reveal the identities of an individual or commercial bodies.

The next meeting will be held at 9.30am on 4 May 2021. It is anticipated that this meeting will be held digitally via MS Teams
Users of the Trust's services and other members of the public are welcome to attend the meetings of the Board.
Participation in meetings is at the Chair's discretion

Our vision

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

Our values

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

Our Trust values are:

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

Derbyshire Healthcare
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DECLARATION OF INTERESTS REGISTER 2020/21		
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 and Transformation	• Chair of Marehay Cricket Club • Member of the Labour Party	(d) (e)
Ashiedu Joel Non-Executive Director	• Trustee at The Bridge (East Midlands) Loughborough • Director/Owner Ashioma Consults Ltd • Director/Co-owner Peter Joel & Associates Ltd	(a)
Geoff Lewins Non-Executive Director	• Director, Arkwright Society Ltd	(a)
Jaki Lowe Director of People and Inclusion	• General Medical Council Associate	(e)
Ifti Majid Chief Executive	• Board Member of NHS Confederation Mental Health Network • Co-Chair of NHS Confederation BME Leaders Network • Spouse is Operations Director (North) at Priory Healthcare	(d) (d) (e)
Dr Julia Tabreham Non-Executive Director	• Director of Research and Ambassador Carers Federation	(a)
Dr John Sykes Medical Director	• Undertakes paid assessments of patients at the request of the local authorities under the Mental Health Act and Mental Capacity Act and acts likewise for solicitors representing patients	(e)
Richard Wright Deputy Trust Chair and Non-Executive Director	• Chair of Sheffield UTC Multi Academy Educational Trust	(a)

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

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

Derbyshire Healthcare NHS Foundation Trust

MINUTES OF A VIRTUAL
MEETING OF THE BOARD OF DIRECTORS
WEDNESDAY 13 JANUARY 2021

VIRTUAL MEETING VIA MS TEAMS
Commenced: 9.30am Closed: 12.20pm

PRESENT	Caroline Maley	Trust Chair
	Richard Wright	Deputy Trust Chair and Non-Executive Director
	Margaret Gildea	Senior Independent Director and Non-Executive Director
	Geoff Lewins	Non-Executive Director
	Dr Sheila Newport	Non-Executive Director
	Dr Julia Tabreham	Non-Executive Director
	Ashiedu Joel	Non-Executive Director
	Ifti Majid	Chief Executive
	Claire Wright	Deputy Chief Executive & Director of Finance
	Mark Powell	Chief Operating Officer
	Carolyn Green	Director of Nursing & Patient Experience
	Gareth Harry	Director of Business Improvement & Transformation
	Jaki Lowe	Director of People and Inclusion
	Justine Fitzjohn	Trust Secretary
IN ATTENDANCE	Mark Broadhurst	Deputy Medical Director
	Richard Eaton	Communications Manager
	Sue Turner	Board Secretary
	Sue Barnitt	Head of Coordination and Response, COVID19 Incident and ICS Operations & Testing Coordination Centre, Nottingham and Nottinghamshire CCGs
APOLOGIES	Dr John Sykes	Medical Director
OBSERVERS	Lynda Langley	Lead Governor and Public Governor, Chesterfield
	Andrew Beaumont	Public Governor, Erewash
	Jodie Cook	Public Governor, Voluntary Sector (Derbyshire Mental Health Forum)
	Rosemary Farkas	Public Governor, Surrounding Areas
	Julie Lowe	Public Governor, Derby City East
	Kevin Richards	Public Governor, South Derbyshire
	Susan Ryan	Public Governor, Amber Valley
	Orla Smith	Public Governor, Derby City West

DHCFT 2021/001	**CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND DECLARATION OF INTERESTS** Due to the need for social distancing to help limit the spread of COVID-19, this was a virtual meeting, held via MS Teams. The Trust Chair, Caroline Maley, welcomed everyone to meeting including the Trust's Lead Governor, other Governors, Trust colleagues and the public observing via the live streamed feed. A warm welcome was extended to Sue Barnitt, Head of Coordination and

	Response, COVID-19 Incident and ICS Operations Centre, Nottingham and Nottinghamshire CCGs, who attended to shadow Director of Nursing and Patient Experience, Carolyn Green. Apologies were noted from Medical Director, John Sykes. Deputy Medical Director, Mark Broadhurst was welcomed to the meeting in his place. No declarations of interest were declared, other than those already recorded on the formal register of Directors' interests.
DHCFT 2021/002	**<u>IMPROVING AUTISM SERVICES IN DERBYSHIRE - A PATIENT'S VIEW</u>** This anonymous story was shared by Carolyn Green who acted as the patient's voice. Carolyn portrayed the positive experience of the patient's diagnosis of autism in their fifties. The main focus of the story was on autism being a lifelong condition and the need for people to receive support while they are waiting for diagnosis and then to have long-term support in the years after diagnosis. Carolyn also described the difficulties experienced when the patient's daughter was diagnosed with autism in 2019 and the struggles she experienced with her education and health while waiting to be properly assessed and supported. She went on to describe the challenges her daughter faced when transitioning from Child and Adolescent Mental Health services (CAMHS) to Adult services when she reached the age of 18. The story also highlighted the inconsistent level of knowledge about autism, especially autism in girls, across teachers and health professionals and the lack of resource to provide lifelong support. Carolyn reminded Board members that the need to improve services for people while they are waiting for autism assessment had been heard before from a member of the EQUAL Forum. Carolyn explained how working across autism and physical healthcare in an integrated way can improve care for people with autism and she urged the Board to help move this forward to make children's services as well as mental health services a lead agency in improving access and long term support for autism. The Board was conscious that improving the autism comorbidity pathway remains important. Chief Executive, Ifti Majid suggested that this story also be channelled through the Mental Health Delivery Board as well as the Joined Up Care Derbyshire (JUCD) Board especially as aspects of the story were also about care planning and transition from CAMHS to Adult services. The difficulties young people are experiencing with automatic transition from CAMHS to adult services must be included in the solution to ensure that improvements are made across the Derbyshire health and care system. Caroline Maley considered that this story had highlighted the importance of having local, joined up care and asked that the decision to take this patient's story to the Mental Health Delivery Board and the JUCD Board be relayed to the patient so they can be assured that improvements in care planning and care pathways are an important part of the Trust's continuous improvement strategy. **ACTION: Patient story on improving access to autism services in Derbyshire to be taken to the Mental Health Delivery Board and the JUCD Board. This action will also be relayed to the patient.** **RESOLVED: The Board of Directors discussed and noted the pathway response that is needed in the treatment and diagnosis of autism and agreed to share the patient story wider across the Derbyshire health and care system.**
DHCFT 2021/003	**<u>MINUTES OF THE BOARD OF DIRECTORS MEETING HELD ON 3 NOVEMBER 2020</u>** The minutes of the previous meeting, held on 3 November 2020, were accepted as a correct record of the meeting, subject to item DHCFT2020/101 2019-20 Workforce Race

	Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) progress update being corrected to read that it was presented by Director of People and Inclusion, Jaki Lowe. Item DHCFT 2020/087 regarding the response made by Carolyn Green to a question received by a governor in advance of the meeting asking why ligature points are not removed either when the hospital is initially designed/built or as a consequence of quality visits is to be corrected to reflect that this work is constantly ongoing rather than "this work is never done".
DHCFT 2021/004	**ACTIONS MATRIX** The Board agreed to close all completed actions. Updates were provided by members of the Board and noted on the actions matrix. **MATTERS ARISING** The Board noted that a report on resourcing plans and how it is linked to the Long Term Plan is scheduled to be received by the People and Culture Committee later in January prior to a wider report on staffing and what the future will look like being taken to the Board in March. Given that Board Committees have reverted to lighter governance measures in response to the third wave of the pandemic, the Board agreed to keep this matter under close review and would work with the Committee to receive the assurance it needs.
DHCFT 2021/005	**QUESTIONS FROM MEMBERS OF THE PUBLIC** No questions had been submitted for a response ahead of today's meeting.
DHCFT 2021/006	**COVID-19 UPDATE** Chief Operating Officer, Mark Powell joined the meeting at this point. The items he was responsible for leading were moved up the agenda to enable him to leave the meeting to attend essential operational business after providing his update. Mark highlighted the challenging position across Derbyshire and within the Trust and drew attention to the focus being paid to workforce issues that are reviewed daily by the Incident Management Team (IMT) to mitigate risks associated with COVID-19 related staff absences. The redeployment of colleagues to critical services is also reviewed on a daily basis. Mark updated the Board on the introduction of Lateral Flow Tests being carried out twice a week by patient-facing colleagues so they can receive a rapid indication of whether they may be COVID-19 positive. So far 10,000 tests have been undertaken across the Trust. Frontline colleagues are also accessing the COVID-19 vaccination; other staff will be able to access the vaccination at the earliest opportunity. At the time of writing the report one patient had tested positive in inpatient facilities. This has now increased to five patients across individual wards. Mark assured the Board that there are no specific outbreaks to be concerned about. Ifti noted that the figures Mark had shared were not surprising because community COVID-19 levels are rising starkly within Derbyshire. The Board reflected on the ongoing importance of the Mental Health Helpline during the pandemic and was pleased that this service has developed as an important service within the Trust. In response to Senior Independent Director, Margaret Gildea asking how the helpline is working in terms of quality and quantity, Mark informed Margaret that feedback on the number of calls and outcomes dealt with by the helpline is reported to the Finance and Performance Committee. Surveys have also been carried out with helpline users so that further learning can be obtained from this service. Members of the EQUAL Forum have also reported that a number of individuals with autism have been using the helpline as have parents who are finding it difficult to navigate Children's services during the pandemic.

	Deputy Trust Chair, Richard Wright reflected on the good work carried out on length of stay and discharge flow during the first peak of the pandemic and asked about the current rate of performance. Mark reported that improvements have been made working across the Trust and within the acute trusts and community services. This process is now more fluid and has helped reduced delays. Length of stay has also improved and bed occupancy is under the normal occupancy level due to the development of the Trust's estate. Caroline thanked Mark for his update and extended thanks to IMT for their work and the Communications Team for their twice daily briefings made to colleagues across the Trust. Non-Executive Director, Geoff Lewins was impressed with the control that IMT has on such a moving situation and was pleased to hear that lessons learned throughout the pandemic are being taken forward in the Trust's response. The Board concluded that this had been an extremely helpful update that had provided a good insight into the work of IMT and the response being made to the pandemic within the Trust. **RESOLVED: The Board of Directors:** **1) Discussed the report** **2) Received significant assurance of a coordinated response to the COVID-19 incident.**
DHCFT 2021/007	**<u>ANNUAL EMERGENCY PLANNING REPORT (EPPR)</u>** The item was also moved up the agenda. The Board reviewed the outcome of the EPRR Core Standards Self-assessment and noted that the Trust is fully compliant. The EPRR annual report provided assurance that the Trust has been able to respond effectively to the COVID-19 pandemic and that teams and individuals have felt confident to respond positively in challenging situations. Work remains ongoing to ensure plans remain current and aligned with national guidance and legislation. Ifti took the opportunity at this point to formally announce that Mark Powell had secured a new role as Deputy Chief Executive of Leicestershire Partnership NHS Trust and would be leaving the Trust. Board members joined Ifti in congratulating Mark on his promotion to his new role and noted that work had commenced to recruit a new Chief Operating Officer. *Mark left the meeting at this point (10.30am)* **RESOLVED: The Board of Directors** **1) Noted the level of full compliance in EPRR Core Standards** **2) Received significant assurance from the EPRR Annual Report.**
DHCFT 2021/008	**<u>CHAIR'S UPDATE</u>** Caroline Maley's report provided the Board with reflections on her activity in her role as Trust Chair since the previous Board meeting held on 3 November and outlined virtual engagement with colleagues during the ongoing pandemic. A number of events were highlighted in the report. Caroline commended the virtual engagement taking place with colleagues through digital events and team meetings. Caroline had attended two Schwartz Rounds and heard about the impact the pandemic has had on staff and in their redeployment to key areas of the Trust. She also experienced how this channel is used to support staff and she hoped that the themes arising from these rounds can be taken forward into building the right culture within the Trust. Caroline praised the Winter Wellbeing Campaign that ran through December that encouraged everyone to focus on their own health and wellbeing and thanked People Services and the Communications Team who worked extremely hard behind the scenes to make this happen.

	The collaboration of governors and their efforts to embrace virtual meetings was also noted and governors were thanked for their support over recent months. Caroline was pleased to report that in December a very productive Governance Committee took place which covered some really important issues. Notes from the Joined up Care Derbyshire (JUCD) meeting held on 19 November were appended to the report. Caroline reported that JUCD's application to become an ICS had been approved in December. This is gathering more momentum and is covered in more detail in Ifti's Chief Executive report. **RESOLVED: The Board of Directors noted the content of the Chair's update.**
DHCFT 2021/009	**CHIEF EXECUTIVE'S REPORT** Ifti Majid's report provided the Board with feedback on changes within the national health and social care sector, and an update on developments occurring within the local Derbyshire health and social care community.as influenced by the NHS response to the pandemic, and how to learn lessons from the response. The Board noted that the report reflects a wider view of the Trust's operating environment and risks that may affect the organisation. These will be taken forward to assess their operational and strategic impact, and recorded on operational risk registers, or the Board Assurance Framework (BAF), as appropriate. Ifti took the opportunity to first of all praise the magnificent dedication of staff in managing unprecedented demands and having to work in such a changed environment since the start of the pandemic. He also publicly recognised people's efforts while working during a very busy Christmas and New Year period. Ifti talked about some of the issues colleagues are worrying about that he had heard during the live engagement events and through the Trust's internal social media. People are worrying about being able to have their vaccinations, undergoing lateral testing, the number of times they should test themselves and worries about feeling fatigued. Notwithstanding the COVID-19 pressures it is clear that colleagues are very busy dealing with some very complex issues and this especially reflected through Children's and Learning Disability (LD) services. In response to these difficult times the Trust has strengthened its 'people first' approach. This is evidenced through the positive feedback received from staff engagement events and by the number of colleagues who completed the staff survey and in the record level of flu vaccination uptake. Board members discussed the news that Derby and Derbyshire have been confirmed as a new integrated care system (ICS) and supported the scale of collaboration between acute, ambulance and mental health providers and Place-based partnerships across community services, primary care and local government. This will provide the opportunity to firm up governance and decision making arrangements in 2021/22 and will help to consider the pathways within an ICS. The Board formally noted that this is the right approach for taking these aspects forward. Carolyn Green challenged how the Board could ensure the voice of mental health service users does not become overwhelmed and how the Trust could protect the most vulnerable people in society. Ifti assured Carolyn that this is being focussed on nationally in the LD and mental health sector. The Trust is taking steps to ensure that protection is enhanced and becomes generic and that people with complex needs are part of this service. This will be achieved by creating an alliance led by experts so the voice of those with lived experience is heard. This will be taken through the System Delivery Board which was a forerunner of the alliance. There will also be a framework within the JUCD for hearing the voices of people using JUCD services. Ifti also talked about the emerging role of governors and Non-Executive Directors (NEDs) in system working. Over a period of time their roles will start to shift from an organisational perspective and will focus on those specialised pathways. Ifti expects governors and

	NEDs engaging within the system will represent the voice of people with lived experience and will participate with elected members in the local authority who are representing constituents in a similar way to governors. This will raise the level of protection for people with LD and mental health issues and will provide more parity. Caroline concluded that she looked forward to hearing about progress being made within the system from NEDs, especially Sheila Newport as the Mental Health Delivery Board Chair and Richard Wright who is the Chair of the JUCD Finance Committee. She looked forward to there being progress in enabling governors to be more included and thanked Ifti for his work in taking this forward as CEO of the Trust. Director of Business Improvement and Transformation, Gareth Harry updated the Board on the successful migration of the electronic patient record system for CAMHS and LD services over to SystmOne which will significantly improve information sharing. The Board noted the successful implementation of phase one and thanks were extended to the teams who worked hard preparing for the system to go live. **RESOLVED: The Board of Directors scrutinised and discussed the report, noting the risks and supported the actions being taken**
DHCFT 2021/010	**PERFORMANCE AND ACTIVITY REPORT** This report updated the Board of Directors on the Trust's performance at the end of November 2020. The report focussed on key finance, performance and workforce measures. Operational performance was covered in the COVID-19 update under item DHCFT2021/006. Director of Finance and Deputy Chief Executive, Claire Wright took the Board through the Trust's financial outlook and was pleased to report that the Trust had improved its forecast and year to date position and she outlined the main reasons for this. She also talked about the different financial arrangements for the second half of the year where the Trust's costs will be measured against a fixed share of income allocation. Claire expects that the year-end issue of staff taking or carrying forward unused annual leave will also have a significant financial impact on the position at year end. This is both a local and a national issue. The Trust spent approximately £170k on out of area placements in November. Out of area costs continue to be required as due to COVID-19 not all Trust beds are available for use as there is a need to maintain a COVID-19 secure inpatient environment. Capital is behind plan by £1.3m. This is offset by the unfunded COVID-19 capital expenditure for laptops of £1.2m and the Trust continues to await confirmation of COVID-19 capital funding. The impact that this will have on the capital plan will be discussed by the Finance and Performance Committee. The capital programme is also impacted by the outcome of decisions and timing for the eradication of dormitories and plans to build a local Psychiatric Intensive Care Unit (PICU). The capital plan will be further updated to reflect the outcome of dormitory bidding process when this is known. Director of People and Inclusion, Jaki Lowe updated the Board on people performance. Sickness absence had increased over the last three months but remains within normal variation with around 3% of the current absence which is COVID-19-related. Compared with other trusts our absence performance is good and the Trust remains committed to supporting people to remain in work. A significant number of colleagues are now working virtually and feedback has shown that this is enabling them to manage their family demands. Learning from this type of feedback will be taken forward into the Trust's recovery plans to support people's work lives and working conditions. Compliance with mandatory training is a constant challenge. Staffing capacity continues to be reviewed to enable people to attend mandatory training courses. Thanks were extended to the Training team for their adaptability in providing continuous training

programmes.

Although there has been deterioration in the performance of appraisals there has been more informal engagement between line managers and staff focussing on colleagues' health and wellbeing.

The rate of staff turnover has remained normal for the last 11 months and continues within the target of 8-12%. The Board noted the importance of holding a high retention rate and in continuing to promote the Trust as a great place to work.

In terms of quality, Carolyn Green highlighted the challenges caused by the pandemic as well as recent successes, including the significant reduction in the waiting list of community paediatrics service which is due to quality improvements that have been made in Children's services. Carolyn also reflected on the importance of continuing to minimise restrictive practices such as physical restraint. The use of seclusion remains within normal variation. PICU usage continues to be monitored closely with a tight control on out area placements. There was a significant increase in female usage but this has recently subsided.

Non-Executive Director, Julia Tabreham thought performance was remarkably good considering the current surge in demand on services and asked how service users were adapting to new ways of services being delivered. Board members discussed and recognised the efforts of service users and carers to adjust to the virtual technology being used such as 'Attend Anywhere' video consultations. Carolyn assured the Board that existing measures are in place for service users who are not able to attend virtual appointments. The Mental Health Helpline has been well received and learning from all virtual methods used within services will continue to be triangulated through the Trust's quality improvement agenda.

Geoff Lewins challenged the deteriorating performance in supervision as he had hoped to have seen an improvement and asked how supervision is being managed. Carolyn assured Geoff that this had been discussed by the Executive Leadership Team (ELT). There are plans to improve psychological and physical safety and to ensure this meets a balanced measure by focusing on teams that are finding supervision difficult to manage. She expects to see a dip in performance in February due to the surge in the pandemic with a better level of performance achieved in the early summer.

Richard Wright asked about future recruitment. He was conscious that this is now the time when students are making decisions about their future and asked how the Trust could help them make the right choices. He also asked what the position is regarding the apprenticeship levy. Jaki Lowe responded that in terms of the proactive work around recruitment, the Trust is collaborating with the Derbyshire systems careers team to increase this level of work. The Trust has also committed to a number of nursing apprenticeships.

Non-Executive Director, Sheila Newport referred to the use of restraint quality indicators as the figures for November had shown an increase in the use of physical restraint. Carolyn Green advised that work to reduce restrictive practice continues. A cautious watch is being kept on new individuals who have significant levels of psychosis entering services. Some incidents of restraint are intended to prevent people from harming themselves. Carolyn was pleased that the Trust was rolling out the use of body worn cameras as this has reduced violence in some inpatient areas.

Margaret Gildea was surprised by how well people were managing to maintain their performance trajectory given the challenges they were facing especially as they are becoming more tired due to the progression of pandemic. She felt it was important for the Board to think about how staff can be supported through the Trust's wellbeing offers. Jaki Lowe assured Margaret that lessons learned concerning staff wellbeing will be taken through the Trust's recovery plan as it is clear we will be living with COVID-19 for some time.

	Having discussed the report the Board noted the performance across the Trust and the success achieved in some areas and agreed that limited assurance had been obtained from the areas presented. **RESOLVED: The Board of Directors confirmed that limited assurance had been obtained from current performance across the areas presented.**
DHCFT 2021/011	**HEALTH AND WELLBEING VERBAL BRIEFING INCLUDING FLU/COVID VACCINE** Jaki Lowe verbally updated the Board on the considerable wellbeing support that is available to Trust colleagues, both at a national and local level and plans to ensure staff health and wellbeing is prioritised. The success of the Trust's Winter Wellbeing campaign, which ran throughout December, was highlighted. The response received from staff has been remarkable and Jaki is planning to develop a twelve month plan built on the Winter Wellbeing campaign's success. Thanks were extended to the People and Inclusion team, Communications team and Clinical teams for pulling the campaign together. Jaki announced that a new and improved health risk assessment process has been developed that takes account of all aspects of risk. This has been adapted with the University Hospitals of Derby and Burton NHS Foundation Trust (UDHB) alongside the national process. The roll out of this improved process is crucial to making people feel safe, including people who have to work from home. Jaki is expecting every member of staff will have a health and wellbeing conversation with their line manager and to undertake a health risk assessment. All colleagues will be invited to have a COVID-19 vaccination; a large number of people have already had their first immunisation. The Trust has achieved 84% flu vaccination uptake and Jaki was proud of how people have engaged with this year's campaign and paid tribute to the flu vaccination team for their incredible work. Plans are already in place for next year's flu vaccination campaign to ensure people are vaccinated as early as possible in the flu season next year. Sheila Newport as the Trust's Health and Wellbeing NED was interested to know what sort of outcomes staff could expect from the health and wellbeing offer. Deputy Medical Director, Mark Broadhurst assured Sheila that positive feedback had been received from December's Winter Wellness campaign. Colleagues have been keen to access the offer. Psychological support is also being given to staff in acute areas as well as the support provided through the use of Schwartz rounds. Sheila pointed out that she had attended a national NED induction event where Prerana Isar, Chief People Officer for the NHS had discussed the importance of all NEDs being involved in health and wellbeing work. Sheila found the presentation by Prerana extremely inspiring as well as the discussions held with other delegates and hoped that further support will be offered in this area from NHS England and NHS Improvement (NHSEI). Jaki also talked about the targeted support that will be provided for people suffering with long term effects from COVID-19 as well as supporting the emotional and social impact of working arrangements. Non-Executive Director, Ashiedu Joel was pleased to hear that support will be offered to staff suffering from long term effects of COVID-19. Carolyn Green in her role as Health and Safety Director assured Ashiedu that these individuals will have their physical healthcare needs targeted as the effects of COVID-19 can be quite distressing. They will also be provided with psychological support. Carolyn was pleased to report that staff members who have been admitted to hospital were all safe and are continuing to receive support. Other areas of support include increased capacity in occupational health and a new appointment referral process developed with UDHB which will make a more efficient referral process and enhanced service to managers. People are also being encouraged to take regular planned restorative annual leave. Ifti echoed the need for staff to take annual

	leave for restorative rest and all staff were being encouraged to take restorative leave in order to make longer term gains. The Board noted the wellbeing offer being made to staff and endorsed the importance of supporting teams; of targeted support to individuals who require extra help, such as those recovering from long term effects from COVID-19; and of Occupational Health support. *Sheila left the meeting at this point 12 noon.* **RESOLVED: The Board of Directors noted the wellbeing offer being made to staff.**
DHCFT 2021/012	**CULTURAL INTELLIGENCE** The Board was verbally briefed by Jaki Lowe on the delivery of a cultural intelligence development programme that will be taken forward with the Board during a facilitated session on 2 February. Cultural intelligence is a development programme recommended by Prerana Isar, Chief People Officer for the NHS and the aim of the programme is to maximise inclusive leadership across the organisation to create a great place for people to work and thrive. The Board noted the plans being made with a cultural intelligence facilitator to assist the Board in its mission to grow the Trust as an inclusive organisation. **RESOLVED: The Board of Directors noted the verbal update on cultural intelligence**
DHCFT 2021/013	**LEARNING FROM DEATHS MORTALITY REPORT** The 'National Guidance on Learning from Deaths' requires each Trust to collect and publish specified information on a quarterly basis. This report presented by Deputy Medical Director, Mark Broadhurst covered the period 1 August to 19 October 2020. Mark assured the Board that the robust process for learning from deaths has continued within the Trust throughout its response to the COVID-19 pandemic and the Mortality Review Groups have continued to work well. The report shows that deaths are fairly evenly distributed across gender and ethnicity. There have been two inpatient deaths and four LD deaths during this period. In an effort to be open and completely transparent, Mark drew attention to an error in the calculation of some of the data and of unnecessary duplication of some categories. The Board discussed the need for the data to be corrected and suggested that a narrative that gives an understanding of trends of ethnicity associated with the Trust's patient population demographic be included in future reports. Mark undertook to take this suggestion forward and assured the Board that the report would be corrected before it is published on the Trust website, along with previous reports. **ACTION: Report narrative to give an understanding of trends of ethnicity within the Trust's patient population** **RESOLVED: The Board of Directors accepted this Mortality Report as assurance of the Trust's approach and agreed for the report to be published on the Trust's website as per national guidance, subject to the corrections discussed.**
DHCFT 2021/014	**BOARD COMMITTEE ASSURANCE SUMMARIES** The Board Committee Assurance Summaries demonstrated the work of the committees over the last two months and were accepted as a clear representation of the priorities that were discussed and will be taken forward in forthcoming meetings. Thanks were extended to the Board Secretary for producing the summaries. The following

	points were highlighted by respective chairs: **Quality and Safeguarding Committee:** Margaret Gildea confirmed that the Committee was satisfied with the response received to escalations made to the People and Culture Committee. Assurance was received that training compliance and recruitment targets and levels are under constant scrutiny. As a result of listening to people's experience of being redeployed while dealing with COVID-19 pandemic, support is being offered to help staff to adapt to their redeployed role and maintain connection with their substantive team. Action is also taking place to improve dialogue between managers and staff when discussing concerns. The Committee was advised that the Finance and Performance Committee is fully aware of the financial risks associated with not meeting the target for physical healthcare checks. A report detailing the improvement plan for capturing physical healthcare data against the agreed physical healthcare standards, especially in acute inpatients, assured the Committee that the process will be more manageable. The BAF was considered to be a satisfactory representation of risks allocated to the Committee. It was agreed that risks associated with not meeting physical healthcare targets would be included in the next issue of the BAF. **People and Culture Committee:** Julia Tabreham outlined how the Committee had restricted attendance at its meetings to allow executives to attend to essential operational business in response to the recent surge in COVID-19. The Committee had recently developed a performance dashboard and would be focussing on the development of its sub-groups to oversee and provide assurance on operational matters. **Mental Health Act Committee:** Margaret Gildea reported that all parties were successfully participating in tribunal hearings now that initial technical difficulties have been resolved. The Committee was also satisfied with the ongoing work to support the continuing need to reduce restrictive practice. **Finance and Performance Committee:** Richard Wright advised that a great deal of discussion had taken place on transformation delivered during the pandemic including people's experience of the Attend Anywhere system and the Mental Health Helpline. The Board accepted that the level of governance at Board Committees has been restricted to reduce the demands made on services and increase the capacity of Executive Directors. The Board was assured that all committees remain accountable within current constraints and will continue to provide assurance to the Board that appropriate processes and controls are in place. **RESOLVED: The Board of Directors noted the Board Assurance Summary report.**
DHCFT 2021/015	**IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK (BAF)** No new items were required for inclusion in the Board Assurance Framework (BAF).
DHCFT 2021/016	**2020/21 BOARD FORWARD PLAN** The 2020/21 forward plan outlining the programme for the remainder of the year was noted. The draft forward plan for 2021/22 was provided for information and will be reviewed further by all Board members throughout the financial year.
DHCFT 2021/017	**MEETING EFFECTIVENESS** Board members agreed virtual meetings are working extremely well and that the meeting had been successfully conducted as a live streamed meeting held in the public domain. Appropriate items had been placed on the agenda and although verbal briefings are not

	encouraged, appropriate focus had been paid to staff wellbeing and operational performance. Feedback was welcomed from governors and members of the public who observed the meeting.
DHCFT 2021/018	**SUMMARY REPORT FROM THE COUNCIL OF GOVERNORS MEETING** The summary from the meeting of the Council of Governors held on 3 November 2020 was noted for information.
The next meeting to be held in public session will be held at 9.30am on 2 March 2021. Owing to the current coronavirus pandemic this meeting will be held digitally and will be live streamed via MS Live Events.	

				BOARD OF DIRECTORS (PUBLIC) ACTION MATRIX - MARCH 2021			
Date	**Minute Ref**	**Item**	**Lead**	**Action**	**Completion Date**	**Current Position**	
1.9.2020	DHCFT2020/075	Integrated Performance Report	DPI	People and Culture Committee to seek assurance from action plans to improve safer staffing levels to meet the requirements of the Long Term Plan. The Committee is to also obtain assurance from staff turnover levels and how the Trust can attract more people to the organisation	2.3.2021	People and Culture Committee have this matter under close review. Safer staffing and future resources will be the focus of the March meeting of the Committee prior to a report being taken to the Board in May.	Yellow
13.1.2021	DHCFT2021/002	Patient Story	Chair/CEO	Patient story on improving access to autism services in Derbyshire to be taken to the Mental Health Delivery Board and the JUCD Board.	2.3.2021	Patient story on improving access to autism services in Derbyshire has been referred to JUCD Board and will be scheduled later this year.	Green
13.1.2021	DHCFT2021/013	Learning from Deaths/Mortality Report	MD	Report to give an understanding of trends of ethnicity within the Trust's patient population	2.3.2021	Data showing trends of ethnicity within the Trust's patient population is now included within the Mortality Report	Green

	Resolved		**GREEN**	**2**	**75%**
	Action Ongoing/Update Required		**AMBER**	**0**	**0%**
	Action Overdue		**RED**	**0**	**0%**
	Agenda item for future meeting		**YELLOW**	**1**	**25%**
				3	**100%**

Trust Chair's report to the Board of Directors

Purpose of Report

This report is intended to provide the Board with the Trust Chair's reflections on my activity with and for the Trust since the previous Board meeting on 13 January 2021. The structure of this report reflects the role that I have as Trust Chair.

Our Trust and Staff

1. Given the on-going pandemic, I have agreed to discontinue my visits to teams across the Trust until such time as it is thought to be safe, both for staff and for myself, to visit. In conjunction with Director of Nursing and Patient Experience, Carolyn Green and Director of Business Improvement and Transformation, Gareth Harry, we are looking to introduce virtual team visits for all of the Non-Executive Directors (NEDs) when it is appropriate to do so. Once again we have paused any progress on this activity given the pressure on our staff and services in this wave of the pandemic.

2. In the meantime, I have been attending as many of the team live engagement events being hosted via MS Teams. These meetings are very useful to me in terms of understanding how staff are feeling and engaged with the Trust. I am pleased to note that a number of the NEDs are now also joining these calls.

3. I was delighted to join staff from our Improving Access to Psychological Therapies (IAPT) services in a seminar hosted by our Trust with Ruby Wax. Ruby was very open and honest about her own mental health, and also led a short mindfulness exercise with those on the call. She was full of praise for our staff being at the front line of mental health services – and praised their important work of "keeping the mental health boat afloat".

4. I have been very pleased to see the launch of our own hospital hub for the vaccinations, and I recognise all the hard work and effort that went into the establishment of this by so many of our staff working together. It is also good to see the number of our staff being vaccinated against COVID, both at the hospital hubs in Chesterfield and Derby and at the Derby Arena. Thank you to all staff who have worked so hard at enabling this work to take place.

5. Thank you to all staff for your on-going commitment and dedication shown to the Trust and our service users over an extraordinary time. We hope that the next year will see us conquer COVID with the vaccine available and the greater wisdom and understanding of the virus and how to manage it. We hope for a return to a more stable way of life.

Council of Governors

6. We held a Board to Council of Governors meeting on 13 January. Unfortunately the meeting was truncated due to the pressures on the Trust from the pandemic. However, a useful update was given to Governors on the Trust's position with the pandemic and actions that were being taken to continue to deliver services within the Joined Up Care Derbyshire (JUCD) system. We were also able to

spend some time as Non-Executive Directors with the Governors. This meeting was extremely well attended by Governors, who have embraced the use of technology superbly well.

7. The Governance Committee of the Council met on 9 February. Once again it was heartening to see the level of attendance and participation from so many of our Governors at this meeting. Julie Lowe has agreed to take on the Chair position for this Committee, and we hope that Susan Ryan will be her deputy once she has finished her volunteering work at the COVID vaccination centres. Thank you to Kelly Simms who has done a sterling job as chair of this Committee for the past two years. I continue to be grateful to our Governors for their support for the Trust at this time.

8. I have had regular meetings with Lynda Langley as Lead Governor to ensure that we are open and transparent around the challenges and issues that the Trust was dealing with. Regular meetings between the Lead Governor and Chair are an important way of building a relationship and understanding of the working of both governing bodies. I am pleased that Lynda has continued to work with other lead governors in the system over this period, helping to benchmark our processes for continued engagement with Governors.

9. The next meeting of the Council of Governors will be on 2 March, following the Public Board meeting on that day and then again on 4 May. The next Governance Committee takes place on 1 April.

Board of Directors

10. All meetings continue to be held as virtual meetings using MS Teams, enabling Board members to keep connected whilst working remotely. We have continued to live stream our Board meetings to enable members of public and our staff to observe the Board meeting.

11. On 7 January the Remuneration and Appointments Committee met to approve the very senior management (VSM) pay award, which is in line with the guidance from NHS England/Improvement (NHSE/I). It was also an opportunity to assess the recruitment process and requirements for the Chief Operating Officer role following Mark Powell's appointment as deputy Chief Executive at Leicestershire Partnership Trust which we announced at the Board meeting on 13 January. An extraordinary meeting of the Remuneration and Appointments Committee was held on 21 January to consider a single item.

12. On 2 February the Board came together for an introduction to Cultural Intelligence with Jennifer Izekor. This is the start of an important programme which our Trust is embarking upon to challenge our thinking around inclusion and diversity. I look forward to seeing this move forward.

13. The NEDs have met regularly with Chief Executive, Ifti Majid and me to ensure we have been fully briefed on developments as needed. I have also continued to meet with all NEDs individually. Since the last Board meeting appraisals have been carried out for me, Margaret Gildea, Richard Wright and Julia Tabreham. I have also met with Ashiedu Joel and Sheila Newport. We use these quarterly meetings to review their progress against their objectives and to discuss any issues of mutual interest.

System Collaboration and Working

14. Joined Up Care Derbyshire (JUCD) met on 21 January using MS Teams. Attached as Appendix 1 are the key messages noted from this meeting. Regular monthly meetings are now in place for the Chairs of the NHS Provider Trusts, ICS and CCG to meet ahead of any JUCD Board meetings.

15. A further development session was held on 18 February to continue debating the shape of the Integrated care systems (ICSs) and governance and structural implications of the ICS application and the White Paper which was issued since the Board last met. This is important work and will be covered in Ifti's CEO report today. I am pleased at the level of engagement from our Trust, but note that this development comes at a time of extreme pressure in the NHS in the middle of a pandemic.

16. I have continued to meet regularly with the chairs of the East Midlands Alliance of mental health trusts, which has been a very useful source of sharing best practise and peer advice.

17. I have also been joining the East Midlands Chairs Development network, which is sponsored by Prem Singh, Chair of Derbyshire Community Health Services NHS FT and Councillor Sue Woolley, Chair of Lincolnshire Health and Wellbeing Board. This group met on 17 February. It continues to be a useful forum to see what other ICS and areas are doing to improve services. It includes NHS and local authority colleagues.

Regulators, NHS Providers and NHS Confederation and others

18. I attend fortnightly briefings from NHSE/I for the Midlands region, which has been essential to understand the progress of the management of the pandemic. It has been reassuring to see our performance on important matters such as flu vaccinations and lateral flow testing being strong amongst our peers. It is also a forum to hear about progress from Midlands STAR (Strategic Transformation and Recovery) Board. These matters will be picked up within the CEO report to the Board.

19. I have also joined when possible the weekly calls established for Chairs of Mental Health Trusts hosted by the NHS Confederation Mental Health Network in collaboration with the Good Governance Institute where support and guidance on the Board through the pandemic has been a theme. A number of the NEDs have also attended weekly calls for NEDs on a range of useful topics.

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

Assurances

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

Consultation

This report has not been to other groups or committees.

Governance or Legal Issues

None

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

This report reflects a wide range of activities across the Trust, and consideration relating to ensuring inclusion is embedded in operational work of the Trust. The specific services visited provide support to those with protected characteristics by the nature of their work. I have also continued to develop my own awareness and understanding of the inclusion challenges faced by many of our staff.

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

Demonstrating inclusive leadership at Board level

As a board member I have ensured that I am visible in my support and leadership on all matters relating to Diversity and Inclusion. I attend meetings to join in the debates and conversation and to challenge where appropriate, and also to learn more about the challenges of staff from groups who are likely to be or seem to be disadvantaged. I ensure that the NEDs are also engaged and involved in supporting inclusive leadership within the Trust. I have supported the work of the Trust in starting to consider the importance of Cultural Intelligence and the launch of the programme led by Jennifer Izekor.

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

Recommendations

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

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

Joined Up Care Derbyshire Board – key messages
January 2021

Joined Up Care Derbyshire

Integrated Care System
The Joined Up Care Derbyshire Board held its first meeting in public as a newly-appointed Integrated Care System. The Board heard updates on the ongoing NHS England discussion about giving ICS's more statutory powers, along with emerging thoughts on how provider collaboration and can be further developed at scale across service and in place across communities. The continued development of relationships with partners across our communities is of utmost importance, and will be the key to the success of our collaborative work. The discussion on the building blocks of our integration of health and care will continue to be developed in the coming weeks and months.

Covid -19 and System Pressures Update
The Board heard a comprehensive update on the position of the Derbyshire health and care system in its response to the Covid-19 pandemic. Caution and concern remains within the system about the incidence of infections and admissions. There is some suggestion that the numbers are rising less steeply, but we cannot be complacent at this stage.

There are significant operational pressures arising from the pandemic, and we have needed to postpone some of our operations and outpatient appointments, as well as taking steps to release additional staff to help manage our critical care services. Also inevitable has been the rise in staff absence as a result of Covid-19. The efforts of staff to maintain services have been incredible, and the Board expressed its gratitude to everyone who has been maintaining care at this challenging time.

Our vaccination programme has been rolling out since before Christmas, with three hospital hubs now vaccinating health and social care staff, and 15 primary care hubs vaccinating both staff and members of the public in the upper age categories. We have further hospital hubs and some pharmacy hubs starting soon and Derbyshire is currently performing favourably in relation to other counties in the Midlands in terms of vaccinations given. This has been a significant effort and the Board expressed its thanks to everyone who has managed, staffed and volunteered at these hubs to ensure our population can receive this vaccination at the earliest opportunity.

Derbyshire Response to the Okenden Report
The Derbyshire Local Maternity and Neonatal System (LMNS) has responded to Donna Okendon's first report, "Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust", which was published 11 December 2020.

This review is focusing on all reported cases of maternal and neonatal harm between the years 2000 and 2019 at Shrewsbury & Telford Hospital NHS Trust. These include cases of stillbirth, neonatal death, maternal death, hypoxic ischaemic encephalopathy (HIE) (grades 2 and 3) and other severe complications in mothers and newborn babies. The report makes for difficult reading and highlights the deep and lasting impact on those families who have lost loved ones, and those who continue to live with the injury and trauma caused.

All NHS Trusts have been required to implement seven immediate and essential actions on matters of safety, listening to women and families, staff training, managing complex

pregnancy risk assessment, monitoring foetal wellbeing and informed consent. Derbyshire is either compliant or partially compliant across all areas and the current action plan is available on the JUCD website. The reports provide evidence of compliance with these immediate actions from the following Providers in addition to the Derbyshire Local Maternity and Neonatal System (LMNS) response:

- University Hospitals of Derby and Burton NHSFT
- Chesterfield Royal Hospital NHSFT
- Derbyshire Healthcare NHSFT
- East Midland Ambulance NHSFT

Our responses will form part of an overall presentation of all NHS Trust responses which will be presented and discussed at the NHSEI Public Board in January 2021 when the report and immediate and longer-term actions will be considered.

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 2 March 2021

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. Given the COVID-19 pandemic much of the content is influenced by the NHS response to the pandemic and how to learn lessons from the response. The report also updates the Board on feedback from external stakeholders, such as our commissioners, and feedback from our staff. The report should be used to support strategic discussion on the delivery of the Trust strategy. The Board should note that the report reflects a wider view of the Trust's operating environment and serves to horizon scan for risks that may affect the organisation. Risks identified are highlighted in the report and taken forward to assess their operational and strategic impact, and recorded on operational risk registers or the Board Assurance Framework, as appropriate.

National Context

1. Colleagues will be aware that on 11 February 2021 the Secretary of State for Health released details of the White Paper relating to the future of health and care. NHS England's proposals form the foundation of this Bill and their recommendations for legislation were designed around three important principles:

    - any legislation should solve practical problems;
    - avoid a disruptive top down reorganisation; and
    - have broad consensus within the system.

    It is clear the Draft Bill builds on the themes in the NHS Long Term Plan. The key main themes of the Bill include:

    Integration and collaboration

    - There is a need for different parts of our health and care system to work together to provide high quality health and care.
    - The COVID-19 pandemic demonstrated plainly that this broader approach to health and care is not only desirable, but essential.
    - Seen real progress in how organisations across the health and care system have been collaborating with each other and with local government and local partners in recent years and the COVID-19 pandemic has in many places accelerated this approach.
    - The NHS and local authorities will be given a duty to collaborate with each other underpinned by the inclusion of local authorities on the boards of integrated care systems.
    - Power to impose capital spending limits on Foundation Trusts.
    - Remove barriers to integration through joint committees, collaborative commissioning approaches and joint appointments.
    - Legislate to ensure more effective data use across the health and care system, which is critical to effective integration.

Reducing bureaucracy

- Reform the existing legislation to support the workforce by creating the flexibility NHS organisations need.
- Changes to both competition law, as it was applied to the NHS in the 2012 Health and Social Care Act and the system of procurement applied to the NHS by the legislation, that will give commissioners greater flexibility in how they arrange services than at present.
- This will be supported by further pragmatic reforms to the tariff and to remove the statutory requirement for Local Education and Training Boards.
- Changes to tariff (no detail as yet).

Enhancing public confidence and improving accountability

- Independence and accountability of Integrated care systems (ICSs) in law, and the Secretary of State for Health and Social Care will have an important role in ensuring that integration across health, public health and social care is working effectively within these systems.
- Central NHS body in the form of a merged NHS England and NHS Improvement.
- Enhanced powers of direction for the government over the newly merged body, which will support great collaboration, information sharing and ensure that decision makers overseeing the health system at a national level are effectively held to account.
- Introduce greater clarity in the responsibility for workforce planning.
- Clear line of accountability for service reconfigurations with a power for Ministers to determine service reconfigurations earlier in the process than is presently possible.

Establishing ICSs in law and the role of the ICS

- ICSs have become an increasingly familiar part of the health and care landscape in recent years.
- Existing ICS arrangements are based on voluntary arrangements, rather than legislative provision, and are therefore dependent on goodwill and mutual co-operation.
- Legislative change is now required to give ICSs stronger and more streamlined decision-making authority, and to embed accountability for system performance and delivery.
- The ICS NHS Board will be responsible for:
    - Developing a plan to meet the health needs of the population within their defined geography;
    - Developing a capital plan for the NHS providers within their health geography;
    - Securing the provision of health services to meet the needs of the system population;
    - Discussions with a number of stakeholders, including the Local Government Association, has led to the conclusion that there is a strong case for the governance arrangements for an ICS to also include an ICS Health and Care Partnership made up of a wider group of organisations than the ICS NHS Body. This Partnership would be tasked with promoting partnership arrangements, and developing a plan to address the health, social care and public health needs of their system.

- Clinical Commissioning Group (CCG) functions to be transferred into and exercised by the ICS NHS Board.
- A number of commissioning functions currently undertaken by NHS England, for example taking on responsibility for commissioning some specialised, primary care and other services currently commissioned by NHS England, will transfer to ICSs.
- ICS NHS Boards to have the ability to delegate some of its functions, either to individual providers, or to groups of providers.
- The ICS will also have to work closely with local Health and Wellbeing Boards (HWB) as they have the experience as 'place-based' planners.
- The creation of statutory ICS NHS Boards will also allow NHS England to have an explicit power to set a financial allocation or other financial objectives at a system level.
- ICSs and NHS providers to create joint committees would be a useful addition, removing unnecessary barriers to joined-up decision making.

Additional broad measures – the white paper proposes a number of other general measures that support and enhance earlier points raised such as:

- Improve the quality and availability of data across the Health and Social Care Sector.
- A new assurance framework for social care.
- Provide a power for the Secretary of State for Health and Social Care to make payments directly to providers.
- Putting in place a legal framework for a 'Discharge to Assess' model, whereby continuing healthcare and Care Act assessments can take place after an individual has been discharged from acute care.
- A standalone power for the Better Care Fund.
- Creation of the National Institute for Health Protection (NIHP).
- Parliament to scrutinise and introduce new strengthened labelling requirements that best meet the needs of the consumer to make more informed, healthier choices.
- Secretary of State for Health and Social Care to have the power to directly introduce, vary or terminate water fluoridation schemes.
- Further changes to Health and Safety Bill from 2019.

On current timeframes, and subject to Parliamentary business, the plan is that the legislative proposals for health and care reform outlined will begin to be implemented in 2022.

As is often the case, this document poses more questions than it answers and there remains much work to do in understanding the view of other partners in relation to these proposals, such as the Local Government Authority (LGA) on behalf of our Local Authority partners. It will be the role of our Board to work jointly with partners within Joined Up Care Derbyshire (JUCD) to understand the likely impacts on our system strategy and ambition and to understand where these proposals add opportunity and where they may pose a risk to a direction of travel we have already embarked upon.

In the first instance my recommendation would be that as a Board of Directors, we create some time to better understand the proposals and their impact, maybe through a dedicated Board Development session.

Local Context

2. The JUCD Board met formally in January (the first public meeting as a formal ICS) and in a development session during February, both in reduced form due to managing the pandemic. Some of the vital key issues being discussed at the moment include:

   - Operational pressures arising from the pandemic, the cautiously improving position in terms of community transmission in the County/City, the impact on our workforce and the longer term impact on service recovery.
   - The Derbyshire response to the Okenden Report into Maternity Services (Board members will recall I reported our position in my last report).
   - The emerging thinking around frameworks to support our ICS o deliver the agreed priorities, in particular:
     - Provider Collaboration at Scale
     - Provider Collaboration at Place
     - The role of Anchor Institutions in Derbyshire (I am the Executive Lead for this piece of work)
     - The role of the JUCD Board.

   These conversations are in their very early stages and as thinking emerges, we will need to have more detailed conversations as a Board. It is very positive that the Mental Health, Learning Disability and Autism System Delivery Board is being seen as a template for good practice in the development of collaborations at scale and, with the implementation of the Community Mental Health Framework Pilots and primary care mental health practitioners, we have a real opportunity to look at how relationships work between Place and a provider collaborative.

3. The Midlands Strategic Transformation and Recovery Board that I am a member of continues to meet monthly. We continue to review the work of each of the work streams in light of the current environment we are operating within. The Working Groups are focused on developing outputs that are critical to both our COVID-19 response and to delivering our regional ambitions. Some of the key points discussed that are of highest relevance to our Board included:

   - Mental Health is one of the three priority areas of focus for the Clinical services work stream. The group has focussed on health checks for people with severe mental illness, an evidence review around uptake and barriers to delivery.
   - A focus on addressing the inequalities in the vaccination programme with an understanding emerging on patterns from the equality impact assessments submitted by all regions.
   - Understanding more about the growing challenge of recovery and development of a best practice repository.
   - Actions to support staff wellbeing and mental health.
   - ICS development and frameworks for 2021/22 that will support “Place” becoming the priority focus for planning building on the national guidelines discussed earlier.

   As a reminder for Board there are 4 working groups as follows:
   - Clinical Services and Commissioning Strategies
   - Strategies and Approaches to addressing health inequalities and prevention (I also sit on this group)
   - Timely and safe restoration and recovery of services
   - How we lead, organise and run NHS Midlands

Within our Trust

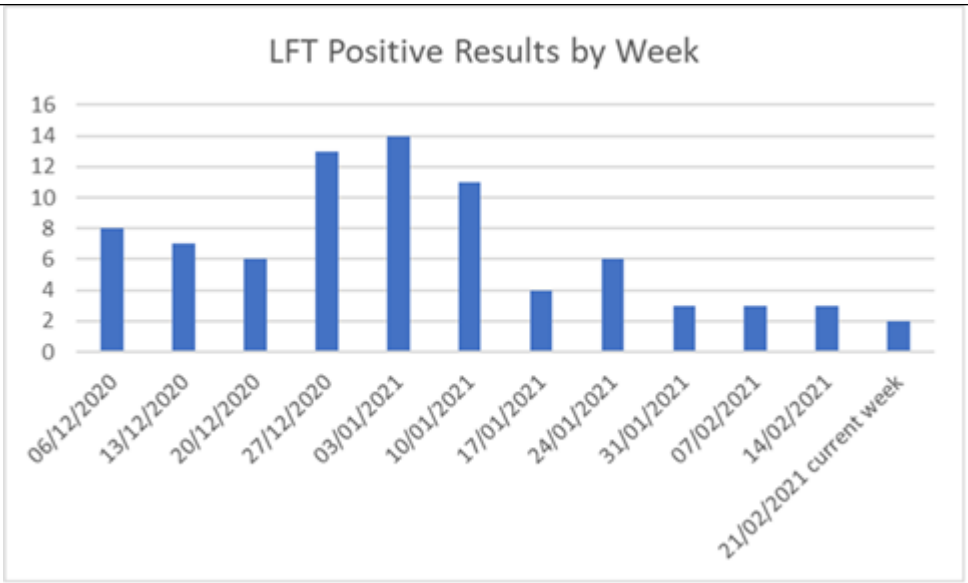
4. February was LGBT+ (Lesbian, Gay, Bisexual, Transgender +) History Month and Board members will be aware that colleagues were supported to be involved in a range of activities organised regionally and nationally, including access to the film premiere of 'Any other Business', attending the Confederation Health and Care LGBTQ+ network event on supporting the mental health of young people who identify as LGBTQ+. During the month we were able to share information about inspirational leaders who have been part of the LGBT+ journey and of course a great opportunity to draw attention to the Derbyshire Healthcare NHS Foundation Trust () LBGT+ staff Network group.

   Our LGBT+ (Network is for all staff, students and allies wishing to support the needs of LGBT+ staff within DHCFT.

   The Network serves to support the Trust in meeting the commitment it has made in providing a safe and inclusive environment for both LGBT+ staff and patients where everyone can feel confident to be themselves.

5. Board members will recall from last month the importance of regular lateral flow testing for our colleagues to support reducing the transmission of COVID-19. I am delighted that we have developed very strong compliance with lateral flow testing in the Trust and to date we have carried out more than 20,300 tests, of which only 80 were positive (0.4%). This is just slightly lower than the positive rate in like Trusts. In addition, we are noting that in 10 instances, colleagues were negative when they had a PCR Test after having had a positive lateral flow test – so a false positive rate of about 12.5%.

   The graph below shows that the steep reduction in positive tests from the height of this wave in early January



6. After significant work by Director of Nursing and Patient Experience, Carolyn Green, Chief Pharmacist, Steve Jones and Assistant Director of Public and Physical Healthcare, Richard Morrow leading our vaccination team, I am delighted that our own Hospital Hub for vaccinating our colleagues, colleagues in independent sector providers, patients on our wards, and those patients known to us who need a more outreach approach, opened on Friday, 12 February.

Prior to the opening of our own hub, colleagues were being vaccinated at either University Hospitals of Derby and Burton or Chesterfield Royal Hospital. By 22 February we had vaccinated approx. 72% of our frontline workforce.

7. We have now been working in a heightened state of NHS emergency planning for more than a year. During that time colleagues in our Trust have managed the biggest personal and family impact of any event in most of our lifetimes, have started to work in new ways, including a massive increase in the use of digital technology, increases in home working and, for some, working in different and new clinical areas. Alongside the personal and professional impact of managing the COVID-19 pandemic, colleagues have coped with fear, anxiety and loss on a daily basis. It never fails to amaze me the stoic and can-do approach all 2,600 colleagues in our organisation have taken during this period. Maintaining a compassionate focus on each other, looking out for each other, going the extra mile, giving up holidays, not seeing their families as often, not just maintaining a focus on COVID, but maintaining our core services. We have seen innovation, transformation and engagement like never before and importantly we have seen

such a focus on infection prevention and control, both in work and outside work and we know this from the comparatively low numbers of colleagues who were off with COVID and the relatively low number of outbreaks we had compared to other organisations. This epitomises living our values in a way that we would simply never have imagined a year ago. As a Board we owe all our colleagues wherever they work, whatever their profession or role, a massive debt of gratitude. Thank you simply doesn't seem enough!

8. During February we enhanced our focus on the Trust's **'It's Not OK' Campaign**. Through this campaign we are clear that any form of discrimination on the grounds of any protected characteristic (which includes race, gender, sexual orientation, disability, age, religion/belief, gender reassignment, marriage and civil partnership, pregnancy and maternity) is unacceptable and we will support staff to take action against any discrimination.

   This guidance aims to achieve the following:
   - To confirm that colleagues will be supported in addressing and reporting any examples of discriminatory behaviour, whoever they come from (this includes patients, carers or colleagues)
   - To increase the reporting of such incidents in the patient record
   - To take appropriate steps to tackle any discriminatory behaviour
   - To revisit any examples of discriminatory behaviour at a later stage (if it is not possible to do so at the time due to delusional or compromised behaviour)
   - To be clear that any discriminatory behaviour is not okay and will not be accepted.

9. International Women's Day (IWD) (8 March) is a global day celebrating the social, economic, cultural, and political achievements of women. The day also marks a call to action for accelerating women's equality. In the NHS International Women's Day is an opportunity to celebrate all women in all roles, grades and across the health and care system.

   The NHS theme is #EverydayCourage in tribute to the courage being demonstrated by women in health and care during these extraordinary times. We see the everyday courage of our women colleagues working at the point of care during COVID, especially women from our Black, Asian and minority ethnic' (BAME) Communities, who work with extra risk. We see the everyday courage of women who juggle work with home schooling or other caring responsibilities. We need the everyday courage to take action for a different future, based on gender equality and social justice.

   We will promote IWD through our communication channels and encourage people to take part in local and national programmes.

   Our invitation to the Board is to show up, to take part in the events, to encourage conversations, to wear purple and to tweet with pride.

10. Over the last two months we have held a 'Live' Divisional Engagement Event with our Children's services, chaired by myself, with the aim of offering colleagues the chance to tell us as a senior leadership team how they are finding working in the Trust at present, along with an opportunity to ask questions, make suggestions and share innovations. I have been pleased to welcome Non-Executive Directors to these sessions as well. In addition, we have held six specific vaccine Question and Answer Sessions for our BME Colleagues and two all staff questions and answer sessions.

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

    - COVID vaccinations, safety, priority lists and myth busting often linked to stories in the media.
    - Lateral flow tests and kit availability (particularly ahead of our second bulk delivery).
    - Annual leave and the need to enable and encourage colleagues to take a restorative break.
    - Conversations around caseload complexity and the impact of school closures on our Children's services colleagues in managing safeguarding for example.
    - The use and development of a vaccine 'buddy' system and leaders from our BME communities putting themselves forward to tell their stories around why they took up the vaccination offer.
    - Great opportunity for us to say thank you to colleagues directly.

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

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

Assurances

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

As such, implementation of national policy in our Trust would include a repeat Equality Impact Assessment, even though this will have been completed nationally. There are some great examples of good practice in this document. The re-emphasising of ‘It’s Not OK’ and support for the International Women’s Day and LGBT+ History month demonstrate a drive to reduce bias and discrimination through emersion in stories and personal experience, as this helps an increased understanding of the experience of discrimination of all types. Feedback from colleagues in our organisation is that this personal experience approach is most powerful in supporting change.

On a similar theme, colleague feedback has told us of the dangers of ‘targeting’ specific groups around having the vaccine and how this can drive a sense of being singled out, interpreted in a negative way. We have been fortunate that a number of senior BME colleagues have been prepared to share their stories of the decision to be vaccinated by creating videos for other colleagues to watch. This demonstrates not only good practice but a listening and collaborative approach.

During these two months, colleagues from our Workforce Race Equality Group have continued to meet weekly with members of the Executive team in attendance. This is the group that has been very influential in helping develop our vaccination campaign.

Our live engagement events continue to provide a helpful vehicle for speaking up and it was great to see so much information shared through our social media outlets, in particular the staff Facebook page around LGBT+ History Month. Personally, some of the articles we shared around inspirational historical members of the LGBT+ community were amazing to read, for example the prejudice that Lilly Parr had to overcome was incredible.

I am still worried about the differential uptake of the COVID Vaccine with frontline BME Colleagues being around 10% lower than white colleagues but I am assured that our approach of non-personal targeting is the right one and is supported by our network.

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 – 2 March 2021

Performance Report

Purpose of Report

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

Executive Summary

The report provides the Board of Directors with information that demonstrates how the Trust is performing against a suite of key targets and measures. Performance is summarised in an assurance summary dashboard with targets identified, where a specific target has been agreed. Where a specific target has not been agreed or specifically commissioned, colleagues will be able to track performance over time and discuss/challenge any specific variation that may be of concern or unusual. Further detailed statistical process control charts for the measures are included in appendix 2. From this month onwards the charts will be generated using an adaptation of a tool created by Karen Hayllar, NHS England & NHS Improvement (NHSE/I), which enables much easier interpretation of how each process is performing. The main areas to draw the Board's attention to are as follows:

Finance

<u>Revenue</u>

There continues to be a favourable financial variance for the year to December meaning the cumulative surplus after 9 months is £2m. The forecast outturn position is a deficit of £0.9m, which does include an estimate for additional accrued annual leave. This inclusion was requested by NHSIE as part of month 9 submissions. This is an estimate only at this stage, but is based on a consistent approach agreed by JUCD finance teams.

The issue of funding for the cost of the additional annual leave provision and some other year end matters are still subject to national discussion and associated guidance has not yet been issued.

Excluding the additional annual leave cost, there would be a surplus at year end in the region of £1m. The fact that our forecast outturn is expected to be better than originally planned for the second half of the year has been previously explained at Board as well as at Finance and Performance Committee. The variance is due to multiple factors; including delays in incurring expected pay costs, receipt of additional funding for substance misuse cost pressure, delays to revenue costs associated with dorms capital programme and release of deferred income.

Our financial position forms part of the overall financial position of Joined Up Care Derbyshire and there continues to be a favourable variance compared to the original planned outturn. The system as a whole expects to be able to manage costs overall within the fixed income allocation with no material variance at year end.

Covid-specific costs for December were £838k, overall the year-to-date costs have exceeded our covid allocation for the year by £70k. Included within our covid-specific costs are our out of area adult placements, which continue to be required as a result of COVID-19 because not all Trust beds are available for use due to the need to maintain a COVID-19-secure inpatient environment. This is the case even if 'vacant' bed numbers exceed the number of out of area placements. We spent about £170k on out of area placements in December.

Capital

With regard to capital we have now received funding confirmation for the covid laptops and have re-examined our other expectations for capital spend to year end and we will underspend the capital plan by £1.4m as a Trust and £4.3m as a system. This has been agreed with regulators. Discussions continue with regard to the dorms and Psychiatric Intensive Care (PICU) developments.

Operations

Three day follow-up of all patients

To date we have consistently achieved the national standard for follow-up.

Data quality maturity index

We continue to exceed the national target. Our data quality is at a high level when compared with other mental health trusts.

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

The service continues to consistently exceed the national target.

IAPT 6 week referral to treatment

For the last two months performance has returned to normal.

IAPT patients completing treatment who move to recovery

Performance has been normal throughout the data period and for the last five months the standard has been achieved.

Early intervention

The service continues to perform consistently well against the national 14 day referral to treatment standard and also regarding early intervention patients currently waiting to be seen who have been waiting less than 14 days.

Waiting list for care coordination

The number of patients waiting for care coordination has been significantly lower than normal for 16 months and the average wait to be seen remains at normal levels despite the pandemic.

Waiting list for psychology

The number of patients on the waiting list remains within normal variation. The average wait to be seen has been significantly higher than normal for the last 8 months. The waiting list covers a large number of services and therefore in context the number waiting is quite small.

Waiting list for Autistic Spectrum Disorder (ASD) assessment

ASD assessments were suspended in mid-March whilst the staff were redeployed. Referrals however continued to be processed remotely by the team administrator. From July the partial team undertook a successful limited pilot on the feasibility of using Attend Anywhere for ASD assessments alongside a new DHCFT assessment tool. Following the return of the ASD staff and the successful pilot the team has been undertaking ASD assessments since September, either remotely or where required via home visit. The current ASD waiting list is 1,094 with the longest wait being almost 3 years, with the assessment hiatus in March-July having had a further negative impact on overall waiting times.

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

For the last 7 months the waiting list has significantly reduced. The average wait to be seen continues to be significantly longer than normal.

Waiting list for community paediatrics

The number of children on the waiting list has been significantly lower than normal for the past eight months and for the last three months the average wait to be seen has been significantly lower than normal, however the expected increase in referrals is starting to impact on the waiting list, which at the time of writing has increased by almost 200 since last reported.

Patients placed out of area – adult acute

It should be noted that we have recently experienced a COVID-19 outbreak on Morton Ward and one on Ward 36. This reduced admission and treatment capacity for female patients in Derbyshire, resulting in increased usage of out of area acute beds. Currently there are 18 acute beds closed in Derbyshire as a result of COVID-19.

Patients placed out of area – Psychiatric Intensive Care Units (PICU)

The PICU usage continues to be monitored closely with CCG and NHSE/I and all attempts are made to repatriate the patient to an acute bed once deemed appropriate to do so.

People

In order to release capacity to manage the COVID-19 pandemic, all NHS organisations were instructed by Amanda Pritchard, Chief Operating Officer, NHS England and NHS Improvement, to suspend appraisals and revalidation and to reduce the volume of mandatory training as appropriate. This resulted in a backlog of training and appraisals.

Annual appraisals

The position had been deteriorating in many areas over the course of the pandemic. Medical Appraisal rates have increased this month and there is a slight increase in other employee appraisal rates. A revised, shortened process is being rolled out across the Trust to facilitate a well-being conversation which will incorporate key questions and can be reported through appraisal completion on ESR by the line manager.

Annual turnover

The rate of turnover has been normal for the last 11 months and remains within the Trust target of 8-12%. A high retention rate such as ours has improved our engagement and feedback across all services, particularly important during this time as we work through the pandemic.

Compulsory training

The Training Cell continues to meet weekly to support the Divisions with regards to improving the training position and focusing on key priority areas. The Cell continues to monitor progress against training recovery plans and sustainability. The expected outcome is to ensure compliance targets are reached by the end of March 2021.

Staff absence

Staff absence has been higher than the Trust target of 5% for all but one of the last 24 months and statistically it is very unlikely that the target will be achieved. Attendance has improved in this month and over the last 3 months it remains within normal variation. Overall 3% of the current absence is COVID-19-related.

Supervision

The levels of compliance with the clinical and managerial supervision targets have remained lower than normal since the start of the pandemic and for the last few months have been gradually worsening. This is now being addressed across all services.

Vacancies

The proportion of posts filled continues to be statistically higher than normal. This may be an indicator of the positive team culture within the Trust and links in with the low level of staff turnover.

Bank staff use

Bank staff use has been rising and was statistically higher than normal this month which is likely to be a result of the increased demand in services managing sickness absence and annual leave.

Quality

Incidents

Incidents of moderate to catastrophic harm have increased in January, this is due to the number of deaths reported across services, the usual seasonal increase in deaths as well as COVID-19 related deaths.

Seclusion and restraint

The use of seclusion was within normal variation, although with an increasing trend in physical restraint and prone restraint. There are ongoing work streams to support the continuing need to reduce restrictive practice. This include the widespread roll out of body worn cameras.

Patients in settled accommodation and patients in employment

There are some slight variances in this data. Accommodation and employment will clearly be affected by the current pandemic and its financial consequences, so this data will continue to be monitored closely.

Care plan reviews

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

Complaints, concerns and compliments

The number of compliments decreased in line with the emergence of COVID-19 and the significant changes to many of our clinical services. The number of complaints increased between June and November with a particular theme around both concerns and complaints of access to services but have since returned to within normal variation.

Duty of Candour

In this report there have been no instances of Duty of Candour.

Number of falls on inpatient wards

The number of reported falls has decreased since September however still demonstrates an increased trend likely due to the ongoing work around increasing awareness of falls and falls prevention.

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

Assurances

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

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

population groups.

Recommendations

The Board of Directors is requested to:

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

Report presented by:	**Mark Powell** **Chief Operating Officer**
Report prepared by:	**Peter Henson** **Head of Performance**
	Claire Wright **Director of Finance/Deputy CEO**
	Celestine Stafford **Assistant Director People and Culture Transformation**
	Vicki Baxendale **Interim Assistant Director, Nursing, Quality & Governance**

Assurance Summary

Indicator	Rating[1]	Data Quality	Indicator	Rating[1]	Data Quality
Operational					
3 day follow-up all patients			Waiting list for care coordination – number	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	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 - adult acute	See chart		Waiting list for CAMHS – average wait	See chart	
Patients out of area at month end - adult acute	See chart		Waiting list for community paediatrics – number waiting	See chart	
Patients placed out of area - PICU	See chart		Waiting list for community paediatrics – average wait	See chart	
Patients out of area at month end - PICU	See chart				
People					
Annual appraisals			Clinical supervision		
Annual turnover			Management supervision		
Compulsory training			Vacancies		
Sickness absence			Bank staff use		

[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

Detailed Narrative

1. Operations

A. Three day follow-up of all patients

Patients are followed up in the days following discharge from mental health inpatient wards to provide support and ensure their wellbeing during the period when they are at their most vulnerable. To date we have consistently achieved the national standard for follow-up which came into effect from 1 April 2020.

B. Data quality maturity index

We continue to exceed the national target, however the pandemic is starting to have a significant impact on data quality as a result of increasing waiting lists. Our data quality is at a high level when compared with other mental health trusts (Appendix 3).

C. IAPT 18 week referral to treatment

The service continues to consistently exceed the national target.

D. IAPT 6 week referral to treatment

Following a period of 7 months of special cause variation as a result of staff being redeployed to others services during the pandemic, in November the staff returned to the team and for the last 2 months performance has returned to normal.

E. IAPT patients completing treatment who move to recovery

Performance has been normal throughout the data period and for the last 5 months the standard has been achieved.

F. Early intervention

The service continues to perform consistently well against the national 14 day referral to treatment standard and also regarding early intervention patients currently waiting to be seen who have been waiting less than 14 days. The data provides assurance that we would expect to consistently achieve both standards.

G. Waiting list for care coordination

The number of patients waiting for care coordination has been significantly lower than normal for 16 months and the average wait to be seen remains at normal levels despite the pandemic.

H. Waiting list for psychology

The number of patients on the waiting list remains within normal variation. The average wait to be seen has been significantly higher than normal for the last 8 months. The waiting list covers a large number of services and therefore in context the number waiting is quite small. Factors impacting on the waiting lists include:

- Patients requesting only face to face therapy and would rather wait – approximately 10-15%.
- Vacancies, maternity leave and secondment reducing capacity.
- Impact of provision of offer of psychological support – well-being plus staff support service reducing psychologist time
- Impact of school closures and limited places for childcare on families
- Some data quality issues

Our response to the waiting list challenges includes a focus on recruitment and a review and improvement of data quality. More staff time will become available once we move through the current COVID-19 crisis.

I. Waiting list for Autistic Spectrum Disorder (ASD) assessment

ASD assessments were suspended in mid-March whilst the staff were redeployed. Referrals however continued to be processed remotely by the team administrator. From July the partial team undertook a successful limited pilot on the feasibility of using Attend Anywhere for ASD assessments alongside a new DHCFT assessment tool. Following the return of the ASD staff and the successful pilot the team has been undertaking ASD assessments since September, either remotely or where required via home visit.

The referral rate for 2020/21 is currently the lowest over the past 24 months but still averaging over 38 in 2020/21 so far. The current ASD waiting list is 1094 with the longest wait being almost 3 years, with the assessment hiatus in March-July having had a further negative impact on overall waiting times.

The length of face to face time required for ASD assessments (4 hours) has meant remote assessments are preferred at present whilst limited face to face assessments are being undertaken at Rivermead or via home visit where risk appropriate. There is however an increased likelihood that this may lead to a two tier assessment waiting list, with more rapid access for those who can access remote technology, but further delays for those requiring face-to-face assessment.

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

CAMHS continue to utilise telephone and Attend Anywhere as vehicles to support clinical contacts; face to face appointments are offered only when clinically indicated. This is having a positive impact on the size of the waiting list and for the last 7 months the waiting list has significantly reduced. The average wait to be seen continues to be significantly longer than normal.

K. Waiting list for community paediatrics

The number of children on the waiting list has been significantly lower than normal for the past 8 months and for the last 3 months the average wait to be seen has been significantly lower than normal, however the expected increase in referrals is starting to impact on the waiting list, which at the time of writing has increased by almost 200 since last reported. Referrals to the neurodevelopmental assessment pathway are now being received since the pathway re-opened, becoming fully open by January 2021. We are in negotiation with the CCG around this aspect of care to ensure that future commissioning and capacity reflect the demands and also the expected prevalence.

L. Patients placed out of area – adult acute

It should be noted that we have recently experienced a COVID-19 outbreak on Morton Ward and one on Ward 36. The outbreak on Morton ward resulted in the ward being closed to further admissions for a period of time. Therefore, this reduced admission and treatment capacity for female patients in Derbyshire, resulting in increased usage of out of area acute beds.

Currently there are 18 acute beds closed in Derbyshire as a result of COVID-19. However, this number can increase as we manage outbreaks on the inpatient wards.

M. Patients placed out of area – Psychiatric Intensive Care Units (PICU)

The PICU usage continues to be monitored closely with CCG and NHSE/I and all attempts are made to repatriate the patient to an acute bed once deemed appropriate to do so.

2. People

In order to release capacity to manage the COVID-19 pandemic, all NHS organisations were instructed by Amanda Pritchard, Chief Operating Officer, NHS England and NHS Improvement[1], to suspend appraisals and revalidation and to reduce the volume of mandatory training as appropriate. This resulted in a backlog of training and appraisals.

A. Annual appraisals

The position had been deteriorating in many areas over the course of the pandemic. A revised, shortened process is being rolled out across the Trust to facilitate a well-being conversation which will incorporate key questions and can be reported through appraisal completion on ESR by the line manager. Appraisal rates are beginning to recover particularly in Medical appraisal rates which is positive.

B. Annual turnover

The rate of turnover has been normal for the last 11 months and remains within the Trust target of 8-12%. Within month annual turnover decreased to 10.35% and a useful indicator in retirements shows a further decrease in numbers leaving the organisation.

C. Compulsory training

A Training Cell continues to meet weekly to support the Divisions with regards to improving the training position and focusing on key priority areas. The Cell continues to monitor progress against training recovery plans and sustainability. The expected outcome is to ensure compliance targets are reached by the end of March 2021.

The training team have been given additional administration resources who are proactively contacting people in an attempt to fill available training places. The Trust have provided a Marquee at Kingsway in order to provide a COVID-19 safe environment for the delivery of face to face training including Positive and Safe training and Adult & Paediatric Basic Life Support. External Immediate Life Support training delivery has been commissioned and training is planned until the end of March 2021.

Overall Statutory Mandatory training remains within target, attendance at training has been good but clinical pressures do impact on release of staff for the 5 day training programmes such as Positive and Safe training. Robust plans are in place with enough training places to meet demand. More trainers have been recruited to support delivery.

D. Staff absence

Staff absence has been higher than the Trust target of 5% for all but one of the last 24 months and statistically it is very unlikely that the target will be achieved.

In month sickness absence has improved and continues to improve particularly comparing staff who are absent due to COVID-19. Suspected cases accounted for 3.42% of all sickness cases in December and this continues to reduce. At the time of writing COVID-19 absence accounts for around 3% of overall absence over the last three months.

E. Supervision

The levels of compliance with the clinical and managerial supervision targets have remained lower than normal since the start of the pandemic and for the last few months have been gradually worsening. This is being addressed at divisional and service level to improve across all areas.

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

F. Vacancies

The proportion of posts filled was statistically higher than normal for the first time. This may be an indicator of the positive team culture within the Trust and links in with the low level of staff turnover.

G. Bank staff use

Bank staff use has been rising and was statistically higher than normal this month which is likely to be a result of the increased level of staff taking annual leave, release for Mandatory training and continued sickness absence.

3. Quality

A. Incidents

Incidents of moderate to catastrophic harm have increased in line with seasonal increase in deaths and the number of COVID-19 related deaths across all services.

B. Seclusion and restraint

The use of seclusion was within normal variation, although with an increasing trend in physical restraint and prone restraint. There are ongoing work streams to support the continuing need to reduce restrictive practice; including the introduction of body worn cameras, monitoring of restrictive practice within the “reducing restrictive practice forum” and monthly thematic reviews carried out by the Head of Nursing.

C. Patients in settled accommodation and patients in employment

Accommodation and employment will clearly be affected by the current pandemic and its financial consequences, so this data will continue to be monitored closely. However, there is overall a slight increasing trend in patients in employment and the Individual Placement Support service continues to have success in supporting people into employment even during the current pandemic. This service is currently expanding.

D. Care plan reviews

The proportion of patients whose care plan has been reviewed continues to be lower than usual. Teams have been prioritising essential tasks, with reduced routine contact, and trying to engage with people who use our services in different ways, e.g. in virtual ways using Attend Anywhere. We will monitor this over the coming months as teams restore services in line with national expectations, whilst continuing to be impacted by the COVID-19 situation and the ongoing need to prioritise essential tasks.

E. Complaints, concerns and compliments

The number of compliments decreased in line with the emergence of COVID-19 and the significant changes to many of our clinical services. The number of complaints increased between June and November with a particular theme around both concerns and complaints of access to services. Derbyshire Healthcare NHS Foundation Trust continues to work with Health Watch, including receiving regular feedback through governance structures and service user and carer surveys.

F. Duty of Candour

In this report there are no instances of Duty of Candour.

G. Number of falls on inpatient wards

The number of reported falls has decreased since September however still demonstrates an increased trend. This is likely to be as a consequence of enhanced reporting of falls from staff after promotion of good practice in this area and that nationally we are likely to see an increase in falls generally. This is as a result of people being de-conditioned from exercising less and not going out during the COVID-19 pandemic and resulting restrictions on movement.

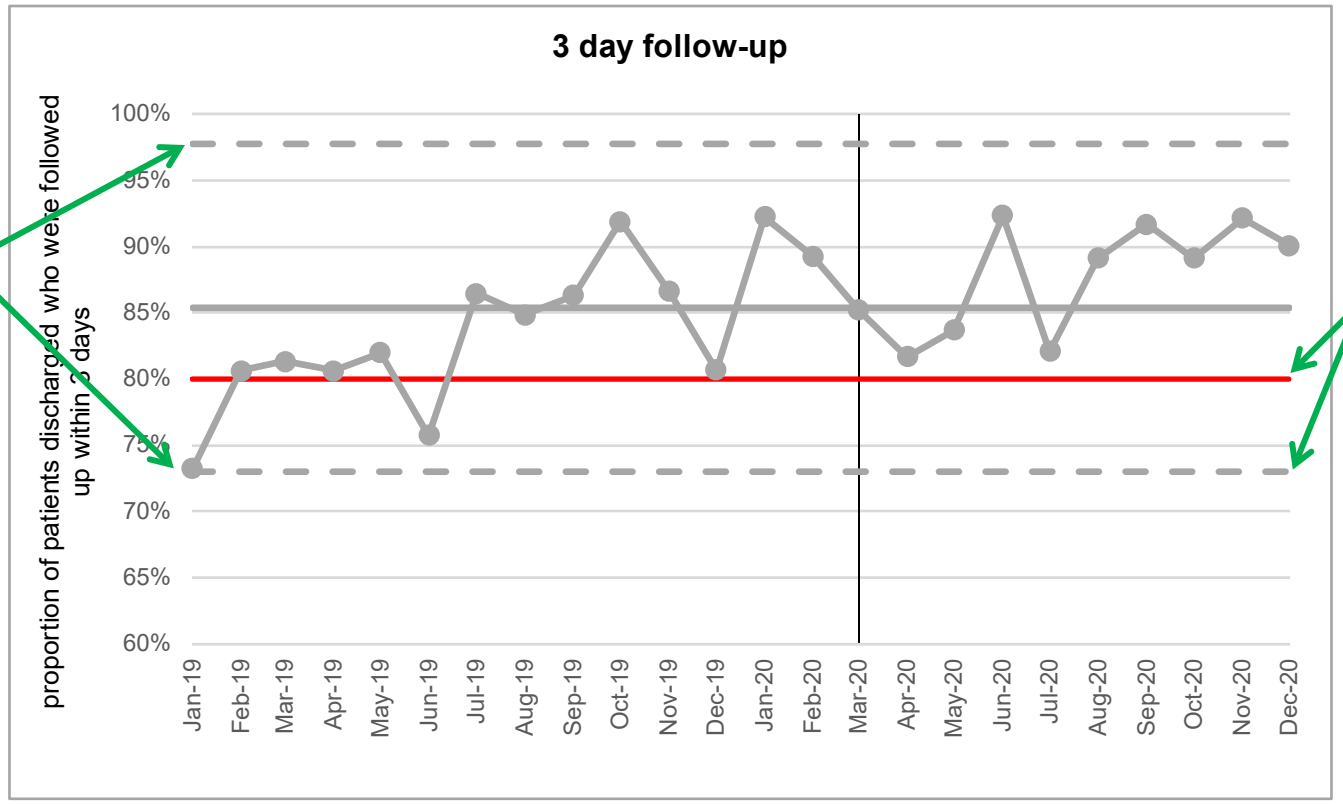
H. Physical Health Assessments

There has been a steady increase in physical health assessments being initiated within adult and older adult services both inpatient and community services. Work continues to improve the compliance.

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”

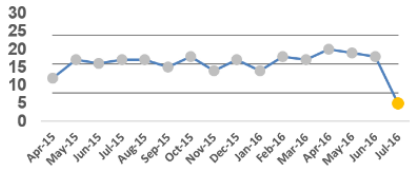


If the system is effective, the **lower** control limit will be above the target line (for targets where higher is better) or the **upper** control limit will be below the target line (for targets where lower is better). In that scenario we have nothing to worry about and can be assured our system is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

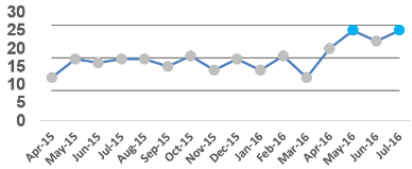
In this case the target line is above the lower control limit which indicates that the system is ineffective.

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:

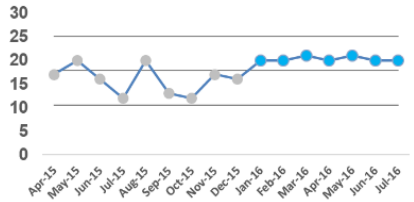
A single data point outside the process limits



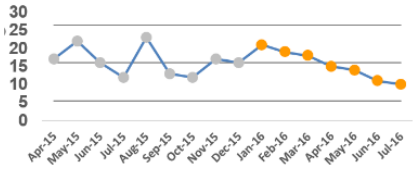
Two out of three points close to the process limits



Shift of points above / below mean line

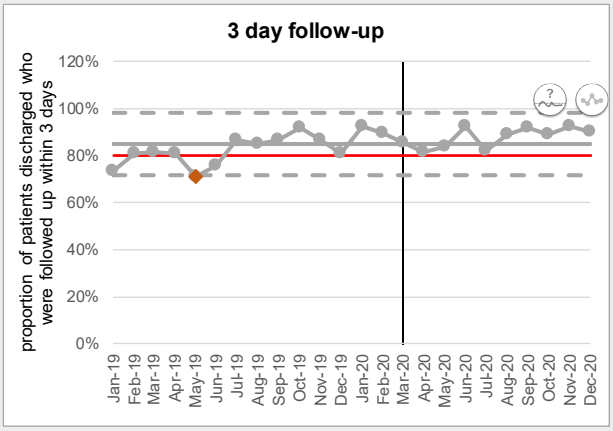


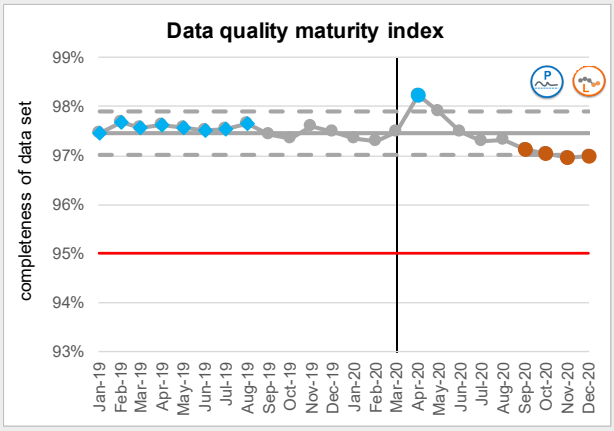
Run of points in consecutive ascending / descending order

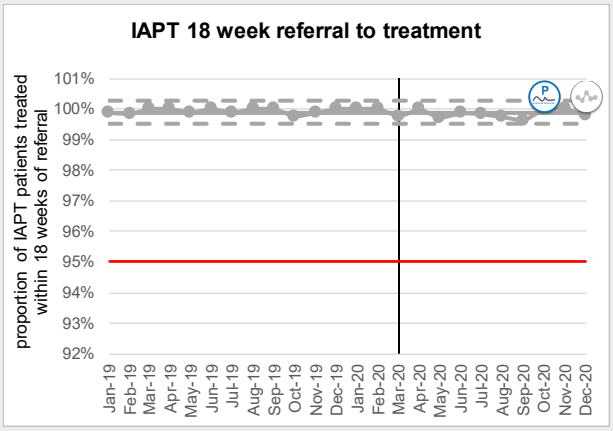


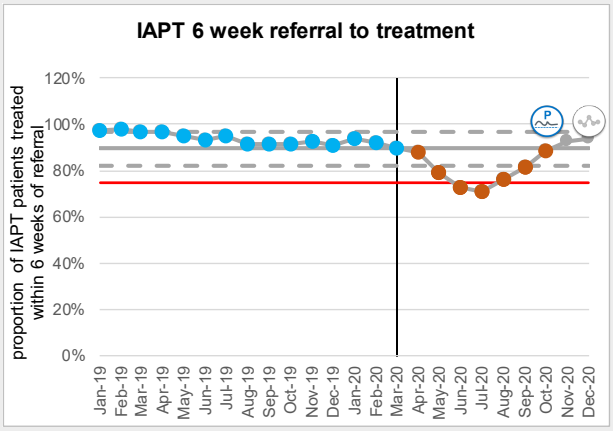
Appendix 2 – Charts

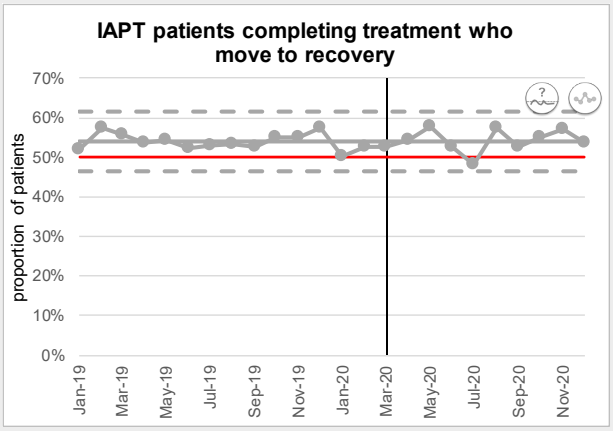
1. Operational Indicators

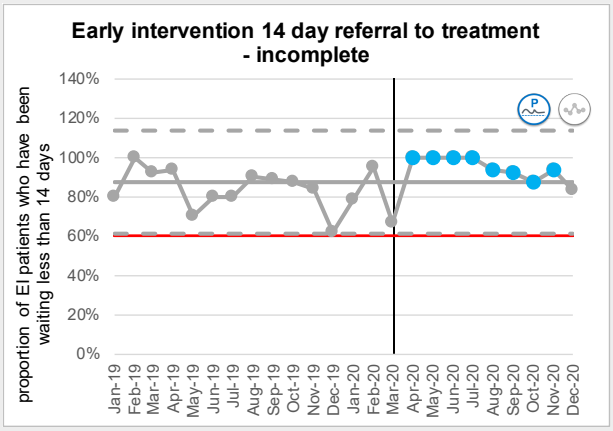


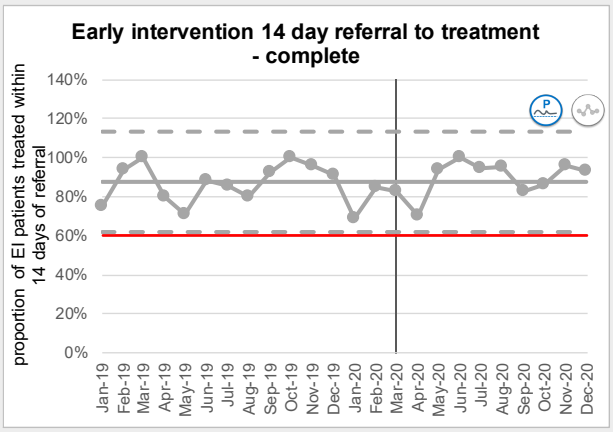


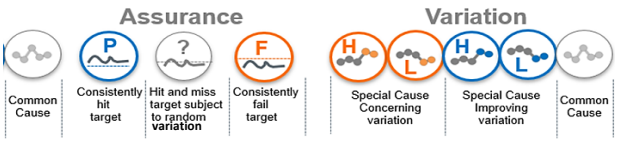


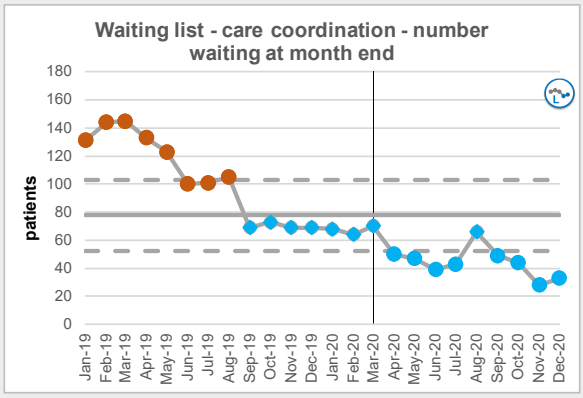


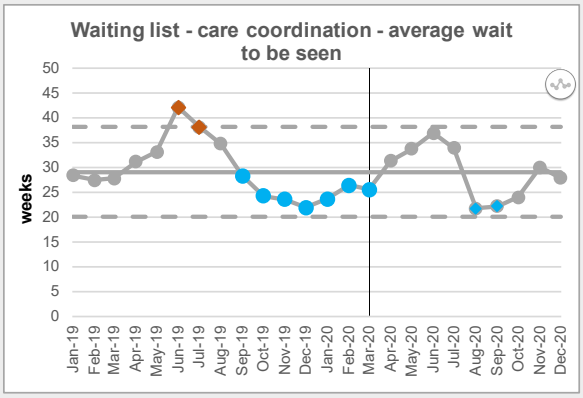


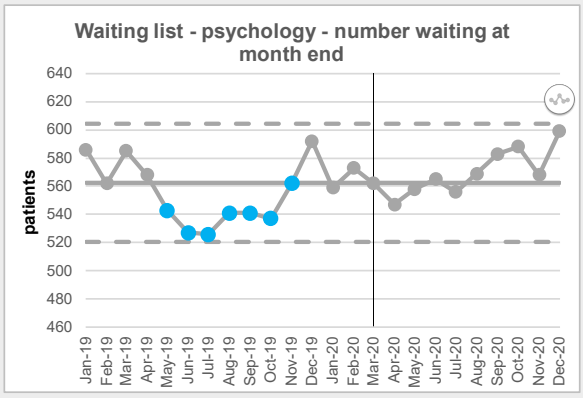


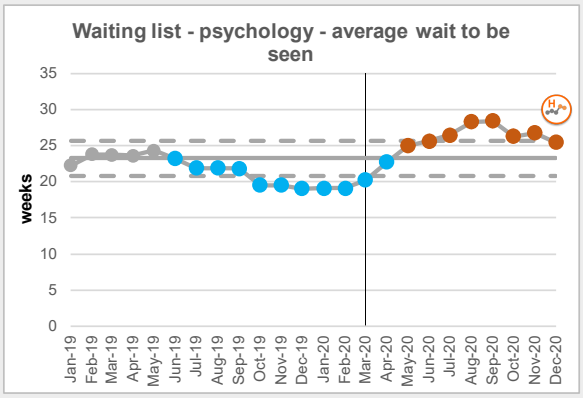


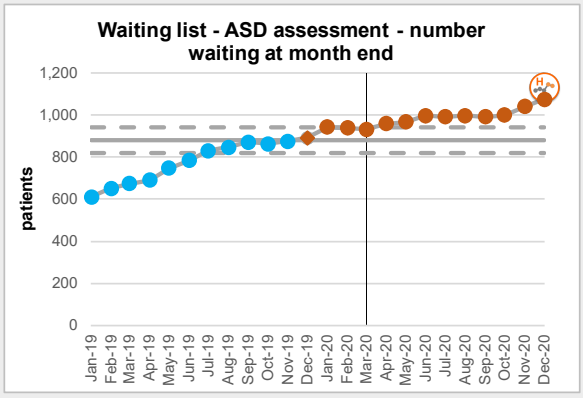


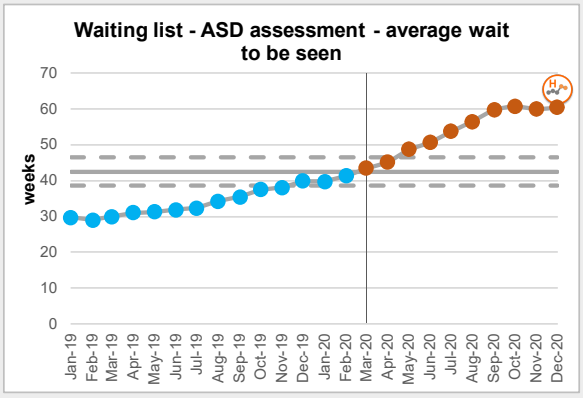

Waiting list - care coordination - number waiting at month end
patients

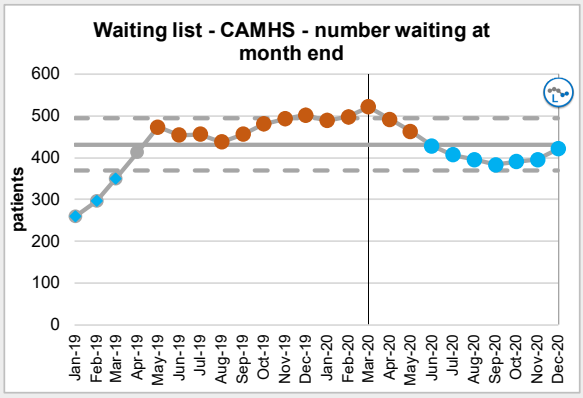

Waiting list - care coordination - average wait to be seen
weeks

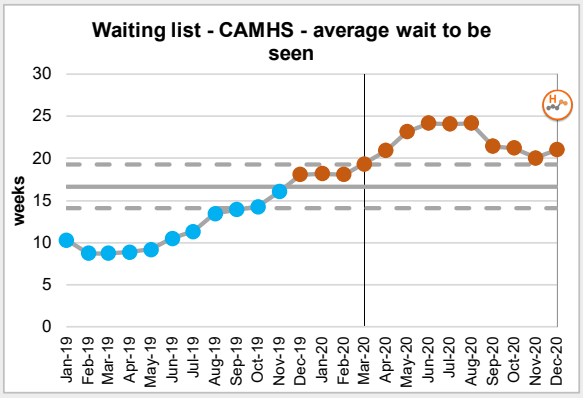

Waiting list - psychology - number waiting at month end
patients

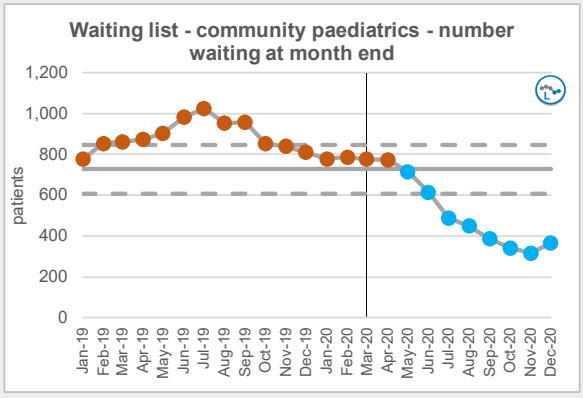

Waiting list - psychology - average wait to be seen
weeks

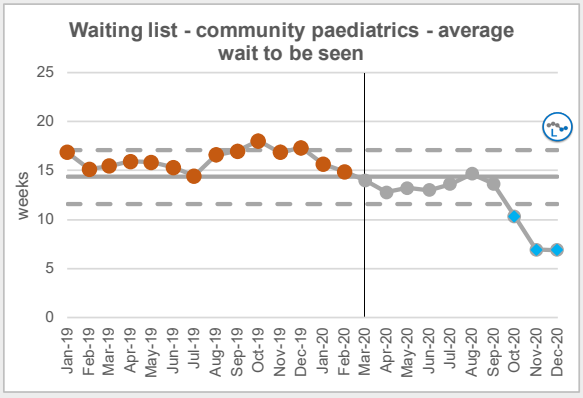

Waiting list - ASD assessment - number waiting at month end
patients

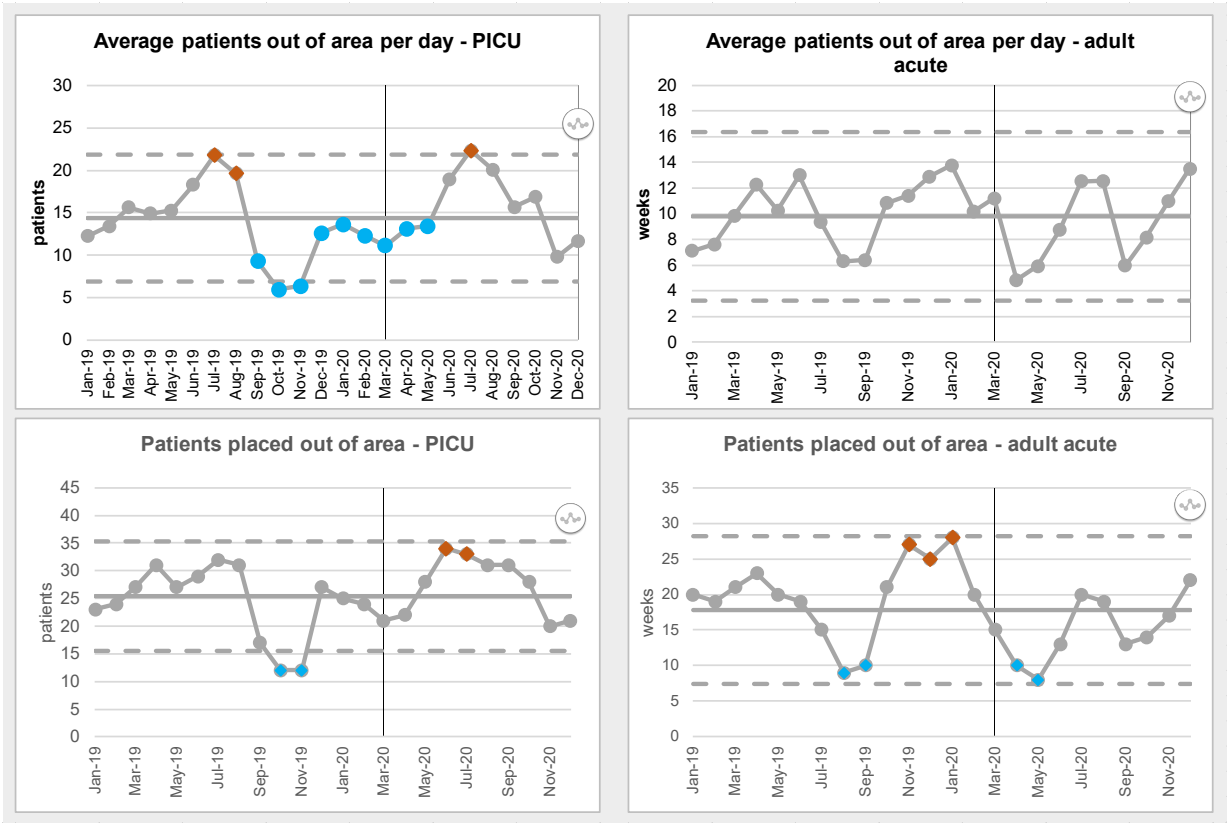

Waiting list - ASD assessment - average wait to be seen
weeks

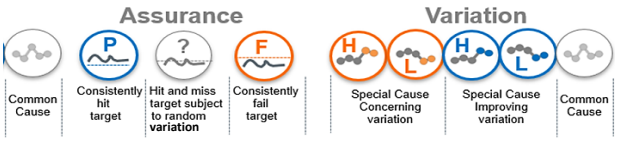

Waiting list - CAMHS - number waiting at month end
patients


Waiting list - CAMHS - average wait to be seen
weeks

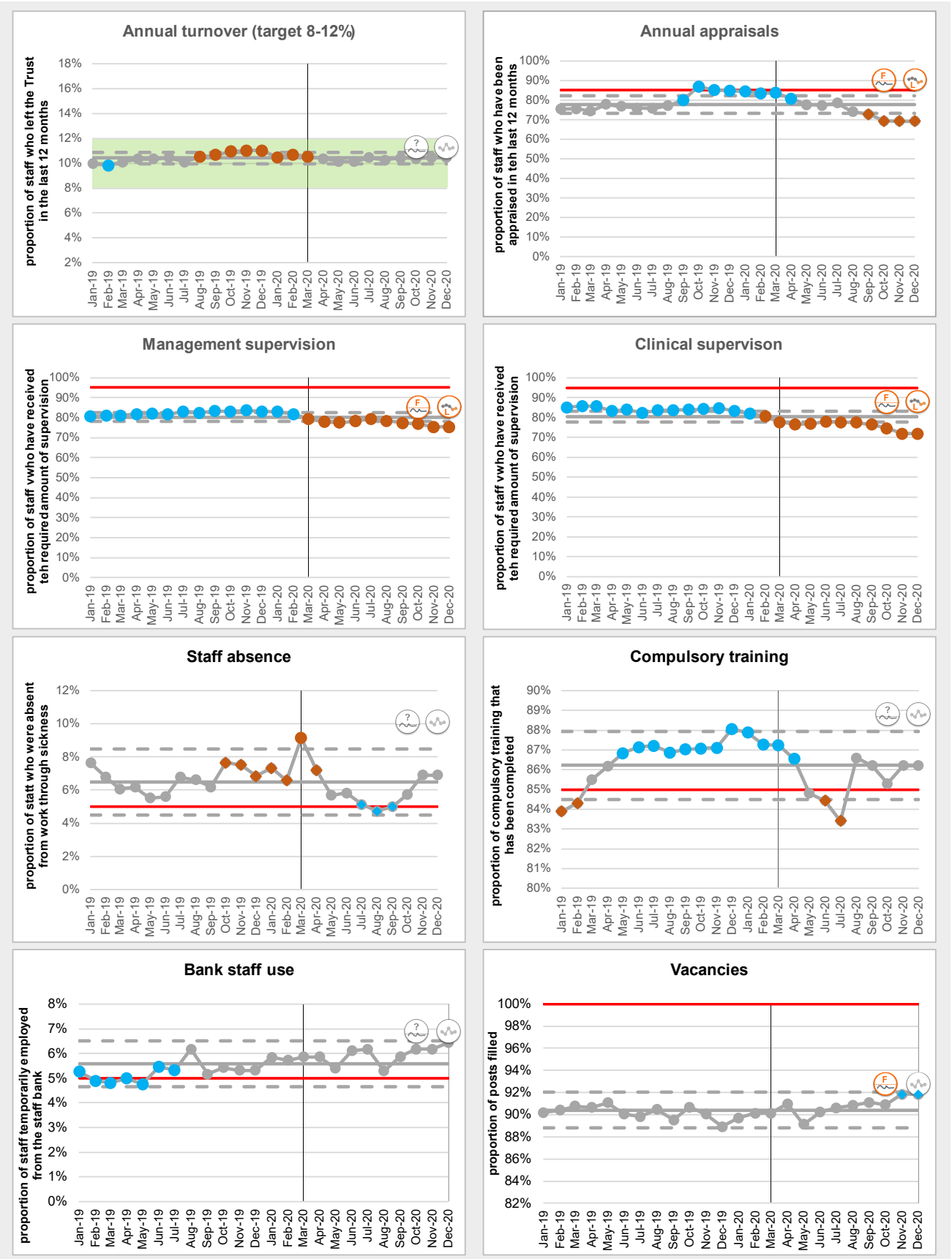

Waiting list - community paediatrics - number waiting at month end
patients


Waiting list - community paediatrics - average wait to be seen
weeks


Average patients out of area per day - PICU
patients
Average patients out of area per day - adult acute
weeks
Patients placed out of area - PICU
patients
Patients placed out of area - adult acute
weeks

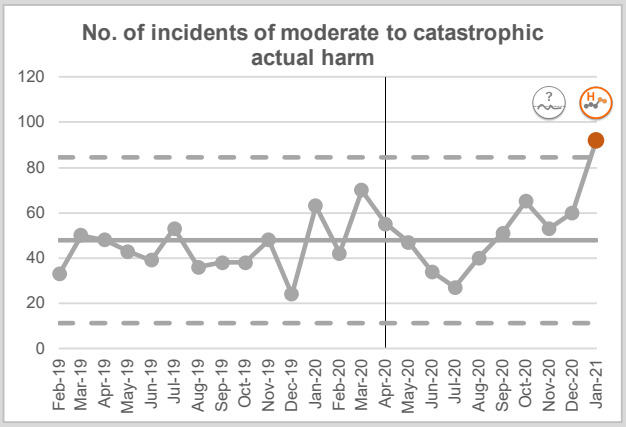

Assurance
Common Cause
Consistently hit target
Hit and miss target subject to random variation
Consistently fail target
Variation
Special Cause Concerning variation
Special Cause Improving variation
Common Cause

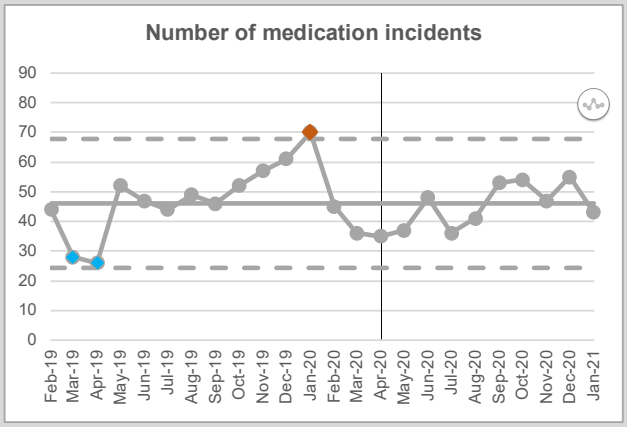
2. People Indicators

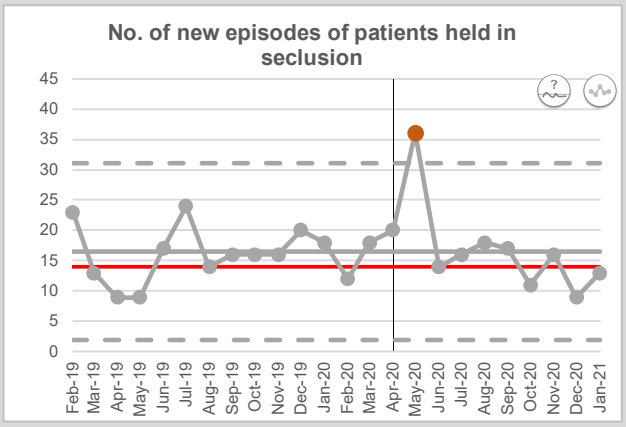


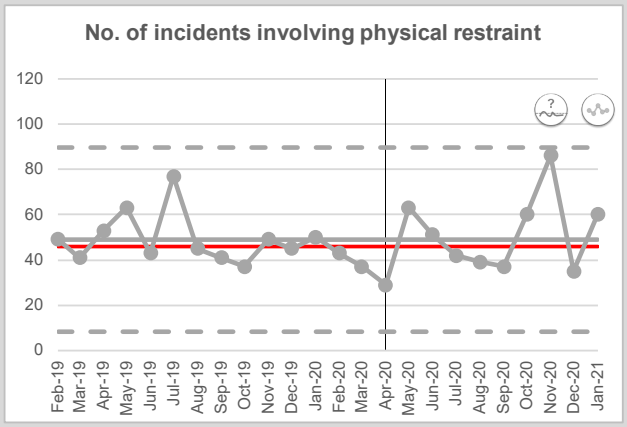
3. Quality Indicators

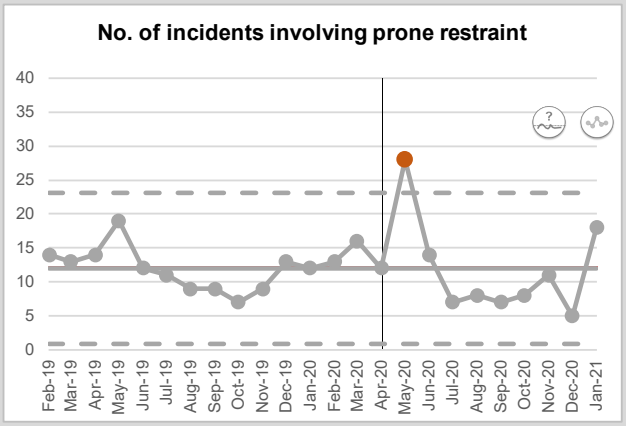
Safe

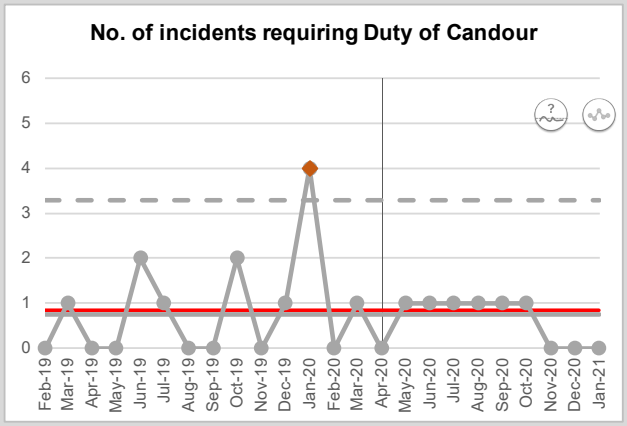


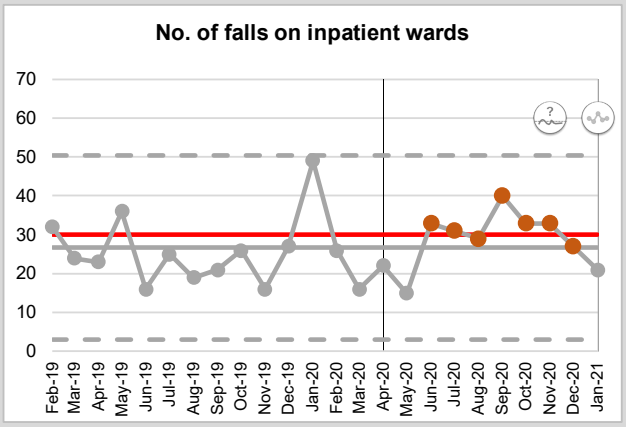


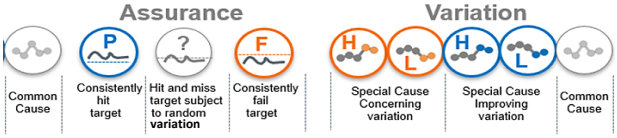




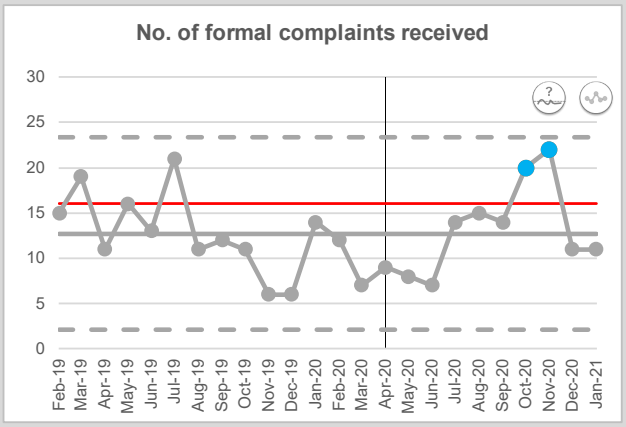


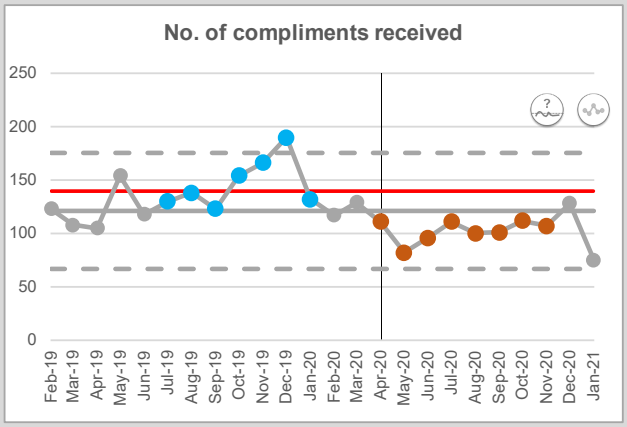




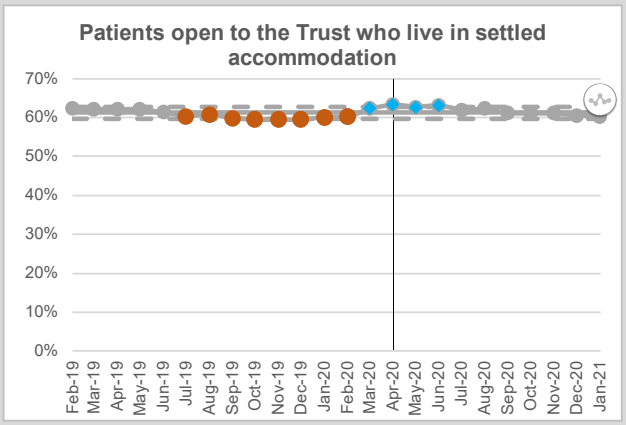


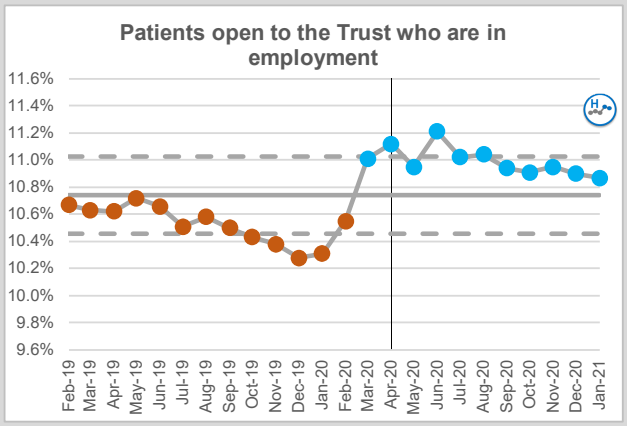
Caring



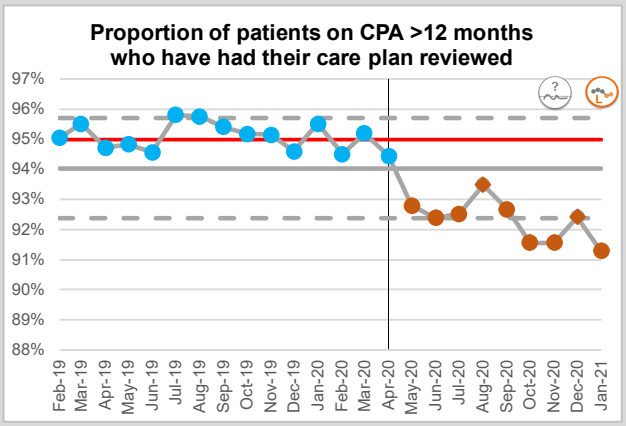


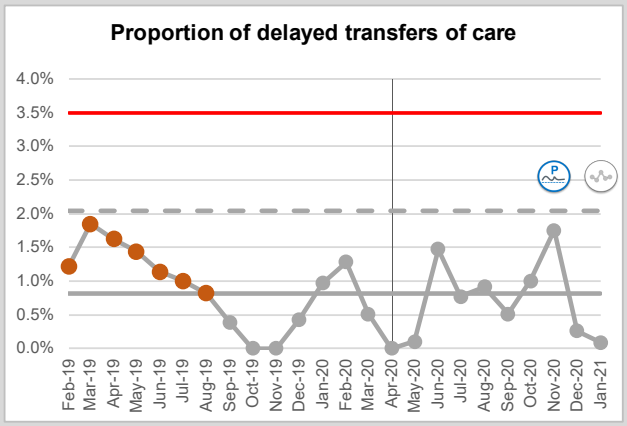
Effective

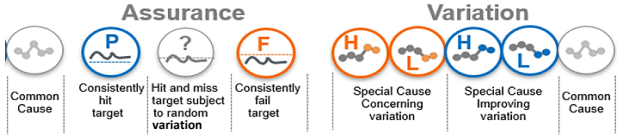


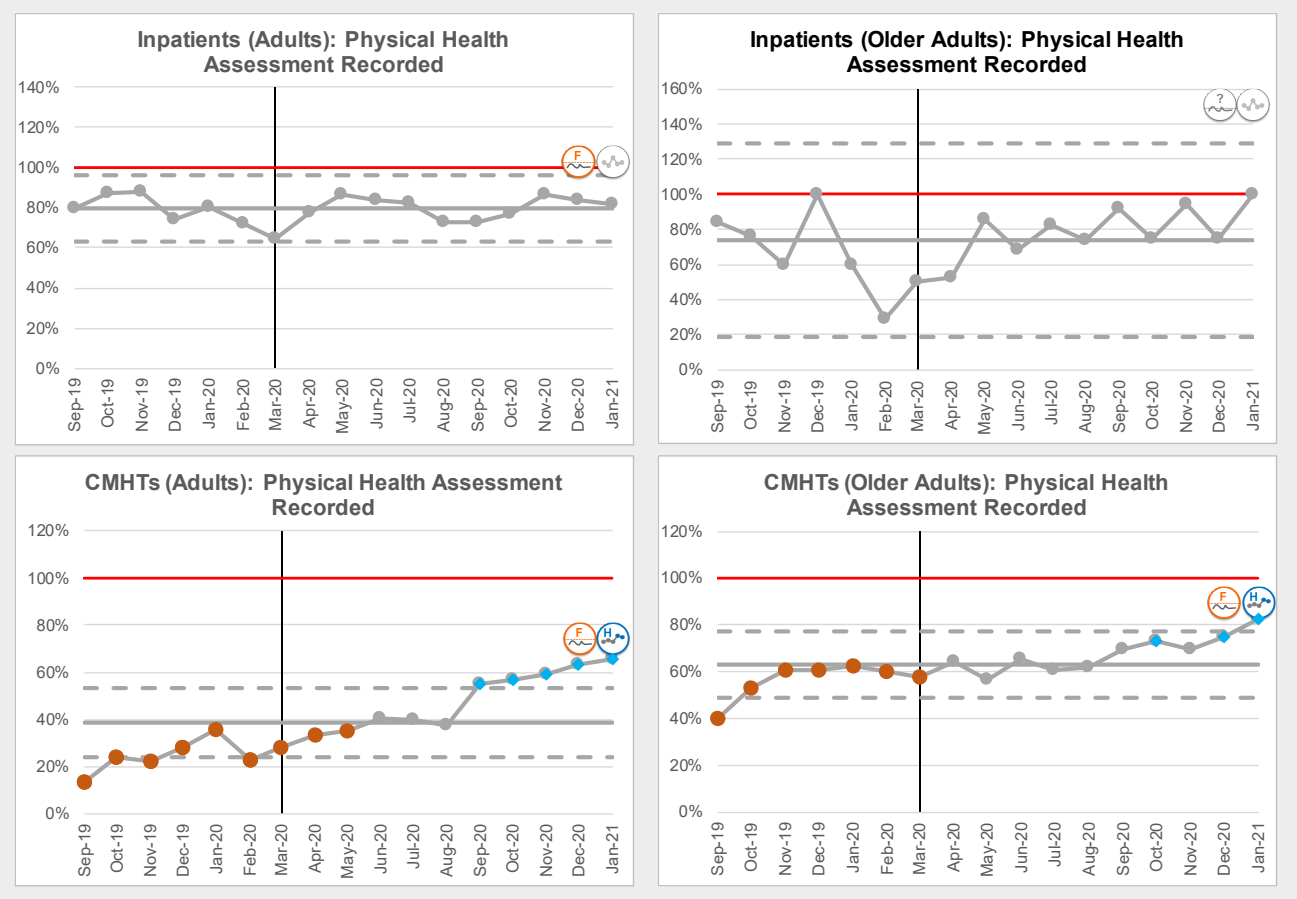


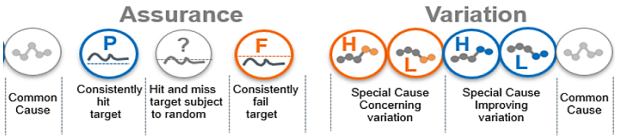
Responsive








Inpatients (Adults): Physical Health Assessment Recorded
140%
120%
100%
80%
60%
40%
20%
0%
Sep-19
Oct-19
Nov-19
Dec-19
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20
Jan-21
Inpatients (Older Adults): Physical Health Assessment Recorded
160%
140%
120%
100%
80%
60%
40%
20%
0%
CMHTs (Adults): Physical Health Assessment Recorded
120%
100%
80%
60%
40%
20%
0%
CMHTs (Older Adults): Physical Health Assessment Recorded
120%
100%
80%
60%
40%
20%
0%


Assurance
Common Cause
Consistently hit target
Hit and miss target subject to random
Consistently fail target
Variation
Special Cause Concerning variation
Special Cause Improving variation
Common Cause

Appendix 3 – Data Quality Maturity Index (DQMI) Benchmarking

PROVIDER NAME	September-2020	August-2020	July-2020	June-2020
National Average	**80.1**	**83.0**	**82.3**	**81.6**
BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST	98.4	98.5	98.5	98.4
NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST	98.0	98.1	81.0	79.7
TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST	97.9	98.0	97.9	98.2
HERTFORDSHIRE PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	97.3	94.7	97.2	97.3
LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST	97.2	97.5	97.8	97.4
CAMDEN AND ISLINGTON NHS FOUNDATION TRUST	97.1	95.0	97.5	97.5
SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST	96.7	95.0	95.2	95.1
CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST	96.6	97.1	97.5	97.1
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST	96.4	96.7	96.7	96.6
ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST	95.8	95.9	96.6	96.3
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	95.4	97.3	97.3	97.3
KENT AND MEDWAY NHS AND SOCIAL CARE PARTNERSHIP TRUST	95.3	95.5	95.1	95.2
BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST	95.2	95.4	96.2	95.7
NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST	95.1	95.3	96.2	96.0
GREATER MANCHESTER MENTAL HEALTH NHS FOUNDATION TRUST	95.0	96.5	94.6	94.2
SURREY AND SUSSEX HEALTHCARE NHS TRUST	94.6	99.3	99.3	94.5
SOMERSET PARTNERSHIP NHS FOUNDATION TRUST	94.3	97.3	97.3	97.2
MIDLANDS PARTNERSHIP NHS FOUNDATION TRUST	94.2	94.5	94.6	94.4
WORCESTERSHIRE HEALTH AND CARE NHS TRUST	94.2	94.6	95.1	95.3
HUMBER TEACHING NHS FOUNDATION TRUST	94.1	94.1	94.6	93.5
NORFOLK AND SUFFOLK NHS FOUNDATION TRUST	94.0	95.2	95.1	94.9
SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST	93.9	94.2	94.3	94.2
CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST	93.7	94.1	94.4	93.1
BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	93.3	94.4	94.9	94.4
ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	93.1	93.8	94.1	93.8
EAST LONDON NHS FOUNDATION TRUST	93.0	93.2	92.6	93.2
WEST LONDON NHS TRUST	93.0	93.9	93.8	93.4
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	92.8	94.4	94.4	93.3
BRADFORD DISTRICT CARE NHS FOUNDATION TRUST	92.7	93.0	90.8	90.3
CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST	92.7	93.6	93.9	93.9
SOUTH WEST LONDON AND ST GEORGE'S MENTAL HEALTH NHS TRUST	92.1	92.5	91.9	92.2
SURREY AND BORDERS PARTNERSHIP NHS FOUNDATION TRUST	92.1	93.8	96.5	96.5
AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST	91.9	92.8	92.3	92.7
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	91.9	96.3	96.1	98.0
SOLENT NHS TRUST	91.6	92.3	92.6	92.3
OXLEAS NHS FOUNDATION TRUST	91.3	92.1	91.5	91.9
LEICESTERSHIRE PARTNERSHIP NHS TRUST	91.0	92.4	92.6	90.2
PENNINE CARE NHS FOUNDATION TRUST	90.7	92.1	92.1	92.1
SUSSEX PARTNERSHIP NHS FOUNDATION TRUST	90.6	91.0	91.3	91.4
BLACK COUNTRY PARTNERSHIP NHS FOUNDATION TRUST	90.5	91.7	91.7	93.2
NORTHAMPTONSHIRE HEALTHCARE NHS FOUNDATION TRUST	90.2	91.3	91.8	91.7
ISLE OF WIGHT NHS TRUST	90.1	90.9	92.5	92.4
TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST	89.0	92.3	93.2	92.0
WALSALL HEALTHCARE NHS TRUST	89.0	95.3	95.4	95.7
CORNWALL PARTNERSHIP NHS FOUNDATION TRUST	88.7	89.7	90.1	89.8
NORTH CUMBRIA INTEGRATED CARE NHS FOUNDATION TRUST	88.1	90.5	90.7	90.6
DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST	87.7	89.8	88.7	88.6
SHEFFIELD HEALTH & SOCIAL CARE NHS FOUNDATION TRUST	87.7	89.8	89.7	89.5
LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST	87.6	88.1	87.6	81.9
DEVON PARTNERSHIP NHS TRUST	87.0	89.1	87.2	87.8
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	86.8	94.9	94.9	95.1
SOUTHERN HEALTH NHS FOUNDATION TRUST	86.3	92.0	92.1	92.0
CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST	86.0	86.1	91.3	90.2
DUDLEY AND WALSALL MENTAL HEALTH PARTNERSHIP NHS TRUST	85.5	90.5	90.2	90.8
OXFORD HEALTH NHS FOUNDATION TRUST	81.9	94.4	93.8	93.5
COVENTRY AND WARWICKSHIRE PARTNERSHIP NHS TRUST	80.5	82.2	83.1	83.2
NORTH EAST LONDON NHS FOUNDATION TRUST	64.7	68.5	69.4	69.4
BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	57.0	91.5	90.9	91.1
LANCASHIRE & SOUTH CUMBRIA NHS FOUNDATION TRUST	51.4	93.1	92.1	92.5
MERSEY CARE NHS FOUNDATION TRUST	46.7	56.8	56.8	57.0
NORTH WEST BOROUGHS HEALTHCARE NHS FOUNDATION TRUST	44.1	54.7	54.9	89.0
GLOUCESTERSHIRE HEALTH AND CARE NHS FOUNDATION TRUST	36.7	42.0	42.1	42.3

Appendix 4 - 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 – 2 March 2021

Board COVID-19 briefing

Purpose of Report

To provide an overview of the Trust's response to the ongoing COVID19 Pandemic.

Executive Summary

This briefing provides an update on the response to the COVID-19 Pandemic outlining the Incident Management Team (IMT) structure and cell function. It also captures an element of the EU Exit planning. It aims to supplement the daily communications and podcasts that colleagues have received.

The Incident Management Team is supported by a number of cells as shown below

- Workforce and Estates
- Infection, Prevention and Control
- Staff check and trace
- Flow and discharge
- Safer staffing
- COVID Vaccine
- Training
- Ethics and Clinical Governance
- Partnership working

The report provides additional narrative on the core areas of current work / actions within each cell.

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 provides assurance that the Trust Incident Management Team is maintaining a coordinated response to the outbreak of the COVID-19 and additional pressures including EU Exit, Winter preparedness and the COVID Vaccination Programme

Consultation

This paper has not been received at any other meeting.

Governance or Legal Issues

- Coronavirus Bill
- Changes to Mental Health Act and Care Act
- NHSE Emergency Preparedness Resilience and Response Framework

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:

As part of the ongoing response to COVID-19 the Incident Management Team are considering equality impacts through the various work streams. Examples of this include

- Making communications available through email and podcasts. The podcasts are transcribed to ensure we consider our deaf community.
- Easy read documents have been made available and shared with our learning disabilities service for wider cascade.
- We have been considering our older adult population during discussions around the potential for relocating patients as part of the wider system request and the impacts this would have on our patients and staff.
- We have commenced the open access helpline which is available for our current cohort of patients and residents of Derby and Derbyshire.
- We have widened the scope of the IMT; we sought expressions of interest for a BAME role and Disability and Wellness role. This has been well received and volunteers have provided additional depth to the response.

Recommendations

The Board of Directors is requested to:

1) Receive the report
2) Be assured of a coordinated response to the incident
3) Confirm and challenge as appropriate.

Report prepared and presented by: **Mark Powell, Chief Operating Officer**

COVID19 Pandemic Trust Board Briefing

Introduction

We are continuing to provide an incident response to COVID-19 and delivering the roll out of the COVID-19 Vaccination programme. The incident response function is provided seven days a week, 8am – 8pm. IMT meetings take place at 10am and 4pm.

Ensuring safety is at the core of our response, for patients, staff and volunteers. Clinical input is provided by a number of experts to ensure we are continuing to provide great care throughout. Changes to clinical services/practice are reviewed by the Ethics and Governance Cell.

The use of cells has continued to ensure we cover all aspects required within the response and this report is structured on those current in situ.

Workforce and Estates Cell

Workforce

- COVID related absence has thankfully started to fall during February. At the time of writing this report there were 42 colleagues off work for a COVID related reason.

Estates

- Deep cleans continue and additional cleans completed in relation to outbreak management on wards / clinical areas.

Infection Prevention Control Cell

- Management oversight of small outbreaks within clinical areas.
- Continually reviewing national guidance in relation to changes in practice and advising on course of action within the Trust.
- Ongoing promotion of personal protective equipment and best practice IPC guidance
- Review COVID positive patients and ensuring their and staff safety.

Staff Check and Trace Cell

- Monitoring of COVID related staff absence and interdependencies with other colleagues.
- Mapping staff contacts and requirement for colleagues to undertake a COVID test.
- Escalating emerging themes for review and action as required
- Further roll out of lateral flow testing

Flow and Discharge Cell

- Confirming discharge processes for inpatient services where appropriate
- At any time there are between 15 and 30 beds closed for COVID related issues (social distancing and infection, prevention and control measures).
- Delays in discharge escalations

- Reviewing of Legal Guidance for services supporting people of all ages during the coronavirus pandemic: Mental health, learning disabilities and autism specialised commissioning
- Your COVID recovery guidance – working with system partners

Safer Staffing

- Redeployment management
- Staffing concerns and mitigations
- Attended by operational services and corporate representation
- Meets daily

COVID Vaccine Cell

- Further developed into a rapid daily decision making cell during January and February
- Ensuring that colleagues receive the vaccine in priority order
- Development of a hospital hub on the Kingsway site
- Development of the Standard Operating Procedure
- Development of FAQs
- Reviewing of national guidance and process

Training Cell

- CQC Statutory compliance
- Optimising fill rates for training
- Mitigations for loss of trainers

Clinical Governance and Ethics Cell

- This cell considered changes to service delivery and the wider implications.
- Papers are received and reviewed by the Director of Nursing and Medical Director
- Service redeployment plans have recently been received within this cell.

Participation with the system and multi-agency partners

- Multi-agency strategic and tactical co-ordinating groups
- System Escalation Call & System Operational Resilience Group
- Mental Health work stream calls
- National NHS EPRR (Emergency Preparedness, Resilience and Response) response webinar
- National and Regional Medical Directors
- National and Regional Nurse Directors
- Safeguarding Boards recommenced and is restoring its function and this is elevating pressure on the safeguarding functions
- System flu group
- System COVID Vaccine group

Requests for information

- National situation report (sitrep) completed daily – beds occupied, vacant, COVID related patients, closed bed due to COVID. Management of confirmed patients, incorporating hospital acquired infections, staff absence and operational issues.

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 2 March 2021

Gender Pay Gap Report 2020/21

Purpose of Report

To present to the Board a summary of the Trust's position in the latest Gender Pay Gap Report (data as at 31 March 2020).

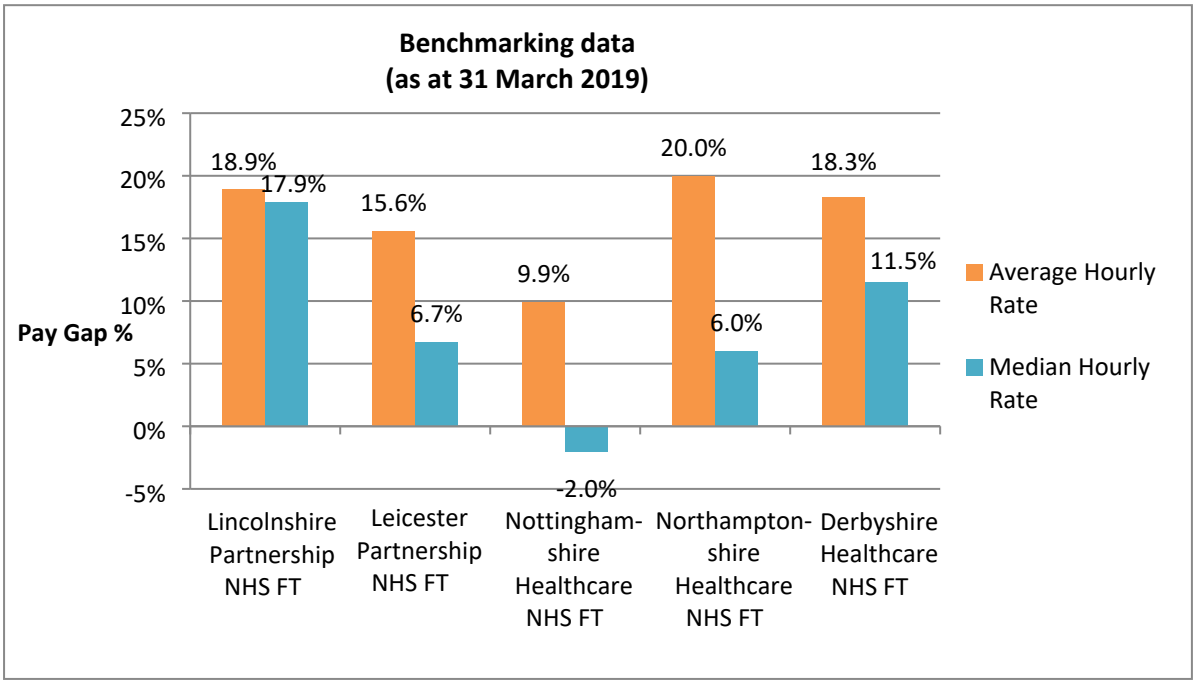
Executive Summary

As one of the UK's largest employers, improvement in the NHS Gender Pay Gap (GPG) should make a significant contribution to addressing equal pay priorities.

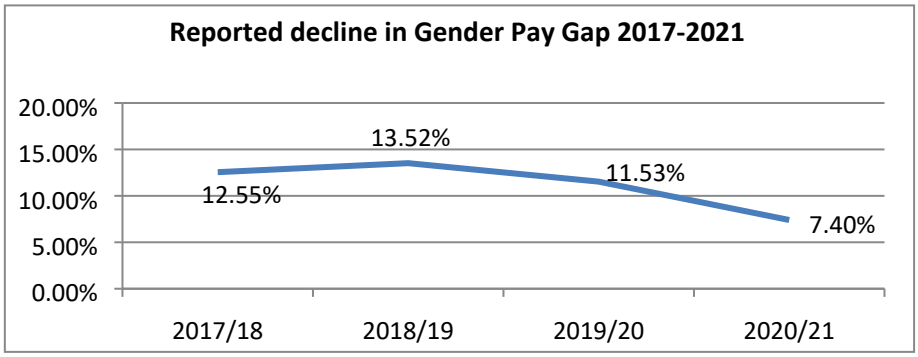
For our Trust this is important for our People First and Respect values, our Inclusion Strategy as well as our overall staff satisfaction and employee retention (79.48% of our workforce is female).

Our latest GPG report shares information about the difference between pay levels for men and women that work for us. Our results were strong against similar Trusts last year, and we are pleased to report that the figures have improved this year:

- DHCFT's GPG for the 'Average Hourly Rate' is the third highest compared to the Trusts below, and is the second highest for 'Median Hourly Rate'.



- The median pay gap compares the salary that sits in the middle between the highest and lowest: our median pay gap has improved by 4.14% since the prior year (to 7.4% in 2020 from 11.53% in 2019). The median pay gap has been consistently improving since initial reporting in 2017.



- Our 'Average Bonus Pay' has improved by 7.45% since 2019, from an 85.27% pay gap to 77.82%* (This variance is impacted by Clinical Excellence Awards in our Trust).
- Women continue to occupy the highest paid jobs at 71.66% (70.96% in 2019 and 69.6% in 2018) and our gender distribution continues to improve.

Jaki Lowe, Director of People and Inclusion, "We're delighted that we are seeing a strong effort to close the Gender Pay Gap since we started reporting in 2017 and believe that with the efforts we have made over the last 12 months to accommodate remote working, we have initiated an agile workforce that will benefit gender equality for our workforce. As a Trust, we are fully committed to inclusion and continue to work across our workforce and Network groups to see how we can continue to make our place of work one where everyone feels they can engage, participate and grow."

Some of the initiatives we are proud to continue practicing and developing include:

- Continue with agile working practices initiated during COVID-19.
- Relaunch the Trust's Gender Network to understand the female staff experience and identify ways to support, develop, retain and engage female staff. This would include a review of the Trust's action plan.
- Celebrate notable dates that align to gender equality, for example, International Women's Day, National Day for Carers and develop internal communications to help raise awareness and understanding around gender equality and positive action.
- Review learning development programmes to ensure they are inclusive and support positive action.
- Continue to use Recruitment Inclusion Guardians for all vacancies at Band 7 and above to support and promote greater representation.
- Review of recruitment practices and consideration of target setting and disruptive processes.
- Review policies for inclusivity and encourage shared parental leave.
- Coaching and mentoring for employee Network Chairs to support positive change and impact of their agenda.
- Create spaces for dialogue on issues affecting women, for example, speakers talking about lived experience e.g. the menopause, and the impact it can have.
- Provision of a women's health network .and programme focusing on health and wellbeing and adapting strategies in accordance with the changes to reproductive health.

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

Assurances

All organisations must submit the GPG report to the Government Equalities Office and publish online by 31 March 2021. This report has been compiled in line with their guidance.

Consultation

- Our gender pay gap report will be discussed by the Executive Leadership Team on 23 February 2021
- It will be discussed at Equality Forum and at the Trust's Gender Network.

Governance or Legal Issues

The Gender Pay Gap Report has been compiled in line with the guidance issued.

Since the Equality Act 2010 (Specific Duties) Regulations 2011 (SDR) came into force on 10 September 2011, there has been a duty for public bodies with 150 or more employees to publish information on the diversity of their workforce.

The Trust is required by the Government Equalities Office to publish the Gender Pay Gap report by the deadline of 31 March 2021 using data taken from 31 March 2020.

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 GPG primarily focuses on gender as a protected characteristic. Monitoring the data and making improvements to remove barriers to progression will positively impact on our staff of different genders.

The importance of intersectionality must also be considered; identifying and acting on areas for improvement will benefit staff with further protected characteristics.

The GPG data provides an understanding of what the GPG balance looks like within DHCFT. It can be used to target resources/interventions effectively and address gender balance and workforce strategies.

Monitoring the GPG data annually allows the Trust to assess the impact of targeted actions and ensure they remain effective, and is essential to improving the experiences of staff at Derbyshire Healthcare to create a more 'positively inclusive' culture.

Addressing the GPG assists the Trust in meeting its duties as set out by the Equality Act 2010.

Recommendations

The Board of Directors is requested to:

1. Approve the GPG report prior to forwarding to the Government Office and publishing on the Trust's external website
2. Receive assurance on the work in progress

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

Report prepared by: **Serita Bonsignore**
Assistant Director for Equality, Diversity and Inclusion

Clare Meredith
Equality, Diversity and Inclusion Advisor

Karl Faulkner
Advanced Finance Analyst

Liam Carrier
Assistant Head of Systems & Information/Project Manager

NHS
Derbyshire Healthcare
NHS Foundation Trust

Gender Pay Gap Report

2020/21 (data extract as at 31 March 2020)

Background

Since the Equality Act 2010 (Specific Duties) Regulations 2011 (SDR) came into force on 10 September 2011, there has been a duty for public bodies with 150 or more employees to publish information on the diversity of their workforce. Although the SDR did not require mandatory GPG reporting, the Government Equalities Office (GEO) and the Equality and Human Rights Commission (EHRC) provided guidance that made it clear that employers should consider including GPG information in the data they already publish. It was evident that not all employers did this, so the government made GPG reporting mandatory by amending the SDR so that all public sector employers with more than 250 employees have to measure and publish their gender pay gaps.

Employers with 250 employees and over need to publish the following information annually for all employees who are employed under a contract of employment, a contract of apprenticeship or a contract personally to do work. This will include those under Agenda for Change terms and conditions, medical staff and very senior managers. All calculations are made relating to the pay period in which the snapshot day falls. For this fourth year of publication, it will be the pay period including 31 March 2020.

Employers will need to:

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

Ordinary pay includes:

- basic pay
- paid leave, including annual, sick, maternity, paternity, adoption or parental leave (except where an employee is paid less than usual or nothing because of being on leave)
- area and other allowances
- shift premium pay, defined as the difference between basic pay and any higher rate paid for work during different times of the day or night
- pay for piecework.

It does not include:

- remuneration referable to overtime.
- remuneration referable to redundancy or termination of employment
- remuneration in lieu of leave
- remuneration provided otherwise than in money.

The relevant pay period means the pay period within which the snapshot date falls, which for monthly-paid staff would be the month in which the date is included.

Bonus pay relates to performance, productivity, incentive, commission or profit-sharing, but excludes:

- remuneration referable to overtime
- remuneration referable to redundancy
- remuneration referable to termination of employment.

Doctors' clinical distinction/excellence awards will be regarded as bonus pay, as well as any other payments above the level of ordinary for performance or expertise such as performance related pay for very senior managers, long service awards and others. The relevant period means the period of 12 months ending with the snapshot date.

Calculating the quartiles

Determine the hourly rate of pay and then rank the relevant employees in rank order from the lowest to the highest.

Divide those employees into four sections, each comprising an equal number of employees to determine the lower, lower middle, upper middle and upper quartile pay bands.

Show the proportion of male and female employees in each band as a percentage of the total employees in each band.

What employers need to publish

The information outlined above will need to be published within one year of the date for the 2020 snapshot (publishing deadline of 30 March 2021 for data as at 31 March 2020)

The information must be published on a website that is accessible to employees and the public free of charge. The information should remain on the website for a period of at least three years beginning with the date of publication.

In addition, employers have the option to provide narrative that will help people to understand why a gender pay gap is present and what the organisation intends to do to close it.

During the first publication employers will have already registered with the Government online reporting service to submit their GPG results.

Colleagues from the Electronic Staff Record (ESR) continue to refine the tool that helps organisations nationally to calculate their GPG data.

The 2020 Gender Pay Gap (GPG) results for Derbyshire Healthcare NHS FT are detailed below:

GPG results as at 31 March 2020:

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	£19.85	£16.63
Female	£16.49	£15.40
Difference	£3.36	£1.23
Pay Gap %	**16.93%**	**7.40%**

Quartile	Female	Male	Female %	Male %
1	583	112	83.88	16.12
2	563	133	80.89	19.11
3	550	123	81.72	18.28
4	526	208	71.66	28.34

Q1 = Lowest, Q4 = Highest

GPG Bonus results as at 31 March 2020:

Gender	Avg. Bonus Pay	Med. Bonus Pay
Male	£6,451.37	£292.50
Female	£1,431.02	£292.50
Difference	£5,020.35	£0.00
Pay Gap %	**77.82%**	**0.00%**

To gain a clearer understanding, bonuses were then broken down to illustrate the difference in Doctors' clinical distinction/excellence awards and Long Service awards

Doctors' clinical distinction/excellence awards

Gender	Avg. Bonus Pay	Median Bonus Pay
Male	£14,645.23	£12,063.97
Female	£5,438.50	£4,993.69
Difference	£9,206.73	£7,070.28
Pay Gap %	**62.87%**	**58.61%**

Long Service awards

Gender	Avg. Bonus Pay	Median Bonus Pay
Male	£227.50	£195.00
Female	£241.69	£195.00
Difference	-£14.19	£0.00
Pay Gap %	**-6.24%**	**0.00%**

A comparison of 2019 v 20 Gender Pay Gap results for Derbyshire Healthcare NHS FT are detailed below:

GPG comparison 31 March 2019 v 31 March 2020:

31 March 2019		
Gender	Avg. Hourly Rate	Median Hourly Rate
Male	£19.40	£16.30
Female	£15.86	£14.42
Difference	£3.54	£1.88
Pay Gap %	**18.26%**	**11.53%**

31 March 2020		
Gender	Avg. Hourly Rate	Median Hourly Rate
Male	£19.85	£16.63
Female	£16.49	£15.40
Difference	£3.36	£1.23
Pay Gap %	**16.93%**	**7.40%**

Variation	
Variation	Variation
£0.44	£0.33
£0.63	£0.98
-£0.18	-£0.65
-1.33%	**-4.14%**

31 March 2019				
Quartile	Female	Male	Female %	Male %
1	571	97	85.48	14.52
2	531	137	79.49	20.51
3	542	125	81.26	18.74
4	474	194	70.96	29.04
Total	**2671**			

31 March 2020				
Quartile	Female	Male	Female %	Male %
1	583	112	83.88	16.12
2	563	133	80.89	19.11
3	550	123	81.72	18.28
4	526	208	71.66	28.34
Total	**2798**			

Variation	
Female %	Male %
-1.59	1.59
1.40	-1.40
0.46	-0.46
0.70	-0.70

GPG Bonus comparison 31 March 2019 v 31 March 2020:

31 March 2019		
Gender	Avg. Bonus Pay	Med. Bonus Pay
Male	£8,282.73	£3,141.64
Female	£1,220.45	£200.00
Difference	£7,062.28	£2,941.64
Pay Gap %	**85.27%**	**93.63%**

31 March 2020		
Gender	Avg. Bonus Pay	Med. Bonus Pay
Male	£6,451.37	£292.50
Female	£1,431.02	£292.50
Difference	£5,020.35	£0.00
Pay Gap %	**77.82%**	**0.00%**

Variation	
Avg. Bonus Pay	Med. Bonus Pay
-£1,831.36	£292.50
£210.57	£92.50
-£2,041.93	-£2,941.64
-7.45%	**-93.63%**

Doctors' clinical distinction/excellence awards

31 March 2019		
Gender	Avg. Bonus Pay	Med. Bonus Pay
Male	13,389.92	7,971.33
Female	5,827.24	3,267.30
Difference	7,562.68	4,704.03
Pay Gap %	**56.48%**	**59.01%**

31 March 2020		
Gender	Avg. Bonus Pay	Median Bonus Pay
Male	£14,645.23	£12,063.97
Female	£5,438.50	£4,993.69
Difference	£9,206.73	£7,070.28
Pay Gap %	**62.87%**	**58.61%**

Variation	
Avg. Bonus Pay	Med. Bonus Pay
£1,255.31	£4,092.64
-£388.74	£1,726.39
£1,644.05	£2,366.25
6.38%	**-0.41%**

Long Service awards

31 March 2019		
Gender	Avg. Bonus Pay	Med. Bonus Pay
Male	257.14	250.00
Female	229.11	200.00
Difference	28.03	50.00
Pay Gap %	**10.90%**	**20.00%**

31 March 2020		
Gender	Avg. Bonus Pay	Median Bonus Pay
Male	£227.50	£195.00
Female	£241.69	£195.00
Difference	-£14.19	£0.00
Pay Gap %	**-6.24%**	**0.00%**

Variation	
Avg. Bonus Pay	Med. Bonus Pay
-£29.64	-£55.00
£12.58	-£5.00
-£42.22	-£50.00
-17.14%	**-20.00%**

Further GPG Hourly Rate analysis as at 31 March 2020 by Staff Group and Service Area

By Staff Group

Avg. Hourly Rate	Gender			
Staff Group	Male	Female	Diff	Gap
Add Prof Scientific and Technic	£23.98	£21.02	£2.96	12.33%
Additional Clinical Services	£12.37	£11.86	£0.52	4.17%
Administrative and Clerical	£19.65	£13.14	£6.51	33.12%
Allied Health Professionals	£17.25	£17.45	-£0.20	-1.15%
Estates and Ancillary	£11.58	£10.72	£0.86	7.44%
Medical and Dental	£45.13	£41.07	£4.06	8.99%
Nursing and Midwifery Registered	£19.13	£18.57	£0.56	2.93%
Students	£9.62			

By Service Line

Avg. Hourly Rate	Gender			
Staff Group	Male	Female	Diff	Gap
Adult Care Acute	£18.96	£16.24	£2.73	14.39%
Adult Care Community	£23.66	£17.08	£6.58	27.81%
Children's Services	£17.22	£16.29	£0.93	5.41%
Clinical Serv Management	£31.97	£15.99	£15.98	49.99%
Forensic + MH Rehab	£15.61	£16.10	-£0.49	-3.12%
Older Peoples Care	£21.35	£15.22	£6.14	28.73%
Perf Delivery Clustering		£13.59	-£13.59	0.00%
Psychology	£23.27	£24.01	-£0.75	-3.21%
Specialist Care Services	£23.27	£17.65	£5.62	24.15%
BusinessImprove+Transform	£36.60	£24.85	£11.74	32.09%
Communications	£22.81	£19.27	£3.54	15.53%
Corporate	£52.86	£22.62	£30.24	57.21%
Facilities + Estates	£12.21	£11.10	£1.10	9.02%
Finance	£17.73	£19.38	-£1.65	-9.31%
Med Education Centre+CRD	£20.70	£20.25	£0.45	2.17%
Nursing + Quality	£20.41	£18.95	£1.45	7.11%
Operations Support	£18.69	£15.31	£3.38	18.08%
People Services+Effectiveness	£12.42	£13.97	-£1.55	-12.46%

Latest benchmarking data available (31 March 2019):

	Pay Gap %	
	Average	Median
Lincolnshire Partnership NHS FT	**18.9%**	**17.9%**
Leicester Partnership NHS FT	**15.6%**	**6.7%**
Nottinghamshire Healthcare NHS FT	**9.9%**	**-2.0%**
Northamptonshire Healthcare NHS FT	**20.0%**	**6.0**

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 2 March 2021

Assurance on Adopting a Just Culture approach within the Disciplinary Policies and Processes

Purpose of Report

To provide assurance that both the disciplinary policy for staff that fall under Agenda for Change terms and conditions and the Medical Disciplinary Policy have both been reviewed against the best practice highlighted by the review recommendations in the Verita Report to ensure a best practice approach to the use of disciplinary policy's and the treatment of people.

Executive Summary

All trusts have been asked to consider the Verita Report and assure themselves that their approach is one which puts people first. A full report was provided to People and Culture Committee in January providing assurance on the policy content, the process and the approach to its development and implementation.

The Board is asked to acknowledge that assurance has been received. The policy will be launched through a series of masterclasses to support line managers to adopt the new policy and processes.

The Medical Disciplinary policy has been reviewed by the Medical Local Negotiating Committee and changes agreed to be implemented. This policy is in line with the MHPS (Maintaining High Professional Standards in the NHS).

We have also developed a Patient Safety Incidence Response Framework for the investigation of incident investigations which follows the principles of Just Culture. Medical Staff and senior leaders have been trained on the new framework which adopts a more people centric approach.

The Employee Relations function oversees all formal processes and ensures that investigations and actions are appropriate and proportionate, and that staff have appropriate management and welfare support.

During the pandemic agreement was reached to stop all but essential employee relations cases. Each case was reviewed in November 2020 and some cases were restarted with all party agreement where appropriate and proportionate.

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

- Both the DHCFT Disciplinary Policy for Agenda for Change members of staff and the Disciplinary Policy for Medical Staff have been reviewed in light of the report
- Key stakeholders have been involved in the formation of the revised policies
- Both policies will now go through a process of training and implementation
- The issues raised in the letters and Verita report referred to in this document have been addressed in the reviews.

Consultation

- The review of the Trust's disciplinary policy and process has taken place since October last year via focus groups, consultation with management and staff side colleagues, and the policy review template has been agreed.
- The Local Negotiating Committee (LNC) have assessed the medical disciplinary policy and agreed changes that will be made.

Governance or Legal Issues

There are no governance or legal issues outstanding. The Trust Disciplinary Policy will be ratified at the next Joint Negotiating Consultation Committee (JNCC), the disciplinary policy for medical staff will be ratified at the LNC.

Public Sector Equality Duty & Equality Impact Risk Analysis

In compliance with the Equality Delivery System (EDS2), this report identifies 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, any risks are managed in the following way. Below is a summary of the equality-related impacts of the report: :

The Policy Review Group undertakes Equality Impact and Risk assessments to:

- Ensure that decisions impact in a fair way: where there is evidence that particular groups will be negatively affected by a decision, action is agreed

and policy change made to address this.

- Decisions are based on evidence: the EIRA provides a clear and structured way to collect, assess and put forward relevant evidence and this process is followed for all policies.
- In order to make decision-making more open and transparent to those affected by the policy, this is done through employee, staff side and management feedback and employee relations issues learning outcomes with joint agenda setting and minutes taken of the meetings. This engenders trust in decision-makers and in their decisions.
- It also provides a platform for partnership working

Derbyshire Healthcare routinely carries out impact assessments on its services, policies and functions.

The Trust wants to ensure all employees have fair access to NHS information, services and premises when they need to and to any employment and development opportunities.

We know that not all employees access or take up opportunities in the same way and we want to try to take reasonable steps to accommodate these different needs, particularly for seldom heard people from groups protected by the Equality Act 2010 and Employment Rights Act.

Under the Equality Act 2010 and the Public Sector 'Specific Equality Duty', public sector organisations such as Derbyshire Healthcare must publish sufficient information to demonstrate that, in the exercise of its functions, it has 'due regard' (gives deliberate consideration) to the three aims of the Equality Duty:

- eliminate discrimination, harassment and victimisation;
- advance equality of opportunity between people who share a protected characteristic and those who do not; and to
- foster good relations between people who share a relevant protected characteristic and those who do not.

This report is part of the evidence and assurance in relation to the above.

Recommendations

The Board of Directors is requested to:

1) Note that assurance has been received by the People and Culture Committee
2) Further assurance will be provided through the People and Culture Committee.

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

Report prepared by: **Amanda Wildgust**
(Head of Employee Relations)

Assurance on Adopting a Just Culture approach within the Disciplinary Policies and Processes

Background

In May 2019 Baroness Dido Harding wrote a letter headed 'Learning lessons to improve our people practices' based around a very sad incident where an employee at Imperial College Healthcare NHS Trust (ICHT) took his own life four years ago. The protracted procedure culminated in summary dismissal on the grounds of gross misconduct and shortly afterwards tragically the member of staff took his own life.

This triggered the commissioning of an independent inquiry undertaken by Verita Consulting which Prerana Isar (Chief People Officer for the NHS) has now circulated to all trusts so that lessons can be learned from this case.

The Verita advisory group made a series of recommendations, many of which were used as the basis for the provision of additional guidance to provider organisations. In addition, in November 2019, Prerana wrote to healthcare professionals and regulatory bodies, encouraging review and examination of any guidance and standards provided to members and registrants to address the issues highlighted to support compassionate leadership and improvement across the healthcare system.

In her letter of 1 December 2020 headed 'Sharing good practice to improve our people practices' Prerana advises that the revised Imperial policy should be used as an example of good practice and that the shared learning has demonstrated the need for us to work continuously and collaboratively, to ensure that our people practices are inclusive, compassionate and person-centred, with an overriding objective as to the safety and wellbeing of our people. These values she feels are central to the recently published national NHS People Plan and People Promise.

She goes on to say that she urges NHS trusts to honestly reflect on their organisation's disciplinary procedures, review the recommendations issued in May 2019 and the example of good practice previously provided, and consider what has worked well and what could be further improved.

Where action is required, she asks NHS organisations to commit to tangible and timely action to review on a yearly basis and by the end of this financial year, all disciplinary procedures against the recommendations and that these are formally discussed/minuted at a Public Board or equivalent.

Learning from Deaths - Mortality Report

Purpose of Report

The 'National Guidance on Learning from Deaths' requires each Trust to collect and publish specified information on a quarterly basis. This report covers the period 20 October 2020 to 19 January 2021.

Executive Summary

During the Covid-19 pandemic, the learning from deaths process continued to be undertaken but slight changes to the process were initially made to allow for colleagues to undertake other duties. Activity has now resumed back to normal with weekly case note reviews and the daily reviewing and grading of all new deaths taking place.

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

- From 20 October to 19 January 2021 there have been 25 deaths reported where the patient tested positive for Covid-19
- From 20 October to 19 January 2021 the Trust received 567 death notifications of patients who had been in contact with our service in the last six months
- 0 Inpatient deaths were recorded. However one patient died following discharge from an acute inpatient ward and one patient died following transfer to the acute hospital.
- The Mortality Review Group reviewed 11 deaths through a Stage 2 Case Note Review. These reviews were undertaken by a multi-disciplinary team and it was established that of the 11 deaths reviewed, none were due to problems in care.
- The Trust has reported one Learning Disability deaths from 20 October to 19 January 2021
- There is very little variation between male and female deaths; 309 male deaths were reported compared to 258 female
- Good practice identified through case note reviews is fed back to clinicians involved as part of our appreciative learning
- The monthly Mortality Review Group recommenced in November 2020, this group was put on hold during the Covid pandemic.

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

Assurances

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

Governance or Legal Issues

There are no legal issues arising from this Board report.

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

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

Public Sector Equality Duty & 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 20 October to 19 January 2021. There is very little variation between male and female deaths; 309 male deaths were reported compared to 258 female.
- No unexpected trends were identified according to ethnic origin or religion.

Recommendations

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

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

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

Aneesa Akhtar-Alam
Mortality Technician

Learning from Deaths - Mortality Report

1. Background

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

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

The report presents the data for 20 October to 19 January 2021.

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

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

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

- Regular audits continue to be undertaken to ensure compliance with policy and procedure and any necessary amendments made. This has included auditing complaint data against names of deceased patients to ensure this meets the requirements specified in the National guidance. The last audit was completed October 2020.

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

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

3. Data Summary of all Deaths

Note that inpatients and learning disability (LD) data is based upon whether the patient has an open inpatient or LD referral at time of death.

	October	November	December	January
Total Deaths Per Month	66 (this is from 20/10/2020	203	174	124
LD Referral Deaths	0	1	0	0

The table above shows information for 20 October to 19 January 2021. Correct as of 19 January 2021.

From 20 October to 19 January 2021, the Trust received 567 death notifications of patients who have been in contact with our services.

4. Review of Deaths

Total number of Deaths from 20 October to 19 January 2021 reported on Datix	76 (of which 41 are reported as "Unexpected deaths" 5 as death categorised as "suspected" 25 Covid deaths 5 as "Expected - end of life pathway" NB some expected deaths have been rejected so these incidents are not included in the above figure.
Number reviewed through the Serious Incident Group	64 (9 pending for a review).
Number investigated by the Serious Incident Group	3 did not require an investigation; 13 underway and 59 pending for a review
Number of Serious Incidents closed by the Serious Incident Group	26 (47 currently opened to SI group as of 19/01/2021)

Since 20 October to 19 January 202 the Trust has recorded 0 Inpatient deaths. However one patient died following discharge from an acute inpatient ward and one patient died following transfer to the acute hospital.

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

- Homicide – perpetrator or victim
- Domestic homicide - perpetrator or victim
- Suicide/self-inflicted death, or suspected suicide
- Death following overdose
- Death whilst an inpatient
- Death of an inpatient who died within 30 days of discharge from a DHCFT hospital
- Death following an inpatient transfer to acute hospital
- Death of patient on a Section of the Mental Health Act or Deprivation of Liberty Safeguards (DoLs) authorisation
- Death of patient following absconsion from an inpatient unit
- Death following a physical restraint
- Death of a patient with a learning disability
- Death of a patient where there has been a complaint by family / carer / the Ombudsman, or where staff have raised a significant concern about the quality of care provision
- Death of a child (this will also be subject to scrutiny by the Child Death Overview Panel)
- Death of a patient open to safeguarding procedures at the time of death, which could be related to the death
- Death of a patient with historical safeguarding concerns, which could be related to the death
- Death where a previous Coroners Regulation 28 has been issued
- Death of a staff member whilst on duty
- Death of a child under the age of 18 of a current or previous service user who has died in suspicious circumstances
- Where an external organisation has highlighted concerns following the death of a patient whether they were open to the Trust at time of death or not.

5. Learning from Deaths Procedure

From 20 October to 19 January 2021, The Mortality Review Group reviewed 11 deaths through a Stage 2 Case Note Review. These reviews were undertaken by a multi-disciplinary team and it was established that of the 11 deaths reviewed, 11 were not due to problems in care.

The Mortality Group review the deaths of patients who fall under the following ‘red flags’ as from 24 June 2020 these are as follows:

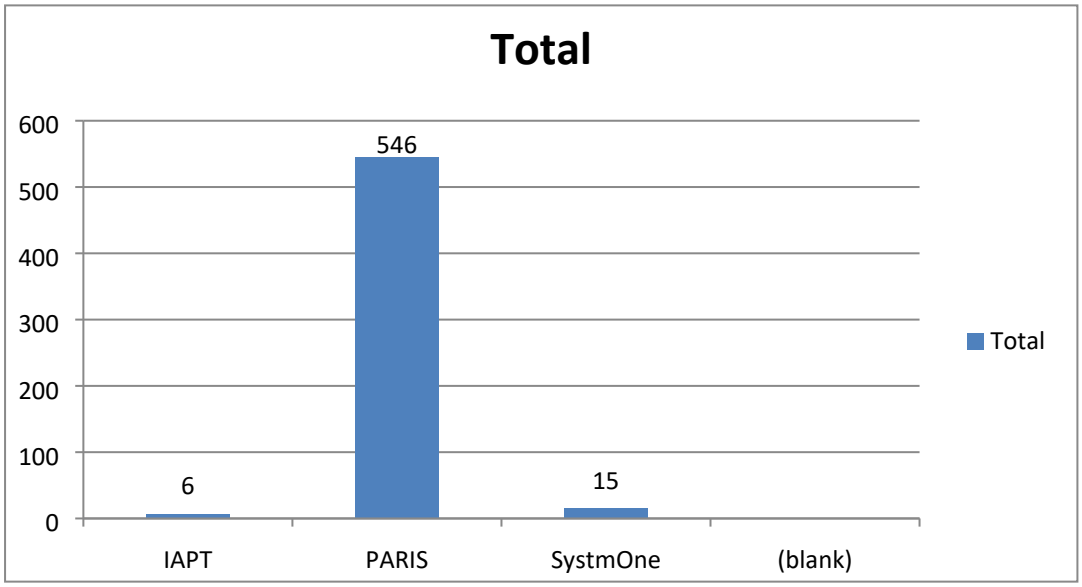
- Patient taking an anti-psychotic medication
- Death of a patient with a learning disability
- Patients with chronic pain
- Patients only open to outpatient services
- Patients with covid19 (this is a temporary flag)

From 20 October 2020 to 19 January 2021 there has been 25 deaths reported where the patient tested positive for covid-19. Of these deaths 13 were female and 12 male. Of the 25 deaths ethnicity was recorded as white (British) or White (other) , a total of 24 , with only one death recorded as black Caribbean. Age range varied with the significant number been over the age of 71 years.

Age	total
26-50	1
51-65	3
66-70	2
Over 71	19

6. Analysis of Data

6.1 Analysis of deaths per notification system since 20th October to 19th January 2021.



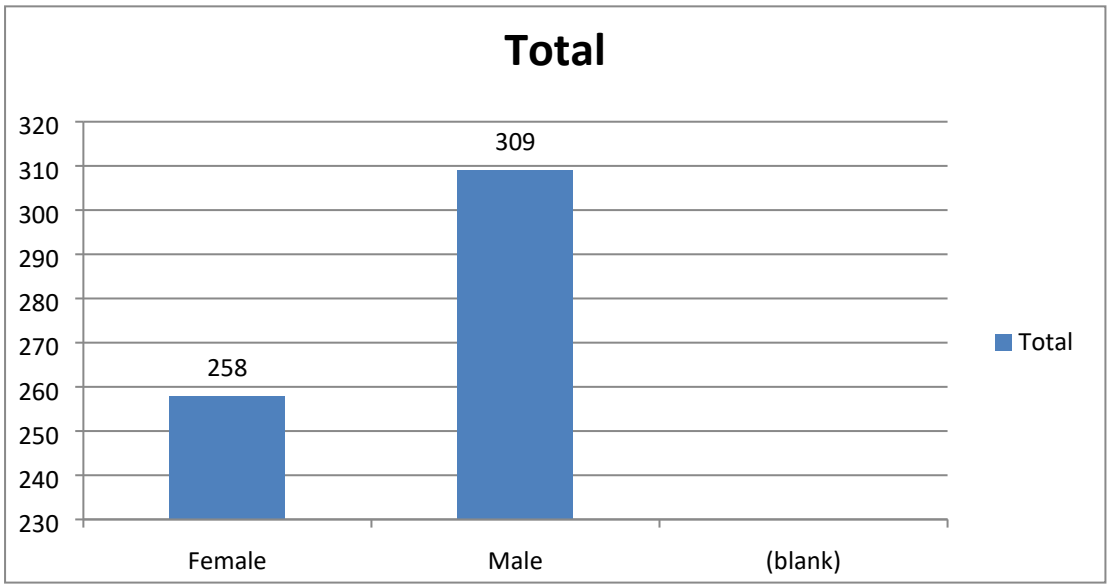
Row Labels	Count of Source System
IAPT	6
SystmOne	15
PARIS	546
Grand Total	**567**

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

6.2 Deaths by Gender since 20 October to 19 January 2021.

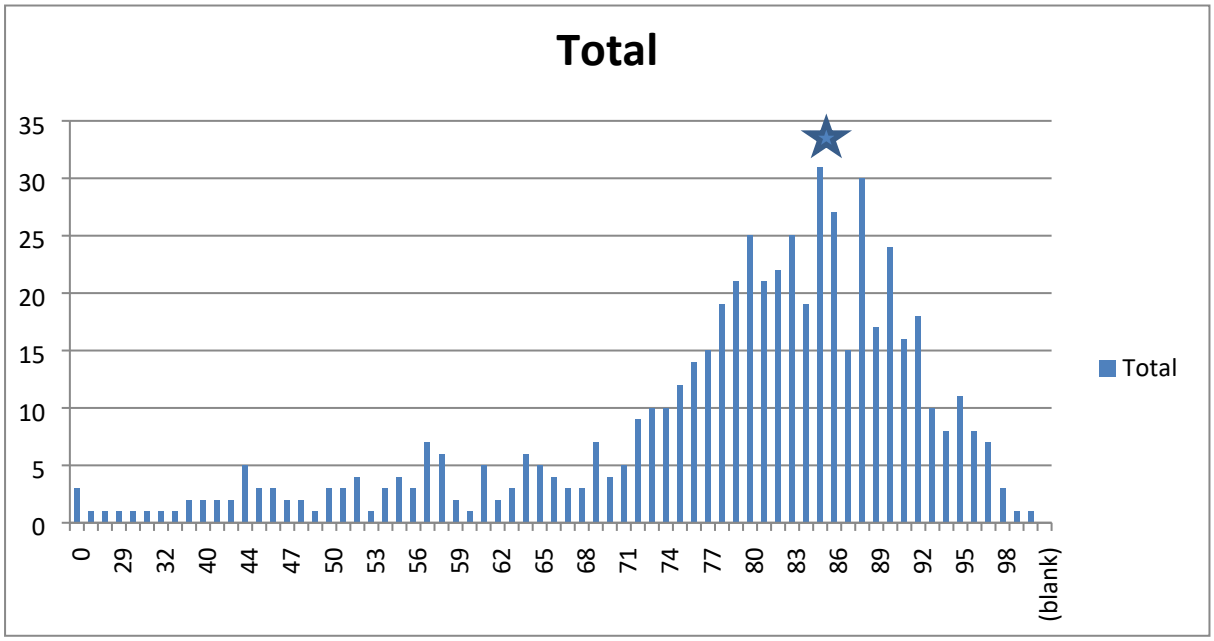
The data below shows the total number of deaths by gender 20 October to 19 January 2021.There is very little variation between male and female deaths; 309 male deaths were reported compared to 258 female.

Row Labels	Count of Gender
Female	258
Male	309
Grand Total	**567**



6.3 Death by Age Group since 20th October to 19th January 2021.

The youngest age was classed as 0, and the oldest age was 85 years (indicated by the star). Most deaths occurred within the 80-90 age groups.



6.4 Learning Disability Deaths (LD) since 20 October to 19 January 2021

	Oct 2020	Nov 2020	Dec 2020	Jan 2021
LD Deaths	0	1	0	0

The Trust reviews all deaths relating to patients diagnosed with a Learning Disability. The Trust also currently sends all Learning Disability deaths that have been reported through the Datix system to the Learning Disabilities Mortality Review (LeDeR) programme. Due to challenges in reporting out from the LeDeR programme, we are unable to ascertain how many of our Trust's deaths have been reviewed through the LeDeR process. The Trust continues to share relevant information with LeDeR when requested which is used to inform their reviews.

Since 20 October to 19 January 2021, the Trust has recorded one Learning Disability deaths. The Trust now receives a quarterly update from LeDeR which highlights national good practice and identified learning; this is shared in the Mortality monthly meeting.

6.5 Death by ethnicity since 20 October to 19 January 2021.

White British is the highest recorded ethnicity group with 440 recorded deaths, 73 deaths had no recorded ethnicity assigned, and 10 people did not state their ethnicity. The chart below outlines all ethnicity groups.

Row Labels	Count of Ethnicity
Mixed - White and Black Caribbean	1
Any other Black background	1
Asian or Asian British - Any other Asian background	1
Other Ethnic Groups - Chinese	1
Mixed - White and Asian	2
Caribbean	3
Pakistani	4
Indian	6
Other Ethnic Groups - any other ethnic group	6
White - Irish	6
Not stated	10
White - any other White background	13
Not known	73
White - British	440
Grand Total	**567**

6.6 Death by religion since 20 October to 19 January 2021.

Christianity is the highest recorded religion group with 95 recorded deaths, 248 deaths had no recorded religion assigned and 10 people refused to state their religion. The chart below outlines all religion groups.

Row Labels	Count of Religion
Nonconformist	1
None	1
Calvinist	1
Christian religion	1
Spiritualist	1
Not Religious - Old Code	1
Hindu	1
Mormon	1
Religion NOS	1
Pentecostalist	1
Church of England, follower of	1
Protestant	1
Atheist	1
Religion (other Not Listed)	1
Patient Religion Unknown	2
Anglican	2
Catholic: Not Roman Catholic	3
Muslim	3
Methodist	3
Sikh	4
Jehovah's Witness	5
Roman Catholic	7
Not Given Patient Refused	10
Not Religious	44
Unknown	44
Church Of England	83
Christian	95
Blank	248
Grand Total	**567**

6.7 Death by sexual orientation since 20 October to 19 January 2021.

Heterosexual or straight is the highest recorded sexual orientation group with 180 recorded deaths. 369 have no recorded information available. The chart below outlines all sexual orientation groups.

Row Labels	Count of Sexual Orientation
Person asked and does not know	1
Not appropriate to ask	3
Not stated (declined)	7
Unknown	7
Heterosexual or straight	180
(Blank)	369
Grand Total	**567**

6.8 Death by disability since 20 October 2020 to 19 January 2021

The table below details the top 5 categories by disability. Behavioural and emotional problems were the highest recorded disability group with 18 recorded deaths.

Top 5 recorded categories by disability	Count of Disability
Progressive (LT) Conditions	5
Learning Disability	6
Learning Disability (Dementia)	9
Other	11
Behaviour And Emotional	18

There were a total of 139 deaths with a disability assigned and the remainder 428 were blank (had no assigned disability).

Row Labels	Count of Disability
Hearing; mobility and gross motor	1
Hearing; progressive (LT) conditions	1
Behaviour and emotional; behaviour and emotional; other	1
Hearing; speech	1
Behaviour and emotional; hearing; learning disability (dementia); perception of physical danger; self-care and continence	1
Learning disability; hearing; mobility and gross motor	1
Behaviour and emotional; hearing; manual dexterity; learning disability (dementia); mobility and gross motor	1
Learning disability; mobility and gross motor; behaviour and emotional; manual dexterity; self-care and continence	1
Behaviour and emotional; hearing; self-care and continence; learning disability; mobility and gross motor	1
Learning disability; mobility and gross motor; self-care and continence	1

Row Labels	Count of Disability
Behaviour and emotional; learning disability (dementia); learning disability (dementia)	1
Learning disability; self-care and continence	1
Behaviour and emotional; learning disability (dementia); learning disability (dementia); perception of physical danger; other	1
Learning disability (dementia); learning disability (dementia); mobility and gross motor; perception of physical danger; other	1
Behaviour and emotional; manual dexterity; learning disability (dementia); learning disability (dementia); mobility and gross motor	1
Learning disability (dementia); learning disability (dementia); other; self-care and continence; sight	1
Behaviour and emotional; mobility and gross motor; progressive (LT) Conditions	1
Learning disability (dementia); learning disability (dementia); self-care and continence; behaviour and emotional	1
Behaviour and emotional; progressive (LT) conditions	1
Learning disability (dementia); mobility and gross motor; self-care and continence; sight; speech	1
Behaviour and emotional; self-care and continence; mobility and gross motor; hearing	1
Learning disability (dementia); sight	1
Dementia; behaviour and emotional	1
Learning disability (dementia); sight; other	1
Dementia; self-care and continence; behaviour and emotional; mobility and gross motor	1
Manual Dexterity; Learning Disability; Self Care And Continence; Progressive (LT) Conditions	1
Hearing; learning disability (dementia); mobility and gross motor	1
Manual Dexterity; learning disability (dementia); learning disability (dementia); mobility and gross motor; sight	1
Hearing; manual dexterity; learning disability (dementia); sight	1
Manual dexterity; sight; mobility and gross motor	1
Behaviour and emotional; dementia	1
Manual dexterity; speech; self-care and continence; hearing; sight	1
Behaviour and emotional; hearing; mobility and gross motor; self-care and continence; sight	1
Mobility and gross motor; behaviour and emotional	1
Behaviour and emotional; learning disability (dementia); learning disability (dementia); other	1
Mobility and gross motor; behaviour and emotional; self-care and continence	1

Row Labels	Count of Disability
Behaviour and emotional; mobility and gross motor; other; self-care and continence	1
Mobility and gross motor; mobility and gross motor	1
Behaviour and emotional; self-care and continence; manual dexterity	1
Mobility and gross motor; other; learning disability (dementia)	1
Dementia; mobility and gross motor; behaviour and emotional; self-care and continence; hearing	1
Other; behaviour and emotional; learning disability (dementia)	1
Hearing; manual dexterity; learning disability	1
Other; dementia	1
Behaviour and emotional; hearing; manual dexterity; learning disability (dementia); learning disability (dementia)	1
Other; other	1
Behaviour and emotional; learning disability (dementia); self-care and continence	1
Perception of physical danger; behaviour and emotional; self-care and continence; sight	1
Behaviour and emotional; sight	1
Progressive (LT) conditions; other; mobility and gross motor; other; other	1
behaviour and emotional; behaviour and emotional	1
Self-care and continence; mobility and gross motor; behaviour and emotional	1
Behaviour and emotional; mobility and gross motor; self-care and continence; sight; speech	1
Self-care and continence; mobility and gross motor; progressive (LT) conditions	1
Behaviour and emotional; learning disability	1
Self-care and continence; other	1
Dementia; self-care and continence; hearing; mobility and gross motor	1
Sight; hearing	1
Hearing; sight	2
Hearing; learning disability; sight	2
Behaviour and emotional; self-care and continence	2
Self-care and continence	2
Hearing; learning disability	2
Hearing	3
Dementia	3
Learning disability (dementia); learning disability (dementia); mobility and gross motor	3
Mobility and gross motor	3
Behaviour and emotional; learning disability (dementia)	3

Row Labels	Count of Disability
Sight	3
Learning disability (dementia); learning disability (dementia)	4
Progressive (LT) conditions	5
Learning disability	6
Learning disability (dementia)	9
Other	11
Behaviour and emotional	18
Blank	428
Grand Total	**567**

7. Recommendations and Learning

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

- Electronic systems to be reviewed and processes implemented where possible to provide systems that will alert clinical staff when referrals are due or assessments are delayed.

- Review standards of Neurological Assessment and completion including Fundoscopy. Review availability of equipment to complete Neurological assessments. Admission clerking to include Neurological observations including Fundoscopy, to be reviewed and updated.

- Design a bitesize training video on neurological observations and escalation of physical health concerns.

- A review to be completed to assess the quality of information being recorded and therefore available on admission, transfer and discharge between wards and teams.

- A review is to be completed into the standards of ward rounds across acute wards and the quality of documentation being completed before, during and after.

- Organisation to disseminate the best practice use of side effect rating scales such as Glasgow Antipsychotic Side-effect Scale (GASS).

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 2 March 2021

Board Assurance Framework (BAF)
Fourth issue for 2020/21

Purpose of Report

To meet the requirement for Boards to produce an Assurance Framework. This report details the fourth issue of the BAF for 2020/21.

Executive Summary

Issues 1 and 2 of the BAF for 2020/21 focused on the risks faced by the organisation in response to the COVID-19 pandemic.

Issues 3 and 4 have been developed in line with the broader revised objectives which support delivery of the Trust Strategy, the NHS Long Term Plan. The seven risks identified in Issue 3 in relation to achievement of the three strategic objectives of Great Care; Great Place to Work; and Best Use of Money, have remained for Issue 4.

There has been one change to a risk rating, for risk 20-21 3a. The Executive Leadership Team (ELT) and the January 2021 meeting of the Finance and Performance Committee have supported the Director of Finance's proposal to reduce the risk rating from extreme to high. This is following month 9 financial results and associated forecasting and discussions with system partners. This rating change will be kept under review and may need to be re-escalated depending on factors such as any further changes to NHSIE treatment of annual leave provisions or any other issues that may adversely impact current forecast assumptions.

Discussion took place at the People and Culture Committee in January 2021 as to whether Risk 2a should be downgraded from extreme to high in light of the progress shown toward closing a number of the gaps in control and assurance. However the Committee was mindful that a number of risk factors that are COVID-19 specific could undermine the progress being made on the people agenda and so recommended retaining the risk as extreme for the time being.

Changes/updates to this Issue of the BAF are again highlighted in blue. The Director lead for risk 1c (access to information/EPR) has changed from the Chief Operating Officer to the Director of Business Improvement and Transformation.

High risk to achievement of the action are identified for:

- Gaps in relation to ILS training
- Physical healthcare checks
- Investment in autism services
- Capacity to develop the Quality Improvement Strategy
- Performance against waiting time targets due to the impact of COVID-19

There are currently fourteen operational risks rated as high or extreme, updated as of 9 February (refreshed 22 February). These have been aligned to the related BAF risk.

The timetable previously agreed regarding the 'deep dive' programme for BAF risks is shown below. The deep dive for Risk 20-21 2a has been completed. As Risk 20-21 3a has now been downgraded from extreme to high, the deep dive to the Audit

and Risk Committee is no longer required.

Deep Dive timetable for 2020/21		
Risk 20_21 2a. There is a risk that we do not create a healthy vibrant culture and conditions to make DHCFT a place where people want to work, thrive and to grow their careers	Director of People and Inclusion	Audit and Risk Committee 21January 2021 Completed
Risk 20-21 3a. There is a risk that the Trust fails to deliver its revenue and capital financial plans.	Executive Director of Finance.	Audit and Risk Committee ~~18 March 2021~~ No longer required.

The Trust's Internal Auditors 360 Assurance completed an audit on the *Development of Risks on the BAF,* reviewing the effectiveness of the management and mitigation of the risks on the BAF. The final report has now been received, giving an audit opinion of Significant Assurance.

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

Assurances

This paper details the current Board Assurance risks and provides assurance on the process of the review, scrutiny and update of the BAF in seeking to identify and mitigate risks to achieving the Trust's strategic objectives.

Consultation

- Executive Directors – December 2020
- Executive Leadership Team - 12 01 2021
- Audit and Risk Committee – 21 01 2021

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

Specific elements within each BAF risk and associated actions are addressed by the relevant lead Executive Director in taking forward.

Recommendations

The Board of Directors is requested to:

1) Approve this fourth issue of the BAF for 2020/21 and the assurance the paper provides of the process of the review, scrutiny and update of the BAF in seeking to identify and mitigate risks to achieving the Trust's strategic objectives
2) Continue to receive updates in line with the forward plan for the Board.

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

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

Summary Board Assurance Framework Risks 2020_21 Issue 4 - Board

Ref	Principal risk	Director Lead	Current rating (Likelihood x Impact)	Responsible Committee
Strategic Objective 1. To provide GREAT care in all services				
20_21 1a	There is a risk that the Trust will fail to provide standards for safety and effectiveness as required by our patients and our Board	Executive Director of Nursing/Medical Director	HIGH (4x4)	Quality and Safeguarding Committee
20_21 1b	There is a risk that the Trust estate does not comply with regulatory and legislative requirements	Chief Operating Officer	HIGH (4x4)	Finance and Performance Committee
20_21 1c	There is a risk that the Trust fails to maintain continuity of access to information to support effective patient care	Director of Business Improvement and Transformation	MODERATE (3X4)	Finance and Performance Committee
Strategic Objective 2. To be a GREAT place to work				
20_21 2a	There is a risk that we do not create a healthy vibrant culture and conditions to make DHCFT a place where people want to work, thrive and to grow their careers	Director of People and Inclusion	EXTREME (4x5)	People and Culture Committee
20_21 2b	There is a risk of continued inequalities affecting health and well-being of both staff and local communities	Director of People and Inclusion	HIGH (4x4)	Trust Board
Strategic Objective 3. To make BEST use of our money				
20_21 3a	There is a risk that the Trust fails to deliver its revenue and capital financial plans	Executive Director of Finance	HIGH (3x5)	Finance and Performance Committee
20_21 3b	There is a risk that learning from the response to the COVID-19 outbreak, and transformation plans developed prior, does not lead to sustainable embedded transformation	Director of Business Improvement and Transformation	HIGH (4x4)	Finance and Performance Committee

Strategic Objective 1. To provide GREAT care in all services

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

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

Root causes:

a) Workforce supply and lack of capacity to deliver effective care across hotspot areas
b) Substantial increase in clinical demand in some services and COVID-19 related mental health surge
c) Changing demographics of population and substantial impacts of inequality
d) Intermittent lack of compliance with CQC standards specifically the safety domain
e) Lack of embedded outcome measures at service level
f) Known links between SMI and other co-morbidities, and increased risk factors in population including inequality/ intersectionality
g) Lack of compliance with physical healthcare monitoring in primary and secondary care
h) Restoration and recovery of access standards due to COVID-19 pandemic
i) New and emerging risks related to waves of COVID-19, excess deaths associated with winter, impact of substantial economic downturn
j) Increased safeguarding related investigations as a result of harm to our patients and their families related to the impact of lockdown
k) Lack of appropriate environment to support high quality care
l) Possible impact of EU Exit on medicines supply

BAF ref: 20_21 1a	**Director Lead**: Executive Director of Nursing/Medical Director	**Responsible Committee**: Quality and Safeguarding Committee

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

Key controls:

Preventative – Quality governance structures, teams and processes to identify quality related issues; mandatory training; 'Duty of Candour' processes; clinical audits and research; health and safety audits; risk assessments; physical health care screening and monitoring
Detective – Quality dashboard reporting; quality visit programme/virtual clinical service contact visits ; Incident, complaints and risk investigation; FSR compliance checks; mortality review process; physical health care monitoring clinics pilots; Safety check log; Monitoring of medicines supply (currently no impact from EU Exit)
Directive – Trust Strategy and commitments; Quality Improvement Strategy; Physical Health Care Strategy; Safeguarding Strategy; Suicide Reduction Strategy; Clinical strategies; Policies and procedures available via Trust intranet; CAS alerts; Clinical Sub Committees of the Quality Committee
Corrective – Board committee structures and processes ensuring escalation of quality issues; six monthly skill mix review; CQC action plans; learning from incidents, complaints and risks; actions following clinical and compliance audits; workforce issues escalation procedures; reporting to commissioners on compliance with quality standards; learning from other Trust experiences and national learning

Assurances on Controls (internal):		Positive assurances on Controls (external):			
Quality and Trust dashboard Scrutiny of Quality Account (pre-submission) by committees and governors Programme of physical healthcare and other clinical audits and associated plans		National enquiry into suicide and homicide NHLSA Scorecard demonstrating low levels of claims Safety Thermometer identifies positive position against national benchmark Mental Health Benchmarking data identifies higher than average qualified to unqualified staffing ratio on inpatient wards CQC comprehensive review 2020 trust is rated Good; two remaining core services rates as require improvement; Identified Trust fully compliant with NQB Learning from Deaths guidance. 2019/20 internal audits: Datix Risk Management; Data Security and Protection; Schedule 4/6 analysis and scrutiny by commissioners			
Key gaps in control:	**Key actions to close gaps in control:**	**Impact on risk to be measured by:**	**Expected completion date./(Action review date):**	**Summary of progress on action:**	**Action on track:**
Embedded learning from CQC regulatory actions, particularly in relation to improvement of training governance	Review operational governance of training compliance [ACTION OWNER: DPI] Develop and implement improvement plan to ensure sustained compliance with mandatory training [ACTION OWNER: DPI/COO]	Embedded compliance with mandatory training and compliance rates Lack of recurrence of common themes regarding training compliance	(31/03/2021)	Improvement plan reported to Quality and Safeguarding Committee Dec 20. Overall improvement, gap remains in relation to ILS training.	
Inability to complete physical health checks for patients whose consultations remain undertaken virtually	Improvement plan to be developed and implemented to ensure required physical health care checks are completed [ACTION OWNER: MD]	Compliance with physical healthcare checks	(31/03/2021)	Recent paper to QSC reported reducing levels of compliance. Plan to concentrate on early intervention, community adult and inpatient teams. Compliance reporting through integrated performance report to Board. Potential negative impact on 2021/22 investment if compliance doesn't improve. Quality improvement plan meeting arranged for Jan 21.	
Implementation of revised priority actions for 'Good Care' which	Redesign improvement plans to align to revised building blocks which support the	Compliance with suite of metrics and reporting schedule detailed in	(31/03/2021)	Overall, indicators are within agreed tolerance.	

support the trust strategy	Trust Strategy [ACTION OWNER: DON]	quality dashboard		Positive community survey results	
Insufficient investment in Community Forensic Rehabilitation Team	Significant investment (est. £1m+) required by CCG to meet demand as outlined in new national specification. [ACTION OWNER: DBI&T]	Agreed funding allocation	30/04/2021	The MHSDB agreed £800k FYE of investment into Community Forensic Services in 20/21 as Phase 2 of a 3 phase investment plan. Investment is now built into the 1st draft of the mental health system investment plan for 21/22. Will require confirmation in forthcoming planning process.	
Insufficient investment in autism assessment and treatment services to meet demand. No commissioned treatment service. Waiting time has increased over COVID- 19 period, exacerbated by underlying demand	Investment required by CCG to meet assessment and treatment demands. [ACTION OWNER: COO/DBI&T]	Agreed funding allocation	(31/03/2021)	Allocation for LTP is not scheduled until 2023/24. LTP access targets and DHCFT lead role targets are contained in an improvement plan and are monitored via the MHLD and Autism Board.	
Deterioration in performance against waiting time targets due to the impact of COVID-19	Continued monitoring and focus by the ethics cell of the IMT [ACTION OWNER: COO/MD/DON]	Monitoring of waiting list performance targets	(31/03/2021)	Safety standards remain in place for urgent referrals. Data modelling and assessment of impact of this current operating climate will be undertaken to enable operational teams to plan	
Six service areas assessed as 'Requires Improvement' by CQC in relation to safety	Develop and implement an improvement plan to enable all six service areas to reach 'Good' for safety in relation to the CQC standards [ACTION OWNER: DON]	CQC inspection and assessment	(31/03/2021)	Significant improvement in all services, training remains self-assessed as below 'good'	
Gap in operating standards for acute and community mental health services	Enhanced monitoring of acute and community mental health services by the Nursing and Quality Directorate [ACTION OWNER: DON] Implement Royal College of Psychiatrists	Improvement in operating standards compliance. To be confirmed by external CQC inspection and assessment of at least 'Good' Implemented Acute Inpatient	31/03/2021 (date tbc)	Increased performance management scrutiny and unannounced site visits have been undertaken with compliance checks Accreditation process	

	(RCP) Standards across Acute Services [ACTION OWNER MD/DON/COO] Implement 2019 Community Mental Health Framework [ACTION OWNER: DBI&T]	Mental Health Service Accreditation (RCP Standards) Implemented Mental Health Community Framework	 (31/03/2021)	remains paused due to COVID-19 1st draft plan to NHSE/I in Nov 20, final plan to be submitted Jan 21. Four engagement sessions held with staff Inc. TMAC. Cross system group in place to agree model and communication plans. Trust workforce planning group meeting Jan 21	
Implementation of clinical governance improvements with respect to: - Outcome measures - Clinical service reviews including reduction in excess waiting times - Getting it Right First Time (GIRFT) reviews - PSIRF implementation - CQUIN - NICE guidelines	Develop and implement an improvement plan to enable all governance improvement plans to be implemented [ACTION OWNERS MD/DON/COO/DBI&T]	Compliance with suite of metrics and reporting schedule	(31/03/2021)	Wave two of COVID has impacted on recovery and restoration of governance systems. Metrics and reporting schedule still to be planned. GIRFT review currently paused. No CQUIN's in 20/21 contract. PSIRF commenced 01/12/20. NICE guideline audits continue. Waiting time has increased with a number of service lines showing deterioration. This is to be expected in current operating climate.	

Related operational high/extreme risks:

Record ID	Service Line	Title	Risk: Summary of progress	Date of next review
3009	Learning Disabilities Services	Demand for ASD assessment Service far outstrips contracted activity	[11/01/2021] Current waiting list is 1071 - continues to be a significant wait for diagnosis and service has been unable to offer assessments at normal levels due to changing service demands related to COVID. Service was closed for 4 months in line with the first lock down. Online assessment affects assessment capacity and individuals who cannot use video/telephone appointments have an extended wait. Current situation with regards to COVID and current national lockdown means continued uncertainty as face to face appointments are limited to high risk, and some staff are redeployed for some of their working hours. Service has not been asked to close so is expecting to continue offering an online service with smaller capacity.	12/04/2021
21189	Management (Specialist Services)	Admission criteria to Eating Disorders Service	[18/09/2020] Request made to General manager to seek an update on the current progress of discussions with the CCG. Inequity of provision of the adult eating disorders service in Derbyshire compared to of the geographical areas.	31/03/2021
21586	Community Care Services (Older People)	Wait times breaching CCG contract	[10/11/2020] Due to the ongoing COVID19 pandemic, the clinics were stood down while staff redeployed to frontline services in March 2020. This has further impacted on waiting times, as MAS is slowly being restored staff are redeployed to ward so the waiting list has increased and demand for the service remains high.	31/03/2021
22154	Community Paediatrics Teams	ND Assessment Pathway - operational delivery & capacity risks	[16/02/2021] Project role established to provide oversight, analysis and planning. Some recovery commenced, in CAMHS. 2 weekly oversight meeting in Division. Some internal changes to NDMDM being made. In discussion with CCG re business case for investment, not finalised yet	30/04/2021
21739	Operational Services	Emergency Preparedness, Resilience and Response (EPRR) Risks within Derbyshire	[03/01/2021] The Trust is currently responding to the national COVID19 Pandemic, due to this and the ongoing nature of the incident; the risk has been increased to 20 (Extreme Risk). The implications of the incident have had a significant impact upon how we run our Trust. We have been required to pause services, redeploy staff into critical services and create a COVID Secure Environment for staff to work within. We have also lost two colleagues during this incident. The longevity of the incident has also caused a significant level of fatigue and work pressures due to decisions/actions taken at the beginning of the incident. Whilst we have utilised the major incident plan and the pandemic influenza plan there have been a number of actions identified to further prepare the Trust for future events of this scale.	31/03/2021

Strategic Objective 1. To provide GREAT care in all services

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

Impact: Low quality care environment specifically related to dormitory wards
Crowded staff environment and non-compliance with COVID secure workplace environments
Non-compliance with statutory care environments
Non-compliance with statutory health and safety requirements

Root causes:

a. Long term under investment in NHS capital projects and estate
b. Limited opportunity for Trust large scale capital investment
c. Increasing expectations in care and working environments
d. National capital funding restrictions for business as usual capital programme
e. Gaps in relation to the revised Premises Assurance Model (PAM)

BAF ref: 20_21 1b	**Director Lead**: Chief Operating Officer	**Responsible Committee**: Finance and Performance Committee

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

Key controls:

Preventative – Routine environmental assessments for statutory health and safety requirements; Environmental risk assessments reported through Datix; COVID secure workplace risk assessments;
Detective – Reporting progress against Premises Assurance Model (PAM) to ELT; IMT reporting against COVID secure workplace compliance
Directive – Capital Action Team role in scrutiny of capital projects; IMT Estates Cell implementing all relevant COVID secure guidance; COVID secure workplace policy and procedure
Corrective – Short term investment agreed to support key risk areas including provision of equipment to ensure COVID secure workplace environments

Assurances on Controls (internal):	Positive assurances on Controls (external):
- COVID secure workplace assessments - Health and Safety Audits - Premises Assurance Management System (PAMS) reporting providing updates on key priority areas	- Mental Health Capital Expenditure bidding process - External authorised reports for statutory health and safety requirements

Key gaps in control:	Key actions to close gaps in control:	Impact on risk to be measured by:	Expected completion date./(Action review date):	Progress against action:	Action on track:
Estates Strategy delivery recommendations may not fully take account of all COVID secure guidance.	Review of Estates Strategy delivery recommendations to ensure compliance with COVID secure guidance [ACTION OWNER COO]	Revised COVID compliant delivery recommendations	During 2021/22 financial year	Unable to review until 2021/22 financial year as strategy needs to be considered post COVID.	
Lack of adherence to emerging national guidance and policy requiring the elimination of mixed sex wards and dormitory style inpatient facilities.	Deliver a single room en-suite delivery plan and programme of work [ACTION OWNER COO]	Agreed programme of work with capital funding to support it	(31/03/2021)	Bids submitted, regular capital meetings with NHSE/I. Awaiting confirmation of draw down funding to continue to develop business cases. Programme Board and Programme Director in place. Architect, programme manager and cost advisor commissioned to prepare designs and costings for two new builds.	
Lack of an accessible Derbyshire wide Psychiatric Intensive Care Unit (PICU)	Take forward approved outline business case as part of delivery of single room en-suite plan [ACTION OWNER COO]	Agreed programme of work with capital funding to support it	(31/03/2021)	Progress as above. Further discussion taking place to 'decouple' PICU from new build so work can commence. Paper to Board planned for Jan 21.	
Lack of assurance on full cycle of governance for estate compliance with statutory legislation	Premises Assurance Model (PAM) assessment to be completed [ACTION OWNER COO] Review of current estates and facilities governance structures [ACTION OWNER COO]	Completed self-assessment reported into Finance and Performance Committee Governance structure in place	31/03/2021 31/03/2021	PAM assessment underway, to review Jan 21 Internal governance structure in place and meeting monthly. Management audit to be undertaken by internal auditors Q4 20/21.	

Related operational high/extreme risks:

Record ID	Service Line	Title	Risk: Summary of progress	Date of next review
22109	Estates & Facilities Management	Failure to maintain Systems and Equipment at the Hartington unit	[05/11/2020] Evidence of request provided to AD Estates and Facilities who is investigating. On-going.	31/03/2021
21467	Acute Inpatient Services (Older People)	Workplace Health, Safety and Welfare-DRRT overcrowded office space	[12/10/2020] Continuing to use CMHT space to allow for us to fit safely in an office as per Covid restrictions/guidance. Project to move accommodation continues but no moving date yet.	31/03/2021
21783	Estates & Facilities Management	Fire Door Inspection Programme & Required PPM	[05/11/2020] Works on-going. Capital & revenue funds have now been made available. Contractor to visit site in November to quote for remedial works as per H&S audit. Head of Estates and Facilities aware.	31/03/2021

Strategic Objective 1. To provide GREAT care in all services

Principal risk: There is a risk that the Trust fails to maintain continuity of access to information to support effective patient care

Impact: Inability of staff to access patient records from the right place at the right time

Root causes:

a. Transfer to new electronic patient record provider
b. Inefficient access to clinical information in current system
c. Interoperability of systems with partner organisations
d. Current significant number of forms and processes resulting in issues regarding the consistency of recording of information

BAF ref: 20_21 1c	**Director Lead**: Director of Business Improvement and Transformation	**Responsible Committee**: Finance and Performance Committee

Inherent risk rating:			**Current risk rating:**				Target risk rating:			Risk appetite:		
Rating	Likelihood	Impact	Rating	Likelihood	Impact	Direction	Rating	Likelihood	Impact	Accepted	Tolerated	Not accepted
MODERATE	3	4	MODERATE	3	4	⟺	LOW	2	3			

Key controls:

Preventative – Local Implementation Groups (LIG) and overarching Clinical Design Authority (CDA) ensuring all forms and processes have been rigorously tested and signed off by representatives of the clinical services
Detective – NED Board member on OnEPR Programme Delivery Board (PDB) providing project expertise and direct link to Board
Directive – OnEPR PDB governance oversight with respect to delivery of the new EPR with secured expert and experienced third party provider; Fully resourced project management team within the third party provider and DHCFT; Reporting on progress to Finance and Performance Committee and fortnightly updates to ELT; rapid escalation of issues to ELT;
Corrective – Phased approach to delivery (four phases over 18 month project delivery plan); 'Go/No Go' rationale agreed and measures for decision making, ahead of each delivery phase. Weekly 'Go/No Go' meeting in 10 week run up to 'Go Live' date for each phase of implementation

Assurances on Controls (internal):	Positive assurances on Controls (external):
- Weekly project update report and wider project progress report highlighting current position against delivery plan	-

Key gaps in control:	Key actions to close gaps in control:	Impact on risk to be measured by:	Expected completion date./(Action review date):	Progress against action:	Action on track:
Capacity within the IM&T Team to support programme delivery to the level required by the	Identify and agree priorities and release of staff [ACTION OWNER: COO]	Compliance with the agreed resource plan for the project	31/03/2021	Revised resourcing plan for Jan 21 agreed, ahead of Phase 2 roll out	

project plan					
Maintenance of staff well-being (in particular IM&T and Channel 3 staff) during final implementation of each delivery Phase	Build in plans and expectations of working arrangements for IM&T and Channel 3 staff from Phase 2 implementation onward [ACTION OWNER: DBI&T]	Feedback from staff	31/03/2021	Pace of project had negative impact on the well-being of staff during Phase 1 implementation. Lessons learnt and plans in place with respect to Phase 2 roll out.	
Maintaining level of engagement with clinicians throughout the project	Maintaining the commitment to protect clinical time within the programme. [ACTION OWNER: MD/DON] Continued communication as to how staff can be involved and on decisions being made [ACTION OWNER: DBI&T]	Monitoring of attendance at the LIG and CDA Feedback from clinical staff during project delivery	Ongoing Monthly	Continued significant clinical and local ownership Issues reported by exception to OnEPR Programme Delivery Board	
Adherence to the project delivery plan due to unforeseen circumstances	Close monitoring of the project risk register and issues log/regular updates with potential to adjust phasing of 'go live' decisions for each phase [ACTION OWNER: COO]	Adherence to the project delivery plan, which includes a range of clear measurable criteria against key milestones.	(31/03/2021)	Phase 1 completed. Phase 2 plan in place for older adult inpatient and community teams. Plan to 'Go Live' 01/03/2021.	
Ability for new EPR to meet operational and assurance reporting requirements	Diagnostic project to be undertaken to identify which current reports can be replaced, removed or replicated. [ACTION OWNER: COO]	Delivery of required operational and assurance reports	Completed	Weekly and monthly updates in place. Phase 1 Go Live completed.	

Strategic Objective 2. To be a GREAT place to work

Principal risk: There is a risk that we do not create a healthy vibrant culture and conditions to make DHCFT a place where people want to work, thrive and to grow their careers

Impact: Risk to the delivery of high quality clinical care
Inability to deliver transformational change
Exceeding of budgets allocated for temporary staff
Loss of income

Root causes:

a. National shortage of key occupations and registered professions
b. Future commissions of key posts insufficient for current and expected demand
c. Sufficient funding to deliver alternative workforce solutions
d. Retention of staff in some key areas
e. Overdependence on registered professions
f. Impact of COVID-19 pandemic
g. Increase in mental health demand and associated funding
h. Increase in use of technology
i. Person centred culture not yet fully embedded

BAF ref: 20_21 2a	**Director Lead**: Jaki Lowe, Director of People and Inclusion	**Responsible Committee**: People and Culture Committee

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

Key controls:

Preventative –Workforce Plan covering wide range of recruitment channels including targeted campaigns, refreshed 'Work For Us' internet page, leadership development, new role and skill mix changes, leadership development programme, increased well-being support.
Detective – Performance report identifying specific hotspots and interventions to increase recruitment and retention, Freedom to Speak Up Guardian role, Peoples Services Leadership Team meeting to oversee delivery of the People agenda
Directive – Wellbeing Strategy, infrastructure and programmes to support staff health and wellbeing. Workforce plan to grow and develop the workforce. People and Culture Committee governance sub structure from Feb 2021 (four groups) to focus on delivery against the 'Great Place to Work' elements of the Trust Strategy.
Corrective – Leadership and Management Strategy and development programmes to build inclusive and engaging leadership and management. Leadership Programme Launch – Core Leaders. Joint working between DHCFT and DHCS Directors.

Assurances on Controls (internal):	Positive assurances on Controls (external):
Bi Monthly People Performance Report to Executive Leadership Team and People and Culture Committee, includes recruitment tracker and deep dives Workforce Supply Hot Spot report to People and Culture Committee ELT rolling programme of deep dives of strategic building blocks	Significant improvement in levels of engagement and feedback from 2019 staff survey Internal Pulse Checks. External People Pulse Check Latest CQC visit identified improved employee relations and staff

STP People and Culture Board overseeing workforce supply			engagement Safe staffing reports and CHPPD reporting (planned v's actual staff) WRES, WDES and Gender pay gap reporting Internal Audit: Freedom to Speak Up (limited assurance); Freedom To Speak Up Index		
Key gaps in control:	**Key actions to close gaps in control:**	**Impact on risk to be measured by:**	**Expected completion date./(Action review date):**	**Progress against action:**	**Action on track:**
Effective recruitment and retention plan to all posts	Review of Recruitment Strategy [ACTON OWNER:DPI]	Vacancy rates Diversity in appointments	Deferred to 2021/22	Recruitment campaign available via Trust website and on social media. Review of Recruitment Strategy deferred to 2021/22, due to impact of COVID-19 pandemic	
Time taken to recruit to new and vacant posts	Review weekly recruitment activity in IM&T and by Peoples Services leadership team [ACTON OWNER:DPI] Review of recruitment activity and timelines by People and Culture Committee [ACTON OWNER:DPI]		Completed Completed	IMT review in place. Peoples Services leadership team review in place Presented to People and Culture Committee Nov 2020	
Embedded flexible workforce arrangements in place	Implementing the learning from flexible working arrangement in response to the COVID-19 pandemic, i.e. home working, redeployment [ACTON OWNER:DPI] Review of policies/processes and contracts of employment to embed flexible working [ACTON OWNER:DPI]	Sickness absence rate. Staff survey responses Pulse and people pulse check responses % of people working on flexible contracts with respect to hours and location.	31/03/2021	Flexible working already in place as a result of COVID-19 with many people working from home. Continuing to review and adapt response as learning continues. Flexible working policies and contracts in process of being reviewed	
Fully embedded person centred culture of leadership and management	Review of policies and processes to support a person centred approach to leadership and management [ACTON OWNER:DPI] Review of leadership development offer	Reduced number of formal staff relations issues/cases	31/03/2021	"People First - Supporting colleagues fairly through workplace situations" model developed. Presentation and training plan in progress to support delivery. Approved	

	[ACTON OWNER:DPI]			proposal with 'Above Difference' to review cultural intelligence. Disciplinary and incident polices reviewed in line with approach.	
Development of a funded Workforce Plan that delivers on new role development	Develop and implement 2020/21 of the Workforce Delivery Plan [ACTON OWNER:DPI]	Vacancy rate of registered posts. No of new roles in place	(31/03/2021)	Review of Plan postponed, due to impact of COVID-19 pandemic. To be undertaken during Jan/Feb 21, aligned to new transformation projects underway.	
People services shaped to deliver against future needs of the organisation	Review of Peoples Services model and plans [ACTON OWNER:DPI] Identify resources required to shape culture locally [ACTON OWNER:DPI] Develop performance framework to support delivery of revised model [ACTON OWNER:DPI]	Implemented performance framework	31/03/2021 Deferred to 2021/22	Statement on joint venture way forward from DHCFT and DCHS Directors to be presented to both Boards by March 2021.	
Consolidate health and wellbeing provision and infrastructure, ensuring learning from COVID-19 pandemic is incorporated	Align well-being offer to local STP and national offers [ACTON OWNER:DPI] Publish well-being offer via new intranet pages and through social media. Roll out of health and wellbeing plans for all staff [ACTON OWNER:DPI] Review management of change policy to incorporate health and well-being discussions. Similar review of appraisal policy and processes [ACTON OWNER:DPI] Review Occupational Health contract [ACTON OWNER:DPI]	Maintain sickness absence rates to below 5% or below Reduction in sickness absence as a result of anxiety and stress % uptake of health and well- being plans. % uptake of health risk assessments Revised Occupational Health delivery model based on needs of DHCFT	Completed Completed Completed 31/03/2021 Completed	Strong management of sickness absence in place. Daily monitoring of figures by IMT Local, regional and national offer published via daily Winter Well-being Campaign communication Health risk assessments in place. Good uptake. Health and well-being question in all appraisals Review of management of change policy underway. Occupational Health have revised and improved their service offer. Paper outlining	

	Roll out of flu vaccination plan for autumn 2020 and any subsequent COVID-19 vaccine [ACTON OWNER:DPI/DON]	Increased uptake of staff flu vaccination to 90% by 30/11/2020 Roll out of COVID-19 vaccine in line with national guidance	Completed As per guidance	changes to PCC Jan 21 Flu vaccination rate at 82% (Jan 21). Strong uptake. COVID-19 vaccinations underway	
Training compliance in key areas below target set by the Trust	Recovery plan to be implemented. Mandatory training to be rostered. [ACTION OWNER: DPI/COO]	% compliance with mandatory training. Forward planning for training compliance	31/03/2021	Recovery plan in place. Forward plans to include rostering of training to be developed. Significant impact of COVID-19 on release of staff	
Evidence of safer staffing levels of suitably qualified staff	Compliance with NHSI Workforce Safeguards requirements [ACTION OWNER DPI]	Full compliance with safer staffing levels in line with the NHSI Workforce Safeguards	31/03/2021	Plan to be presented to PCC Jan 21	

Related operational high/extreme risks:

Record ID	Service Line	Title	Risk: Summary of progress	Date of next review
21222	Peoples Services	Compliance - Resus Training(ILS & BLS)	[06/07/2020] APBLS was paused over the COVID pandemic initial months resulting in only APBLS for new inductees occurring. From 7th of July 2020 all APBLS session are open for staff to book onto. In March service areas were asked to send the names of staff to book onto APBLS. Not all service areas replied. For those who did a place has been secured, although in light of social distancing, places have been reduced to enable this to occur. During the COVID pandemic, ILS has continued to be delivered, although those allowed to attend has been restricted due to social distancing. The resuscitation lead and people development lead highlighted that some medical staff potential were allocated the incorrect level of resuscitation, i.e. ILS rather than APBLS. Awaiting an update from deputy medical director to support this. Once completed ESR will be amended to reflect the level.	31/03/2021
21510		Delivery of Positive and Safe and Training Compliance	[01/10/2020] The team JD has been agreed and to be advertised. It is anticipated to have the team fully inducted by March 2020, should the positions be appointed to in the first scheduled interviews. Currently the two trainers are being supported by a fixed term contract until March 2021 and during this time each positive and safe update is accommodating 15 learners and this is why an external venue is being used to safely maximise within social distancing rules the number which the team can accommodate. But there needs to be 100 % attendance to ensure that the compliance begins to be achieved. This has been raised to ELT. Each ward manager has been contacted to inform of the new method of delivery and liaising is constant to ensure all staff are gaining a place on Positive and Safe.	31/03/2021
1569	Community Care Services - County South	Work related stress	[14/10/2020 Progress on improving the environment is on hold due to the coronavirus situation. H&S Team supporting escalation. Staff are reporting a far higher level of work-related stress due to the imposed restrictions currently and the uncertainty over future plans. Many staff are having to try to work in unsuitable environments away from the workplace which are causing additional stress and which are often out of our control as an organisation.	31/03/2021
2772	Child and Adolescent Mental Health Services (CAMHS)	Insufficient resources CAMHS workforce	[02/11/2020] Recruitment to consultant vacancy remains challenging, long term agency cover for 2.6 wte. vacancies. NMP trainee has now completed the course. NMP post out to recruitment. Consultant group offering a mixture of remote and FTF working during the pandemic using attend anywhere and telephone to support assessments and reviews.	31/03/2021

22266	Universal 0-19 Services- Enhance HV Team	Staffing	[18/12/2020] Current staffing levels have decreased further. two members are now off sick and one member of staff has handed her notice in. Workload is being managed by stopping further referrals into the service and placing these back within universal services for the HV staff to offer a form of enhanced service. Any PBV or meetings that need cover are being sent out to the universal service for cover	31/03/2021
22365	Community Care Services - County North	Medic Cover	[09/02/2021] Ongoing discussions about increased short term resource to manage the service gaps and large caseloads. Agency request approved and currently trying to fill Post out to advert for permanent recruitment.	01/04/2021

Strategic Objective 2. To be a GREAT place to work

Principal risk: There is a risk of continued inequalities affecting health and well-being of both staff and local communities

Impact: Risk to the delivery of high quality clinical care
Inability to attract, recruit and retain a motivated and diverse workforce
Risk to the health and wellbeing of our staff
Risk to patients and communities having access to the right services
Escalation in formal cases impacting on individuals and teams
Reduced confidence by our communities in our Trust

Root causes:

a. Commissioning of services does not meet the need of diverse communities
b. Change management and transformation programmes lead to deterioration in experience
c. Processes and policies have inbuilt bias
d. Processes for advocacy and raising issues not clear or dealt with well
e. Gaps in cultural competence of leaders and managers

BAF ref: 20_21 2b	**Director Lead**: Jaki Lowe, Director of People and Inclusion	**Responsible Committee**: Trust Board

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

Key controls:

Preventative – Freedom to Speak Up Guardian (FTSU) self-assessment and 6 monthly reports; annual review of people development plan commissioned through People Services; provision of information through induction processes for new staff; staff engagement sessions; Recruitment Action Steering Group meeting fortnightly; supported Networks for diverse staff groups and allies; Health and Well-being Network;
Detective – Weekly recruitment report to IMT; Fortnightly performance report to ELT; monthly performance report to Board; Reverse Commissioning Project Group; Reverse Commissioning Steering Group; Equality Forum; Attendance management monitoring; Take up of Reasonable Adjustment Passports; Updating of ESR regarding disability and long term conditions;
Directive – People Strategy; Inclusion strategy; Joined Up Care Derbyshire People Strategy;
Corrective – Leadership and management development strategy ensuring inclusion is at the heart of all development; Exit interview feedback

Assurances on Controls (internal):	Positive assurances on Controls (external):
Executive Leadership Team rolling programme of deep dives on strategic building blocks	Gender Pay Gap annual assessment and report; Assessment and report annually for EDS2 WRES and WDES annual report

Key gaps in control:	Key actions to close gaps in control:	Impact on risk to be measured by:	Expected completion date./(Action review date):	Progress against action:	Action on track:
Refresh and expand People Strategy to include inclusion, engagement and communication	Establish approach for refreshing and expanding the strategy Establish a steering group to oversee refresh of the strategy Complete review of cultural intelligence Refreshed strategy completed Launch events for the People Strategy [ACTION OWNER FOR ABOVE: DPI]	Improved position regarding staff motivation in Staff Survey Freedom to Speak Up Index Positive Pulse Check Positive Inclusion Recruitment report Positive Family and Friends Test % of exit interviews completed Metrics within the employee relations report	Completed 31/05/2021 31/08/2021 Sept/Oct 21 onward	Review of cultural intelligence approach agreed. Initial diagnostic element to be followed by organisation wide process. Resulting data will provide basis for developing the strategy. Dashboard being developed for PCC focused on cross cutting themes from hotspot areas (i.e. FTSU, WRES, WDES. First draft considered Nov 20, final version to PCC Jan 21	
Refresh and expand engagement plans. Include lessons learnt from response to COVID pandemic	Establish approach for refreshing and expanding the engagement plans Establish a group to oversee refresh of the engagement plan Refresh 12 month engagement plan [ACTION OWNER FOR ABOVE: DPI]	Improved Staff survey results Positive Family and Friends Test Positive Pulse Check	Completed Completed 31/12/2021	Engagement plan for next 12 months underway. Awaiting results of staff survey, response rate positive at 60.1%	
Gaps in the cultural competence of leaders and managers resulting in staff reporting being disadvantaged due to their protected characteristics	Diagnostic exercise to identify gaps around culture and identify how to build on current approaches Roll out of cultural competence training to equip leaders and managers to be able to lead and support staff and provide the best experience for service users [ACTION OWNER: DPI] BAME and health risk assessments offered for staff [ACTION OWNER: DPI]	Metrics within the employee relations report Metrics within the Freedom to Speak Up report Annual publication of Workforce Race Equality Standard data, identifying an improved position Live WRES monitoring to ensure consistent capture and monitoring of data	31/03/2021	BAME risk assessments offer completed. Health risk assessments nearing completion.	

Key gaps in assurance:	Key actions to close gaps in assurances:	Impact on risk to be measured by:	Expected completion date./(Action review date):	Progress against action:	Action on track:
Unequal experience of people with protected characteristics through recruitment process	Review of recruitment strategy and plans [ACTION OWNER: DPI]	Improved BME recruitment process outcomes	31/3/2021	**In process of agreeing recruitment pilot for cultural intelligence across Derbyshire health system. DHCFT leading approach.**	

Strategic Objective 3. To make BEST use of our money

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

Impact: Trust becomes financially unsustainable

Root causes:

a) Financial detriment (revenue, cash and/or capital) resulting from large capital development programme, in particular dormitory eradication and patient record investment
b) Organisational financial detriment created by commissioning decisions or wider 'system-first' decisions including enactment of risk-sharing agreement in partnership arrangements or changes in NHS financial arrangements during and beyond the pandemic
c) Non-delivery of expected financial benefits from transformational activity
d) Non-delivery of standard financial efficiency requirements
e) Lack of sufficient cash and working capital
f) Loss due to material fraud or criminal activity
g) Unexpected income loss or non-receipt of expected transformation income (e.g. LTP and MHIS) without removal of associated costs
h) Costs to deliver services exceed the Trust financial resources available, including contingency reserves.

BAF ref: 20_21 3a	**Director Lead**: Claire Wright, Executive Director of Finance	**Responsible Committee**: Finance and Performance Committee

Inherent risk rating:			**Current risk rating:**				Target risk rating:			Risk appetite:		
Rating	Likelihood	Impact	Rating	Likelihood	Impact	Direction	Rating	Likelihood	Impact	Accepted	Tolerated	Not accepted
EXTREME	4	5	HIGH	3	5	↓	MODERATE	2	5			

Key controls:

Preventative – Multi-disciplinary development of financial plans for new programmes of work. System sign-off and appropriate governance arrangements for new programmes of work: Budget training, segregation of duties, management of commissioning risk through system engagement and leadership, mandatory counterfraud training and annual counterfraud work programme: Enhanced cash management and forecasting aligned to large capital and transformational programmes
Detective – Risk logs and programme-reporting (capital/transformation) informs ongoing financial risk assessment: Audits (internal, external and in-house); Scrutiny of financial delivery, bank reconciliations; Continuous improvement including CIP planning and delivery; Contract performance, Local counterfraud scrutiny.
Directive – Business plans and templates set out clear financial plans and assumptions: Standing financial instructions; budget control, delegated limits, recruitment approval processes; Business case approval process; Invest to save/Quality Improvement methodology and protocol- Plan Do Study Act. Risk and gain share agreements.
Corrective – Risk mitigation activity and oversight at ICS system/other partnership level. Proactive reporting and forecasting of capital and wider transformation programme progress enabling remedial activity to take effect. General corrective management action; Use of contingency reserve; Disaster recovery plan implementation; Performance reviews and associated support/ in-reach.

Assurances on Controls (internal):	Positive assurances on Controls (external):
- Appropriate monitoring and reporting of financial delivery – Trust overall and programme-specific including 'Use of Resources' reporting updates - Assurance levels gained at Finance and Performance Committee	- Internal Audits– Financial integrity and key financial systems audits - External Audits – strong record of high quality statutory reporting with unqualified opinion

- Delivery of Counterfraud and audit work programme with completed and embedded actions for all recommendations - Independent assurance via internal auditors, external auditors and counterfraud specialist that the figures reported are valid and systems and processes for financial governance are adequate	- NHSI Finance Rating Metrics – shows good performance - National Fraud Initiative – no areas of concern - Local Counterfraud work – Referrals show good counterfraud awareness and reporting in Trust and no material losses have been incurred. Green rated CounterFraud Risk rating for 'Self Review Tool' Information Toolkit rating – evidencing strong cyber risk management (ref fraud/criminal financial risk)

Key gaps in control:	Key actions to close gaps in control:	Impact on risk to be measured by:	Expected completion date./(Action review date):	Progress against action:	Action on track:
'Best Value' building block - Use of resources priorities not yet achieved 1. Increase wellbeing and reduction in sickness absence 2. Inclusive leadership/retention 3. Deliver e roster and e job planning 4. Eliminate out of area placements 5. Optimise digital technology 6. Medicines optimisation and e prescribing 7. Streamline access to services 8. Optimise use of estate 9. Consider size and function of corporate services 10. Improve administration and communication	Delivery of 'Use of Resources (UoR)' Top Ten priorities along with other transformation programme (as informed by the lessons learned cell) [ACTION OWNERS: DOF/DPI/MD]	Improvement in UOR related metrics as reported to - Board - Finance and Performance Committee People and Culture committee	Timeframe for UoR reporting has been impacted by Covid-19. Will now be in new year because of breadth of impact of Covid on the priority areas	Sickness levels adversely impacted due to COVID-19 pandemic Leadership development adversely impacted due to COVID-19 pandemic E roster – specific programme changes are on hold Out of area placements – linked to eradication of dormitory accommodation and Covid secure environment. Bids for new build and placement continuity are progressing Digital – Attend Anywhere in place, MS Teams in place - rapid digital transformation achieved during COVID-19 Medicine optimisation ongoing, E prescribing part of OnEPR Access – lessons learned/business as usual. Waiting lists impacted by Covid Estate – Impacted by: social distancing requirements, remote working and home working, dorms eradication work Corporate services – some STP work (e.g. payroll) Admin and communications – engagement and communications – are of high focus and success	

'Best Value' building block - delivery of planned benefits of specific change programmes	Delivery of planned benefits realisation for change programmes in particular: - Dormitory eradication programme - Delivery of OnEPR programme - Delivery of enhanced E-Roster and e job planning - Delivery of planned MHIS/LTP service changes [ACTION OWNERS: DOF/COO]	Achievement of planned benefits of change programmes as reported to Programme Boards and Finance and Performance Committee at key milestone points (and by exception)	Most are Multi-year and not all set out yet (quarterly – tbc)	- OnEPR is on track (see separate BAF risk). Measurables: expected benefits to be reported to Jan 21 F&P Committee - Dormitory eradication - Updates to Board include identification of measurable critical success factors - E roster is in place but changes were not enacted and consultation to be revisited. On hold - E job planning has re-commenced, agreed completion by 31/12/2021 - MHIS and LTP recruitment is proceeding at risk. MHIS funding for 20/21 secured LTP recruitment at risk	
Changing and unknown future NHS financial arrangements during and after pandemic National clarity needed Local / system clarity needed on financial arrangements including the mechanics for allocation of system financial envelopes and any risk share/gain (where applicable)	Assimilation of new guidance when received System Financial Oversight and Planning [ACTION OWNERS: DOF]	Agreed financial arrangements being enacted and achievement of planned financial outturns as measured by reporting	M9	System DoF and Deputies are working to M7-12 guidance. Financial allocations have been agreed within the system. System finance reporting is underway and Deputy DOF peer review working well to deliver system financial oversight and planning. Also considering the 'run rates' into 21/22. New guidance for ICS and financial framework is expected in new calendar year	

Strategic Objective 3. To make BEST use of our money

Principal risk: There is a risk that learning from the response to the COVID-19 outbreak, and transformation plans developed prior, does not lead to sustainable embedded transformation

Impact: Improvements in the quality of care, working lives and service efficiencies are lost

Root causes:

a) Impact of the COVID-19 pandemic and adherence to directives including COVID secure environments
b) Increased use of clinical consultations and interventions using virtual technology in response to COVID-19
c) Increased use of videoconferencing for clinical and corporate meetings in response to COVID-19
d) Closer relationships between community teams and inpatient services developed as a result of working within COVID-19 guidance
e) Less miles travelled miles on trust business due to greater use of virtual technology and videoconferencing
f) Flexible working arrangements for colleagues increased in response to COVID-19
g) Understanding of factors which have led to the reduction in sickness and absence of colleagues
h) Historical reliance on staff based in trust estate
i) Limited team autonomy to make local improvements at pace

BAF ref:	**Director Lead**: Gareth Harry, Director of Business Improvement and Transformation	**Responsible Committee**: Finance and Performance Committee
19_20 3b		

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

Key controls:

Preventative – Adherence to national and local guidance in relation to responding to the COVID-19 pandemic
Detective – Lessons Learnt Cell of the Incident Management Team; EQUAL Forum; Regular reporting to Finance and Performance Committee on pipe line to include future transformation; Home Working and COVID Secure policies and procedures
Directive – Estates Cell of the Incident Management Team has established principles for home working and estates optimisation; Quality Improvement Strategy; Clinical Strategies
Corrective - Fortnightly System Restoration Cell focused on joint plans; restoration plans in line with Phase 3 national planning; Evidence of local improvements at team level i.e. risk stratification of caseloads, discharge processes

Assurances on Controls (internal):	Positive assurances on Controls (external):
- Regular reporting of impact of measures taken to IMT	- Patient Surveys for patients with learning disabilities and SMI conducted by HealthWatch

Key gaps in control:	Key actions to close gaps in control:	Impact on risk to be measured by:	Expected completion date./(Action review date):	Progress against action:	Action on track:
Implementation of the Estates Strategy in relation to community and corporate estate	Conduct estates optimisation work for community and corporate services [ACTION OWNER: COO]	Less corporate estate	(31/03/2021)	Maintenance of home working arrangements and introduction of Home Working Policy, enabled movement of corporate teams out and clinical teams in to Albany and Kingsway House to support staff to be able to work in COVID secure environments	
Embedding of current ways of working in a post COVID environment	Maintain directives on virtual meetings and non-patient facing activities to support new ways of working [ACTION OWNER: DBI&T]	Less miles travelled on trust business compared to a pre COVID baselines More hours working from home compared to a pre COVID baselines	(31/03/2021)	Organisation is operating under COVID secure guidelines	
Consistency of application with respect to use of videoconferencing software for patient consultations vs face to face in person consultations	Agreed protocol for when face to face in person appointments are necessary for patient safety with the understanding all other contacts would be via video or phone [ACTION OWNER: DON/MD]	% use of video/phone contacts with patients in line with the agreed protocol	(31/03/2021)	Protocol for assessing patients remotely or face to face in place. % of video contacts continues to increase, reported via All Staff communications. Phone contact remains dominant form of contact with patients. IMT cell to consider if use of video contacts be encouraged above use f phone contact.	
Learning from COVID-19 pandemic outbreak against available self-assessments	Undertake self-assessment using recommended rating tools , and review learning from staff feedback [ACTION OWNER: COO]	Positive staff feedback on learning from COVID-19. Completed actions identified through self-assessment	(31/03/2021)	Live staff engagement sessions continued throughout pandemic. Learning the Lessons surveys/focus groups undertaken, reported to Board members. Self-assessment underway	
Implemented clinical strategies and quality improvement strategies and sign off all actions	Refresh quality improvement strategy and implementation plan. [ACTION OWNER: DBI&T]	Increase in no of people trained and supported to undertake QI actions at a local team level	(31/03/2021)	Paused due to managerial capacity, to recommence with new Deputy Directors (Nursing and Governance) in post. New Quality Improvement Strategy planned for May/June 21.	

	Build in prioritised actions from clinical improvement strategies into divisional business plans	Delivery against the divisional business plans	(30/04/2021)	Planning sessions with divisions/teams postponed due to focus on COVID response.	

Risk Rating:

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

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

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

Action progress:

The colour ratings are based on the following descriptors.

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

Action owners:

CEO	Chief Executive Officer	COO	Chief Operating Officer
DOF	Deputy Chief Executive and Executive Director of Finance	DON	Director of Nursing and Patient Experience
MD	Medical Director	DPI	Director of People and Inclusion
DBI&T	Director of Business Improvement and Transformation		

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 2 March 2021

Freedom to Speak Up Guardian (FTSUG) – half yearly report

Purpose of Report

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

Executive Summary

This report sets out the number and types of cases and concerns raised in the last six months with the FTSUG. Total case numbers seen in this report to Board (July to December 2020) are slightly lower than case numbers seen in the previous report to Board (January to June 2020).

Emerging, or ongoing, themes include:

- **COVID-19 related staff safety and wellbeing theme:** 29% of all concerns in Q2 and Q3 2020/21 related to the coronavirus pandemic and staff safety and wellbeing. Workers spoke up about redeployment, PPE regulations, cross infection, working from home, the safety of, and risk to, others in the home and risks to Black, Asian and Minority Ethnic (BAME) staff.

- **Staff safety and wellbeing theme:** Workers referenced concerns around their safety in Acute Adult Care settings.

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

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

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

Risks and Assurances

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

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

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

Consultation – Executive Leadership Team.

Governance or Legal Issues

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

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:

- Equality responses are threaded through the report including reference to BAME staff safety and wellbeing during the pandemic and accessibility concerns for staff using car parking spaces.

Recommendations

The Board of Directors is requested to:

1. Support the current mechanisms and activities in place for raising awareness of the FTSU agenda.
2. Discuss the report and determine whether it sufficiently assures the Board of the Freedom to Speak Up agenda at the Trust and that the proposals made by the Freedom to Speak Up Guardian promote a culture of open and honest communication to support staff to speak up.
3. Support the roll out of the Speak Up, Listen Up, Follow Up National Guardian's e-learning programme across the Trust at an appropriate time.

Report presented by: **Tamera Howard, Freedom to Speak Up Guardian**
Report prepared by: **Tamera Howard, FTSUG and Justine Fitzjohn, Trust Secretary**

Freedom to Speak Up Report

1. Introduction

1.1 The Freedom to Speak Up Guardian (FTSUG) is part of a culture of speaking up and acts to enable cultures where patient safety concerns are identified and addressed at an early stage.

1.2 Freedom to Speak Up has three components: improving and protecting patient safety, improving and supporting worker experience and visibly promoting learning cultures that embrace continual development.

1.3 The Care Quality Commission assesses a Trust's speaking up culture under the Well-Led domain of its inspections.

1.4 The report covers Quarters 2 and 3 (July to September) of 2020/21. Reporting to Board is on a six-monthly basis.

2. Aim

2.1 This report aims to provide the Board with:

- Information on the number of cases being dealt with by the FTSUG and themes identified from July to December 2020.
- Information on what the Trust has learnt and what improvements have been made because of workers speaking up.
- Actions taken to improve FTSU culture in the Trust, including progress in the promotion of the FTSUG role and addressing barriers to speaking up.
- Updates from the National Guardians Office (NGO).
- Key recommendations to Board.

3. Summary of concerns raised

3.1 Concerns are categorised in accordance with NGO guidance. The NGO requires concerns relating to Patient Safety, Bullying and Harassment, Public Interest Disclosure Act (PIDA) concerns, anonymous concerns and those suffering detriment as a result of speaking up to be recorded.

3.2 Table 1 shows that the FTSUG has had a similar number of cases (individuals) approaching in Q2 (38 cases) in comparison to Q3 2020/21 (34 cases). This represented an increase on Q1 (26 cases) and a decrease in relation to Q4 2019/20 (73 cases). Cases have dramatically increased in Q4 of 2020/21 with 44 cases recorded by early February 2021.

Table 1: FTSU Data Q2 and Q3 2020/2021

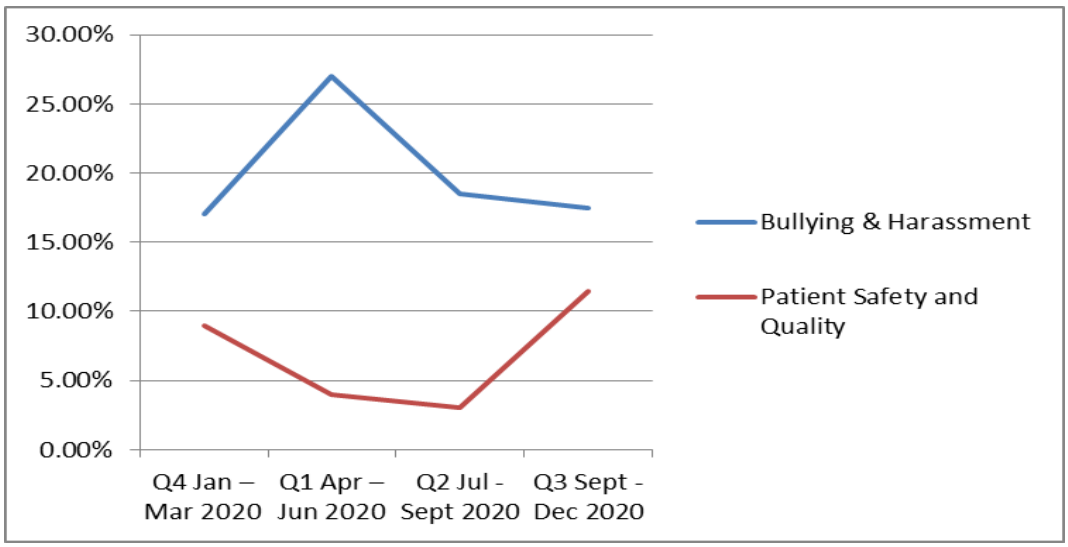
Types of Concerns	Q2 Jul - Sep 2020/21	Q3 Sep - Dec 2020/21
Attitude & Behaviours	17	9
Culture	12	7
Policy, Process and Procedure	15	18
Health and Safety	3	0
Staff Safety and wellbeing	8	14
Bullying & Harassment (NGO/PIDA)	**7**	**6**
Patient Safety and Quality (NGO/PIDA)	**1**	**4**
Availability of Management	2	0
Performance Issues	0	2
Fraud or Criminal Offence (PIDA)	**1**	**0**
Total Cases reported to FTSUG*	**38**	**34**
Public Interest Disclosure Act (PIDA) concerns	9	10
Reportable to NGO: Bullying and Harassment / Patient Safety	8	10
Anonymous / Other	4	10
Person indicates suffering a detriment as a result of speaking up	0	1
Number of cases that have received feedback	34	24

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

3.3 Patient safety and quality: During Q2 and Q3, patient safety concerns were limited to 7% of cases. Patient safety concerns are directed to the Director of Nursing and Patient Experience and/or to the Medical Director. Nationally they remain relatively low for Mental Health, Community and Learning Disability Trusts. Patient Safety cases have risen slightly towards the end of 2020 (Q3 2020/21). See Figure 1.

3.4 Bullying and Harassment: Perceived bullying and harassment concerns represented 18% of cases raised in Q2 and Q3 (2020/21). This is a reduction on 22% raised in Q4 (2019/20) and Q1 (2020/21). This may reflect the reduced level of relational contact through staff redeployment and staff working from home. On a positive note, Bullying and Harassment levels are lower than the NGO average at 41% (NGO Annual Report 2019) and the FTSUG continues to positively promote the Trust's Dignity at Work policy and the Bullying and Harassment booklet sending copies by email to all workers who require the information when speaking up. See Figure 1.

Fig 1: Patient safety & quality and bullying concerns as a % of total cases raised each quarter through Jan – Dec 2020



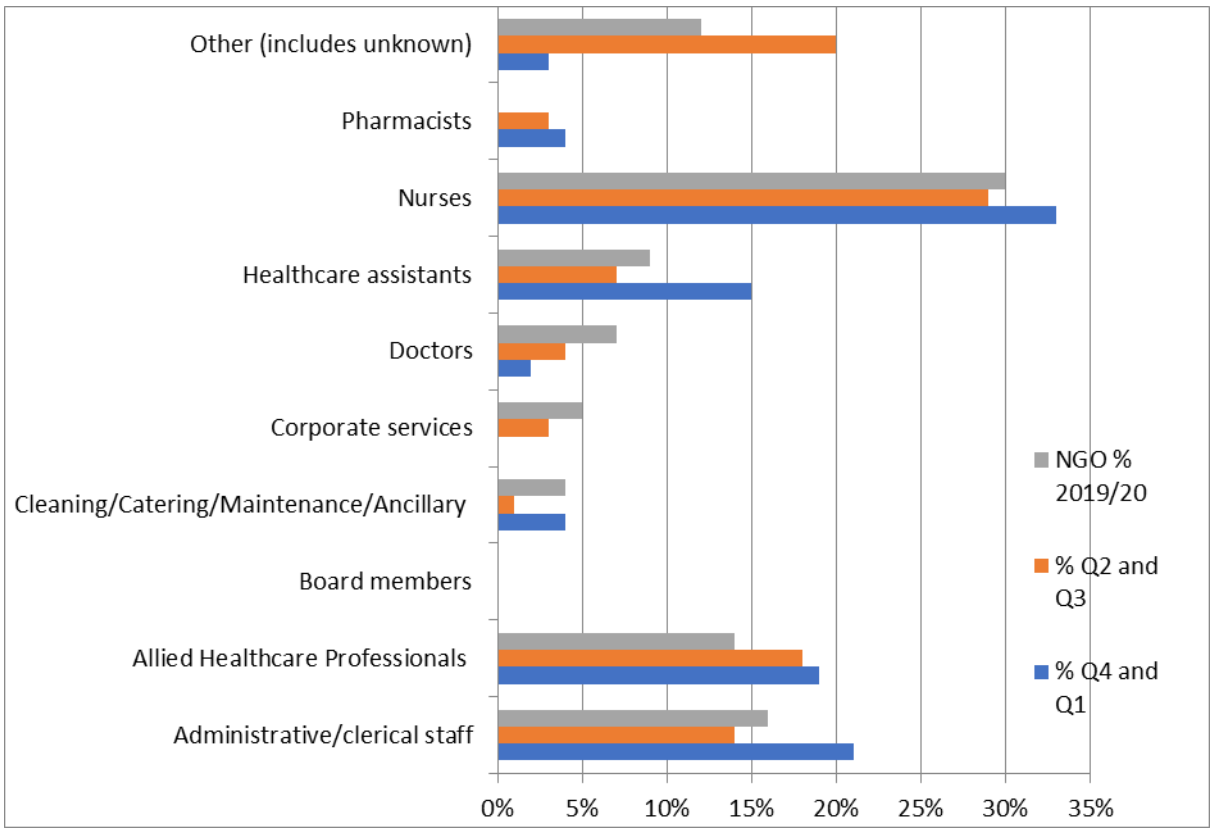
3.5 Professional groups: Across Q2 and Q3, the figures for professional groups are similar to those reported across NHS Trusts in England (source: NGO Annual Report 2019). See Figure 2.

Our Trust has seen a drop in numbers of workers approaching the FTSUG from Cleaning/Catering/Maintenance/Ancillary during Q2 and Q3 and this indicates that further promotion of speaking up could be needed within these areas. During the pandemic period, the FTSUG has also not been on site and has not had the usual visibility within this service area.

3.6 Detriment: one worker has indicated suffering a detriment. This has been raised and discussed with a senior leader. The person believed their identity had been breached (not by the FTSUG), but this was discovered not to be the case as they had chosen to escalate their concerns openly themselves. However, they have noted that they felt there was a change towards them after speaking up about their concerns and this is logged as a detriment.

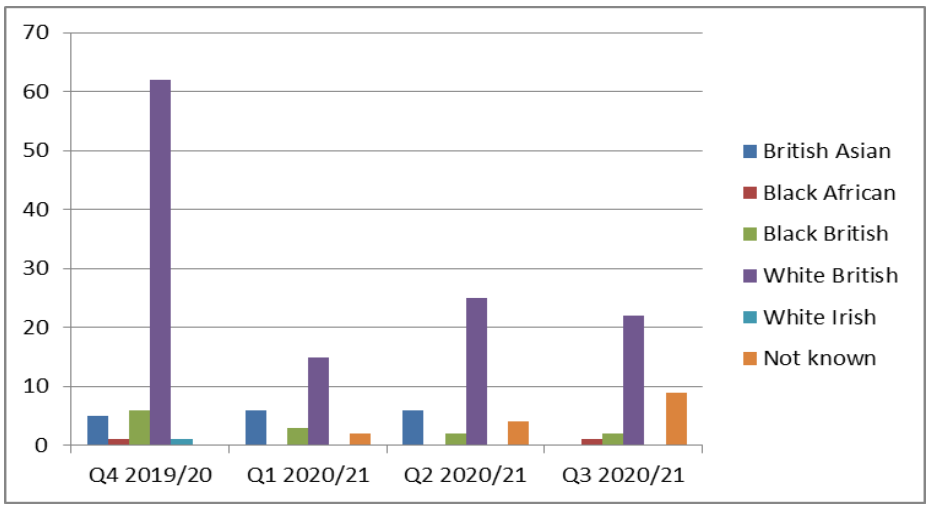
The FTSUG intends to amend the Trust's Speaking Up Policy to include more information on detriment. The FTSUG is now using information on detriment to inform discussion with workers on speaking up and intends to include a question about detriment in future evaluations.

Fig 2: Cases by profession per quarter in comparison to those recorded nationally by NHS Trusts (NGO 2019/20)



3.7 **Ethnicity of workers:** Of workers approaching the FTSUG in Q2 and Q3 (2020/21), 17% identified as BAME: a decrease from 21% in Q4 (2019/20) and Q1 (2020/21) and 65% identified as White British/European/Other: a decrease from 75% in Q4 (2019/20) and Q1 (2020/21). The latest Workforce Race Equality Standards (WRES) figures for the Trust indicated that 15% of our workforce identify as BAME. See Figure 3.

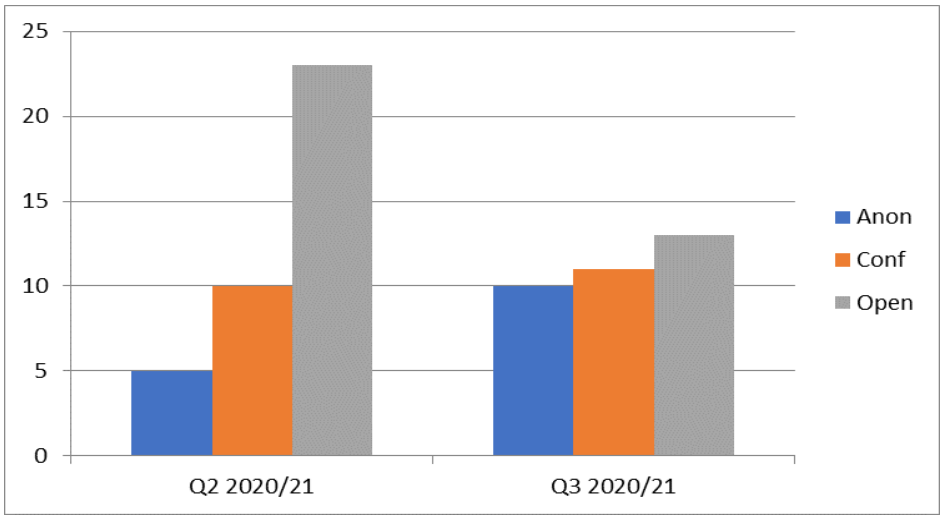
Fig 3: Comparison of ethnicity of workers speaking up in Q4 (2019/20) and Q1, Q2 and Q3 2020/21



3.8 Anonymous, Confidential or Open concerns: Some workers used the Focus (Trust Intranet) Raising Concerns button to log anonymous cases. These were directed to senior leaders and promptly acted on. Feedback is not easily given with anonymous concerns, but some communications bulletins were used to reassure workers around concerns such as annual leave. Anonymous concerns have more than doubled from Q2 to Q3 (2020/21) which saw the Focus button come into use and during Speaking Up Month in October 2020, the Focus raising concerns was promoted to staff.

Confidential concerns, where workers wish to keep their identity private, but where they are known to the FTSUG remained consistent. However, cases where workers were content to share their identity when escalating their concern halved in Q3. See Figure 4.

Fig 4: Cases by contact type: anonymous, confidential or open



3.9 Concerns raised by Division: Acute Adult Care had the greatest number of cases for Q2 and Q3 2020/21 relative to total numbers of cases per quarter. It remained relatively high throughout the 12-month period. This was followed by Other (unknown/anonymous) and Older People's Care in Q2 of 2020/21. See Figure 5.

Figure 6 shows a different perspective with percentage of cases per division shown relative to staff numbers per division from January to December 2020. This shows that the highest numbers of cases came from Corporate Central (which includes Pharmacy) followed by Ops Support. Other (unknown/anonymous) are taken as a percentage of the average staff number for the 11 Divisions.

Fig 5: Percentage of cases by division in relation to total cases each quarter

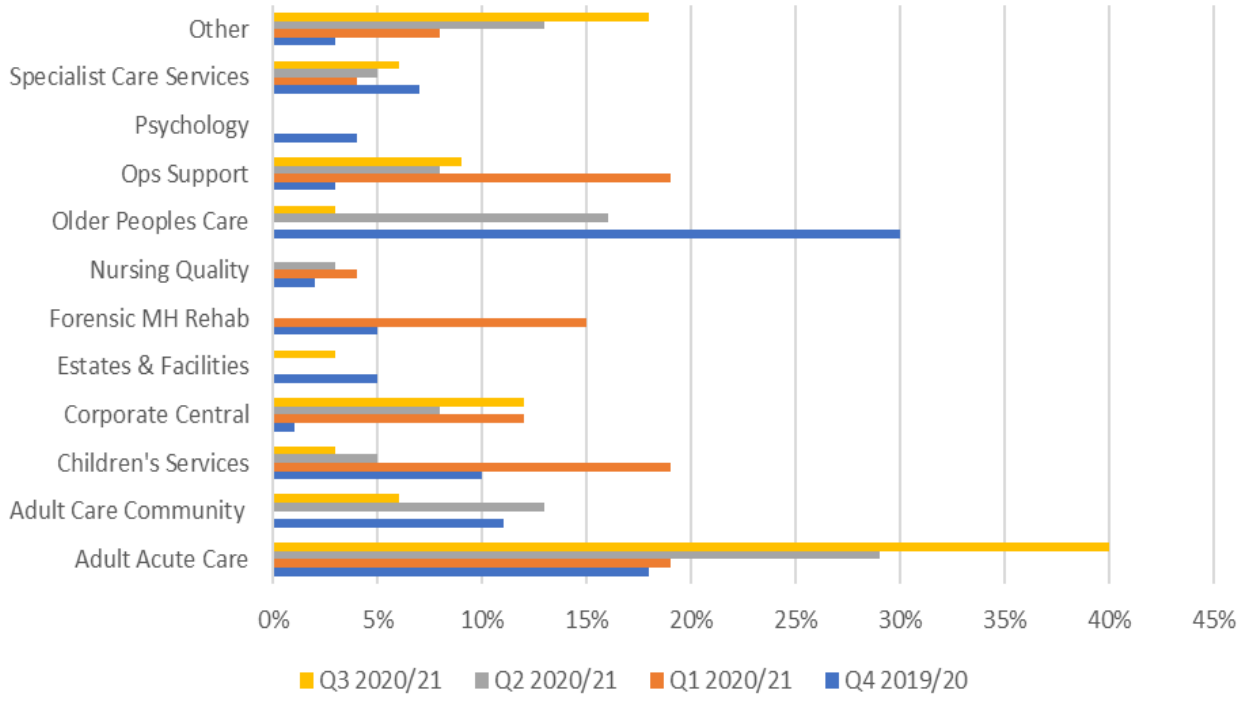
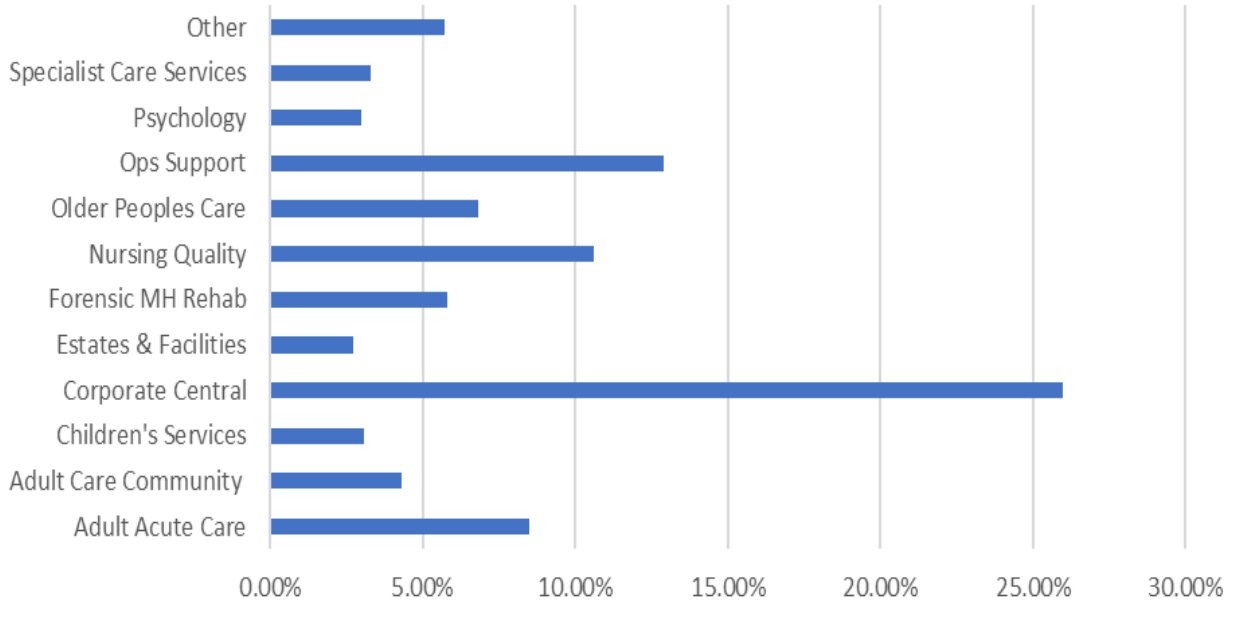


Fig 6: Percentage of cases by division in relation to total numbers of staff per division for Jan - Dec 2020



3.10 Model Hospital and Freedom to Speak Up

The Model Hospital and Freedom to Speak up data were promoted by the National Guardian's Office to FTSUGs during Q2. Data can be accessed by creating a model hospital log in and entering FTSU in the search box.

A number of potentially useful comparators can be made which compare Trusts to each other in relation to a number of parameters. FTSU data for the Trust can also be found. Futher analysis will be produced within the next board report.

4 Emerging or ongoing themes with learning points

4.1 **COVID-19 related staff safety and wellbeing theme:** 29% of all concerns in Q2 and Q3 2020/21 related to the coronavirus pandemic and staff safety and wellbeing. Workers spoke up about redeployment, PPE regulations, self-isolation, working from home, the safety of, and risk to, others in the home and risks to Black Minority Ethnic (BME) staff. In Q4 2019/20 and Q1 of 2020/21 these concerns were 17% of all concerns and this is due to reporting for this period starting in mid-March 2020.

Learning point: all COVID-19 concerns were addressed as a matter of urgency by senior leaders through the Incident Management Team (IMT) or through Line Management structure. Concerns were handled with evident empathy. Staff also had the opportunity to use the Team Derbyshire Healthcare Facebook page as a forum to raise concerns and again these were promptly handled.

4.2 Attitudes and behaviours theme: Workers have spoken up about challenges in relation to culture, attitudes and behaviours as well as bullying and harassment within two specific areas within Acute Adult Care.

Learning point: The Trust takes potential bullying and harassment issues seriously and these concerns which are being supported by Area Service Managers (ASMs) and General Manager (GMs). Senior Leaders have involved employee relations where additional support is required.

4.3 Staff safety and wellbeing theme: Workers referenced concerns around their safety in Acute Adult Care settings in relation to specific incidents. Concerns mentioned the level of reliance on male staff to deescalate assaults by patients and the impact on the wellbeing of these staff. They also raised the need for a security presence in Adult Acute areas.

Learning point: These concerns were already being considered by Adult Acute Leaders and Senior Leaders before they were raised to the FTSUG. The Trust has been proactive in introducing body worn cameras which are used by staff to support early de-escalation. A number of other measures have also been taken to support staff safety and wellbeing including improved communication and reviews of the restrictive practice dashboard to enable early identification before crisis point is reached.

4.4 Policy, Process and Procedure theme: A number of concerns related to learning and development progression routes were raised with some workers feeling unable to progress within the Trust onto both Nursing Development and

Occupational Therapy development pathways. In some cases, a progression to Nursing route could not be offered within a specific working area due to funding; and in another an offer of progression was removed due to pandemic issues.

Learning point: Nursing training places have recently been recruited to across the Trust with funding secured for twenty places, with more funding to be considered.

4.5 **Health and Safety theme:** accessibility concerns were raised in reference to the number of disabled parking spaces at the front of Ashbourne Centre Building (Trust HQ) and also the pavement drop leading to wheelchairs having to take a longer route around on the road.

Learning point: This was promptly addressed by the Health and Safety lead – and the pavement was dropped enabling easier and safer wheelchair access. It was not possible to create additional disabled spaces in this area but there are further disabled spaces available in an adjacent car park.

5. Improving Speaking Up Culture

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

The Trust's Communications Team led on an A-Z of Speaking Up campaign during **Speaking Up Month in October 2020**. The FTSUG promoted this campaign on the Trust's Facebook site and on Twitter. The FTSUG was also part of a wellbeing campaign, again led by our Communications Team, for staff which ran in December 2020.

The FTSUG had delivered to all new starters at **Trust Inductions**. New starters are a fresh perspective on the Trust and it is important to engage with them to promote a speaking up. Moving forward, e-learning on Speaking Up will replace attendance at Induction.

The FTSUG is involved in the development of a more accessible and interactive **database for Speaking Up**. The IT portal for this should be available in Q1 2021/22. This will enable staff to speak up more easily and the FTSUG to more easily monitor concern themes.

Board Culture: A Board development session on Speaking Up is planned for June 2021. All executive directors have a responsibility for creating a safe culture and an environment in which workers can highlight problems and make suggestions for improvement. FTSU is a fundamental part of that. (Guidance for boards on Freedom to Speak Up in NHS trusts and NHS foundation trusts July 2019).

5.2 **Addressing barriers to speaking up:** The FTSUG regularly engages with the Equality, Diversity and Inclusion Service and the Workforce Race Equality Standards (WRES) Expert to address issues of inclusivity for all diverse groups. The FTSUG also attends a regular Workforce Equality Forum and is producing content about speaking up for this meeting.

All **staff payslips** had information about speaking up printed on them during Speaking Up Month October 2020. This is done to support workers who might not traditionally regularly access emails or other electronic forms of communication.

5.3 Network of FTSU Champions: The FTSUG has established fortnightly catch up meetings with Speaking Up Champions to share good practice, support any concerns or issues and to share NGO information. The FTSUG promoted the Champions contact poster during Speaking Up Month in October 2020. Champions information is available on the staff intranet, Focus. Champions were involved with 28% of concerns during Q2 and Q3.

5.4 Non-Executive Directors: the FTSUG is excellently supported by the Non-Executive Director (NED) lead for Speaking Up, Julia Tabreham and also from NED, Ashiedu Joel. The FTSUG has held meetings with both these NEDS and will continue to hold meetings with the NEDS and share FTSUG practice and areas for support and development.

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

6.1 Evaluation feedback on Speaking Up: A short evaluation form for individuals who have spoken up is now being sent out using an online link. Around 85% of those responding in Q2 and Q3 said that ‘yes’ they would speak up again with 2% saying that ‘no’ they would not speak up again.

6.2. The Board is reminded that FTSUG uses a **rolling improvement action plan** with speaking up themes, actions taken and any outcomes, which is shared with the Executive Lead for speaking up, enabling the Trust to reflect on their speaking up culture as part of their overall improvement strategy and creating a coherent narrative for patients, workers and oversight bodies.

7 National Guardian's Office and related National Changes

7.1 National Guardian's Office 5-year strategy 2021-2026: FTSUGs have been invited to comment on the development of the new strategy which will be released later this year. Details of this strategy will be shared in a future FTSUG report to Board.

7.2 NGO launch training package: Speak Up, Listen Up, Follow Up is a new e-learning package aimed at all who work in healthcare. Divided into three modules, the training explains in a clear and consistent way what speaking up is and its importance in creating an environment in which people are supported to deliver their best.

The NGO, in association with Health Education England (HEE), has launched the first two modules. The first module is Speak Up, aimed at all workers including volunteers, students and those in training. Its aim is to help everyone working in health to understand what speaking up is, how to speak up and what to expect when they do.

The second module in the Freedom to Speak Up e-learning package for all healthcare workers is Listen Up**.** This module is for managers at all levels. It aims to give them the tools to develop positive leadership behaviours to help foster a speak up, listen up culture. Managers play a vital role in maintaining the psychological safety of workers.

Dr Henrietta Hughes OBE, National Guardian for the NHS, said: '*Workers' voices form a key pillar of the People Plan. This e-learning will give all workers the tools to speak up, particularly those who may feel they are unable to, like trainees, bank staff, or volunteers. But it is beholden on all leaders and managers within health to support this work, by listening to what workers are saying and acting upon what they hear.'*

Access is via the Health Education England's e-Learning for Healthcare and has been added to the training library on the Employee Services Record (ESR) record. The FTSUG will be working with the Communications team to promote these modules at an appropriate time. The FTSUG will also be working with Training Leads to ask them to consider including these modules as part of the mandatory suite of training as advised and recommended by the National Guardian's Office.

Roll out of the training is currently on hold due to the mandatory training restrictions during the pandemic period.

8. Conclusion

8.1 Feeling free to speak up represents a significant cultural change across the NHS. Success is not only the responsibility of the FTSUG. It is important that the Trust continues to learn from concerns that workers raise and continues to build an environment where workers know their concerns and feedback are taken seriously and welcomed as an opportunity to guide service improvement and development.

8.2 The Board will continue to use the positive culture around speaking up to drive recommendations from the report forward and to deliver meaningful and visible responses to Trust wide concerns.

9. Recommendations

The Board of Directors is asked to:

1. Support the current mechanisms and activities in place for raising awareness of the FTSU agenda.

2. Discuss the report and determine whether it sufficiently assures the Board of the Freedom to Speak Up agenda at the Trust and that the proposals made by the Freedom to Speak Up Guardian promote a culture of open and honest communication to support staff to speak up.

3. Support the roll out of the Speak Up, Listen Up, Follow Up National Guardian Office e-learning programme across the Trust at an appropriate time.

Tamera Howard
Freedom to Speak up Guardian
Derbyshire Healthcare Foundation Trust

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 2 March 2021

Corporate Governance Update

Purpose of Report

To assure the Board on the continued robustness of the Trust's Corporate Governance processes during the response to the COVID-19 pandemic and give an overview of some national governance guidance.

Executive Summary

In July 2020, the Board considered a report setting out what steps the Trust had taken to adapt its Corporate Governance processes to release capacity to manage the pandemic. It outlined how the Trust had responded to the first 'Reducing the Burden' letter from NHS England/Improvement (NHSEI) and the Board was assured that the Trust had been responding to emerging best practice from various sources, including NHSEI, NHS Providers, the Good Governance Institute and the Healthcare Financial Management Association (HMFA).

In January 2021 a revised 'Reducing the burden' letter was issued against the backdrop of the latest surge and updated and reconfirmed NHSEIs position on regulatory and reporting requirements including:

- pausing all non-essential oversight meetings
- streamlining assurance and reporting requirements
- providing greater flexibility on various year-end submissions
- focussing our improvement resources on COVID-19 and recovery priorities
- only maintaining those existing development work streams that support recovery.

Appendix 1 outlines our response to the updated guidance and a number of related governance updates.

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

Assurances

The Trust has complied with national guidance and statutory duties.

Consultation

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

Governance or Legal Issues

As set out in the Trust's licence and Constitution.

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.

There is no direct impact on those with protected characteristics arising from other aspects this report. However, governance of the Trust includes broad consideration of equality and diversity issues for example as a key part of Board Committee business, and as an important element of governor training and development to ensure that decision making encompasses equality impact considerations.

Recommendations

The Board of Directors is requested to:

1) Note the summary contained within the Corporate Governance update and confirm assurance that the Trust continues to have robust corporate governance processes in place
2) Ratify the action of the Audit and Risk Committee in relation to approving the Corporate Governance Framework
3) Note the change in Senior Information Risk Owner (SIRO).

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

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

Appendix 1

Corporate Governance during COVID-19

The need to flex our governance structures to maintain a well-led organisation with robust governance in the context of wholly unprecedented challenges presented by COVID-19 was clear. This paper sets out for information the on-going management of corporate governance within the Trust, the principles of which were approved by the Board in April 2020 and in light of NHSEI's most recent ' Reducing burden and releasing capacity to manage the COVID-19 pandemic' letter.

Trust Board and Board Committees

Emergency Terms of Reference continue to be adopted by the Board and its Committees; giving flexibility on quorum and membership. Agendas continue to be focused on the Trust's response to COVID-19, including the safety of patients and the wellbeing of staff. We have however also stepped back up items from forward plans to progress some of our key priority areas. A full 'virtual' meetings schedule is running but papers are streamlined and the Executive Leads and Committee Chairs hold pre-agenda meetings in order to focus agendas.

Board Development and Information sharing sessions have continued to be held, again with focused agendas and minimal paperwork. Year End effectiveness surveys will be carried out for all Committee to provide evidence of compliance against their terms of reference.

Governors and Membership

In accordance with NHSI emergency guidance, no face to face meetings with governors have been held since March but meetings and briefings have continued virtually. The Trust continues to receive good feedback from governors on how we are continuing to keep them updated on what is going on at the Trust during pandemic. Governors have been able to transact ordinary business and the Trust sees continued engagement with Governors as an integral element of the Trust's oversight and governance. Information is being sent electronically to Trust members via 'Members News'. The Trust delayed governor elections in 2020 but will be holding elections in 2021 to avoid any future impact on the composition and functioning of the Council of Governors. The 2021 Annual Members Meeting will be held virtually and the date for this is 9 September.

The Board and Council of Governors livestream their public meetings to maintain accountability and transparency.

Annual Report and Accounts (and Quality Account)

The Annual Reporting Manual has recently been issued and follows very similar processes to last year. There are options available to simplify parts of the annual report. Year-end timetables have been extended. The Trust will not be required to include a Quality Report within the 2012/21 Annual Report and Accounts. The Trust will be required to produce a separate Quality Account and guidance is awaited on the content, including the submission timeline. The Quality and Safeguarding Committee will carry out the required consultation in advance of the confirmed submission date.

Financial Governance

The Board approved changes to the Standing Financial Instruction (SFI) to enable the Incident Management Team (IMT) emergency powers of decision making both for revenue and capital accounting. The Audit and Risk Committee receives an oversight of IMT's financial decisions and the emergency arrangements have recently been revised and extended until 31 March 2021.

Corporate Data Collections (e.g. licence self-certs, Annual Governance statement, mandatory NHS Digital submissions)

The Trust will comply with any revised guidance. NHSEI have indicated that they are looking to streamline and/or waive certain elements. There will be a delay to the Forward Plan documents the Trust is required to submit.

Board Assurance Framework (BAF)

Issues 1 and 2 of the BAF for 2020/21 focused on the risks faced by the organisation in response to the COVID-19 pandemic. Issues 3 and 4 were developed in line with the broader revised objectives which support delivery of the Trust Strategy and the NHS Long Term Plan. The risks identified in the BAF are in relation to achievement of the three strategic objectives of Great Care; Great Place to Work; and Best Use of Money.

Other governance updates

Annual Declarations of Interest

The Trust will shortly commence the annual process for managing conflicts of interest. Senior staff and/or those staff who work in specific areas where conflicts may arise due to the nature of their role will receive an email from the Corporate Governance Team inviting them to complete their annual declaration of interest.

Corporate Governance Framework

The Trust's Corporate Governance Framework sits on the policy matrix for renewal every three years. Technically it is not a policy but a collection of key governance documents, elements of which get updated more regularly, as outlined below:

- Board of Directors – roles and responsibilities
- Structure and processes for assurance and escalation
- Scheme of Delegation; Part one : Decisions Reserved to The Board and Part Two: Responsibilities Delegated to Board Committees
- Terms of Reference - All Board Committees
- Appendix 1: Board Committee Summary Report to Trust Board
- Appendix 2: Board Front Sheet Template
- Appendix 3: Standing Orders of the Board of Directors

In line with streamlined governance Audit and Risk Committee members approved some minor updates and then this was noted at their January meeting. The Board is asked to ratify the action of the Audit and Risk Committee in relation to approving the framework.

Proposed modification of condition G4 of the NHS provider licence (fit and proper persons - FPP)

The Trust has received notice of the consultation on the proposed modification of condition G4 of the NHS provider licence (fit and proper persons). Before any modifications can be made to the licence, NHS Improvement (Monitor) is required to consult with all licence holders who will be affected.

The proposal is largely a technical amendment designed to align condition G4 with the fit and proper persons requirements set out in the FPP Regulations. The Trust does not anticipate any impact of this modification as it is already required to comply with these requirements under the FPP Regulations and has a compliant FPP Policy.

As the Trust has no objection to the modification it will not be responding to the consultation

Change of Senior Information Risk Owner (SIRO)

With immediate effect Justine Fitzjohn, Trust Secretary will be the Trust's SIRO taking over from Claire Wright, Deputy Chief Executive and Director of Finance.

Cyber Operational Readiness Support (CORS) Team Delivery for NHS Organisations

The Trust has recently been working with NHS Digital, through Templar Executive, who are assisting us with reviewing and recommending how our governance arrangement support the Information and Digital agenda. The Trust is currently working through the findings of a draft report and will report the detail back to the next Board meeting.

Board Committee Assurance Summary Reports to Trust Board – 2 March 2021

The following summaries cover the meetings that have been held since the last public Board meeting held on 13 January.

Finance and Performance Committee - key items discussed 19 January 2021	
OnEPR Programme Benefits analysis Discussion covered the qualitative and quantitative benefits that are expected to be delivered by the programme.	
General Update and discussion of Financial position General updates on issues such as national discussions on mental health investments, hospital hub development, the progress with annual accounts preparations and the Joined Up Care Derbyshire (JUCD) finance deputies' work on run rate analysis going from current year into new year Detailed discussion of both Trust and JUCD system financial forecasts for 2020/21 for revenue and capital. Given the current expected forecast the proposal to downgrade the Finance Board Assurance Framework (BAF) risk 3a from Extreme to High was agreed and that no additional finance risk deep dive was required. The high level description of risk 3a is; *There is a risk that the Trust fails to deliver its revenue and capital financial plans.*	
Treasury Management Policy The updated Treasury Management Policy was approved.	
Forward Plan The relative merits of having the BAF Deep Dive for risk 3b would be considered nearer the March meeting, given the ongoing pandemic. The Chair and relevant Executive would discuss this at the end of February. The high level description of 3b is: *There is a risk that learning from the response to the COVID-19 outbreak, and transformation plans developed prior, does not lead to sustainable embedded transformation.*	
Any Other Business Key issues relating to the Dormitory and Psychiatric Intensive Care Unit (PICU) development were relayed by the Chair of the Committee following the most recent project board meeting.	
Escalations to Board or other Committee Audit and Risk Committee would be notified that the Finance and Performance Committee had agreed to the proposal to downgrade the finance BAF risk 3a to high from extreme.	
Key risks identified None	
Next Meeting: 16 March 2021	
Committee Chair: Richard Wright	**Executive Lead: Claire Wright, Deputy Chief Executive / Director of Finance**

Audit and Risk Committee - key items discussed 21 January 2021

Review of Board Assurance Framework (BAF)

The fourth issue of the BAF for 2020/21 was agreed. Noted that there would be a recommendation to the Board to downgrade 3a to High from Extreme.

360 Assurance, the Trust's Internal Auditor had undertaken an audit on the Development of Risks on the BAF, reviewing the effectiveness of the management and mitigation of the risks on the BAF, using two specific risks as tracers. A draft report had been issued. The Committee noted the operational risks rated as high or extreme aligned to the related BAF risk.

Deep Dive – Risk 2021 2a

Under the Trust's Risk Strategy, BAF risks rated as extreme are brought to the Audit and Risk Committee as a deep dive report. The high level description of this risk is: "*There is a risk that we do not create a healthy vibrant culture and conditions to make DHCFT a place where people want to work, thrive and grow their careers."*

The update detailed the key controls for this risk, categorised by preventative, detective, directive and corrective. A number of new controls were highlighted for example the COVID-19 Workforce cell, training cell and the establishment of 4 integrated delivery groups.

Oversight of cultural issues were developing out of the Employee Relations Assurance and the People Performance Dashboard which includes equality data. Current gaps in control include the requirement for a refreshed workforce strategy and recruitment plan. Wellbeing of staff had been a huge focus, with an enhanced wellbeing offer that was paying dividends. The Trust benchmarked well against other Mental Health Trusts. Some rich intelligence had been gathered through feedback with staff.

Training compliance continues to be a big challenge with some training paused; a training cell was monitoring this closely. Positively, 80% of training was now available as on-line modules, an increase of 33%.

The Committee members challenged whether the risk rating should still be extreme based on the progress against actions but it was explained that the reasons for keeping the risk at extreme was down to the current volatility, with workforce being at the centre of the pandemic response and despite good progress, performance was still below target in some key areas.

Overpayments

The Committee received an update on the level of overpayments and the progress of actions. An Overpayment Improvement Action group, be led by the Director of People and Inclusion has been formed.

Standing Financial Instructions (SFIs) Update

The Committee supported the continued use of temporary SFIs which were helping reduce the burden on staff delivering the Covid-19 response. New processes were agreed on the budget setting process for 2021/22 budgets and recovery of over-payments. The situation will be reviewed again at the beginning of April 2021.

Approve Accounting Standards/Policies For Annual Accounts

The Trust's accounting policies for 2020/21 Annual Accounts have been reviewed and updated following the publication of the Department of Health's Group Accounting Manual.

Year-end Timetable and plans for Annual Report and Accounts

The Committee noted the key dates around the year end timetable and approval of the annual report and accounts. As in the previous year, the Quality Report did not need to be included but the obligation for a separate Quality Account still stood.

2019/20 Year-end Audit Issues Update

An update was received on two areas that were raised during the 2019/20 year-end audit: deferred income and STP hosting (Strategic Transformation Partnership). Following an extensive review it is currently anticipated that some income will be released by year end. The report also explained the treatment of the STP recharges and hosting of income. The Trust's External Auditor, Mazars, confirmed their agreement that the STP income could be treated as proposed.

Internal Audit Progress Report

The report provides the Committee with updates on progress with the agreed Internal Audit Plan. The 2019/20 Internal Audit Plan is now complete. The last report from the plan had been the Consultants' Additional Programme Activity Payments report. For the 2020/21 Internal Audit Plan, three reports have been published, providing significant assurance for each, namely; Integrity of the Ledger and Financial Reporting, Key Financial Systems – Accounts Receivable and Quality of Workforce Race Equality Standard and Workforce Disability Equality Standard Data.

External Audit Progress Report

Since the Committee last met, Mazars had undertaken initial planning work for the 2020/21 audit, including liaison with relevant officers and issued an enhanced Audit Strategy Memorandum. The report set out the planned timetable of work and at this stage, overall audit progress is on track, with no significant issues arising which were required to be reported to the Trust.

Assurance/lack of assurance obtained

- Assured on the process of review, scrutiny and update of the BAF in seeking to identify and mitigate risks to achieving the Trust's strategic objectives
- The Committee was only able to give limited assurance on the overpayments issue as there were still a number of actions to carry out.

Key risks identified

As considered in the BAF.

Decisions made

- Approval of the fourth issue of the BAF for 2020/21 2) and agreed to the fourth issue of the 2020/21 BAF being considered by the Board of Directors in March 2021, subject to the potential downgrade from Extreme to High for Risk 3a
- Agreement of the draft accounting policies for the annual accounts 2020/21.

Forward Plan

A number of changes to the draft forward plan 2021/22 were noted.

Escalations to Board or other Committee

Margaret Gildea, in her capacity as Chair of the Quality and Safeguarding Committee (Q&S) gave assurance that BAF risk 1a was under constant review at that Committee. It was agreed that Q&S be asked to consider if 1a was still adequately rated due to the impact of the pandemic on waiting lists.

Key risks identified

None

Next Meeting: 18 March 2021

Committee Chair: Geoff Lewins	**Executive Leads: Claire Wright, Deputy Chief Executive / Director of Finance and Justine Fitzjohn, Trust Secretary**

People and Culture - key items discussed 26 January 2021

Attendance at this meeting was restricted to the Committee's Executive Lead, and Non-Executive Directors to enable other Executive Directors to attend essential operational meetings in response to the second wave of the pandemic.

Board Assurance Framework (BAF)

Following review of the extreme rated risk 2a by the Audit and Risk Committee, the Committee was asked to consider if the narrative of risk 2a correctly and sensitively captured the priorities relating to the complex symptoms that some staff are experiencing while responding to COVID-19, given the action being taken to reduce the gaps in controls and assurances. The high level description of risk 2a is: "*There is a risk that we do not create a healthy vibrant culture and conditions to make DHCFT a place where people want to work, thrive and to grow their careers."*

While staff health and wellbeing could be considered one of the biggest risks in the organisation, the Trust now has wide ranging health and wellbeing support package in place. This offer is having a positive impact on staff turnover and absence and recruitment rates are now closer to target than they have ever been. Having considered whether risk 2a can be reduced from extreme to high given the action taken to reduce the gaps in controls and assurances, it was concluded that because the Trust is still responding to the pandemic risk 2a will remain rated as extreme.

Workforce Performance

Having reviewed and discussed performance as identified in the dashboard, the Committee acknowledged the encouraging progress identified from the performance indicators.

Priorities for People

The Committee was advised that a facilitated piece of work on cultural intelligence covering the priorities for people and the development of the Trust as an inclusive organisation will be reported to the Committee at the March meeting.

Just Culture and disciplinary procedures

This report provided assurance that the revised Disciplinary Policy discussed by the Executive Leadership Team (ELT) (and for forwarding to Board) was reviewed against the best practice highlighted by the review recommendations from the Verita investigation.

This report will be taken to the next Board of Directors meeting on 2 March to provide the Board with assurance that the Trust's Disciplinary Policy will prevent the events described in the report happening within the Trust.

Escalation from the Board on safer staffing and what the future will look like

Plans for providing the Board with assurance on wider staffing and what the future resources will be the focus of discussions to be held at the next meeting in preparation for a report safer staffing and the development of resources within the Trust to be submitted to the Board in May.

Health Risk Assessments

The Committee discussed the roll out of the new enhanced health risk assessments. Much has been learned about COVID-19 since health risk assessments were first launched and they now include new forms of support. The Committee was aware that colleagues have been coping with the challenges of the pandemic for almost a year and welcomed the new approach being taken.

Assurance/lack of assurance obtained

- Limited assurance from the Performance Dashboard due to it being in an early stage of development.

Key risks identified

As identified in BAF risks 2a and 2b *(There is a risk of continued inequalities affecting health and well-being of both staff and local communities.)*

Decisions made

- The Committee supported the strategic priorities for people and the cultural intelligence programme.
- The Committee approved the action taken to improve and simplify the Trust's Disciplinary Policy.

Escalations to Board or other Committee

No matters were considered necessary for escalating to the Board or other Committees.

Next Meeting – 23 March 2021

Committee Chair: Julia Tabreham	**Executive Lead: Jaki Lowe, Director of People and Inclusion**

Quality and Safeguarding Committee - key items discussed 9 February 2021

Board Assurance Framework (BAF) and Risk Register Escalation Report

The Committee debated whether the risk rating of risk 1a should be judged on current demands or the trajectory of psychological demand that is predicted to surge because of the increasing effect that COVID-19 is having on the population's mental health. Taking into account the Trust wide position, it was agreed that risk 1a is not of an extreme level and will remain rated high level as services remain in continuous monitoring. The high level description of risk 1a is: "*There is a risk that the Trust will fail to provide standards for safety and effectiveness as required by our patients and our Board."*

Risk Register Escalation Assurance Quarterly Report

There is good evidence of progress being made on the Risk Register. The project to reduce the number of risk assessments recorded and managed though Datix is well underway. Significant assurance was obtained from the relative stability of operational risks.

COVID-19 briefing and COVID vaccination centre governance assurance and COVID-19 Vaccination Policy

The Committee was briefed on the number of COVID-19 specific quality and safety items and received significant assurance from the vaccination plans within the Trust and from the continued co-ordinated response to the pandemic.

The COVID-19 Vaccination Policy and Procedure was considered to be outstanding. The Committee paid tribute to all staff working in response to COVID-19. The Chief Pharmacist and Infection Prevention and Control Lead were commended for their exceptional work in developing the standard operating procedures.

Performance Dashboard (bi-monthly) and CQC action plan delivery

The Dashboard provided a summary of highlights and challenges identified in line with the quality elements of the Trust Strategy and the Trust's Quality Priorities. The dashboard also provided an update with regards to current CQC actions that require a response. It was understood that these actions will be completed within a realistic timescale and without difficulty.

The Committee discussed how the Dashboard showed good levels of staff engagement in the correct recording processes of physical health assessments and considered this will have a positive impact on mitigating the high rating of BAF risk 1a significantly in community services.

Serious Incident (SI) Bi-monthly Report

The report covered information relating to all SIs occurring from 30 September to 31 December 2020.

The report showed a fairly stable position of overdue actions but provided limited assurance due to the backlog of mitigation plans in place and increase in SIs in Q3.

Positive and Safe Annual Report

The report provided an update on progress made regarding implementation of the Positive and Safe Strategy in reducing restrictive practices, reducing violence and keeping people safe.

Discussion centred around the positive progress being made. Use of restriction and seclusion are on a downward trajectory. The use of prone restraint is below average. The Trust has a high standard of governance oversight in all areas of blanket restrictions.

Significant assurance was obtained from clinical practice and with the development work in reducing restrictive practice and the management of violence and aggression.

Learning from Deaths Mortality Report

The report covered the period 20 October 2020 to 19 January 2021 and showed no demonstrable change from the previous period and no unexpected trends in ethnicity or gender.

The report was approved for consideration by the Trust Board on 2 March 2021.

Assurance/lack of assurance obtained

- Significant assurance from the relative stability of operational risks contained with the Risk Register
- Limited assurance from the Performance Dashboard
- Limited assurance from SIs
- Significant assurance from the Positive and Safe Strategy

Key risks identified

Risks associated with the predicted surge in psychological demand that will occur due to the increasing effect that COVID-19 is having on the population's mental health.

Decisions made

- BAF risk 1a is to maintain its high rating
- The Learning from Deaths and Mortality report was approved for consideration by the Trust Board on 2 March 2021.

Escalations to Board or other committee

The People and Culture Committee is to review Immediate Life Support (ILS) and PSTS/Conflict Management Skills training levels and provide assurance of mitigating action to be taken.

Next Meeting – 9 March 2021

Committee Chair: Margaret Gildea	**Executive Lead: Carolyn Green, Director of Nursing and Patient Experience**

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 2 March 2021

Standing Financial Instructions update

Purpose of Report

To confirm to the Board the current Standing Financial Instructions (SFIs) changes that accommodate the emergency decision-making powers of the Incident Management Team, as reported to Audit and Risk Committee in January 2021.

Executive Summary

Standing Financial Instructions and processes amended for COVID-19

As required by the Incident Management Team (IMT), alterations were made to some financial processes to remove routine burden on staff delivering the COVID-19 response back in April 2020. These were approved by confidential Trust Board on 7 April. The processes affected included for example:

- Patient bank
- Petty cash
- Order and Invoice approval
- Change forms for employee moves

It had been anticipated that the order and invoice approval and approval of change forms would revert back to the original SFIs at the end of September, however this was initially extended to January 2021 and due to the ongoing pandemic this has now been extended to the end of March 2021.

The temporary SFIs were reviewed again in November and the Executive Leadership Team (ELT) agreed the following temporary changes which the Audit and Risk Committee agreed.

<u>Budget Setting process for 2021/22 budgets</u>

It has been agreed that the operational budgets for 2021/22 for Teams and Divisions to be set in line with previous year's principles. Central budgets for income and reserves are to be set at a later stage, once planning guidance is released.

As part of the budget setting process meetings are held with each budget manager and then Area Service Managers / General Managers / Head of Departments and Directors to sign off the budgets. In light of the level 4 incident management and the request of IMT to reduce the number of meetings taking place, it has been agreed by ELT that these meetings do not take place and that there is a final sign off meeting with the Deputy Director of Operations for the Clinical Division and for Corporate areas that the information is shared via email.

<u>Recovery of over-payments</u>

In the first wave we postponed chasing debt created by overpayment. We have now reinstated normal debt reclaim processes whereby overpayments are notified and arrangements made for repayment.

Aside from these changes, the Standing Financial Instructions remain and will continue to be reviewed as required.

Recommendations

The Board of Directors is requested to note the updates to the SFIs reflecting the Emergency decision-making powers of the Incident Management Team.

Report presented by: **Claire Wright**
Deputy Chief Executive and Director of Finance

Report prepared by: **Rachel Leyland**
Deputy Director of Finance

2020-21 Board Annual Forward Plan

Exec Lead	Item	4 May 21	6 Jul 21	7 Sep 21	2 Nov 21	18 Jan 22	1 Mar 22
	Paper deadline	**27 Apr**	**29 Jun**	**31 Aug**	**26 Oct**	**11 Jan**	**22 Feb**
Trust Sec	Declaration of Interests	X	X	X	X	X	X
CG	Patient Story	X	X	X	X	X	X
CM	Minutes/Matters arising/Action Matrix	X	X	X	X	X	X
CM	Board review of effectiveness of meeting	X	X	X	X	X	X
CM	Board Forward Plan (for information)	X	X	X	X	X	X
CM	Summary of Council of Governors meeting (for information)	X	X	X	X	X	X
CM	Chair's Update	X	X	X	X	X	X
IM	Chief Executive's Update	X	X	X	X	X	X
STRATEGIC PLANNING AND CORPORATE GOVERNANCE							
COO/CW	NHSI Financial Annual Plan Month 7-12 2021/22				X		
JL	Staff Survey Results	X					Headlines
JL	Annual Gender Pay Gap Report for approval						X
JL	Workforce Race Equality Standard (WRES) prior to submission end Oct 2021			X			
JL	Workforce Disability Equality Standard (WDES) prior to submission end Oct 2021			X			
JL	Public Sector Equality Duty	X					
JL	2021/22 Flu Campaign	Summary result of 2020/21 campaign		X			
JL	People Plan Annual Report						A
Trust Sec	NHS Improvement Year-End Self-Certification	X					
Trust Sec	Year-end governance reporting from Board Committees and approval of ToRs	X					
Trust Sec	Corporate Governance Framework						X
Trust Sec	Review SOs, SFIs, SoD plus review/ratify SFI Policy (as Policy Review section below)		X				
Trust Sec	Trust Sealings (six monthly - for information)	X			X		
Trust Sec	Annual Review of Register of Interests	X					
Trust Sec	Board Assurance Framework Update	X	X		X		X
Trust Sec	Freedom to Speak Up Guardian Report (six monthly)			X			X
Trust Sec	Fit and Proper Person Declaration		X				
Trust Sec	Annual Approval of Modern Slavery Statement	X					
Committee Chairs	Board Committee Assurance Summaries (following every meeting	X	X	X	X	X	X
COO	Annual Emergency Planning Report (EPPR)					X	
GH	Business Plan Monitoring close down of 2020/21 (May) Proposal for 2021/22 (Jul)	X	X				
GH	Learning Disabilities Clinical Strategy	X					
GH	Mental Health, Learning Disability and Autism Annual summary	X					
GH	Trust Strategy Review	X			X		

2020-21 Board Annual Forward Plan

Exec Lead	Item	4 May 21	6 Jul 21	7 Sep 21	2 Nov 21	18 Jan 22	1 Mar 22
OPERATIONAL PERFORMANCE							
CG/CW/CS/ COO	Integrated performance and activity report to include Finance, People, performance and Quality Dashboard	X	X	X	X	X	X
CG/COO/CS	Workforce Standards Formal Submission/Safer Staffing (prior to going on website)						X
QUALITY GOVERNANCE							
Execs	Quality Position Statement Report - focus on CQC domains (Well Led CQC & NHSI (Trust Sec) as per schedule	Safety JS	Responsive MP	Well Led JF	Effective CG &JL	Use of Resources CW	Caring CG
JS	Learning from Deaths Mortality report (quarterly publication) (Jul/Nov/Jan/Mar)		X		X		
JS	Guardian of Safe Working Report	A			X		X
JS	NHSE Return on Medical Appraisals sign off - delayed for 2020/21						
CG	Control of Infection Report			A			
JS	Re-validation of Doctors			X			
CG	Receipt of Annual Reports: - Annual Looked After Children - Safeguarding Children and Adults at Risk				X		
CG	Outcome of Patient Stories - every two years					X	
POLICY REVIEW							
CW	Standing Finance Instructions Policy and Procedures						X
JF	Engagement between the Board of Directors and CoG (Nov 2022)						
JF	Fit and Proper Person Policy						X

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

NHS Term / Abbreviation	Terms in Full
A	
A&E	Accident & Emergency
ACCT	Assessment, Care in Custody & Teamwork
ACE	Adverse Childhood Experiences
ACP	Accountable Care Partnership
ACP	Advanced Clinical Practitioner
ACS	Accountable Care System (now known as ICS)
ADHD	Attention Deficit Hyperactivity Disorder
AfC	Agenda for Change
AHP	Allied Health Professional
AIMS	Royal College of Psychiatrists Accreditation for Inpatient Mental Health Services Standards
ALB	Arms-length body such as NHS Improvement (NHSI) and NHS England (NHSE)
AMM	Annual Members' Meeting
AMHP	Approved Mental Health Professional
ANP	Advanced Nurse Practitioner
AO	Accountable Officer
ARC	Audit and Risk Committee
ASD	Autism Spectrum Disorder
ASM	Area Service Manager
B	
BAF	Board Assurance Framework
BLS	Basic Life Support (ILS Immediate Life Support)
BMA	British Medical Association
BME	Black Minority Ethic
BAME	Black, Asian & Minority Ethnic
BoD	Board of Directors
C	
CAMHS	Child and Adolescent Mental Health Services
CASSH	Care & Support Specialised Housing
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Group
CCT	Community Care Team
CDMI	Clinical Digital Maturity Index
CE	Chief Executive
CEO	Chief Executive Officer
CGA	Comprehensive Geriatric Assessment
CIP	Cost Improvement Programme
CMDG	Contract Management Delivery Group
CMHT	Community Mental Health Team
CNST	Clinical Negligence Scheme for Trusts
COAT	Clinical Operational Assurance Team
COF	Commissioning Outcomes Framework
CoG	Council of Governors
CPA	Care Programme Approach
CPD	Continuing Professional Development
CPN	Community Psychiatric Nurse
CPR	Child Protection Register
CQC	Care Quality Commission

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
CQI	Clinical Quality Indicator
CQUIN	Commissioning for Quality and Innovation
CRB	Criminal Records Bureau
CRG	Clinical Reference Group
CRHT	Crisis Resolution and Home Treatment Teams
CRS	(NHS) Care Records Service
CRS	Commissioner Requested Services
CSF	Commissioner Sustainability Fund
CTO	Community Treatment Order
CTR	Care and Treatment Review
D	
DAT	Drug Action Team
DBS	Disclosure and Barring Service
DBT	Dialectical Behavioural Therapy
DfE	Department for Education
DCHS	Derbyshire Community Health Services NHS Foundation Trust
DHCFT	Derbyshire Healthcare NHS Foundation Trust
DIT	Dynamic Interpersonal Therapy
DNA	Did Not Attend
DH	Department of Health
DoLS	Deprivation of Liberty Safeguards
DNA	Did not attend
DPA	Data Protection Act
DRRT	Dementia Rapid Response Team
DTOC	Delayed Transfer of Care
DVA	Derbyshire Voluntary Action (formerly North Derbyshire Voluntary Action)
DWP	Department for Work and Pensions
E	
ECT	Enhanced Care Team
ECW	Enhanced Care Ward
ED	Emergency Department
EDI	Equality, Diversity and Inclusion
EDS2	Equality Delivery System 2
EHIC	European Health Insurance Card
EHC	Education, Health and Care (plans)
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
EPRR	Emergency Preparedness, Resilience and Response
EPR	Electronic Patient Record
ERIC	Estates Return Information Collection
EQAL	Forum where we can seek patient engagement
ESR	Electronic Staff Record
EUPD	Emotionally Unstable Personality Disorder
EWTD	European Working Time Directive
F	

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
FBC	Full Business Case
FFT	Friends and Family Test
FOI	Freedom of Information
FRRT	Functional Rapid Response Team
FSR	Full Service Record
FT	Foundation Trust
FTE	Full-time Equivalent
FTN	Foundation Trust Network
FTSU	Freedom to Speak Up
FTSUG	Freedom to Speak Up Guardian
F&P	Finance and Performance
5YFV	Five Year Forward View
G	
GDPR	General Data Protection Regulation
GGI	Good Governance Institute
GMC	General Medical Council
GP	General Practitioner
GPFV	General Practice Forward View
H	
HCA	Healthcare Assistant
HEE	Health Education England
HES	Hospital Episode Statistics
HoNOS	Health of the Nation Outcome Scores
HSCIC	Health and Social Care Information Centre
HSE	Health and Safety Executive
HWB	Health and Wellbeing Board
I	
IAPT	Improving Access to Psychological Therapies
ICM	Insertable Cardiac Monitor
ICS	Integrated Care System (formerly ACS)
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IDVAs	Independent Domestic Violence Advisors
IG	Information Governance
ILS	Immediate Life Support (BLS – Basic Life Support)
IM&T	Information Management and Technology
IMT	Incident Management Team
OOA	Outside of Area
IPC	Integrated Personal Commissioning
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

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
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
MAS	Memory Assessment Service
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
MHAC	Mental Health Act Committee
MHIN	Mental Health Intelligence Network
MHIS	Mental Health Investment Standard
MHRT	Mental Health Review Tribunal
MSC	Medical Staff Committee
MSK	Musculoskeletal (conditions)
N	
NCRS	National Cancer Registration Service
NED	Non-Executive Director
NICE	National Institute for Health and Care Excellence
NGO	National Guardians Office
NHS	National Health Service
NHSE	National Health Service England
NHSI	National Health Service Improvement
NIHR	National Institute for Health Research
O	
OBC	Outline Business Case
ODG	Operational Delivery Group
OPMH	Older People Mental Health
OP	Out Patient
OSC	Overview and Scrutiny Committee
OT	Occupational therapy
P	
PAB	Programme Assurance Board
PAG	Programme Advisory Group

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
PALS	Patient Advice and Liaison Service
PAM	Payment Activity Matrix
PARC	Psychosis and the reduction of cannabis (and other drugs)
PARIS	This is an electronic patient record system
PbR	Payment by Results
PCC	Police & Crime Commissioner
PCN	Primary Care Networks
PCC	People and Culture Committee
PDSA	Plan, Do, Study, Act
PEEP	Personal Emergency Evacuation Plan
PHE	Public Health England
PICU	Psychiatric Intensive Care Unit
PID	Project Initiation Document
PiPoT	People in Positions of Trust
PLACE	Patient Led Assessments of Care
PLIC	Patient Level Information Costs
PMLD	Profound and Multiple Disability
PPE	Personal Protective Equipment
PPI	Patient and Public Involvement
PPT	Partnership and Pathway Team
PREM	Patient Reported Experience Measure
PROMS	Patient Reported Outcome Measure
PSF	Provider Sustainability Fund
PSIRF	Patient Safety Incident Review Framework
Q	
QAG	Quality Assurance Group
QC	Quality Committee
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Productivity Programme
QSC	Quality and Safeguarding Committee
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
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
RTT	Referral to Treatment
S	
SAAF	Safeguarding Adults Assurance Framework
SBARD	Situation, Background, Assessment, Recommendation and Decision (SBARD) tool
SBS	Shared Business Services
SEND	Special Educational Needs and Disabilities
SI	Serious Incident(s)
SID	Senior Independent Director
SIRI	Serious Incident Requiring Investigation
SLA	Service Level Agreement
SLR	Service Line Reporting
SMI	Serious Mental Illness

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
SOAD	Second Opinion Appointed Doctor
SOC	Strategic Options Case
SOF	Single Operating Framework
SPL	Shielded Patient List
SPOA	Single Point of Access
SPOE	Single Point of Entry
SPOR	Single Point of Referral
STEIS	Strategic Executive Information System
STF	Sustainability and Transformation Fund
STP	Sustainability and Transformation Partnership
SUI	Serious (Untoward) Incident
T	
TARN	Trauma Audit and Research Network
TCP	Transforming Care Partnerships
TCS	Transforming Community Services
TDA	Trust Development Authority
TMT	Trust Management Team
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 1981
TMAC	Trust Medical Advisory Committee
U	
UDBH	University Hospitals of Derby and Burton
V	
VO	Vertical Observatory
W	
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard
WSoA	Written Statement of Action
WTE	Whole Time Equivalent
Y	
YTD	Year to Date