

Derbyshire Healthcare NHS Foundation Trust

Meeting of the Board of Directors

Conference Rooms A and B, Centre for Research and Development, Kingsway Hospital, Derby
5 June 2018 09:30 - 5 June 2018 13:00

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**NOTICE OF PUBLIC BOARD MEETING – WEDNESDAY 5 JUNE 2018
TO COMMENCE AT 9:30 AM IN CONFERENCE ROOMS A&B
FIRST FLOOR, CENTRE FOR RESEARCH & DEVELOPMENT, KINGSWAY HOSPITAL**

	TIME	AGENDA	LED BY
1.	9:30	Chair's welcome, opening remarks, apologies for absence and Declarations of Interest Register	Caroline Maley
2.	9:35	Minutes of Board of Directors meeting held on 1 May 2018	Caroline Maley
3.		Matters arising – Actions Matrix	Caroline Maley
4.		Questions from governors or members of the public	Caroline Maley
5.	9:40	Chair's Update and update from Remuneration & Appointments Committee held 16 May 2018	Caroline Maley
6.	9:50	Chief Executive's Update	Ifti Majid
7.	10:00	Update on Joined Up Care Derbyshire	Vikki Taylor
OPERATIONAL PERFORMANCE, QUALITY AND STRATEGY			
8.	10:30	Integrated Performance and Activity Report	Claire Wright/Amanda Rawlings/Carolyn Green/ Mark Powell
9.	10:50	Ratification of notes of meeting held 26 April to approve Operational Plan Submission	Claire Wright
11:00 B R E A K			
10.	11:15	Radbourne Unit Deep Dive	Mark Powell
11.	11:40	Board Committee Assurance Summaries and Escalations: Audit & Risk Committee 3 May, Quality Committee 8 May, Safeguarding Committee 10 May, Finance & Performance Committee 15 May, Audit & Risk Committee 24 May 2018 (<i>minutes of these meetings are available upon request</i>)	Committee Chairs
12.	11:55	Report on Effectiveness of Board Committees	Sam Harrison
CLOSING MATTERS			
13.	12:05	- Identification of any issues arising from the meeting for inclusion or updating in the Board Assurance Framework - Meeting effectiveness	Caroline Maley
FOR INFORMATION: 2018/19 Board Forward Plan Report from Council of Governors meeting held 1 May 2018			

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.Turner2@derbyshcft.nhs.uk

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 3 July 2018 in Conference Rooms A & B, Centre for Research and Development, Kingsway, Derby DE22 3LZ
Users of the Trust's services and other members of the public are welcome to attend the meetings of the Board.

Participation in meetings is at the Chair's discretion

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 and the principles that bind us together in a common approach, no matter what our employed role is.

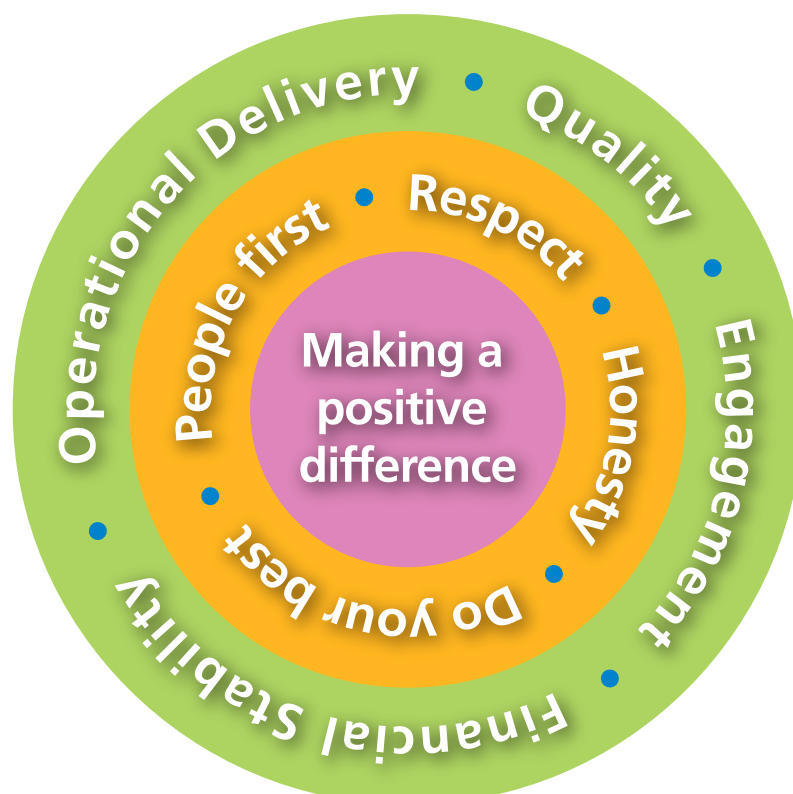
Our Trust values are:

People first – We put our patients and colleagues at the centre of everything we do.

Respect – We respect and value the diversity of our patients, colleagues and partners and support a respectful and inclusive environment.

Honesty – We are open and transparent in all we do.

Do your best – We work closely with our partners to achieve the best possible outcomes for people.



Declaration of Interests Register 2018/19

NAME	INTEREST DISCLOSED	TYPE
Margaret Gildea Non-Executive Director	<ul style="list-style-type: none"> • Director, Organisation Change Solutions Limited • Non-Executive Director, Derwent Living 	(a, b) (a)
Gareth Harry Director of Director of Business Improvement & Transformation	<ul style="list-style-type: none"> • Chairman, Marehay Cricket Club • Member of the Labour Party 	(d) (e)
Geoff Lewins Non-Executive Director	<ul style="list-style-type: none"> • Director, Woodhouse May Ltd • Director, Arkwright Society Ltd 	(a, b) (a)
Ifti Majid Chief Executive	<ul style="list-style-type: none"> • Kate Majid (spouse) Chief Executive of the Shaw Mind Foundation which is a global mental health charity 	(a, d)
Caroline Maley Trust Chair	<ul style="list-style-type: none"> • Director – C D Maley Ltd • Trustee – Vocaleyes Ltd. • Governor, Brooksby Melton College 	(a, b) (a, d) (a, d)
Mark Powell Chief Operating Officer	<ul style="list-style-type: none"> • Chair of Governors, Brookfield Primary School, Mickleover, Derby 	(e)
Amanda Rawlings Director of People and Organisational Effectiveness (DHCFT)	<ul style="list-style-type: none"> • Director of People and Organisational Effectiveness, Derbyshire Community Healthcare Services (DCHS) • Co-optee Cross Keys Homes, Peterborough 	(e) (e)
Dr Julia Tabreham Deputy Trust Chair and Non-Executive Director	<ul style="list-style-type: none"> • Non-Executive Director, Parliamentary and Health Service Ombudsman • Director of Research and Ambassador Carers Federation • Member of Sir Alex Allan's Parliamentary and Health Service Ombudsman's Clinical Advice Service Review 	(a) (d) (a)
Dr John Sykes Medical Director	<ul style="list-style-type: none"> • Undertakes paid assessments of patients at the request of the local authorities under the Mental Health Act and Mental Capacity Act and acts likewise for solicitors representing patients. 	(e)
Richard Wright Non-Executive Director	<ul style="list-style-type: none"> • Executive Director, Sheffield Chamber of Commerce • Chair Sheffield UTC Multi Academy Trust • Board Member, National Centre of Sport and Exercise Medicine Sheffield 	(a) (a) (d)

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

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

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

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

Tuesday 1 May 2018

MEETING HELD IN PUBLIC

Commenced: 9.30am

Closed: 1pm

PRESENT:	<p>Caroline Maley Dr Julia Tabreham Margaret Gildea Geoff Lewins Dr Anne Wright Richard Wright Ifti Majid Claire Wright Dr John Sykes Carolyn Green Mark Powell Samantha Harrison Amanda Rawlings Lynn Wilmott-Shepherd</p>	<p>Trust Chair Deputy Trust Chair and Non-Executive Director Senior Independent Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Director of Finance & Deputy Chief Executive Medical Director Director of Nursing & Patient Experience Chief Operating Officer Director of Corporate Affairs & Trust Secretary Director of People & Organisational Effectiveness Interim Director of Strategic Development</p>
IN ATTENDANCE:	<p>Anna Shaw Gareth Harry Avtar Johal Stacey Rach Sue Turner Nathan Darnley</p>	<p>Deputy Director of Communications & Involvement Incoming Director of Business Improvement & Transformation NeXt Director Programme Lead Nurse, Morton Ward, Hartington Unit Board Secretary (minutes) Work and Wellbeing Manager, LiveWell - Building Better Opportunities, South Yorkshire Housing Association Limited Service Receiver Head of Nursing</p>
For item DHCFT 2018/054	Michael Crossley	
For item DHCFT 2018/054	Vicki Baxendale	
VISITORS: all attended from DHCFT 2018/053-064	<p>John Morrissey Carole Riley Christine Williamson Shelley Commery Jason Holdcroft Lynda Langley Shirish Patel Adrian Rimington Emma Stokes</p>	<p>Lead Governor and Public Governor, Amber Valley Deputy Lead Governor and Public Governor, Derby City East Public Governor, Derby City West Public Governor, Erewash Staff Governor, Medical and Dental Public Governor, Chesterfield Public Governor, Erewash Public Governor, Chesterfield Strategic Account Manager, Healthcare Operations, Pfizer Innovative Health Business</p>

**DHCFT
2018/053**

CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

Trust Chair, Caroline Maley, welcomed everyone to the meeting.

	<p>An introduction was made to Lead Nurse, Stacey Rach, who Caroline had invited to observe the Board following her recent visit to the Hartington Unit. Introductions were also made to incoming Director of Business Improvement & Transformation, Gareth Harry who will commence his role on 1 June and Avtar Johal who is carrying out a placement with the Trust for six months under the NExT Director scheme.</p> <p>Gareth Harry declared an interest in respect of his current post as Chief Commissioning Officer, NHS Hardwick Clinical Commissioning Group.</p>
<p>DHCFT 2018/054</p>	<p><u>YEAR END REVIEW OF DECLARATIONS OF INTEREST REGISTER</u></p> <p>This report provided the Trust Board with an account of directors' interests as at 31 March 2018. These are recorded in the Register of Interests which is accessible to the public at the Trust Head Office and will be listed in the Trust's annual report and accounts for 2017/18.</p> <p>The Board reviewed the register of interests. Amendments were noted from two Non-Executive Directors (NEDs). Geoff Lewins' entry would be updated to include his role as Director, Arkwright Society Ltd. Julia Tabream's entry would be updated to include her role as Elective member for CHETWYND, the Toton and Chilwell Neighbourhood Forum representing the community's interest in the HS2 high speed rail project.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Approved the record of declarations of interest as disclosed. 2) Noted that all Directors have signed as to compliance with the NHS Codes of Conduct and Accountability and Nolan principles; no relevant audit matters have been declared.
<p>DHCFT 2018/055</p>	<p><u>SERVICE RECEIVER STORY – BUILDING BETTER OPPORTUNITIES</u></p> <p>The Building Better Opportunities programme is part of the national strategy for developing employment opportunities for people who are in symptom recovery and mental health recovery.</p> <p>Director of Nursing & Patient Experience, Carolyn Green, introduced Nathan Darnley from the Building Better Opportunities programme and service receiver Michael Crossley. Nathan explained how he works closely with the Trust's consultants who refer service users to the programme. He talked about the individual placement and support (IPS) service he provides for people who are recovering from mental health illnesses and described how he identifies people's strength and helps them find work based on their skills and the number of hours they are available to work. IPS is designed to get people into work as soon as possible and help keep them in work and it supports people up thirteen weeks once they are in work. A lot of Nathan's working also involves helping businesses understand how to support employees with mental health issues. He also helps businesses source new recruits based on their business needs.</p> <p>Caroline Maley asked Nathan if businesses are more supportive of staff coming to work with mental health conditions now that there is a national focus on mental health. Nathan recognised that a lot of employers want to be more open to people with mental health issues but are unsure how to support them and described how he invites businesses to articulate their concerns and provides them with guidance on how to support their staff.</p> <p>Michael had been out of work for a number of years due to his mental health illness and this had caused him to have a lack of purpose. He talked about his experience of the Building Better Opportunities IPS programme. He found it helpful being in this scheme as it helped him to start thinking positively about finding work. Being in meaningful employment had helped him stay well as his health depended on him feeling useful and it had also given him confidence.</p> <p>The Board reflected on Michael's experience and acknowledged the difference it can</p>

	<p>make to feel valued and to make a contribution in the workplace.</p> <p>Caroline Maley thanked Nathan and Michael for sharing their experiences which had given the Board an opportunity to build the concept of IPS into the Trust's future strategy in order to support our service users in the community and support them whilst they are in work. She proposed that the Executive Leadership Team (ELT) takes this initiative forward and also considers the Trust's responsibility to support its own staff who have mental health issues.</p> <p>ACTION: ELT to consider a model of employment intervention service within the Trust's strategy</p> <p>RESOLVED: The Board of Directors received and noted the innovative practices developed through IPS and the Building Better Opportunities programme</p>
DHCFT 2018/056	<p><u>MINUTES OF THE MEETING DATED 28 MARCH 2018</u></p> <p>The minutes of the previous meeting, held on 28 March were agreed and accepted as an accurate record.</p>
DHCFT 2018/056	<p><u>ACTIONS MATRIX AND MATTERS ARISING</u></p> <p>The Board agreed to close all completed actions. Updates were provided by members of the Board and were noted on the actions matrix. All completed 'green' actions were scrutinised to ensure that they were fully complete and actions that were not complete were challenged with Executive Director leads.</p>
DHCFT 2018/057	<p><u>CHAIR'S UPDATE</u></p> <p>Caroline Maley's report provided an update on the recent meetings and visits to staff and services since the last meeting was held on 28 March.</p> <p>Caroline reflected on her visit to the community team at Dale Bank View in Swadlincote which reinforced the discussions held by Board about the pressures on our community teams and the demands on resource capacity. She also reiterated this was the first Board meeting that NEXt Director scheme placement Avtar Johal has attended and that he will also attend a range of Trust meetings and that she viewed his placement as a positive contribution to the development of Non-Executive Directors for the future.</p> <p>The Remuneration and Appointments Committee met on 18 April 2018, and a summary of that meeting was included as appendix 1 to the Chair's report. The report also included a summary of questions raised at the System Leadership event that would be included in a future Board Development session to develop the Board's understanding and involvement in system leadership.</p> <p>RESOLVED: The Board of Directors noted the activities of the Trust Chair throughout the month of April</p>
DHCFT 2018/058	<p><u>DYING TO WORK CHARTER</u></p> <p>Director of People & Organisational Effectiveness, Amanda Rawlings, presented her report that asked Board members to support and engage in the Trust signing the Dying at Work Charter in partnership with our Staff Side Representatives and the TUC.</p> <p>The Board acknowledged that by signing the Dying to Work Charter the Trust would be pledging to support, protect and guide its staff throughout their employment following a terminal diagnosis.</p> <p>The Board welcomed this opportunity and formally committed its support to the signing of the Charter by the Trust Chief Executive and the TUC Regional Secretary that will take</p>

	<p>place with the support of the Chair, Board members, Staff Side Representatives, governors and Pauline Latham OBE, Conservative MP for Mid-Derbyshire on 15 June at 4pm.</p> <p>It was noted that a formal communication will be made to current and future staff to raise awareness of the Charter and to inform them that support will be available to all staff should they find they are impacted by a serious or life limiting illness.</p> <p>Caroline Maley observed that the Charter had a direct link with the Trust's vision and values in making a positive difference to people's lives. She hoped to see as many Board members as possible at the signing on 15 June and highlighted that the Council of Governors had also been invited to attend this event.</p> <p>RESOLVED: The Board of Directors fully supported the Dying to Work Charter and will attend the signing ceremony on 15 June if available</p>
<p>DHCFT 2018/059</p>	<p><u>CHIEF EXECUTIVE'S REPORT</u></p> <p>The Chief Executive's report provided the Board of Directors with an update on developments occurring within the local Derbyshire health and social care community. The report also updated the Board on feedback from external stakeholders such as commissioners and feedback from staff. Ifti Majid's report was used to support strategic discussion on the delivery of the Trust strategy.</p> <p>Ifti made reference to the continued positive profile of mental health by the government which will allow the Trust to build its services to connect more with people. He was very much looking forward to the implementation of 2018/19 Mental Health deliverables that is being recommended for the Integrated Care System (ICS, formerly known as Accountable Care System ACS) to support mental health delivery.</p> <p>Attention was drawn to the key areas discussed at the Derbyshire County Health and Wellbeing Board's (HWB) April meeting outlined in the report as well as the benefits that can be gained from simple regular exercise to improve balance and agility. Ifti looked forward to embracing this type of work within the Trust's services especially in terms of improving frailty in service users and therefore reducing falls that lead to unnecessary admission to hospital.</p> <p>The proposed plans for the new style Quality Position Statement that was included as an addendum to the report were discussed. The Board welcomed this new style report and recognised that it will, together with the Integrated Performance Report, drive the management of risks within the Board Assurance Framework (BAF). As reporting develops these measures will be reviewed in line with new guidance and the new style report will be introduced to the Board at the July meeting.</p> <p>RESOLVED: The Board of Directors noted and scrutinised the Chief Executive's update and agreed to receive the first new style Quality Position Statement in July.</p>
<p>DHCFT 2018/060</p>	<p><u>QUARTERLY UPDATE ON JOINED UP CARE DERBYSHIRE</u></p> <p>This item was not discussed and was deferred to the June meeting</p>
<p>DHCFT 2018/061</p>	<p><u>VERBAL UPDATE FROM OPERATIONAL PLANNING MEETING</u></p> <p>Deputy Chief Executive and Director of Finance, Claire Wright, provided the Board with an update from the meeting attended by the Trust Chair, Chief Executive, Chair of the Audit & Risk Committee, Chair of the Finance & Performance Committee, Director of Finance and Deputy Director of Finance held on 26 April to scrutinise the operational financial planning for 2018/19 prior to the submission to NHS Improvement on 30 April.</p> <p>Claire Wright highlighted the variations between the draft and the final version and</p>

	<p>confirmed that there has been no change to the required level of surplus. The main changes to the financial plan related to the assumptions around service developments, additional expenditure and the required level of CIP which had increased from £3.7m to £4.8m. The Board was satisfied that the plan had been suitably scrutinised and that overall assurance had been sought on all key points associated with the delivery of the plan. It was noted that the operational plan for 2018/19 had been successfully submitted to NHSI and the Board expressed its appreciation of the work carried out by the finance team in producing this submission.</p> <p>RESOLVED: The Board of Directors noted the verbal update relating to the Operational Financial Planning submission for 2018/19</p>
<p>DHCFT 2018/062</p>	<p><u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT (IPR)</u></p> <p>The IPR provided the Trust Board with an integrated overview of performance as at the end of March that focussed on workforce, finance, operational delivery and quality performance. The report identified that the Trust continues to perform well against many of its key indicators, with maintenance or improvements continuing across many of the Trust's services. Issues identified in previous reports continue to be worked on through operational business.</p> <p>Chief Operating Officer, Mark Powell, advised that this report should be treated as a positive year-end report that reflected the work resolved through Board Committees. He highlighted that as previously forecast the Trust had over achieved the control total surplus by £663k excluding Sustainability and Transformation fund (STF) income. Due to the overachievement of the control total the Trust has received additional STF incentive income of £2.3m. This has resulted in an end of year surplus of £5.8m against the control total of £2.8m.</p> <p>The Board discussed how out of area placements remain challenging. The level of activity had increased over the last couple months although this level had reduced since the report was written. The Board acknowledged that the teams are working hard to keep patients safe while trying to reduce their length of stay. It was noted from a quality perspective that the significant increase of episodes of patients held in seclusion in March was due to the clinical needs of four individuals on two wards and this accounted for the need for patients to be cared for out of area for the safety of both staff and inpatients.</p> <p>Due to the request made at the previous Board meeting for more detailed information on consultant outpatient cancellations the report showed that that a significant number of patients are attending their follow up appointments. It was noted that the main reasons for outpatient cancellations is due to staff sickness and maternity leave. The outpatient cancellation rate is currently at its lowest rate of 7% and work is taking place to ensure there is a flexible level of capacity to cope with having a smaller number of consultants in the workplace.</p> <p>Deputy Trust Chair, Julia Tabreham, referred to the 12% twelve month total of consultant outpatient cancellations linked to patient DNAs (Did Not Attend). Mark Powell explained the general hypothesis that if the first appointment is cancelled it is more likely that people will not attend their rearranged appointment although the information presented did not support this. Analysis is taking place to establish whether the same number of people repeatedly DNA and to establish whether these individuals have been seen as an inpatient or by the Crisis Team.</p> <p>Amanda Rawlings reported that the Trust saw a lower sickness rate for March than the previous month; the target was 4.5% and 4.8% was achieved. She was pleased to report that problem areas are being targeted and work is taking place to support individuals back into the workplace.</p> <p>Discussion took place on improvements being made for safer staffing. Mark Powell reported that safer staffing is regularly addressed in the Divisional Performance Review</p>

	<p>meetings. A decision was made for the People & Organisational Effectiveness team and the Operational team to look at the recruitment plans. Assurances were given from members of the Hartington Unit team that they have recruitment plans to ensure full capacity in the next few months. There is also an improved recruitment programme being implemented at the Radbourne Unit to ensure our staff and patients are appropriately safe.</p> <p>Discussion took place on the ward staffing report and whether mitigating actions could be included in this report. Mark Powell and Carolyn Green undertook to look at this data that is received from senior staff on the wards to establish if better clarity of mitigating actions could be included in the new version of the IPR to provide a better consistency in our data.</p> <p>Claire Wright talked about the Trust's financial performance. As previously forecast the Trust had over achieved the control total surplus by £663k excluding STF income. Due to the overachievement of the control total additional STF incentive income has been allocated and this will be received in July. This will remain as surplus and will be used for strategic priorities within the capital programme. Claire is in the process of preparing an easy to understand briefing that will be communicated to staff so they can think about ways of being efficient and productive in our use of this money. The Board understood that this is real opportunity to invest capital for the best use of for staff, patients and it also fits in with our people priorities.</p> <p>Caroline Maley reflected on how the IPR is an important part of the Board's review of the Trust's performance and that it had developed over time and she looked forward to receiving the reshaped IPR at the June meeting.</p> <p>ACTION: Data on mitigating actions to be considered for inclusion in ward staffing report</p> <p>RESOLVED: The Board of Directors considered the Integrated Performance Report and obtained limited assurance on current performance across the areas presented.</p>
<p>DHCFT 2018/063</p>	<p><u>STRATEGY 2017/18 DASHBOARD SIGNOFF</u></p> <p>Interim Director of Strategic Development, Lynn Wilmott-Shepherd, presented her report that gave an update on the final position at the end of 2017/18 (year 2) of the Trust Strategy 2016-21. This will be the final report in this format as a new dashboard will be devised to help demonstrate progress towards achieving the revised strategic objectives.</p> <p>The Board noted the information contained in the dashboard and acknowledged the achievements that have been presented and scrutinised throughout the year.</p> <p>RESOLVED: The Board of Directors considered the dashboard and noted the achievements for Year 2 of the Strategic Plan</p>
<p>DHCFT 2018/064</p>	<p><u>PEOPLE & ORGANISTIONAL EFFECTIVENESS FUNCTION UPDATE</u></p> <p>Amanda Rawlings presented her report and updated the Board on the Joint Shared HR/Workforce function between the Trust (DHCFT) and Derbyshire Community Health Services Foundation Trust (DCHS).</p> <p>Amanda highlighted the work that has taken place over the last few months to create a new shared HR service for DHCFT and DCHS. This new service replaces the current Workforce and Organisational Development Team at Derbyshire Healthcare and the People & Organisational Effectiveness Team at DCHS. This team will play a significant role in developing both organisations' people strategies.</p> <p>The Board was pleased to receive confirmation that 31 employees from DHCFT were</p>

	<p>subject to TUPE transfer on 1 April 2018 and that the new service will commence as of today, 1 May. Amanda Rawlings reported that there are still some final appointments to be made and all staff will have permanent roles. Work handover is due to be completed before the service is able to be fully functional. A number of further service improvements are planned and a programme of work will be discussed and finalised with the Joint Venture Leadership Team. The People and Culture Committee is scheduled to receive updates on the delivery of the key people metrics as identified in the IPR and the People Strategy that will be supported and enabled by this new service.</p> <p>The Board recognised that the objective of developing this new service was to provide more capacity and resilience in delivery of HR, workforce and OD requirements to the Trust. Assurance was received that every effort was made through the consultation process to mitigate any equality and diversity implications with individuals, teams and the Directorate as a whole and there are no known legal claims in relation to this programme of work.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Noted the progress with the delivery of the new service that was launched on 1 May 2018 and that some final appointments are to be made. 2) Noted that the Joint Venture Leadership Team will oversee the development and delivery of the service 3) Noted that the People and Culture Committee will receive updates on the delivery of the key people metrics as identified in the Trust performance report and People Strategy that will be supported and enabled by this new service.
<p>DHCFT 2018/065</p>	<p><u>EQUALITY DELIVERY SYSTEM 2 AND WORKFORCE RACE EQUALITY STANDARD UPDATE REPORT</u></p> <p>Amanda Rawlings presented the Board with an update report on the Equality Delivery System 2 (EDS2) that set out the key themes and actions following the annual grading against the national performance EDS2 standards for service and workforce.</p> <p>The report also contained the Workforce Race Equality Standard Action Plan 2017 that has been designed to help BME staff to succeed. This action plan was discussed and it and it was noted that data relating to any under-representation of BME staff would be analysed and discussed at the People & Culture Committee in order to receive assurance on the system processes. Carolyn Green suggested that guidance for staff on how to protectively respond to racist remarks be included in diversity training.</p> <p>The report also identified the preparation to be made for the forthcoming Workforce Disability Equality Standard (WDES) deadline in August 2019. The Board discussed the proposal for Disability and Long Term Conditions Board Equality Champion and agreed that the Executive Team will discuss how to take the selection of the named lead champion forward.</p> <p>Caroline Maley considered that the WRES action plan was extremely detailed and made the suggestion that target dates be included. Amanda Rawlings agreed and undertook to include focussed dates on each indicator in the next version of the action plan. Ifti Majid was of the opinion that the WRES action plan should be owned by the whole organisation not just the BME network and that it be shared throughout the through the community to enhance people’s understanding of WRES and was pleased to see that the EDS2 Dashboard would be uploaded onto the Trust’s website.</p> <p>ACTION: Nomination of the Disability and Long Term Conditions Board champion to be progressed with Executive Directors</p> <p>ACTION: People & Culture Committee to analyse the data relating to any under-representation of BME staff in the WRES action plan in order to receive assurance on the system processes</p>

	<p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Discussed and approved draft EDS2 Dashboard prior to sharing with commissioners, stakeholders and the Trust's website 2) Noted the EDS2 Implementation Plan 2018/19 and provisional dates 15/11/2018 (operational service) and 12/2/2019 (workforce and inclusive leadership) to enhance planning and attendance 3) Noted the WRES action plan, progress to date and top three areas for action to close the gap 4) Noted the WRES deadline August 2018 5) Noted Reverse Mentoring commencement from 11 May 2018 and the delivery of one-to-one training to remaining Executive Directors 6) Noted the WDES deadline August 2019 and next steps 7) Discussed the proposal for Disability and Long Term Conditions Board champion and agreed to progress this with Executive Directors
<p>DHCFT 2018/066</p>	<p><u>BOARD ASSURANCE SUMMARIES AND ESCALATIONS</u></p> <p>The Assurance summary was received from the Quality Committee held on 10 April. Committee Chair, Julia Tabreham, updated the Board on key items that were discussed and decisions made at the meeting. These included the continued review and effectiveness of the BAF risks that the Committee is responsible for. She was pleased to report that a positive improvement has been seen on closing the outstanding CQC actions and good levels of assurance were obtained on the closure of serious incident investigations.</p> <p>The Board agreed that the new style of Board Committee assurance reporting was working effectively. It was suggested that narrative describing the assurance levels are more strongly highlighted in future reports to assist the Board in noting the assurance gained.</p> <p>RESOLVED: The Board of Directors received and noted the Board Committee Assurance Summary from the Quality Committee</p>
<p>DHCFT 2018/067</p>	<p><u>2018/19 BOARD ASSURANCE FRAMEWORK ISSUE 1</u></p> <p>Director of Corporate Affairs, Sam Harrison presented the Board with the first issue of the BAF for 2018/19. The report set out how the BAF will be managed throughout the year through review by the Executive Leadership Team (ELT) and the Audit & Risk Committee.</p> <p>The Board noted the seven risks carried forward into 2018/19 and the new risks for 2018/19.</p> <p>Attention was drawn to the deep dive programme and the review of extreme rated risks that will be reviewed by the Audit & Risk Committee directly. The Board received assurance that the deep dives are fully embedded in the BAF process and enable review and challenge of the controls and assurances associated with each risk. It was agreed that the gap in assurance of risk 4a relating to staff retention, recruitment and development would be expanded to include further detail on the development of staff in the next iteration of the BAF. The Board was assured that this risk is continually focussed on by the People & Culture Committee.</p> <p>The Board recognised that the BAF is a dynamic tool and is an ongoing focus of individual Board Committees and approved the first issue of the BAF for 2018/19. Further work will be completed for the second issue of the BAF to clearly define key controls and assurances and will be submitted to the Board in July.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Agreed and approved this first issue BAF for 2018/19 and the significant assurance the paper provides of the process of the review, scrutiny and update

	<p>of the BAF in seeking to identify and mitigate risks to achieving the Trust's strategic objectives</p> <p>2) Agreed the draft plan for completion of deep dives</p> <p>3) Agreed for further work to be completed for the second issue of the BAF, due July 2018, to clearly define key controls and assurances, and associated actions to reduce gaps</p>
DHCFT 2018/068	<p><u>2017/18 DATA SECURITY PROTECTION REQUIREMENTS YEAR END DECLARATION</u></p> <p>This paper outlined the proposed content of the Trust's submission to NHS Improvement (NHSI) and requested the Board's approval to proceed with its submission demonstrating its compliance with 10 cyber security standards.</p> <p>Sam Harrison as Senior Information Risk Owner (SIRO) summarised how the submission defines ten requirements under three obligations covering people, processes and technology.</p> <p>It was understood that each of ten requirements has been assessed and rated and it was confirmed that the Trust is compliant with all ten requirements and the proposed submission reflects that level of compliance. All ten requirements have been thoroughly reviewed by the Executive Leadership Team and the Information Governance Committee.</p> <p>Significant assurance was received from the content of the report and thanks were extended to the Information Governance Team for producing such a comprehensive piece of work. The Board was pleased to note that the business continuity plan for cyber security incidents has been tested in 2017/18 and duly ratified the proposed submission to NHSI.</p> <p>RESOLVED: The Board of Directors considered the proposed content of the submission to NHSI and ratified the proposed submission as mandated by NHSI by the 11 May deadline.</p>
DHCFT 2018/069	<p><u>NHSI COMPLIANCE RETURNS</u></p> <p>The aim of self-certification is for the Trust to assure itself it is in compliance with NHS Provider conditions. Sam Harrison's presented the proposed relevant declarations to the Trust Board.</p> <p>The Board noted the declarations regarding its NHS provider conditions as outlined and was satisfied that governance systems are in place to achieve the objectives set out in the licence condition and received assurance from the feedback from governors that they have received training and support to carry out their roles.</p> <p>The Board thanked Sam Harrison for providing a straight forward process for scrutinising and approving the proposed declarations and acknowledged that the criteria included in the objectives will continue to be met through the work of the Board Committees.</p> <p>RESOLVED: The Board of Directors:</p> <p>1) Confirmed agreement with the proposed declarations for signature by the Chair and Chief Executive</p> <p>2. Agreed to the publication of the self-declarations</p>
DHCFT 2018/070	<p><u>FIT AND PROPER PERSONS TEST DECLARATION AND REVISED FIT AND PROPER PERSON POLICY</u></p> <p>Sam Harrison presented the context of the Chair's declaration that all Trust Board Directors meet the fitness test and do not meet any of the 'unfit' criteria as per the Fit and Person's Test regulations (FPPR) (Health and Social Care Act 2008 Regulation 2014).</p>

	<p>It is the Chair's responsibility at the end of every year to declare that processes are maintained for ensuring compliance with FPPR. Sam Harrison confirmed that a robust process is in place to ensure that FPPR processes have been applied to all Board members and are recorded in Executive Directors' and NEDs' personal files.</p> <p>RESOLVED: The Board of Directors received full assurance from the Chair's declaration that that all Directors meet the fitness test and do not meet any of the 'unfit' criteria</p> <p>Sam Harrison referred to the Fit and Proper Persons Policy that was appended to the Chair's declaration. It was noted that the policy had been updated in line with good practice and guidance from the Care Quality Commission and NHS Providers.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Noted the updates to the policy and approved the policy for publication. 2) Received full assurance that implementation of the policy will ensure compliance with the Fit and Proper Persons Regulations (2014).
<p>DHCFT 2018/071</p>	<p><u>2017/18 YEAR-END REVIEW OF TRUST SEALINGS</u></p> <p>This report provided the Trust Board with an update of the authorised use of the Foundation Trust Seal since 1 January 2018. This report completes reporting on the use of the seal for the 2017/18 financial year. Future reporting will be carried out on a six monthly basis and will include an end of year report.</p> <p>RESOLVED: The Board of Directors noted the authorised use of the Foundation Trust Seal since January 2018 and received full assurance that this has been undertaken in accordance with the Standing Financial Instructions and Standing Orders of the Board of Directors.</p>
<p>DHCFT 2018/072</p>	<p><u>WELL-LED REVIEW RECOMMENDATIONS</u></p> <p>Sam Harrison's report provided the Board with an update on the governance process for the implementation of the recommendations arising from the phase 3 Deloitte review of the Trust's governance arrangements including progress relating to recommendations for direct Board oversight.</p> <p>It was acknowledged that following discussions with the Board in January ten recommendations were assigned to the Board Committees to take oversight and to receive assurance on progress with the recommendations. Board Committees have since agreed or updated the recommendations that were assigned to them and these have been RAG rated.</p> <p>The Board obtained assurance from the summary of the Board Committee recommendations review schedule contained in the report. The amber rated Recommendation 6 assigned to the People & Culture Committee relating to the staff objectives has been reprioritised due to the implementation of the POE function and will be amended to reflect a revised timeline in line with the outcome of the upcoming pay review.</p> <p>The Board noted that ongoing work is taking place to progress the red rated recommendation 11 covering improvement methodology and will have renewed focus by the Finance & Performance Committee once the Director of Business Improvement and Transformation is in post in June. Recommendation 12 on staff views on data is also red rated and will continue to be reviewed by the Finance & Performance Committee.</p> <p>The recommendations which fall directly to the Board were covered by the blue forms appended to the report for consideration. The Board was satisfied that a solid governance process is in place for Recommendation 1 on vision, strategy and planning</p>

	<p>and Recommendation 9 relating to the further development of the IPR. It was agreed that a further review of activity will be received at the November meeting.</p> <p>ACTION: Update report on Phase 3 Deloitte recommendations to be received at the November meeting</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Received assurance from the update on progress with the recommendations following review and scrutiny by Board Committees 2) Considered the scope, assurance and proposed timeframe and governance structures outlined for the two recommendations falling under the direct remit of the Board 3) Agreed that a review of progress against all recommendations be reviewed by the Trust Board in November 2018 with assurance/escalations from Board Committees as appropriate via summary reporting from Committees in the interim
DHCFT 2018/073	<p><u>IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK</u></p> <p>As a result of today's discussions it was agreed that BAF risk 4a relating to staff retention, recruitment and development would be expanded to include the further detail on the development of staff and would be focussed on the in the next iteration of the BAF to be received at the July meeting.</p>
DHCFT 2018/074	<p><u>MEETING EFFECTIVENESS</u></p> <p>Visitors to today's meeting reflected on their experience of the discussions held. Comments from members of the Board confirmed that assurance had been received on the governance processes and controls.</p>
DHCFT 2018/075	<p><u>2018/19 BOARD FORWARD PLAN</u></p> <p>The 2018/19 forward plan was noted for information.</p>
<p>The next meeting of the Board to be held in Public Session will take place at 9:30 on Tuesday, June 2018.</p> <p style="text-align: center;">The location will be Conference Rooms A&B Research and Development Centre, Kingsway, Derby DE22 3LZ</p>	

BOARD OF DIRECTORS (PUBLIC) ACTION MATRIX - JUNE 2018							
Date	Minute Ref	Item	Lead	Action	Completion Date	Current Position	
28.2.2018	DHCFT 2018/024	Deep Dive – Joint Eating Disorders Service	Carolyn Green	Introduction of a combined initiative with specialist areas to be captured in the new Eating Disorders Strategy	Nov-18	A revised eating disorder strategy will be submitted to the Quality Committee within a six month delivery date - scheduled for October 2018. Action transferred to Quality Committee and captured on Quality Committee actions matrix. Quality Committee to confirm when action is complete	Amber
28.3.2018	DHCFT 2018/042	Board Assurance Summaries and Escalations	John Sykes Ifti Majid	Age discrimination breach within the Equalities Act to be raised with commissioners on behalf of the Quality Committee	1.5.2018	Letter regarding age discrimination breach within the Equalities Act has been sent to commissioners and will be progressed through the Quality Committee and will also be addressed by ELT. Action transferred to Quality Committee and captured on Quality Committee actions matrix. Quality Committee to confirm when action is complete	Yellow
28.3.2018	DHCFT 2018/050	Meeting Effectiveness	Sam Harrison	Board report template to be revised to capture other forums where reports are discussed	5.6.2018	Report template revised and contains a prompt for authors to include the nature of previous debate at Board Committees or other forums	Green
1.5.2018	DHCFT 2018/055	Service Receiver Story – Building Better Opportunities	Ifti Majid	ELT (Executive Leadership Team) to consider a model of employment intervention service within the Trust's strategy	5.6.2018	ELT is progressing the Trust strategy to include a model of employment intervention	Green
1.5.2018	DHCFT 2018/062	Integrated Performance Report (IPR)	Mark Powell Carolyn Green	Data on mitigating actions to be considered for inclusion in ward staffing report	5.6.2018	The ward staffing report has been removed from the new IPR. However, the risks contained within it will continue to be provided to Quality and People & Culture Committee where mitigating actions will be presented to provide both quality and workforce planning assurance	Green
1.5.2018	DHCFT 2018/065	Equality Delivery System 2 and Workforce Race Equality Standard Update Report	Exec Directors (ELT)	Nomination of the Disability and Long Term Conditions Board champion to be progressed with Executive Directors	5.6.2018	Amanda Rawlings nominated as Disability and Long Term Conditions Board champion	Green
1.5.2018	DHCFT 2018/065	Equality Delivery System 2 and Workforce Race Equality Standard Update Report	Amanda Rawlings	People & Culture Committee to analyse the data relating to any under-representation of BME staff in the WRES action plan in order to receive assurance on the system processes	5.6.2018	Head of Equality, Diversity and Inclusion is discussing the data with the BME Network and will be including key actions in the WRES action plan that will be reviewed at a future People and Culture meeting.	Green
1.5.2018	DHCFT 2018/072	Well-Led Review Recommendations	Sam Harrison	Update report on Phase 3 Deloitte recommendations to be received at the November meeting	6.11.2018	Agenda item for November meeting	Yellow

Resolved	GREEN	5	63%
Action Ongoing/Update Required	AMBER	1	13%
Action Overdue	RED	0	0%
Agenda item for future meeting	YELLOW	2	24%
		8	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 1 May 2018. The structure of this report reflects the role that I have as Trust Chair. In this month I have had a few days off on leave.

Our Trust and Staff

1. I have made a point of visiting as many front line services as possible, so that my leadership is grounded on the reality of what our staff face every day, and also to ensure that I have a good understanding of the services provided by the Trust.
2. On 1 May, I was shadowed at the Board and Council of Governors meeting by Stacey Rach. Stacey hosted my visit to the Hartington Unit in February, and I invited her to shadow me for a day to see what I do as Trust Chair. Stacey found the experience invaluable and noted that she would be able to share with staff how the Board do understand what they are facing every day at the front line and talk about it at Board.
3. On Tuesday 15 May I attended the first hour and a half of the LGBT+ conference. It was good to see so many staff and partners gathered together to celebrate and support our LGBT+ community. My thanks to all who were involved and supported this fantastic event.
4. I was not able to attend the BME conference on 23 May due to attending a family funeral. I was pleased to hear that it too was a great success. I do believe that the Trust is making good progress in the equalities and diversity arena and thank all staff and executives in the positive way that this valuable work is carried out.
5. On Tuesday 22 May I visited Cubley Court (Female) to attend a Multi-Disciplinary team meeting conducted by Dr Jenny Hartman. I was pleased to see the way that the teams worked in an integrated way in the interests of the service users, with GP, OT, Consultant, nursing staff focussing on the needs to two patients and what was best for them. My thanks to the team for making me feel welcome to the meeting and allowing me to ask questions.

Council of Governors

6. I received a resignation from our governor for High Peak, Rick Cox, who unfortunately found that he was not able to continue with his role for personal reasons. I have thanked him for his contribution in the time that he has been a governor. We have also said farewell to Councillor Robin Turner, who was

appointed to our Council by Derby City Council. Robin stood down at the latest council elections, and we await a new appointment by the City Council.

7. We have had a good response to the invitation to stand for election as a governor, both from the staff groups and our constituency groups. By the time we meet, the outcome of the elections should be known.
8. The Council of Governors met on Monday 1 May following our last Public Board meeting. This was the first of the rearranged governance timetable meetings, where we are inviting governors to attend the Board meeting and then follow on with the Council meeting, thus reducing duplication in reporting. Feedback from Governors was positive on the new arrangement.
9. I met with Carole Riley as Deputy Lead Governor on 24 April and Gillian Hough on 29 May as Chair of the Governance Committee. These are regular meetings with Governors to ensure that there are no surprises in the more formal meetings that we have. I also have an open invitation to any Governor who wishes to meet with me to raise any concerns or issues.
10. On 15 May I met with our Staff Governors to review their role as staff governor and to identify what other support may be required for this small and important group of people. A role description has been developed to help clarify the role, and for Staff Governors to use in signposting their constituents when issues are raised. I will continue to meet with Staff Governors on a quarterly basis.
11. The next meeting of the Governance Committee takes place on 12 June, and the next Council of Governors will be on 3 July.

Board of Directors

12. Board Development took place on 16 May and continued to see our preparation for the CQC (Care Quality Commission) Inspection for NEDs (Non-Executive Directors) supported by Paul Devlin, Chair of Lincolnshire Partnership Trust. We also took time to reflect on EDS2 (Equality Delivery System 2) and equality legislation as part of our mandatory training.
13. On 16 May I joined the NEDs for a Committee Chairs meeting, where we review the way that committees are working, and ensure that actions passed from one committee to another are followed up and closed off. It is also an opportunity to share what we have seen / heard as part of the triangulation processes that NEDs use to carry out their roles.
14. The Remuneration and Appointments Committee met on 16 May, and received a briefing on the appraisal of the Executive Directors and CEO which were completed during the months of April and May. A summary of that meeting can be found as appendix 1 to this report.
15. On 24 May I met with the Audit & Risk Committee as they carried out the governance processes associated with the signing of the Annual Reports and Accounts 2017/18. In advance of this meeting I met with Mark Stocks, the partner from Grant Thornton, our external auditors, and was pleased to hear once

again that the process of preparing the accounts and associated reports had been very well managed by the Trust teams, and I would like to thank them for the hard work they do in a very tight time period.

16. I continue to meet with Non-Executives on a one to one basis quarterly, and since the last report I have met with Julia Tabreham and Geoff Lewins.

System Collaboration

17. I met with Vikki Taylor, Joined Up Care Derbyshire (JUCD) lead, and was pleased to hear that the work that our team are doing on the Mental Health Work Stream is valued. We also discussed the challenges within JUCD and how she plans to work to support JUCD develop and begin to deliver the transformational change that is required. I am pleased that Vikki will be at our Board meeting today to give us an update on Joined Up Care Derbyshire.
18. The JUCD Board meeting took place on 18 May 2018, and I was not able to attend this time. This will be covered in the CEO report later on this agenda.
19. The Chairs of the Midlands and East Mental Health Trusts met on 25 April for a "Power Hour" before the Chairs meeting referred to below. We use this time to share common questions and seek advice and support. On this occasion we shared the way in which the trusts manage their Associate Hospital Managers; CQC preparation as Northampton are about to have their inspection and Workforce Race Equality Standard (WRES) / Equality Delivery System (EDS) information, linking to the Workforce Disability Equality Standard (WDES). We have agreed that our equality leads should collaborate to ensure that best practice is being followed and learnings shared.

Regulators: NHS Providers and NHS Confederation and others

20. NHS Improvement (NHSI) Midlands and East Chairs meeting took place on 25 April 2018 in Leicester. We heard from Dido Harding, Chair of NHSI, reflecting on the closer collaboration between NHS England (NHSE) and NHSI, and the lessons that can be learned for system collaboration, and also the greater emphasis that is being placed on supporting trusts to improve and on support for leadership development.

We also heard from Dale Bywater, regional director for NHSI Midlands and East on the performance and expectations for the financial outturn for the year. This remains challenging and will do so into the next financial year. There is also more support for the development of talent and leadership, and I look forward to seeing how that helps our Trust.

Two trusts presented on their CQC journey from Requires Improvement and Special Measures, illustrating with practical examples the steps they took to drive change. One was Lincolnshire Partnership Trust with whom we have been in conversation.

There was also a presentation on STP (Sustainability and Transformation

Partnership) / ACS (Accountable Care Systems) / ICS (Integrated Care Systems) with some thoughts on the questions that Boards can be asking about this progress. We will take these forward to the Board Development session on STPs.

21. On 2 May, we welcomed Dale Bywater to the Trust for a meeting with Ifti Majid and me. It was an informal meeting aimed to help him understand the Trust and where we are now in our journey. It was a very positive meeting, and included a visit to Kedleston Unit.

22. On 27 April I attended a gathering to discuss Unlocking the Midlands Productivity: Aligning Mental Health, Skills and Innovation. This meeting was a valuable reminder to me of the importance of supporting staff who are experiencing mental health challenges at work.

Beyond our Boundaries

23. There is no activity to report this month.

Strategic Considerations

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

Assurances

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

Consultation

This report has not been to other groups or committees.

Governance or Legal Issues

None

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

Demonstrating inclusive leadership at Board level

Through the Trust's involvement in the NeXT Director scheme, hosting a placement for Avtar Johal, we are supporting the development of those who may find it more difficult to be appointed as a NED in the NHS. This placement will run to the end of September, when we will review the effectiveness of our support for Avtar and the scheme before deciding on our next steps.

Recommendations

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

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

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

Update from Remuneration & Appointments Committee Held on 16 May 2018

The following items were discussed:

Chief Executive's Appraisal and Remuneration

The Committee confirmed the satisfactory outcome of Ifti Majid's 360 degree appraisal process and received significant assurance on the robust appraisal process followed. Further to previous discussions by the Committee an increase in the Chief Executive's salary was agreed to bring in line with that of the median for CEOs in similar trusts as benchmarked by NHSI and NHS Providers.

Executive Director Appraisal

The Committee received a summary of the 360 degree feedback for each director including their annual objectives for 2018/19, personal development needs and future career aspirations and received significant assurance that a robust appraisal process had been followed.

Executive Director Remuneration

The Committee received details of a benchmarking review of executive remuneration of the Trust's Executive Directors for information.

Succession Planning

The Committee considered the succession plan for senior leadership positions across the Trust and was significantly assured that succession planning was in place. Future plans to pilot a talent management process with commercial partners were outlined.

Chief Executive's Report to the Public Board of Directors

Purpose of Report:

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

National Context

1. The Government's proposed Green Paper on Transforming Children and Young People's Mental Health that was published in December 2017 has been severely criticised for lack of ambition according to the combined Education, Health and Social Care Committees in their joint report examining the Green Paper. The Green Paper builds on *Futures in Mind* and the ongoing expansion of NHS-funded provision, and sets out the ambition to ensure that children and young people showing early signs of distress are always able to access the right help, in the right setting, when they need it.

The report recognises that half of all mental health conditions are established before the age of fourteen, and that early intervention can prevent problems escalating and have major societal benefits. It is informed by widespread existing practice in the education sector and by a systematic review of existing evidence on the best ways to promote positive mental health for children and young people, the Government want to put schools and colleges at the heart of efforts to intervene early and prevent problems escalating.

The next step in reforms is to support local areas to adopt a collaborative approach to provide children and young people with an unprecedented level of support to tackle early signs of mental health issues. This approach has three key elements:

- Incentivise every school and college to identify a Designated Senior Lead for Mental Health to oversee the approach to mental health and wellbeing. All children and young people's mental health services should identify a link for schools and colleges. This link will provide rapid advice, consultation and signposting.
- Fund new Mental Health Support Teams, supervised by NHS children and young people's mental health staff, to provide specific extra capacity for early intervention and ongoing help. Their work will be managed jointly by schools, colleges and the NHS. These teams will be linked to groups of primary and secondary schools and to colleges, providing interventions to support those with mild to moderate needs and supporting the promotion of good mental health and wellbeing.
- Trial a four week waiting time for access to specialist NHS children and young people's mental health services. This builds on the expansion of specialist NHS

services already underway

In addition the Green paper talks about reviewing the personal, Social, Health and Economic Education (PHSE) curriculum to include mental wellbeing training and mental wellbeing impacts of social media training.

In Derbyshire I am delighted that we have been awarded a 'Young Minds' Trailblazer project that is all about supporting parents to be more actively involved in all components of service design and delivery which will lead to improved outcomes for families and young people.

2. The independent review of the Mental Health Act 1983 (MHA) was commissioned by the government in October 2017. The terms of reference ask for recommendations for improvement in relation to rising detention rates, racial disparities in detention, and concerns that the act is out of step with a modern mental health system. The review looks at both legislation and practice. The interim report has now been released that summarises work so far and the priority issues that have emerged for further examination. The review has engaged extensively, with a priority on people affected by the MHA. It has also commissioned academic literature reviews and new data analysis. Some of the early feedback includes:

- In response to asking whether service users agreed or disagreed that being detained has been the best approach for their mental health needs, views were split. For some, they were positive or largely positive that it was the right course of action which potentially saved their lives. Others did not believe it was the right approach for them.
- The review has heard multiple reports from service users of serious issues about the manner in which they were previously detained under the MHA and the circumstances of their stay in hospital. This includes many people who accept that detention was necessary. There have been frequently reports of practices and procedures which fell short of respecting their dignity.
- Improvements cannot be achieved by legislation alone – changes to the MHA must be underpinned by improvements to mental health services.
- Examination of local and national data around rising detention rates found the rise reflects more individuals being detained overall, rather than some people being detained more often. To address this, the review will consider whole-system approaches that seek to reduce the need for detention, including health and care services alongside other partners like the police. It recognises multi-agency approaches as vital in supporting discharge, and will consider how to improve care planning and the system of aftercare for service users who have been detained.
- The review will look at reforming advance planning, rules for involving families and carers, and Community Treatment Orders. Reforms to improve the standard, availability and role of advocacy, and other opportunities to improve safeguards – such as tribunals and managers' hearings, and requirements for consent – will be considered.
- Experiences of people from black African and Caribbean heritage are particularly poor and they are detained more than any other group. Too often this can result in police becoming involved at times of crisis.

- The review has heard that the interaction between the MHA and the criminal justice system can be improved. Service users are left too long in prisons when they should be in hospital. Decision making about restricted patients is often lengthy.
- The review has heard concerns about inappropriate use of the MHA in relation to people with a learning disability or autism, potentially linked to lack of appropriate alternative provision in the community. In relation to children and young people, the review will examine issues of parental involvement and decision-making in particular.

The final report of the review is due to be published in autumn 2018.

3. NHS England and NHS Improvement have published a Board paper that sets out the detail of how NHSI is intending to shift its focus from regulating the Trust sector to supporting improvement and how the two bodies intend to provide more joined up and effective leadership of the NHS.

The two bodies will establish a NHS Executive Group co-chaired by the two CEOs comprising of all regional and national Directors including new jointly appointed to posts for a single NHS Medical Director, a single NHS Nurse Director a single Chief Finance Officer and a single National Director for Transformation and Corporate Development.

A new NHS Assembly will be created as a mechanism to ensure better engagement with wider communities and stakeholders. This will become the forum that will oversee progress on the NHS Five Year Forward View. Importantly for our Trust this will lead to a single approach and performance framework for delivery of national priority areas including mental health. The responsibility for the delivery of the mental health five year forward view will sit with NHS England's Deputy CEO.

The performance and regulatory compliance activities will take place in 7 newly formed integrated regional teams that will be responsible for performance improvement and intervention, strategy, system transformation and development as well as supporting areas such as technology, leadership development and communications and engagement.

Some responsibilities will remain discrete – NHSI's role in relation to pricing, competition and patient choice as well as its hosting of the Healthcare Safety and Investigation Branch – NHSE's responsibility for commissioning of specialist services and primary care and Emergency Preparedness, Resilience and Response (EPRR)

I will undertake to keep the Board updated as more details emerge around what amount to significant governance changes in the way the NHS regulators operate.

Local Context

4. The 'Joined up Care Derbyshire Board' (JUCB) is the senior system committee that is responsible for overseeing the development of system sustainability and improvement. During May the Board:
 - Agreed the need to formally confirm the leadership of the 'Core Team' by

agreeing to the long term secondment (2 years) of Vikki Taylor to the post of STP Director and the secondment of Lee Outhwaite for two days per week as STP Finance Director as well as extra capacity to help flow modelling and the leadership of key work programmes.

- Discussed the importance of having a unified GP voice to support system decision making. It was agreed that 3 seats on the JUCB would be allocated to general practice with representatives drawn from Place, LMC and the Federations Network. This is in addition to the representation at Place Board.
- The system financial position was discussed and whilst all contracts have now been signed the combined Derbyshire gap remains substantial at circa £80m. It was agreed that there was an urgent need for providers and commissioners to work together to examine opportunities suggested by PWC for further efficiencies that would support closing the gap and it was agreed a set of principles would be developed to ensure expectations were clear related to this work.
- It was agreed that external support would be commissioned from a company called NewtonEurope to carry out data mapping that will support capacity allocation ahead of acute pressure peaks in 2018/19.

5. In May I met with the Place Lead who is also the Mental Health Lead GP from Lister House surgery in Derby to talk about models of enhancing primary care support that help flow through secondary services. This meeting was driven by some concerns that she had raised about access to our services when they had somebody in their practice that needed urgent assessment and support. From looking at the root cause of the issues raised it was clear that in both community and crisis/home treatment teams capacity was a root cause. Through the meeting we agreed that:

- Dr Mahya Johnson would take the opportunity at the next Place Leads meeting of raising the issues about mental health access and requesting the support from the CCG to further enhance community and crisis services
- We agreed that through Place Leads meeting Dr Johnson would seek support around developing a primary care mental health model building on what already exists in her practice
- Through the Derby City Place work is ongoing to develop community visiting services and Care Home Support Services focussed on people with frailty that were most at risk of going into hospital. Many of these individuals have dementia and I committed to ensure our teams were involved in these developments.

Within our Trust

6. On 15 May we held our first LGBT+ conference in partnership with Derbyshire LGBT+. It was a packed event that proved to be incredibly powerful and thought-provoking. We were moved to hear some of the real life coming-out stories of our LGBT+ community and how it impacts on people and services and we looked at some what our staff survey told us about how our LGBT+ staff experience working for us, we 'busted some myths' around being LGBT+ and also importantly took the opportunity to celebrate gender and sexual diversity as part of IDAHO day (International Day Against

Homophobia, Biphobia and Transphobia). We launched our LGBT+ network chaired by Emma Frudd who is a role model and nurse on ward 1 and we look forward to the network helping us to better understand and address some of the challenges faced by our LGBT+ community

7. On 23 May it was our Annual BAME Conference, celebrated during the 70th anniversary year of the Empire Windrush arriving at Tilbury Docks. We remembered the struggles of those communities as they became the pioneers in developing a more tolerant and diverse UK. I was delighted that we re-elected Natasha Bain as Network Chair and Frazer Kamwendo as Vice Chair to build on their excellent leadership over the last 12 months.

The conference was well attended with colleagues from a variety of areas and bandings and we were fortunate to be facilitated by life coach Rashid Ogunlaru. The network spent time action planning to support inclusion around recruitment and selection and the cultural components associated with bullying and harassment. A real theme emerged around network members taking positive action. An area that has previously been noted is around personal development and self-confidence for network members and led by Rashid members had the opportunity to learn and practice some new skills around rapid coaching and self-coaching which proved very effective.

8. On 10 May I attended and opened the Trust Mood Disorder conference arranged by our CBT services that was really well attended by colleagues from all across the Trust. The CBT Mood Disorder Team (Derbyshire Healthcare NHS Foundation Trust) in collaboration with Specialist Mood Disorder Team (Nottinghamshire Healthcare NHS Foundation Trust) presented findings from the CLAHRC East Midlands Mood Disorder Study including areas such as the randomised control trial of a specialist depression service and an Academic Health Science study on the implementation of group psychotherapy for Bi-polar disorder. I was struck by the opportunities this research evidence presented for improving effectiveness and therefore efficiency in several of our high demand pathways such as depression. I have been pleased to see that following the conference movement to consider how we can start to roll out learning has already commenced.
9. It was great to welcome Dale Bywater, Executive Regional Managing Director, Midlands and East for NHS Improvement to the Trust on 2 May. As well as meeting with myself and Caroline Maley we were able to spend some time on the newly refurbished Kedleston Unit and my thanks to Dr Chinwe Obinwa and Rebecca Mace for the knowledge, enthusiasm and passion they demonstrated for this specialist area of our Trust services. Dale spoke about how the meeting helped his understanding of both our services and the environment and challenges we manage on a day to day basis.
10. During the second half of May the CQC have commenced their comprehensive inspection in the new form with a range of unannounced visits to our inpatient services (Kedleston and Older Adult wards) as well a range of older adult community teams (at the point of paper submission). We are confidently expecting further visits over the coming weeks culminating in our 3 day well led review early in July. Whilst it is too early to formally comment on feedback I do want to reflect how very impressed I am by the approach taken by all colleagues who have both engaged with the CQC or been involved in the significant 'behind the scenes' information collation and logistics work. There has been a sense of calm and efficient team working coupled with confident, clear yet honest engagement with the CQC – colleagues have noted how different this

visit feels from the one two years ago and this is without doubt due to our different approach. This is helpful experience as we start to consider how we make our regulatory engagement approach business as usual.

11. Since the last Board I have held *Ifti on the Road* engagement events, service visits or pre-ELT drop in sessions at:

- St Marys Gate, Chesterfield (North Substance Misuse Team)
- Dale Bank View (Swadlincote)
- Kedleston Unit
- Bay Health House (Chesterfield Central Neighbourhood)
- Rivermead (CAMHS and Learning Disability)

As the *Ifti on the Road* sessions are becoming embedded and known about over the Trust I am noting an increase in the number of colleagues who call in to see me. Whilst colleagues still share areas of challenge and that is very important I am seeing an increase in colleagues sharing those things they are proud of including on occasion specific complex case improvements.

Key themes that emerged from these sessions included:

- Some specific examples of the benefits of non-medical prescribing in substance misuse and lessons other specialities could learn from that experience
- Great innovation associated with individual placement support helping people with substance misuse back into work as part of their recovery journey.
- Some challenges with specific service based training around venepuncture that will now improve with our new shared people services
- The importance of environmental factors came up at all bases I visited, car parking, bike storage, ventilation and access to therapy rooms.
- How we capitalise on new roles (eg Assistant practitioners) not just agreeing to develop colleagues but thinking how we use their enhanced skills to maximise efficiency and effective practice when they return.
- Community service involvement in discharge planning was raised as a pressure in a couple of teams.
- Opportunities for patients to undertake meaningful activity that supports future employment – some ideas around mobile shop initiatives for Kedleston Unit for example.
- Some great examples from several clinicians of both individual and team based innovation that enabled people who use our services be discharged.
- Several conversations about the time needed to allow new pathways or models of care embed but the need for constant evaluation and adjustment including feedback from families and stakeholders.
- New recruitment initiatives were mentioned in several areas however there are still significant delays in offer letters being sent out which slows the process

down (action is underway by people services to address this risk).

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

Strategic considerations

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

Assurances

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

There are no adverse effects on people with protected characteristics (REGARDS).

There are potential adverse effect(s) on people with protected characteristics (REGARDS). Details of potential variations /inequalities in access, experience and outcomes are outlined below, with the appropriate action to mitigate or minimise those risks.

x

Actions to Mitigate/Minimise Identified Risks

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

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

That said some of the reports both nationally and within the Derbyshire system have the potential to have an adverse impact on people with protected characteristics for example the risks around the system gap may lead to service reductions that have a higher impact on certain protected groups. Our Trust has been clear in discussions with commissioners that full quality and equality impact assessments must be completed and done in a way that involves stakeholders to understand the true impact of actions prior to any support being given to a particular scheme.

The CQC have a key focus on engagement within an Organisation of people from a BME background not to the exclusion of other protected groups but because research shows that those organisations with strong inclusive cultures (with respect to BME Colleagues) score significantly better in inspections. The work detailed in the report in launching both the LGBT+ Network and the annual BME Conference are areas of best practice that support inclusion.

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

Joined Up Care Derbyshire STP
Update June 2018

PURPOSE

The purpose of the Joined Up Care Derbyshire (JUCD) STP report is to provide an update to Commissioner Governing Bodies and Provider Boards regarding progress on a quarterly basis.

MATTERS FOR CONSIDERATION

Contract Alignment

Following the request from JUCD STP system leaders to regulators, for an extension to the nationally set 23 March 2018 deadline to agree contracts, all contracts are now agreed.

System Financial Recovery

Considerable work has been undertaken to triangulate the 2017/18 outturn positions and the plans for 2018/19, post agreed QIPP.

The commissioner financial gap, prior to any further support agreement reached with NHS England, is significant (circa £69m). This means the Derbyshire system is spending more money than it is allocated. The system is working together to address all areas of spend to reduce costs and to close the remaining financial gap.

This remains a significant challenge to the system, however partner organisations have jointly agreed a work-programme, to be undertaken during the month of June, and overseen by the weekly System Executive/CEOs meeting.

JUCD STP Performance

As Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) have evolved, there has been an increasing expectation that local systems, like Joined Up Care Derbyshire STP, have oversight of current service delivery, as well as future clinical and financial sustainability. The following performance report highlights the key measures Joined Up Care Derbyshire are monitored against, as part of the regulatory oversight process.

Please note the following performance report includes validated performance data, individual organisations are likely to have receive more recent un-validated data.

STP Performance		Standard	Low Threshold	Periods	Performance	Latest Periods	Latest Performance	Movement	Performance RAG	STP Ranking	
Urgent Care	A&E Waits Seen Within 4 Hours	95%	90%	Apr-17	92.1%	Apr-18	92.8%	0.7%			12/44
	A&E Trolley Waits > 12 Hours	0	0	Apr-17	4	Apr-18	3	-1.0			N/A
	Delayed Transfers of Care	3.5%	2.50%	Apr-17	2.6%	Mar-18	2.2%	-0.4%			4/44
Planned Care	18 Week RTT Incomplete pathways < 18 Weeks	92.00%	87%	Apr-17	92.5%	Mar-18	90.5%	-2.0%			4/44
	RTT Incomplete Pathways > 52 weeks	0	0	Apr-17	7	Mar-18	20	13.0			N/A
	Diagnostic Waits >6 Weeks	1.00%	6%	Apr-17	0.5%	Mar-18	0.7%	0.2%			N/A
	Children Waiting <18 Weeks for a Wheelchair	92% (Q4 17-18)		Q1	74.8%	Q3	72.60%	-2.2%			N/A
	NHS E-Referral Service Utilisation	100% (Oct18)	80%	Apr-17	76.2%	Feb-18	82.3%	6.1%			9/44
Cancer	Cancer 2 Weeks Suspected Cancer Referrals	93%	88%	Apr-17	86.0%	Mar-18	94.4%	8.4%			N/A
	Cancer 31 Days - First Definitive Treatment GP Referral	96%	91%	Apr-17	93.7%	Mar-18	97.6%	3.9%			N/A
	Cancer 62 Days First Definitive Treatment GP Referral	85%	80%	Apr-17	74.1%	Mar-18	83.2%	9.1%			37/44
Mental Health	Mental Health - Care Programme Approach (CPA)	95%	90%	Apr-17	98.7%	Q4	97.5%	-1.2%			N/A
	Mental Health - IAPT Access	15%	4.09% (Qtr)	Apr-17	5.0%	Feb-18	5.87%	0.9%			1/44
	Mental Health IAPT Recovery	50%	N/A	Apr-17	53.6%	Feb-18	54.5%	0.9%			5/44
	Estimated Diagnosis Rate for People with Dementia	66.70%		Apr-17	73.8%	Apr-18	71.3%	-2.5%			9/44
	Mental Health - First Episode Psychosis Treated < 2 Weeks	50%	N/A	Apr-17	91.2%	Mar-18	90.4%	-0.8%			5/44

The Joined Up Care Derbyshire STP Board has recognised that as the STP architecture is developing there is a need for a comprehensive performance framework that 'joins up' the system; and monitors not just the above metrics but those metrics that actually evidence delivery of the agreed Derbyshire model of care (The Wedge).

An 'Outcomes Based Accountability' (OBA) approach to performance is being progressed to enable this and will be able to report improvements in experience, care and outcomes for our population to the Joined Up Care Derbyshire STP Board.

STP Stocktake

The STP Stocktake meeting with NHS Improvement and NHS England, chaired by Dale Bywater, took place on 2 May 2018 to discuss the progress being made in the JUCD STP. JUCD STP was represented by Dr Paul Wood, Vikki Taylor, Lee Outhwaite, Gavin Boyle, Ifti Majid, Simon Morritt, Chris Clayton and Chris Sands, Andy Smith and Joy Hollister.

The meeting was constructive, with the considerable work undertaken to achieve contract agreement, enhanced leadership capacity and the move to a single strategic commissioner being noted.

It was noted that the financial position remains challenging and that on-going strong system-working will be needed to navigate through some of the remaining issues which require resolution.

NHS England and NHS Improvement Alignment

It has been confirmed that NHS England and NHS Improvement are working together to:

- Integrate and align national programmes and activities, operating through single teams where appropriate
- Integrate regional teams, to be led in each case by one Regional director, working for both organisations, and move to seven regional teams to underpin this new approach.

Moving forward it is likely that a Midlands regional team and a Central & East of England regional team will replace the current Midlands and East region:

Midlands would include Staffordshire, Shropshire and Telford and Wrekin; Derbyshire; Lincolnshire; Nottinghamshire; Leicester, Leicestershire and Rutland; Black Country and West Birmingham; Birmingham and Solihull; Coventry and Warwickshire; and Herefordshire and Worcestershire.

Central and East of England would include Northamptonshire; Cambridgeshire and Peterborough; Norfolk and Waveney; Suffolk and North East Essex; Bedfordshire, Luton and Milton Keynes; Hertfordshire and West Essex; and Mid and South Essex.

It is expected that joint Regional Directors will be identified in the autumn. Whilst there will be no statutory changes to organisational form, the aim is to enable a single regulatory voice, provide consistent and clear messaging and to reduce duplication, leading to more empowered regions and more devolution.

Transformation across Joined Up Care Derbyshire

End of Life

Digital Service teams across the county are laying the foundations to support partners across the system and transform the way we deliver services for the benefit of our patients.

Working together the service teams have put in place technical infrastructure to support future clinical services models. This work includes:

- A complete replacement of all existing data communications infrastructure which allows wifi to be accessible in all Derbyshire NHS and social care premises.
- Clinical data being shared between partners using the Medical Interoperability Gateway (MIG) and through shared applications such as TPP SystemOne, enabling all partners to view discharge summary data in real time.

This work will ensure that general practice, acute care and hospices all have up-to-date information on patients who are approaching the end of their lives, and can provide the best possible care for them

and their loved ones.

Pathology

Local GPs in the Erewash area identified that pathology results for patients could not be easily shared between Debyry Hospital Foundation Trust and Nottingham Teaching Hospitals Trust has been resolved through a local digital solution.

Clinicians providing care for patients in either one of the hospitals would not necessarily have a full case history, and tests would often need to be repeated causing patients repeated anxiety and additional costs to the service.

The local digital teams solved this issue by transforming the way the system could share information between GPs, Derbyshire CCIO, both acute trusts and NHS England and as a result improved patient care.

Falls Care and Prevention

Partners including Derbyshire County Council, Public Health, the Derbyshire Clinical Commissioning Groups, local acute and community trusts, primary care, and district and borough councils have been developing an approach to falls that provides a consistent offer to people across Derbyshire.

The approach looks at how we care for people who have fallen and explores how we could better identify people at higher risk of falling and work with them to reduce the risk. Examples of support could include the use of equipment or access to strength and balance classes to help mobility.

Within Derbyshire, three Places have been identified as having a higher number of injuries from falls - Chesterfield, High Peak and South Derbyshire. These places also have higher numbers of hip fractures recorded. Early rollout will ensure that there will be different levels of intervention for each community, according to local need - with evaluation to determine effectiveness. Full support will see an awareness pack, falls 'champions', 'Strictly No Falling' classes, risk assessment and support from a falls prevention co-ordinator.

Better Care Closer to Home

Work continues to roll out the clinically proven models of home-based care in northern Derbyshire is part of a national move to provide more care at the right time and in the right place.

Rowsley Ward, Newholme Hospital

DCHS has been successfully recruiting to and developing its community-based teams in the High Peak and Dales locality which means the planned reduction of inpatient beds at Bakewell's Rowsley Ward has taken place with the ward closing on 13 April, making way for new models of care. The ward offered rehabilitation for older patients following a spell in an acute hospital.

The change has been designed to provide more care closer to home and out of traditional hospital settings. The community-based teams in the Dales area have been expanded to enable to implementation and support delivery of better outcomes for patients.

At the same time Oker Ward in Darley Dale has increased its bed capacity to help manage demand during this transition period. Four community support beds are already operating at Derbyshire County Council's Meadow View facility, adjacent to Whitworth Hospital, with health and social care commissioners working towards opening a total of eight community support beds from July, serving the Dales locality.

Workforce and Leadership development

More work has taken place during May to support leadership development across the system. The Relationships and Connectivity Workshop on 3rd May brought together staff from across the system and was led by Myron Rogers who has a broad range of experience in leading large, whole-systems transformations. Comments from the positive event included:

'I'm always a bit sceptical about these days, but it's been really refreshing.'
'The Relationships model, has really helped me see where to focus'
'Silent Coaching tool, really helped me to see it from their viewpoint'

RECOMMENDATION

Derbyshire Commissioner Governing Bodies and Provider Boards are asked to:

- Note the JUCD STP Update.

FINANCIAL IMPACT

N/A

FURTHER INFORMATION AND APPENDICES

N/A

Integrated Performance Report Month 1

Purpose of Report

This paper provides Trust Board with an integrated overview of performance as at the end of April 2018. The focus of the report is on workforce, finance, operational delivery and quality performance.

Executive Summary

The Board of Directors agreed to review the content of the Integrated Performance Report (IPR) following the refresh of the Trust Strategy and after feedback from Deloitte who suggested that we may wish to reduce the number of indicators being reported at Board level.

The IPR has therefore been reviewed in light of this and has been re-focused so that it now focuses on two key areas with dashboards for each. These are;

- Regulatory compliance dashboard
- Strategy performance dashboard

Regulatory Compliance dashboard

The purpose of this dashboard is to set out all key indicators included in the Single Oversight Framework. These have been split across different domains of finance, quality and operations and workforce.

The purpose of this dashboard is to give the Board of Directors oversight of, and assurance that regulatory compliance is being achieved. There will still be a need for the Board of Directors to receive assurance on non-measurable (KPI) regulatory performance through the wider governance framework. This is currently provided through Board Committees and will continue accordingly.

Strategy Performance dashboard

The purpose of this dashboard is to provide a suite of indicators that will give the Board assurance on delivery of the component parts of our new Trust Strategy. These have been split across different domains of finance, quality and operations and workforce focusing on strategic objectives.

For many of the measures a 12 month trend has been added to provide a view over the longer term, as well as a month to month view.

These measures will continue to be supplemented with other written reports and deep dives at Trust Board and Board Committees to give a rounded view of performance.

It is intended that where ongoing performance issues are identified improvement trajectories and underpinning action plans will be presented to provide the required assurance. It is expected that these will be provided to Board Committees in the first instance, with escalation to Trust Board when necessary. This will ensure that the

IPR is aligned to the Board Assurance Framework across the wider Corporate Governance framework.

As this is a new report for 2018/19 the Board of Directors are asked to scrutinise and seek assurance on areas of under-performance and / or seek clarification on newly proposed indicators.

In addition, feedback on the style and content of the report is also welcomed. Following Board member feedback the IPR will be finalised for 2018/19 and the depth of detail and assurance provided in the report will then evolve over the next two months.

Strategic Considerations

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

Assurances

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

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

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

The author has a responsibility to consider the equality impact and evidence on the nine protected characteristics (REGARDS people) (Public Sector Equality Duty & Equality Impact Risk Analysis)

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

There are no adverse effects on people with protected characteristics (REGARDS).

There are potential adverse effect(s) on people with protected characteristics (REGARDS). Details of potential variations inequalities in access, experience and outcomes are outlined below, with the appropriate action to mitigate or minimise those risks.

X

Actions to Mitigate/Minimise Identified Risks

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

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

Recommendations

The Board of Directors is requested to;

1. Consider the content of this new report and provide feedback on any specific changes that are required.
2. Confirm the level of assurance obtained on current performance across the areas presented.
3. Determine whether further assurance is required and at which Committee this needs to be provided and by whom.

Report presented by:

Mark Powell, Chief Operating Officer

Claire Wright, Director of Finance/Deputy CEO

Amanda Rawlings, Director of People and Organisational Effectiveness

Carolyn Green, Director of Nursing and Patient Experience

Report prepared by:

Peter Charlton, General Manager, IM&T

Rachel Leyland, Deputy Director of Finance

Liam Carrier, Workforce Systems & Information Manager

Rachel Kempster, Risk and Assurance Manager

Peter Henson, Performance Manager

1. Introduction

The dashboards provide an 'at a glance' summary of national and mandated indicators including those in the Single Oversight Framework and measures in support of the delivery of the Trust's Strategy.

Of the indicators reported nationally there are a small number that are off target after month 1 and these are highlighted in the regulatory dashboard section.

Many of the Strategy measures are new or have been presented in a different way. In addition, some do not have specific targets as the emphasis of these is to give Board members an oversight of performance trends to enable a dialogue that is inherently more strategic in nature, whilst at the same time enabling the identification of issues that require immediate or short term attention.

2 Regulatory Dashboard

Category	Sub-set	Metric	Period	Plan	Actual	Variance	Trend	Last 12 Months	DQ	
Finance	Finance Score	Finance Scorecard	YTD	2	1	G ●				
			Forecast	1	1	G ●				
		Capital Service Cover	YTD	3	2	G ●				
			Forecast	2	2	G ●				
		Liquidity	YTD	1	1	G ●				
			Forecast	1	1	G ●				
		Income and Expenditure Margin	YTD	2	1	G ●				
	Forecast		1	1	G ●					
	Income and Expenditure variance to plan	YTD	1	1	G ●					
		Forecast	1	1	G ●					
Agency variance to ceiling	YTD	1	1	G ●						
	Forecast	1	2	R ●						
Single Oversight Framework	Agency costs as % of total pay costs	YTD	2.9%	2.2%	G ●					
		Forecast	2.9%	3.7%	R ●					
	NHS I Segment	YTD	N/A	2						
Quality and Operations	KPIs	CPA 7 Day Follow-up (M)	Apr, 2018	95.00%	100.00%	G ●	↑			
			Mar, 2018		97.50%	G ●				
		Data Quality Maturity Index (DQMI) - MHSDS Data Score (Q)	Apr, 2018	95.00%	96.20%	G ●	→			
			Mar, 2018		96.53%	G ●				
		IAPT RTT within 18 weeks (Q)	Apr, 2018	95.00%	99.85%	G ●	→			
			Mar, 2018		100.00%	G ●				
		IAPT RTT within 6 weeks (Q)	Apr, 2018	75.00%	95.12%	G ●	↓			
			Mar, 2018		96.74%	G ●				
		Early Intervention in Psychosis RTT Within 14 Days - Complete (Q)	Apr, 2018	53.00%	94.74%	G ●	↑			
			Mar, 2018		85.71%	G ●				
		Early Intervention in Psychosis RTT Within 14 Days - Incomplete (Q)	Apr, 2018	53.00%	100.00%	G ●	↑			
			Mar, 2018		85.71%	G ●				
		Patients Open to Trust In Employment (M)	Apr, 2018		10.26%	G ●	→			
			Mar, 2018		10.38%	G ●				
		Patients Open to Trust In Settled Accommodation (M)	Apr, 2018		59.76%	G ●	→			
			Mar, 2018		60.57%	G ●				
		Under 16 Admissions To Adult Inpatient Facilities (M)	Apr, 2018	0	0	G ●	→			
			Mar, 2018		0	G ●				
		IAPT People Completing Treatment Who Move To Recovery (Q)	Apr, 2018	50.00%	54.56%	G ●	↓			
			Mar, 2018		58.38%	G ●				
		Physical Health - Cardio-Metabolic - Inpatient (Q)								
		Physical Health - Cardio-Metabolic - EI (Q)								
		Physical Health - Cardio-Metabolic - on CPA (Community) (Q)								
		Out of Area - Number of Patients Non PICU (M)	Apr, 2018		11		↑			
			Mar, 2018		6					
		Out of Area - Number of Patients PICU (M)	Apr, 2018		23		↑			
			Mar, 2018		19					
		Out of Area - Average Per Day Non PICU (M)	Apr, 2018		4.5		↑			
			Mar, 2018		2.6					
		Out of Area - Average Per Day PICU (M)	Apr, 2018		14.1		↑			
Mar, 2018			9.8							
Written complaints – rate (Q)	Q4 2017/18		0.03		↑					
	Q3 2017/18		0.02							
Staff Friends and Family Test % recommended – care (Q)	Q4 2017/18		73%		→					
	Q2 2017/18		73%							
Occurrence of any Never Event (M)	Apr, 2018	0	0	G ●	→					
	Mar, 2018		0	G ●						
Patient Safety Alerts not completed by deadline (M)	Apr, 2018	0	0	G ●	→					
	Mar, 2018		0	G ●						
CQC community mental health survey (A)	2017		7.3/10		↑					
	2016		7.0/10							
Potential under-reporting of patient safety incidents (M)										
Workforce	KPIs	Turnover (annual)	Apr, 2018	10.00%	10.42%	G ●	→			
			Mar, 2018		10.38%	G ●				
		Sickness Absence (monthly)	Apr, 2018	5.04%	4.82%	G ●	→			
			Mar, 2018		4.80%	G ●				
		Sickness Absence (annual)	Apr, 2018	5.04%	5.39%	R ●	→			
			Mar, 2018		5.38%	R ●				
		Vacancies (funded fte)	Apr, 2018	N/A	13.18%		↑			
			Mar, 2018		5.00%					
		AFC Appraisals (number of AFC employees who have received an appraisal in the previous 12 months)	Apr, 2018	90.00%	79.52%	R ●	→			
			Mar, 2018		80.15%	A ●				
Medical Appraisals (number of medical employees who have received an appraisal in the previous 12 months)	Apr, 2018	90.00%	83.49%	A ●	↑					
	Mar, 2018		82.41%	A ●						
Compulsory Training (staff in-date)	Apr, 2018	90.00%	85.81%	A ●	↓					
	Mar, 2018		87.09%	A ●						
NHS Staff Survey (A)	Work		60.92%							
	Treatment		72.77%							

Key:

Period

Current Month
Previous Month



Achieving target



Not achieving target



Within tolerance



No Target Set

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

2.1 Agency spend

Controlling agency spend continues to be a key objective. Comparing the actual expenditure on Agency to the ceiling we are below the ceiling value by £61k (24%) at the end of April. This would generate a '1' on this metric within the finance score.

Description	WTE Paid	Annual budget (£)	In month (£)		
			Budget	Actual	Variance
Agency Medical Consultant	11.80	1,620,000	135,002	140,445	5,443
Agency Med Otr Career Gd	1.00	540,000	45,000	15,000	(30,000)
Agency Med SHO & HO	0.00	120,000	10,000	3,304	(6,696)
Agency Nursing: Band 5	4.75	37,753	3,146	10,507	7,361
Agency Nursing: Band 6	7.00	712,247	59,354	11,999	(47,355)
Agency Admin & Clerical	0.00	0	0	(881)	(881)
Agency Pharmacy	1.30	0	0	4,565	4,565
	25.85	3,030,000	252,502	184,938	(67,564)
					-27%

The agency database contains estimated end dates for all posts which are forecast in the Divisional budgets. Also a level of contingency has been built into the forecast from quarter 2 of £450k. Therefore taking all this into account the forecast expenditure is expected to exceed the ceiling by £753k 24.8% (24% last year).

The table below shows the split of agency forecast expenditure by staff group for 2018/19 and compared to 2017/18 actual expenditure.

Agency spend by NHSI Staff Group				
Apr-18				
	% of spend	2018-19 Forecast	2017-18 Actual	Change
Consultants, agency	81%	2,688,828	2,043,760	645,068
Career/staff grades, agency	2%	64,920	272,031	-207,111
Trainee grades, agency	2%	81,364	211,313	-129,949
Qualified nursing, midwifery and health visiting staff, agency	13%	417,943	967,963	-550,020
Qualified scientific, therapeutic and technical staff, agency	2%	80,467	151,197	-70,730
Managers and infrastructure support, agency	0%	-881	123,427	-124,308
Support to clinical staff, excluding support to nursing staff, agency	0%	0	23	-23
	100%	3,332,640	3,769,714	-437,074
Contingency (9 months from Jul-18 @ £50k - estimated)		450,000	0	450,000
		3,782,640	3,769,714	12,926
2018-19 NHSI cap		3,030,000		
Excess over cap		752,640		
% of excess over cap		24.8%		

Agency expenditure equates to 2.3% of total pay expenditure in April. The forecast agency expenditure equates to 3.7% of the pay budgets (3.8% in 2017/18).

National benchmarking information from 2016/17 showed agency expenditure at 5.8% of pay budgets.

2.2 Appraisals

The number of employees who have received an appraisal within the last 12 months has decreased to 79.12%. Compared to the same period last year, compliance rates are higher.

According to the latest staff survey results, the national average for combined Mental Health/Learning Disability & Community Trusts is 92% (Derbyshire Healthcare NHS FT scored 89% on this staff survey finding). Local benchmarking data for Trusts in Derbyshire, Leicestershire, Lincolnshire, Nottinghamshire and Northamptonshire show an average appraisal compliance rate of 85.40%.

Over the next three months (April 2018 to June 2018) 387 appraisals (15.63%) will be due for renewal, 127 (5.13%) during April 2018, 132 (5.33%) during May 2018 and 128 (5.17%) during June 2018.

The number of Medical staff who have received an appraisal within the last 12 months is currently 83.49, an increase compared to the previous month. Junior Doctors on rotational training are excluded from the figures.

2.3 Training

Compulsory training compliance rates for April 2018 are 85.81% which is a small reduction from the previous month. Three compulsory training elements are above target, six are approaching target and three are well below target.

2.4 Indicators yet to be populated

There are a small number of indicators that have not yet been populated. These will be provided in next month's report.

To note - The Trust vacancy rate includes funded Fte surplus for flexibility including sickness and annual leave cover. During 2017/18 funded fte vacancies reduced by 3.04%.

In April 2018 the Trust funded fte vacancy rate has increased by 8.18% to 13.18% in April 2018, however this is due to budgetary changes from 2017/18 to 2018/19.

2017/18 has a reduced budgeted establishment in relation to planned disinvestments and Cost Improvement Programmes, of which were not delivered to plan. The 2018/19 funded establishment includes new investment for several services.

2. Strategy Delivery

Category	Metric	Period	Target	Actual	Variance	Trend	Last 12 Months
Finance Scorecard	Finance Scorecard	YTD	2	1	G ●		
		Forecast	1	1	G ●		
	Control Total position £000	YTD	58	354	G ●		
		Forecast	2331	2331	G ●		
	CIP achievement £m	YTD	0.380	0.287	R ●		
		Forecast	4.871	4.871	G ●		
	Agency £m	YTD	0.253	0.185	G ●		
		Forecast	3.030	3.783	R ●		
Cash £m	YTD	18.759	21.110	G ●			
	Forecast	21.608	21.608	G ●			
Quality and Operations Scorecard	RTT Incomplete Within 18 Weeks (%)	Apr, 2018	92%	93.9%	G ●	→	
		Mar, 2018		93.0%	G ●		
	CPA Review in last 12 Months (on CPA > 12 Months)	Apr, 2018	95%	95.9%	G ●	↑	
		Mar, 2018		94.4%	R ●		
	Delayed Transfers of Care (%)	Apr, 2018	0.8%	0.9%	R ●	↓	
		Mar, 2018		1.9%	R ●		
	North Neighbourhood Average Wait (weeks)	Apr, 2018		9.4		↓	
		Mar, 2018		9.7			
	North Neighbourhood Current Waits (number)	Apr, 2018		1995		↓	
		Mar, 2018		2088			
	City Neighbourhood Average Wait (weeks)	Apr, 2018		8.8		↑	
		Mar, 2018		7.2			
	City Neighbourhood Current Waits (number)	Apr, 2018		1346		↑	
		Mar, 2018		1320			
	South Neighbourhood Average Wait (weeks)	Apr, 2018		9.1		↓	
		Mar, 2018		9.4			
	South Neighbourhood Current Waits (number)	Apr, 2018		1806		↓	
		Mar, 2018		1841			
	CAMHS Average Wait (weeks)	Apr, 2018		8.1		↑	
		Mar, 2018		7.5			
CAMHS Current Waits (number)	Apr, 2018		355		↑		
	Mar, 2018		324				
Community Paediatrics Average Wait (weeks)	Apr, 2018		17.1		↓		
	Mar, 2018		20.2				
Community Paediatrics Current Waits (number)	Apr, 2018		979		↓		
	Mar, 2018		1065				
Number of Adult Acute Inpatients (Hartington and Radbourne) LoS > 50 Days	Apr, 2018		59		↓		
	Mar, 2018		66				
Workforce Scorecard	RETAIN - Staff engagement score	2017 Annual	To see an improvement in the staff engagement score	3.740	G ●	↑	
		2016 Annual		3.690			
		Q4 Mar 2018		72%	G ●		
		Q2 Sep 2017		70%			
	DEVELOP - Retention of preceptorship staff	Q4 Mar 2018	Percentage of preceptorship staff who stay with the Trust greater than 2 years	75%	R ●	↓	
		Q3 Dec 2017		80%	R ●		
		Q2 Sep 2017		82%	R ●		
		Q1 Jun 2017		84%			
	ATTRACT - Students who return substantively following their placement	Q4 Mar 2018	Number of students who return substantively following their placement	7		↓	
		Q3 Dec 2017		24			
		Q2 Sep 2017		9			
		Q1 Jun 2017		n/a			
LEADERSHIP & MANAGEMENT - Employee relations cases	Q4 Mar 2018	To see a reduction in the number of cases	48	R ●	↑		
	Q3 Dec 2017		45	R ●			
	Q2 Sep 2017		37	G ●			
	Q1 Jun 2017		38				

Key:

Period Month
 Previous Month

● Achieving target
 ● Not achieving target
 ● No Target Set

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

3.1 Cost Improvement Programme

The Trust's Cost and Quality Improvement programme target for 2018/19 is £4.871m. Currently there are 37 schemes in the 2018/19 programme with a value of £4.574m. This leaves a gap to target of £297K. This represents a £648K reduction in the gap following the last Finance & Performance Committee on 26th March 2018 which reported a shortfall of £945K.

The current gap of £297K has been allocated to a control total balance scheme to ensure it is continually monitored and managed and provide a focus for the on-going scheme developments.

Finance and Performance Committee were appraised of current CIP performance at May's meeting. Further detail and assurance was requested on the actions being taken to close the remaining gap in the programme.

3.2 Delayed Transfers of Care (DTC)

The number of delayed discharges reduced to 2 during April. This is an improved position on previous months. The reasons for delay were as follows:

Current Ward	Delay Reason	Responsibility	Delay Start
Morton Ward	E1 - awaiting care package in own home	Social Care	01/01/2018
Ward 1	D1 – awaiting residential home placement or availability	Social Care	30/04/2018

3.3 Workforce measures

The staff engagement score is taken from the annual staff survey and the quarterly Trust pulse check (Q1, Q2 & Q4). The maximum score for the annual staff survey is 5.00 and the maximum score for the pulse check is 100%.

The percentage of preceptorship staff who started between two and five years before the end of each quarter and who have stayed with the Trust for more than 2 years.

The number of students who return substantively following their placement. This measure will change to a percentage from the next reporting period and the reporting period will also be reviewed.

Number of open cases 'as at' the end of each quarter. At the end of Q4 there were 19 disciplinary cases, 15 dignity at work cases and 14 grievance cases.

**NOTES OF A MEETING TO DISCUSS
THE OPERATIONAL PLAN SUBMISSION SIGN OFF**

**Held in the Chief Executive's Office,
Ashbourne Centre, Kingsway, Derby, DE22 3LZ**

Thursday 26 April 2018

MEETING HELD IN CONFIDENCE	
Commenced 9am	Closed 10am

PRESENT	Caroline Maley Ifti Majid Geoff Lewins Richard Wright Claire Wright Rachel Leyland	Trust Chair (by telephone) Chief Executive Chair, Audit & Risk Committee Chair, Finance & Performance Committee Deputy Chief Executive / Director of Finance Deputy Finance Director
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IN ATTENDANCE	Sue Turner Board Secretary (note taker)
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1.	<p><u>OPENING REMARKS</u></p> <p>Chief Executive, Ifti Majid, opened the meeting held with the Trust Chair, and Chairs of the Audit and Risk Committee, Finance & Performance Committee, Finance Director and Deputy Finance Director in order to discuss and approve the Operational Plan on behalf of the Trust Board prior to submission to NHS Improvement (NHSI) on 30 April.</p>
2.	<p><u>2018/19 FINANCIAL PLAN UPDATE</u></p> <p>Deputy Finance Director, Rachel Leyland, presented the 2018/19 Financial Plan and summarised the changes between the draft submission and final submission.</p> <p>All who were present at the meeting understood that the main changes in the refreshed operational plan for 2018/19 only impact the financial plan and the workforce plan. Rachel Leyland highlighted the variations between the draft and the final version and clarified all issues raised with the delivery of the plan. She confirmed that there has been no change to the required level of surplus. The main changes to the financial plan related to the assumptions around service developments, additional expenditure and the required level of CIP which had increased from £3.7m to £4.8m.</p> <p>Those present were satisfied that the plan had been suitably prepared and analysed. Further reviews of the delivery of financial plan will take place by the Executive Leadership Team and Trust Management Team. The Finance & Performance Committee will receive a paper on the approved plan at its next meeting on 16 May and will monitor QIPP and MHIS investment and the management of financial plan delivery risks throughout the year. CIP Delivery and continuous (Quality) Improvement Delivery Programme will also be monitored by the Committee in order to achieve the CIP figure.</p>
3.	<p><u>CONCLUSION</u></p> <p>On behalf of the Board, agreement was reached that the financial projections and supporting material included in the submission represented a credible deliverable plan. Approval was</p>

	given for the final submission of the financial plan for 2018/19 to be submitted NHSI on 30 April 2018.
3.	<u>MEETING CLOSE</u> There being no further business to discuss the meeting at 10am.

Radbourne Unit

June 2018

Hannah Burton, Service Line Manager

Simon Thacker, Associate Clinical Director

Tracey Holtom, General Manager



DHCFT



@derbyshcft

10. Radbourne Unit Slides.pptx

www.derbyshirehealthcareft.nhs.uk



Better
together

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Introduction

Based on the Royal Derby Hospital site, the Radbourne Unit is the Trust's main inpatient service for Derby and South Derbyshire residents with acute mental health needs.

The Radbourne Unit consists of four adult acute inpatient wards, an enhanced care ward, an electroconvulsive therapy team and a Hope and Resilience Hub which embraces the principles of recovery in mental health care.

Each ward strives to provide high quality evidence based inpatient mental healthcare, to adults of working age (typically 18 - 65 although not exclusive) in a calm and safe environment that is therapeutic and cohesive to the process of recovery.



Key achievements

- Implementation and evaluation of WBOT (Ward Based Occupational Therapy) model and next steps
- Implementation of huddle / refining R2G (Red2Green)
- Seclusion simulation training
- Carers Support Strategy
- Healthwatch – you said we did
- Reduction in OOA (Out of Area) acute placements
- Sv2 (charitable organisation supporting victims of Sexual violence) training sessions in the HUB – to be rolled out into the wards
- Staff space completed

Challenges

Staffing/ maintaining clinical standards

- Actions to address
 - Weekly meeting and action plan in place
 - Recruitment plan
 - Daily Huddle to resolve issues
 - Risk assessment in place

Supervision

- Actions to Address
 - On going performance management and action plan in place
 - Psychology sessions commencing weekly on wards
 - Review of models of supervision that meet the needs of the work unit.

Bed capacity and high activity

- Actions to Address
 - Red to Green in place
 - Huddle in place daily

Challenges

E discharges

- Actions to address
 - Daily performance report out to ASMs (Area Service Managers) and Associate Clinical Directors via General Manager
 - Process being amended for each area by ASM's
 - On agenda for operational meetings

Access to training

- Actions to address
 - Bite Sized training into wards to be implemented for physical health training
 - Review impact of bite sized training after roll out
 - Continue to explore options for training for staff that limits release
 - Review skills that staff are required to have for role that is not mandatory

Staff wellbeing

- ASM currently working with wellbeing Lead to explore strategies to improve staff well being
- Increase of violence and aggression towards staff – Deep Dive by Head of Nursing
- Actions to address
 - 75 incidents in last quarter work is required with police interface and Local Security Management Specialist. via police liaison meeting

Plans for future improvement

- Revised WBOT model to improve and measure the impact of therapeutic and meaningful activity
- Therapeutic activity pre-audit – could be the first in the country
- Review of acute inpatient clinical model
- Supervision strategy – weekly reflective practice sessions commencing on each ward from June, resilience based supervision
- Revised recruitment plan
- Recruitment of expert by experience posts
- Bitesize training into the wards – medic led on physical health issues
- Sexual safety – deep dive into sexual safety incidents and liaising with CQC
- Clear strategy for staff in association with LSMS and Police

**Board Committee Summary Report to Trust Board
Audit & Risk Committee – Meeting held 3 May 2018**

Key items discussed

- Draft Annual Accounts 2017/18
- Draft Annual Report
- Draft Annual Governance Statement
- Draft Quality Account (verbal update)
- Going concern assessment
- Year-end effectiveness reports from Board Committees
- IG Quarter 4 report
- Internal audit reports – Data quality, Mental Health Act governance, internal audit annual report, draft internal audit plan
- Counter Fraud annual report
- Counter Fraud policy
- External audit report – informing the external audit risk assessment and key financial indicators report

Assurance/lack of assurance obtained

- Full assurance relating to preparation of the draft accounts to plan
- Significant assurance relating to Annual Report content and progress to plan
- Full assurance relating to preparation and consultation relating to the Annual Governance Statement
- Significant assurance relating to preparation of the Quality Account and progress to plan including stakeholder consultation
- Full assurance that Trust continues to be going concern
- Significant assurance relating to effectiveness of Board Committees as evidenced through year end reports, subject to additional circulation of detail relating to qualitative reviews
- Significant assurance received on IG achievement and compliance during 2017/18 and ongoing IG arrangements and developments
- Partial assurance with improvement required for Data Quality internal audit
- Significant assurance with minor improvements for Mental Health Act governance internal audit report

- Limited assurance on development of internal audit programme
- Significant assurance received from counter fraud annual plan, detail of work undertaken, self-review tool and fraud risk assessment.
- Significant assurance received as part of the external audit risk assessment report that there is common understanding between the Trust and external auditors relating to a range of risk areas including fraud, impact of laws and regulations, going concern considerations, estimate consideration and related parties.

Key risks identified

- Ongoing work for a range of staff within the Trust to complete Annual Report and Quality Account to deadline.
- Quality indicator chosen by governors is not auditable and governors will be informed and propose another indicator is chosen
- Wider board members may not be sighted on key internal audit activity if plans and reports are not widely circulated
- Wider board members may not be sighted on work of other Committees if plans and reports are not routinely circulated

Decisions made

- Agreed to oversight of additional Deloitte phase 3 recommendation relating to Data Quality (recommendation 9) with 6 monthly oversight.
- Annual accounts – agreed to updates as raised to be incorporated into final draft.
- Agreed that Darryl Thompson will liaise with auditors to communicate with governors about the quality indicator chosen with a view to selecting an alternative
- Year-end reports – significant assurance that all Committees are fulfilling terms of reference. Debate about qualitative surveys undertaken will be reviewed at Board Committee chairs meeting on 16 May with a view to receiving feedback from each Committee on assurance/risks raised to inform overall signoff.
- Circulate to Data Quality internal audit report to all NEDs given broad impact.
- Agreed that Anne Wright would raise the MCA internal audit report with John Sykes and ensure inclusion in future MHAC meeting agenda
- Agreed that minutes of meetings for all Board Committees will be made available to all Board members for information
- Draft annual internal audit plan to be further reviewed by ELT on 14 May to inform formal plan – to include input from A&R members. To come back to 24 May 2018 Committee meeting.

Escalations to Board or other committee

- Issue of sharing internal audit programme with wider Board members to be raised via Committee assurance summary, to consider mechanism to set in place to ensure NEDs are sighted on activity and can access reports as required

Committee Chair: Geoff Lewins

**Executive Lead: Sam Harrison, Director of
Corporate Affairs & Trust Secretary**

**Board Committee Summary Report to Trust Board
Audit & Risk Committee – Meeting held 24 May 2018**

Key items discussed

- Quality Report - the quality indicator as chosen by governors is not possible to audit as the national data set is not available.
- Annual report and accounts – recent updates made since publication of the meeting pack were outlined and agreed. Minor further updates were noted for incorporation into the final document for publication.
- External Audit - auditors presented their audit findings, noting a clean audit and unqualified opinion on financial statements. They anticipated issuing an unqualified opinion on the Value for Money conclusion to secure income, economy, efficiency and effectiveness in its use of resources. Mismatches identified had been progressed satisfactorily over recent days by the Finance Team.
- Enhanced External Auditor opinion on the financial statements – this was noted and would be finalised by Grant Thornton following the meeting for incorporation into the final annual report and accounts for publication.
- Management Letter of representation – this was discussed and content noted
- External Audit findings on the Quality Report - auditors presented their findings relating to Quality report, noting that the report is materially consistent with quality report content guidance. Three indicators had been audited.
- Internal audit plan 2018/19 – the draft plan was noted highlighting the risk based approach to give value to the Trust from the audit programme.
- Accessing legal advice policy – updates to the policy were reviewed.
- Raising concerns/Speaking up at Work policy – updates were outlined and reviewed.

Assurance/lack of assurance obtained

- Annual report – assurance was noted from the sign off of annual report content by the Executive Leadership Team on 14 May 2018.
- External audit findings on the financial statements - significant assurance was received from External Auditors on their external audit findings, including Value for Money conclusion. This was noted to be extremely positive in context of wider NHS organisations.
- Quality Report – significant assurance was received relating to Quality Committee involvement in overseeing drafts of the report and providing assurance on the final Quality Report. External stakeholder feedback which provided broad support on content was also noted.
- External audit findings on the quality report – positive assurance was given from external auditors on the report. A clean audit of indicators was outlined.
- Internal audit plan 2018/19 – significant assurance was obtained from confirmation that the Executive Leadership Team (ELT) had discussed the plan and that the risk focus of the programme would help support addressing strategic risks. Further clarification of timescales

and scope of audits will be overseen by ELT.

- Raising concerns/Speaking up at Work – significant assurance was received that updates followed national guidance and learning from local practice.
- Meeting effectiveness – members agreed that the meeting had been effective and John Morrissey who had attended the meeting as an observer commented that he felt assured by the process undertaken and from comments by both internal and external auditors.

Key risks identified

- None arising specifically from agenda items

Decisions made

- Quality Account quality indicator - It was agreed to offer governors the opportunity to have their quality indicator audited once the relevant national data set is published.
- The Management Letter of representation was agreed as appropriate to be signed by the Audit and Risk Committee Chair and Chief Executive.
- The Committee approved the annual report, accounts and quality account for submission to NHS Improvement and laying before Parliament to prescribed deadlines. All required documentation was duly signed by the Trust Chair, Chief Executive and Audit and Risk Committee Chair.
- The internal audit plan for 2018/19 is to be circulated to all Board members for information.
- Accessing legal advice policy – the policy was approved for publication and assurance received that the principles of the policy would be implemented as part of shared People Services backoffice arrangements.
- Raising concerns/Speaking up at Work – the policy was agreed subject to addition of detail relating to work to address equality and diversity issues.
- Forward plan – agreed to add receipt of report from Local Counter Fraud (KMPG) to October agenda.

Escalations to Board or other committee

- None

Committee Chair: Geoff Lewins

Executive Lead: Sam Harrison, Director of Corporate Affairs

**Board Committee Summary Report to Trust Board
Quality Committee - meeting held 9 May 2018**

Key items discussed

- **Board Assurance Framework (BAF)** – briefing on the changes and the revised version
- **Risk Assurance and Escalation quarterly report**- how we oversee quality risks, triangulation and monitoring risks to inform the BAF
- **Quality Dashboard** – this month’s data for monitoring, triangulation and assurance
- **Deep Dive and Autism** – requesting a review of Autism legal requirements – gap and redesigning a new strategy
- **CQC** – quality visits, triangulation report and external assurance of service.
- **Care Planning** – Audit and Neighbourhoods, interlinking issues and improvement plan
- **Skill mix review** – review of national information and the skill mix dashboard, commissioning gaps and service reviews of Cubley Male and Female
- **Positive and Safe Strategy**- evidence of implementation and impact
- **Medicines Optimisation Strategy** – Agreed
- **Lessons learned** - Learning from an emergency plan incident
- **Learning Disability** – medical provision- potential impact
- **Quality Impact Policy and assurance review** - implementation of Well led actions
- **Review of any issues arising from the meeting for inclusion or updating in the BAF**

ASSURANCE/LACK OF ASSURANCE OBTAINED

Board Assurance Framework – Substantial changes and improved. Changes were reviews and agreed. Significant assurance on the current process. Positive work – plans to mitigate / hold to account if executives fail to deliver will be improved. Review and analysis of the risk register.

Mental Health Act BAF Risk – 1b – 5 improvement areas were recommended by JS. Recording and focusing upon these 5 improvement areas in MHAC operational group. JS will lead the improvement plan. JS to model this work.

Quality Dashboard – this was reviewed. Seclusion and violence were reviewed in detail. Joint review with Commissioners on access and increase in Psychiatric Intensive Care and the Clinical review and scrutiny confirmed that these were good decisions and safe decisions. Rapid tranquilisations and violence overall is increased but the trend line overall over a longer period remains significantly lower.

Autistic spectrum disorders. Trust position on autism and developments will be reviewed over the ext. quarter. Legal requirements and future clinical strategy. Mark Powell allocated Graham Wilkes to lead – return in one quarter – 3 months – September meeting. Significant assurance on the Quality

dashboard

CQC – Quality visits and external assurance. Significant assurance on the model and significant assurance on the external review. Core services – CQC presentation visits were provided to the committee to give assurance. Email to be written to all teams and thank you from QC on their hard work from the NEDS.

Care Planning – Audits in the Neighbourhoods are just being completed – awaiting responses, a plan of Training needs to further develop and define Care planning. CPA review and interlinking this work will continue. Increase and plan forward in this year's quality priorities. Reviewing statements and wishes and showing how teams should record wishes using a revised alert model.

Skill Mix Review – review and dashboard. Use Trust dashboard and annual narrative review of skill mix using the NQB guidance which is narrative rather than a formal dashboard as no actual numerator or metric. The interim skill mix review is confirmed bar two areas of further work in two significant areas; commissioning gaps in neighbourhoods and a service review of Cubley Male and Female. This is required following the roll out of DRRT and changes in patient profiles with complex physical health and behavioural disturbance associated with Dementia.

Prone Restraint up-date and analysis– Excellent use of evidence and triangulation with data. Significant assurance. Annual review.

Medicines Optimisation Strategy – Solid model and improvement work. Evidence of NICE and POMH UK and significant improvement was noted and included. Risks to implementation surround the financial and capacity to implement. This important strategy requires a further implementation plan to be developed by the operational team and costing. This may include a prioritisation plan within the strategy. Thanks were given to the author.

Lessons learned – Fire panel alarm incident. Reviewed learning and recommendations. Significant assurance and learning from this incident was established.

Learning Disability – medical provision – Medical Staffing and provision to the DCHS service has been a pressure for some time. Recruitment attempts have not been successful. The papers recommendations were accepted and noted. The quality risks are associated to the impact upon our community patients accessing the beds. Individuals with a Learning disability and or Autism and access to beds should the service fail due to gaps in medical staffing in the community provider.. BAF 1a and systems leadership – risks to community patients and exploring a systems wide solution too bedded care. Further improvement work will be undertaken in this area. This quality risks will be added to the BAF 1a. Limited assurance.

Quality Impact Policy – New model discussed. Ratified and full assurance achieved. GIAP blue form for next meeting. Challenge from Carolyn Green on on-going performance management and monthly review – how many CIP / QUIPP schemes are active and how many have QIA in place. a new quality indicator on the dashboard will be provided by the Programme Assurance office.

BAF inclusion – BAF risk re Learning Disability BAF 1a. Developing Autism Strategy – 1a development work.

Meeting Effectiveness

- Challenge was effective
- Discussion re clinical strategy important
- Positive meeting
- Discussion re additional attendees. CG confirmed there are times when she requires her clinical team to support her.

Decisions made

- Risk highlight reports on specific quality risk issues for quarterly reporting.

- Exploration of the impact and allocation for some key monies and reinvestment into key areas to be provided by Executive leadership team with assurances that the investment will be targeted to the greatest risk areas as evidence in the BAF risk 1a.
- Further assurance and scrutiny on equalities issues in the accessible information standards required
- Exploring executive membership with the addition of a new director, to review the representation of Directors on the forward plan
- Scheduling and amendments to forward plan on developments of clinical
- Implementing the Quality committee evaluation recommendations was confirmed
- Changes to the forward plan on revised Quality priorities.
- Revisions to the BAF based upon evidence and papers occurred.

Escalations to Board or other committee

Escalation to Board - None to Board

Escalation to other committees - none

Escalation to ELT – costing of medicines implementation plan

Changes to the BAF: We are reviewing three proposed changes, investment in community forensic team, neighbourhoods and crisis teams. Addition of the risks associated with implications of reduced medical staffing at DCHS Learning disability in-patient unit for the Southern Derbyshire community.

Committee Chair: Dr Julia Tabreham

Executive Lead: Carolyn Green, Director of Nursing & Patient Experience

**Board Committee Summary Report to Trust Board
Safeguarding Committee – Meeting held 10 May 2018**

Key items discussed

- Minutes of the last meeting
- Safeguarding Adults assurance report
- Safeguarding Children assurance report
- Report on Sexual Safety - future updates and direction of travel confirmed
- Safeguarding Adults Policy – updated interagency policy reviewed and ratified
- Year-end effectiveness and evaluation/objectives were reviewed
- Terms of reference (4.3) revision on PREVENT section and statement to be revised
- Safeguarding Adults Position statement - joint strategy meeting in place
- Loss and theft – specific report deferred to next meeting
- Work plan and RAG rated action plan - completion against the work plan
- Independent investigation Improvement plans
- Safeguarding Children - new team commissioned to support new and emerging communities - significant assurance received
- Safeguarding Children - red rated risk, on safeguarding children, delays to care co-ordinator allocation, remains red risk, partly mitigated if Mental Health Investment Standard (MHIS) is met in contract round.
- DBS checks and new policy revision with People Services. Sign off by Safeguarding Adults and Children’s Doctors in line with professional issues with lead Director, Amanda Rawlings
- Forensic CAMHS services position paper covering the clinical model and further learning with the teams. Risk register to be explored as an issue. Reduced risk, emerging issues being explored
- SEND (Special Educational Needs and Disability) compliance
- Safeguarding Adults

Assurance/lack of assurance obtained

- Safeguarding Adults Position Statement reviewed and assurance was received. PREVENT training – full assurance. Improvement area and trajectory on Level 2 training, will hit trajectory within three months. Trainers in People Services, to achieve this target.
- CPA policy and implementation and developing clinical model and significant assurance. Connectivity and roll out of clinical modelling and design is still in development, and clinical engagement to adjust the model based upon feedback.

- The Committee was provided with a report on how the Trust discharges the essential standards for Safeguarding
- Safeguarding action plan – CPA Phase 1 Implemented / CPA Phase 2 implemented. Full policy implementation for Phase 2 not achieved. Staff engagement is key. Significant assurance on process. Limited assurance on full achievement of outcome.
- Safeguarding Adults updated policy reviewed agreed and ratified
- SEND compliance - full assurance
- Forward plan revisions and agreements
- BAF risks – training encompasses transition period from old training model to refresher training model for Level 1

Key risks identified

- Safeguarding training was reviewed. Current compliance 86.1% - once only and 32.2% - annual refresher whilst in this new transition period of the new training model over 2018. Expect to achieve compliance at year end.
- Weighing up the risks and issues of the new Safeguarding training model and the importance of ensuring refreshed competence, recommendation for issues.
- DBS checks and revisiting the current policy for improvements and revision with People Services, with sign off by Safeguarding Adults and Children’s Doctors in line with professional issues with lead Director Amanda Rawlings. Working with People and Culture Committee.

Decisions made

- Safeguarding Children’s and Adults reports reviewed, scrutinised and accepted.
- Improvement work identified and planned audit and improvements in the next quarter.
- Revisions were made to the forward plan

Escalations to Board or other committee

- ELT to note summary

Committee Chair: Dr Anne Wright

Executive Lead: Carolyn Green, Director of Nursing and Patient Experience

**Board Committee Summary Report to Trust Board
Finance & Performance Committee – Meeting held 15 May 2018**

Key items discussed

- Data quality report (as matters arising) – recommendations being addressed. Discussed the next stages of moving on from policy and procedure to testing of key measures in follow up audit with KPMG – outcomes of recommendations to future F&P – overview of data quality.
- BAF Risks for 18/19 that are overseen by F&P Committee – matrix of ownership and delivery
- Discussion of extra info from systems within commissioning update reports to committee – eg STP/JUCD etc
- Commissioning interface and progress against contractual discussions – MHIS investments and QIPP position, recruitment to developments including perinatal community investment. Communication of positive news about investments to the organisation.
- Operational performance/KPIs against Single Oversight Framework standards up to month 12 17/18. Benchmarking information comparing our performance comparative to peers on national indicators
 - Out of area – target will be in next IPR – trajectory to zero by 2021 (noting discussions about PICU figures). Fluctuations during year on DTOC and Red2Green process impact. Patient flow and patient experience. Trend in clustering is downwards. Data quality kite marks – validation being classed as yellow. Reds for letters completeness discussion. Measuring expectations or the use of kitemarks during development
 - Outpatient cancellations and DNAs discussion in context of broader benchmarks and bringing forward appointments
- Improving Access to Psychological Therapies (IAPT) performance and market conditions and contractual and financial risks. Recognition of positive impact on leadership and team delivery, performance improvement and access rates
- Medical service contract update and related risks and implications. Future model of care strategic direction
- CIP/CQI progress – Progress and challenges made against plan and key risks. Current gap to full programme value and the level of coded and assured benefit level. Triangulation of financial ledger information and Project vision information. Feedback from most recent Programme Assurance Board. Summary of schemes (timing of report, phasing of plans, delay in implementation of schemes. Read across with financial performance delivered in aggregate in month 1)
- Financial performance and planning. Summary of 18/19 financial planning assumptions and risks in 18/19 as well as month one 18/19 performance. Discussion of ongoing agency usage and the links to workforce planning actions. Capital plan and people first and productivity objectives. Agency forecast and the BAF risk actions impact
- Deloitte Well Led stage 3 summary of progress against ‘red’ comments – review following board discussions. (Continuous improvement methodology and staff views on data and information). Progress on hearts and minds on EPR issues, longer term options and electronic prescribing
- AOB – Been given notice on a contract with another provider

- AOB 2 – Thank Lynn for F&P performance and input
- Meeting effectiveness – reflection of challenge to Execs not directed at other attendees. Non execs to consider looking at the project Vision system.

Assurance/lack of assurance obtained

- BAF risks – as per BAF
- Commissioning interface update – significant assurance
- Operational performance/KPIs – SOF good, not outlier against benchmarks so significantly assured
- IAPT – significant assurance
- CIP/CQI progress – Limited assurance
- Financial performance and planning – significant assurance
- Deloitte Well led F&P comments/recommendations – N/A

Key risks identified

- Commissioning interface - PICU out of area risk to MHIS investments
- Operational performance key discussion points/risks are:
 - Out of area placements last six months much improved but currently very low availability of out of area beds nationally.
 - Outpatient DNA and cancellations
 - Delayed Transfers of Care – currently low but pressure building
 - PbR Clustering recording quality downward trend
 - Operational KPIs triangulation with specific BAF risks for patient flow and wider JUCD system risks
- IAPT - costs increasing against fixed AQP tariff income
- Service contract notice - income risk, cost risk and quality risk issues. Strategic implications risks
- CIP/CQI progress – level of non-recurrent CIP and gap in programme value. Estimations and unknowns around the e-rostering related projects and the people impact of the changes.
- Financial performance and planning – activity related payments related to under-occupancy, CIP programme under-delivery and/or non recurrent delivery

Decisions made

Regarding data quality – bigger picture: MP to follow up with PC, KL and JS regarding review of source data and consequent reporting out of systems – owner Mark P - to be included not as part of IM&T update but more broadly as operational reporting – action MP

JUCD extra information to be included in reports to increase oversight at F&P on progress with JUCD – to be included within the Commissioning interface paper – action - GH

Brief update each month for the red comments on Well Led papers – action for MP and GH (CW to include in fwd plan)

Escalations to Board or other committee

None

Committee Chair: Richard Wright

Executive Lead: Claire Wright, Deputy Chief Executive and Director of Finance

Year-End Effectiveness Reporting Board Committees

Purpose of Report

To present assurance on the effectiveness of Board Committees, following the review of year end reports by the Audit and Risk Committee at its meeting held on 3 May and subsequent discussions at the Board Committee chairs meeting held on 16 May 2018.

Executive Summary

There are a range of good governance practices that we implement to review Board Committee activities and provide assurance on their effectiveness each year. Each Board Committee Chair and respective Lead Director were contacted early in January this year to confirm reporting requirements. This included the requirement for:

- Completion of a year-end review of effectiveness of the Committee, reporting on activity and business of the Committee against its agreed terms of reference
- Review of the Committee's terms of reference to ensure that they are accurate and fit for purpose
- Undertake and review the outcome of a qualitative survey completed by Committee members
- Set clear development objectives for the Committee – referencing feedback from the qualitative survey and reflection on the year-end report of the Committee
- Ensure a clear forward plan for the Committee is established and followed throughout 2018/19

The year-end reports for the following Board committees were received by the Audit & Risk Committee on 3 May 2018:

- Remuneration and Appointments
- Finance and Performance
- Audit and Risk
- Quality
- Safeguarding
- People and Culture
- Mental Health Act

Qualitative Survey

As recommended by Deloitte in their phase 2 external governance review undertaken in 2017, we developed a short electronic survey to help obtain feedback on members' views on each Committee and content was agreed by the Board Committee Chairs group. Committee Chairs individually decided who they wished to invite to respond – with some surveys including only members and others extended to attendees. Due to the prescribed nature of business undertaken by the Remuneration and Appointments Committee it was agreed that a survey would not be carried out by this Committee.

Each Committee reviewed a summary report of the outcomes of their survey, which included narrative responses and were encouraged to discuss as part of their Committee and reference any key issues raised in their year-end reports as relevant. At the Audit and Risk Committee meeting on 3 May it was requested that Board Committee Chairs review all Committee feedback reports from the surveys before a final decision on assurance of effectiveness of Committees be determined.

Further discussion at Board Committee Chairs meeting held on 16 May reviewed the collective responses from the Qualitative Board Committee surveys undertaken. Members of the Audit and Risk Committee present confirmed that significant assurance could be given on effectiveness for all Board Committees. It was further confirmed that the results from the 2018 surveys undertaken will be used by Board Committee Chairs and wider members to inform 2018/19 objectives, seek to sustain implementation of good practice where this has been noted and to address other Committee-specific feedback that has been received from these surveys.

It was agreed that Committee Chairs would review, in early 2019, how they would wish to consistently use the information from future surveys to inform the year-end reports and the subsequent evaluation of assurance received.

Terms of Reference

Terms of Reference are not appended for review by the Board at this time as the Chief Executive is undertaking a review of Executive Director membership to ensure that this is appropriately balanced. This will be finalised in consultation with the Trust Chair and respective Board Committee Chairs.

Objectives

Committees have identified a range of aims and objectives within their year-end reports and Committee Chairs are encouraged to keep these under regular review.

Forward plan

It is embedded practice that all Committees work to a forward work plan and these are used to ensure Committee business covers key items of their Terms of Reference and allows for a structured schedule of assurance reporting throughout the year.

Board Committee Structure

As part of the review of Board Committees it was confirmed that the Safeguarding Committee and Mental Health Act Committee (MHAC) would remain as standalone Board Committees. Progress was noted in the effectiveness of the working of the MHAC during the year and opportunities to include the work of the Safeguarding Committee and/or MHAC within the Quality Committee will be kept under regular review.

Strategic Considerations

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

Assurances

Audit & Risk Committee was assured, through the receipt of the year-end effectiveness reports that Committees are working effectively and meeting the requirements of the Terms of Reference, as required per the Corporate Governance Framework.

Consultation

Each Committee has reviewed its effectiveness report, year-end survey and Terms of Reference. Board Committee Chairs has reviewed. Audit & Risk Committee has reviewed and resulting recommendations are outlined below.

Governance or Legal Issues

Satisfactory governance performance underpins many aspects of statutory, regulatory and legal compliance for Foundation Trusts. The year-end effectiveness reporting forms part of the Trust's Corporate Governance Framework.

Equality Impact Risk Analysis

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

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

Actions to Mitigate/Minimise Identified Risks – not applicable

Recommendations

The Trust Board is requested to:

1. Receive significant assurance on the effectiveness of Board Committees during 2017/18, as recommended by the Audit and Risk Committee, following the submission of year end effectiveness reports and review of feedback from qualitative surveys undertaken.
2. Note that Terms of Reference for all Committees are under review and will be presented to the Board once membership is clarified.

Report presented and prepared by:

**Sam Harrison
Director of Corporate Affairs**

2018-19 Board Annual Forward Plan

Exec Lead	Item	Purpose of Item - Statutory or Compliance Requirement Alignment to FT Strategic Objectives	1 May 18	5 Jun 18	3 Jul 18	4 Sep 18	2 Oct 18	6 Nov 18	4 Dec 18	5 Feb 19	5 Mar 19
		Deadline for papers	23 Apr	25 May	25 Jun	24 Aug	24 Sep	29 Oct	26 Nov	28 Jan	26 Feb
CM	Apologies given		X	X	X	X	X	X	X	X	X
SH	Declaration of Interests	FT Constitution	X	X	X	X	X	X	X	X	X
CM	Minutes/Matters arising/Action Matrix	FT Constitution	X	X	X	X	X	X	X	X	X
CG	Actions and learnings from patient stories		X		X		X		X		X
CM	Board Forward Plan (for information)	Licence Condition FT4	X	X	X	X	X	X	X	X	X
CM	Board review of effectiveness of meeting	Statutory Outcome 3	X	X	X	X	X	X	X	X	X
STRATEGIC PLANNING AND CORPORATE GOVERNANCE											
CM	Chair's report	Licence Condition FT4	X	X	X	X	X	X	X	X	X
IM	Chief Executive's report including JUCD STP Update	Licence Condition FT4			X	X	X	X	X	X	X
MP/ CW	NHSI Annual Plan <i>TBC awaiting NHSI guidance</i>	FT Constitution/NHSI Risk Assurance Framework (RAF)									
CW	NHSI Compliance Return (Public) (subject to change (incorporated into Integrated Performance Report))	NHSI Single Operating Framework	X					X	X		X
JS	Information Governance - annual report April interim report November	Strategic Outcome 1 Strategic Outcome 3 Information Gov toolkit	AR					IR			
AR	Staff Survey Results and Action Plan	Strategic Outcome 3 and 4									X
AR	Equality Delivery System2 (EDS2) & Workforce Race Equality Standard (WRES) Submission	Strategic Outcome 3 and 4	AR		X						
AR	Pulse Check Results and Staff Survey Plan					X					
SH	Review SOs, SFIs, SoD	FT Constitution Standing Orders				AR					
SH	Trust Sealings	FT Constitution Standing Orders	X				X				

2018-19 Board Annual Forward Plan

Exec Lead	Item	Purpose of Item - Statutory or Compliance Requirement Alignment to FT Strategic Objectives	1 May 18	5 Jun 18	3 Jul 18	4 Sep 18	2 Oct 18	6 Nov 18	4 Dec 18	5 Feb 19	5 Mar 19
SH	Annual Review of Register of Interests	FT Constitution Annual Reporting Manual	AR								
SH	Board Assurance Framework Update	Licence Condition FT4			X		X			X	
SH	Raising Concerns (whistleblowing)	Strategic Outcome 1 Public Interest Disclosure Act		X							
SH	Committee Assurance Summaries (following every meeting) - Audit & Risk Committee - Finance & Performance - Confidential - Mental Health Act Committee - Quality Committee - Safeguarding Committee - People & Culture Committee	Strategic Outcome 3	X	X	X	X	X	X	X	X	X
SH	Governance Improvement Action Plan Embeddedness (timeline to be advised)	Licence Condition FT4									
SH	Fit and Proper Person Declaration	Licence Condition FT4	X								X
SH	Freedom to speak up guardian update				X						
MP	Emergency Planning Report (EPPR)							X			
SH	Board Effectiveness Survey					X					X
SH	Report from Council of Governors Meeting (for information)			X		X		X		X	
SH	Review of Policy for Engagement between the Board & COG										AR
SH	Board Development Programme										X
LWS	Business Plan 2017-18 Monitoring		X		X		X				X
LWS	Measuring the Trust Strategy		X								
OPERATIONAL PERFORMANCE											

2018-19 Board Annual Forward Plan

Exec Lead	Item	Purpose of Item - Statutory or Compliance Requirement Alignment to FT Strategic Objectives										
			1 May 18	5 Jun 18	3 Jul 18	4 Sep 18	2 Oct 18	6 Nov 18	4 Dec 18	5 Feb 19	5 Mar 19	
CG, CW, AR, MP	Integrated performance and activity report to include Finance, Workforce, performance and Quality Dashboard	Licence Condition FT 4 Strategic outcome 1 Strategic Outcome 3	X	X	X	X	X	X	X	X	X	X
QUALITY GOVERNANCE												
CG	Position Statement on Quality (Incorporates Strategy and assurance aspects of Quality management) Quarterly publication of specified information on death in Jan/Mar/Jul/Sep Includes Annual Review of Recovery Outcomes in November and Annual Looked After Children Report in September	Strategic Outcome 1 CQC and Monitor			X	X	X	X	X	X	X	X
CG/JS	Safeguarding Children & Adults at Risk Annual Report	Children Act Mental Health Standard Contract				AR						
CG	Control of Infection Report	Health Act Hygiene Code			AR							
JS	Re-validation of Doctors	Strategic Outcome 3			AR							
CG	Annual Review of Recovery Outcomes *						X					
CG	Annual Looked After Children Report *					X						

* Incorporated in Quality Position Statement

Report from the Council of Governors
1 May 2018

The Council of Governors (CoG) met on Tuesday 1 May 2018 at the Centre for Research and Development, Kingsway, Derby. This was the first time the Council of Governors meeting had been held directly after the Public Trust Board meeting. The CoG meeting was attended by 17 governors.

Outcome of recent trial involving an individual known to Trust services

Carolyn Green, Director of Nursing & Patient Services updated the Council of Governors on the outcome of a recent trial involving an individual known to the Trust's services.

Submitted questions from members of the public

Two questions had been received from a member of the Trust regarding collaborative working and the use of antidepressants. The questions were responded to and are reported in full in the public minutes of the meeting.

Approach from a complainant

Governors had been approached by a complainant via the governor email account.

Report from the Governors' Nominations & Remuneration Committee

A summary of the meeting, held on 20 March, was presented by Caroline Maley. CoG received confirmation that Geoff Lewins had successfully completed all checks as required under the Trust's Fit and Proper Persons Policy. A report on the robust appraisal process undertaken on all the Non-Executive Directors (NED) was presented which also outlined their agreed objectives. Feedback on the informal review of the performance of the Acting Trust Chair (to September 2017) and objectives agreed for the first year of the Trust Chair's substantive appointment were formally presented and agreed. Benchmarking of remuneration of the NEDs and the Trust Chair had been undertaken, with no changes recommended. The Committee had reviewed NED membership of Board Committees (including balance of skills, time commitment and succession planning), its own terms of reference and presented its annual report.

Non-Executive Director deep dive

Dr Julia Tabreham, Deputy Trust Chair, Non-Executive Director and Chair of the Quality Committee gave an update on the work of the Quality Committee, highlighting her role in holding Executive Directors to account. The Committee had been assured that quality is still being maintained in the face of increasing demand for services and rising acuity.

Integrated performance report summary

Caroline Maley presented the Integrated Performance Report to provide the governors with an overview of performance as at the end of March 2018. Each of the Non-Executive Directors reported on how the report had been used to hold

Executive Directors to account through their respective Board Committee for areas with regards to workforce, finance, operational delivery and quality performance.

Escalation items to the Council of Governors

Three items were escalated to the Council of Governors from the Governance Committee. Responses were provided from the respective NED. Each are reported in full in the public minutes.

Governance Committee report

Gillian Hough, Chair of the Governance Committee, presented the report of the meeting of the Governance Committee held on 17 April 2017. The Committee had reviewed its terms of reference and presented them to Council of Governors for approval. The governors' response to the Quality Account had been finalised.

Governor elections

Nominations for vacant governor posts closed on 19 April. Notice of the poll will be published on 9 May, voting packs despatched on 10 May and elections will close on 31 May. Results will be declared the following day. The process is being managed by Electoral Reform Services.

Bid Board for external auditor procurement

The first meeting of this group had taken place. Appointment of the External Auditors is a statutory role for the Council of Governors. To inform the process, three governors are involved in the Bid Board.

RECOMMENDATION

The Trust Board is asked to note the summary report from the Council of Governors for information.