Meeting of the Board of Directors

30 September 2015

NOTICE OF BOARD MEETING
WEDNESDAY 30SEPTEMBER 2015
TO COMMENCE AT 1.00 PM IN THE CONFERENCE ROOMS A & B,
RESEARCH & DEVELOPMENT CENTRE, KINGSWAY, DERBY DE22 3LZ

Item	Time	AGENDA	Enc Ref	Discussion led by
1.	1:00	Chairman's Welcome and Opening Remarks	-	Mark Todd
2.	1:05	Service User Story		
3.	1:30	Apologies for Absence Declarations of Interest		Mark Todd
4.	1:35	Minutes of Board of Directors meeting, held on 29 July 2015	A	Mark Todd
5.	1:45	Matters arising – Actions Matrix	B	Mark Todd
6.	1:50	Chairman's Report	C	Mark Todd
7.	2:00	Acting Chief Executive's Report	D	Ifti Majid
STRATEGY & GOVERNANCE & FINANCE				
8.	2:15	Committee Summary Reports: - Audit Committee Minutes (draft) - Quality Committee - Mental Health Act Committee - Safeguarding Committee	E	Committee Chairs
9.	2:20	Finance Director's Report Month 5	F	Claire Wright
10.	2:30	Communications and Membership Strategies	G	Anna Shaw
B R E A K 2:45				
11.	3:00	Deep Dive in Managing Sickness and Absenteeism	H	Jayne Storey
PATIENTS, QUALITY AND SAFETY				
12.	3:20	Position Statement on Quality including: - Safeguarding Children Annual Report for formal noting - Safeguarding Adults Annual Report for formal noting	I	Carolyn Green
FINANCE, OPERATIONAL & PERFORMANCE REVIEW				
13.	3:45	Medicine Management Update	**Verbal**	Carolyn Green
14.	3:55	Integrated Performance and Activity Report	J	Carolyn Gilby
FOR INFORMATION				
15.	4:05	I. Board Development Programme II. Board Forward Plan III. Identification of any issues arising from the meeting for inclusion or updating of the Board Assurance Framework IV. Discussion on future deep dives V. Comments from observers on Board performance and content of meeting	K L	Mark Todd

The Chairman 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. On this occasion the special reason applies to information which is likely to reveal the identities of an individual or commercial bodies.

The next meeting is to be held on 28 October 2015, at 1.00 pm 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 Chairman's discretion. `

DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

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

Wednesday, 29 July 2015

MEETING HELD IN PUBLIC

Commenced: 1:00 pm   Closed: 4:20 pm

Prior to resumption, the Board met to conduct business in confidence where special reasons applied

---

PRESENT:

	Mark Todd	Chairman
	Ifti Majid	Acting Chief Executive
	Caroline Maley	Senior Independent Director
	Maura Teager	Non-Executive Director
	Tony Smith	Non-Executive Director
	Jim Dixon	Non-Executive Director
	Phil Harris	Non-Executive Director
	Claire Wright	Executive Director of Finance
	Carolyn Green	Executive Director of Nursing and Patient Experience
	Mark Powell	Director of Business Development and Marketing
	Dr John Sykes	Executive Medical Director
Left meeting at 2pm and returned at 4pm	Jayne Storey	Director of Transformation
Left meeting at 2pm and returned at 4pm	Jenna Davies	Interim Director of Corporate & Legal Affairs

IN ATTENDANCE:

	Anna Shaw	Deputy Director of Communications
	Sue Turner	Executive Administrator and Minute Taker
For item DHCFT 2015/121	Sangeeta Bassi	Chief Pharmacist
For item DHCFT 2015/124	Peter Charlton	General Manager IM&T

VISITORS:

	Carole Riley	Derbyshire Voice Representative
	John Morrissey	Council of Governors

APOLOGIES:

	Graham Gillham	Director of Corporate and Legal Affairs

Draft Minutes of Public Board Meeting
29 July 2015

DHCFT 2015/110	**CHAIRMAN'S OPENING REMARKS, APOLOGIES, DECLARATIONS OF INTEREST**
	The Chairman opened the meeting by welcoming all present. Declarations of interest were received from the Chairman, Ifti Majid, Caroline Maley, Maura Teager, Tony Smith, Jenna Davies and Jayne Storey with regard to the employment tribunal.
DHCFT 2015/111	**SERVICE USER FEEDBACK – "YOUR SERVICE YOUR SAY"**
	Claire Farnsworth, Recreation Co-ordinator at Chesterfield Royal and Hilary a volunteer support worker were invited to share their story with the Board.
	Claire informed the Board how her role in the supervision and training for volunteers had emerged. She explained that since the Trust had opened up volunteer membership to ex-service receivers, volunteer recreation support workers had enabled the service to expand from 5 to 7 services and had enabled the hub to open at weekends. The volunteer service had developed further and a job role was created. An interview process took place and Claire was pleased that Hilary accepted the role and started to help with the service.
	Hilary explained she is an ex-paediatric nurse and had left the job she adored when she became ill. She had been an inpatient and also had community experience and is able to bring this knowledge to the team. She found the patient volunteer role very interesting and it has helped her own mental health and the support she has received from the hub enabled her to feel part of the team.
	The role Hilary plays has been very interesting to develop. She produces leaflets and manages an information board that she receives responses from. She works in fairly loose discussions with patients and passes on comments, complaints and suggestions. Improvements have been made that arose from suggestions from patients and the biggest feedback she has received is that patients say that if they tell Hilary about a problem she finds a solution as she is able to get answers to patients' queries quickly and helps them in ways they cannot help themselves. Hilary also explained that she receives supervision from Claire which is of great benefit to her and at the end of every session she and Claire review what have gained. Hilary feels that the Trust supports her as a volunteer and she feels people trust her and she is part of the team.
	Maura Teager asked Hilary how it would have been if she had had someone like her to help with her problems when she was in hospital. Hilary felt this would have been of great benefit as there are some things that you cannot talk to staff about and she often helps get things moving more quickly for patients because she knows who to talk to get help. It is little things that make such a difference to patients.
	Jayne Storey asked Claire and Hilary if the board could help with any matters they could not resolve and Claire was very quick to ask for better outdoor space for patients. Outdoor space is used for Occupational Therapy practice and it would be good to have a safe outdoor space for patients to use and enjoy who are non-smokers. Claire added that going out into the fresh air and growing vegetables and fruit and taking it into the kitchen is very rewarding. The Chairman commented that outdoor space has to have a dual use and also be for smokers and an area for smoking in our environment is a difficult thing to

Draft Minutes of Public Board Meeting
29 July 2015

	approach. It was suggested that Bev Green might be interested to help and the Trust's Innovation fund could also be approached for help. John Sykes felt it was important to improve the engagement of male service receivers in different types of projects and was pleased to hear that male volunteers were starting to come through the recruitment process and bringing their interests with them. Ifti Majid was glad to hear that Hilary had clearly been accepted in her role and wondered how she could be incorporated into the wider clinical team. Hilary felt this would be difficult as she had been an inpatient recently. However, Claire felt Hilary's role was developing within the team and on the ward and that volunteer support work was becoming accepted as an established service with ward managers. The Chairman thanked Claire and Hilary for sharing their experience and for the valuable work they were engaged in that showed ways of connecting with the Trust's service receivers. **RESOLVED: The Board expressed thanks to Claire and Hilary for sharing his story and for the ideas he had proposed.**
DHCFT 2015/112	**MINUTES OF DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST BOARD MEETING, HELD ON 24 JUNE 2015** The minutes of the Derbyshire Healthcare NHS Foundation Trust Board meeting, held on 24 June were accepted and approved subject to the removal of Mandy Meyrick, Staff Side Secretary on the attendance list.
DHCFT 2015/113	**MATTERS ARISING** John Morrissey, Public Governor for Amber Valley South, wished to raise a matter on behalf of Michael Walsh, Public Governor for Derby City West. Governors' observations had been captured in item DHCFT 2015/108 but Michael Walsh did not feel that his comments had been included. The Chairman suggested that a brief comment be drafted in consultation with Michael Walsh for inclusion within the minute item. Tony Smith, as Chair of the Mental Health Act Committee (MHAC), provided an update on gaps in assurance resulting from the last meeting of the committee. He informed the Board that the committee's annual report had been submitted to the Audit Committee. Partial gaps in assurance arising out of the 14 CQC Mental Health Act visits during the year related to care planning, consent to treatment and mental health capacity. These issues had already been triangulated and identified as high priority within the Quality Report to Board. Gaps in assurance also applied to several Mental Health Act clinical audit reports and these were being monitored by the MHAC. Training for the Associate Hospital Managers on the revised Mental Health Act Code of Practice had been delayed and were now planned for September/October. **Actions Matrix:** All green completed items to be removed and all other updates were noted directly on the matrix.
DHCFT	**CHAIRMAN'S REPORT**

Draft Minutes of Public Board Meeting
29 July 2015

2015/114	The Board noted the Chairman's report which summarised his meetings and visits during the month. The Board also noted that the letter from Monitor notifying the Trust of its decision to open a formal investigation into the Trust's compliance with its licence was attached to the Chairman's report. Slides that the Chairman had received from Monitor would also be circulated to members of the board. **RESOLVED: The Board received and noted the Chairman's report.**
DHCF 2015/115	**ACTING CHIEF EXECUTIVE'S REPORT** Ifti Majid's report informed the Board of some of the key national policy changes or announcements over the last month that the Board needed to consider. The report also provided an update on work within the Derbyshire Health and Social Care Community as well as covering key issues internal to the Trust. The report referenced the Law Commission's consultation paper, Mental Capacity and Deprivation of Liberty Safeguards (DoLS) in England and Wales. Ifti Majid suggested that Tony Smith as Chair of the Mental Health Act Committee work with John Sykes, Executive Medical Director in order to provide feedback on the proposed new framework on behalf of the Trust. The report also emphasised the complexities within the health and social care system and the change programmes that were currently operating. Ifti Majid highlighted the levels of risk to progammes that were increasing and the pressures staff remained under responding to these demands. Thanks were extended to staff who had been involved in the recent visit by Lord Nigel Crisp. Ifti Majid highlighted the valued three key findings that arose from the Acute Adult Psychiatric Care Commission as they would contribute to the final report. A table showing the outcomes for the delivery of the Trust strategic outcomes was attached to the report and discussions took place on whether these targets could be quantitative rather than qualitative. It was agreed that the metrics would be further developed over the year and would next be discussed when the quarter 1 and 2 strategic update is provided. The board noted the importance of being sighted on the detail of the work streams in the health and social care change programmes and agreed this could be focussed on within the Board Development Programme. **RESOLVED: The Board of Directors received and noted the Acting Chief Executive's Report.**
DHCFT 2015/116	**COMMITTEE SUMMARY REPORTS** I. **Audit Committee:** Caroline Maley gave a verbal update on the performance of last week's meeting of the Audit Committee. The Board Assurance Framework (BAF) and level of risk in line with the employment tribunal findings was looked at. A deep dive session was carried out on the Transformation Risk and provided the committee with assurance. The Internal Audit plan is underway and some interesting papers were included for information about risks across the health sector. Revised Standing Financial Instructions were approved. The draft External Audit Letter was

submitted to the committee and the final version was presented to the Board. The Clinical Audit Plan has improved as has the engagement of the team putting together the plan. One area of concern was with regard to poor attendance at the Research & Development Governance Group and this would be pursued by the committee. The Mental Health Act Committee's annual report was noted by the committee.

II. **Quality Committee:** The committee's summary report informed the Board of the main themes emerging from the July meeting. This was a very detailed report and the Board noted that the committee was concerned with the number of outstanding SI (Serious Incident) actions. It is believed that IT capability is causing a problem in closing down the actions and this was being addressed with individual users. There was also concern about the involvement of key staff within the Urgent and Planned Care Quality Leadership Team and this was brought to members' attention as a governance issue. Discussions took place as to whether the QLT had the required capacity. The Board recognised that ownership of duties and actions is difficult and it was agreed that the Quality Committee would support those involved in QLT activity.

ACTION: The Quality Committee will provide support to those involved in the QLT activity.

RESOLVED: The Board of Directors noted the contents of the Committee Summary Reports.

DHCFT 2015/117	**ANNUAL AUDIT LETTER** Claire Wright reported that the Annual Audit Letter to Directors summarised the key findings arising from the work that Grant Thornton, external auditors, carried out for the Trust for the year ended 31 March. This is a procedural matter and supported the Trust's annual accounts and had been received by the Audit Committee at its meeting on 21 July. **RESOLVED: The Board of Directors received the Annual Audit Letter.**
DHCFT 2015/118	**GOVERNANCE FRAMEWORK** It was noted that this item would be deferred to the next meeting of the Board in September. **RESOLVED: The Board of Directors looked forward to receiving the Governance Framework at its next meeting in September.**
DHCFT 2015/119	**VERBAL WORKFORCE STRATEGY UPDATE** Jayne Storey provided a verbal update on the Workforce Strategy and informed the Board that staff invited to last month's health check wished to thank the members of the Board for their support. She was pleased to report there was some momentum behind the health check that she would work through the People Forum and this will form part of her report to the Board at the September meeting. In order to provide the Board with assurance of progress of the Workforce Strategy she agreed to circulate a brief update to the Board outside of the meeting.

Draft Minutes of Public Board Meeting
29 July 2015

	ACTION: Jayne Storey to provide an interim report to the Board outside of the meeting prior to a full update to the Board in September. **RESOLVED: The Board of Directors noted the verbal update on the Workforce Strategy.**
DHCFT 2015/120	**ANNUAL MEMBERS MEETING** Anna Shaw informed the Board that the Annual Members' Meeting (AMM) will take place on Wednesday, 23 September 2015, in the Ashbourne Centre on the Kingsway site in Derby. Members of the Board agreed they felt more comfortable that this year the event will take place on Trust premises and would reduce the level of expenditure associated with external venue hire. **RESOLVED: The Board of Directors noted the arrangements for this year's Annual Members Meeting.**
DHCFT 2015/121	**MEDICINE MANAGEMENT** Sangeeta Bassi, the Chief Pharmacist updated the Trust Board in relation to: • Work that has been carried out by pharmacy trust-wide relating to medicines management over the last 4 months and clearly identified non-compliance with regulatory medicines management standards (e.g. CQC) thus highlighting areas of concern • Current status of the trust in relation to medicines management related training • Status of the trust in relation to medicines related incidents (Datix - April and May 2015) • Information on medicines related queries – out of hours • Information on pharmacy activity data (May 2015) • Actions taken to date or in progress – pharmacy and trust-wide • Proposed recommendations The report identified a number of concerns and compared them with concerns within other mental health trusts. The report also highlighted areas of concern with medicine related training and mandatory training models. The Medicine IT system and website will make this more accessible and easier to access for people. The report also raised concerns about lack of pharmacy input and crisis teams in high risk areas and community teams in general as well as a lack of pharmacy in children's areas and CAMHS (Child and Adolescent Mental Health Services). There were also concerns around service user and carer support. The Board noted that the Pharmacy Strategy was in place and actions taken to date by the Chief Pharmacist since taking up the post in March 2015 were detailed in the report. The report contained distinct proposed recommendations and included a number of next steps and improvement actions. The Board noted that Sangeeta Bassi is working with Carolyn Green to ensure staff complied with standards that are being trialled and some standard practice notices were handed out at the

Draft Minutes of Public Board Meeting
29 July 2015

meeting. Carolyn Green highlighted the process for a red and yellow card certification system for staff and explained how this was used as a warning system to help patient safety.

Discussions took place on basic standards of nursing. Areas of concern contained in the report worried Maura Teager and she welcomed the accelerated action plan. She expressed the need to understand the context of staff feeling tired working extra shifts and making errors. She felt compassion should be shown to staff but excuses should not be made for tiredness. John Sykes agreed that it was important to efficiently manage work within shifts so that staff did not develop fatigue. There was a need to work smarter and Carolyn Green would work with staff to enable this.

The Board noted that the action plan would be implemented as a joint plan as follows:

a. To design a work plan on all aspects of this report in conjunction with nurse managers, clinical directors, and other relevant healthcare staff / senior managers. A significant element of the audit and findings are culture and diligence in clinical practice. Although the pharmacy team are feeding back to clinical teams, this is not resulting in sustained improvements in clinical practice.

b. The Chief Pharmacist and Chief Nurse have agreed a trial of warning light process / safety certificates, where staff are issued with a named notice stating that they are making errors and to assist them to see the risks associated with their practice. This is the driving equivalent of a safety notice without points on your licence. Safety notices do lead to accountable practice but are not part of a capability or misconduct process. They raise issues of reflective practice and safe practice, where verbal feedback has not had an impact. This would be in line with reflective practice and staff being asked to give a reflective account of practice improvement they have taken. This is in line with patient safety and quality improvement methodology such as step forward from the patient safety checklist.

c. A new issues log will also be developed as issues are established to enable a running log of improvement issues to be noted with associated service improvements.

These actions will be fed back to the Medicines Safety Group and escalated to the Quality Committee for an overview of the work plan.

Tony Smith wished to commend Sangeeta Bassi's work, especially as it was only a few months' ago that she submitted the Pharmacy Strategy to the Quality Committee and he asked how the Trust could address the importance required. In response Sangeeta Bassi replied that increasing engagement within the Trust on medicine management meant this could be turned round in a few months.

Ifti Majid pointed out this was the first time the Board had received a comprehensive report on medicine management and confidence in the actions and the mechanism in monitoring this process is what the Board needed to take notice of. It was accepted that the Board has more work to do to understand what the recommendations mean and the detail behind these recommendations. The next piece of work should focus on this and how it will impact the Trust and where the Trust should prioritise its limited resources. Ifti Majid urged for the

Draft Minutes of Public Board Meeting
29 July 2015

next report to be contained within the Pharmacy Strategy and submitted to Quality Committee.

The Chairman suggested that ELT arrange for the report to be dealt with by a special operational group. A report on a consolidated view and recommendation of pharmacist posts should go to the Quality Committee and an update report brought to the September Board meeting to provide assurance that resource issues and the basis of the action plans are taking place.

Sangeeta Bassi thanked the Board for being supportive and reiterated that she and Carolyn Green would provide an update report to the Board in September.

The Chairman congratulated Sangeeta Bassi on a very informative and effective examination of the Trust's pharmacy practice.

ACTION: Quality Committee to receive a consolidated view and recommendation of pharmacists posts be incorporated in the next meeting of the Quality Committee and an update report will be brought to the September Board to provide assurance that resource issues the action plans are being implemented.

RESOLVED: The Board of Directors noted the concerns raised in this report in relation to medicines management, the work carried out to date in this area and the Trust-wide recommendations proposed going forward.

DHCFT 2015/122	**POSITION STATEMENT ON QUALITY** This report provided the Board with an update on the continuing work to improve the quality of the Trust's services in line with the Trust's Strategy, Quality Strategy and Framework and Strategic Objectives. Carolyn Green pointed out that the report had been written against the CQC enquiry and she highlighted the key points within the report where CQC learning had been received. It was agreed that the People Forum will look at alternative ways of dealing with mandatory training and current performance will be looked at by Jayne Storey and will be part of the next People Forum. The Staff Health Check will look at preceptorship admission and this will be managed within the People Forum. Carolyn Green agreed to consider how to include the different services linked to good practice examples contained within the report. This would also include the transition from children's to adult mental healthcare to ensure we learn from what is important within our services. The Board noted that a good practice compendium is being worked on by Carolyn Green and this will feature in her report in future. **ACTION: Jayne Storey to raise current performance of training at the People Forum, together with the staff health check and preceptorship admission.** **RESOLVED: The Board of Directors is requested to:** **1) Noted the quality position statement and attached dashboard and**

Draft Minutes of Public Board Meeting
29 July 2015

	trends.
	2) **Gave direction and further scrutiny on the current position, work plan in order to provide Board level assurance**
DHCFT 2015/123	**FINANCE DIRECTOR'S REPORT MONTH 3** This paper provided the Trust Board with an update on the current financial performance against the Trust's operational financial plan as at the end of June 2015. Claire Wright informed the Board that a great deal of scrutiny had taken place on the Quarter 1 position during the review call with the chair of the Audit Committee and Rachel Leyland also presented the detailed month 3 position to the Finance & Performance Committee on 14 July. Discussions took place on the possible opportunities for income relating to parliamentary discussions and whether commissioners would be releasing resources to areas where we provide services. **RESOLVED: The Board of Directors considered the content of the paper and considered their level of assurance on the current and forecast financial performance for 2015/16.**
DHCFT 2015/124	**INTEGRATED PERFORMANCE AND ACTIVITY REPORT AND SAFER STAFFING** This report defined the Trust's performance against its Key Performance Indicators plus any actions in place to ensure performance is maintained. Compliance with the Trust's performance indicators is being actively monitored and corrective actions are put in place where appropriate. Areas covered in this report include, the Main Performance Indicators, Health Visitors, IAPT and Ward Safer Staffing. Peter Charlton presented the report and the main themes were highlighted as follows: • The Trust continues to be compliant with most Monitor regulatory indicators • The recording of Payment by Result Clusters and Health of the Nation Outcome Scores 12 month reviews continue to be challenging however there has been an improvement this month • The rate of outpatients who did not attend is still causing concern • Health Visitor performance remains strong and IAPT recovery rates remain above target • The Trust continues to have qualified staffing vacancies that impact on staffing fill rates, Perinatal, Enhanced Care, Ward 1, Ward 34 and Ward 35 are most adversely effected • This report includes a 6 month review of staffing levels by ward It was pointed out that the Trust's monthly target was watched by Monitor and was currently at 95.45%. The target was missed in month 3 by 1% and more work is being carried out on this pathway. A six-monthly review had been included in the paper that showed trends at ward level. The Board welcomed this information and thought it was very useful and it

Draft Minutes of Public Board Meeting
29 July 2015

	was easy to see where wards were struggling to maintain their position.
	The Chairman wished to highlight the good work carried out by the Information Management Team that introduced a new logic which has now linked all un-linked referrals. This represented a 4.9% reduction in 'patients not clustered' between 15 June and 6 July. This meant that the exceptions on reports should be 'genuine' and will be more reflective of the work clinicians are undertaking (or not undertaking) and it will be easier to target the right people.
	Tony Smith pointed out the continuous high vacancy levels and wanted to know to what extent this was an ongoing problem or whether it improving. In response, Ifti Majid said this is an ongoing problem but we are still recruiting but staff need to re-engaged to support new people.
	RESOLVED: The Board of Directors is requested to: **1) Acknowledged the current performance of the Trust** **2) Noted the actions in place to ensure sustained performance**
DHCFT 2015/125	**FOR INFORMATION** **I. Board Forward Plan:** No new comments were added. **II. Board Assurance Framework:** Tightened aspects in medicine management and the gap in the medicine improvement plan will be included in the BAF. The ET investigation and Monitor letter will change the rating level and media coverage and will mean a higher rating and will affect how the risk is described in the BAF. This is a new BAF risk that was flagged at the Audit Committee and at ELT. **III. Future deep dives:** Future deep dives would focus on areas supporting CQC preparation and would include: - Waiting lists and access - Suicide prevention improvement plans - Managing sickness absence, hot spots and actions - Estates environmental conditions and risks - You said – We did: learning from feedback It was agreed that a deep dive into managing sickness and absenteeism would be the focus of the deep dive to be held at the next meeting in September.
DHCFT 2015/126	**ANY OTHER BUSINESS** It was agreed that due to holiday commitments, the August Board Development Day will be cancelled and a clearer definition of the Board Development Programme will be made available by Jayne Storey at the next meeting of the Board in September. **ACTION: Jayne Storey to provide a clearer definition of the Board Development Programme at the next meeting of the Board in September**
DHCFT 2015/127	**CLOSE OF THE MEETING** The Chairman thanked all of those present for their attention and comments and

Draft Minutes of Public Board Meeting
29 July 2015

	closed the public meeting at 4:20 pm.

DATE OF NEXT MEETING

There will be no meeting in August. The meeting of the board in public session is scheduled to take place on Wednesday, 30 September, 2015 at 1.00 pm. in Conference Rooms A & B, R&D Centre, Kingsway Site, Derby, DE22 3LZ (confidential session to commence earlier at 10.30 am).

Draft Minutes of Public Board Meeting
29 July 2015

BOARD OF DIRECTORS (PUBLIC) ACTION MATRIX - SEPTEMBER 2015						
Date	Minute Ref	Action	Lead	Status of Action	Current Position	Enc B
28.1.2015	DHCFT 2015/010	Committee Summary Reports	Jenna Davies	Actions to address consistency and level of detail of the summary reports would form part of the governance framework exercise.	The Well Led Framework Review has been brought forward and we will review on the outcome of this. Timeframe to be added.	Yellow
25.3.2015	DHCFT 2015/050	Integrated Performance and Activity Report and Safer Staffing	Carolyn Green	Carolyn Green to propose holding an administration excellence event to the Training Board	24.6.2015 No progress at this time, priority of training board has been mandatory and statutory training review and quality priorities. Carolyn Green will liaise with Training Board on this suggestion which was proposed from a quality visit. This is paused until we receive our HEEM allocation of funds, Carolyn Green will report request to People Forum. 29.7.2015 Update to be provided at next meeting in September.	Yellow
29.4.2015	DHCFT 2015/064	Corporate Governance Framework	Jenna Davies	Jenna Davies will lead the development of an improved Corporate Governance Framework	Improved version of Corporate Governance Framework deferred to October. Timeline in line with Well Led Framework.	Yellow
27.5.2015	DHCFT 2015/079	Integrated Service Delivery	Jayne Storey	Jayne Storey to plan a Board Development Session to cover the strategic risk of the transformation change process	Not currently re-scheduled within this year's Board Development programme but can be scheduled in November session if still a valid requirement	Yellow
27.5.2015	DHCFT 2015/087	Integrated Performance and Activity Report and Safer Staffing Deep Dive	Jenna Davies/ Ifti Majid	Ifti Majid and Jenna Davies will take some of the best examples of reporting from the analysis and create a narrative using benchmarking where possible to redesign performance reporting within the Trust to be introduced post CQC visit.	Initial trial of revised executive summary report to be used in F&P with lessons learned being used to inform changes to the Board paper - aim for September Board to implement lessons learned in Board paper. This will also be reported through Finance & Performance Committee.	Yellow
24.6.2015	DHCFT 2015/095	Chief Executive's Report	Jayne Storey	Jayne Storey to produce an updated version of the 2015/16 Board Development Schedule for the next Board meeting in July	Programme until the year end updated and included in September Board papers. Board will agree the 2016 programme in November Board development session.	Green
24.6.2015	DHCFT 2015/099	Staff Health Check	Jayne Storey	Jayne Storey to lead the Cultural Change Programme	In progress. Verbal update can be offered at September Board.	Yellow
24.6.2015	DHCFT 2015/106	Forward Plan	Ifti Majid	Detailed list of Deep Dives will be produced by the Executive Team	• Waiting lists and access • Suicide prevention improvement plans • Managing sickness absence, hot spots and actions • Estates environmental conditions and risks • You said – We did: learning from feedback Deep dive into managing sickness and absenteeism would be the focus of the deep dive to be held at the next meeting in September.	Green
29.7.2015	DHCFT 2015/116	Committee Summary Reports	Carolyn Green	The Quality Committee will provide support to those involved in the QLT activity		Amber
29.7.2015	DHCFT 2015/119	Verbal Workforce Strategy Update	Jayne Storey	Jayne Storey to provide an interim report to the Board outside of the meeting prior to a full update to the Board in September.	July Board update was circulated to Board members on 30 July. People Strategy update is agenda item for October Board.	Green

29.7.2015	DHCFT 2015/121	Medicine Management	Carolyn Green	Quality Committee to receive a consolidated view and recommendation of pharmacists posts be incorporated in the next meeting of the Quality Committee and an update report will be brought to the September Board to provide assurance that resource issues the action plans are being implemented	Verbal Medicine Management Update on September agenda.	Green
29.7.2015	DHCFT 2015/122	Position Statement on Quality	Jayne Storey	Jayne Storey to raise current performance of training at the People Forum, together with the staff health check and preceptorship admission.	The People Forum has not met since the Board action, but will be considered at the People Forum planned for 13 October.	Yellow
29.7.2015	DHCFT 2015/126	AOB - Board Development Programme	Jayne Storey	Jayne Storey to provide a clearer definition of the Board Development Programme at the next meeting of the Board in September	Jenna Davies and Jayne Storey reviewing the purpose and programme for 2016 and will lead a discussion in the Board Development session scheduled for 11 November.	Yellow

Key	Agenda item for future meeting	YELLOW
	Action Ongoing/Update Required	ORANGE
	Resolved	GREEN
	Action Overdue	RED

Public Session

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 30 September 2015

Chairman's Report

Background

It has been agreed that the Chair submits a written report to the Board.

Meetings attended

The following substantial meetings/visits have been made over the period since the last Board:

Met with PWC relating to internal audit on 4 August
Attended the Extraordinary Meeting of Governors on 5 August
Attended Integrated Service Delivery Board on 6 August
Attended Safeguarding Committee on 7 August
Attended Governor Development Working Group on 11 August
Visited Touchwood in Ilkeston and Long Eaton on 13 August
Attended Quality Committee on 13 August
Attended the question and answer session on dementia at Dovedale on 19 August
Chaired consultant interviews for crisis and wards 34 and 35 on 26 August
Attended Mental Health Act Committee on 28 August
Attended the Remuneration Committee of the Governors on 2 September
Attended the Annual Members Meeting on 23 September
Attended a meeting with those investigating matters relating to the employment tribunal on 28 September
Attended the interview process for Community Paediatrician post on 29 September

I was on leave between 7 and 22 September.

I also met with various Governors at their request and as part of the periodic one-to-one process agreed with the Council.

Points arising:

1. The Extraordinary Meeting of Governors received a report on the various investigations and actions prompted by the recent Employment Tribunal, discussed communications with Monitor and agreed that a letter should be sent to them, and established a group led by Rob Quick to pursue further particular matters relating to the responsibilities of governors in this matter. I was absent from the meeting of Governors on 8 September at which I believe the process was set out in greater depth.

2. The Annual Members Meeting was well-attended and heard some inspiring stories of experience of our services.

1

3. It has been agreed that it would be more efficient for the Integrated Service Delivery Board to operate through existing executive processes. This is sensible but removes my direct involvement. The Finance and Performance Committee (and Board) will need to decide whether any additional assurance is required following this change. There are already other processes of assurance.

4. The visit to Touchwood's two facilities offering support to local people with mental health needs, long funded by the County Council and NHS commissioners, prompted some questions about the Trust's use of these. I have pursued those.

5. I was encouraged by the tentative signs of slightly increasing numbers of applications for consultant vacancies.

6. The question and answer session on dementia that I attended (picking up a suggestion from a quality visit) was excellent, providing a multidisciplinary response to a wide range of questions from a large audience and a great opportunity for those with experience to share stories and network.

7. The Governors' Remuneration Committee had a full discussion of NED (Non-Executive Director) appraisals and agreed to recommend some changes to the Council of Governors based on my proposals, to strengthen the relationship between NEDs and Governors

Legal Issues
There are no legal issues arising from this Board report.

Equality Delivery System
There are no specific impacts on REGARDS groups arising directly from this report. However I repeat that elements of the learning from the tribunal outcome are likely to require the trust to reflect on aspects of employment practice and oversight of behaviour that could have equality dimensions.

Consultation
This paper has not been considered by other committees or groups.

Recommendation

The Board of Directors are requested:
1) To note the paper and challenge me on any item.

Report Prepared by: **Mark Todd**
                                    Chairman

2

Public Session

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 30 September 2015

Acting Chief Executive's Report

1. Introduction

This report provides the Board of Directors with some of the key national policy changes or announcements over the last month that we should consider and use to inform strategic discussions within the Board meeting. The report also provides an update on work within the Derbyshire Health and Social Care Community as well as covering key issues internal to the Trust.

2. National Context

2.1   Monitor has now written to me to inform us of a 3% target for agency spend. Strictly speaking this is not mandatory for us as we remain on financial plan however we have developed plans to comply with the target as this is a key pressure for the organisation. Networking with other senior leaders suggests that the 3% target is common amongst like foundation trusts.

2.2   Public Health England have released a tool to help local authorities and CCGs in the *identification and management of suicide clusters and contagion*. Whilst not aimed at provider organisations we should have an awareness of the contents and recommendations in order to support delivery of a plan should it be needed.

2.3   NHS England have published *'Transforming Urgent and Emergency Care Services in England'*. This document is a compendium of best practice and recommendations to improve outcomes and patient experience across the whole range of physical and mental health urgent care.

        The recommendations and examples in the document will need to be clearly factored into the Trust's internal transformation plans as well as system wide developments. Mental health, substance misuse and CAMHs specifically have clear recommendations referenced in section 16 from page 38. Paediatric recommendations relevant to our children's services can be seen in section 17 from page 40.
        http://www.england.nhs.uk/wp-content/uploads/2015/06/trans-uec.pdf

2.4   The Five Year Forward View Taskforce has published its public engagement findings. The findings are grouped into three themes

        1. Prevention and stigma
        2. Access and choice
        3. Quality and experience

The Quality Committee may wish to review the document to consider where actions are already in place to address findings and where plans need to be developed. The document can best be viewed at:
http://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2015/09/fyfv-mental-hlth-taskforce.pdf

2.5   During August Monitor and NHS England wrote to all chief executives about preparations for winter 2015/16. I was pleased to note that specific reference was made to the impact that mental health services have in managing winter pressures in acute hospitals particularly with reference to both the crisis concordat planning and the role of mental health liaison teams. The letter also announced that £30 million will be made available nationally to support the preparation for the introduction of national liaison team access standards.

3.   Derbyshire Health and Social Care Community

3.1   Derbyshire County Council along with the City Council, Nottinghamshire County Council and Nottingham City Council have now submitted a Public Sector Reform or Devolution Bid to Government known as D2N2 combined authority submission. As can be seen from appendix 1 the main focus of this submission are around business development, communication and transport infrastructure as well as skills escalation for local people. Health, however, does play a part as the broader documents do reference some of the integration activity already underway in 21st Century and Joined up Care as well as some of the new models of commissioning Derbyshire CCGs are looking to pilot. George Osbourne will announce the new devolution areas on 4 December.

3.2   The 21st Century Community Hubs consultation is now likely delayed into the start of 2016 to enable robust pre-consultation to occur. A cross system meeting to consider the outcome of all current community configurations around intermediate, rehabilitation and older people mental health bedded care and urgent care has now met and I am delighted that all older people mental health options include the development of a north based Dementia Rapid Response team to support people and their families to remain for longer in their local communities.

3.3   The Erewash Vanguard has submitted its formal 'value proposition' to the Department of Health and we currently await feedback. As part of this detailed case for change we have requested a range of support from the Department including significant financial investment and we are hoping to hear imminently how successful we have been. If successful this will result in increased investment to the Trust to support integration of mental health practitioners and development of social capital and community resilience within the Vanguard area.

2

3.4   The Derbyshire Health and Wellbeing Board has now released its draft strategy for 2015-17 called *Healthy Derbyshire*. The draft has 4 key areas of focus all requiring consideration on how we develop of the Trust's strategy

* Keep people healthy and independent in their own home;
* Build social capital;
* Create healthy communities; and
* Support the emotional health and wellbeing of children and young people.

The document can be viewed at:
http://www.derbyshire.gov.uk/images/Agenda%20item%204%20-%20Draft%20Health%20and%20Wellbeing%20Strategy%20Report_tcm44-270220.pdf

4.   Inside Our Trust

4.1   Following feedback from the CQC visit to Derby City Safeguarding and Looked after Children's services a project has been set up to reduce the number of clinical records being used in care delivery and to adopt PARIS as our electronic solution in all services apart from Children's and substance misuse where TPP is already in use. This initiative as well as responding to learning the lessons from serious incidents and the CQC feedback also supports our response to *'The Forward View in Action – paper Free at the Point of Care'* which is a NHS England document requesting roadmaps are developed in each CCG area to plan for *digital interoperability* or a plan to support care teams to see all relevant information about somebody receiving treatment regardless of statutory Organisation.

4.2   In August I received a letter from NHS England following their local Quality Surveillance Group where they had discussed our Organisations interim leadership and governance. Their formal outcome was that we remain on green or routine monitoring.

4.3   On 16 September we held our second Nursing Conference focussing on new and psychoactive substances including references to think family, clinical guidelines for health visitors and wider mental health teams supported by our expert advisors from substance misuse. The conference was attended by up to 80 of our staff with very positive feedback.

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.

Equality Delivery System

There are no issues raised in this paper that would have a negative impact on any regards groups.

3

Consultation

This paper has not been considered by other committees or groups.

Recommendation

The Board of Directors are requested to note and discuss the paper using its content to inform strategic discussion.

Report Prepared by: **Ifti Majid**
                           Acting Chief Executive

4

Devolution for the D2N2 Area:
Executive Summary

Vision

As place leaders, we are ambitious for the D2N2 area to fulfil its economic potential and take its rightful place in powering the Midlands Engine. We aim to deliver rates of housing and employment growth that outstrips the national average, helping to rebalance the UK economy through providing attractive and lucrative investment and location opportunities. We will play a full and vital part in achieving the ambitions of the Midlands Engine, contributing to delivering a long-term economic growth rate that at least matches the forecast long-term growth rate of the whole UK by 2030.

Our devolution deal will support the delivery of D2N2 Strategic Economic Plan's (SEP) key targets of delivering 55,000 new jobs by 2023 and delivering 77,000 affordable new homes by 2020.

Our workforce will be trained in the skills needed to drive a 21st century economy and we will deliver nation-leading qualification rates in technical and vocational skills; enterprise and entrepreneurship will be at the heart of everything we do.

Our Built Environment proposals are constructed to achieve improved co-ordination at strategic level and accelerated intervention at delivery stage so we can build more homes, faster.

We are keen to work with Government to develop innovative approaches to public sector reform, ensuring high quality, cost-effective public services across our area. We fully recognise that directly elected governance will provide the strongest and most responsive form of accountability and transparency to devolved decision making in the locality.

Our proposals are framed around two distinct principles:

1. Building on our economic and locational strengths as they provide a secure platform for sustainable growth.

2. Extending our focus through targeted interventions and robust collaboration to address the challenges that are holding us back.

We are confident that our submission will give the Government a platform for delivering its growth and reform agenda in the East Midlands and these deal proposals are the start of a collaborative process and dialogue of policy co-development with Government.

D2 and N2 have a long history of working closely together with Sheffield, the South Yorkshire authorities and Sheffield City Region on issues that affect our wider area. We commit to continue this close working and see the devolution agenda as an opportunity to further grow our strategic relationships. In particular we:

a) Recognise that there are 5 Derbyshire / Nottinghamshire districts that sit in an overlapping geography with the SCR LEP / CA;

b) Acknowledge that the 2 devolution deals will reference this overlapping geography and therefore will need to 'talk' to one another;

c) Register a commitment to work together with the SCR CA to co-design a structural solution that works within the emerging statutory framework of the Cities and Local Government Bill, is of mutual benefit to the delivery ambitions of both D2N2 and SCR LEPs / CAs (as set out in their respective SEPs) and optimises the economic potential and performance of the 5 districts that make up the overlapping geography.

Governance

We have secured strong consensus and commitment from the D2N2 Local Enterprise Partnership, our 19 constituent councils, the business community and key stakeholders for our plans. The partners of the D2N2 area accept the principle that significant devolution will require the creation of new, directly elected "mayoral" governance aligned to a single combined authority. We have demonstrated strong leadership and ambition already, having agreed ground-breaking proposals to create two combined authorities across a complex, large scale geography and two tier administration.

We will create even stronger partnership and delivery arrangements and will work with Government through a transitional period to agree the timescale and route-map for establishing appropriate new governance arrangements.

In creating these proposals we welcome the support and challenge we have received from business and the Chamber of Commerce.

Transport Priorities

1.   Midland Mainline

Line speed and electrification works and other prioritisation issues are required to achieve a reliable and sustainable railway for the 21st Century. Our ambition is for four journeys per hour of 90 minutes between the East Midlands and London. This infrastructure is critical to deliver growth and prosperity to the East Midlands. The certainty of this investment will provide confidence for businesses to invest and grow in the D2N2 area.

We request that Government:

- Fully restores the funding for the entire programme of works, removing the strategic pause to allow the scheme to be completed as early as possible within the next rail financial control period.

- Works with us and other rail partners, including Network Rail, to provide greater frequency of 90 minute journeys to and from London.

2.   **HS2**

HS2 is at the core of our plans for driving significant economic growth and regeneration. The constituent local and combined authorities of the D2N2 area, the LEP and wider business community are firmly committed to working with key partners in maximising the economic opportunities offered by HS2, including the co-design and development of a HS2 Hub Station at Toton and the Maintenance Depot at Staveley. This proposition includes the establishment of a local delivery body to fulfil the Vision and Principles of the East Midlands HS2 Strategic Board and the adoption of a shared growth strategy that will provide the framework for maximising economic growth and co-ordinating land use planning and transport.

We request that Government:

- Commits to ensuring Phase 2 of HS2 is not delayed or scaled back.

- Ahead of any further announcements, ask HS2 to review the case for accelerated delivery of the HS2 line from Birmingham through the East Midlands to Sheffield.

- Works with us to secure the full realisation of economic potential by creating a clear D2N2 Strategy for Growth which will evidence and assess the following: station and concourse design; opportunities for maximising regeneration and economic development - including development of a maintenance depot; connectivity proposals within the immediate vicinity and wider area (road, classic rail, tram, bus, cycling and pedestrian); strategic connectivity options linking to networks in South Yorkshire, West Midlands and beyond; options for strong governance to ensure expedient delivery of the HS2 Strategy for Growth. We see the Toton HS2 station as a significant mutual issue for Government and the D2 & N2 area. We believe that acceleration of the Eastern Leg will benefit the wider region and further Government's ambitions for the High Speed programme.

3.   **Midlands Connect**

Local enterprise partnerships and local authorities across the Midlands have committed to work together under *Midlands Connect* to reach a unified position on the strategic transport interventions required to maximise the growth potential of the region and the UK as a whole. Building on our locational strength and freight offer, we are keen to work pan-regionally to explore wider opportunities that maximise both passenger and freight potential across the Midlands and into the Northern Powerhouse, including exploring possible links to maximise the impact of planned growth at Liverpool Port.

We request that Government:

- Establish a Transport for the Midlands (TfM) Board, replicating the Transport for the North model. Scope of this work to include: improving transport connectivity to fully exploit benefits of HS2, M1 modernisation and East-West connections to wider Midlands

- Works with us to establish interim arrangements while we work to set out a strategy for how the Midlands can move towards the new Board and set out high level strategies for rail, strategic roads, freight and integrated ticketing.

4. Integrated public transport network

A better-regulated and rebalanced bus network will form part of a stable, high-quality, integrated public transport network and will allow a simpler, fairer integrated smart ticketing approach across the D2N2 area, opening up new employment opportunities and broadening travel horizons from areas where employment levels are significantly below the national average. Rail travel is an important travel mode across the region. Our intention to work more closely with DfT and rail operators will ensure that the needs of passengers are fully reflected in future strategies. As part of the development of the Midlands Engine we need to provide rail services that enable residents to commute further and access employment and business opportunities across the area.

We request from Government:

- Enabling powers and devolved funding to improve bus service/journeys across all areas

Skill to Employment Priorities

1. Skills

We want to put skills uplift at the heart of our economic advance, working closely with our universities and colleges and the M6 collective to drive innovation, excellence and a reputation for world class knowledge and competence. Across the area there are a range of complex skills challenges limiting economic growth; N2 has a higher proportion of working age residents with no qualifications and a lower percentage at all other qualification levels than the national average. In D2, specific technical and higher level skills are needed to support UK centres of innovation; 31% of vacancies in D2N2 reported as hard to fill, 3% higher than England.

The D2N2 ambition is to create a unique approach that fully integrates skills/ training provision with economic and employer demand and labour market supply. We want to use devolved funding for training to meet specific, identified gaps in provision and areas of employer demand. This would not replace national funding approaches to 16–19 and 19+ provision, but a

proportion of resource would be allocated to employer and sector responsive delivery.

We request from Government the powers:

- To commission the adult skills funding budget in line with local priorities

- To lead the area based review, to set the area to be reviewed, to require the FE commissioner and partners are bound by the review

- To ensure the SFA implements the outcome of the area based review

- Of the Secretary of State to determine the college structure and the process to achieve that restructure following an area based review

Enterprise priorities

1. **Free Trade Zone**
   In association with the East Midlands Airport, establish a Free Trade Zone with favourable tax treatment to maximise the opportunities for trade and supply chain development in the D2N2 area. Our goal is to drive forward the area's global market presence by attracting new businesses; capturing new foreign investment; growing indigenous businesses; and supporting the growth of SMEs in the wider supply chain.

   We request that Government:

   - Works with D2N2 to develop a business case for an FTZ that will be considered as part of Budget 2016 proposals

2. **University Enterprise Zone**
   D2N2 is fortunate in having three universities located in its area: the University of Derby, University of Nottingham and Nottingham Trent University. Collectively, these three Anchor Institutions have a significant impact on the economy and growth prospects for D2N2. In 2014, the University of Nottingham Innovation Park was selected as one of four national University Enterprise Zones.

   We request from Government:

   - That the University Enterprise Zone, awarded to the University of Nottingham, be extended to include the campuses of the Universities of Derby and Nottingham Trent, creating a multi-site, D2N2 University Enterprise Zone. We ask that this expanded University Enterprise Zone be given the same freedoms and powers as other Enterprise zones, especially in the case of the use of business rates for reinvestment in economic growth.

3. **Business Support Programme**

A joined-up package of business support (business growth, start-up, access to finance, innovation, skills & employment, inward investment, international trade and visitor economy) to form the basis of a local growth and innovation ecosystem. Support will be delivered through a sustainable Growth Hub network across D2N2, with links to national, regional and university programmes, tailored to address local requirements. Services will be co-located and programmes and contracts aligned to ensure delivery of high quality, cost-effective support to businesses to improve their productivity and growth potential.

We request from Government:

- The devolution of funding and responsibility for contracts for business support services.
- Joint commissioning, performance management, co-location and influence over ring-fenced funding will be required.

Built Environment Priorities

1. **Development Company**

Maximising the release of surplus public sector land is critical to supporting the Government's ambitions to reduce the deficit, increase the number of homes being built and drive economic growth. Support for our market towns and our diverse rural economy are key priorities in D2N2's economic growth plans. Our market towns act as services centre in their own right and addressing the opportunities and challenges of these and rural areas, including the remediation of former coalfield sites, is key to driving economic growth in D2N2. This aligns with the D2N2 ambition to maximise the economic returns from public sector land assets. A more integrated approach is required to better use the assets in D2N2 and we propose that a development company is established with Government that creates and delivers four key development strategies; public sector land; ex-coalfields areas, market towns; and public sector and 'blue light' assets.

We request from Government:

- That a Development Company is established with Government to influence asset development in a way that supports the growth of the local economy.

2. **Housing and Regeneration**

We want to create high quality environments in our cities, urban centres, market towns and villages. To achieve this we need to address the challenges that are holding back housing development: bringing forward major and complex sites, stalled sites, and ensuring affordable housing is delivered - particularly in our cities and rural towns where demand is high.

To address the Government's housing priorities we want to accelerate and increase the delivery of housing and build great places by addressing local

issues and building on existing collaborative working. This will include consolidation of existing and future housing funding allocations into a single sum, allocated outside of existing bidding process(es) to the proposed D2N2 Development Company for administration. Removing any ring-fence around the contributory funding streams in order that the allocation can be spent on a greater variety of development activity/facilitation, can better overcome barriers and unlock land for residential development in the D2N2 area. Our proposed Housing Investment Fund, Development Company and HRA flexibilities will enable us to Plan for Growth.

We request that Government:

- Devolve authority to D2N2 to allocate, administer and manage all relevant funding streams.

- Support a programme of market town regeneration

D2N2 Infrastructure Priorities

In addition to the above priorities, D2N2 is developing a list of priority projects that supports economic growth and provides improved connectivity. These would include improvements to key strategic road routes such as A1/A46, A6, A61, A38, A50 and A628, as well as strategic rail routes on the East Coast and Midland Mainlines. Also key regeneration sites both in our rural and urban locations. We intend to direct our infrastructure priorities by four key strategies which will address the full nature of the D2N2 area. The four key strategies will address the following across D2 & N2:

- Metro Areas
- Market Towns
- Rural Isolation
- Former Coalfield and Industrial Sites

We request that Government:

- Works with us to develop robust business cases to demonstrate the impact and deliverability of our priority projects.
-
- Supports our priority projects, these will include road improvement to A1 / A 46 at Newark and the A61 at Derby; a feasibility study into a fourth crossing of the River Trent in Nottinghamshire; development of the Coalite site in Derbyshire; rail improvements on the East Coast mainline in Newark; and tram links into the new HS2 station from Derby and East Midlands airport.

**MINUTES OF THE AUDIT COMMITTEE HELD ON
TUESDAY, 21 JULY, 2015 AT 2.00 PM
HELD IN THE BOARD ROOM, TRUST HEAD QUARTERS,
BRAMBLE HOUSE, KINGSWAY SITE, DERBY DE22 3LZ**

PRESENT:	Caroline Maley	Chair/Senior Independent Director
	Phil Harris	Non-Executive Director
	Tony Smith	Non-Executive Director
IN ATTENDANCE:	Ifti Majid	Acting Chief Executive
	Claire Wright	Executive Director of Finance
	Carolyn Green	Executive Director of Nursing
	Jenna Davies	Interim Director Corporate and Legal Affairs
For items AUD 2015/082 and 083	Dr John Sykes	Executive Medical Director
For item AUD 2015/083	Rubina Reza	Research & Clinical Audit Manager
	Rachel Leyland	Deputy Director of Finance
	Alison Breadon	PricewaterhouseCoopers
	Joan Barnett	Engagement Manager Grant Thornton
	Sue Turner	Board Secretary and Minute Taker
APOLOGIES:	Graham Gillham	Director Corporate and Legal Affairs
	Rachel Kempster	Risk & Assurance Manager
	Stacey Forbes	Financial Controller
	Mark Stocks	Engagement Lead Grant Thornton

WELCOME AND APOLOGIES The Chair, Caroline Maley opened the meeting and welcomed everyone present and carried out a short mindfulness exercise to help the Committee to focus on decision making and enhance performance. The apologies were noted above.	
AUD 2015/067	**MINUTES OF THE AUDIT COMMITTEE MEETING DATED 28 APRIL 2015** The Minutes of the Audit Committee held on 22 May 2015 were approved as an accurate record.
AUD 2014/068	**ACTION MATRIX** Updates provided by members of the committee were noted directly to the matrix.
AUD 2014/069	**DEEP DIVE OF BOARD ASSURANCE FRAMEWORK RISK 2a** **Risk 2a: Failure to deliver the agreed transformational change, at the required pace could result in reduced outcomes for service users, failure to deliver financial requirement and negative reputational risk.** Ifti Majid, the lead Director for Risk 2a, gave a detailed review of the transformational risk that focussed on the key processes and systems set in place to deliver the transformation programme. Evidence of the key controls behind this risk were clearly shown to the committee and provided the committee with the assurance that the competencies and communication processes were effective enough for the transformational plan to be

Draft Minutes of Audit Committee meeting
21 July 2015

	delivered at the required pace. The committee was assured by the mechanisms that have been put in place to deliver the Transformation Programme, although the committee recognised partial assurance was obtained around certain gaps but recognised there is a way forward to complete these. Risk 2b – "*the high level of change within the organisation could lead to instability and a failure to meet contractual and regulatory key performance indicators*" will now be reviewed by the Finance & Performance Committee. **ACTION: Deep dive of Risk 2b to be undertaken by the Finance & Performance Committee.** **RESOLVED: The Audit Committee scrutinised the presentation of the risks associated with Risk 2a (Transformation) and was assured by the mechanisms that are in place to deliver the Transformation programme.**
AUD 2015/070	**UPDATE ON INTERNAL AUDIT PLAN AND REVIEW OF REPORTS** **Progress Report:** Alison Breadon's summary report updated the committee on PWC's activity since the last meeting of the committee and focused on matters relevant to the committee's responsibilities. The report also informed the committee of PWC's progress in delivering the 2015/16 Audit Plan since the plan was approved by the committee at its meeting on 18 March. Alison Breadon pointed out that the review of the Mental Capacity Act had slipped due to changes that had taken place internally and because John Sykes was keen to push this into Quarter 3. Ifti Majid wished the committee to note that he had completed the ICT Infrastructure Resilience and Recovery specification review. The Approved Clinician Status was discussed and Claire Wright pointed out that at the last meeting of the Audit Committee it was agreed to focus on the governance process of approved clinician status. Caroline Maley noted that the indicator relating to the Terms of Reference on page 35 should contain four reviews rather than the three that were listed and Alison Breadon will include an additional indicator. References will also be changed in the next report to reflect the current Board Assurance Framework. **Contract Assurance – Shared Business Services:** This report looked at what the Shared Business Services are delivering and the committee noted there were opportunities for more prospects within this contract. Claire Wright informed the committee that the finance team were carrying out an options appraisal of the SBS service and she will keep the committee updated on progress. **Health Sector Risk Profile – 2015 and Public Contract Reform:** These papers were included for information and the committee was of the opinion that as the health sector programme was being discussed within the Finance & Performance Committee, these papers would be sent to Mark Powell. **ACTION: Health Sector Risk Profile and Public Contract Reform papers to be sent to**

Draft Minutes of Audit Committee meeting
21 July 2015

	Mark Powell.
	RESOLVED: The Audit Committee noted the Update on the Internal Audit Plan and associated reports.
AUD 2015/071	**REVIEW OF IMPLEMENTATION OF ACTIONS FROM PREVIOUS AUDITS**
	This paper identified progress of actions resulting from internal and external audit reports. This follow up of progress was undertaken to ensure actions identified are completed in a timely manner and if overdue, the risks associated with the delay in completion are identified.
	The committee noted the follow up of internal and audit actions contained in the report and did not have any further questions.
	RESOLVED: The Audit Committee:
	1) **Received the report and will continue to do so three times a year as previously agreed.**
	2) **Requested that all overdue actions in this report are completed by their revised completion dates, and any further revisions to these dates will be highlighted in the next report.**
AUD 2015/072	**REVIEW OF SUMMARY REPORTS OF OTHER BOARD COMMITTEES**
	Quality Committee: As the draft minutes and summary report of the meeting of the Quality Committee held on 9 July had not yet been finalised, Carolyn Green gave a verbal update on key aspects addressed during the meeting. Full assurance had been obtained on the Patient Safety Planning CQUIN. Partial assurance was gained on the impact of the service of the Quality Leadership Team (QLT) as QLT is currently struggling with capacity and plans are in place to empower the QLT to feel comfortable delivering their priorities. Difficult serious incidents learning is developing and a number of substandard and outstanding issues in the composition of report writing are being improved. The Care Programme Approach policy was approved by the committee and care planning embeddedness was established as a positive theme. Carolyn Green was satisfied that the Quality Committee was continuing to effectively deal with its business and make progress.
	Finance & Performance Committee: Likewise, the draft minutes and summary report of the meeting of the Finance & Performance Committee held on 14 July had not yet been finalised and Claire Wright gave a verbal update on key themes addressed during the meeting. There was strong focus on the forecast and Cost Improvement Programme (CIP). IAPT (Improving Access to Psychological Therapies) is a continuing work in progress and a subsequent email had been issued by Claire Wright to update the Board on the main developments. The Board Assurance Framework deep dive programme is being built into the committee. The Trust's business planning process was agreed at the meeting and an update on the commercial strategy was presented. Offender health care and third sector performance partnerships were discussed, as well as the transformation programme. Issues to be escalated to the Board included CIP and BAF Risk 2b audit.
	RESOLVED: The Audit Committee obtained assurance from the work of the Quality and Finance & Performance Committees.

Draft Minutes of Audit Committee meeting
21 July 2015

AUD 2015/073	**BOARD ASSURANCE FRAMEWORK** This interim report assured the committee that detailed amendments had been made to the BAF following discussion of the outcome of the recent employment tribunal and various risks associated with it by the Audit Committee at its last meeting on 22 May. At the recent meeting of the Executive Leadership Team (ELT) it was decided to include a new BAF risk (2c "There is a risk that the Trust will be unable to maintain its regulatory compliance due to identified gaps in its governance systems and processes."). The committee was assured that Monitor had been accordingly informed of the outcome of the employment tribunal and an action plan was currently in place and the Executive Directors were managing their relationship with Monitor to implement this. Caroline Maley pointed out that the committee would need to draw assurance from the Monitor action plan and this would be updated in line with the ongoing investigations and current organisational development. Discussions took place around staff morale and awareness of the outcome of the employment tribunal and the committee agreed risk 2c would be amended to capture these issues. **ACTION: BAF risk 2c to be amended to capture issues relating to the staff morale** **RESOLVED: The Audit Committee supported the addition of the new risk (2c) to the BAF.**
AUD 2015/074	**RESPONSE TO PWC GOVERNANCE AUDIT MANAGEMENT RESPONSE** Jenna Davies's revised action plan was reviewed by the committee and she pointed out that the Monitor action plan and timelines referred to above also contained many of the same actions. The committee agreed to merge PWC audit matters and timelines into the Monitor Action Plan and various amendments were noted and these included: • PWC-BE-001: New timeline to be added to the Monitor well led guideline • PWC-BE-003: The quorum of Non-Executive Directors at the Mental Health Act Committee would be addressed by Tony Smith and Jenna Davies outside of the meeting. Safeguarding Committee is to be added. • PWC-BE-004: Attendance at the Quality Committee has been sustained for some time. • PWC-BE-005: Board Development programme was signed off for a 12 month period and will now be reviewed further. • PWC-BE-014: Well led assessment will be due in August and should be deferred to September due to staff holidays. Committee considered this should be replaced by focussing on the Monitor action plan instead. **ACTION: PWC audit matters and timelines will be incorporated into the Monitor Action Plan** **RESOLVED: The Audit Committee was assured that the Response to the PWC Governance Audit Management Response was now receiving appropriate focus.**
AUD 2015/075	**GOVERNANCE FRAMEWORK**

Draft Minutes of Audit Committee meeting
21 July 2015

	This item was deferred to the meeting of the Trust Board taking place on 29 July 2015.
AUD 2015/076	**OVERVIEW OF COMPLAINTS AND THEMES** In March a paper outlining the current performance highlighted that, on the whole, the complaints service was mainly effective. Carolyn Green informed the committee that since then she had implemented an internal work plan and monitoring check on complaints and she assured the committee that patient experience was being addressed through the Quality Committee. The committee noted that the Patient Experience Team is generally meeting the required service standard and continues to receive a substantial amount of compliments but the team is regularly stretched. Two new roles have been created, Family Liaison Co-ordinator and Family Liaison Facilitator to work across serious incidents and complaints in order to ensure families' issues are heard and are fully supported during the process. However, concerns have been raised to commissioners that the team has not been meeting the target of acknowledging complaints within the desired three working days. Carolyn Green pointed out that Healthwatch Derby is developing a survey and review process to sample individuals who have used the Trust's complaints process to assess their experience and establish if it was helpful. The Trust is working in partnership with Healthwatch to undertake this work and learn from this process as part of a service improvement project. Carolyn Green asked the committee to understand that the team's work on complaints is of a very high quality and overall she did not have any major concerns. Phil Harris commented that he was impressed with the team's performance and dedication and he felt that the time he had spent with them had been a valuable experience. The Chair was assured that Carolyn Green was aware of the elements affecting the team's performance and that embedded learning is taking place. The committee noted that that the findings of the Healthwatch Derby survey will be addressed by the Quality Committee later in the year. A summary report of the results of the survey will be provided to the Audit Committee. **ACTION: Carolyn Green to circulate the email from the Trust Chair that prompted the review of the Patient Experience Team's performance.** **ACTION: Carolyn Green will provide the committee with a report summarising the results of the Healthwatch Derby survey.** **RESOLVED: The Audit Committee noted the report, scrutinised the content and accepted the recommendations for capacity improvement work and monitoring through the Executive Team, Audit Committee and Quality Committee as required.**
AUD 2015/077	**REVIEW CHANGES TO STANDING FINANCIAL INSTRUCTIONS** The Finance Team's report informed the committee that a review had been undertaken of the Standing Financial Instructions (SFI) including comments and updates from Finance Department, Corporate and Legal and Procurement. The Executive Leadership Team reviewed the draft updates on 6 July and their recommendations have been reflected in the report.

Draft Minutes of Audit Committee meeting
21 July 2015

	Claire Wright pointed out that the main changes to the SFIs reflected amendments to names of members of committees and certain modifications to procurement transparency that followed Monitor guidance. The committee approved the changes to the SFIs once it was assured that ELT had reviewed the SFIs and Scheme of Delegation. **RESOLVED: The Audit Committee noted and approved the changes to the Standing Financial Instructions and Scheme of Delegation.**
AUD 2015/078	**DEBTORS AND CREDITORS REPORT** This report contained a review of the debtors and creditors of the Trust at the end of quarter one. The paper specifically highlighted the issues experienced with NHS Property Services around contracts and payments. Discussions centred around contracts and year-end accruals and the Chair requested that these be covered in more detail in future reports. Queries were also raised on the number of debtors and creditors days and Claire Wright agreed to circulate a list to clarify this to members of the committee. Licence agreements with NHS Property Services were discussed and Claire Wright and Rachel Leyland agreed to check the level of the licence agreements relating to invoices that have not been raised for 2015/16. **ACTION: Claire Wright will circulate a clarification of debtors and creditors days to members of the committee for information.** **ACTION: Claire Wright and Rachel Leyland to check the level of NHS Property Services licence agreements.** **RESOLVED: The Audit Committee noted the Debtors and Creditors Report.**
AUD 2015/079	**REVIEW OF HOSPITALITY AND SPONSORSHIP** This report informed the Audit Committee of entries made on the Register of Hospitality, Gift, Sponsorship and Declaration of Interests. The committee noted the entries contained within the Register from January to June 2015 and asked that a check be carried out to establish if declarations of interests of the Non-Executive Directors have been included in the register. **ACTION: Inclusion of Declarations of Interests of Non-Executive Directors to be clarified that they have been included in the register.** **RESOLVED: The Audit Committee noted the entries on the Register of Hospitality, Gift, Sponsorship and Declaration of Interests.**
AUD 2015/080	**RECEIVE THE EXTERNAL AUDITORS ANNUAL AUDIT LETTER** The draft Annual Audit letter summarised the key findings arising from the work that Grant Thornton, external auditors, carried out for the Trust for the year ended 31 March 2015. The detailed findings from their audit work to those charged with governance in the Audit Findings report was reported to the committee at its previous meeting on 22 May. Joan Barnett informed the committee that the draft letter had been agreed with the Director

Draft Minutes of Audit Committee meeting
21 July 2015

	of Finance and she would send the final version to the Board Secretary for submission to the Trust Board at its meeting on 29 July. **ACTION: Approved External Auditors Annual Audit Letter to be sent by Joan Barnett to Sue Turner for submission to the Trust Board.** **RESOLVED: The Audit Committee received the draft Annual Audit letter.**
AUD 2015/081	**GRANT THORNTON VERBAL PROGRESS REPORT** The committee recognised that it was extremely early to receive an update on the external audit. Joan Barnett informed the committee that background planning is taking place to further improve the external audit process next year and key work will start in earnest in October. The committee noted that the Grant Thornton engagement letter will be received at its next meeting on 8 October. **RESOLVED: The Audit Committee noted the verbal Grant Thornton Progress Report.**
AUD 2015/082	**MENTAL HEALTH ACT COMMITTEE ANNUAL REPORT** Dr John Sykes presented the Mental Health Act Committee Annual Report and informed the committee that this report had been shared with the Mental Health Act Committee at its last meeting on 29 May. The report detailed the work carried out over the past year and John Sykes highlighted key themes, particularly the progress made on the new format for consent to treatment. This process would be re-audited in November and would provide results in readiness for the CQC inspect visit in December. The committee noted the gap in assurance around recording the number of DoLS (Deprivation of Liberty Safeguards) but recognised that this was being dealt with and a new technician post will inreach into the wards and help remedy this. Discussions took place on the legal impact for Approved Mental Health Professionals (AMHP) training and Jenna Davies informed the committee that this would take place in September. The committee noted the report and asked John Sykes to relay thanks to Christine Henson for her work in producing the report. **RESOLVED: The Audit Committee received and noted the Mental Health Act Committee Annual Report.**
AUD 2015/83	**CLINICAL AUDIT PLAN** The purpose of this report was to provide the Audit Committee with an update on the Clinical Audit Plan and Clinical Audit Progress and to review the capacity and effectiveness of the Clinical Audit. The Chair commented that the report and governance on Clinical Audit had improved considerably and thanked Dr John Sykes, Rubina Reza and the team for their input. The committee noted that governance structures supporting the Clinical Audit Programme and related activity are in place although challenges continue around attendance at Research & Development Governance Committee meetings and this was seen as a

Draft Minutes of Audit Committee meeting
21 July 2015

	concern. The committee suggested that John Sykes looked at widening the Research & Development Governance Committee's terms of reference in order to improve attendance. Project completion continues to be impacted by delays from the necessary formal committee approval process as meetings can be of monthly to quarterly frequency. Tony Smith as Chair of the Mental Health Act Committee offered to make time at these meetings to deal with approvals and he and John Sykes would help to streamline this process. Discussions took place on vacancy control within the team and the committee was assured that this process was improving. The committee acknowledged the Clinical Audit Plan was a work in progress, the Quality Committee was acting as a watching brief and looked forward to receiving the next report at the December meeting. **ACTION: John Sykes will review the Research & Development Governance Committee's terms of reference in order to improve attendance and will monitor progress through the Quality Committee.** **RESOLVED: The Audit Committee noted the Clinical Audit Report.**
AUD 2015/084	**REVIEW OF FORWARD PLAN** **ACTION: Forward plan to be amended to reflect the Clinical Audit Plan coming to the committee in December.** **ACTION: Carolyn Green will inform the committee when the summary report of the results of the Healthwatch Derby survey will be submitted to the Audit Committee so it can be included in the forward plan.**
AUD 2015/085	**MEETING EFFECTIVENESS** The meeting was well chaired and finished on time despite the substantial agenda.
AUD 2015/086	**CLOSURE OF THE MEETING** The Chair thanked all those present for their attention and attendance and closed the meeting at 5pm. **Date of next meeting:** Thursday, 8 October at 2pm Venue: Trust HQ – Board Room – Bramble House, Kingsway, Derby DE22 3LZ.

Draft Minutes of Audit Committee meeting
21 July 2015

Quality Committee - Board feedback summary
Meeting held 10 September 2015

Key issues linked to Strategy and Governance requirements:

Strategy or Quality governance requirement	Issue	Actions and assurance
Minutes and action matrix from meeting held in 10th Sept 2015		Agreed
Serious incident report	Discussion took place on details of one incident W22530 and further assurance requested by non-executives PH/MT relating to the recommendations.	Director of Nursing to arrange for full report on incident W22530 to be available to the QC NEDs in order to cross reference findings to recommendations.
	More detailed information to be provided on progress month on month with overdue actions.	Overdue actions to be presented to show month on month comparisons and trends in future reports.
	Noted themes from the report and work in progress.	Work continues to be progressed to collate themes from complaints and incidents to be shared with Quality Leadership teams and Trust medical advisory committee. Overall – Partial Assurance
Guidance on the Clinical Management of Acute and Chronic Harms of Club Drugs and Novel Psychoactive Substances	David Hurn provided the committee with a summary of the new guidance and the latest information on the clinical management of acute and chronic harms of club drugs 'Novel Psychoactive Substances' (NPS).	Physical healthcare committee were tasked to look at guidance and report back on the impact re symptom management and any impact on clinical policies e.g. intoxication policy.
	The legislation governing the sale of NPS drugs, availability and distribution and the difficulties clinicians are experiencing in managing people who present with physical symptoms either to the Trust directly or via Emergency Departments – key message treat the patient and presenting symptoms before worrying about the constituents of the drugs as they are so random.	Drugs and Therapeutics committee to look at contra indications for people who are on a broader range of medications and to review policies and protocols where required.
		Plea from representatives to STOP using the term 'legal highs' as this could be interpreted as being safe and ok to take by certain vulnerable groups.
	Recent increase in usage in prisons,	

1

Strategy or Quality governance requirement	Issue	Actions and assurance
	increase in deaths locally – these drugs cannot be tested. A detailed discussion followed with actions agreed. This work will be discussed further at the nursing conference on 16th September 2015.	Public health agenda acknowledged with key partners and also included in recent Children's Tender. Future updates to be brought to committee within relevant reports from subcommittees.
Crisis resolution services	Sam Kelly and Catherine Dunning presented the work completed to review crisis services following issues raised through incidents and complaints. Lessons learnt included: - Stronger clinical presence and leadership - Fresh pair of eyes - 'coping' rather than escalating - Listening to staff and confidence to raise concerns - Skill mix review beyond single professional group - Rebranding	The Committee acknowledged the work to date, the progress achieved, the continuous improvement and the ongoing challenges specifically regarding sustainability. Risks have been raised with commissioners. Partial assurance re sustainability and the fragility relating to ongoing confidence and evidence of stability within team High level of assurance received to date in relation to the concerns relating issues raised January 2015
Safer staffing	Sarah Butt provided an update on the skill mix reviews now completed: - Now off emergency planning - Vacancy factor being addressed - Sharing ward by ward information - KPI work progressing - Ongoing work to strengthen the IMT/ESR interface No concerns raised by our local quality surveillance group on safer staffing.	The Committee noted there is still more work to do with regard to reporting to the NHS choices information and mandatory training and other workforce data and the progress to date. Partial assurance on this element External assurance via the standard monitoring through the local surveillance group.
Quality Assurance group summary	Summary presented for information.	Noted

2

Strategy or Quality governance requirement	Issue	Actions and assurance
Raising Concerns at work (Whistleblowing) policy and procedures.	Amendments discussed. Impact of Freedom to speak up discussed and some additional amendments were requested. Clarification on roles and certain terms e.g. 'genuine concerns'.	Policy ratified with agreed changes/additions and clarification. To be brought back to this committee for information in October Relaunch to be confirmed
Untoward incident investigation and reporting process.	Amendments discussed.	Agreed.

Escalation issues
There were no issues to be escalated to the Board. Meeting to take place between Director of Nursing and Non-Executive Directors to look at full report on incident W22530. Physical healthcare committee and Drugs and Therapeutics committee to look at new guidance on the Clinical Management of Acute and Chronic Harms of Club Drugs and Novel Psychoactive Substances and consider impact on policy and practice

The Trust Board are requested to receive this report and guide the Quality committee on its current work and work plan

Chair of the Quality committee

3

Safeguarding Committee – Board feedback summary
Meeting held 7 August 2015

Key issues linked to Strategy and governance requirements
Confidential

Strategy or Quality Governance Requirement	Issue	Actions and Assurance
Opening of the meeting	Welcome to the second board level Safeguarding Committee	.
Safeguarding Children : Infant Feeding Policy for ratification	This new policy aims to improve current infant feeding practices by the health visiting service providing the highest standards of care.	ACTION: Policy author to add Child Profiles to Page 6 Section 2 "Outcomes" ACTION: Policy author to forward the amended policy to the Breast Feeding Peer Supporters Group for approval ACTION: Policy to be proof read and amendments made. RESOLVED: The Safeguarding Committee received partial assurance on the ratification of this policy and will expect to ratify at next Committee.
SAFEGUARDING CHILDREN – Looked After Children Annual Report	Carolyn Green informed the committee that unfortunately we did not have the complete report only the summary sheet and efforts to obtain the report in Lesley Smales' absence had not proved successful. Mark Todd asked if there was a specific section on Child Sexual Exploitation in the report, Carolyn Green to check this on receipt of full report prior to Board and for inclusion in next year's annual report as an indicator. Carolyn Green proposed that the Quality Committee be asked to review the LAC report on our behalf with Carolyn Green circulating the final report with Southern Derbyshire CCG comments to the Safeguarding group to aid the quality committee.	ACTION - Carolyn Green to check the report for section on CSE ACTION - Report to be re-circulated to full committee for response and comment and then forwarded on to the Quality Committee, then if agreed to be escalated to the trust board for final receipt.
SAFEGUARDING CHILDREN – Safeguarding Children Annual Report	The purpose of the report summarises the performance over the year 2014-2015 and this includes the Safeguarding Children's Board strategic plans and the Trust position. Carolyn Green summarised the report bringing the committee's attention to key areas. Scrutiny and challenge on the report and additional areas for the future plan recommended and will be amended prior to final Board sign off. Markers of Good Practice audit – we are	ACTION: Comments to be added to Annual Report and amendment made to the training figures. ACTION: Jenna Davies to check for official Trust charity. ACTION: Report to be proof read and any amendments made. ACTION: Report on New & Emerging Communities team from Safeguarding Children Operational Group to be submitted to the next Committee. ACTION: Assurance and evidence of the actions from SM13 via operational group to

Strategy or Quality Governance Requirement	Issue	Actions and Assurance
	fully compliant with the exception of one area (Cleaning of Toys in clinic areas 2014) An additional audit has not occurred since this Section 11 audit. Training Figures – Carolyn Green explained there was an error in the figure shown in the report for Level 3 Target Group. The actual figure should be 1321 – which would take our compliance down significantly.	be fed back to committee to demonstrate the operationalisation of recommendations. RESOLVED: The Safeguarding Committee have approved the recommendations on Page 61 and thanked all for their contributions. Await finalised version of the report with the above actions
Safeguarding Children Training	A paper was presented on mandatory training compliance for Safeguarding children for all levels, across professions, service lines and considering training levels. Carolyn Green updated the committee on the Trust positions. At the end of Quarter 1 the Trust's compliance level was 85% against the NHS England required level of 95% - there is mixed feedback with Level 1 at 90% and Level 2 at 77%. The error on the Level 3 recording continues to present problems as the passports have not been amended to prompt the training – this has led to a gap in our performance that we must continue to press operational managers to address. It was agreed that the list of staff who have no training should not have been included in the report and should be removed. Discussed the issues of areas of poor compliance and / or no training history in safeguarding and established a responsive executive lead to ensure performance improves in this area**.**	Action for Ifti Majid/ Carolyn Gilby to work with Service Directors and Clinical Directors on improving training performance. The Training Board/ People Forum to be cross referenced through Jayne Storey on this report. ACTION – Next meeting – update on figures. ACTION - Carolyn Gilby to gain assurance from any sub contracted service that they are up to date on training as requested by the trust. ACTION - Tracy Shaw to consider offering specific teams Think Family training in teams where compliance is less than 75%. ACTION: Remove excel sheet with details of staff with no training from the report but retain high level information RESOLVED: The Safeguarding Committee: 1) Reviewed the contents of the report. 2) Noted the compliance / non-compliance with training.
Safeguarding For Information section	This section shared policy changes, safeguarding board information and new guidance, for action and dissemination by the operational group and for information to the committee Child health profiles for city and county, Public Health England (2014 data published in 2015 Female Genital mutilation Early help information	Derby Child Health Profile to be recirculated by Carolyn Green ACTION – Carolyn Green to discuss differences in policy between Derby and Derbyshire at the next relevant board meetings.
SAFEGUARDING ADULTS – Annual Report	This report is to provide an update on progress towards safeguarding adults. It includes a description of our systems and processes to protect adults and our plans to strengthen our work in 2015/16. The DSAB is now statutory and we have a duty and requirement to have a Safeguarding Adults Manager at CCG	ACTION – to continue to engage with both boards around threshold management and use of the VARM – feedback to the operational group with a summary report to committee. ACTION - To add in dimension of modern slavery as mentioned by Mark Todd

Strategy or Quality Governance Requirement	Issue	Actions and Assurance
	but not in the Trust so we have over achieved on this and invested in the safeguarding adult lead and the named doctor. Carolyn Green informed the committee that Tracy Holtom had been appointed as substantive Safeguarding Adult Lead for the Trust This action will help achieve fully embedded Think Family principles across the Trust. Carolyn Green bought the committee's attention to the significantly high levels of substance misuse and violent crime in Derby which is above the English average so this means people in our communities are at risk, particularly when coupled with substantial problems of poverty, homelessness and alcohol abuse. The annual report was reviewed and scrutinised and accepted by the committee	RESOLVED: The Safeguarding Committee is able to give partial assurances to the Board at this time as requested on Pg175 of the report. With regard to the specific recommendations to committee on Pg. 176 The committee noted the complexity of the Safeguarding Adult Report and the possible future changes to the nature of this work and work plan. The committee agrees the report and in particular the work plans noting they are SMART in design and intention (Pages183, 193, 195, 196) The committee specifically notes the action and timescales for MCA DOLs, Public Protection and MARAC.
SAFEGUARDING ADULTS – Training Report	This report is to provide an in depth view of the safeguarding adults training. Carolyn Green updated the committee that the Trust is meeting its statutory requirement at 87% although the NHS England standard is 95%. The Trust needs to focus on Level 3 compliance for the coming and targeting those who need to do this training. Carolyn noted some lack of compliance in Substance Misuse and while most professional groups were satisfactory, the student doctors still needed attention. We have continuing resistance from the medical college but we have to insist – Jo Kennedy explained that we have a problem fitting block training around the passport. Carolyn Green requested that the Safeguarding Adult Lead and the Named Doctor report back to this committee to confirm the medical student compliance.	ACTION – Tracy Shaw to provide a report which excludes new starters to give more clarity to the figures. RESOLVED: The Committee has noted the position of the Quarter 1 compliance report.
SAFEGUARDING ADULTS – PREVENT Duty Guidance	This guidance is designed for the specified authorities on the duty in the Counter-Terrorism and Security Act 2015 to have due regard to the need to prevent people from being drawn in to terrorism. Tracey Holtom outlined the statutory duty laid out in the policy. With regard to the requirement for a PREVENT	ACTION - Named Professional to research the Prevent Training to confirm that it meets Level 3 Learning Objectives, to submit a report for the next committee to then seek authorisation from committee that all staff have Prevent training.

Strategy or Quality Governance Requirement	Issue	Actions and Assurance
	Lead, we have partial compliance in that the name written in to the contract needs changing. PREVENT policy is due to be reviewed here at committee. Carolyn Green noted that the monitoring of Channel activity cannot be in the safeguarding committee as this is public information so suggested that it go via the confidential section of the Trust Board meaning the monitoring would be high level but not specific.	
SAFEGUARDING ADULTS – Personal Relationships Policy	This policy is to protect the safety and interests of service users, carers/families and individual staff members (including volunteers acting for and on behalf of the Trust) Carolyn Green outlined that this was not specifically a safeguarding policy but the committee has been asked to have oversight of the policy to check it serves purpose and we are happy from a safeguarding perspective. The membership discussed the policy and raised concerns around the content of the policy particularly that some committee members are aware of current issues that would not be covered by the policy in its current form. There was also concern that the policy had already been ratified at JC&C. Carolyn Green said that despite its ratification we could put forward amendments.	ACTION: Committee members to amend the document with tracked changes and email directly through to Jenna Davies – deadline 21st August 2015. RESOLVED: The Committee has noted the feedback given and that this policy is an improvement on the previous policy but that revision is definitely required
SAFEGUARDING ADULTS – Documents for Information	NHS England Accountability & Assurance Framework: Managing Safeguarding Allegations Against Staff: Carolyn Green suggested that regarding the Safeguarding Allegations there are sections of the Personal Relationships Policy that would be more robustly covered by this and we could adopt large sections. Carolyn asked if Jenna Davies could look at this and add in to the Personal Relationships policy.	ACTION: Jenna Davies to adapt parts of the Managing Safeguarding Allegations Against Staff Policy & Procedure to the Personal Relationships Policy and report back next meeting. ACTION: Carolyn Gilby to look at NHS England Accountability & Assurance Framework and submit update report for the next meeting.

Strategy or Quality Governance Requirement	Issue	Actions and Assurance
Verbal CQC Feedback only	Carolyn Green informed the meeting that she has prepared a Board presentation on CQC feedback that is going to the meeting on Monday. She formally thanked all members of staff for their commitment and hard work to meet the demands of the inspection. Carolyn bought the following areas to the committee's attention: Need to stop the use of the combination of paper and electronic records – the transferral to solely electronic needs to be fast tracked. Record Keeping – lack of diligence, decision making and escalation Formal documentation of referrals needs to be tightened up, rather than entries into the progress notes. Safeguarding supervision and processes – more needed across all Trust areas not just children services and current group model Personalised care planning – found to be weak in CAMHS in particular clarity was required around letters explaining personal goals do not replace a care plan Substance Misuse were commended particularly for embedding the Think Family processes. An Adult Mental Health teams failing to successfully embed (we have already tackled this by arranging Think Family training for specific teams) Collaborative working between Health Visitors and School Nursing was commended. Jo Kennedy commented that teams had been commended for their approach to the inspection with no defensive practices reported.	Await final written report form the CQC
Any other business	Whistle Blowing & Anti Bullying Policies Samragi Madden reported on an incident that had occurred in the community not involving this Trust but wanted to bring it to the Committee's attention to gain assurance that this Trust had robust anti bullying and whistle blowing policies to enable shared learning across the system	ACTION: Tracey Holtom and Jayne Storey to check current levels of bullying and harassment training. ACTION: Sarah Butt to look at clinical supervision audits.
Any other business	Equality impact analysis Tony Smith asked how information gleaned from reverse commissioning will	ACTION – Jenna Davies to pick up Equality Impact Assessment at People's Forum

Strategy or Quality Governance Requirement	Issue	Actions and Assurance
	inform equality impact analysis and assessment.	
Any Other additional Business	None.	

Escalation issues
Quality committee to support the safeguarding committee in review and analysis of the Looked After Children Annual report
Cross committee / group – reference to the Training Board/ People forum on current training performance

The Trust Board are requested to receive this report and guide the Safeguarding Committee on its current work and work plan.

Chair of the Safeguarding Committee

Mental Health Act Committee - Board feedback summary
Meeting held 28 August 2015

Key issues linked to Strategy and governance requirements

Strategy or Quality governance requirement	Issue	Actions and assurance
Minutes and action matrix from meeting held 28/8/2015		Agreed
MHA 2015/039 DoLS on Older Wards	DOLS data now available routinely	To be incorporated in regular reports to MHA Committee by MHA Manager.
MHA 2015/051 Patient Transport Investigation Report	Patient Transport – Serious Incident Investigation	Referred to Safeguarding Committee and through them to the CCG. Lead – Adult Safeguarding.
MHA 2015/052 Mental Health Act Committee Report	Mental Capacity Act Consultation	Medical Director will reply on behalf of committee assisted by MHA Manager by 2/11/15.
MHA 2015/056 Principles Associated with Locked Doors	Locked Door Policy	Positive and Safe Action Plan to be formulated by Assistant Director of clinical Practice and Nursing.
MHA 2015/057 Joint policy for Section 117 Aftercare	Updated following outcomes from audit	Re-audit in January 2016. Medical Director to report in February 2016.

1

Strategy or Quality governance requirement	Issue	Actions and assurance
MHA 2015/059 Statistics for Section 136 Implementation Group	Chesterfield Royal Hospital has not agreed to be a Place of Safety (unlike DRH)	Acting Chief Executive to be briefed with a view to CEO/CEO discussion.
Escalation issues – None identified		
Issues escalated to the Board Cross committee or other governance group's actions – Safeguarding Committee re Patient Transport SI		

Prepared by John Sykes on behalf of
Chair of Mental Health Act Committee

2

Public Session

Derbyshire Healthcare NHS Foundation Trust
Report to Board of Directors – 30th September 2015

Finance Director's Report Month 5

Purpose of Report

This paper provides the Trust Board with an update on financial performance against our operational financial plan as at the end of August 2015.

Recommendations

The Board of Directors is requested to:

1) Consider the content of the paper and consider their level of assurance on the current and forecast financial performance for 2015/16.

Executive Summary

- There is a favourable performance in the first five months of the year; we are ahead of plan by £700k, the forecast is to achieve the planned underlying surplus of £1.3m. There are clear indications of both cost and income pressures within the financial forecast. The Executive Leadership have therefore agreed management action to address these pressures as far as possible and the reported forecast assumes the success of these actions.

- The forecast necessarily includes a set of assumptions based on knowledge and expectations at this point in time. There remains a large performance range from worst-case to best-case outturn which is primarily dependant on the successful mitigation of emerging risks. The range is shown in the chart.

- The risk rating has been updated to reflect the new metrics published in the revised Risk Assessment Framework. We are achieving a 4 year to date and forecast to achieve a 3 at the end of the year.

- The forecast assumes full achievement of all CIP efficiencies and work is ongoing to close the CIP gap.

- Cash is currently above plan but is forecast to be lower than plan at year end.

- Capital expenditure is forecast to spend the full plan but is currently someway behind plan due to reprioritisation of schemes and revised start dates.

1

Strategic considerations

This paper should be considered in relation to the Trust strategy and specifically the financial performance pillar.

Board Assurances

This report should be considered in relation to the financial risk contained in the Board Assurance Framework 2015/16:

- 3a Risks to delivery of 15/16 financial plan.
  If not delivered, this could result in regulatory action due to breach of Provider Licence with Monitor.

Consultation

- The Executive Leadership Team discuss and agree the key assumptions contained in the forecast financial position and agreed risk management actions to enable delivery of the planned financial surplus.

- Finance and Performance Committee challenges key strategic aspects of financial performance and financial risks and receives additional financial performance information to support its assessment of assurance in financial plan delivery.

- Performance and Contracts Overview Group regularly discuss many aspects of financial performance and forecast assumptions.

- Capital Action Team oversees delivery of the Capital Expenditure.

Financial information presented to all of these meetings is entirely consistent with financial information presented to Trust Board.

Governance or Legal issues
Monitor aspects:

The updated Risk Assessment Framework has now been published.

We submitted the monthly monitoring return for month 5 to Monitor on 21st September.

Monitor has published their Agency Nursing rules, which take effect from 1st October.
The cost ceiling for our Trust is 3%.

2

The template containing our estimate of planned nursing agency expenditure levels for the remainder of the year was submitted to Monitor on 14th September. The plan is to contain relevant expenditure to 3% each month from October onwards.

We are currently exceeding this ceiling for 2014/15 with costs c5%. The risk of breach of this ceiling was discussed at September's Finance and Performance Committee meeting.

There are no other governance or legal exceptions to note.

Equality Delivery System

This report has a neutral impact on REGARDS groups.

Report presented by: **Claire Wright, Executive Director of Finance**

Report prepared by: **Claire Wright Executive Director of Finance and
Rachel Leyland, Deputy Director of Finance**

3

FINANCIAL OVERVIEW
AUGUST 2015

1. Overall Financial Performance

Income & Expenditure – key statistics

We have achieved an underlying surplus of £102k in the month of August which is £74k better than plan. Operational profitability as measured by EBITDA[1] is better than plan by £78k in the month. This equates to 6.3% of income compared to a plan of 5.5%.

Year to date we are ahead of plan by £700k with EBITDA being ahead of plan by £679k. This equates to 7.0% of income compared to a plan of 5.7%.

The forecast position is an underlying surplus, excluding impairments, of £1.3m which is as per plan. EBITDA is forecast to be ahead of plan by £134k which equates to 6.4% compared to the plan of 6.2%.

The reported forecast position is deemed to be the most "likely" outcome assuming the successful mitigation of risks that are currently emerging in financial performance. The Trust Board's attention is drawn to the forecast range of outturns which illustrates best case and worse case scenarios.

STATEMENT OF COMPREHENSIVE INCOME									AUG 2015
	Current Month			Year to Date			Forecast		
	Plan	Actual	Variance Fav (+) / Adv (-)	Plan	Actual	Variance Fav (+) / Adv (-)	Plan	Actual	Variance Fav (+) / Adv (-)
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Clinical Income	10,152	9,947	(205)	50,685	49,788	(897)	121,914	120,610	(1,305)
Non Clinical Income	832	806	(26)	4,297	4,267	(29)	10,248	9,792	(456)
Pay	(8,252)	(8,028)	225	(40,988)	(40,046)	942	(98,335)	(96,930)	1,406
Non Pay	(2,132)	(2,047)	84	(10,878)	(10,215)	663	(25,646)	(25,158)	489
EBITDA	**600**	**678**	**78**	**3,116**	**3,795**	**679**	**8,181**	**8,314**	**134**
Depreciation	(283)	(291)	(8)	(1,417)	(1,465)	(48)	(3,389)	(3,377)	12
Impairment	0	0	0	0	0	0	(300)	(300)	0
Profit (loss) on asset disposals	0	0	0	0	31	31	0	31	31
Interest/Financing	(181)	(177)	4	(954)	(916)	38	(2,221)	(2,138)	83
Dividend	(108)	(108)	0	(542)	(542)	0	(1,300)	(1,559)	(259)
Net Surplus / (Deficit)	**27**	**102**	**74**	**203**	**904**	**700**	**971**	**972**	**1**
Technical adj - Impairment	0	0	0	0	0	0	(300)	(300)	0
Underlying Surplus / (Deficit)	**27**	**102**	**74**	**203**	**904**	**700**	**1,271**	**1,272**	**1**

- Clinical income was behind plan in the month by £205k increasing the year to date under achievement to £897k due to the continuation of two main drivers:
  - cost per case income is lower than planned due to lower activity levels and lower occupancy levels

---

[1] EBITDA = **E**arnings **B**efore **I**nterest, **T**ax, **D**epreciation and **A**mortisation. This is a measure of operational profitability

- o service developments that were planned to start from the beginning of the year but are now forecast to start later on in the year, these have corresponding expenditure reductions.

With the assumed levels of activity and occupancy, along with the start dates of service developments, clinical income is forecast to remain behind plan by £1.3m at the end of the financial year. The key risks to clinical income are achieving forecast cost per case income in light of updated transformation planning requirements and staffing levels.

- Non-clinical income is slightly behind plan in the month by £26k increasing the year to date adverse variance to £29k and is forecast to be behind plan by £456k. The underachievement of the forecast income relates to miscellaneous other income.

- Pay expenditure is underspent by £225k in the month which has increased the year to date underspend to £942k. The forecast has favourably moved by £200k and is forecast to be under budget by £1.4m at the end of the financial year. The main drivers within the forecast underspend are the later assumed start dates for service developments (less cost but also less income as above), unspent contingency reserves along with the balance of the budgeted pay-award funding now that all awards have been actioned.
The key risks to pay expenditure performance are successfully containing the cost of temporary (particularly agency) staffing and capping the use of contingency reserves.

- Non pay expenditure is underspent in the month by £84k increasing the year to date underspend to £663k. The forecast year end position is a favourable variance to plan of £489k. The forecast underspend is driven by start dates of service developments (with corresponding income reduction) and assumed unspent contingency and reserves.
The main non pay risks are PICU cost-pressure containment and managing the use of contingency reserves.

- Public Dividend Capital expenditure is forecast to be over plan by £259k which is a change this month.

5

The graph below shows the cumulative underlying surplus for both actual and forecast compared to the plan, along with a comparison of the previous year's performance.

Cumulative underlying surplus (excluding impairments)
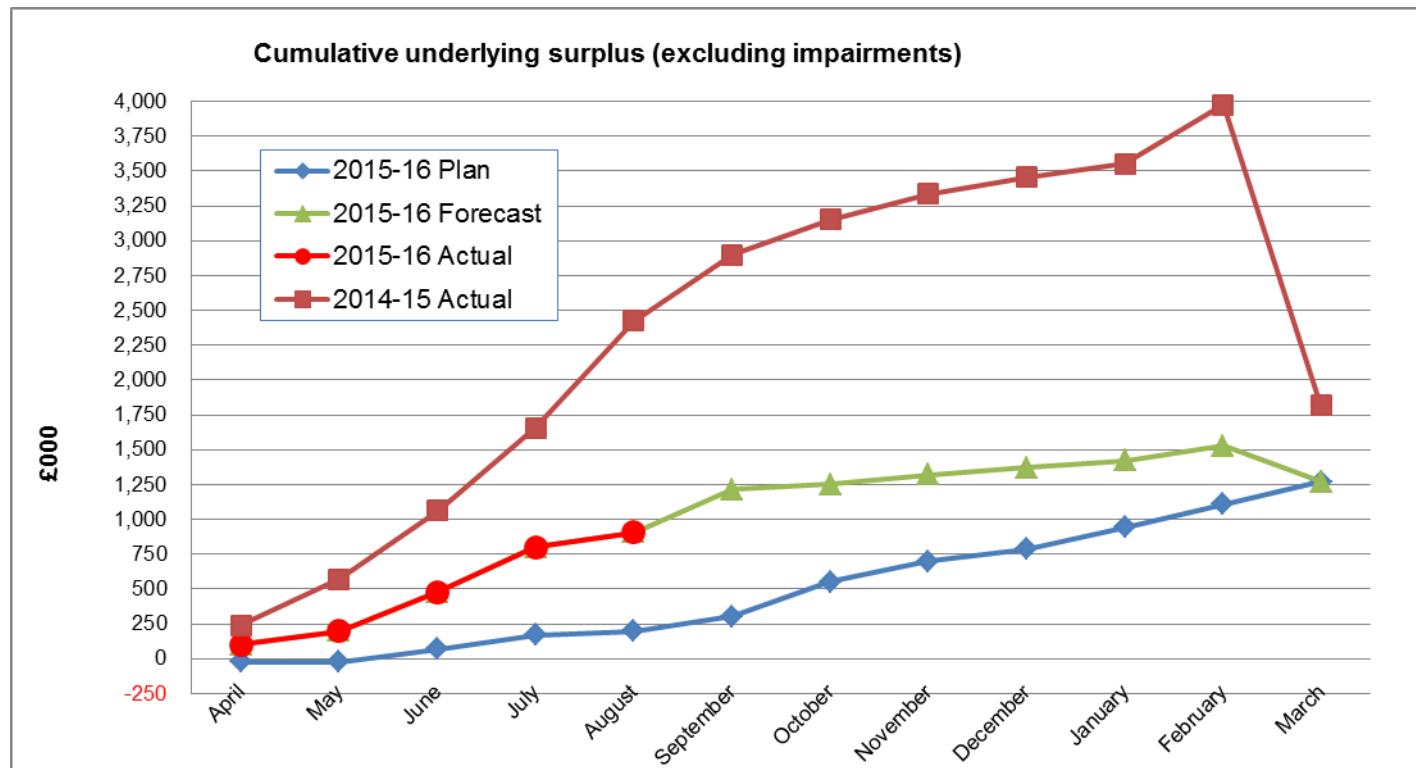
The actual underlying surplus for the first five months is above plan as described above. The forecast assumes an increase in surplus in September due to the phasing of some efficiencies. There is a slight upward trend in surplus across the remaining months of the financial year until the end of the financial year when year-end transactions are forecast.

Forecast Range

Best Case	Likely Case	Worst Case
£0.69m favourable variance to plan	On plan	£2.69m adverse variance to plan
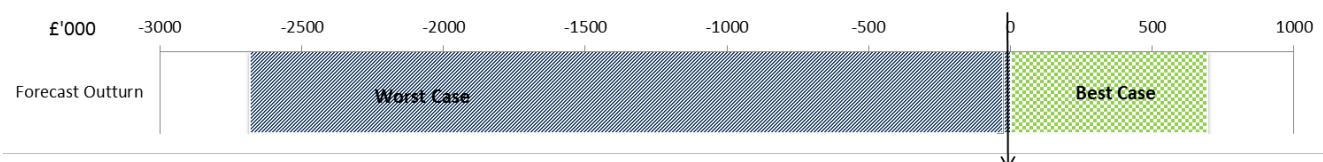
NB: Position of arrow shows current likely case forecast outturn

6

The best case of £695k better-than-plan assumes clinical income could improve slightly, staff cost savings being reduced by different recruitment timings and current cost pressures improve sooner than in the likely case.

The worst case forecast includes an assumption that clinical income could worsen by £873k due to reductions in activity levels and delays in service developments. Other factors include some efficiency savings not being realised, increases in PICU out of area placement cost pressures and further continuation of other cost pressures for which improvements are assumed in the likely case.

It is important to note that the forecast range is based on an accumulation of either *all* the worst case or *all* best case scenarios happening together rather than a combination of a small group of scenarios.

What transpires in terms of actual financial performance will be a mixture of outcomes depending on risk crystallisation, the timing and success of the effect of management action, success of cost improvement delivery and any as-yet unforeseen events or pressures.

2. Regulatory Risk Rating

Monitor has recently published the updated Risk Assessment Framework. This has meant that the financial risk ratings have been changed to include two new metrics, which are shown below:

	Financial criteria	Weight (%)	Metric	Rating categories**			
				1*	2***	3	4
Continuity of services	Balance sheet sustainability	25	Capital service capacity (times)	<1.25x	1.25 - 1.75x	1.75- 2.5x	>2.5x
	Liquidity	25	Liquidity (days)	<(14) days	(14)-(7) days	(7)-0 days	>0 days
Financial efficiency	Underlying performance	25	I&E margin (%)	≤(1)%	(1)–0%	0-1%	>1%
	Variance from plan	25	Variance in I&E margin as a % of income	≤(2)%	(2)-(1)%	(1)-0%	≥0%

Year to date our Financial Sustainability Risk Rating (FSRR) is an overall score of 4, with a 4 on three of the four individual metrics. The forecast FSRR is a 3 overall with a 3 on three of the individual metrics and a 4 on the variance to plan metric.

7

Financial Sustainability Risk Rating	YTD Actual	Forecast
Debt Service Cover	3	3
Liquidity	4	3
I&E Margin	4	3
I&E Margin Variance	4	4
Weighted Average	**3.75**	**3.25**
Overall FSRR	**4**	**3**

The headroom in £'000s, from a FSRR of 2/3 and 4 is shown in the chart below, both for year to date (YTD) and forecast outturn (FOT). This is for indicative use based on a set of assumptions. It serves to illustrate the impact of improving or worsening revenue and cash, but there would be other variables that could also have an impact.

It is also important to note that if any individual FSRR metric scores at 1 then, regardless of the other metric score, Monitor operate an overriding rule to trigger investigation or regulatory action. It is no longer a simple average and rounding calculation. This override rule will continue into the new metrics.
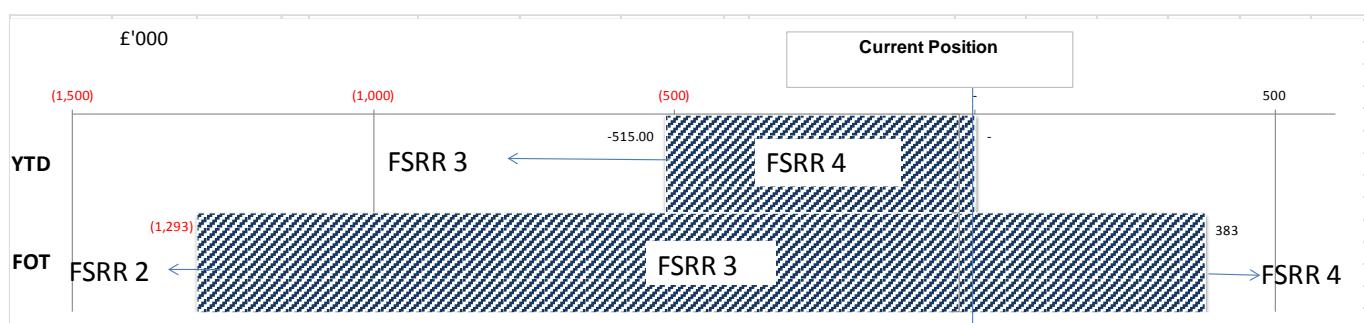
The liquidity ratio measures the Trust's ability to pay its bills from its liquid assets in terms of days and therefore the higher the number of days, the better. At the end of August the number of days is plus 1.5 and is forecast to be minus 1.1 at the end of the financial year (which would still generate a rating of 3 for that metric). The Trust Board is reminded that benchmarking provided by external auditors illustrates that the peer average is nearer to +24 days, therefore our liquidity must remain a strategic priority for us to continue to improve.

The Board are reminded that if significant financial risks materialise then our level of liquidity is a determining factor in whether we would be able to self-fund an unplanned deficit for any length of time. Current and forecast liquidity levels for 2015/16 would not enable that.

8

3. Efficiency / Cost Improvement Programme (CIP)

Year to date CIP is behind plan by £226k (14%) by the end of August. The forecast assumes that all risks to delivery of efficiency savings are mitigated and the target is fully achieved by the end of the financial year. This is currently our largest component of financial risk. Programme Assurance Board continues to performance-monitor CIP delivery which is reported to Finance and Performance Committee who have delegated authority from Trust Board for oversight of CIP delivery.

4. Cash Balances

The cash balance at the end of August was £11.1m which is ahead of plan by £1.5m, which is driven by the surplus, lower capital expenditure and also some large invoices remain unpaid due to ongoing contract discussions.

The levels of cash are forecast to remain at current levels until September when they reduce due to the payment of PDC and outstanding invoices. Cash is then forecast to be slightly below plan from December onwards where it's behind plan by £0.7m at the end of the financial year.
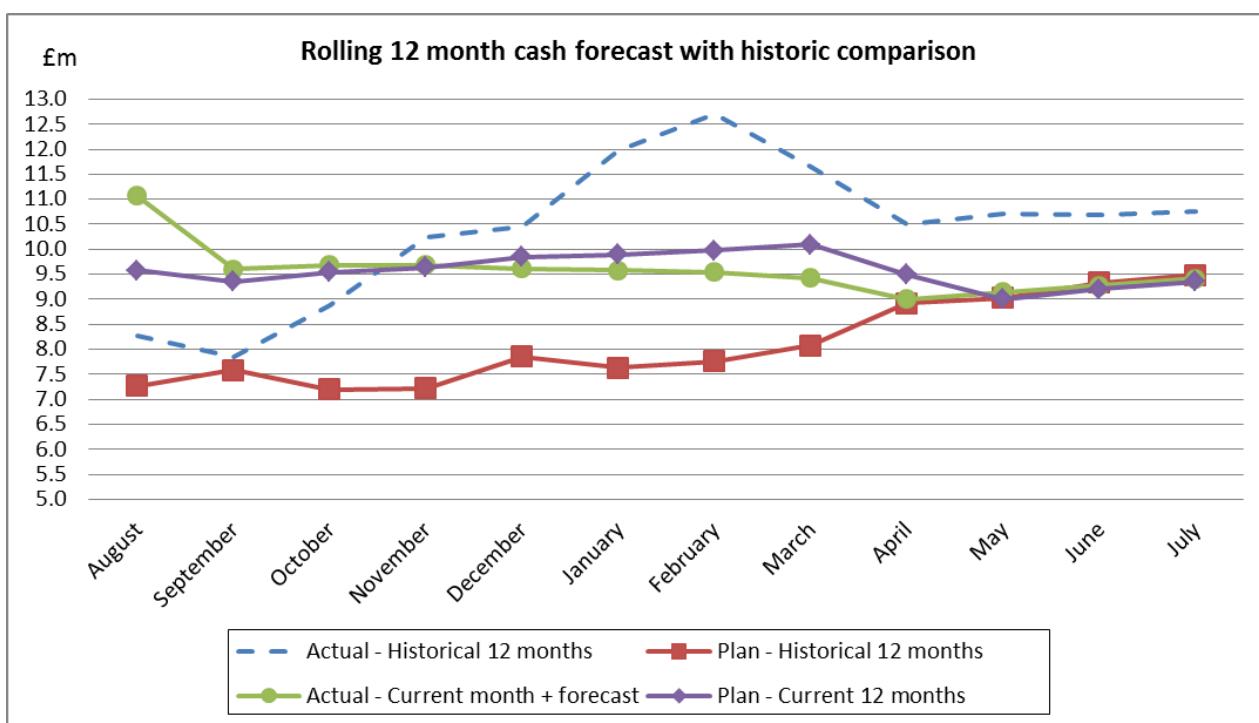
At the end of the first five months we have achieved a net current asset position of £0.6m. We are forecasting to end the year with net current liabilities of £0.2m.

5. Capital Expenditure

Capital Expenditure is £400k behind the plan at the end of August. However capital expenditure is forecast to spend to plan and is tightly managed by Capital Action Team (CAT). The 2015/16 schemes have been reviewed by CAT. A reprioritisation to fund clinical

9

priorities was approved which is the reason for the change in expected capital expenditure profile compared to original plan.

Capital Expenditure
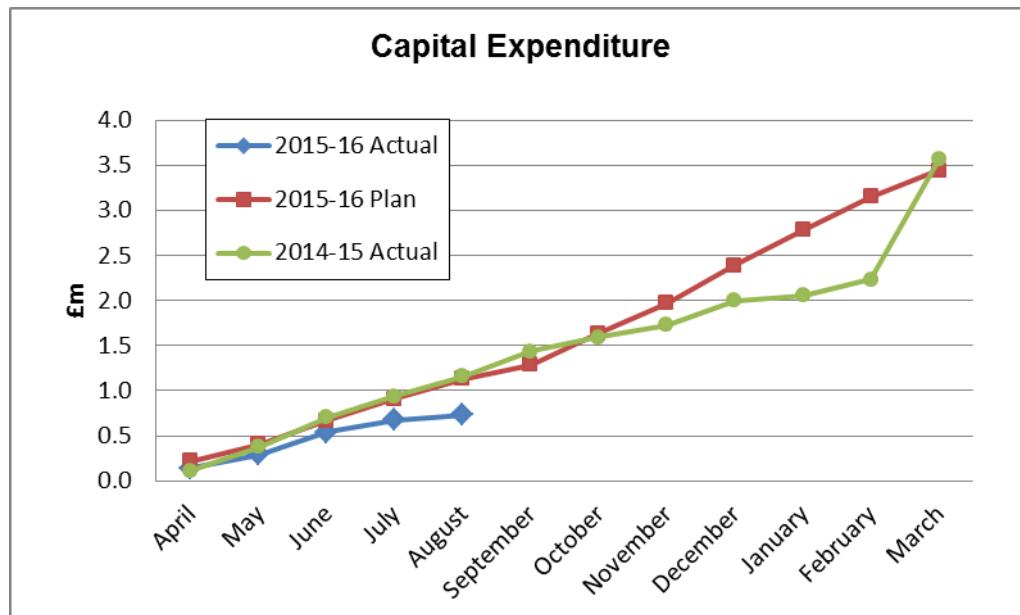
Public Session

Derbyshire Healthcare NHS Foundation Trust
Report to Public Trust Board – 30th September 2015

Communications and Membership update

Purpose of Report

The Trust Board approved new communication and membership strategies in November 2014. The purpose of this paper is to provide an update on activity over the last ten months and to outline further areas of development for the team.

Executive Summary

There have been a number of developments across communications and membership over the last year, with new mechanisms and ways to engage with internal and external audiences being developed.

The first year of the strategies has seen a review of existing processes, and a focus on ensuring that main sources of information are accurate, up to date and easy to access – for example this has included a review of the Trust's websites and online information.

For membership, the team are in the process of embedding new processes and ways of working, including the introduction of a new membership database and utilisation of new functionality that can support the Trust with its recruitment and engagement of members.

There is still much to do and the paper indicates ongoing and future priorities to further develop communications and membership activity over the forthcoming year

---

Strategic considerations

In the preparation of this report the following have been considered;

- The Trust's strategy
- Actions outlined in the Communications Strategy and Membership Strategy (2014-17).

(Board) Assurances

This report is relevant to risks 2a and 4a contained in the Board Assurance Framework.

1

Consultation

This paper has not been considered at any other Committee and has been specifically written for Board members.

Governance or Legal issues

There are no governance or legal exceptions to note.

Equality Delivery System

This report has a neutral impact on REGARDS groups.

Recommendations

Trust Board is asked to:

a) Discuss the content of this paper

b) Receive for information.

Report presented by: **Mark Powell**
                             Director of Business Development and Marketing

Report prepared by: **Anna Shaw**
                             Deputy Director of Communications and Involvement

Communications and Membership update

The three year strategies for communications and membership were approved by the Trust Board in November 2014. This paper provides an update on activities and progress from that point, up to the current day, and indicates future priorities.

1) Communications

The communications strategy outlined the Trust's approach to communications through four key areas; internal communications, external communications, social media and marketing.

a) Internal communications

The strategy highlighted the importance of internal communication with our staff, particularly during times of change. The last ten months have seen significant changes across the Trust and effective communication and staff morale is currently of concern.

Whilst developments have been made during the life of the strategy to improve the ways in which we communicate with our staff, it is clear that this is an area where we need to increase focus over the next year, working in partnership with the transformation team to share as much information as it is available about the changes taking place to our services as we develop neighbourhood and campus plans.

In respect of the actions outlined in the strategy:

A new monthly bulletin has been established – Monthly Connect – looking at the 'big picture' for Trust staff. Allied to this has been the launch of a monthly 'team talk' video – a short film by a senior member of staff, discussing important and topical issues. This audio-visual content moves the Trust away from purely written communications and provides increased interaction and visibility of the senior management team.

Work has also begun on developing a staff app in conjunction with Ark, the company that produces our staff handbook. The app would be available to download onto personal mobile phones (iPhone and Android) and would allow staff to quickly view the HealthRoster system, the staff handbook information and the e-learning portal. In addition, the app could have a link to the latest 'team talk' video, allowing staff to view this message in their own time.

An online forum, Discussion Point, has been established to provide staff with a space to discuss the transformation programme and other concerns/questions they may have. As the neighbourhood teams take shape, a space will be created on the

3

forum for each neighbourhood team – so they can talk about team-specific issues and share ideas.

In December 2014 the team launched the DEED recognition scheme (Delivering Excellence Every Day) and the corresponding DEED colleague of the month judging and presentations. The DEED scheme has provided a new, regular way of recognising and thanking staff for going the extra mile in their day to day work. The scheme has proved popular with staff – numbers of nominations each month have remained stable and, if anything, increased since the early days of the scheme.

During the last few months the team has also launched the 2015 Delivering Excellence Awards, and this year will be developing an in-house version of the event, scheduled to take place in November.

Future priorities include:

- Continuation of regular open and honest communications from the Acting Chief Executive regarding changes within the organisation – positive feedback has been received regarding the approach taken in recent months.
- Transformation communications, alongside emerging models for campus and neighbourhood services. Communications will take an active participation in the future campus and neighbourhood development days in order to identify issues to be addressed and to ensure regular messages are being shared with staff.
- Further promotion and embedding of the Discussion Point forum.
- Further promotion and celebration of the DEED colleague of the month (in line with feedback obtained from the six month review).
- A dedicated managers' e-bulletin is in development and scheduled to go live in December 2015, in time to start offering CQC inspection reminders and guidance.

b) External communications

The last few months have seen periods of exceptionally high levels of media interest in the Trust. A significant proportion of the team's time has been taken up in reacting to media requests and attempting to maintain public trust and confidence in the organisation.

In wider media activity, the team has successfully promoted several staff to speak on a local and regional level, regarding issues such as dementia research, suicide prevention, substance misuse issues on ITV Central News, CAMHS and mindfulness. The team recognises the importance of doing more to develop the Trust's reputation at a national level, particularly with the national trade and scientific press and this aim will continue into the next year.

4

The team has worked to reduce stigma at a national level by working with *First News*, the award-winning children's newspaper. The Trust has now had eight reports published on mental health and learning disability-related issues, including seven full-page reports. All of these articles have been co-produced with a former service user.

The team has continued to generate media coverage about many of the Trust's achievements – most successfully the launch of Angling 4 Health, which resulted in coverage on BBC East Midlands Today and across all key local outlets and the health visiting team's success in securing full accreditation through Unicef's Baby Friendly Initiative which was covered in depth by ITV Central News, both on its evening broadcast and online.

The team also share good news widely through its social media platforms and provide regular updates to CCGs.

Despite the challenging nature of many of the team's recent interactions with journalists, effective relationships have been maintained and the team often receives positive feedback regarding availability, prompt responses and approachability.

We also recognise the importance of sharing good news internally with staff – who often then serve as our spokespeople with external partners and the public. Good news is shared each week through Weekly Connect.

The Trust's profile on NHS Choices has been broadened significantly during the year, with new site-specific pages for our main inpatient sites created under the main Trust page.

Work is ongoing to integrate the Trust's two website (www.derbyshirehealthcareft.nhs.uk and www.corecarestandards.co.uk to provide a single, consistent external view of the organisation). This is a large piece of work and will continue into the forthcoming year.

We are working very closely with other communications teams in the local health economy, both at a trust level and a CCG level to deliver consistent communication messages regarding the Joined Up Care and 21C programmes of work.

The team led on the submission of our Kate Granger Compassionate Care Awards nomination. We were successfully nominated in the 'organisation' category.

Future priorities include:

- Continue to develop the reputation of the Trust as experts in the field, through providing commentary on national issues such as dementia, drugs and alcohol and wider service related news features.

5

- Working with other teams across the Trust to identify and manage messages being received by external stakeholders.
- To retain good working relationships and standards with the media.
- Ongoing web development.

c) Social media

The team continues to use Twitter to positive effect, and now has over 1,700 followers. We have successfully built our social media profile this year by launching a Facebook page for the Trust (www.facebook.com/dhcft). Already over 215 people have signed up to receive the Trust's posts direct into their Facebook accounts, and our posts regularly reach over 1,000 people (due to other people liking and sharing our posts). Initial research suggests that our audience on Facebook is quite different from our followers on Twitter, with the former tending to be members of the public while the latter tends to consist of staff, service users and partners.

As a result of the team's engagement on Twitter and Facebook, several teams have expressed an interest in setting up social media accounts for specific audiences. We have supported them in understanding the benefits, challenges and resource implications, in line with the social media policy. For example the team has supported the Trust's occupational therapists to establish themselves on Twitter and a 'Derby children's health' Facebook page, aimed at families in Derby city is in development and due to go live on 1 October. This will be a joint page between the Trust and Derby City Council's Communications and Public Health teams where all information relating to children and family health for the city will be shared. This is a significant step forward, as it makes the page (and the content) audience-focused rather than organisation-focused.

As well as committing ourselves to sharing the content of partners like Healthwatch Derby (e.g. its 'Think Healthy' campaign) and Derby Teaching Hospitals NHS Trust (such as its 'Superhospital' posts), the Trust has been a committed partner in the transformation agenda for the county, regularly sharing information about the 21C and Joined Up Care programmes via social media.

We also use social media to promote information and campaigns, in support of our work with the media to address mental health issues and awareness, for example most recently in relation to suicide awareness day.

This demonstrates how the team is developing greater fluency in 'cross-promoting' campaigns and information – that is, raising awareness through one primary channel (for example, the media) and then sharing and discussing that across other channels, including social media. A conversation can be had about how that initial communication came about (e.g. the filming, recording or interview process) as well

6

as the content of that communication. This adds to the sense of transparency around the way the Trust operates.

Future priorities include:

- Promoting the Trust's social media channels to members, to ensure members have greater access to information about the Trust.
- To agree a Trust-wide approach relating to service receiver complaints/campaigns via social media and to update the policy in this respect.

d) Marketing

The team regularly attends the Trust's commerce meetings and is developing a better sense of the commercial imperatives of the Trust. In the last six months it has begun to work more closely with our IAPT service, Talking Mental Health Derbyshire, and will be developing a communications and marketing plan for the service, ready for the new financial year, starting April 2016.

The team has also played a role in the tender for children's services, developing the 'Derby children's health' Facebook page in line with the tender requirements – that is, with a focus on partnership – and will be developing a communications and marketing plan for the service, should the Trust be successful in its bid to provide these services going forward.

In terms of wider marketing of the Trust, the team has been involved in the Trust's recent nursing recruitment campaign, helping to devise key messages based on the Trust's USPs and producing a nursing recruitment film and promotional materials to reflect those USPs.

Whilst the availability of marketing materials remains limited due to financial constraints, the team has produced Trust-branded folders and literature, along with presentations and films about the organisation. However we recognise that more needs to be done in this area, budget permitting.

The team has begun to shift the tone and content of internal communications like the *Weekly Connect* staff bulletin in recent months to facilitate more internal marketing. The tone now more directly addresses the individual reader and makes it more explicit when we need for them to relay key messages to service users, carers and the wider public. An example recently has been the promotion of the dementia Q&As, where we will use the headline in the bulletin to make clear that we need staff to 'spread the word' about these events, which are proving increasingly valuable and popular with Derbyshire people.

7

Another example would be a recent all-staff message from the Acting Chief Executive, where we set out a series of messages for staff to relay to those outside the organisation about Monitor's involvement in the Trust.

The team remains vigilant about the use of the Trust brand across the organisation and amongst our partners. On *Connect*, the Trust intranet, we have further developed the suite of branded templates available to staff to make it as easy as possible to create PowerPoint presentations, reports or simple leaflets that are on-brand and reflect the Trust in a positive way. The new Trust brand is now embedded across the Trust, providing greater clarity for our partners and service receivers.

Future priorities include:

- Development of a Trust-wide directory of services and a potential suite of information aimed at commissioners
- Ongoing development of the Trust's website as our 'shop window'
- Exploration of potential digital marketing opportunities.
- An update to the Trust's marketing approach, in line with the future new Trust strategy.

2) Membership

The Membership strategy outlined ways in which the Trust was to retain and increase its public membership, engage with existing Trust members and promote public confidence through ongoing work with the Council of Governors.

The first year of the strategy particularly aimed at reviewing existing membership activities and engagement processes, following the loss of a dedicated Membership Manager from the Trust's workforce structures.

a) Membership recruitment

The strategy outlined our intention to retain and potentially grow the Trust's membership over the year, in line with the membership target set by the Annual Plan.

At the end of the financial year (31 March 2015), the Trust reported 39 fewer public members than on 1 April 2014. This is largely a result of a high number of deceased or removed members (through a cleansing of the membership database), yet also reflects a period of limited membership activity while the membership office was not staffed.

In April 2015 the Trust changed its external database provider for membership. This enables the team to access more information about its membership and profile

members in terms of their demographics but also interests and preferences. These questions are now integral to the new membership recruitment process.

As a result of this information, we learned that we were particularly low on members from the Erewash area and from our ethnically diverse communities. This provided the team with an area of focus, as we sought to diversify our membership and make it reflect the communities which we serve.

To achieve this we have held dedicated events across Erewash, through partnership work with local libraries, markets and the community and voluntary sector. This resulted in an increase in members living within Erewash and we were successful in filling two governor posts that had remained vacant in Erewash for some time.

We participated in events at the Derby Women's Centre, JET (Jobs, Education & Training), DWICA (Derby West Indian Community Association), the Indian Women's Centre, Asian Disabled Association, the Pakistani Community Centre and the Al Nasiha Muslim women's group, to both promote and diversify our membership base.

We have refreshed all of the Trust's recruitment information, in line with feedback from our members and governors, and introduced new ways of becoming a member, thereby making it easier for people to sign up. Internally, we have worked with the volunteer team, to ensure all volunteers are directly encouraged to become members of the Trust.

We are in the process of developing a new initiative where membership will be championed throughout a dedicated week (Membership Week, 5 – 9 October 2015). Through the Governor Membership Development group, it was agreed that each Governor would proactively promote Trust membership and recruit new members during this week, in the run up to World Mental Health Day on 10 October. If successful, this is an initiative that could take place each year, to focus on membership recruitment whilst also expressing the public accountability of our public governors and combatting stigma regarding mental health at this important time of year.

Future priorities include:

- Development of a young person's council – an initial meeting between membership, CAMHS, five service users and a NED has been scheduled for October.
- Engaging with identified carers, to increase the number of carer members. Possibilities including the development of a carer constituency and carer governors.

9

b) Membership engagement

A key priority of the strategy was to actively increase our engagement with existing members over the year, to provide them with better, more targeted information, and to encourage feedback and two way communications.

The new membership database provides the opportunity to engage with our members in different ways and we have been trialling new approaches such as member surveys and texting members about new and important developments.

Members' News (our monthly email bulletin) continues to be distributed each month and is receiving an increased number of active readers and contributors.

We have also established membership champions, who support the Trust's membership activities on a voluntary basis; promoting events, recruiting members and feeding back concerns from our local communities. To date our membership champions are focused in Derby city and Chesterfield and we would like to extend this to wider geographical constituencies over the forthcoming year.

We have introduced new methods of engaging with our existing and potential membership through social media. Membership activities and information for members is now shared via Facebook and Twitter and we are actively encouraging more members to follow the Trust's social media channels. Membership activities and information for members are also increasingly shared with the press and media for wider promotion and involvement.

Last year's Annual Members' Meeting (AMM) trialled a new approach to the meeting, where people with experience of using our services presented their experiences and formed part of a wider discussion on a theme (in 2014 recovery and flourishing families). The event received overwhelmingly positive feedback and the format of the meeting will be followed in the 2015 event, on a theme of valuing people and partners.

Future priorities include:

- Potential alignment between 4Es and membership engagement, to consider the different needs of each community, linking in with the Trust's emerging neighbourhood approach.
- Further profiling of our members and updating contact details, with a particular emphasis on gaining email over postal addresses.
- Development of neighbourhood profiles, to support more local engagement, relevant to local needs and preferences.
- Scoping the future of Connections magazine, alongside wider partners in the local healthcare economy
- Further recruitment of membership champion volunteers.

10

c) Engagement with governors

In response to requests from governors, a governor zone has been established on the Trust's website, which provides password controlled access to training materials and a broad range of relevant information.

An additional development on the Trust's website also makes it easier for people to locate and contact their governor, according to where they live.

The new membership database provides the ability to generate constituency focused reports that profile membership within an area, and we have provided governors with this information, to assist in their engagement with their members.

Membership Week provides governors with a focused time to engage with their members (with support), to aid recruitment and overall engagement.

We have sent information to each GP practice to outline who the public governor is for the area and we have asked that this information is publicly displayed so that local people can contact their governor. We have also proactively worked to access Patient Participation Groups (PPGs) and have experienced positive feedback in this respect, by being invited to present at AGMs and wider training sessions.

A new governor training programme is currently being put in place which includes self-teach packs, workshop sessions, Governwell training and joint working training options.

Governors are actively being involved in Trust initiatives – for example n the judging of the monthly DEED (Delivering Excellence Every Day) scheme and staff awards, as well as taking part in quality visits.

Online voting for governor elections was introduced during the year, following a change in the Trust Constitution in March 2015.

Future priorities include:

- Supporting governors to engage with local communities through participation in 4Es and the emerging neighbourhoods.
- Review of governor/membership constituencies and potential alignment to Trust neighbourhoods, in support of the Director for Corporate and Legal Affairs.

11

Public Session

Derbyshire Healthcare NHS Foundation Trust
Report to Board of Directors 30 September 2015

<div align="center">

Deep Dive – Sickness Absence

</div>

Purpose of Report

This report gives a 'deep dive' into the Trust's current Sickness Absence information and links to other employee relations activity

---

Executive Summary
- A Trust wide overview of sickness absence
- Detailed analysis of sickness absence by Staff Group and Work Area
- Analysis of sickness absence by reason
- Focus on 3 key areas within the Trust

(Board) Assurances
- Short term absence is being managed more effectively
- Reactive intervention to long term sickness absence is effective

---

Governance or Legal issues
There are no governance or legal considerations

Equality Delivery System
The report has been prepared taking into consideration the Equality Act and in particular the impact on Disability.

Recommendations

The Board of Directors is requested to:

1) Acknowledge the Deep Dive Report and current position in relation to sickness absence
2) Provide continued support for preventative work around resilience

---

Report presented by: **Karen Herriman**

Report prepared by: **Karen Herriman and Liam Carrier**

Derbyshire Healthcare NHS Foundation Trust

Report for Trust Board – September 2015

Deep Dive – Sickness Absence

Unless otherwise indicated, this report includes sickness absence information as at 31 August 2015 and the previous 12 months. Information source is *Firstcare* and *ESR* along with information held on individual cases within the Workforce and Organisational Development Function.

Trust Overall Sickness Position

The annual sickness rate for the Trust has increased during **2015/16 to 5.03%**. This increase is in line with the national trend for Mental Health and Learning Disabilities Trusts for the same period however, Derbyshire Healthcare NHS FT is higher than the national average.

The Monthly rates for June – August 2015 were the highest they have been in the last five years and higher than the same period last year.
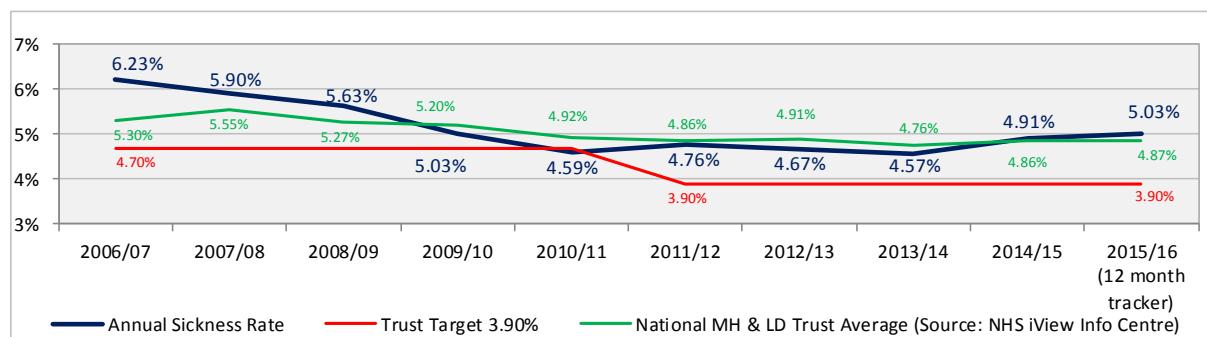
Long term sickness absence (absences over four weeks) account for **65%** of all sickness absence and is an increase on the last quarter which was 56%. Currently long term absences result in a Trust sickness total of **3.24%.**

There are currently **73 members of staff** who are being case managed under long term sickness absence and have currently been absent for a **total of 8261 days**. Of these, **24** relate to **anxiety, stress, depression or other psychiatric illnesses which totals 2671 days lost**. (Average days lost for this reason being 36 days).

There are currently **15 members of staff** absent as a result of **surgery** and **6** who are receiving **treatment for cancer**.

The longest period of absence to date is currently 489 days with the average length of absence being 113 days.

Of the 24 staff currently absent with anxiety, stress, depression or other psychiatric illness, **17** of them are in **managerial or professionally registered positions**.

Since September **2014**, we have **supported 174** cases of long term sickness in **returning to work** – this is done on a rolling monthly basis.

Whilst the number of mental health related sickness absence cases is above the national average, the length of time people are off work is significantly less than the national average – indicating that intervention once people are off is effective, but future work needs to focus on preventative approaches.

Days lost to mental health related sickness has **reduced** in the last year overall by **142 days.**

Short term sickness absence currently accounts for approximately **35%** of the Trust's absence. There has been a **steady decrease in short term absence**, which may be as a result of more robust application of the Trust's Managing Health and Attendance Policy.

In the last 12 months, 35% of employees have had **no absence spells** (approximately 923 employees) with the **highest proportion 45%** (approximately 1213) having had 1 to 2 spells.

Comparison to other Trusts

June 2014 to May 2015 (Source: NHS iView Info Centre latest data)
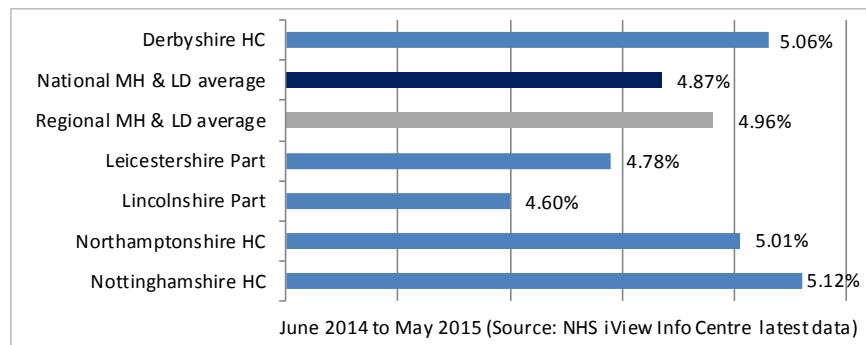
Derbyshire Healthcare has the second highest sickness absence rate when compared with the other main MH/LD Trusts across the region. Lincolnshire Partnership Trust has the lowest percentage and has seen a decrease in their rate linked to some focussed work on managing sickness.

Staff Group Position

The **Estates and Ancillary staff group** has the highest sickness absence rate within the Trust at **8.52%**, this represents 5% of the total workforce, followed by Additional Clinical Services (includes **Healthcare Assistant and Nursing Support roles**) at **6.62%** which represents 17% of the total workforce.

Sickness absence for Nursing is currently 5.52%

Work Area Position

Within operational/patient facing work areas, **Urgent and Planned Care Division's sickness** rate is **6.20%** and the **Specialist Services Division** have an overall sickness rate of **4.13%** - with staff in post of 825 employees; this is the best performing work area when compared to the Trust target of 3.9%.

Sickness absence within CAMHS has reduced in the last 12 months by almost 56%.

Within UPC division, **Psychology** has the highest work area rate of **9.20%** and within SSD, **Forensic and Rehabilitation** are the highest at **5.79%**

Sickness rates for other work areas are in the table below. It should be noted that where some areas appear extremely high, they have low numbers of staff in post, which can distort the overall figure. This does still have an impact on productivity and performance.
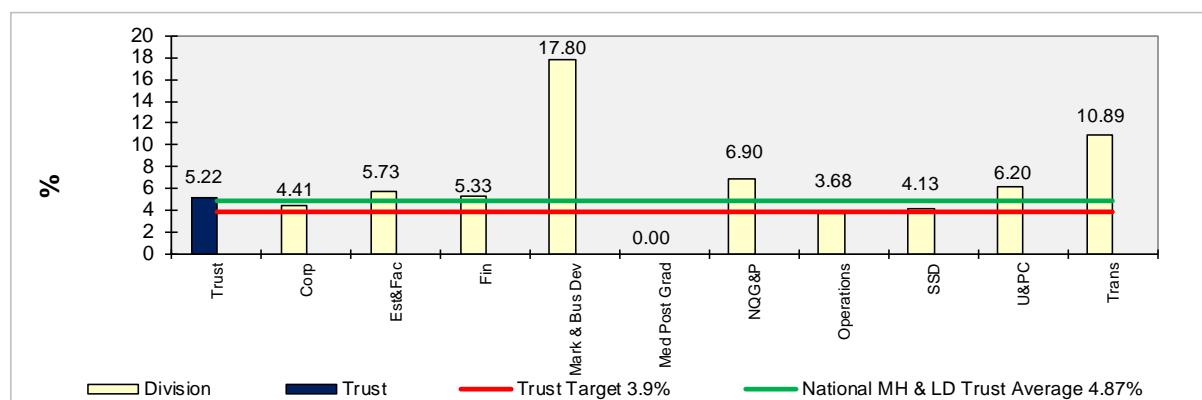
Reasons for sickness absence

The graph below shows the 10 highest reasons for sickness absence in days lost within the Trust.
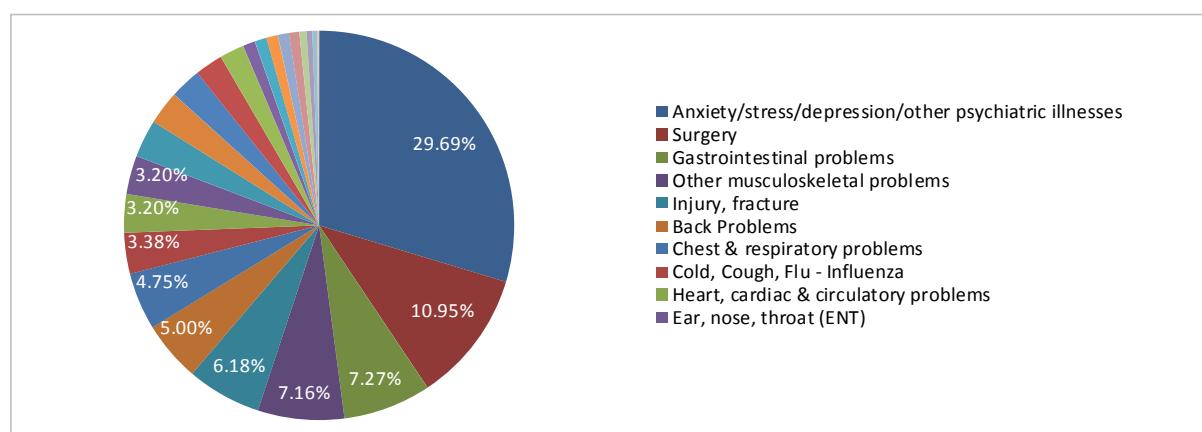
Anxiety, stress, depression and other psychiatric illnesses remain the **highest** reason for sickness absence with almost **30%** of absence due to this reason. **Surgery** is the second highest reason at almost **11%** with **Gastrointestinal and Musculoskeletal** at an average of **7% each**.

Spotlight

We have undertaken further analysis on three key areas within the Trust, where the sickness absence levels are high and where there has been work undertaken around safer staffing and emergency planning over the last 6 months. We have reviewed sickness levels specifically for the last 3 months.

Keddleston Low Secure Unit

Within the **last three months** a total of **473 days were lost to sickness** with **16 people** on the unit **taking a period of absence** (of a total available workforce of 42). **10 people took short term absence** (less than 4 weeks) and **6 individuals** took a period of **long term absence**. 3 people still remain on long term sickness absence.

Of the total days lost, **169 were due to anxiety, stress, depression or other psychiatric illness** which affected 3 people.

Of the staff groups affected within the unit, **8** were **Healthcare Assistants**, **6** were **Registered Nurses** and **2** were **Managers**.

Kingsway OP – Cubley Court and Tissington Units

A total of **1029 days were lost to sickness** within Kingsway Older Peoples' Services – **597 on Tissington Unit** and **432 on Cubley Court**. **56 people** across the service **had a period of absence**. **38 people took short term absence** (less than 4 weeks) and **18 individuals** took a period of **long term absence**. 3 people still remain on long term sickness absence.

Of the total days lost, **300 were due to anxiety, stress, depression or other psychiatric illness** which affected 7 people. 5 of these people are involved in an employee relations investigation – disciplinary, grievance or capability.

Of the staff groups affected across the service, **27** were **Healthcare Assistants**, **26** were **Registered Nurses and Sister/Charge Nurse.**

Within Cubley Court, 9 people had sickness due to musculoskeletal/back problems.

Radbourne Unit – Ward 35 and Hope and Resilience Hub

A total of **405 days were lost to sickness** with **15 people** on **Ward 35** (of a total available workforce of 27) and **7 people** from the **Hope and Resilience Hub** (of a total available workforce of 17) taking a period of absence. **15 people took short term absence** across both services (less than 4 weeks) and **7 individuals** took a period of **long term absence**. 5 people still remain on long term sickness absence.

Of the total days lost, **133 were due to anxiety, stress, depression or other psychiatric illness** which affected 3 people.

Of the staff groups affected within the unit, **8** were **Healthcare Assistants**, **12** were **Registered Nurses and Sister/Charge Nurse.**

Of the 5 people currently still off sick, 3 of these people are involved in an employee relations investigation – disciplinary, grievance or capability.

Underlying Reasons and Links to other Process

When reviewing previous sickness absence information, there has been a link drawn to episodes of organisational change, where the impact of the process may be a factor for staff absence. It is interesting therefore that there is no significant organisational change currently being implemented within the main key areas we have looked at.

The continued efficiency programmes across the Trust are likely to have an impact on employees – working extended hours, changing roles and working within more limited resources.

Current and Ongoing Activity

Whilst there has been an increase in the last 12 months figures, the Trust has undertaken some focussed work around sickness absence, in particular around stress. Using information shared as part of the annual staff survey, we have conducted a specific stress survey, to gather more detailed information around individuals experiences of stress related illnesses and are using this as part of the wider Trust Health-check as well as informing future proactive employee support programmes.

The enhanced Occupational Health provision, to include access for all employees to an Employee Assistance Programme, facilitated by BUPA is currently being evaluated, but early feedback indicated that employees feel this is a very beneficial service, providing advice and support to individuals on a range of issues both work related and personal.

The People Forum continues to monitor and discuss work around managing health and attendance and the Health and Wellbeing Board as a sub-group of the forum are continuing to work on the total support package which we offer to staff.

The Trust continues to contract the Firstcare sickness reporting service. This enables real time sickness reporting and gives manager immediate access to absence data. From its implementation in 2006/7, we saw a year on year reduction in sickness absence and an increase in management intervention. We have negotiated a significant reduction in the contract value within the last 2 years, from circa 88k down to the current cost of 58k. This equates to a monthly cost of £2 per employee.

Cost

The true cost of sickness absence is difficult to accurately calculate, however the components of cost include the salary to individuals who are not at work, the cost of any overtime, extra hours, bank and/or agency cover which may be required and the emotional cost to teams and individuals who may have to increase workload and responsibility in covering for colleagues who are not at work.

Research also indicates there is a longer term detrimental impact on individuals who have to take long term sickness absence.

The figures below indicate the cost of paying employees whilst absent from work

Annual Notional Cost of Sickness Absence		**Average Available (FTE) per day**
Trust	£ 3,694,059	2,123.02
Add Prof Scientific and Technic	£ 242,311	147.89
Additional Clinical Services	£ 490,876	369.68
Administrative and Clerical	£ 625,873	441.18
Allied Health Professionals	£ 172,827	106.87
Estates and Ancillary	£ 137,041	113.98
Medical and Dental	£ 352,133	129.01
Nursing and Midwifery Registered	£ 1,667,029	798.66
Students	£ 5,969	15.75

Next Steps

- Continued monitoring and analysis of sickness absence information
- Further analysis on the impact on 'presenteeism'
- Action on preventative interventions
- Building on the Health and Wellbeing initiatives
- Involvement of psychological services to provide support

Report prepared by Karen Herriman

Data produced by Liam Carrier

Key People Metrics

Aug 2014		Jul 2015	Aug 2015	Target	Benchmark
Annual Staff Turnover 9.93%	Regularly review hot spot areas	9.06%	9.39%	10%	NHS **8.92%** National MH&LD **13.02%** East Mids MH&LD **13.49%**
Compulsory Training 80.35%	Continued focus and improved access	83.40%	83.61%	95%	East Mids MH&LD **80%**
Appraisal Compliance 72.73%	Live Workforce Dashboard and ESR MSS	71.48%	69.50%	90%	NHS **83%** National MH&LD **88%** East Mids MH&LD **87%**
Sickness Absence 4.35% M 4.75% A	Leaders receive alerts and reports via FirstCare	5.66% M 5.03% A	5.22% M 5.15% A	3.9%	NHS **4.33%** A National MH&LD **4.87%** A East Mids MH&LD **4.96%** A
Active Recruitment 55 posts	Establishment Control Group	41 posts	82 posts		
Variance from Funded Establishment 13.91%	5% tolerance against target	15.46%	14.56%	90% staff in post	

Compulsory Training Dec 2014 Benchmark source: East Mids Streamlining Prog

Annual Staff Turnover Jun 2015 & Annual Sickness Absence May 2015 Benchmark source: HSCIC NHS iView

Appraisal Compliance Oct 2014 Benchmark source: NHS Staff Survey 2014

Jul 2015 V Aug 2014   Aug 2015 V Jul 2015

Within Trust Target Parameters   Outside Trust Target Parameters

WE FOCUS ON OUR PEOPLE

Better together

6

78

Public Session

Derbyshire Healthcare NHS Foundation Trust
Report to Board of Directors 30 September 2015

<div align="center">

POSITION STATEMENT ON QUALITY

</div>

> The purpose of this report is to provide the Trust Board of Directors with an update on our continuing work to improve the quality of services we provide in line with our Trust Strategy, Quality Strategy and Framework and our strategic objectives.

Executive Summary

1. SAFE SERVICES

1.1   Next steps in guidance for safe staffing

On 4 August 2015 Jane Cummings, the Chief Nursing Officer England wrote to every trust to inform them of the next steps for safer staffing. The key points from the letter were:

- Safer staffing will now be led by the new body, NHS Improvement, working with the Chief Nursing Officer.
- One of the early priorities will be to develop additional guidance on safe staffing levels, ensuring there is a multi-professional approach to safe staffing.
- There will be a programme for mental health services with a lead and expert members which will include patients. Oversight for the programme will be undertaken by a multi-stakeholder advisory group, one of their roles will be to quality assure the outputs from the programme.

1.1.1 Our work on safer staffing

Safe Staffing Skill Mix review is currently been undertaken, led by the Assistant Director of Clinical Professional Practice. This is due to conclude by 1 October 2015 and will report initially to the Quality Leadership teams. This review has adopted a service in-reach approach supporting our senior Nurses to review their own skill mix and support their own analysis of their team requirements based upon a critique and review of the year.

As previously reported we have already progressed on safer staffing having published data actual against planned staffing data. Ward managers, Clinicians, and Senior Managers are already engaged in safe staffing and are integral to safe staffing reporting.

We are currently developing a performance dashboard of staffing indicators using electronic staff records (ESR) in place. This will enable systematic and consistent monitoring of performance against indicators

The Divisions continue to manage a generic recruitment programme which has been successful in recruiting Registered nurses to inpatient services. Through the safer staffing meetings this is being progress to Allied Health professionals and for Community services.

In addition to recruitment The Nursing team re developing a support programme for preceptor nurses including Roadshows, and listening events led by Heads of Nursing.

1.2   Prevention and Control of infections and related guidance

The Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance' (Department of Health, 2015), has been revised and replaces the version published in 2010. This document sets out how the Care Quality Commission registration requirements should be met regarding infection prevention and control and applies to all registered providers of healthcare. We have commenced work to consider this new guidance and its impact on our current systems and processes. The outcome will be presented to the trust infection control committee and quality committee.

2. CARING SERVICES

2.1 Kate Granger award for compassionate care

Kate Granger recognises our compassionate care at national conference

As reported in *Weekly Connect* on 10 August, we were shortlisted for a national award for our overall work as a trust in providing compassionate care to our patients.

The award was a Kate Granger Award and we were a finalist in the 'organisation' category for our efforts in building on the research of Professor Paul Gilbert and ensuring that compassion is present in the way we care for our service receivers.

The award winners were announced on 3 September – and although we didn't win, Kate Granger herself (pictured second from left) presented the Trust with a certificate, collected by our Medical Director Dr John Sykes (centre) and our Research & Clinical Audit Manager, Rubina Reza (pictured holding the certificate).

Kate is a doctor and has terminal cancer. She has campaigned tirelessly to raise awareness around compassion in the NHS through her #hellomynameis social media campaign.

Congratulations one and all for the achievement of being shortlisted for our compassionate care.

Better together

2

2.2 Healthwatch Derbyshire report on Child and Adolescent Mental Health Services

Our local consumer champion Healthwatch Derbyshire chose Child and Adolescent Mental Health Services (CAMHS) as an area of priority for them in the period January 2015 to March 2015. During this time 4 engagement officers spent their time out and about in the community, at groups and in CAMHS clinics listening to what people had to say about CAMHS. The views of young people, parents, carer and professionals were collected in a series of 17 interviews. A summary of their findings taken directly from the report is set out below:

"There are patterns in these experiences that would suggest that some parts of the experience works well, whilst others do not work as well.

The clearest example of this relates to the relatively high number of negatives compared to positives regarding referrals and diagnosis. Sometimes participants spoke about a real challenge to get into the service in the right place, at the right time – although there were positives in this regard too.

All comments regarding diagnosis were negative.

Conversely, there were many positive comments regarding quality of staff, the quality of the service and the seemingly positive impact for those using CAMHS, with only a few examples of negative experiences.

In short, the information suggests that the main difficulties lie in getting into CAMHS and going through the referral and diagnosis process. Once participants were 'in' the CAMHS service, they were generally very positive about the experience."

Extract taken from summary of Healthwatch Derbyshire report dated July 2015

2.2.1. Positives feedback

- Although there were some negative comments about appointments there were some positive ones about being given time and not being rushed, being listened to, frequency and flexibility of appointments.
- The parent course is spoken about favourably.
- Responses with regard to relationships with professionals were mainly positive. Many of those interviewed felt that the sessions were highly beneficial. Comments included:

'Fantastic, I don't know how we would have got through without it. Five stars.'

'I have good relations with all the CAMHS team … They text me regularly.'

'A weight has been lifted and I can see light at the end of the tunnel - someone is willing to listen.'

3

2.2.2. Negative feedback

- Diagnosis e.g. delays in getting a diagnosis and in some cases how the message was given to parents.
- There were a number of negative comments about appointments taking place during school/work time which can create problems for young people and parent/carers.
- There were several comments about how busy and stretched the service felt to them.

> *Not good at getting back to the parents with information. A sense of being rushed off their feet.'*
> *'The whole team are incredibly stretched.'*

2.2.3. Mixed feedback

- There was mixed views on referrals ranging from *'… got an appointment with CAMHS worker within one week of initial assessment which took place at Royal Derby Hospital*, to a more negative view of *'I thought no one was listening to me and my child, and they needed help. Why did it have to get so that they were suicidal before something happened?*

2.2.4 Recommendations from the report

1. The referral system and the difficulties highlighted in getting referred to CAMHS.
2. The adequacy of the support and information offered to young people, parents and carers, both before, during and after CAMHS.
3. The frequency and duration of appointments and the involvement of young people, parents and carers in the choices that are made.
4. Appointment timings are reviewed to allow improved access to appointments out of school/work hours.
5. The implications of delayed diagnosis on both the young person, and the parent or carer.

2.2.5. Our response to the report and recommendations

We were able to comment on the report and thanked Healthwatch Derbyshire for this valuable piece of work which will inform our drive to continually improve our services. Some of the key improvements we are implementing as a result of the recommendations are as follows:

- We will continue to roll out the single point of entry for Child and Adolescent Services and the benefits that bring including more timely access to services which should improve length of time to diagnosis.

- We are in the process of developing a more centralised specialist care pathways structure to achieve standardisation, equality of access and more effective evidence based interventions and outcomes for our young people.

4

- We have asked one of our service users with the support of GIFT, Great Involvement Future Thinking, and (DoH), to review and support us to improve the quality of our information.

- We acknowledge that there is an inconsistency across the teams with regard to out of school hour appointments and we will review and improve our out of school hour's access.

3. EFFECTIVE SERVICES

3.1 Maastricht interview.

In August 2014, the Trust Board was briefed about Maastricht interviews by Steve Trenchard and Peter Bullimore, who runs the National Paranoia Network and Hearing Voices Network Centre in Sheffield.

The Board were being asked to sign up to a Derbyshire 'Hearing Voices Declaration' and he stated that the Trust was looking at how this could be embedded. It was agreed to pilot the approach in two areas of the trust.

3.1.1 The Maastricht Approach

Accepting and working with voices: The Maastricht approach by Dirk Corstens, Sandra Escher and Marius Romme published in 'Psychosis, Trauma and Dissociation: emerging perspectives' ed Andrew Moskowitz e.a. Wiley 2008, reproduced from http://www.hearingvoicesmaastricht.eu/page10.php.

In Maastricht, the Netherlands, over the past twenty years psychiatrist Marius Romme and researcher Sandra Escher have developed a new approach to hearing voices, which we will call the 'Maastricht' approach that emphasises accepting and making sense of voices. This approach has become progressively more influential, in Europe, Australia, New Zealand, and elsewhere, and has led to voice hearers organising themselves into networks, empowering themselves and working towards recovery in their own ways.

This approach contends that people hearing voices (hereafter referred to as 'VH' for 'Voice Hearers') can learn to cope with their voices and benefit from psychological and social interventions. It is based on three central tenets, that the phenomena of hearing voices is:

a) more prevalent in the general population than was previously believed,

b) a personal reaction to life stresses, whose meaning or purpose can be deciphered and,

c) best considered a dissociative experience and not a psychotic symptom (though it can sometimes occur in the context of psychotic symptoms, such as delusions; Moskowitz & Corstens, 2007).

In addition to emphasising understanding the purpose or meaning of the voices, a

5

specific treatment model for working directly with a person's voices – emphasising their dissociative nature – has been developed by adapting the Voice Dialogue method (Stone & Stone, 1989) for working with VH.

3.1.2. Our approach

We said in August 2014

- We would implement semi structured hearing voices approaches at the Radbourne and Hartington units.

We also agreed to:

- Give support to workers who have undertaken the Maastricht Interview for voices training, to implement the skills they have learned, with ward based clients.
- Train workers in the Maastricht approach who haven't undertaken the training. This can be delivered in two ways. The workers to attend a two day training course delivered by Peter Bullimore or observe interviews with Peter and clients in a clinical setting.
- Offer supervision and support around the writing of Maastricht Interview reports and constructs.
- Help members of staff to develop skills to work with clients beyond the outcomes of the constructs.
- Set up, support and sustain hearing voices support groups on the wards and within a community setting

We agreed to offer two days per month with a minimum of 15 hours over the two days. The hours of the service will be flexible and include evenings and weekends

The feedback included is based upon this.
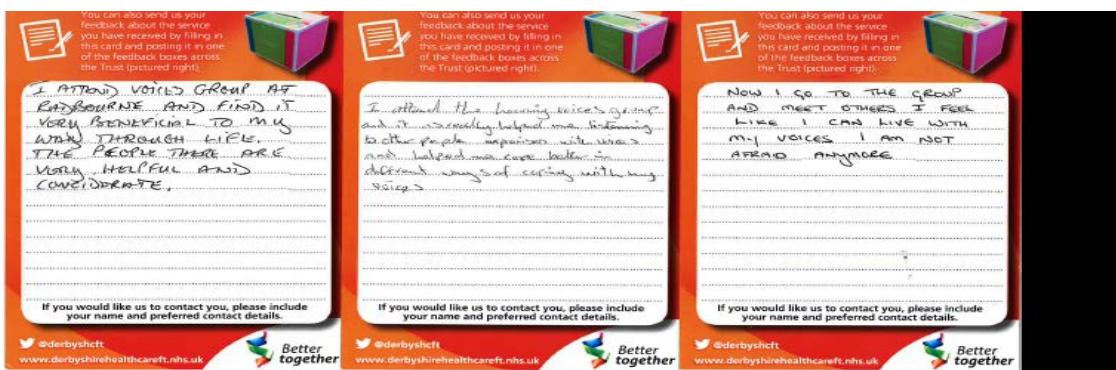
3.2 Safeguarding

See attached Looked After Children report.

4. RESPONSIVE SERVICES

4.1 Quality mapping with our commissioners

Over the summer commissioners and the trust quality team, spent time reviewing the process and systems and relationships for quality monitoring through art. The diagram (see appendix 1) represents the fruits of the discussion. The diagram represents the shared perspective that the organisational relationships, between quality teams, were open, transparent and focused towards improving the quality of services for a shared goal, to be the very best for Derby City and Derbyshire with what we have got.

4.2 Family and Carers views

Our Carers lead in partnership with our carers has designed a poster for our wards and teams as set out below.

Strategic considerations
- How the Maastricht interviews can be included in the developing neighbourhood models of service delivery.
- To consider current developments in our work to inform future commissioning agreements.
- To keep updated on emerging work on safer staffing nationally, regionally and locally to inform our future developments, ensuring they are in line with national guidance.

7

- To ensure our future work on infection prevention and control is in line with new guidance.

(Board) Assurances
- Assurance on the overall high quality of care we provide.
- Assurance on our safer staffing, taking into consideration the key messages.
- Assurance on our engagement with service receivers and carers and how they can influence what our services look like in the future.

Consultation
This report has not been previously shared.

Governance or Legal issues

The Quality position statement supports our evidence of compliance with the Care Quality Commission regulations, Monitor's quality framework and the fundamental standards of quality and safety published by the Care Quality Commission.

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

Equality Delivery System

Any impacts or potential impacts on equality have been considered as part of all our quality work.

Recommendations

The Board of Directors is requested to:

1. Note the quality position statement.

Report prepared by: **Clare Grainger**
                            Head of Quality and Performance

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

8

Annual Health Report for Looked after Children 2014-15

Lesley Smales Designated Nurse for Looked after Children

With contributions from:
- **Dr Teh Designated Doctor for Looked after Children**
- **Drs Marudkar and Kapoor, Medical Advisors**
- **Alison Birch, Business Intelligence Team Leader – Social Care**
- **Joann Atton, Children in Care & Adoption Co-ordinator**

Contents

2

1. **Introduction**

The Statutory Guidance for Promoting the Health and Wellbeing of Looked after Children (2015) directs that a report should be completed on the progress and delivery of service for Looked after Children annually.

This report covers the period of 1.4.14 to 31.3.15.

Children and young people encounter the same health risks as their peers; the degree is often intensified due to the previous abuse and neglect they have encountered. The Royal College of Paediatrics and Child Health (2015) states that looked after children and young people have greater mental health problems, along with developmental and physical health concerns such as speech and language problems, bedwetting, coordination difficulties and sight problems. Furthermore the Department of Health (2015) argue that almost half of children in care have a diagnosable mental health disorder and two thirds have special educational needs. When there are delays in identifying or meeting the emotional and mental health needs this can have a detrimental effect or all aspects of their lives leading to happy healthy lives as adults.

Under the Children Act 1989 Looked after children fall into four main groups

- Section 20 Children and young people who are accommodated under a voluntary agreement with their parents
- Section 31 Children and young people who are subject to a care order
- Section 38 Children and young people who are subject to an interim care order Section 44 and 46 Children and young people who are subject to emergency orders
- Section 21 Children and young people who are remanded to the local authority or subject to a criminal justice supervision order with a residence requirement

This report will provide a review of the year, considering the team structure, activity , performance and metrics benchmarked against national data and information

1. **Derby City Looked after Children Health Team**

Role	Whole time Equivalent (wte)
Designated Doctor	0.1
Medical Advisors	1.0
Designated Nurse	0.2
Specialist Children in Care Nurses	2.04
Assistant Practitioner	0.42
Administration	1.46

The team delivers a holistic health care service for the looked after children of Derby city. Within this service they provide health assessments, education, training, information and a link to health for looked after children and young people, parents, carers and other

3

professionals. It is a statutory requirement for Southern Derbyshire Clinical Commissioning Group to ensure the health needs of looked after children are met (DH 2015). The Paediatricians undertake initial health assessments and the Specialist Nurses the review health assessments and undertake further assessments and actions as required. Furthermore the Specialist Nurses and administrators co-ordinate review health assessments for children and young people placed out of Derby city. The work of the team is detailed in the Commissioners service specification

In Derby city there are six local authority residential homes and four independent homes. There is an allocated Specialist Nurse for each local authority home and a Specialist Nurse oversees the independent homes. Additionally there is one Residential Home for children with disabilities this home is supported by Nurses from the Light House. Interagency work is an integral part of the teams work to ensure that looked after children are supported and have their needs met.

In March 2015 the Royal College of Nursing (RCN), Royal College of General Practitioners (RCGP), and the Royal College of Paediatrics and Child Health (RCPCH) updated the Looked after children: knowledge, skills and competences of health care staff Intercollegiate Role Framework. This document recommends that there continues to be a need for health care staff working in dedicated roles for looked after children at specialist, named and designated level.

The tables below show the recommended minimum guide to the resources required for these roles.

Named Doctor
Minimum requirement includes one administration session per clinic (see British Association of Community Child Health guidance). Up to four looked after children for health assessment per clinic. 42 clinics scheduled per annum.
Minimum of 1 PA (equivalent to 0.1 WTE or 4 hours per week) for named doctor role per 400 looked after children. This would include training, audit and supervision.

Named Nurse for Looked after Children
A minimum of 1 dedicated WTE Named Nurse for looked after children for each looked after children provider service. If the Named Nurse has a caseload the maximum caseload should be no more than 50* looked after children in addition to the operational, training and education aspects of the role A minimum of 0.5WTE dedicated administrative support.
The precise caseload of looked after children held by the Named Nurse will be dependent on the complexity, geography, population and size of the catchment area served

---

Medical Adviser for Fostering and Adoption
A minimum of 2 sessions/PAs (8 hours or 0.2 whole time equivalent) for approximately 400 children per medical advisor. This would include undertaking a medical, preparing reports and attending fostering/adoption panel.

Looked after children's Specialist Nurse
A minimum of 1 WTE* specialist nurse per 100 looked after children
The required number of looked after children's specialist nurses will also depend on the complexity of caseload, geography, population and size of the catchment area served.

4

Designated Doctor for looked after children
A minimum of 8 hours per week or 0.2 WTE per 400 Looked after children population (excluding any operational activity such as health assessments). Activities include provision of strategic advice to commissioners/service planners, preparation of annual health report along with designated nurse, advice regarding policies, adverse events, training and supervision.

Designated Nurse for looked after children
A minimum of 1 dedicated WTE* Designated Nurse Looked After Children for a child population of 70,000 A minimum of 0.5WTE dedicated administrative support to support the Designated Nurse Looked After Children
While it is expected that there will be a team approach to meeting the needs of looked after children and young people the minimum WTE Designated Nurse Looked After Children may need to be greater dependent upon the number of Local Safeguarding Children's Boards, sub group committees, unitary authorities and clinical commissioning groups covered, the requirement to provide Looked After Child supervision for other practitioners, as well as the geographical areas covered, the number of children looked after and local deprivation indices

The previous table on page 3 shows the resource in Derby city, therefore the gap in the current commissioning specification is:

Role	Current gap
Designated Doctor	0.1 wte
Designated Nurse	0.8 wte
Named Nurse	0.4 wte
Specialist Nurse	2.28 wte

This is a potential risk to quality and access as the total number of children in care for Derby city is at its highest since early 2012 at 475

Recommendation

The commissioning group and the Trust Safeguarding committee are asked to note the changes in minimum specifications for service design, and review how they would like to mitigate this risk and give guidance and recommendations on this issue.

3. Administration

The Children in Care Administration Team is made of four members of staff totalling 1.46 wte. The purpose of all four roles is to provide a comprehensive administrative support service to the children in care health team, ensuring that all administration needs are fully met and that the administrative processes and procedures run smoothly. Responding and making decisions where necessary and follow up any action from health professionals from local and external areas with confidentiality, discretion and diplomacy due to the sensitive information regarding these vulnerable children.

Moreover the team maintains the waiting list for referrals made to the service from Derby City and Derbyshire County authorities requesting initial health assessments. An Excel

5

database is also maintained to guarantee that accurate data is provided to health and other authorities. Once the referral is received, an appointment should be made within four weeks of the child entering the care system. The appointments for Derby City authority and Derbyshire County are made with Medical Advisors.

Appointments are also made and paperwork is compiled for the Children in Care Nurses who undertake the review health assessments. Out of area review health assessments – for those children living outside Derby City a letter is sent to the authority where the child is living requesting they complete review health assessment paperwork.

A mandatory tariff commenced in April 2014 for health assessments for children placed out of area a process has been developed to raise and receive invoices.

The administration team provides an efficient and effective administrative service to the medical advisers ensuring distribution of completed reports are sent to the relevant authority, collate information with regards to adoption panels and maintain a database to ensure that the department, Clinical Commissioning Group and health professionals are provided with up to date accurate data where necessary. We also maintain a filing system of all Adult Health Reports and other relevant documentation pertaining to the adoption process.

4. Training and Supervision

All the members of the Looked after Children's Health Team complete mandatory training and other relevant training to update their knowledge around current issues, legislation and practice relating to looked after children and young people. Furthermore all nurses and doctors attend annual level 3 safeguarding training

All Nurses have regular supervision both clinical and safeguarding. There is also an open door policy for nurses to discuss complex cases with the Designated Nurse.

The Designated Nurse delivers training to student Health Visitors and School Nurses at the University of Derby twice yearly and a Specialist Nurse with the support from the Assistant Practitioner delivers training twice yearly to Residential Care Workers and Foster Carers. This is twofold to promote learning to the future profession and support recruitment into our children's service at an early stage.

The Medical Advisors deliver training to prospective adopters three times a year. This training is well received and appreciated by adopters as evidenced by the written feedback provided by the group, which is collated and included in appraisal activity. Furthermore the Medical Advisor and Designated Nurse provide training on looked after children's issues to General Practitioners (GP) during their GP VTS course once a year, which is an important aspect of work to highlight key responsibilities and raise the profile of the heath and support needs of looked after children and their families. There are also two adoption panel training days organised by the adoption team, a written feedback is obtained and is included in appraisal activity. The Medical Advisors keep their own knowledge up to date by attending Regional Clinical network meeting, which also include peer group discussion of complex cases.

6

5. Local Profile as at 31st March 2014

The total number of children in care for Derby city is at its highest since early 2012 at 475

Age Band	%
Under 1 year	7.6%
1 to 4 years	17.9%
5 to 9 years	20.8%
10 to 15 years	36.4%
16+ years	17.3%

Gender	%
Female	39.2%
Male	60.8%

Ethnic origin	%
Asian or Asian British	3%
Black or Black British	3%
Dual Heritage	13%
Other	5%
White British	70%
White other	6%

Placement	Inside Derby city (n)	Outside Derby city (n)
Foster	125	223
Other	91	36

6. Performance
The following data identifies the LAC health team performance

7. Initial health Assessments (IHA)

Initial Health Assessments are undertaken by Paediatricians in Derby city. The statutory requirement is a holistic health assessment should be undertaken within 28 days of the child or young person entering the care system.

7

The chart below shows the number of assessments completed.
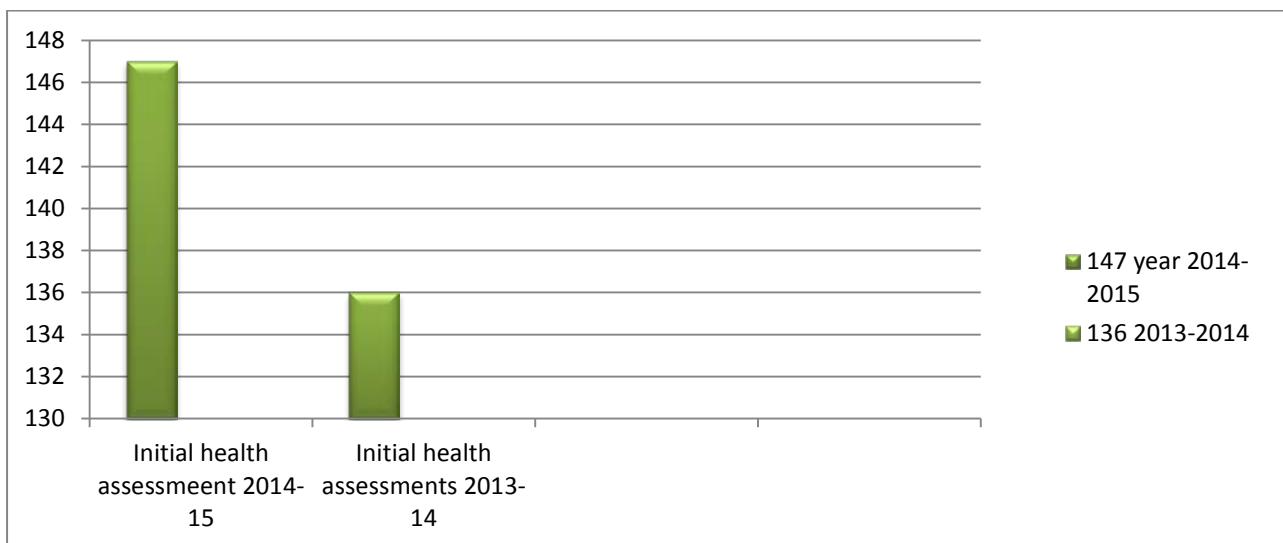
Activity of initial health assessments by Medical Advisers increased further this year by 9.2% which had already increased by 10% over previous year. This shows steady increase in activity and strong clinical performance the low DNA rate was due to constant liaison with social care colleagues by CICA admin team. The team's ambitious aim is to achieve zero Did Not Attend status of those in care and this was achieved last year. The timeliness of IHA clinic appointments is presented at quarterly CICA Professional Liaison Meeting to enable scrutiny of our clinical performance and ensure that monitoring and driving up health outcomes are our priority.

8. **Review Health Assessments (RHA)**

Review health assessments are undertaken annually for children over 5 years of age and every 6 months for children under 5 years of age.

8

Annual Health Assessments of children aged 5 and over who have been looked after continuously for at least twelve months as at 31st March 2014
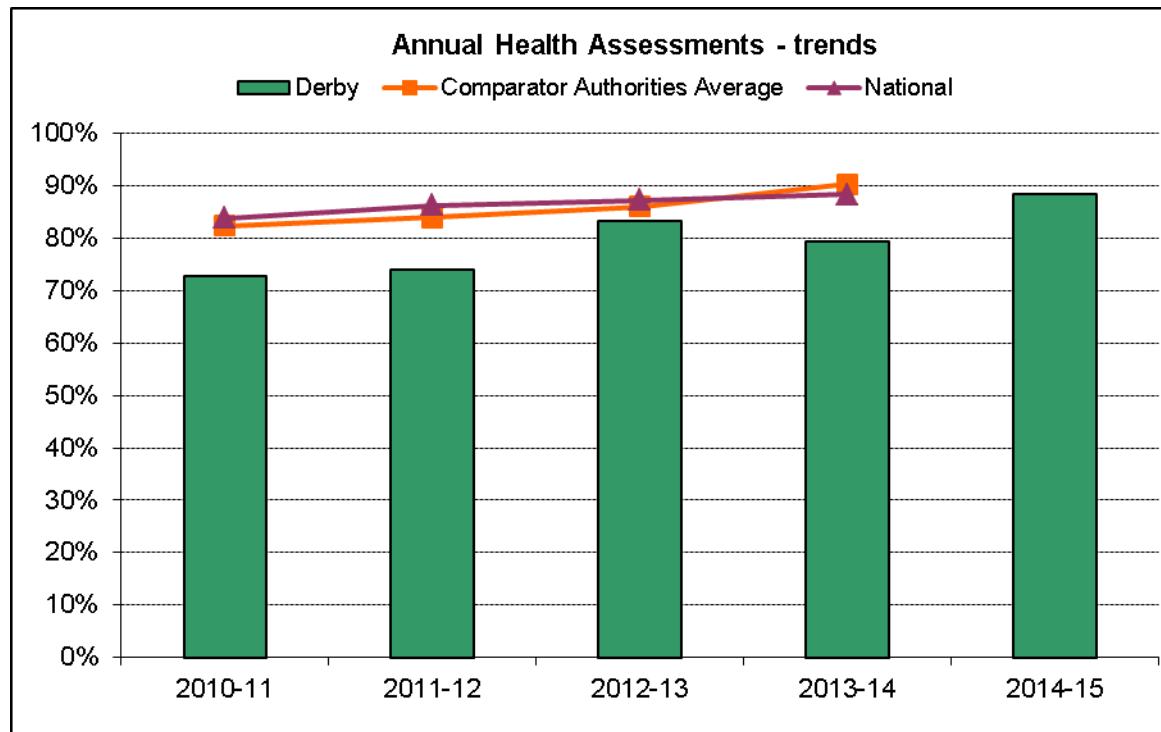
	2010-11	2011-12	2012-13	2013-14	2014-15
National %	83.8%	86.3%	87.3%	88.4%	Not yet available
Comparator Authorities Average %	82.4%	83.9%	86.1%	90.3%	Not yet available
Derby %	72.7%	73.9%	83.3%	79.4%	88.5%

The data above shows an increase of 9.1% in the completion of the review health assessments for children aged 5 and over. 12 young people this year have declined to have a review health assessment. These young people were deemed to be Fraser competent and have made an informed decision.

9

Six monthly health assessments of children aged less than 5 years who have been looked after continuously for at least twelve months as at 31st March 2014
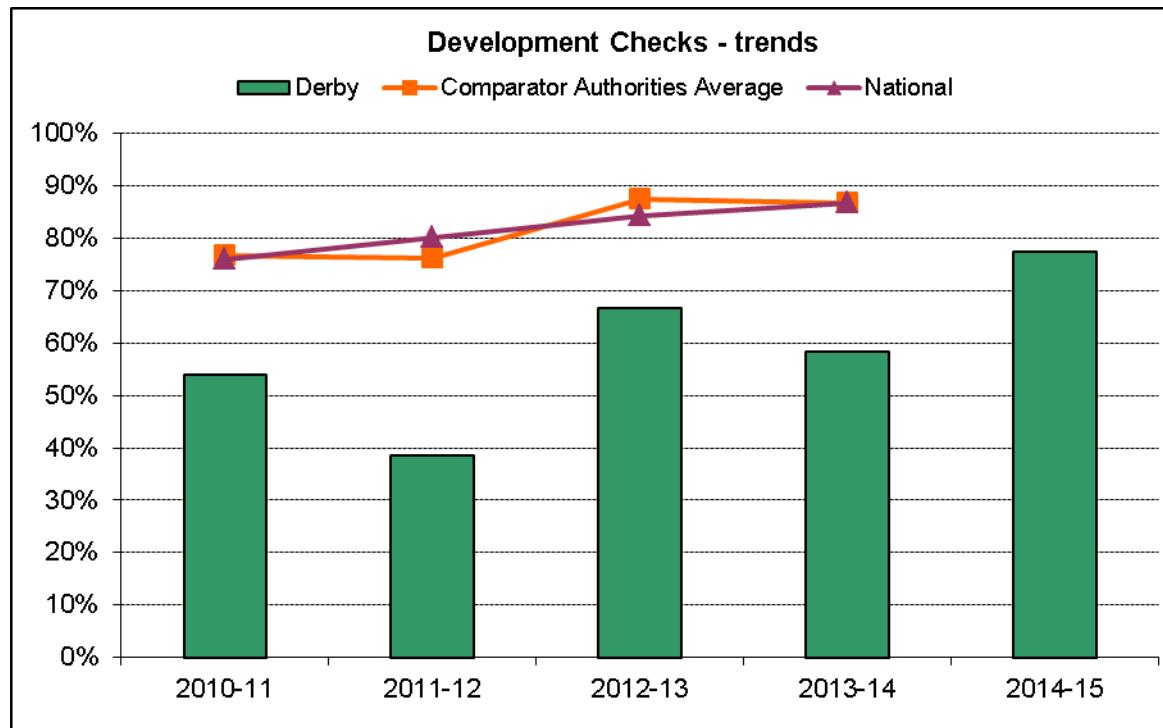
	2010-11	2011-12	2012-13	2013-14	2014-15
National	76.0%	80.2%	84.3%	86.8%	Not yet available
Comparator Authorities Average	76.7%	76.2%	87.5%	86.8%	Not yet available
Derby	53.8%	38.5%	66.7%	58.3%	77.4%

The data above shows an increase of 19.1%, however there still needs to be continued improvement. All children that live within the Derby city boundary had the required 2 assessments. Children who live out of Derby city boundary do present the health team with a challenge as the team are totally reliant on the hosting authority completing the assessments within timescales. This is a significant risk and we have heard anecdotally that host authority children are prioritised, we have no hard evidence to provide this issue, but the performance of out of area health teams is sub-standard when compared to our children hosted in our health boundaries. As of 31st March 2013 216 children lived inside Derby city and 259 outside of Derby city.

9. External Health Assessments

From April 2014 a mandatory tariff began for health assessments completed by the hosting authority (National Tariff Payment System 2014/15). This year the Specialist Nurses have completed forty seven external review health assessments from nineteen different authorities. The current cost of a review health assessment is £264. As a team there are challenges on completing these within timescales due to the nursing resource available. It is difficult to predict how many requests for these assessments we will receive as authorities have different service specifications for completing them. E.g. Some LAC teams are

10

commissioned to travel to where the child or young person is living to complete the assessment within a 20 to 50 mile radius from the originating authority. In other authorities the child travels back to their home town.

10. <u>Summary and conclusion</u>

When a Derby city child or young person is placed in a host authority their review health assessments are undertaken where that child or young person lives. They are completed by either Specialist Looked after Children Nurses, Health Visitors or GP's depending on the arrangements in that area. A request to complete the assessment is sent to the hosting authority and in turn a service level agreement is authorised by the Designated Nurse. In April 2014 a mandatory tariff was implemented. The cost of a review health assessment is £264. Furthermore some authorities add Market Forces Factor (MFF) which is a cost percentage that is added to the national tariff based upon variations in the provision of healthcare costs relating to the local area.

For a significant number, over half, of children and young people placed into a hosting authority their review health assessments are out of timescales. There are many challenges in influencing the delivery of health care by external service providers, the hosting authorities often state that it is a capacity issue in completing them within timescales due to the amount of children that originate from their area or the amount of children they host. When they are completed by a GP Foster Carers often report it was challenging to book a double appointment with the GP to complete this assessment.

Additionally there are often challenges regarding receiving the completed health assessments. On average approximately 15 hours per week are spent in requesting assessments and the return of the completed assessments, which may not be the most productive use of team time.

Children originating from Derby City and live in Derby city have their review health assessments undertaken by Derby City Children in Care Specialist Nurses with the exception of children and young people with complex additional needs who are under the care of a Community Paediatrician. These are completed by the Community Paediatrician.

Review health assessments completed Specialist Children in Care Nurses are undertaken at Sinfin Health Centre. However, where it is not possible for the child or young person to be brought to the Health Centre home visits are arranged. The service also has a flexible approach for our hard to reach young people, which have improved our local clinical performance.

11. <u>Promoting Health</u>

It is well documented that fundamental to a child's ability to achieve their potential is the need to be both physically and emotionally well. Good physical and emotional health are key contributors to broader outcomes as they move into adulthood.

The Children in Care Specialist nurses have a key role to promote a healthy lifestyle along with other professionals that work with a child or young person to minimise the psychological and health risks associated which can be sometimes associated with being a looked after

11

child e.g. risks to well-being, psychological distress, risks of overeating and malnutrition due to attachment and associations of psychological distress and food

12. **Immunisations**

Immunisations - trends
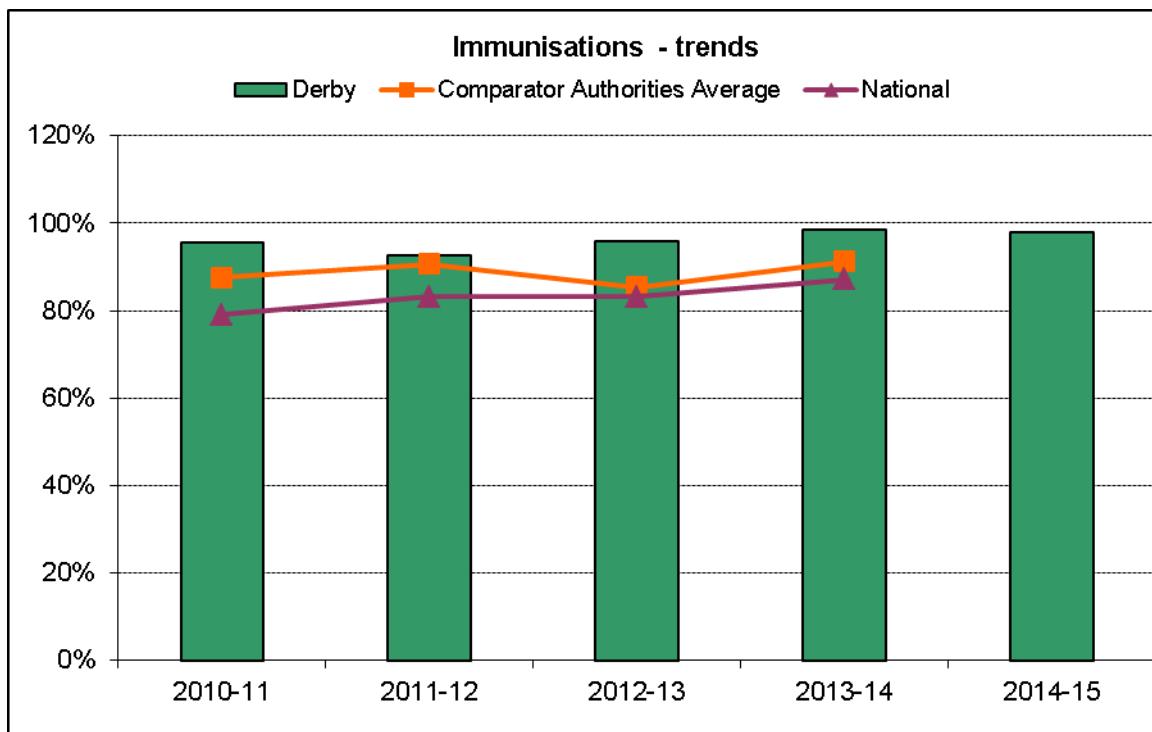
	2010-11	2011-12	2012-13	2013-14	2014-15
National	79.0%	83.1%	83.2%	87.1%	Not yet available
Comparator Authorities Average	87.5%	90.7%	85.3%	91.3%	Not yet available
Derby	95.5%	92.8%	95.8%	98.5%	97.8%

Many children and young people enter the care system with incomplete or unknown immunisation status. Even though there has been a slight dip Derby City is above the national average for up to date immunisations. The reason for this dip is more children have entered the care system with unknown immunisation status however these children and young people have all now commenced the childhood immunisation programme. The Specialist Nurses have continued to liaise closely with Practice nurses and promote the benefits of immunisations to children, young people and their carers.

12

13. **Dental Checks**

A significantly high number of looked after children and young people enter care with dental problems. Oral health is vital to children's social success as well as their physical health. Irregular and missing teeth can make children feel less attractive socially, a particularly important issue for adolescents. A child may not start to see a dentist in his or her own right until the age of 2. It is recommended that carers of babies and very young children take them to their own dental check ups so that they become familiar with the dental environment.

At every health assessment it is confirmed whether a child or young person has had an up to date dental inspection. The data above shows an increase of 7.2% this year.
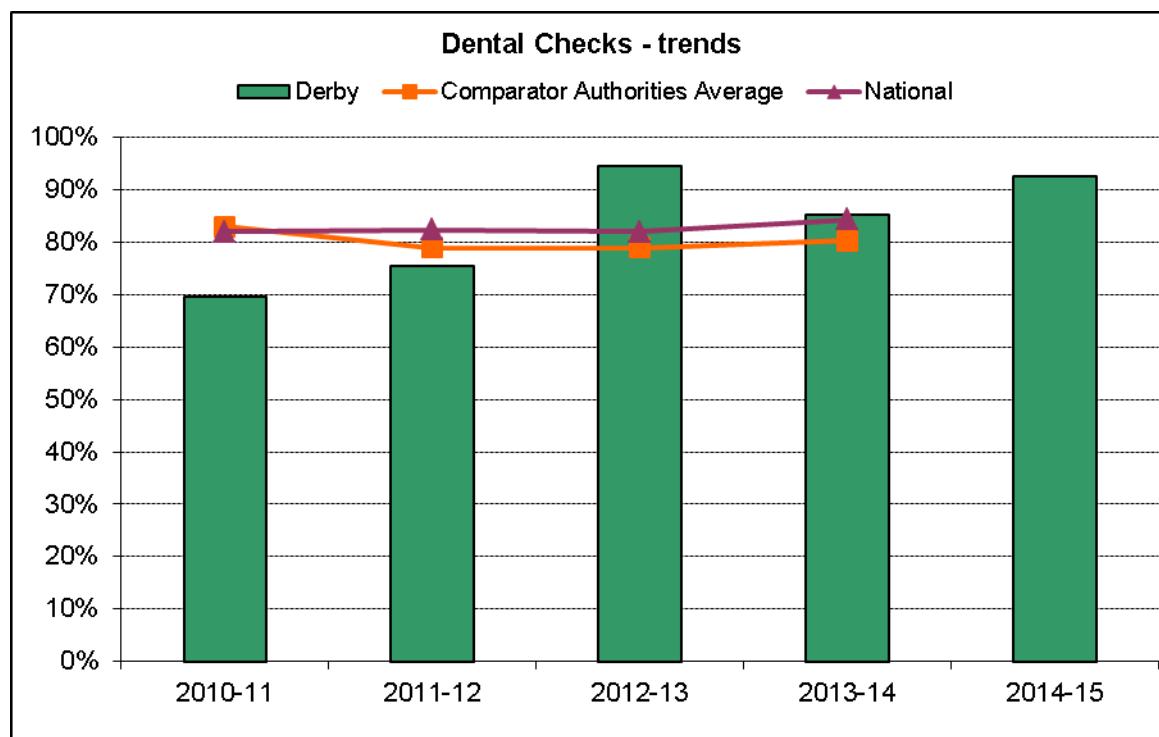
	2010-11	2011-12	2012-13	2013-14	2014-15
National	82.0%	82.4%	82.0%	84.4%	Not yet available
Comparator Authorities Average	82.9%	79.0%	79.0%	80.3%	Not yet available
Derby	69.7%	75.4%	94.4%	85.3%	92.5%

14. **Strengths and Difficulties Questionnaire (SDQ)**

This questionnaire was introduced by the Department of Education's data collection for looked after children after 31 march 2008. This tool is an outcome measure that is used for tracking the emotional and behavioural difficulties of looked after children and young people at a national level. The SDQ is a clinically validated behavioural screening questionnaire for use with 4 to 17 year olds.

13

Social care has a responsibility to send the questionnaire to carers and should be completed in time to help inform part of the review health assessment. The SDQ helps inform decisions about consideration for specialist mental health and psychological assessments

The chart below shows the completion rates
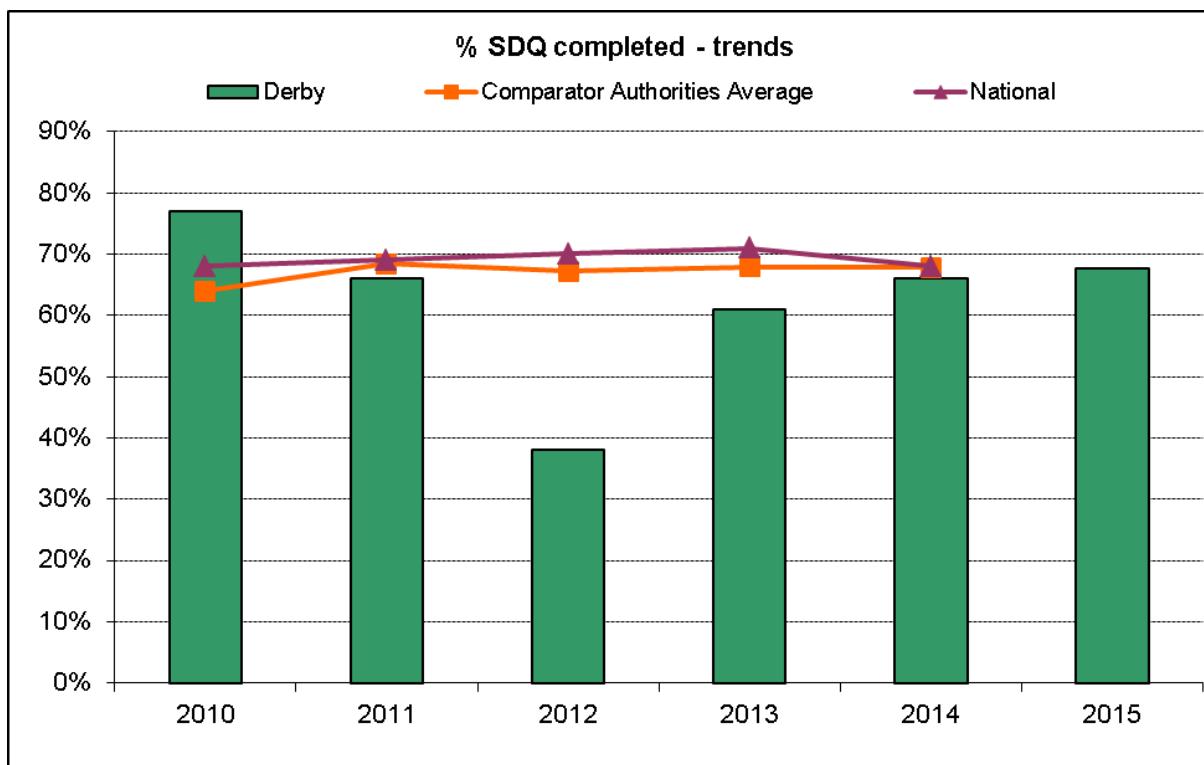
National	68.0%	69.0%	70.0%	71.0%	68.0%	Not yet available
Comparator Authorities Average	64.0%	68.4%	67.2%	67.9%	67.8%	Not yet available
Derby	77.0%	66.0%	38.0%	61.0%	66.0%	67.6%

There has been an increase of 1.6% this year. However it is recognised that this needs to be improved further. A task and finish group with staff from both Social Care and the LAC health team is to be convened to establish a clear process to ensure timeliness for the review health assessment.

14

In March 2015 the Department of Health updated Promoting the health and wellbeing of looked after children which is the statutory guidance for local authorities, clinical commissioning groups and NHS England. This document clearly states that CAMHS should provide targeted and dedicated support to looked after children and this could include a dedicated team or seconding a CAMHS professional into a looked after children multiagency team. By working together with the child or young person professionals will be able to access and meet the mental health needs in a tailored way. This is to undertake a proactive stance towards psychological wellbeing and risks through limited or changing attachment with a parental figure. Conduct disorders, and associated antisocial behaviour, are the most common mental and behavioural problems in children and young people. The Office of National Statistics (ONS) surveys of 1999 and 2004 reported that their prevalence was 5% among children and young people aged between 5 and 16 years. Conduct disorders nearly always have a significant impact on functioning and quality of life. The 1999 ONS survey demonstrated that conduct disorders have a steep social class gradient, with a three- to fourfold increase in prevalence in social classes D and E compared with social class A. The 2004 survey found that almost 40% of looked-after children, those who had been abused and those on child protection or safeguarding registers had a conduct disorder.

Conduct disorders are characterised by repetitive and persistent patterns of antisocial, aggressive or defiant behaviour that amounts to significant and persistent violations of age-appropriate social expectations.

A CAMHS worker in the team could work proactively with individuals and their families to minimise and support the potential harm of being a looked after child.

15. Adoption Activity (Dr A Marudkar and Dr V Kapoor)

This report is prepared based upon the information available regarding adoption related work provided by our service. This includes the relevant children in care activity as well.

Two Medical Advisors for Derby city have a monthly commitment of attending one adoption panel each, providing reports for matching and suitability for adoption. For each case 3 stepwise reports are prepared:

- A Preliminary ADM (Agency decision making) report (for suitability for adoption). This is detailed first report from the medical adviser for Agency decision maker. 47 reports have been prepared this year compared to 28 last year

15

- A final ADM report (for suitability for adoption) this is an update of the preliminary report incorporating information from social cares document of Child Permanence report. 38 reports completed this year, compared to 28 last year.
- Matching update report (for matching stage). This is further update of final ADM report just before the matching panel. 59 reports have been prepared this year compared to 51 last year.
- Additionally, one individualised letter for prospective adopters is provided detailing health issues and implications. 38 letters have been completed this year compared to 28 last year.
- If further individual consultations are required then a telephone or a face to face consultation is arranged with prospective adopters. There have been 11 consultations this year compared to 28 last year.
- Medical Advisors still continue to provide adult health assessment reports for prospective adopters and foster carers. This year 107 reports were prepared as compared to 113 last year.

The chart below shows all activity by the Medical Advisors
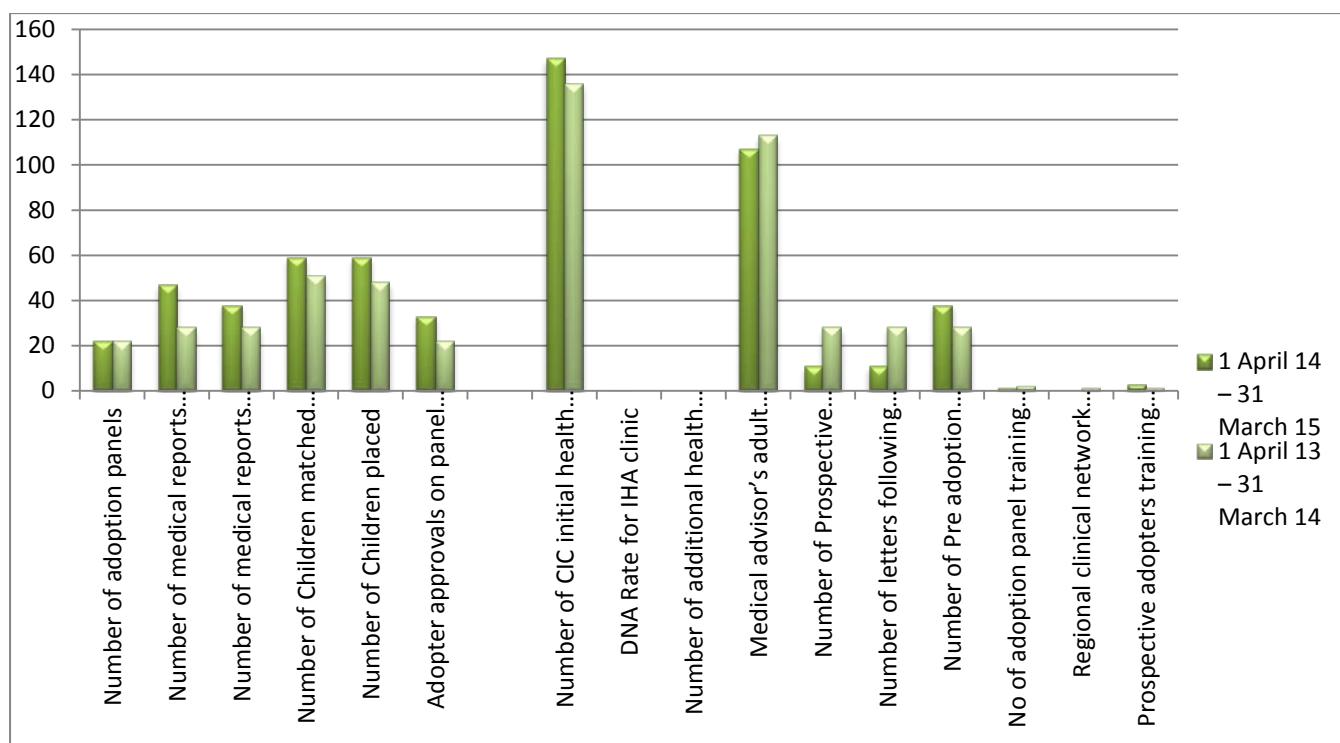
16. The voice of the child

The voice of the child should be embedded in all aspects of service development and delivery. At every consultation the electronic health record has a dedicated free text space to record the child or young person's feelings and wishes. Additionally the team have further developed a health history for care leavers after evaluating the previous year's comments from the young people and carers. Every child aged over 11 is asked to complete an

16

adolescent wellbeing questionnaire at their review health assessment; this information aids to inform their emotional wellbeing and helps the young person demonstrate how they are feeling and puts the individual in control of communicating their distress, concerns, strengths and their needs .

17. <u>Priority Actions for the Looked after Children team and provider organisation</u>

- To continue to work hard within the multiagency arena to ensure best outcomes for the children and young people in our care
- Timeliness of health assessments. Continue to work with our Social Care partners to ensure there is a robust system in place to ensure data is recorded in a timely and accurate method for both health and social care systems
- Make effective use of the multi-agency task and finish group to ensure there is a clear and timely process for SDQ's to help inform the review health assessment
- Regularly monitor performance through quarterly assurance reports (including RHA's for under 5's)
- Consideration of a job description, role, given to a dedicated CAMHS team or secondment of a CAMHS professional into the looked after children multiagency team. To expand and further develop the psychological wellbeing service offer.
- Consideration given to the recommended minimum guide to the recourses required for these roles.
- Recommendations for the provider organisation and commissioners as part of business planning and service development.
- The commissioning group and the Trust Safeguarding committee are asked to note the changes in minimum specifications for service design, and review how they would like to mitigate this risk and give guidance and recommendations on this issue.

17

18. **References**

- Department of Health and Department of Education (2009) *Promoting the health and well-being of looked after children* London DfE/DH

- Department of Health and Department of Education (2015) *Promoting the health and well-being of looked after children* London DfE/DH

- The Royal College of Nursing The Royal College of Paediatrics and Child Health (2015) *Looked after children: knowledge, skills and competences of health care staff.* London Royal College of Paediatrics and Child Health

- NHS England (2013) *Who Pays? Determining responsibility for payments to providers* Leeds NHS England

- NICE guideline (2013) *Antisocial behaviour and conduct disorders in children and young people: recognition, intervention and management*

18

Derbyshire Healthcare NHS Foundation Trust

Report to Safeguarding Committee July delayed to August 2015

Safeguarding Children's Annual Report including the Trust's Strategic aims inline with Derby City and Derbyshire Safeguarding Boards and Trust Requirements

---

Purpose of Report: This Annual Report summarises the Annual Report for the year 2014 to 2015 and this includes Safeguarding Children's Board Strategic plans and the Trust position

---

Executive Summary

- The purpose of this report is to provide the Trust Board with an overview of the current issues and themes within Safeguarding Children and to provide assurance on the quality of the services.
- Safeguarding Children is a critical piece of governance and a key element of our safe clinical practice and operating standards in our provision of Children's and Adult Services.
- To understand Safeguarding Children Service requirements in line with our community population needs.
- This report provides information to assure the Board on training compliance, which is improved performance with the need for continued scrutiny and prioritisation of training.
- Saville recommendations and our current performance with no outstanding unmitigated actions.
- Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff 2014, the Trust review of the intercollegiate guidance and assurance of our staffing structure, changes we have made and capacity issues to be reviewed and rectified in 2015.
- Safeguarding Unit reporting structure and changes.
- Child abuse has had a very high national profile over the past year, especially regarding child sexual exploitation, female genital mutilation (FGM) and historical sexual abuse. In addition to overarching statutory guidance the Government is introducing new requirements for health agencies regarding specific concerns. Our responses to those issues are detailed in this report.
- A significant risk to the organisation and to providing safe care is working in a vacuum and not linking our internal work plan to the strategic aims of our wider geographical community and taking a systems approach to our Safeguarding organisational development. This paper, as well as reporting on our own performance, is linking to our commitments and system approach to our Safeguarding Boards.

Strategic considerations

- In order that standards remain high, organisational commitment to Safeguarding Children is required to ensure current practice is safe, to drive forward Trust performance in line with Safeguarding Board strategic intentions and fully embed the Trust requirement for the Children's Act.
- Planning for transformation of services needs to due concern to Safeguarding Children's practice as part of planning and delivery, as well as service retraction in other Children services in the local authority.
- A commitment to supporting staff in delivery of high standards is required – attendance at training and monitoring of training performance and mitigation of the risks associated with gaps in performance needs to be put in place.

(Board) Assurances
- A clinical audit programme will be redeveloped and delivered based upon this strategy work plan and readjusted built upon the Children's Safeguarding Operational Groups existing work plan and new intentions, this will be reported on in a separate Committee paper.
- A defined work plan and mechanisms to meet new legislative changes are emerging and being defined.
- Compulsory training standards and compliance with systems and processes will be checked and assured through this process. This will include explicit links to conduct and capability should significant gaps in competence and knowledge be established.

Consultation
- New Committee, this report has been reviewed by members of the Safeguarding Team.

Governance or Legal issues

The legal framework to protect children is contained in Working Together to Safeguard Children (2015).

Section 11 (s11) of the Children Act 2004 places a statutory duty on key persons and bodies to make arrangements to ensure that in discharging its functions, they have regard to the need to safeguard and promote the welfare of children and that the services they contract out to others are provided having regard to that need. Improving the way key people and bodies safeguard and promote the welfare of children is crucial to improving outcomes for children.

There are no other legal issues identified within this report that require consideration outside of our compliance NHS executive standards for healthcare provision.

This paper brings update on governance and regulatory aspects around Safeguarding Children's standards which may form part of a CQC inspection or enquiry. These would be around Safeguarding Children's practice, clinical standards, patient safety, leadership, responsiveness and effectiveness. Standards are set in the Derby City and Derbyshire within existing Safeguarding Children's procedures and standards.

Equality Delivery System

This paper and the work of the Committee require further analysis on Safeguarding Children strategy and Children's safeguarding performance data, including an equality impact assessment, and on-going assessment whether Safeguarding strategy and policies impact or disadvantage any group identified by REGARDS.

Recommendations

The Safeguarding Committee is requested to:

1) Note the complexity of Safeguarding Annual Report, the higher profile nature of this work and strategy.
2) To receive assurance on the Trust annual activity and on our work plan and integration with the Safeguarding Board agenda and to enable the Trust Safeguarding Committee to lead and set the future direction for Safeguarding Children in the Trust.
3) To give feedback.
4) To agree this Annual Report and its recommendations.

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

Safeguarding Children Unit Report including the Looked after Children Annual Report was last reported to the Board on the 24th September 2014.

The reports have been split this year and this report refers to Safeguarding Children report as a fully separate report, this is in part due to changes in the service reporting structure of the Safeguarding service.

Last year the report gave assurances and information to support progress made from the last Annual report from this report are:

- Feedback from the Markers of Good Practice Section 11 Annual Audit 2014, at this time we have not received our annual visit and therefore we are not formally able to report on this performance/ Think Family CQUIN will be reported on in this report as part of the two year CQUIN performance report, as a key Trust strategic priority.
- Safeguarding Children Training's performance is included in more detail this year, including reporting against service lines and professional groups.
- Current Position and Assurance on Serious Case Review Progress. Last this section includes a brief description of SCR focusing on the learning lessons and changes in practice that have occurred as a result which will be maintains.

In addition, this year the Trust notes and accepts it requirements to:

Safeguarding children and young people and promoting their welfare means:

- Protecting children from maltreatment
- Preventing wherever possible impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care, and
- Taking action to enable all children to have the best outcomes.
- Child protection is defined as being part of safeguarding and promoting welfare. It is the work done to protect specific children who are suffering, or are likely to suffer, significant harm.

The Working Together to Safeguard Children 2015 guidance states that:

"Children are best protected when professionals are clear about what is required of them individually, and how they need to work together."

In addition, the guidance states that "effective safeguarding of children can only be achieved by putting children at the centre of the system and by every individual and agency playing their full part, working together to meet the needs of our most vulnerable children."

These changes and developments in part were the catalyst for re-considering the strategic and systemic importance of safeguarding children and the need to continually link to our geographical safeguarding boards and develop our new direction travel towards safeguarding children and families through a Board level committee. The Committee which commenced from April 2015 was appointed to

provide assurance to the DHCFT board that the organisation is effectively discharging and fulfilling its statutory responsibility for safeguarding to ensure better outcomes for children and vulnerable adults and develop innovations to support safeguarding families and to ensure that the Trust embed 'Think Family principles' within all aspects of care and service developments to enable 'Flourishing Families'.

Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff 2014

All health staff must have the competences to recognise child maltreatment and to take effective action as appropriate to their role. They must also clearly understand their responsibilities and should be supported by their employing organisation to fulfil their duties.

The latest version of Safeguarding Children and Young People: roles and competencies for Health Care staff, jointly published by the Royal Colleges and professional bodies were updated to emphasise the crucial role of the Executive Team and Board members, while also taking into account the structural changes which have occurred across the NHS. The framework is applicable across all four countries of the UK and sets the standards and requirements expected of all health staff.

Whilst the responsibility of ensuring staff have access to appropriate Safeguarding training and learning opportunities rests with healthcare organisations, the emphasis in the framework continues to be upon maximising flexible learning opportunities to acquire and maintain knowledge and skills, drawing upon lessons from research, case studies and serious case reviews.

The framework will be reviewed again in 2017 and the Trust reviewed the guidance and feedback to Commissioners on immediate changes that were required and a paper outlining the capacity of the Safeguarding Unit staff was submitted in 2014 and 2015 which is detailed in the next section the 'Safeguarding Unit Reporting Structure.'

Safeguarding Unit Reporting Structure

The Board of Directors has reviewed its Safeguarding governance in line with intercollegiate guidance Safeguarding Children and Young People: roles and competencies for health care staff. The Intercollegiate Guidance Safeguarding Children and Young People had two specific recommendations which were not being met in 2013/2014 that the Safeguarding Named Nurse and Doctor were direct reports to the Executive Lead for Safeguarding Children for their work. The Named Doctor and Designated Doctor could not be fulfilled by one person.

Both aspects were changed in late 2014 and early 2015 with the planned retirement of Dr Liz Adamson and role review of job roles in partnership with the Southern Derbyshire Clinical Commissioning group and the direct report of the Trust named Safeguarding Children's leads.

Derbyshire Healthcare NHS Foundation Trust Safeguarding Children's Unit

```
                          Carolyn Green
                   Executive Director of Nursing &
  Dr Jenny Evennett      Patient Experience           Michelina Racioppi
  Designated Doctor    Tel: 01332 623700 ext 33256    Designated Nurse
  Tel: 01332 786830                                   Tel: 01332 888080 ext 68878

                          Tina Ndili                  Dr Jo Kennedy
                   Head of Safeguarding Children      Named Doctor
                      01332 623700 ext 31540          Tel: 03007 900264

  Connie Bottomer    Jane Elliott      Shirley Parker      Ruth Thomason
  Named Nurse        Named Nurse       Named Nurse         Safeguarding
  Tel: 01332 623700  Tel: 01332 623700 Tel: 01332 623700   Children Unit
  ext 31540          ext 31540         ext 31540           Co-ordinator
                                                           01332 623700 ext
                                                           31540

                                                      Safeguarding Children Admin
                                                              Team
                                                           Hannah Batty
                                                         Louise Leppington
                                                           Elaine Newall
                                                          Jayne Robinson
                                                     Rachel Turley (CDOP Co-ordinator)
                                                       01332 623700 ext 31540
```

In addition, a workforce capacity review was submitted.   This was a detailed review of the Safeguarding Team, its activity and types of individual and group supervision it provides. The summary reported that the team have been providing a solid service. However, it has been under pressure for some time.   This paper outlines in detail some of the aspects and scope of role. The key factors in the team are capacity to support an expanded workforce, specifically a Health Visitor workforce that is fledgling, in a complex community with significant levels of safeguarding activity and clinical teams under pressure who need additional support to function safely.

The report noted that there was an increase in safeguarding awareness activity and care work following the Saville recommendations, impact in the press and also local incidents of child sexual exploitation and child sexual abuse. The current climate and horizon scanning would suggest that this trend may continue.

The team are unable to provide full 1 hour supervision to all Practitioners bar Health Visitors and the team are proposing a mix methodology of targeted safeguarding work, team based group supervision and in reach quality assurance to ensure the safe practice of Practitioners in Adult Mental Health Services, in addition to the roll out of the 'Think Family' training. The paper requested additional resource. At the time of writing this report, a decision on the additional resource was received favourably and is being explored by the Southern Derbyshire Clinical Commissioning Group and Public Health.

Team Role	Band	WTE
Head of Safeguarding Children	8b	1.0
Named Doctor Safeguarding	Consultant Psychiatrist (3 sessions)CAMHS/Paediatrician (1 session)	4 sessions 0.4 WTE
3.0 full time Named Nurses	8a	Permanent posts Stable staff *Note staff member retiring in 2015
1 Part-time Safeguarding Children Trainer- Focusing upon Think Family/ Safeguarding Training	7	0.5 Fixed term Following skill mix review
For information		1.0 wte seconded to the Royal Derby as part of 2.5 of the Band 8a's

Activities of Safeguarding Children Named Nurse - Scope of practice across the organisation to provide scrutiny and support on Safeguarding clinical standards and practice issues

Supervision	Advice/ support/ follow up/ duty	Training / personal development	Meetings (in-house and multiagency)	LSCB activities-Board and subgroups
Individual Supervision of Health Visitors	Duty Sessions	Shadowing	Operational Meetings	Meetings; case conference, inter agency, multi-disciplinary, team briefings, team meetings (see figure 2)
Individual Supervision of New Qualified Health Visitors	Advisory Service	Training and Education training pool membership and associated development , in house and inter agency	Committee meeting	Both county and city DSCB sub group meetings and associated work
Individual Supervision of the CAMHS Team Leaders /Supervisors	Follow up of EMAS reports and Royal Derby Hospital	Additional support to the safeguarding children trainer	Serious Case/Learning Review Work	Work related to MARAC processes
Individual Supervision of the FNP Supervisors	Follow up/staff liaison re safeguarding concern		Development work related to Adult Mental Health	Work related to MAPPA processes
Individual Supervision of the named nurses and LAC nurses	Court Reports		CAMHS Manager Supervision	Domestic Abuse programme of work
Group Supervision, Substance Misuse Team, FNP, Perinatal Services and newly qualified health visitors , safe and sound team	Leadership for Senior Managers and Executives			Quality Assurance Audit and Governance

The Markers of Good Practice Audit 2014/2015

The Markers of Good Practice 2014/2015 was a great success and showed DHCFT's total commitment to Safeguarding Children and how the organisation has provided assurance to meet the 10 areas of compliance successfully. We received a challenge within Standard 1 of Compliance Area 10 "Environment" – this is again around infection control and the cleaning of toys used within clinics. This is now high on our agenda and discussions are taking place to reach a resolution on this, however a full solution is difficult to establish. A practical solution would be to remove the toys. However, this practice is not a solution the Executive Lead for Safeguarding recommends. We continue to monitor our recommendations which we have submitted to Derby City and Derbyshire Safeguarding Committees. At the time of writing the report, there are no outstanding issues bar a sustained and embedded solution for cleaning child outreach clinic waiting rooms toys, which does not include removal.

The population that we serve in the context of Safeguarding Children (2014/2015)

Children and young people under the age of 20 years make up 25.7% of the population of Derby. 36.1% of school children are from a minority ethnic group.

The health and well-being of children in Derby is generally worse than the England average. The infant mortality rate is similar to and the child mortality rate is worse than the England average. The level of child poverty is worse than the England average with 23.8% of children aged under 16 years living in poverty. The rate of family homelessness is worse than the England average. 8.5% of children aged 4-5 years and 20.8% of children aged 10-11 years are classified as obese. There were 445 children in care at 31 March 2014, which equates to a higher rate than the England average. A higher percentage of children in care are up-to-date with their immunisations compared with the England average for this group of children. In 2013/2014, there were 10,371 A&E attendances by children aged 4 years and under. This gives a rate which is higher than the England average. The hospital admission rate for injury in children is lower than the England average and the admission rate for injury in young people is higher than the England average.

For Derbyshire children and young people under the age of 20 years make up 22.2% of the population of Derbyshire. 5.3% of school children are from a minority ethnic group. The health and well-being of children in Derbyshire is generally better than the England average. The infant mortality rate is better than and the child mortality rate is similar to the England average. The level of child poverty is better than the England average with 16.3% of children aged under 16 years living in poverty. The rate of family homelessness is better than the England average. Children in Derbyshire have better than average levels of obesity: 8.5% of children aged 4-5 years and 16.9% of children aged 10-11 years are classified as obese. In 2013/2014, children were admitted for mental health conditions at a similar rate to that in England as a whole. The rate of inpatient admissions during the same period because of self-harm was higher than the England average.

The Trust's training performance at the end of Q4 reported in April 2015

Sussex Mental Health Trust	Derbyshire Healthcare NHS Foundation Trust	Derby Teaching Hospitals Trust
CQC Inspection Report/ Safeguarding Adults/ Children 9%	Level 1 Safeguarding Training 90% (Face to face or eLearning only)	Level 1 Safeguarding Training, please note workbook additional assurance required 99%

Trust Compliance %
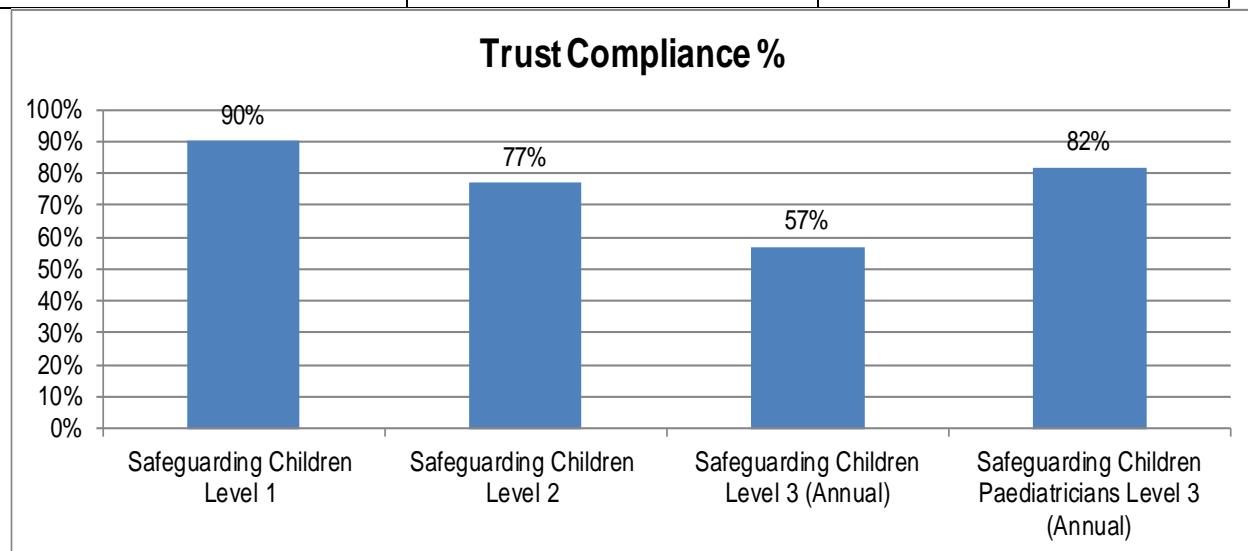
Training Name	Target Group	Compliant	Non-Compliant	Compliant %	Non-Compliant %
Safeguarding Children Level 1 (3 yearly) Non Clinical staff	296	265	31	90%	10%
Safeguarding Children Level 2 (3 Yearly)	1321	1018	303	77%	23%
Safeguarding Children Level 3 (Annual)	362	205	157	57%	43%
Safeguarding Children Paediatricians Level 3 (Annual)	11	9	2	82%	18%
Grand Total	**1990**	**1497**	**493**	**75%**	**25%**

ADDENDUM

The level 2 and level 3 statistics currently recorded within this report are inaccurate due to the recent changes to staff training requirements as laid down by the 'intercollegiate document March 2014' . The changes have not yet been processed onto the data system. All clinical staff that are currently level 2 will be moved to a level 3 .This will alter the level 3 target to approx 1700 staff .A number of administration staff will also be moved from a level 1 to a level 2 .These changes will also affect the overall non compliance statistics within .

There is a delay in the amendments being processed, once processed accurate data will be available to the 'Committee' and 'Trust Board'

By Division
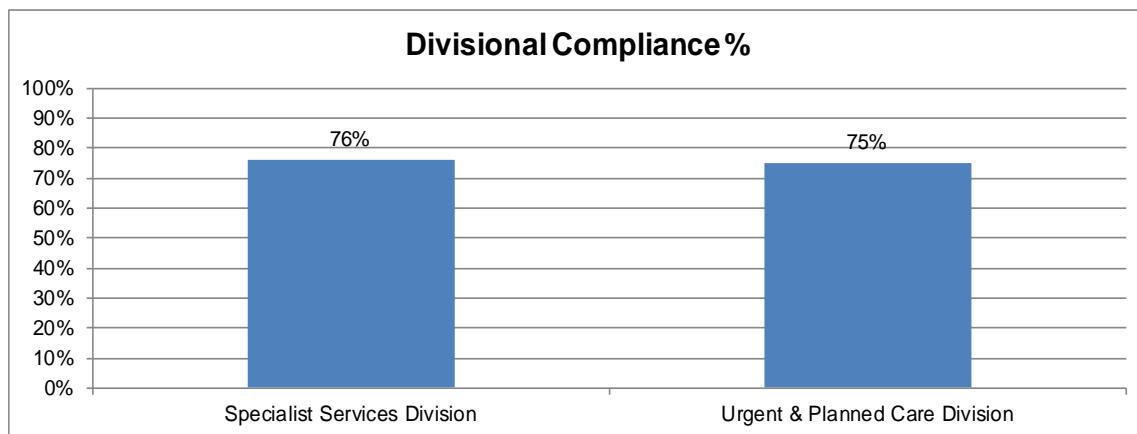
Division & Training Name	Target Group	Compliant	Non-Compliant	Compliant %	Non-Compliant %
Specialist Services Division	**824**	**623**	**201**	**76%**	**24%**
Safeguarding Children Level 1 (3 yearly) Non Clinical staff	169	156	13	92%	8%
Safeguarding Children Level 2 (3 Yearly)	289	255	34	88%	12%
Safeguarding Children Level 3 (Annual)	355	203	152	57%	43%
Safeguarding Children Paediatricians Level 3 (Annual)	11	9	2	82%	18%

Division & Training Name	Target Group	Compliant	Non-Compliant	Compliant %	Non-Compliant %
Urgent & Planned Care Division	**1166**	**874**	**292**	**75%**	**25%**
Safeguarding Children Level 1 (3 yearly) Non Clinical staff	127	109	18	86%	14%
Safeguarding Children Level 2 (3 Yearly)	1032	763	269	74%	26%
Safeguarding Children Level 3 (Annual)	7	2	5	29%	71%
Grand Total	**1990**	**1497**	**493**	**75%**	**25%**

By Service Line
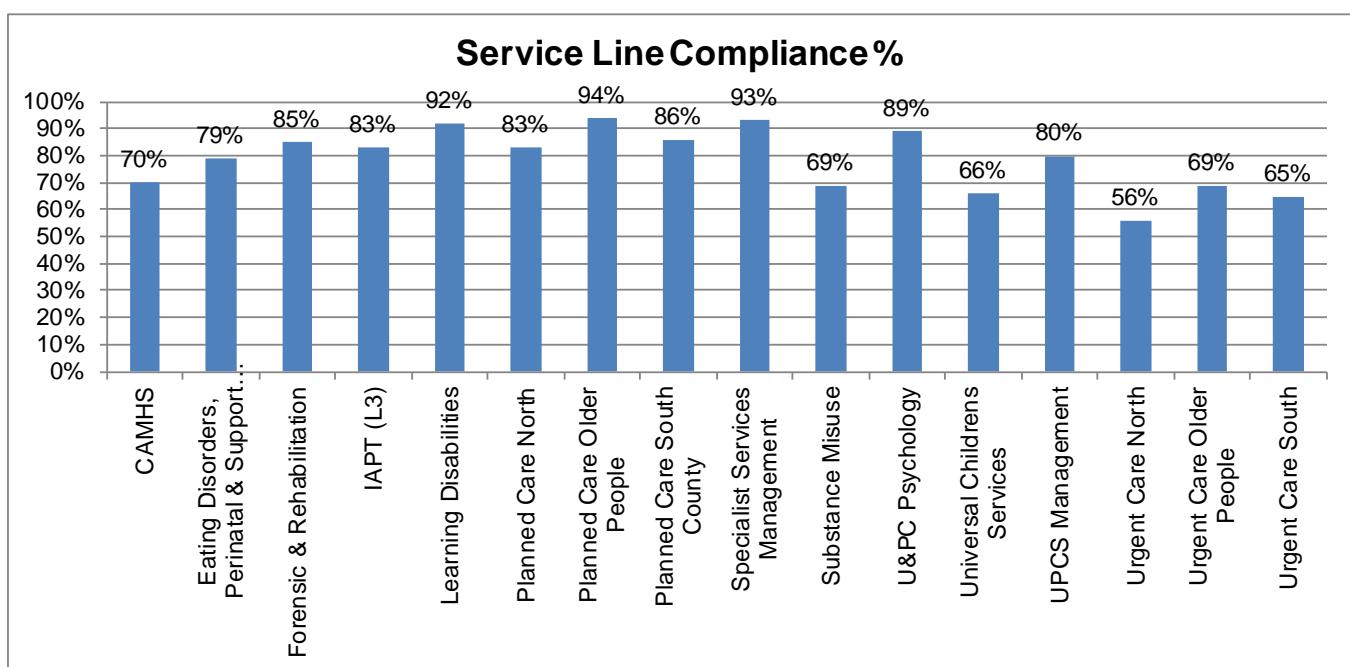
Service Line Compliance %

CAMHS 70%, Eating Disorders, Perinatal & Support… 79%, Forensic & Rehabilitation 85%, IAPT (L3) 83%, Learning Disabilities 92%, Planned Care North 83%, Planned Care Older People 94%, Planned Care South County 86%, Specialist Services Management 93%, Substance Misuse 69%, U&PC Psychology 89%, Universal Childrens Services 66%, UPCS Management 80%, Urgent Care North 56%, Urgent Care Older People 69%, Urgent Care South 65%

Service Line & Training Name	Target Group	Compliant	Non-Compliant	Compliant %	Non-Compliant %
Specialist Services Division					
CAMHS	**82**	**57**	**25**	**70%**	**30%**
Safeguarding Children Level 1 (3 yearly) Non Clinical staff	13	11	2	85%	15%
Safeguarding Children Level 2 (3 Yearly)	3	3	0	100%	0%
Safeguarding Children Level 3 (Annual)	66	43	23	65%	35%
Eating Disorders, Perinatal & Support Services	**104**	**82**	**22**	**79%**	**21%**
Safeguarding Children Level 1 (3 yearly) Non Clinical staff	63	56	7	89%	11%
Safeguarding Children Level 2 (3 Yearly)	14	13	1	93%	7%
Safeguarding Children Level 3 (Annual)	27	13	14	48%	52%
Forensic & Rehabilitation	**141**	**120**	**21**	**85%**	**15%**
Safeguarding Children Level 1 (3 yearly) Non Clinical staff	5	5	0	100%	0%
Safeguarding Children Level 2 (3 Yearly)	126	112	14	89%	11%
Safeguarding Children Level 3 (Annual)	10	3	7	30%	70%
Learning Disabilities	**99**	**91**	**8**	**92%**	**8%**

Service Line & Training Name	Target Group	Compliant	Non-Compliant	Compliant %	Non-Compliant %
Safeguarding Children Level 1 (3 yearly) Non Clinical staff	11	10	1	91%	9%
Safeguarding Children Level 2 (3 Yearly)	87	81	6	93%	7%
Safeguarding Children Level 3 (Annual)	1		1	0%	100%
Specialist Services Management	**28**	**26**	**2**	**93%**	**7%**
Safeguarding Children Level 1 (3 yearly) Non Clinical staff	5	4	1	80%	20%
Safeguarding Children Level 2 (3 Yearly)	21	20	1	95%	5%
Safeguarding Children Level 3 (Annual)	2	2	0	100%	0%
Substance Misuse	**49**	**34**	**15**	**69%**	**31%**
Safeguarding Children Level 1 (3 yearly) Non Clinical staff	12	10	2	83%	17%
Safeguarding Children Level 2 (3 Yearly)	36	24	12	67%	33%
Safeguarding Children Level 3 (Annual)	1		1	0%	100%
Universal Childrens Services	**321**	**213**	**108**	**66%**	**34%**
Safeguarding Children Level 1 (3 yearly) Non Clinical staff	60	60	0	100%	0%
Safeguarding	2	2	0	100%	0%

Service Line & Training Name	Target Group	Compliant	Non-Compliant	Compliant %	Non-Compliant %
Children Level 2 (3 Yearly)					
Safeguarding Children Level 3 (Annual)	248	142	106	57%	43%
Safeguarding Children Paediatricians Level 3 (Annual)	11	9	2	82%	18%
Urgent & Planned Care Division					
IAPT (L3)	**70**	**58**	**12**	**83%**	**17%**
Safeguarding Children Level 1 (3 yearly) Non Clinical staff	8	7	1	88%	13%
Safeguarding Children Level 2 (3 Yearly)	62	51	11	82%	18%
Planned Care North	**168**	**140**	**28**	**83%**	**17%**
Safeguarding Children Level 1 (3 yearly) Non Clinical staff	28	22	6	79%	21%
Safeguarding Children Level 2 (3 Yearly)	139	118	21	85%	15%
Safeguarding Children Level 3 (Annual)	1		1	0%	100%
Planned Care Older People	**140**	**132**	**8**	**94%**	**6%**
Safeguarding Children Level 1 (3 yearly) Non Clinical staff	18	15	3	83%	17%
Safeguarding Children Level 2 (3 Yearly)	122	117	5	96%	4%
Planned Care South County	**97**	**83**	**14**	**86%**	**14%**

Service Line & Training Name	Target Group	Compliant	Non-Compliant	Compliant %	Non-Compliant %
Safeguarding Children Level 1 (3 yearly) Non Clinical staff	8	8	0	100%	0%
Safeguarding Children Level 2 (3 Yearly)	88	75	13	85%	15%
Safeguarding Children Level 3 (Annual)	1		1	0%	100%
U&PC Psychology	**64**	**57**	**7**	**89%**	**11%**
Safeguarding Children Level 1 (3 yearly) Non Clinical staff	8	8	0	100%	0%
Safeguarding Children Level 2 (3 Yearly)	56	49	7	88%	13%
UPCS Management	**25**	**20**	**5**	**80%**	**20%**
Safeguarding Children Level 1 (3 yearly) Non Clinical staff	16	15	1	94%	6%
Safeguarding Children Level 2 (3 Yearly)	8	4	4	50%	50%
Safeguarding Children Level 3 (Annual)	1	1	0	100%	0%
Urgent Care North	**183**	**103**	**80**	**56%**	**44%**
Safeguarding Children Level 1 (3 yearly) Non Clinical staff	19	17	2	89%	11%
Safeguarding Children Level 2 (3 Yearly)	160	85	75	53%	47%
Safeguarding Children Level 3 (Annual)	4	1	3	25%	75%

Service Line & Training Name	Target Group	Compliant	Non-Compliant	Compliant %	Non-Compliant %
Urgent Care Older People	**214**	**147**	**67**	**69%**	**31%**
Safeguarding Children Level 1 (3 yearly) Non Clinical staff	13	8	5	62%	38%
Safeguarding Children Level 2 (3 Yearly)	201	139	62	69%	31%
Urgent Care South	**205**	**134**	**71**	**65%**	**35%**
Safeguarding Children Level 1 (3 yearly) Non Clinical staff	9	9	0	100%	0%
Safeguarding Children Level 2 (3 Yearly)	196	125	71	64%	36%
Grand Total	**1990**	**1497**	**493**	**75%**	**25%**

By Professional Group
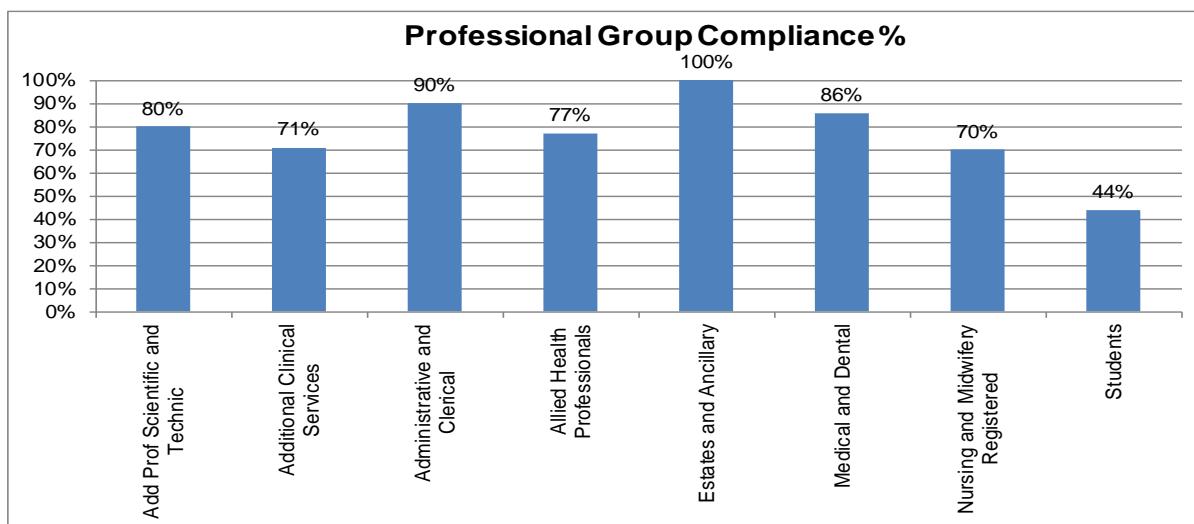
Training Name	Target Group	Compliant	Non-compliant	Compliant %	Non-compliant %
Add Prof Scientific and Technic	**153**	**123**	**30**	**80%**	**20%**
Safeguarding Children Level 1 (3 yearly) Non Clinical staff	4	2	2	50%	50%
Safeguarding Children Level 2 (3 Yearly)	135	113	22	84%	16%
Safeguarding Children Level 3 (Annual)	14	8	6	57%	43%
Additional Clinical Services	**407**	**291**	**116**	**71%**	**29%**
Safeguarding Children Level 1 (3 yearly) Non Clinical staff	1	1	0	100%	0%
Safeguarding Children Level 2 (3 Yearly)	338	249	89	74%	26%
Safeguarding Children Level 3 (Annual)	68	41	27	60%	40%
Administrative and Clerical	**303**	**273**	**30**	**90%**	**10%**
Safeguarding Children Level 1 (3 yearly) Non Clinical staff	285	256	29	90%	10%
Safeguarding Children Level 2 (3 Yearly)	16	16	0	100%	0%
Safeguarding Children Level 3 (Annual)	2	1	1	50%	50%
Allied Health Professionals	**137**	**105**	**32**	**77%**	**23%**

Training Name	Target Group	Compliant	Non-compliant	Compliant %	Non-compliant %
Safeguarding Children Level 2 (3 Yearly)	97	85	12	88%	12%
Safeguarding Children Level 3 (Annual)	40	20	20	50%	50%
Estates and Ancillary	**3**	**3**	**0**	**100%**	**0%**
Safeguarding Children Level 1 (3 yearly) Non Clinical staff	3	3	0	100%	0%
Medical and Dental	**106**	**91**	**15**	**86%**	**14%**
Safeguarding Children Level 1 (3 yearly) Non Clinical staff	1	1		100%	0%
Safeguarding Children Level 2 (3 Yearly)	78	71	7	91%	9%
Safeguarding Children Level 3 (Annual)	16	10	6	63%	38%
Safeguarding Children Paediatricians Level 3 (Annual)	11	9	2	82%	18%
Nursing and Midwifery Registered	**872**	**607**	**265**	**70%**	**30%**
Safeguarding Children Level 1 (3 yearly) Non Clinical staff	2	2	0	100%	0%
Safeguarding Children Level 2 (3 Yearly)	657	484	173	74%	26%
Safeguarding Children Level 3 (Annual)	213	121	92	57%	43%
Students	**9**	**4**	**5**	**44%**	**56%**

Training Name	Target Group	Compliant	Non-compliant	Compliant %	Non-compliant %
Safeguarding Children Level 3 (Annual)	9	4	5	44%	56%
Grand Total	**1990**	**1497**	**493**	**75%**	**25%**

Number of staff with no training on their history - please note that this issue was reviewed at the Safeguarding Committee to ensure that staff who are new starters have been excluded from this report and that all staff are given direct feedback from their Operational Service Managers. Should improvement not occur, these staff would be reviewed for professional and or human resource intervention with regard to competency and capability.

Training Name	Number
Safeguarding Children Level 1 (3 yearly) Non Clinical staff|	7
Safeguarding Children Level 2 (3 Yearly)|	99
Safeguarding Children Level 3 (Annual)|	41
Safeguarding Children Paediatricians Level 3 (Annual)	0
Grand Total	147

The number of national cases on concerns that include Safeguarding Children and Safeguarding Adults is often referred to as the toxic mix for families, although organisationally we do not endorse the use of that term in the organisation.

The concept that impact of witnessing parental stressors upon the child the effects of parental stressors upon parenting, parental capacity and the toxic trio "toxic trio" is used to describe the co-occurrences of mental health problems, substance misuse and domestic abuse in families. The majority of parents who experience psychological distress do provide a safe and nurturing environment for their families. However, we include our Safeguarding Adults training levels as a reflection of our acknowledgements of the family adversity aspects of these issues, and our Trust commitment to ensuring our staff are trained in this approach to safeguard adults and their families.

Trust Compliance %

Safeguarding Vulnerable Adults Level 1	87%
Safeguarding Adults Level 2	87%
Safeguarding Adults level 3	6%
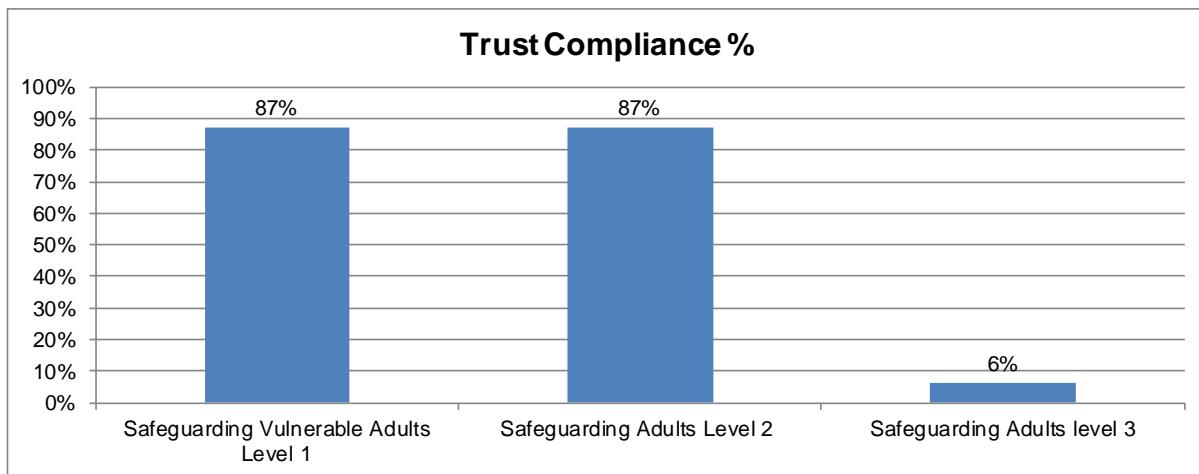
The Safeguarding Operational Group with quarterly reports to the Safeguarding Board Level Committee (Safeguarding Training) in addition to the Training Board moving to People Committee. All training in 2015, will continue to have oversight of education governance and monitoring of levels of compliance and outcomes of training. All areas of non-compliance are escalated to the Chief Operating Office for oversight, scrutiny and improvement in performance. The Safeguarding performance statistics are shared with our Lead Commissioners and our performance is regularly reviewed as part of Non CQUIN contractual schedule monitoring.

The Savile Report

In September and October 2012, almost a year after his death, claims were widely publicised that the radio and television presenter Jimmy Savile had committed sexual abuse, his alleged victims ranging from pre-pubescent girls and boys to adults. By 11 October 2012 allegations had been made to 13 British police forces, and this led to the setting-up of inquiries into practices at the BBC and within the National Health Service.

On 19 October 2012, the Metropolitan Police Service launched a formal criminal investigation, 'Operation Yewtree' into historic allegations of child sexual abuse by Savile and other people, some still living, over four decades. The Metropolitan Police stated that the total number of alleged victims was 589, of whom 450 alleged abuse by Savile.

The report of the investigations undertaken jointly by the police and the National Society for the Prevention of Cruelty to Children (NSPCC), Giving Victims a Voice, was published on 11 January 2013. It reported allegations covering a period of 50 years, including 214 alleged acts by Savile which, though uncorroborated, have been formally recorded as crimes, some involving children as young as 8. The report states "within the recorded crimes there are 126 indecent acts and 34 rape/penetration offences." Alleged offences took place at 13 hospitals as well as on BBC premises, according to the report.

In October 2013 it was announced that inquiries had been extended to other hospitals. On 26 June 2014, the Secretary of State for Health, Jeremy Hunt, reported

on the findings of the investigations led by Kate Lampard. He said that Savile had sexually assaulted victims aged between 5 and 75 in NHS hospitals and apologised to the victim's further investigations, in hospitals and elsewhere, led to additional allegations of sexual abuse by Savile.

Our Trust has formally reviewed the Savile recommendations and submitted this work and evidence to MONITOR as requested of NHS Foundation Trusts in 2015

R1 All NHS hospital Trusts should develop a policy for agreeing to and managing visits by celebrities, VIPs and other official visitors. The policy should apply to all such visits without exception.

The volunteer policy includes a section of visits by celebrities and VIP's. This section includes the following:-

- The policy requires that 'one off' or very short-term approved official visitors are always accompanied throughout their visit to the Trust, where there is a possibility of contact with lone staff or vulnerable patients/visitors.
- The policy requires that visitors who are in the Trust for extended periods appropriately checked and authorised.
- The policy identifies responsibilities for the management visits of VIP or celebrities.
- A central register of visitors is maintained and monitored.

R2 All NHS trusts should review their voluntary services arrangements and ensure that:

1. They are fit for purpose
2. Volunteers are properly recruited, selected and trained and are subject to appropriate management and supervision
3. All voluntary services managers have development opportunities and are properly supported

This has been reviewed and is in place.

R4 All NHS Trusts should ensure that their staff and volunteers undergo formal refresher training in Safeguarding at the appropriate level at least every three years

The Trust on a regular basis reviews the number of staff who have completed safeguarding training within the last 3 years. This is reported to the Trust's Safeguarding Committee.

- A part-time Safeguarding Children's Trainer has been appointed.
- Both Safeguarding Adults and Children Training will be on block training from April 2015.

- Think Family training has been developed and is being delivered (since January 2015) to meet CQUIN targets. This will be attached to training passports (April 2015) for all clinical staff.
- Training passports are currently being reviewed, cleansed and corrected by the Education Development Team and Training Manager. This may take some months - (from April 2015).
- Induction block training has been developed to target new starters into the Organisation to reduce risk.
- Level 3 Safeguarding Adults Training (Enquirers course) will be run by CCG (Clinical Commissioning Group). Initially this will be for Service Managers, Service Line Mangers and senior staff. Potential changes of process with the implementation of the Care Act. Level 3 training has NOT been promoted in the last year due to:

  o Responsibility of chairing strategy meetings have been led by Social Care.
  o Unsuitability of appropriate course to meet Trust needs in a succinct method.
  o Changes with the Care Act for implementation in April 2015.
  o Awaiting new Derby and Derbyshire policy in line with the Care Act.
  o The development of the CCG training in line with the changes.
  o Training non-compliance is an agenda at performance meetings.
  o Staff who are non-compliant with training have previously been emailed to provide them with dates of available training.

It has been noted that the Trust has quality concerns regarding standards with regard to Agency and flexible workers (non-Trust employee Bank) relating to Bank staff who are employed by the Royal Derby Foundation Trust, the quality and level and adequacy Safeguarding training (level 2) for Children and Adults is being explored with our neighbouring Trust.

R5 All NHS hospital Trusts should undertake regular reviews of:

1.   **Their safeguarding resources, structures and processes (including their training programmes**

2.   **The behaviours and responsiveness of management and staff in relation to safeguarding issues to ensure that their arrangements are robust and operate as effectively as possible**

The Board of Directors has reviewed its Safeguarding governance in line with intercollegiate guidance Safeguarding Children and Young People: roles and competencies for Health Care staff.

Intercollegiate document third edition: March 2014, the Care Act 2014 and our new statutory duty Section 21 of the Counter Terrorism and Security Act 2015 (the Act) places a duty on certain bodies, listed in Schedule 3 to the Act, to have "due regard to the need to prevent people from being drawn into terrorism". This guidance is issued under s24 of the Act. The Act states that the authorities subject to the provisions must have regard to this guidance when carrying out the duty.

These changes established the need for a new Safeguarding Board Committee with the main aim to set the Safeguarding Quality Strategy, and to provide quality governance to all aspects of the Safeguarding Agenda.

The Committee aims to:-

- Determine the strategic and operational development to ensure that the Trust embeds best practice in Safeguarding across Derbyshire Healthcare NHS Foundation Trust.
- The Committee has responsibility to improve and develop safeguarding practices consistent with national and local legislation, guidance and standards in Safeguarding Children and Vulnerable People.
- To provide rigorous and transparent assessment of performance and effectiveness and quality of practice for Safeguarding of Child and Family and Vulnerable Adults Services within DHCFT.
- To advise the Trust Board of national and local standards and Derby and Derbyshire Safeguarding Board arrangements.
- The Committee will oversee Serious Case Reviews, Independent Learning Reviews, Domestic Homicide Reviews and all Safeguarding major incidents and will advise service level Directors and Operational Managers of recommendations, lessons learnt and compliance requirements.
- The Committee will oversee and assure itself that all Safeguarding Boards for Children's and Adults are appropriately represented and feedback from Boards to the Trust Board is in place.
- The Committee will oversee and assure itself on the PREVENT and Channel: Supporting Individuals Vulnerable to Recruitment by Violent Extremists agenda. Establish or use existing mechanisms for understanding the risk of radicalisation. Communicate and promote the importance of the duty; as outlined in any counter terrorism legislation (2015) and ensure staff implement the duty effectively.

- The Committee will oversee and assure itself on the Multi-Agency Public Protection Arrangements (MAPPA) with relevant agencies including the Police. These processes ensure that the requirements for offenders in the community needs are met and duties to public safety are met fully.
- The Committee will oversee and assure itself on the MARAC agenda. The Multi-Agency Risk Assessment Conference that the Trust is discharging its duty. The MARAC aims to: share information to increase the safety, health and well-being of victims/survivors - adults and their children; improve agency accountability; and improve support for staff involved in high-risk domestic abuse cases.
- To have authority in the setting the quality standards, defining and monitoring of clinical practice in Safeguarding Children and Vulnerable Adults people through delegated duties to the Safeguarding operational group.
- To provide an annual report and assurances to the Trust Board Committee on the compliance to national standards.

The Trust has been reviewed under Section 11, Markers of Good Practice and a Safeguarding Adult self-assessment of practice, with scrutiny by our Commissioners and Safeguarding Boards on both submissions. We scored very highly on both ratings, outstanding actions on Safeguarding Children is cleaning toys in Outreach Community Clinics and no actions for Safeguarding Adults practice.

R7 All NHS hospital Trusts should undertake DBS checks (including, where applicable, enhanced DBS and barring list checks) on their staff and volunteers every three years. The implementation of this recommendation should be supported by NHS Employers

The Trust has in place a DBS Policy and Procedure which states that, all staff, employees, agency workers, work placements, consultants and volunteers, all posts within the Derbyshire Healthcare NHS Foundation Trust are subject to an enhanced DBS disclosure unless covered under alternate arrangements.

R9 All NHS hospital Trusts should devise a robust Trust-wide policy setting out how access by patients and visitors to the internet, to social networks and other social media activities such as blogs and Twitter is managed and where necessary restricted. Such policy should be widely publicised to staff, patients and visitors and should be regularly reviewed and updated as necessary

The Trust has a Service user internet kiosk usage policy and procedures which is Trust wide and encourages individual areas to also develop local policies for the use of the internet.

The Policy highlights that the Trust has taken all reasonable endeavours to filter websites accessed, but staff should monitor the use of the internet.

R10 All NHS hospital Trusts should ensure that arrangements and processes for the recruitment, checking, general employment and training of contract and agency staff are consistent with their own internal HR processes and standards and are subject to monitoring and oversight by their own HR managers

The Trust has in place a DBS Policy and Procedure which states that, all staff, employees, agency workers, work placements, consultants and volunteers, all posts within the Derbyshire Healthcare NHS Foundation Trust are subject to an enhanced DBS disclosure unless covered under alternate arrangements.

The Trust has a shared staffing service with a neighbouring Trust. There are operating standards and procedures and staff are employees of the Royal Derby hospital and work to the neighbouring trust governance standards. This Trust is rated by the CQC in a recent inspection as GOOD. However in its 2015 inspection, it was noted that the work book that was issued for the level 1 training consisted of the completion of a work book but there was no centralised mechanism to check that the learning targets had been achieved or the books had been read. This was reliant on local Managers to check through the appraisal process. This should be explored further with our partners in Q1/2 in 2015.

R11 NHS hospital Trusts should review their recruitment, checking, training and general employment processes to ensure they operate in a consistent and robust manner across all departments and functions and that overall responsibility for these matters rests with a single Executive Director

The Trust has a Recruitment and Selection Policy and Procedure which needs to be reviewed in light of the report and the associated recommendations.

The Trust's Director of Transformation is professionally accountable for HR so this responsibility rests with a single Executive Director

R12 NHS hospital Trusts and their associated NHS charities should consider the adequacy of their policies and procedures in relation to the assessment and management of the risks to their brand and reputation, including as a result of their associations with celebrities and major donors, and whether their risk registers adequately reflect such risks

We do not have a named associated NHS charity.
We have no associations with celebrities or major donors. Should this change, the Trust would activate a review of policies and risk management to mitigate these risks.

The recommendation to commence a new Safeguarding Committee from April 2015

The Trust Board and the Quality Committee reviewed as part of annual governance review, both its responsibilities and capacity to meet demand of portfolios. A strategic decision was made following a review of the statutory duties coming into force form April 2015, Savile recommendations and the growing developments of PREVENT, expanding work of MARAC and MAPPA to develop a new Safeguarding Committee to balance this workload and raise the Board level scrutiny of Safeguarding across the organisation.

Safeguarding Children – PREVENT and Channel

The Committee was also cognisant of the need to have oversight and awareness and understanding of how to recognise and respond to the increasing threat of children and young people being radicalised is at a relatively early stage.

Three main areas of concern have been identified for initial attention in developing the process:

- Increasing understanding of radicalisation and the various forms it might potentially take, and hence skills and abilities to recognise signs and indicators amongst all staff working with children and young people.
- Identifying a range of interventions – universal, targeted and specialist – and the expertise to apply these proportionately and appropriately. This will require multi-agency approaches to provide the necessary specialist expertise, and the incorporation of existing projects and interventions (eg Channel).
- Taking appropriate measures to safeguard the wellbeing of children living with or in direct contact with known extremists.

Children and young people can be drawn into violence or they can be exposed to the messages of extremist groups by many means. These can include family members or friends, direct contact with members groups and organisations or, increasingly, through the internet. This can put a young person at risk of being drawn into criminal activity and has the potential to cause significant harm.

Potential diagnostic indicators identified in the Channel Guidance include:

- Use of inappropriate language
- Possession of violent extremist literature
- Behavioural changes
- The expression of extremist views
- Advocating violent actions and means
- Association with known extremists
- Seeking to recruit others to an extremist ideology

The Trust has been committed to this and takes its responsibilities in this area in Derby City as a known geographical area of additional support from the Home Office. The Trust will continue to develop its knowledge, training of the workforce and

---

27 | P a g e

capability to support its partner agencies and the Trust in discharging its statutory duty in this area. The Safeguarding Adults Lead professional working in partnership with the Head of Safeguarding Children have designed a new Prevent policy and procedure and are commencing reporting to the Safeguarding Committee and national to the regional area on our performance from April 2015. Training reporting and statistics will commence from April 2015, through the Trust's structures.

The Safeguarding Adults Lead professional working in partnership with the Head of Safeguarding has the organisation ability to fast track an individual or family who are vulnerable to extremism to access a priority service. This has occurred in 2014/2015. The detail and specific aspect of this and other fast track access is protected information.

Learning from Rotherham Independent Inquiry

Independent Inquiry into Child Sexual Exploitation in Rotherham 1997 – 2013, report chair, Alexis Jay.

"No one knows the true scale of child sexual exploitation (CSE) in Rotherham over the years. Our conservative estimate is that approximately 1400 children were sexually exploited over the full Inquiry period, from 1997 to 2013.

In just over a third of cases, children affected by sexual exploitation were previously known to services because of child protection and neglect. It is hard to describe the appalling nature of the abuse that child victims suffered. They were raped by multiple perpetrators, trafficked to other towns and cities in the north of England, abducted, beaten, and intimidated. There were examples of children who had been doused in petrol and threatened with being set alight, threatened with guns, made to witness brutally violent rapes and threatened they would be next if they told anyone. Girls as young as 11 were raped by large numbers of male perpetrators."

The Trust has reviewed the Rotherham enquiry and its recommendations and is working through the impacts and learning from this report both in the Safeguarding team, using the learning in practice, in trust training and in safeguarding training.

One specific example was the need to have accessible psychological therapies for victims of a crime and this should be in some way protected access to enable appropriate and rapid access. This would be to enable to support children and young people in dealing with the trauma of being a victim of crime and to assist with the potential medium term psychological harm associated with being a victim of abuse. It is noted in the national commissioning guidance that services should be considered to minimise the potential risks of children moving into Adult Mental Health Services increasing substance misuse and or being at higher risk of suicide in their twenties to thirties. Securing excellence in commissioning sexual assault services for people who experience sexual violence (2013).

In September 2012 at Derby Crown Court, five men were found guilty of paying for the sexual services of a child. Three others admitted the same charge. The men, who acted independently of each other, targeted girls aged between 14-17 in Derby from Care Homes or difficult backgrounds. This is a known risk in our own borough

and services an investment in Safe and Sound, a voluntary agency to support children and young people who are being exploited and the wider Trust investment into psychological therapies in CAMHS to mitigate this risk. The Trust still needs to be mindful of capacity to meet demand particularly with higher rates of self-harm, which may show early signs of community population needs as noted in the Child Health profile (published in 2015) reporting to 2013/2014 data. This is a known risk to the Trust as has been added to the Trust Quality assurance risk register in Q4 2015. As a recommendation to develop this required service and or extend access to psychological therapies for victims of a crime both in childhood and into adulthood. There is no defined mitigation plan at the time of writing this report this point; however these issues are being considered by our commissioners and our Southern Derbyshire Commissioners are prioritising the needs of children and young people and mental health in the forthcoming year.

There are a number of new and continuing issues on the horizon around safeguarding children practice for DHCFT to be mindful of:

New and emerging communities

Professional working with families within Derby City/Derbyshire are facing a number of issues around the growing challenges of understanding and working effectively with emerging communities and their families.

A multi agency learning review/event, which included DHCFT, produced guidance which looked at a number of solutions to a number of issues which were raised throughout the event. This helpful guidance is on the safeguarding pages on CONNECT for staff to access.

Sexual exploitation

DSCB are successfully using a range of methods to raise awareness and safeguard children and young people at risk of CSE .

The trust work within the multi agency policies and procedures for CSE and a strategy including an action plan has been developed. The CSE tool kit is consistently used to identify and protect children and young people.

Specialist training is available for staff within DHCFT to access and the trust have developed a number of CSE Champions.

Recent multi agency 'snapshot' audit undertaken by DSCB show that the risks of CSE are routinely considered at an early stage and that appropriate action is taken . Further audits will be carried out.

Trafficking/Human Slavery

Trafficking is a growing concern worldwide and all professionals need to be aware of the target groups, indicators and risks. Trafficking a child/young person under the age of 18 is a form of child abuse. Children and young people are trafficked for a number of reasons including CSE, slavery and domestic servitude.

The DSCB have multi agency procedures covering guidance for children who may have been trafficked for staff to access and follow. Identification, multi agency assessment and intervention is outlined .Internal training covers these issues to raise staffs awareness of processes.

Human trafficking and modern slavery is also covered within the 'Care Act 2014'and within safeguarding adults procedures so the links can be made across.

Female Genital Mutilation

FGM is referenced in the multi-agency policies and our Trust works to these requirements. At the end of the financial year additional draft guidance was issued with requirements for Health bodies in 2015 and a process in underway for identifying key staff with regards to FGM.

Presentation for staff on disclosure, reporting and support is currently in development by the Safeguarding Lead for Adults and Named Nurse for children to ensure that our Trust staff are briefed on the new and additional responsibilities; this will supplement existing training in this area. Internal training covers issues around FGM to raise staffs awareness of processes .

The new CQC standards around Safeguarding Children

We note although in draft and out to consultation we note and apprised ourselves of the Statement on CQC's roles and responsibilities for Safeguarding Children and Adults, published in June 2015.

We also note in consultation and our organisational key lead reviewed prior to publication that in April 2015, new fundamental standards of safety and quality were introduced which all providers of regulated health and social care activities must meet. The standards set the benchmark below which care must not fall.

As an organisation we note that one of the standards relates to safeguarding.

The fundamental standard on safeguarding states that children and adults using services we regulate, must be protected from abuse and improper treatment. Providers should establish and operate systems and processes effectively to ensure this protection and to investigate allegations of abuse as soon as they become aware of them.

In addition, the standard states that care or treatment must not:

(i)   Discriminate on the grounds of any of the protected characteristics of the Equality Act 20103 (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation).

(ii)   Include acts intended to control or restrain an adult or child that are not necessary to prevent, or not a proportionate response to, a risk of harm to them or another person if the adult or child was not subject to control or restraint.

(iii)   Be degrading to the adult or child.

(iv)   Significantly disregard the needs of the adult or child for care or treatment.

The standard goes on to state that no adult or child must be deprived of their liberty for the purposes of receiving care or treatment without lawful authority. Under the Mental Capacity Act 2005, we are responsible for monitoring how hospitals and Care Homes operate the Deprivation of Liberty Safeguards. This is operationally reviewed by the Safeguarding Operational Group, the Positive and Safe Working Group (restrictive practice reduction plans) and the Assurance Committees for monitoring these aspects are the Safeguarding Committee and the Mental Health and Mental Capacity Act Monitoring Committee.

The Trust fully recognises and accepts its requirements to implement the fundamental standards for safeguarding, person-centred care and the need for consent to care and treatment for Children.

Learning from Serious Case Reviews and monitoring of our recommendations

This Review was commissioned by the independent chair of Derbyshire LSCB on 13th June 2014 in agreement with the recommendation of the Serious Case Review Sub Committee that the circumstances surrounding the death of child **ADS14** met the criteria for a Serious Case Review.

This review was undertaken and actions are being reviewed and put into practice.

Serious Incident Learning Review– SM13

Whilst this case was deemed not to meet the threshold for a Serious Case review, it was agreed that a Serious Incident Learning Review should take place in line with the principles of learning and improvement set out in Section 9 of 'Working Together to Safeguard Children' (Department of Education March 2013). The methodology used was the 'Child Practice Review process' (Protecting Children in Wales, Guidance for Arrangements for Multi-Agency Child Practice Reviews, Welsh Government, 2012).

This review was undertaken and actions are being reviewed and put into practice and specific learning about working with members of new and emerging communities.

Derby and Derbyshire Safeguarding Children Boards have both published reports on the learning from Serious Case Reviews which identifies and analyses common themes in recent Serious Case Reviews which have been circulated to our staff and promoted through CONNECT, our website, included in our Safeguarding training and in our 'Think Family' training. This learning is used by the Safeguarding Children team in their direct supervision of Practitioners.

Our key relationships with our Safeguarding Board our attendance and our work

Derby City Safeguarding Board Strategic plan is not a final document. The Safeguarding Board Chair has been requested to share the draft future direction, which is currently emerging and not a final strategy and key priorities that we are aware of are included here.

The 2015-2018 Domestic Abuse and Violence and Sexual Violence Strategy has now been approved by the Safeguarding Governance Board. Final amendments are being made and the document will be available shortly and this is a key priority area for both Derby city and Derbyshire.

Child sexual exploitation is a key priority already a priority area and following an OFSTED advisory visit to services. The following areas were noted:

- To recognise the positive picture overall but note there are a number of areas for improvement or development.
- To support the on-going contribution by Champions and consolidate Child Sexual Exploitation leads in all agencies.
- To promote links and avoid duplication with the Community Cohesion strategy, and invite Crown Prosecution Service representation on this Board and/or the CSE Operational Group.

One shared piece of work this year by both Boards is in Derby and Derbyshire, which is the collection of data about the children's workforce as being both proportionate and necessary. The Terms of reference of the Workforce Group of the Derby and Derbyshire LSCBs requires scrutiny of arrangements for maintaining a safe, sufficient and effective workforce. Agency representatives have discussed on many occasions how best to capture local information about the workforce capacity for key staff roles in agencies, without reaching agreement. The City has noted that continued work critical from a safeguarding perspective. This would allow the group to satisfy itself, on behalf of the Board, that agencies are maintaining a safe and sufficient workforce.

At present, with most organisations struggling under current austerity measures, the scrutiny role could be particularly relevant, to ensure a sufficient Safeguarding workforce is maintained.

The Trust continues to have improved presence and representation in 2014/2015 at the Derby City Safeguarding Children's Board and when compared to the former years of partner organisational working.

Although not a current explicit strategic priority, Derby City has significant population changes and safeguarding issues are emerging and on the rise in a number of Eastern European families. Derby City Council has increasing involvement with these communities – the challenge being how to engage early with a view to direct intervention, prevention into safeguarding the children. Although the Trust has a specialist Health Visitor Service, emerging changes in our Derby's city population and our communities make up and cultural competency and cultural adaptation of our services, will be necessary in our planning for Safeguarding work which was noted in April 2015 and will need to be encompassed into the forthcoming annual

reports review of the year. This included attendance at the Annual developmental day.

Derbyshire Safeguarding Board Strategic Plan is not a final document. The Safeguarding Board Chair has been requested to share the draft future direction, which is not a final document but the emerging.

Derbyshire safeguarding children board priorities focus on:

- Ensuring the effectiveness of the board is outstanding and the safety and well-being of children and young people in Derbyshire is the priority.
- Child sexual exploitation and e-safety.
- Children and young people affected by parental substance misuse.
- Children and young people misusing substances (including legal highs).
- Emotional well-being of children and young people (including self-harm and suicide).
- Children and young people affected by domestic violence.

One key emerging direction is the move towards monitoring performance and outcomes in the Safeguarding Boards performance report, and this would be an objective to develop, refine and mirror within our Trust in the Safeguarding arena.

As in line with the city, the Trust continues to have improved presence and representation in 2014/2015 at the Derbyshire Safeguarding Children's Board and when compared to the former years of partner organisational working.

The Trust needs and strategy in addition to the emerging Board strategy will form through this Strategic and the existing operational group.

The recommendations at year end at the Safeguarding committee and are endorsed for the Trusts Children Annual report are:

1. The Trust needs to maintain its systems and structures for Safeguarding Children. It will include a capacity review for the Safeguarding team specifically in job planned activities for the named lead professionals who are supporting the expanded Health Visitor workforce and the named Doctor for Safeguarding Children representing General practitioners but hosted with the Trust.

2. To continue to maintain the profile of Safeguarding Children's advice and to monitor the types of enquiries and advice given, monitoring the number of calls and activities. This will include a review of enquiries and directly linking this learning into the Training plan for professionals learning requirements.

3. To revise the training offer in line with any statutory changes to the Safeguarding Children's procedures and review that all changes associated with intercollegiate guidance issued in specifically gaining assurance that all health staff must have the competences to recognise child maltreatment and to take effective action as appropriate to their role. They must also clearly understand their responsibilities, and should be supported by their employing organisation to fulfil their duties.

Chief Executive Officers, in particular have a responsibility to ensure that all staff across the organisation have the knowledge and skills to be able to meet this, which would be discharged through this group.

4. To audit the impact on practice, the changes of historical serious case reviews to ensure that clinical practice recommendation have been subject to sustained change and that any risks still found are mitigated and restorative actions are put in place associated to full compliance with Safeguarding Children's procedures in quarter 3 and quarter 4 of this year, learning from their findings and readjusting procedures and or practice to learn from cultural or persistent service improvement issues.

5. To understand and embed the collaborative requirements of making the 'Think Family' agenda and move the service from a reactive service to continual in reach into clinical services to make sustained impact on preventative measures in Children's and Adult services.

6. To fully contribute to the Derby City and Derbyshire Safeguarding agendas within the Trust resources.

7. To develop a Safeguarding Children's monitoring system to spot early warning signs of professional or organisational abuse, acting swiftly to prevent harm to Children in our care.

8. To review the new soon to be published CQC standards for Safeguarding Children and ensure full compliance and in addition, although there are specific standards that relate to safeguarding and safety, effective safeguarding also requires compliance with a range of other standards as well. For example, robust recruitment and vetting processes for staff; having enough well-trained, competent and supported staff; providing effective and appropriate treatment; having systems in place to enable people who use services and their representatives to feedback concerns; and ensuring that people using the service are respected and as fully involved as possible in their care and support. Meeting the full range of standards should result in positive outcomes for people, where the risk of abuse, neglect or harm is far less likely to arise in the first place.

9. For the Trust Board to have a development day around safeguarding families.

Carolyn Green

Director of Nursing and Patient Experience

July 2015

Derbyshire Healthcare NHS Foundation Trust
Report to Safeguarding Committee July delayed to August 2015

Safeguarding Adults Annual Report 2014 – 2015
and Programme of work for 2015/2016

Purpose of Report:
This paper will provide an update of progress towards safeguarding adults. It includes a description of our systems and processes to protect adults and our plans to strengthen our work in 2015/16.

Purpose of Report: This Annual report summarises the Annual report for the year 2014 to 2015 and this includes Safeguarding Board Strategic plans and the Trust position

---

Executive Summary

- The purpose of this report is to provide the Trust Board with an overview of the current issues and themes within Safeguarding Adults and to provide assurance on the quality of the services.
- The Care Act 2014 and the implications for the Trust.
- Safeguarding Adults team – Scope of Safeguarding role and team structure, at year end 2014.
- To understand Safeguarding Adult service requirements in line with our community population needs.
- Safeguarding scrutiny by Commissioners Safeguarding Adults Self-Assessment SAAF and Peer review.
- The new CQC standards around Safeguarding Children.
- To have an overview of our responsibilities over the implementation of reporting standards for female genital mutilation.
- This report provides information to assure the Board on training compliance, which is improved performance with the need for continued scrutiny and prioritisation of training.
- Safeguarding Adult unit reporting structure and changes.
- An up-date on the changes and required work for PREVENT, MAPPA, MARAC and the required actions and timescales.
- A significant risk to the organisation and to providing safe care is working in a vacuum and not linking our internal work plan to the strategic aims of our wider geographical community and taking a systems approach to our Safeguarding organisational development. This paper as well as reporting on our own performance is linking to our commitments and system approach to our Safeguarding Boards.

Strategic considerations

- In order that standards remain high, organisational commitment to, to drive forward Trust performance in line with Safeguarding Adult Board strategic intentions and fully embed the Trust requirement for the Care Act 2014.
- A commitment to supporting staff in delivery of high standards is required – attendance at training and monitoring of training performance and mitigation of the risks associated with gaps in performance needs to be put in place.

(Board) Assurances

- A clinical audit programme will be re-developed and delivered based upon this strategy work plan and readjusted built upon the Adult Safeguarding operational groups existing work plan and new intentions, this will be reported on in a separate Committee paper.
- A defined work plan and mechanisms to meet new legislative changes are emerging and being defined.
- Compulsory training standards and compliance with systems and processes will be checked and assured through this process. This will include explicit links to conduct and capability should significant gaps in competence and knowledge be established.
- Due to significant legislative changes at this time only partial assurance can be given on the Trust's current performance

Consultation

- New Committee - this report has been reviewed by members of the Safeguarding team.

Strategic considerations

The Safeguarding Adults agenda is a faced developmental phase and the Trust will need to be flexible in its approach to embed new changes and reviews of practice and learning into the Trusts organisational development plan to ensure that all staff in the organisation are developing, learning and modifying their practice to embrace all of the significant changes in the Safeguarding work in 2015.

(Board) Assurances

- The Committee can assure that work is underway, national initiatives and guidance are being considered and plans are being developed to adjust our strategic plans and operational work plans in line with changes.

Legal and Governance

The Care Act 2014
Statutory duty to comply with PREVENT
The Criminal Justice Act 2003 ("CJA 2003") provides for the establishment of Multi-Agency Public Protection Arrangements ("MAPPA") in each of the 42 criminal justice areas in England and Wales. These are designed to protect the public, including previous victims of crime, from serious harm by sexual and violent offenders. They require the local criminal justice agencies and other bodies dealing with offenders to work together in partnership in dealing with these offenders.

Equality Delivery System

This paper and the work of the Committee do not consider they disadvantage any group identified by REGARDS specifically. The Derby city and Derbyshire Health profiles are included to set the strategic context of safeguarding adults in our communities. We note that Derby city in particular has above average rates of crime, deprivation, child poverty and substance misuse which may impact upon our potential to Safeguard in our organisation. The Trust is mindful to consider these statistics in his operational overview of Safeguarding adults' incidents in our community.

Recommendations

The Safeguarding Committee is requested to:

1) Note the complexity of Safeguarding Annual Adult report, the higher profile nature of this work, the changing landscape and strategy.
2) To receive assurance on the trust annual activity and on our work plan and integration with the Safeguarding Board agenda and to enable the Trust Safeguarding Committee to lead and set the future direction for Safeguarding Adults in the Trust.
3) To give feedback on the report and scrutinise.
4) To agree this Annual report and its recommendations as outlined in the section work plans.

Report presented by: **Tracey Holtom**
                                     Lead professional for Safeguarding Adults

Signed off by: **Carolyn Green**
                                       Director of Nursing and Patient Experience

Safeguarding Adults Annual Report 2014 – 2015 and Programme of work for 2015/2016

Introduction

The Care Act (2014) was reviewed in 2014 in preparation from this new legislation coming into practice as of April 2015, as a statutory duty for health and social care. The implications of this will be considered as part of this report, along with current work on counter terrorism, radicalisation, and female genital mutilation (FGM) and protection from other forms of harm.

Changes to the Care Act

The Care Act (2014, implemented 2015) brought a new emphasis on 'well-being', promoting dignity and seeing the person as a whole. Well-being is broad concept, which could include personal dignity, control of an individual's day to day life – decisions about care and support, domestic, family and personal circumstances and protection from abuse and neglect.

The requirements form part of our compliance with the regulatory framework and the biggest change is the introduction of legal framework for Safeguarding Adults for the first time in its history.

The definition of the criteria of an adult who may fall under safeguarding processes, is
- The adult in need of care and support.
- Experiencing or at risk of abuse or neglect.
- Unable to protect themselves due to care and support needs.

Adult Safeguarding is now a statutory duty for Local Authorities and they must either make enquiries (Section 42) or instruct others to do so on their behalf. Enquires may be in the form of a conversation with the person or their advocate if they are deemed to lack capacity.

Local Authorities are required to have Safeguarding Boards in preparation for the change in statutory duty the Trust has considered a number of issues with action plans put in place to improve our governance around Safeguarding Adults.

In essence the principles of safeguarding which should underpin all work to protect people in the trust to ensure that they are protected from abuse:

- From abuse and neglect.
- Types of abuse and neglect.
- Local authorities' responsibilities to carry out Safeguarding enquiries where it is.

4 | P a g e

- Suspected that someone is suffering or at risk of abuse or neglect.
- Creating Safeguarding Adults Boards (SABs) in every area to bring together the key local partners to focus on Safeguarding strategy and practice.
- Conducting Safeguarding Adults Reviews where there is a cause for concern about a particular case, to learn lessons for the future.
- Sharing information between local and national organisations to support reviews and enquiries.
- Providing independent advocates to enable some people who would otherwise have difficulty to take part in an enquiry or review.

Safeguarding Adults team – Scope of safeguarding role and Team structure

These include the re-design of the Safeguarding Adults structure and re-design of a new role in the Safeguarding Adults team, of a Lead Professional for Safeguarding Adults. This post would be a direct report to the Executive Director of Nursing and Patient experience, to lead all aspects of Safeguarding Adults practice, although the statutory duty only requires named Health (CCG) and Public bodies to have a named Safeguarding Adults Manager. There is need to invest Trust time and resources into both understanding an implementing the Care Act and its associated implications. In addition the role and allocation of sessions has been reviewed for the named Doctor for Safeguarding adults and an agreement by the executive leadership team to fund the sessions has been authorised.
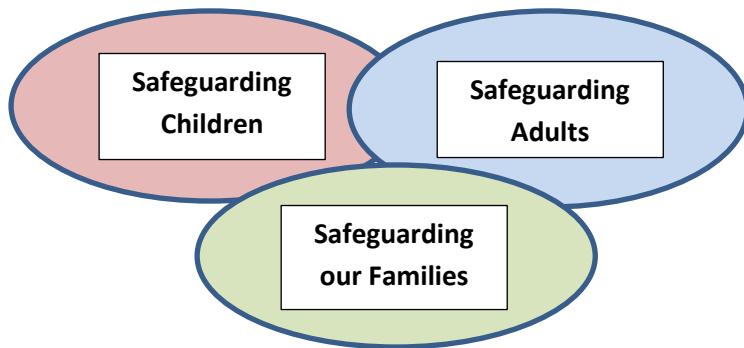
The team would be responsible for responding to the Safeguarding Adult's agenda, contributing to the Safeguarding families' developments and working in partnership with the Head of Safeguarding and the Name doctor for Safeguarding Children. To support this agenda the Lead Professional for Safeguarding Adults has been collocated with the Safeguarding Children unit.
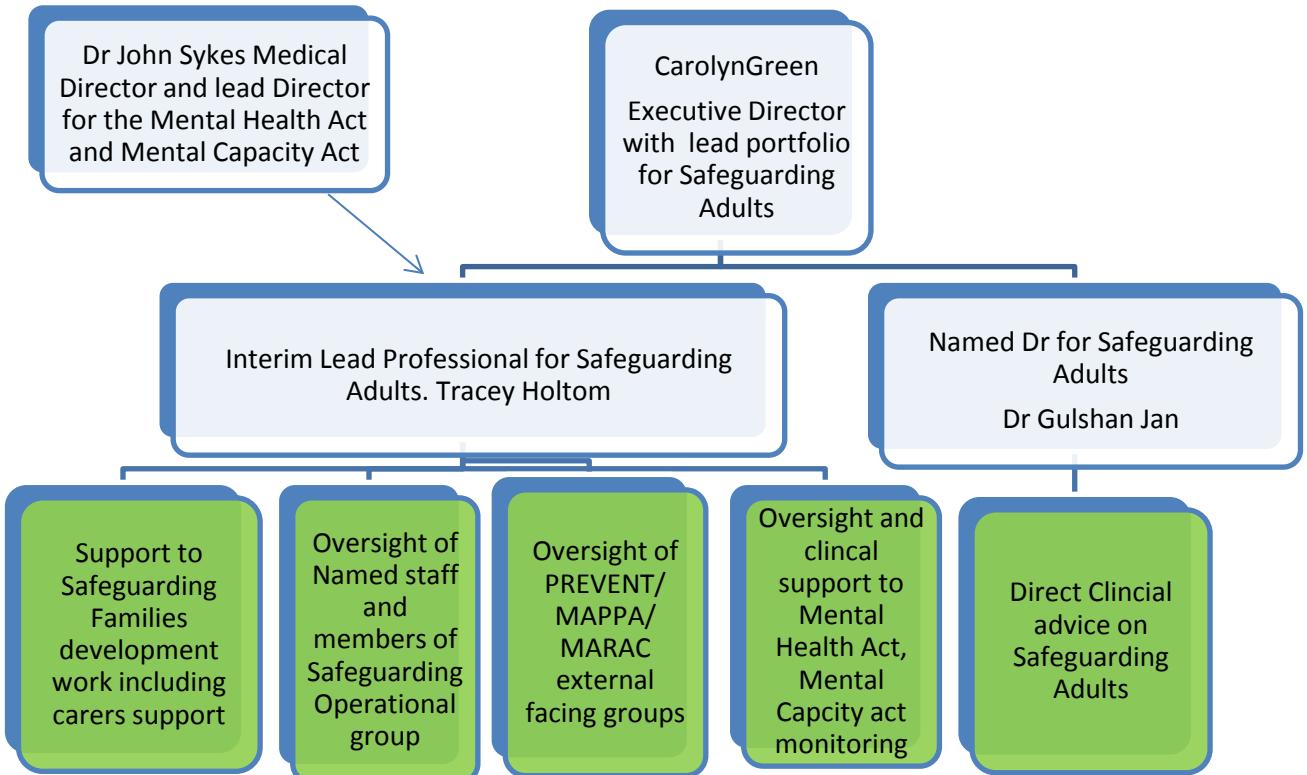
What that means for us?

Safeguarding Adults, Prevention

Think family

The Trust in its organisational strategic plan has developed the concept of Flourishing families in reality this is a concept and vision of family inclusive practice and will develop from Quarter 4 2014, into the next financial year and will start to set and embed Think Family into adult practice and set the organisation expectations and tone of clinical standards to think of people in our care as part of a system with families, carers and friends who support them in their life and are part of a well-rounded personal care and support offer and in need of support an d a nurturing approach in their own right. Effective family inclusive practice will be key to effective Safeguarding strategic developments in reconnecting individuals with families or social connectivity and in medium to longer term prevention.

Attendance at Boards

The Trust is not a formal required statutory member of Derby City and Derbyshire Safeguarding Adults Boards. However, as a provider of Mental Health, Learning Disability, and Substance misuse and Children and Family Services are a contribution and attendance to support the system of Safeguarding Adults in our geographical teams are important and as an organisation, we will continue to prioritise our attendance at Safeguarding Boards and at Sub-Committees. Our attendance has been stable and improved when compared to our performance in 2013/2014.

Safeguarding Adult service requirements in line with our community population needs.

Health in summary- Health profile Derby city published in 2015

The health of people in Derby is generally worse than the England average. Deprivation is higher than average and about 23.8% (12,100) children live in poverty. Life expectancy for both men and women is lower than the England average.

Adult health
In 2012, 24.3% of adults are classified as obese. The rate of alcohol related harm hospital stays was 801*, worse than the average for England. This represents 1,856 stays per year. The rate of self-harm hospital stays was 291.0*, worse than the average for England. This represents 760 stays per year.

The rate of smoking related deaths was 303*. This represents 374 deaths per year. Estimated levels of adult smoking are worse than the England average. The rate of sexually transmitted infections is worse than average. The rate of people killed and seriously injured on roads is better than average.

Other key risk related issues that may impact upon our community that as an organisation we need to factor into our Safeguarding work, is the Derby city community being below England average with above average levels of Deprivation for Adults and families, worse levels of Children and families in poverty, higher levels of Statutory homelessness and above England levels of violent crime (violence offences).

In Derbyshire

Health in summary
The health of people in Derbyshire is varied compared with the England average. Deprivation is lower than average, however about 16.3% (21,900) children and their families live in poverty. Life expectancy for both men and women is similar to the England average.

Life expectancy is 7.9 years lower for men and 5.8 years lower for women in the most deprived areas of Derbyshire than in the least deprived areas.

In 2012, 24.7% of adults are classified as obese, worse than the average for England. The rate of alcohol related harm hospital stays was 718*, worse than the average for England. This represents 5,632 stays per year. The rate of self-harm hospital stays was 274.2*, worse than the average for England. This represents 2,076 stays per year.

The rate of smoking related deaths was 283*. This represents 1,301 deaths per year. Estimated levels of adult excess weight are worse than the England average. Rates of sexually transmitted infections and TB are better than average.

Rates of statutory homelessness, violent crime, long term unemployment and drug misuse are better than average.

All of these factors should be taken into account in our strategic planning and monitoring of Safeguarding Adults issues in our organisation.

The new CQC standards around Safeguarding Children

We note although in draft and out to consultation we note and apprised ourselves of the Statement on CQC's roles and responsibilities for Safeguarding Children and Adults, published in June 2015.

We also note in consultation and our organisational key lead reviewed prior to publication that in April 2015, new fundamental standards of safety and quality were introduced which all providers of regulated health and social care activities must meet. The standards set the benchmark below which care must not fall.

As an organisation, we note that one of the standards relates to Safeguarding.

The fundamental standard on Safeguarding states that children and adults using services we regulate must be protected from abuse and improper treatment. Providers should establish and operate systems and processes effectively to ensure this protection and to investigate allegations of abuse as soon as they become aware of them.

In addition, the standard states that care or treatment must not:

(i) Discriminate on the grounds of any of the protected characteristics of the Equality Act 20103 (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation).

(ii) Include acts intended to control or restrain an adult or child that are not necessary to prevent, or not a proportionate response to, a risk of harm to them or another person if the adult or child was not subject to control or restraint.

(iii) Be degrading to the adult or child.

(iv) Significantly disregard the needs of the adult or child for care or treatment.

The Standard goes on to state that no adult or child must be deprived of their liberty for the purposes of receiving care or treatment without lawful authority. Under the Mental Capacity Act 2005, we are responsible for monitoring how hospitals and Care Homes operate the Deprivation of Liberty Safeguards. This is operationally reviewed by the Safeguarding Operational Group, the Positive and Safe working Group (restrictive practice reduction plans) and the Assurance Committees for monitoring these aspects are the Safeguarding Committee and the Mental health and Mental Capacity Act Monitoring Committee.

The Trust fully recognises and accepts its requirements to implement the fundamental standards for safeguarding, person-centred care and the need for consent to care and treatment for Adults in our care.

PREVENT and CHANNEL statutory duty

The Counter-Terrorism and Security Bill was laid before Parliament in this reporting year and sought to place a duty on specified authorities (identified in full in Schedule 3 to the Bill, and set out in the guidance) to 'have due regard, in the exercise of its functions, to the need to prevent people from being drawn into terrorism'. Preventing people becoming terrorists or supporting terrorism also requires challenge to extremist ideas where they are used to legitimise terrorism and are shared by terrorist groups. In carrying out this duty, the specified authorities must have regard to guidance issued by the Secretary of State and now have a statutory duty to comply with requirements from April 2015. I n preparation for this implementation the trust has identified the Lead and Prevent Co-ordinator are identified in the Trust as the Lead professional for Safeguarding Adults.

There is an Executive Lead identified the Chief Executive of the organisation and or the Executive Director of Nursing and Patient Experience and attends contest Gold.
There is a named Co-ordinator who participates in CHANNEL meetings and ensures information sharing, communication and the referral process is embedded into Trust policy and procedures.

In addition, the Trust is required to ensure training is available in line with required duties and that staff awareness raising is developed in training and performance is monitored. This specific training performance is reviewed in a subsequent section of the annual report.

What we have done about it?

PREVENT duty	What we are doing about it	Date completed (RAG rating)	Further action
1. Prevent Policy	Draft policy requiring sign off	Completed	To be ratified at Safeguarding Committee
2. Prevent Leads are identified within the contract	Prevent Leads are identified in the contract		The names of the leads require to be changed and contract variation
3. Training WRAP 3 Required as this is now mandatory for mental health staff	The Trust has no WRAP 3 trainers		Plan to seek support from other providers to train key staff in the Trust so delivery can occur

Female genital mutilation

Female Genital Mutilation (FGM) is illegal in the UK, as is taking a child abroad to undergo FGM, as legislated in the 2003 Female Genital Mutilation Act. It is also recognised as a form of child abuse. FGM is medically unnecessary, extremely painful and has serious health consequences both at the time when the mutilation is carried out and in later life.

The FGM Enhanced Dataset will require organisations to record and collect information about the prevalence of FGM within the female population as treated by the NHS in England. This will include if a woman is receiving treatment for any condition; it is not limited to reporting upon women receiving treatment for FGM-related conditions.

The NHS is in a unique position to identify those who have undergone FGM.

Multi-agency guidelines and additional clinical guidance are available and are being implemented across Safeguarding Adults and Children's agendas.

There is a programme of work, led by the Department of Health, to improve the NHS response to FGM, including the management of women's services and safeguarding of girls at risk. This Standard introduces new requirements to the existing FGM Prevalence Dataset about the information that needs to be captured and shared locally about the women, and what needs to be submitted as a central return. This new information collected is needed to inform FGM Prevention programme, specifically around the following, to help the drive to eradicate the practice, and to provide services and support for women and girls who have had FGM:-

- Women identified as having FGM, and specific countries of origin.
- All girls and women who are at risk of having FGM performed on them.
- In a given community, identify numbers of women and girls, who have undergone FGM in order to plan services.
- Providing tools to support law enforcement and identify areas of concern relating to FGM, enabling further investigations and, as appropriate, prosecutions. It should be noted, individual patient identifiable information will not be published in order to achieve this.
- Reporting prevalence to other government agencies on the prevalence within a local community (this reporting will not however be at the patient level).

The Trust was consulted on this requirement in 2014 and the increased data set will be embedded into Q1 and Q2 2015 with full implementation and roll out of reporting system, in electronic systems as well as a significant need to raise awareness with the workforce both in the immediate Summer holiday period, noted to be a high risk period for families and children over school holidays and embedding into our routine clinical operating standard over the forthcoming year.

Safeguarding Scrutiny by Commissioners Safeguarding Adults Self-Assessment SAAF and Peer review

Healthcare Services and Commissioners have a duty to safeguard patients who may be least able to protect themselves from harm (No Secrets, DH 2000).

The Safeguarding Adults Self-Assessment and Assurance Framework for Health Care Services, was originally developed by SHAs in collaboration with the Department of Health, commissioners and safeguarding leads within their regional networks. The framework has been in place now since 2011; there have been three completed self-assessment SAAF's returned from the largest Healthcare Providers' Safeguarding training in Derbyshire, including our Trust.

Our Trust submitted a SAAF Self-Assessment in 2014 and 2015 and was rated 'green' across all domains. This year 2014/2015 the Trust was paired with East Midlands Ambulance Service and a peer review was scheduled for Q1/ early Q2 of 2105. The results at this time are not available at the time the report was written, early indications were positive with some developmental and improvement work to fully embed Safeguarding adults new procedures and standards.

The purpose of the peer review process is to subject the last SAAF return and subsequent developments identified in any action plans to the scrutiny of another whom is knowledgeable in the same field. The aim is to prevent the dissemination of incorrect findings. It relies on colleagues that review one another's work to make an informed decision about whether it is a true reflection on the self-assessment.

In peer review process allows the Adult Safeguarding Leads in provider organisations the opportunity to:

- Participate in the review of complex and challenging organisation with an extensive range of activity.
- Improve the Adult Safeguarding Leads knowledge about how partner agencies operate and how to work better with them.
- Experience a rigorous review process that will stretch both recipients and reviewers.
- Enhance their personal development.

The tool kit contains seven key areas of work covering:-

- Implementation of the Mental Capacity Act and Deprivation of Liberty Safeguards (MCA/DoLS). In this area we specifically noted that this is a Trust quality priority and that we have e- learning package is available for staff to complete. Training for Clinical staff requires enhancing further to ensure training compliance and actual sustained impact on clinical practice. We have amended our policies and the specific policy amended to include Cheshire West ruling. We are advertising on our CONNECT internal website that Policy sponsor is Medical Director- advice can be sought from Medical Director, Named Doctor for Safeguarding Adults, Safeguarding Lead.
- There is a process for monitoring of referrals and DoLs. This requires strengthening, until fully embedded in our organisational monitoring and the Trust is investing in a new role of a MCA/DoLs technician to be employed to ensure robust monitoring as an in reach model to the in-patient services.
- Staff training.
- Female Genital Mutilation (FGM).
- Prevent.
- Multi-Agency Risk Assessment Conferences (MARAC) and Domestic Abuse.
- Dignity.
- Partnership and collaborative working.

Safeguarding Adults Training

Safeguarding Adults Training has been reviewed as part of the changes to the Care Act and the release of new Safeguarding referral forms and policy and procedures.

1. Safeguarding Adults Level 2 training is completed on induction.
2. Safeguarding Level 2 is mandatory as a two year competence for all relevant staff.
3. Safeguarding level 1 is completed by staff that works in non-clinical areas e.g. Estates dept.

Training is recorded on an individual training passport with direct monitoring from the individual and Team Managers.

The Trust's training performance at the end of Q4 reported in April 2015

Sussex Mental Health Trust	Derbyshire Healthcare NHS Foundation Trust	Derby Teaching Hospitals Trust
CQC inspection report/ Safeguarding Adults/ Children 9%	Level 1 Safeguarding training 87% (Face to face or eLearning only)	Level 1 Safeguarding training, please note workbook additional assurance required 99%

Trust Compliance %

	Safeguarding Vulnerable Adults Level 1	Safeguarding Adults Level 2	Safeguarding Adults level 3
	87%	87%	6%
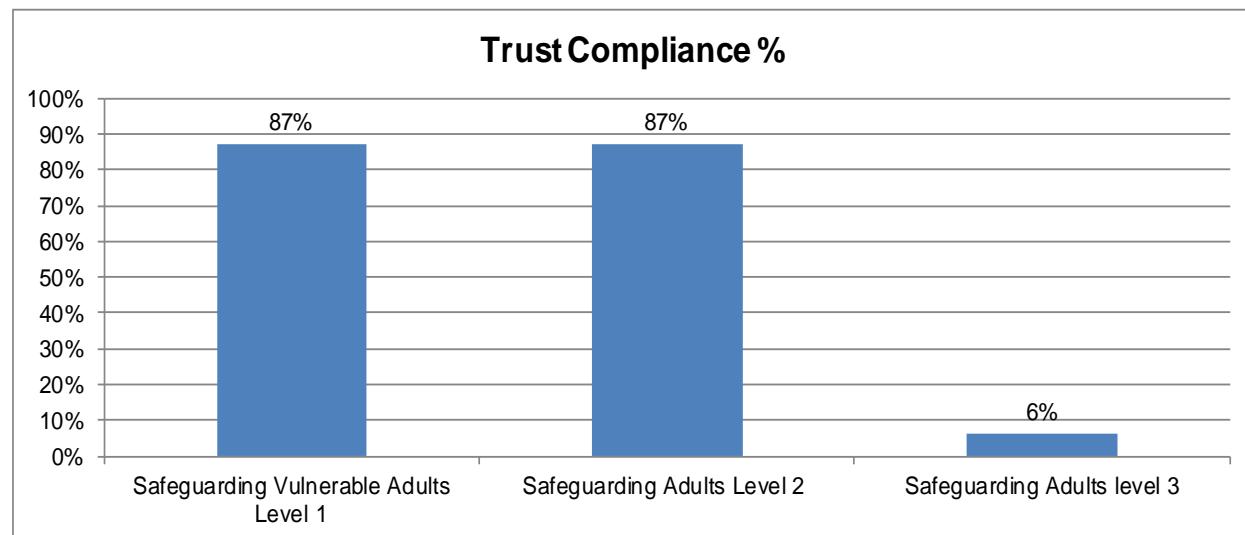
Training Name	Target Group	Compliant	Non-Compliant	Compliant %	Non-Compliant %
Safeguarding Adults Level 2 (2 Yearly) All Clinical Staff	1631	1420	211	87%	13%
Safeguarding Vulnerable Adults Level 1 (3 yearly) Non Clinical staff	647	563	84	87%	13%
Safeguarding Adults level 3 (2 Yearly) Clinical Managers	63	4	59	6%	94%

By Division
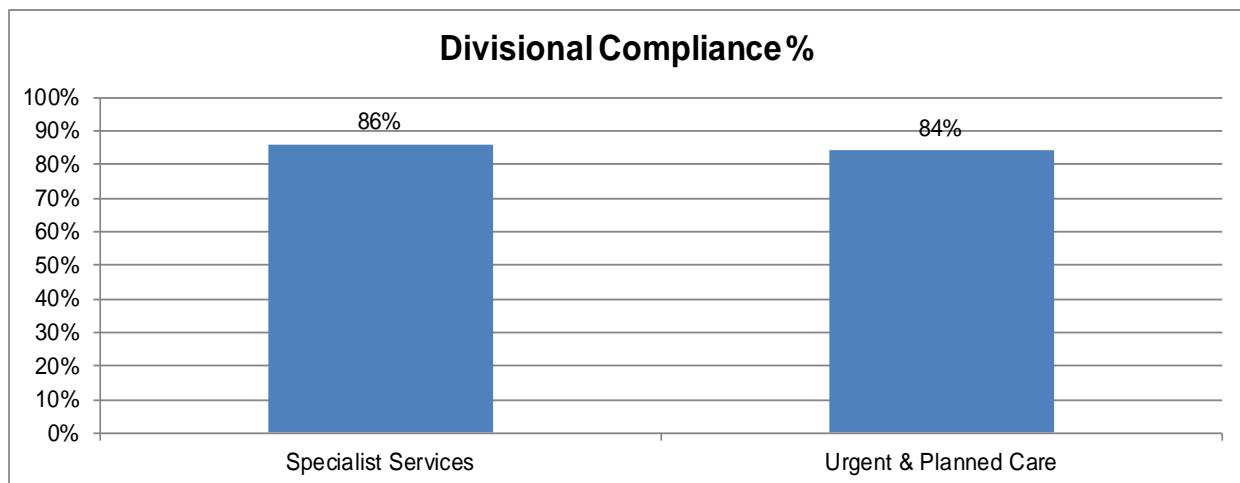
Divisional Compliance %

Division & Training Name	Target Group	Compliant	Non-compliant	Compliant %	Non-Compliant %
Specialist Services	**824**	**706**	**118**	**86%**	**14%**
Safeguarding Adults Level 2 (2 Yearly) All Clinical Staff	640	552	88	86%	14%
Safeguarding Vulnerable Adults Level 1 (3 yearly) Non Clinical staff	169	153	16	91%	9%
Safeguarding Adults level 3 (2 Yearly) Clinical Managers	15	1	14	7%	93%
Urgent & Planned Care	**1164**	**977**	**187**	**84%**	**16%**
Safeguarding Adults Level 2 (2 Yearly) All Clinical Staff	991	868	123	88%	12%
Safeguarding Vulnerable Adults Level 1 (3 yearly) Non Clinical staff	125	106	19	85%	15%
Safeguarding Adults level 3 (2 Yearly) Clinical Managers	48	3	45	6%	94%

By Service Line
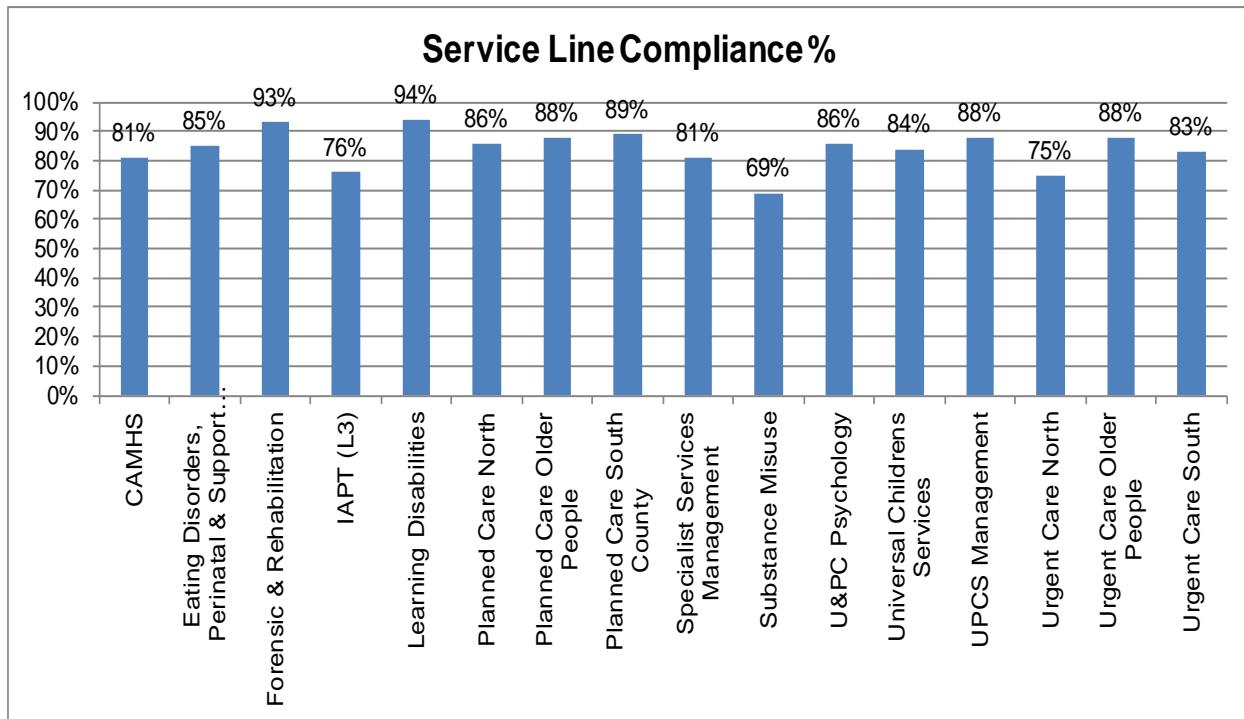
Service Line Compliance %

CAMHS	Eating Disorders, Perinatal & Support...	Forensic & Rehabilitation	IAPT (L3)	Learning Disabilities	Planned Care North	Planned Care Older People	Planned Care South County	Specialist Services Management	Substance Misuse	U&PC Psychology	Universal Childrens Services	UPCS Management	Urgent Care North	Urgent Care Older People	Urgent Care South
81%	85%	93%	76%	94%	86%	88%	89%	81%	69%	86%	84%	88%	75%	88%	83%

Training Name	Target Group	Compliant	Non-compliant	Compliant %	Non-compliant %
Specialist Services Division					
CAMHS	**81**	**66**	**15**	**81%**	**19%**
Safeguarding Adults Level 2 (2 Yearly) All Clinical Staff	66	55	11	83%	17%
Safeguarding Vulnerable Adults Level 1 (3 yearly) Non Clinical staff	13	11	2	85%	15%
Safeguarding Adults Level 3 (2 Yearly) Clinical Managers	2	0	2	0%	100%
Eating Disorders, Perinatal & Support Services	**103**	**88**	**15**	**85%**	**15%**
Safeguarding Adults Level 2 (2 Yearly) All Clinical Staff	39	33	6	85%	15%
Safeguarding Vulnerable Adults Level 1 (3 yearly) Non Clinical staff	63	55	8	87%	13%

Training Name	Target Group	Compliant	Non-compliant	Compliant %	Non-compliant %
Safeguarding Adults Level 3 (2 Yearly) Clinical Managers	1	0	1	0%	100%
Forensic & Rehabilitation	**141**	**131**	**10**	**93%**	**7%**
Safeguarding Adults Level 2 (2 Yearly) All Clinical Staff	131	126	5	96%	4%
Safeguarding Vulnerable Adults Level 1 (3 yearly) Non Clinical staff	5	5	0	100%	0%
Safeguarding Adults Level 3 (2 Yearly) Clinical Managers	5	0	5	0%	100%
Learning Disabilities	**99**	**93**	**6**	**94%**	**6%**
Safeguarding Adults Level 2 (2 Yearly) All Clinical Staff	86	82	4	95%	5%
Safeguarding Vulnerable Adults Level 1 (3 yearly) Non Clinical staff	11	10	1	91%	9%
Safeguarding Adults Level 3 (2 Yearly) Clinical Managers	2	1	1	50%	50%
Specialist Services Management	**26**	**21**	**5**	**81%**	**19%**
Safeguarding Adults Level 2 (2 Yearly) All Clinical Staff	22	18	4	82%	18%
Safeguarding Vulnerable Adults Level 1 (3 yearly) Non Clinical staff	3	3	0	100%	0%
Safeguarding Adults Level 3 (2 Yearly) Clinical Managers	1	0	1	0%	100%
Substance Misuse	**49**	**34**	**15**	**69%**	**31%**
Safeguarding Adults Level 2 (2 Yearly) All Clinical Staff	33	27	6	82%	18%
Safeguarding Vulnerable Adults Level 1 (3 yearly) Non Clinical staff	12	7	5	58%	42%
Safeguarding Adults Level 3 (2 Yearly) Clinical Managers	4	0	4	0%	100%
Universal Childrens Services	**325**	**273**	**52**	**84%**	**16%**

Training Name	Target Group	Compliant	Non-compliant	Compliant %	Non-compliant %
Safeguarding Adults Level 2 (2 Yearly) All Clinical Staff	263	211	52	80%	20%
Safeguarding Vulnerable Adults Level 1 (3 yearly) Non Clinical staff	62	62	0	100%	0%
Urgent & Planned Care Division					
IAPT (L3)	**71**	**54**	**17**	**76%**	**24%**
Safeguarding Adults Level 2 (2 Yearly) All Clinical Staff	63	48	15	76%	24%
Safeguarding Vulnerable Adults Level 1 (3 yearly) Non Clinical staff	7	6	1	86%	14%
Safeguarding Adults Level 3 (2 Yearly) Clinical Managers	1	0	1	0%	100%
Planned Care North	**166**	**142**	**24**	**86%**	**14%**
Safeguarding Adults Level 2 (2 Yearly) All Clinical Staff	135	119	16	88%	12%
Safeguarding Vulnerable Adults Level 1 (3 yearly) Non Clinical staff	28	23	5	82%	18%
Safeguarding Adults Level 3 (2 Yearly) Clinical Managers	3	0	3	0%	100%
Planned Care Older People	**140**	**123**	**17**	**88%**	**12%**
Safeguarding Adults Level 2 (2 Yearly) All Clinical Staff	121	110	11	91%	9%
Safeguarding Vulnerable Adults Level 1 (3 yearly) Non Clinical staff	18	13	5	72%	28%
Safeguarding Adults Level 3 (2 Yearly) Clinical Managers	1	0	1	0%	100%
Planned Care South County	**97**	**86**	**11**	**89%**	**11%**
Safeguarding Adults Level 2 (2 Yearly) All Clinical Staff	84	79	5	94%	6%
Safeguarding Vulnerable Adults Level 1 (3 yearly) Non Clinical staff	8	7	1	88%	13%

| Training Name	Target Group	Compliant	Non-compliant	Compliant %	Non-compliant %
Safeguarding Adults Level 3 (2 Yearly) Clinical Managers	5	0	5	0%	100%
U&PC Psychology	**64**	**55**	**9**	**86%**	**14%**
Safeguarding Adults Level 2 (2 Yearly) All Clinical Staff	55	46	9	84%	16%
Safeguarding Vulnerable Adults Level 1 (3 yearly) Non Clinical staff	8	8	0	100%	0%
Safeguarding Adults Level 3 (2 Yearly) Clinical Managers	1	1	0	100%	0%
UPCS Management	**25**	**22**	**3**	**88%**	**12%**
Safeguarding Adults Level 2 (2 Yearly) All Clinical Staff	8	6	2	75%	25%
Safeguarding Vulnerable Adults Level 1 (3 yearly) Non Clinical staff	15	15	0	100%	0%
Safeguarding Adults Level 3 (2 Yearly) Clinical Managers	2	1	1	50%	50%
Urgent Care North	**183**	**138**	**45**	**75%**	**25%**
Safeguarding Adults Level 2 (2 Yearly) All Clinical Staff	148	122	26	82%	18%
Safeguarding Vulnerable Adults Level 1 (3 yearly) Non Clinical staff	19	15	4	79%	21%
Safeguarding Adults Level 3 (2 Yearly) Clinical Managers	16	1	15	6%	94%
Urgent Care Older People	**213**	**187**	**26**	**88%**	**12%**
Safeguarding Adults Level 2 (2 Yearly) All Clinical Staff	189	177	12	94%	6%
Safeguarding Vulnerable Adults Level 1 (3 yearly) Non Clinical staff	13	10	3	77%	23%
Safeguarding Adults Level 3 (2 Yearly) Clinical Managers	11	0	11	0%	100%
Urgent Care South	**205**	**170**	**35**	**83%**	**17%**
Safeguarding Adults Level 2	188	161	27	86%	14%

Training Name	Target Group	Compliant	Non-compliant	Compliant %	Non-compliant %
(2 Yearly) All Clinical Staff					
Safeguarding Vulnerable Adults Level 1 (3 yearly) Non Clinical staff	9	9	0	100%	0%
Safeguarding Adults Level 3 (2 Yearly) Clinical Managers	8	0	8	0%	100%

By Professional Group
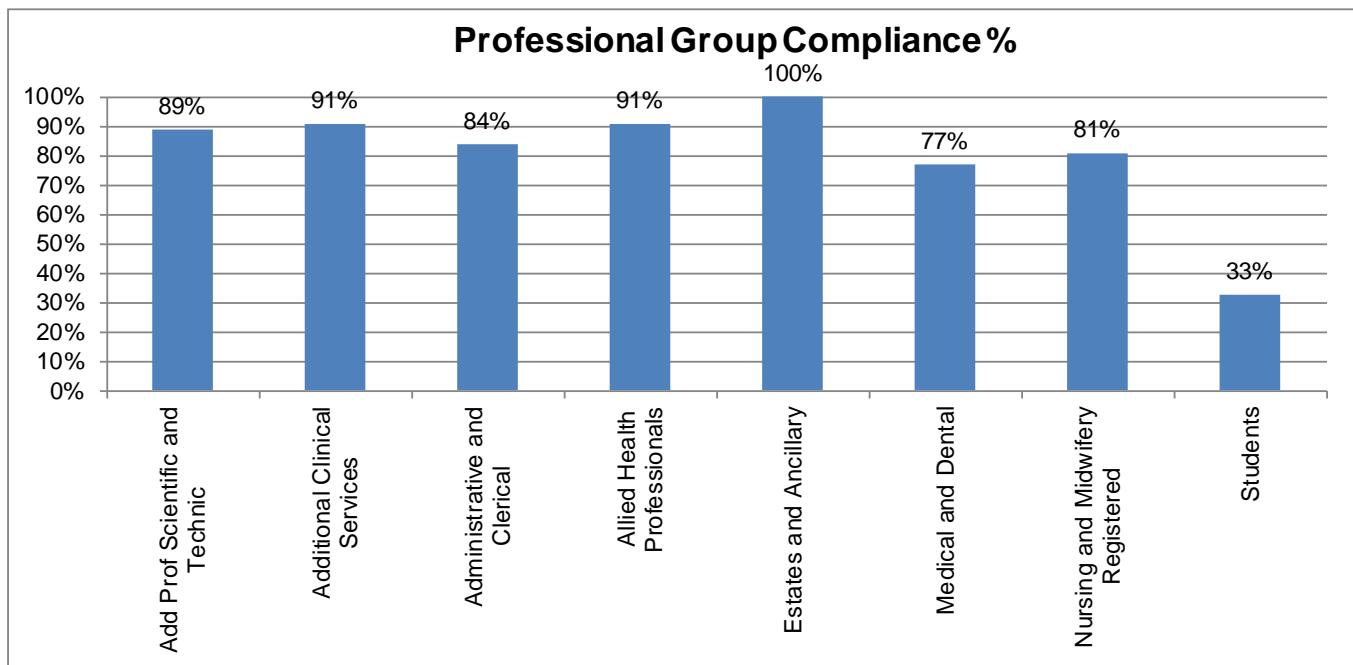
Profession and Training Name	Target group	Compliant	Non-compliant	Compliant %	Non-compliant %
Add Prof Scientific and Technic	**153**	**136**	**17**	**89%**	**11%**
Safeguarding Adults Level 2 (2 Yearly) All Clinical Staff	147	132	15	90%	10%
Safeguarding Vulnerable Adults Level 1 (3 yearly) Non Clinical staff	4	4	0	100%	0%
Safeguarding Adults Level 3 (2 Yearly) Clinical Managers	2	0	2	0%	100%

Profession and Training Name	Target group	Compliant	Non-compliant	Compliant %	Non-compliant %
Additional Clinical Services	**407**	**372**	**35**	**91%**	**9%**
Safeguarding Adults Level 2 (2 Yearly) All Clinical Staff	406	371	35	91%	9%
Safeguarding Vulnerable Adults Level 1 (3 yearly) Non Clinical staff	1	1	0	100%	0%
Administrative and Clerical	**299**	**251**	**48**	**84%**	**16%**
Safeguarding Adults Level 2 (2 Yearly) All Clinical Staff	8	4	4	50%	50%
Safeguarding Vulnerable Adults Level 1 (3 yearly) Non Clinical staff	281	247	34	88%	12%
Safeguarding Adults Level 3 (2 Yearly) Clinical Managers	10	0	10	0%	100%
Allied Health Professionals	**137**	**124**	**13**	**91%**	**9%**
Safeguarding Adults Level 2 (2 Yearly) All Clinical Staff	136	124	12	91%	9%
Safeguarding Adults Level 3 (2 Yearly) Clinical Managers	1	0	1	0%	100%
Estates and Ancillary	**3**	**3**	**0**	**100%**	**0%**
Safeguarding Vulnerable Adults Level 1 (3 yearly) Non Clinical staff	3	3	0	100%	0%
Medical and Dental	**111**	**86**	**25**	**77%**	**23%**
Safeguarding Adults Level 2 (2 Yearly) All Clinical Staff	108	84	24	78%	22%
Safeguarding Vulnerable Adults Level 1 (3 yearly) Non Clinical staff	3	2	1	67%	33%
Nursing and Midwifery Registered	**869**	**708**	**161**	**81%**	**19%**
Safeguarding Adults Level 2 (2 Yearly) All Clinical Staff	817	702	115	86%	14%
Safeguarding Vulnerable Adults Level 1 (3 yearly) Non Clinical staff	2	2	0	100%	0%
Safeguarding Adults Level 3 (2 Yearly) Clinical Managers	50	4	46	8%	92%

20 | P a g e

Profession and Training Name	Target group	Compliant	Non-compliant	Compliant %	Non-compliant %
Students	**9**	**3**	**6**	**33%**	**67%**
Safeguarding Adults Level 2 (2 Yearly) All Clinical Staff	9	3	6	33%	67%

Number of staff, with no training on their history

Training Name	Number
Safeguarding Adults Level 2 (2 Yearly) All Clinical Staff	73
Safeguarding Vulnerable Adults Level 1 (3 yearly) Non Clinical staff	13
Safeguarding Adults Level 3 (2 Yearly) Clinical Managers	40
Grand Total	**126**

Basic Prevent Awareness training

In Q4 2014/2015, the NHS England local area developed a reporting system for PREVENT in line with changes in statutory duties, the number of staff who received Total number of staff who received Basic Prevent Awareness training this quarter was 248 staff, out a total of 2444 total staff. There is no target at this time but following implementation all eligible Trust staff would require Prevent Awareness training.

The number of staff, with no training on their history - please note that this issue was reviewed at the Safeguarding Committee to ensure that staff who are new starters have been excluded from this report and that all staff are given direct feedback from their operational Service Managers. Should improvement not occur, these staff would be reviewed for professional and or human resource intervention with regard to competency and capability.

Governance of Safeguarding Adults and our current position

The Trust is embedding some of the largest changes in Safeguarding Adults developments in its history and both our system partners and the Trust are in the process of transition

Action	By who	Date completed	RAG Rating
1. Safeguarding Operational meeting	Safeguarding Lead	May 2015	
2. Dashboard for Derby City to be embedded via Safeguarding performance group	Safeguarding Lead	Not yet established in set up	
3. Level 2 training has been amended to incorporate all revised aspects of care act. Level 3 training performance requires improvement See training report plan in place for performance improvement	Training and Safeguarding Leads	Q2/3/4 improvements with full implementation March 2016	
4. Raise profile of safeguarding and changes following the Care Act.	Safeguarding Lead	On-going Q2/3/4 improvements with full implementation March 2016	
5. FGM awareness raising and mandatory reporting from October 2015	On plan	Data sets have been set within the electronic systems. Data run report. Safeguarding Lead attended briefings on FGM by department of Health.	

Multi-agency public protection arrangements (MAPPA)

Multi-agency public protection arrangements are in place to ensure the successful management of violent and sexual offenders. MAPPA guidance published by the Ministry of Justice, HM Prison Service and National Offender Management on 21 March 2014 and last updated: 20 February 2015, sets out the requirements and operating standards. The specific guidance sets out the responsibilities of the police, probation trusts and prison service as well as Health partners

MAPPA is not a statutory body in itself but is a mechanism through which agencies can better discharge their statutory responsibilities and protect the public in a co-ordinated manner. Agencies at all times retain their full statutory responsibilities and obligations. They need to ensure that these are not compromised by MAPPA. In particular, no agency should feel pressured to agree to a course of action which they consider is in conflict with their statutory obligations and wider responsibility for public protection.

MAPPA has three levels and organisational representatives contribute to MAPPA across the city and county to ensure that our Trusts contributes to the effective sharing of information, shared interagency work and risk planning in the interest of public protection.

The Trust continues to send representatives at all levels from across the organisation. Our organisation attendance continues to be stable. Further work in 2015, will focus upon the operational and clinical impact of public protection, an overview of our involvement and any incidents in 2015/16 of an individual notified as a incident whilst under MAPPA.

As an organisation, we note that in 2015 there will be changes to the model moving to a MAPPA four level model with additional review be required of the impact of this model and scrutiny or our attendance and performance.

Say what changes we need to address:-

What we are going to do in 15/16 in line with the findings of this Annual report

Action	By who?	Date completed
1. Establish a public protection operational meeting	Safeguarding Lead	1st August 2015
2. To ensure staff have the right support we will establish a supervision structure around the public protection agenda	Safeguarding Lead	1st October 2015
3. Develop a Training needs analysis and implementation plan	Safeguarding Lead	1st October 2015
4. Profile raising of the public protection agenda	Safeguarding Lead	1st December 2015
5. Align leads to new operational management structure and neighbourhoods mapping to public protection team attendance	Divisional Directors	30th August 2015

Mental Capacity Act and DOLS

This year saw a renewed focus upon, this is in part due to the National impact of the Cheshire West ruling aswell as feedback from our CQC Mental Health act monitoring inspection visits that we had more to do to fully embed knowledge of capacity assessments and monitoring of the Act as a managing authority and monitoring of the potential and actual occurrences of Deprivation of liberty. As described earlier in the report our training levels are solid and this level of training is reported to our lead Mental Health commissioners as a quarterly report and ranges from 80 to 90% compliance throughout the year. As part of our system approach we do note a significant rise in the number of DOLS applications both in the city and county and as an organisation we are horizon scanning on changes that are being proposed to the Act in 2015/2016.

What we are doing about it?

MCA and DOLS action	What we are doing about it	Date completed (RAG rating)	Further action
1. Process agreed with Mental Health Act Manager and Risk Manager for capturing DoLs referrals	To write a process for clinical areas. To monitor DoLs referrals via the Mental Health act office reported at the MHA Committee	Completed	
2. Technician in place who will oversee DOLs compliance and provide support and training to clinical staff	Job description and A2A completed	As soon as possible, from August 2015	Awaiting outcome of vacancy control Out to advert and closing. September 2015
3. Work with older people around capacity and consent specifically as a high risk group	Baseline audit to be completed by members of the operational safeguarding group	September 2015	

Multi-Agency-Risk-Assessment-Conference - MARAC

MARAC (Multi-Agency-Risk-Assessment-Conference) is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local Police, Health, Child Protection, Housing Practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors. A victim/survivor should be referred to the relevant MARAC if they are an adult (16+) who resides in the borough and are at high risk of domestic violence from their adult (16+) partner, ex-partner or family member, regardless of gender or sexuality.

After sharing all relevant information they have about a victim/survivor, the representatives discuss options for increasing the safety of the victim/survivor and turn these into a co-ordinated action plan. The main focus of the MARAC is on managing the risk to the adult victim/survivor but in doing this it will also consider other family members including any children involved and managing the behaviour of the perpetrator. Information shared at the MARAC is confidential and is only used for the purpose of reducing the risk of harm to those at risk

The Trust has organisational representatives from each community teams that attend the MARAC meetings. There is significant activity and pressure on Team Managers to attend these meetings. Although our contribution at a clinical level is required, the Lead Professional will review in 2015 our attendance whether the current operating model of attendance requires a review of time investment against, clinical impact and outcome for individuals and families. This is not to remove our organisational support but to review who is the best skilled Practitioner to attend who can have an impact and support the Domestic violence both prevention and intervention agenda.

What we are going to do in 2015/2016?

Action	By who	Date completed
1. Establish a public protection operational meeting for MARAC, reviewing the model from a victim and perpetrators perspective and outcome.	Safeguarding Lead	
2. To ensure staff have the right support we will establish a supervision structure around the public protection agenda for MARAC	Safeguarding Lead	
3. Develop a Training needs analysis and implementation plan	Safeguarding Lead 1st October 2015	
4. Profile raising of the MARAC agenda	Safeguarding Lead 1st December	
5. Align leads to new operational management structure and neighbourhoods	Divisional Directors 30th September	

Conclusion

The Safeguarding Adults Agenda is a faced developmental phase and the Trust will need to be flexible in its approach to embed new changes and reviews of practice and learning into the Trusts organisational development plan to ensure that all staff in the organisation are developing, learning and modifying their practice to embrace all of the significant changes in the Safeguarding work in 2015.

Submitted by   **Tracey Holtom**
                          Interim Lead professional for Safeguarding Adults

                          Carolyn Green
                          Director of Nursing and Patient Experience

Public Session

Derbyshire Healthcare NHS Foundation Trust

Report to Board of Directors 30 September 2015

Trust Performance Report – Key Performance Indicators Compliance

The purpose of this report is to define the Trust's performance against its Key Performance Indicators plus any actions in place to ensure performance is maintained. Compliance with the Trust's performance indicators is being actively monitored and corrective actions are put in place where appropriate. Areas covered in this report include, the Main Performance Indicators, Health Visitors, IAPT, Ward Safer Staffing and Waiting Times

Executive Summary
- The Trust continues to be compliant with all Monitor regulatory indicators
- The recording of Payment by Result Clusters and Health of the Nation Outcome Scores 12 month reviews continue to be challenging however there have been recent improvements
- The rate of outpatients who did not attend is still causing concern
- Health Visitor performance remains strong and IAPT recovery rates remain above target
- The Trust continues to have qualified staffing vacancies that impact on staffing fill rates, Morton and Ward 35 are most adversely effected
- This report contains a new waiting times summary section

Strategic considerations
- This report supports the achievement of the following strategic outcomes :
  o People receive the best quality care
  o The public have confidence in our healthcare and developments

(Board) Assurances
- This report provides full assurance for;
  o Monitor Targets
  o Performance related elements of schedule 6
  o Health Visitors
  o IAPT Performance (recovery rates only)
  o Fixed Submitted Returns
- The report provides partial assurance for ;
  o Locally Agreed Targets
  o Performance related elements of schedule 4
  o Ward Staffing
  o Waiting Times

Consultation
- Performance is managed at an operational level through the Trust performance and Contract Overview group

Governance or Legal issues

Failure to comply with key performance indicators could lead to regulatory action being taken by Monitor for breach of licence conditions. In addition these core indicators contribute to the Trusts compliance with the CQC Quality domains

Equality Delivery System

This report is not requesting the Board agree to any service delivery changes that have an impact on any particular protected group. The Report details current performance against a range of performance criteria and the Board may wish to explore the impact of any variance in performance on particular groups

Recommendations

The Board of Directors is requested to:

1) To acknowledge the current performance of the Trust
2) To note the actions in place to ensure sustained performance

Report presented by: Carolyn Gilby
Acting Director of Operations

Report prepared by: Carolyn Gilby
Acting Director of Operations

Derbyshire Healthcare NHS FT
Key Performance Indicators Compliance Report
Based on August 2015 Information

Introduction

The following Performance Compliance report is organised into the following sections;

1. Trust Performance Dashboard including exceptional items and specific areas of interest
2. Health Visitors Dashboard
3. IAPT Services Dashboard
4. Ward Safer Staffing Return
5. Waiting Times Summary

1 Trust Performance Dashboard

15-16 Performance Dashboard	Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trend
- Monitor Targets														
- CPA 7 Day Follow Up	95.00%	96.19%	97.62%	99.15%	97.27%	97.94%								
- CPA Review in last 12 Months (on CPA > 12 Months)	95.00%	96.77%	96.34%	96.30%	95.94%	96.09%								
- Delayed Transfers of Care	7.50%	0.75%	0.67%	0.68%	0.69%	0.41%								
- Data Completeness: Identifiers	97.00%	99.31%	99.30%	99.37%	99.39%	99.38%								
- Data Completeness: Outcomes	50.00%	94.10%	93.63%	93.40%	93.45%	93.49%								
- Community Care Data - Activity Information Completeness	50.00%	87.36%	87.07%	86.84%	86.57%	86.67%								
- Community Care Data - RTT Information Completeness	50.00%	92.31%	92.31%	92.31%	92.31%	92.31%								
- Community Care Data - Referral Information Completeness	50.00%	71.91%	71.53%	71.39%	71.56%	71.00%								
- 18 Week RTT Less Than 18 Weeks - Non-Admitted	95.00%	95.63%	95.63%	95.31%	96.60%	96.65%								
- 18 Week RTT Less Than 18 Weeks - Incomplete	92.00%	95.64%	95.15%	95.58%	94.76%	94.59%								
- Early Interventions New Caseloads	95.00%	163.60%	126.10%	126.50%	119.60%	115.80%								
- Clostridium Difficile Incidents	7	0	0	0	0	0								
- Crisis GateKeeping	95.00%	100.00%	100.00%	100.00%	100.00%	100.00%								
- IAPT Referral to Treatment within 18 weeks	95.00%	99.44%	99.41%	99.48%	99.05%	98.77%								
- IAPT Referral to Treatment within 6 weeks	75.00%	89.03%	85.69%	85.12%	86.98%	90.39%								
- Locally Agreed														
- CPA Settled Accommodation	90.00%	99.30%	99.13%	98.94%	98.88%	98.79%								
- CPA Employment Status	90.00%	99.45%	99.32%	99.28%	99.21%	99.07%								
- Data Completeness: Identifiers	99.00%	99.31%	99.30%	99.37%	99.39%	99.38%								
- Data Completeness: Outcomes	90.00%	94.10%	93.63%	93.40%	93.45%	93.49%								
- Patients Clustered not Breaching Today	99.00%	74.60%	74.85%	75.10%	75.19%	75.48%								
- Patients Clustered Regardless of Review Dates	100.00%	95.38%	95.24%	94.83%	94.50%	94.31%								
- CPA HoNOS Assessment in last 12 Months	90.00%	81.41%	80.18%	79.68%	80.03%	80.42%								
- 7 Day Follow Up – All Inpatients	95.00%	95.90%	97.80%	98.56%	97.79%	96.49%								
- Ethnicity Coding	90.00%	93.88%	94.84%	95.05%	93.78%	92.34%								
- NHS Number	99.00%	99.92%	99.96%	99.97%	99.98%	99.97%								
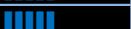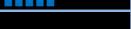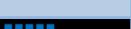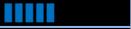
15-16 Performance Dashboard	Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trend
- Schedule 4 Contract														
- Consultant Outpatient Appointments Trust Cancellations (Within 6 Weeks)	5.00%	4.12%	3.28%	4.95%	3.87%	6.33%								
- Consultant Outpatient Appointments DNAs	15.00%	15.90%	15.71%	17.25%	17.63%	15.67%								
- Under 18 Admissions To Adult Inpatient Facilities	0	0	1	0	0	0								
- Outpatient Letters Sent in 10 Working Days	90.00%	78.39%	69.51%	72.48%	66.33%	59.37%								
- Outpatient Letters Sent in 15 Working Days	100.00%	88.59%	86.04%	87.44%	86.14%	88.02%								
- Average Community Team Waiting Times (Weeks)	N/A	5.77	5.59	5.11	4.82	4.56								
- Inpatient 28 Day Readmissions	10.00%	11.89%	5.88%	5.44%	11.84%	8.87%								
- MRSA - Blood Stream Infection	0	0	0	0	0	0								
- Mixed Sex Accommodation Breaches	0	0	0	0	0	0								
- 18 Week RTT Greater Than 52 weeks	0	0	0	0	0	0								
- Discharge Fax Sent in 2 Working Days	98.00%	98.45%	98.95%	98.56%	99.29%	100.00%								
- Fixed Submitted Returns														
18 Week RTT Greater Than 52 weeks	0	0	0	0	0	0								
18 Week RTT Less Than 18 weeks - Incomplete	92.00%	93.66%	92.94%	94.48%	94.35%	95.00%								
Mixed Sex Accommodation Breaches	0	0	0	0	0	0								
Completion of IAPT Data Outcomes	90.00%	98.33%	97.65%	96.35%	96.66%	98.36%								
Ethnicity Coding	90.00%	93.62%	94.64%	95.25%	93.60%	94.54%								
NHS Number	99.00%	100.00%	100.00%	100.00%	99.99%	99.99%								
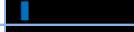
1.1 Exception Items and Specific Areas of Interest

The following section reviews a number of indicators in more detail, identifying where actions are in place to address areas of performance.

1.1.1 Locally Agreed – Patients clustered regardless of Review Dates and Patients clustered not Breaching Today
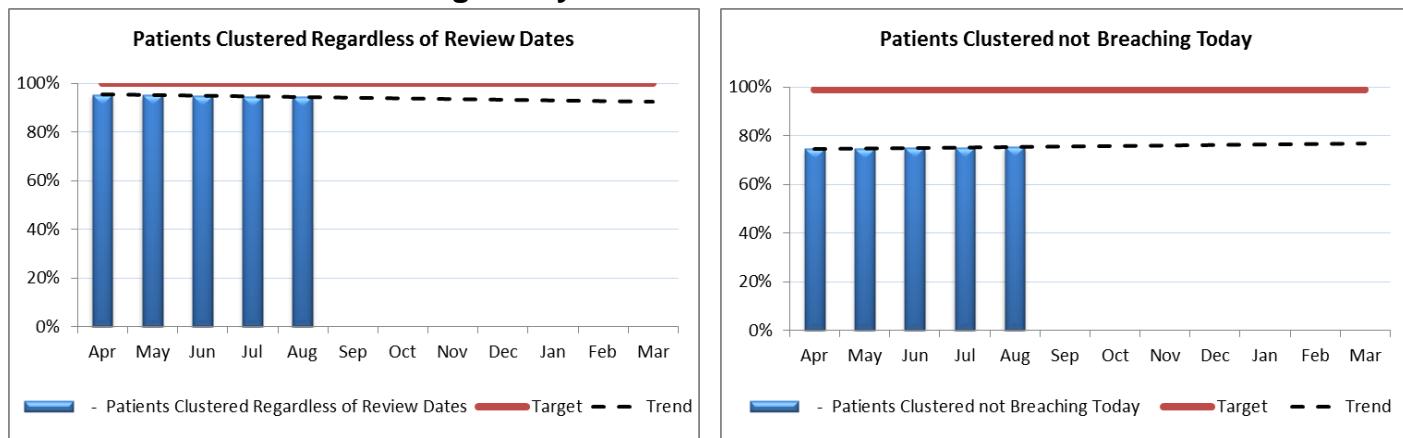
After a slight rise in exceptions during late July/early August, we are now seeing a slight week on week reduction again. The Payment by Results Advisor continues to work with teams and individuals offering training, support and advice. There are some remaining data cleansing issues, but these tend now to be minor and individual rather than the large problems we saw previously.

The Payment by Results Advisor has analysed the exceptions and prepared a new hit list of top ten consultants and teams to target. The Payment by Results Advisor has been concentrating on the consultants first, prioritising those that actively engage or who haven't been worked with previously. Later this month the Payment by Results Advisor plans to start doing similar with the teams.

Action planned: There are solutions being deployed on an ongoing basis:

- Data cleansing
- Make improvements in practitioner clustering
- Highlight to staff responsible for clustering the issues needing to be resolved
- Monitoring performance
- Team based training

1.1.2 Locally Agreed – Care Programme Approach Health of the Nation Outcome Score Assessment in Last 12 Months
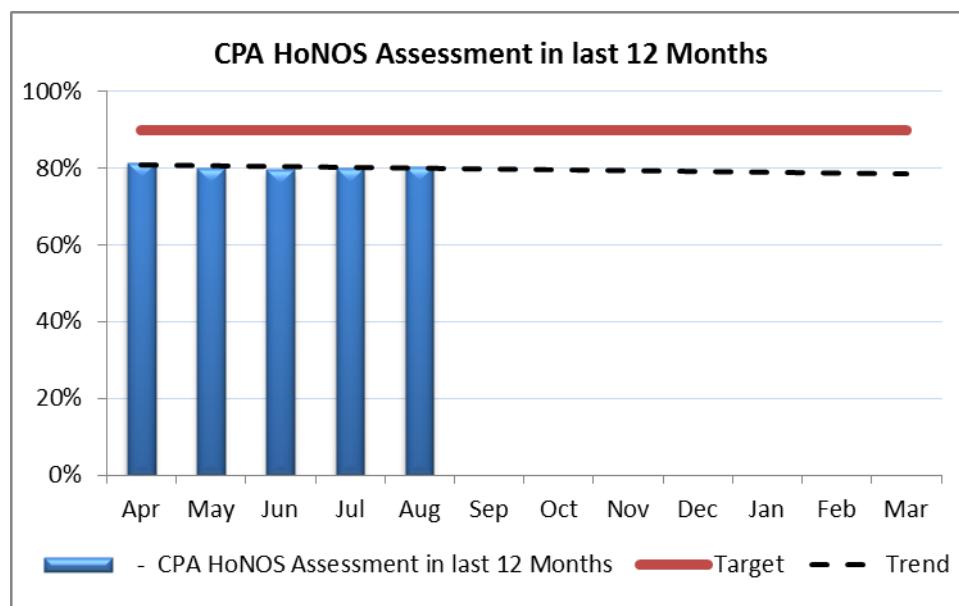
Health of the Nation Outcome Score assessments are part of clustering so by improving the clustering position we will improve the Health of the Nation Outcome Score assessments position by default. Please see comments and action plan in section 1.1.1

1.1.3 Schedule 4 – Consultant Outpatient Trust Cancellations (Within 6 Weeks)
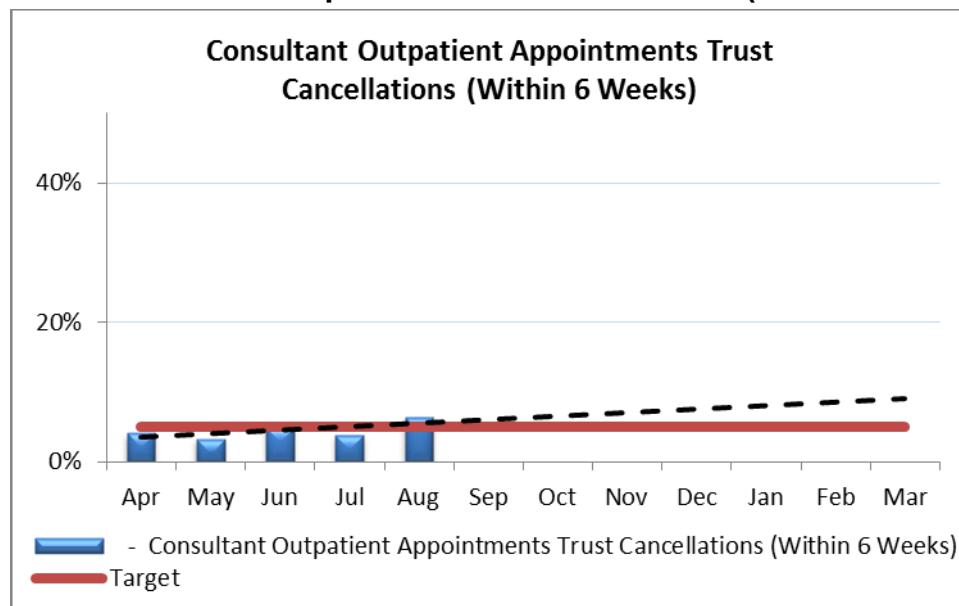
Comments: The majority of clinics were cancelled owing to consultant sickness and there being no cover available.

Action planned: To continue to monitor and ensure everyone is aware of the cancellation by Trust policy

1.1.4 Schedule 4 – Consultant Outpatient Did Not Attends
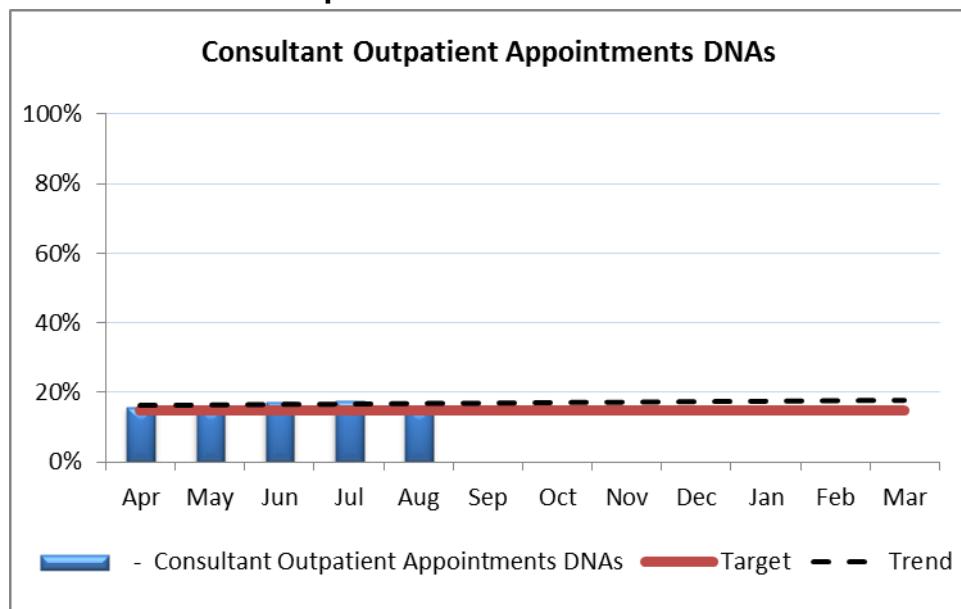
Work is continuing to try and increase the number of patients consenting to receive text message reminders.

Benchmarking using the latest published data (Quarter 1 2015/16) places us in the mid 60% of mental health trusts in the report and 2% above average (mean). In the previous quarter we were 3.7% above average, so there has been a slight improvement. Caveat – the target applies to consultant led services and it is evident from the data that there is a wide variation in the numbers of such appointments that trusts have reported, ranging from 38 to 38,500 in the quarter, therefore it is likely the benchmarking is not a like for like comparison.

(data source: http://www.england.nhs.uk/statistics/statistical-work-areas/hospital-activity/quarterly-hospital-activity/qar-data/)
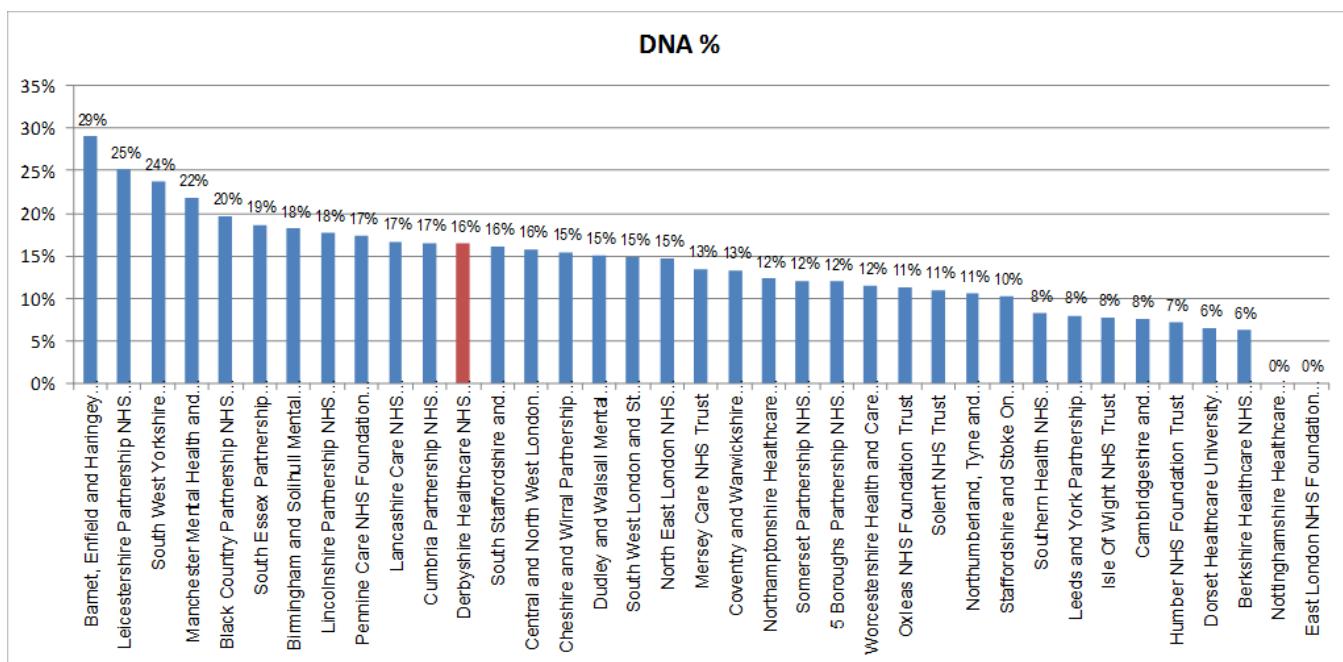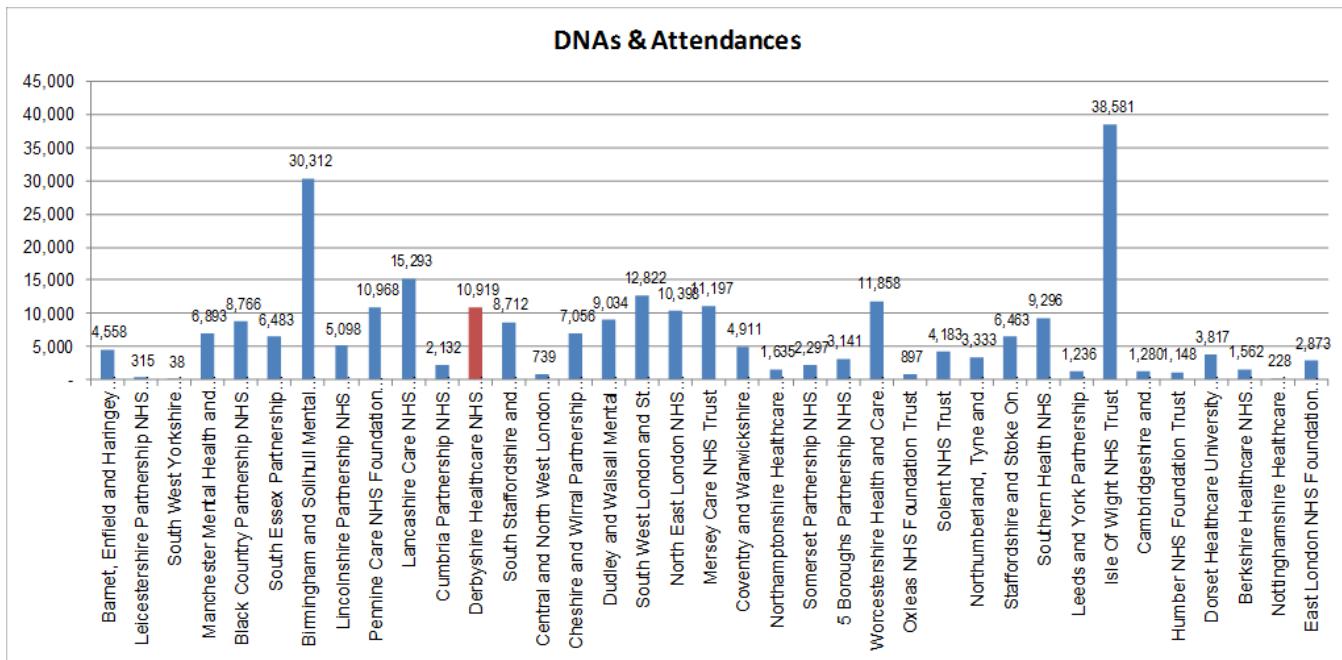
Action planned:

- A report has been created to enable monitoring of text message consent collection.
- Paris has been amended to enable the recording of where patients have declined to consent to text message reminders

1.1.5 Schedule 4 –Outpatient Letters
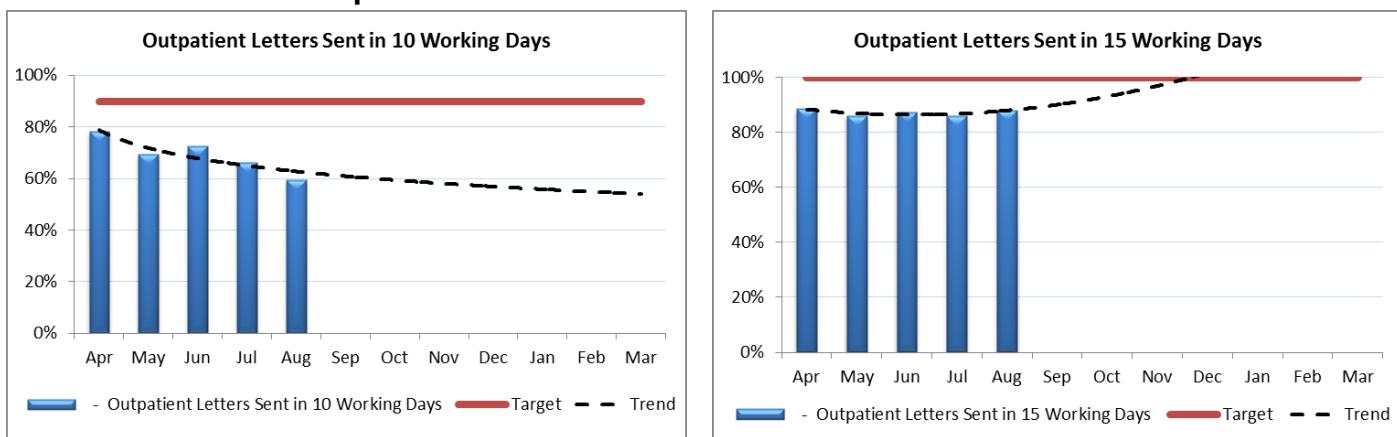
Actions taken last month to address performance:

- Data reports show where bottlenecks in the process are occurring. This allows us to specifically target medics' and medical secretaries' practices where breaches are occurring. We have identified that between 5-10% of the process is accountable for around 40% of the problem and these have been labelled as the 'big hitters' and are being addressed.

- A member of staff has been temporarily redeployed from the performance management team to assist in the management of the medical secretary resource. This allows for closer monitoring and management of processes at individual level and is aimed at addressing letter compliance (as well as Referral to Treatment targets).

The impact of these actions on the month's 'big hitters' can be seen as follows:

Letters (Created By)	July Breaches	August Breaches	Change
Consultant 1	69	43	26 reduction
Consultant 2	57	19	38 reduction
Consultant 3	48	14	34 reduction
Consultant 4	36	20	16 reduction
Consultant 5	36	15	21 reduction
Consultant 6	35	13	22 reduction
Consultant 7	34	0	34 reduction
Consultant 8	33	12	21 reduction
Consultant 9	32	0	32 reduction

The final August position will not be available until 15 working days after the end of the month: there will be letters being processed in the system that currently show as compliant but may or may not be compliant once processed as the target threshold has yet to be reached. What we can deduce at this point in time is that for August so far there have been 648 breaches compared to 989 in July so a reduction of 341.

There have also been fewer letters produced in August so far, probably as a result of doctors' annual leave, so despite the reduction in breaches it is showing as a percentage increase (or lower compliance percentage) as the numerator in the equation is considerably smaller (a reduction in breaches but a bigger reduction in the number of letters produced).

During August an essential software upgrade of the digital dictation system was required. This resulted in the system being out of use for several days, which will have had a slight impact on performance. The system was down as follows:

- Medics - from Friday 21st (doctors instructed not to upload after 22.00 hrs on 20th).
- Secretaries – from 11.50 am on Monday, 24th. For all users, the all clear to log back on was given during the course of Tuesday, 25th. This had to be done in a staged way to avoid slowing the server as the new software was pulled through by each user.

Action planned:

- The General Manager will regularly report consultant performance to the Medical Director and Clinical Directors to highlight process issues and aid targeted improvement
- A consultant dashboard is being developed to improve accessibility of individual performance information around key areas such as letters.

2 Health Visitor Dashboard

2.1 Key Performance Indicators

15-16 Health Visitor Dashboard	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Health Visitors (FTE) in Post ESR	N/A	69.85	68.72	67.65	67.36	67.36							
Health Visitors in Post (Headcount)	N/A	82	81	80	79	79							
Number of Student Placements (Headcount)	N/A	9	9	9	9	9							
Number of Student Placements (FTE)	N/A	9	9	9	9	9							
Number of mothers receiving antenatal check	N/A	195	152	204	226	167							
% Births that receive NBV within 10-14 days	N/A	88.00%	88.65%	92.66%	91.78%	92.51%							
% NBVs undertaken after 15 days	N/A	12.30%	10.30%	8.90%	6.20%	5.40%							
% Children who received a 3-4 month review	N/A	5.90%	11.50%	8.60%	9.90%	9.90%							
% Children who received a 12 month review	N/A	98.40%	97.70%	98.90%	96.00%	95.10%							
% Children who received a 12 month review at 15 months	N/A	97.60%	95.10%	97.30%	98.40%	97.90%							
% Children who received a 2 to 2.5 year review	N/A	95.30%	95.10%	97.20%	98.90%	97.70%							
% Staff who have received child protection training	N/A	63.40%	63.00%	62.50%	63.30%	63.30%							
% 10-14 Day Breastfeeding coverage	95.00%	99.30%	99.00%	98.50%	98.70%	96.70%							
% 6-8 Week Breastfeeding coverage	95.00%	100.00%	99.70%	100.00%	98.90%	96.10%							
% Still Breastfeeding at 6-8 Weeks	65.00%	64.90%	70.70%	72.10%	72.40%	65.90%							

2.1.1 Exception Comments

No exceptions

3   IAPT Services Dashboard

3.1   Dashboard

<div style="text-align:center">

Total Derbyshire CCSs AQP KPI and Activity Data 2015/16

</div>

Indicator no.	Indicator name	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
3a	The number of people who have been referred for Psychological Therapies (during the reporting quarter)	997	936	966	1132	926	0	0	0	0	0	0	0	4957
3b	The number of active referrals who have waited more than 28 days for treatment	427	384	352	266	230	0	0	0	0	0	0	0	
4	The number of people who have entered Psychological Therapies	817	733	855	861	712	0	0	0	0	0	0	0	3978
5	The number of people who have completed treatment (for any reason)	535	511	577	629	488	0	0	0	0	0	0	0	2740
6	The number of people who are "moving to recovery"	274	253	313	294	250	0	0	0	0	0	0	0	1384
6b	The number of people completing treatment who did not achieve caseness at the commencement of treatment	38	51	38	48	48	0	0	0	0	0	0	0	223
7	The number of people moving off sick pay and benefits	35	40	45	42	42	0	0	0	0	0	0	0	204

		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
	Recovery Rates KPI 6 / (KPI 5 - KPI 6b)	55.13%	55.00%	58.07%	50.60%	56.82%								54.99%
	Partial and Full Recovery Rates	75.45%	72.17%	75.32%	68.50%	72.50%								72.71%

3.1.1   Exception Comments

No exceptions regarding recovery rates.

4   Ward Safer Staffing

This section of the board performance report contains the information submitted to NHS England to demonstrate our compliance with the Safer Staffing initiative. The information is also displayed on the internet as requested by NHS England. Comments are provided by each Ward when the percentage fill rate is either over 125% or below 90%.

Ward name	Day		Night		Comments Required	Analysis and Action Plan for 'Average fill rate' above 125% and below 90%
	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)		
Audrey House Residential Rehabilitation	100.0%	100.0%	100.0%	100.0%	No	Not required
Child Bearing / Perinatal Inpatient	118.8%	161.5%	103.3%	234.5%	Yes	The fill rate tolerance for day Registered Nurses has been broken due to 0.8 WTE maternity leave and 0.8 WTE vacancy. Member of staff on maternity leave is due to return mid-August and the vacancy has been filled with a start date of the 1st Sept. For care staff day and night this has been due to the levels of clinical activity including observation levels and baby care. 0.8 WTE Nursery Nurse has also been absent for 4 weeks with a fracture.
CTC Residential Rehabilitation	97.7%	98.2%	100.0%	101.6%	No	Not required
Enhanced Care Ward	77.2%	116.3%	88.7%	123.4%	Yes	We continue to carry vacancies for RMNs totalling 3 which have been recruited into with students qualifying shortly and we have starting dates 2x 20th Sept and 1 x 4th October. As can be seen by the figures the shortfall in RMNs is supported with unqualified staff, whilst still ensuring that we cover ILS and C and R competencies on each shift. Throughout August have also been carrying high levels of long term sickness which is being managed by myself and HR. I have updated on going risk assessment to reflect present situation. After all new starters are in place will still be carrying a shortfall of 2.8 due to a deficit in budgeting.

Ward name	Day		Night		Comments Required	Analysis and Action Plan for 'Average fill rate' above 125% and below 90%
	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)		
Hartington Unit Morton Ward Adult	107.1%	89.9%	71.2%	137.0%	Yes	The reason we are falling short of target on night duty is that we are currently carrying Band 5 vacancies and some maternity leave - which do not always enable us to have x 2 qualified staff on night duty, there is also a significant number of nurses under preceptor ship who would not be put on night duty as the sole qualified nurse.
Hartington Unit Pleasley Ward Adult	90.4%	112.3%	109.4%	96.8%	No	Please do contact me again should you require any further information.
Hartington Unit Tansley Ward Adult	93.4%	104.2%	74.0%	128.0%	Yes	the ward continues to carry band 5 vacancies, coupled to this throughout much of July the ward has also carried high levels of nursing observations meaning a necessary increase in staffing which has been difficult to facilitate through nurse bank.
Kedleston Unit - Curzon Ward	103.1%	98.5%	100.0%	101.4%	No	Not required
Kedleston Unit - Scarsdale Ward	102.4%	95.2%	103.3%	100.0%	No	Not required
KW Cubley Court Female	103.9%	95.1%	97.6%	100.8%	No	Not required
KW Cubley Court Male	99.3%	95.4%	96.1%	100.0%	No	Not required
KW Melbourne House	88.6%	99.4%	83.9%	115.7%	Yes	we where down on qualified in this month due to new Qualified starters not starting until August and a back log of annual leave we had to commit too after qualified staff had held back to cover the ward while the recruitment drive took place.
KW Tissington Unit Older People	102.8%	87.9%	91.9%	97.8%	Yes	current fill rate tolerances broken due to level of R/N sickness during July

Ward name	Day		Night		Comments Required	Analysis and Action Plan for 'Average fill rate' above 125% and below 90%
	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)		
LRCH Ward 1 OP	101.8%	97.7%	94.4%	100.0%	No	We usually work 5 in the morning, 4 in the afternoon and 3 at night but looking on the e roster for July we had a period of about 3 weeks where we had 4 at night (and this went to 5 for a while) and also one week when we had 6 in the morning and 5 in the afternoon. This included bank staff. Where we had 4 at night (2 weeks) this would indicate that we had a level 2 (this can be managed in the day when there are more staff but difficult when there are fewer staff at night). Where we had 6 in the morning, 5 in the afternoon and 5 at night, this would indicate 2 level 2's so more staff would be requested during the day as well. These levels would have been reviewed daily as per policy. Also, we were unable to cover all nights with 2 qualified as they were needed to cover the days so we would have utilised a carer instead. This would explain the fact that we were 11.5% under with registered nurses at night yet 3.1% over with regards to carers. During July we had 2 registered nurses commencing on the ward. 1 had a short period of induction on a supernumerary basis (3 days) and 1 was returning from sickness so was on a phased return over a number of weeks so this could account for the 2.8% over on days re: registered nurses.
LRCH Ward 2 OP	96.4%	100.0%	94.7%	101.8%	No	Not required
RDH Ward 33 Adult Acute Inpatient	97.2%	103.3%	93.5%	100.0%	No	Not required
RDH Ward 34 Adult Acute Inpatient	100.5%	100.8%	50.0%	221.9%	Yes	The ward is unable to fulfil safer staffing requirements due to high vacancy levels, this continues to be addressed through ongoing recruitment
RDH Ward 35 Adult Acute Inpatient	86.3%	121.9%	86.0%	139.2%	Yes	We have broken current fill rates due to the number of qualified staff vacancies. We are currently recruiting into those vacancies.
RDH Ward 36 Adult Acute Inpatient	107.2%	85.2%	118.8%	98.3%	Yes	NONE RECEIVED

5 Waiting Times Summary

5.1 Waiting Times Table

Service	Team	External Waits			
		Number Waiting	Average Wait (Wks)	Longest Wait Ref Date	Longest Wait
CAMHS	County South MST	14	17	03/10/2014	49.57
	SYSTEMIC FAMILY THERAPY				
	SENAD	1	10.14	06/07/2015	10.14
	CAMHS EATING DISORDERS	2	9.57	10/07/2015	9.57
	Derby City CAMHS	42	8.19	06/01/2015	36
	Derby City YPSS	31	7.63	04/11/2014	45
	County South CAMHS	63	6.36	13/02/2015	30.57
	County YPSS	55	6.27	04/03/2015	27.86
	Derbyshire LD CAMHS	7	5.88	15/06/2015	13.14
	Derbys CAMHS Liaison	12	1.7	15/08/2015	4.43
Eating Disorder, Perinatal & Support Services	South Perinatal CMHT	28	7.65	06/05/2015	18.86
	Eating Disorder Service	3	4.67	10/08/2015	5.14
	PERINATAL NORTH	15	4.45	14/07/2015	9
Forensic & Rehabilitation Services	Forensic	6	42.57	13/10/2014	48.14
	Street Triage	1	38.14	22/12/2014	38.14
	Placement Review Team	3	32.43	01/11/2014	45.43
	FORENSIC PSYCHIATRY				
	Prison Inreach	7	7	17/03/2015	26
	Criminal Justice Liaison Team	7	5.9	13/03/2015	26.57
Inpatients	Inpatients (Trustwide)				
Learning Disability & Childrens Specialist Services	LD Psychiatry				
	LD Speech & Language				
	Learning Disabilities - Special Hearing Clinic	7	30.31	25/06/2014	63.86
	County South CLDT CAS	5	25.69	02/07/2014	62.86
	LD Nurse Consultant				
	LD Occupational Therapy				
	Derby City CLDT CAS	93	19.14	18/06/2013	117
	Amber Valley CLDT CAS	28	18.2	08/05/2013	122.86
	Erewash CLDT CAS	21	17.64	16/04/2014	73.86
	LD Acute Liaison Nurse				
	LD Physiotherapy				
	LD Psychology				
	Dales South CLDT CAS	3	12.76	27/03/2015	24.57
	LD Health Facilitation				
	LD Nursing				
	Learning Disabilities ATS				
Not Known	COUNTY ADULT ADHD	1	10	07/07/2015	10
	INTERNAL OTHER (DO NOT REFER)				

Service	Team	External Waits			
		Number Waiting	Average Wait (Wks)	Longest Wait Ref Date	Longest Wait
Older Peoples Urgent Care South	Midway Older People Day Hospital	1	32.86	28/01/2015	32.86
	DIETETICS				
	Dovedale Older People Day Hospital	17	17.67	24/12/2014	37.86
	Physiotherapy	1	4.86	12/08/2015	4.86
Planned Care City	Derby City Adult Recovery 1	12	12.41	21/11/2014	42.57
	Derby City Adult Recovery 2	29	11.21	29/01/2015	32.71
Planned Care North	High Peak & North Dales Adult Recovery	9	18.09	23/10/2014	46.71
	Chesterfield Central Adult Recovery	1	17	19/05/2015	17
	Killamarsh & North Chesterfield Adult Recovery	3	17	17/03/2015	26
	Chesterfield Central Adult Pathfinder	78	11.24	26/04/2013	124.57
	Killamarsh & North Chesterfield Adult Pathfinder	58	9.22	23/12/2013	90.14
	Bolsover & Clay Cross Adult Pathfinder	103	7.05	20/02/2015	29.57
	High Peak & North Dales Adult Pathfinder	83	6.97	17/12/2014	38.86
	Bolsover & Clay Cross Adult Recovery	1	5	11/08/2015	5
	County North Early Intervention	2	1.86	26/08/2015	2.86
Planned Care Older People Services	OA MEMORY ASSESSMENT	2	24.14	15/12/2014	39.14
	Memory Clinic	7	13.06	03/02/2015	32
	Dales South Older People CMHT	29	11.49	13/10/2014	48.14
	Dales North Older People CMHT	48	8.93	15/12/2014	39.14
	Derby City Older People CMHT	199	8.22	24/04/2014	72.71
	Amber Valley Older People CMHT	204	6.97	04/06/2014	66.86
	Chesterfield Older People CMHT	59	6.75	06/03/2015	27.57
	County North East Older People CMHT	79	6.57	16/03/2015	26.14
	County South Older People CMHT	63	6.11	05/03/2015	27.71
	High Peak Older People CMHT	39	4.28	20/03/2015	25.57
	Trust Wide Discharge Liaison Team (Older People)	7	2.37	15/07/2015	8.86
Planned Care South	ASD Assessment Service	65	66.67	15/06/2012	169.57
	Amber Valley Adult Recovery	9	30.3	01/04/2014	76
	County South & Dales Adult Recovery	15	21.59	30/06/2014	63.14
	Erewash Adult Recovery	9	19.27	27/10/2014	46.14
	On Call Doctors	15	18.77	15/01/2015	34.71
	63 Duffield Road				
	Duffield Road Cognitive Programme				
	County South & City Adult Pathfinder	599	14.69	31/07/2012	163
	Cognitive Behavioural Therapy				
	Psychodynamic Psychotherapy	3	6.33	29/05/2015	15.57
	County South & City Early Intervention	4	4.93	03/06/2015	14.86
Psychology	Psychosexual Psychotherapy	23	21.78	30/06/2014	63.14
	Psychology Dept Adult				

Service	Team	External Waits			
		Number Waiting	Average Wait (Wks)	Longest Wait Ref Date	Longest Wait
Urgent Care North	Hartington Unit	1	59.86	23/07/2014	59.86
	Liaison Team - South	275	4.74	09/11/2014	44.29
	High Peak and Dales CRHT	4	4.72	12/07/2015	9.29
	Hartington In-Reach Team				
	Liaison Team - North	150	3.76	01/12/2014	41.14
	Chesterfield CRHT	4	2.5	13/08/2015	4.71
Urgent Care South	Hartington Unit OT				
	Hope And Resilience Hub				
	Radbourne In-Reach Team				
	County South & City CRHT	13	9.31	22/12/2014	38.14

5.2 Comments

Waiting time information is currently being data cleansed to remove long waiters where the referral has not been closed. Reports are being provided to the teams on a weekly basis. Operational management are drive the data cleansing process.

Month / Time - 0930 – 1600	Topic - Morning	Board Lead/ Facilitator	Topic - Afternoon	Board Lead/ Facilitator	Item Evening	Summary / Reflection
10 December 2014	• PwC Governance Advisory Review Action Planning • Draft Corporate Governance Framework	GFG	• Christmas lunch (staff restaurant) 1-2pm.			
14 January 2015	CANCELLED					
11 February 2015 **(Date: TBC due to Absences)**	• CQC Inspection – Board Preparedness	GFG		FG/CG		Postponed and rescheduled for 15/04/2015
11 March 2015 Apologies: Caroline Maley, Jayne Storey	**Board Effectiveness (1)** (Ken Tooze)	KT	**Board Effectiveness (1)** (Ken Tooze)	KT		Developing Teamwork - References: The Healthy Board 2013, The Well Led Framework - Areas covered: Appreciative Inquiry, 'Confronting Brutal Truths', forward planning, Actions developed - to frame Board Development forward programme
15 April 2014	**CQC Inspection – Board Preparedness** *Follow on from KT session (11th March)* • Review of Board Development session on 11/03 review of actions / strategic questions • Well-led framework for Corporate Governance: complete self-assessment (Domains 1 and 4)	MT CGr	• Capability and Culture (Domain 2) • Dalton Review Response • Horizon Scanning – Open discussion & sharing intelligence	MT ALL	• Dinner	CQC preparedness session led by CGr Review of Board Effectiveness – actions and notes discussed
13 May 2015	• Board Assurance Framework (BAF) and Risk Register Refresher Training • Review of Escalation Frameworks/Inter-relationships and flows between committees • Sense check of KPIs	RK	• Care Act 2014 / Health and Safety Reforms	TBC		Mock audit day with PWC – CGr still to give formal feedback
Tuesday 30 June 2015	**Board Effectiveness (2)** (Ken Tooze) Enterprise Centre, Bridge Street, Derby	KT	**Board Effectiveness (2)** (Ken Tooze) Enterprise Centre, Bridge Street, Derby	KT		Cancelled due to priorities

15 July 2015	Commence with half hour Mindfulness / Compassionate Training
	
	The external perspective
	
	- Commissioners
	- 3rd Sector partners
		ELT	- Strategy Review
			  o Longer term sustainability
			  o Update on wider system - C21/STAR
			- Outline & agreement of Business Planning process
			- White Peaks Report
				MP/CW
				IM/ST
				
				RK (TBC)
						Cancelled due to priorities

12 August 2015	Let's Listen to our staff – the 'honest conversation'	JSt				Cancelled – Staff invited to July public board

Month / Time - 0930 – 1600	Topic - Morning	Board Lead/ Facilitator	Topic - Afternoon	Board Lead/ Facilitator	Item Evening	Summary / Reflection
9 September 2015	• Well-led framework – self assessment Overview Self-review discussion	JD	Well-led self-assessment gap analysis - Action planning prioritisation			Completed and draft to be circulated for further comment
14th October 2015	**Well-led framework** - Self-assessment update **Trust Strategy review** - Longer term sustainability - Update Derbyshire - JUC	JD MP IM	**Trust Strategy Review** - Planning - Review of existing supporting strategies	MP ELT		
~~27 October 2015~~ DAY CANCELLLED	~~Board Effectiveness (3) (Ken Tooze)~~ ~~Venue to be confirmed~~	KT	~~Board Effectiveness (3) (Ken Tooze)~~ ~~Venue to be confirmed~~	KT		Postpone Ken Tooze and re-arrange a date in the New Year if appropriate
11 November 2015	Exploring commercial relationships	MP	OD strategy and plan Agree 2016 Board Development Programme	JSt		
9 December 2015	Hold for learnings from ET / Investigation outcomes	CM	Christmas Lunch Annual Plan			

To be considered and scheduled for 2016

CQC preparedness

Annual planning process

February BAF – Rachael - Feb am - pm Priority setting

Freedom to Speak up action plan

Exec Lead	Item	Purpose of Item - Statutory or Compliance Requirement Alignment to FT Strategic Objectives	Apr-15	May-15	Jun-15	Jul-15	Sep-15	Oct-15	Nov-15	Jan-16	Feb-16	Mar-16	Apr-16
		PAPERS DUE	**17-Apr**	**15-May**	**12-Jun**	**17-Jul**	**18-Sep**	**16-Oct**	**13-Nov**	**14-Jan**	**12-Feb**	**18-Mar**	**15-Apr**
SCT	Apologies given		X	X	X	X	X	X	X	X	X	X	X
JD	Declaration of Interests	FT Constitution	X	X	X	X	X	X	X	X	X	X	X
MT	Minutes/Matters arising/Action Matrix	FT Constitution	X	X	X	X	X	X	X	X	X	X	X
MT	Board Forward Plan	Licence Condition FT4	X	X	X	X	X	X	X	X	X	X	X
X	Comments from observers during meeting	Statutory Outcome 3	X	X	X	X	X	X	X	X	X	X	X
MT	Board review of effectiveness of the meeting	Statutory Outcome 3	X	X	X	X	X	X	X	X	X	X	X
STRATEGIC PLANNING AND CORPORATE GOVERNANCE													
MT	Chairman's report	Licence Condition FT4	X	X	X	X	X	X	X	X	X	X	X
IM	Chief Executive's report	Licence Condition FT4	X	X	X	X	X	X	X	X	X	X	X
MP	APR Monitor Annual Plan submissions and governance statements, including financial planning (subject to change for Monitor deadlines each year) *Confidential*	FT Constitution/Monitor Risk Assurance Framework (RAF)	APR Progress update/ approval	APR Progress update/ approval						Self-assessm't if not covered in Bd Devpmt	APR Progress update	Approve start budgets. APR progress update/appr oval	APR Progress update/ approval
CW	Monitor Compliance Return *Confidential*	Monitor Risk Assurance Framework (RAF)	X			X		X		X			X
IM	Monitor Feedback	Monitor Risk Assurance Framework (RAF)		X					X				
MP	Commercial Strategy updates *Confidential*	Licence Condition FT4			X		X				X		
CW	Estates Design and Agile Working Strategy update *Confidential*	Monitor Risk Assurance Framework (RAF)	X					X					X
CW	5 Year Capital Programme (required by Monitor)	Monitor Risk Assurance Framework (RAF)							X				
CW/CG	Annual Accounts and Annual Report and Quality Report & Annual Governance Statement (sign-off of final versions is delegated to Audit Committee annually)	FT Constitution	*Drafts* to be issued to Board for comment	Summary of key changes raised at Audit Com		Annual audit letter			Board to consider deleg'n of sign off to Audit Com				*Drafts* to be issued to Board for comment
IM	Strategic review/quarterly progress to include Transformation Board update	Strategic Outcomes (all)		X					X			X	

Exec Lead	Item	Purpose of Item - Statutory or Compliance Requirement Alignment to FT Strategic Objectives	Apr-15	May-15	Jun-15	Jul-15	Sep-15	Oct-15	Nov-15	Jan-16	Feb-16	Mar-16	Apr-16
CGi	IM&T Strategy Updates that will include update on optimisation of EPR	Strategic Outcome 1 Strategic Outcome 2			X			Progress Report					X
CGi	Information Governance Updates	Strategic Outcome 1 Strategic Outcome 3 Information Gov toolkit	X					X				X	
AS	Communications Strategy - Yearly Report	Strategic Outcome 3					X						Next one Sept 2016
JSt	People Strategy / Updates	Strategic Outcome 4 Licence Condition FT4		X		X		X		X			
JSy	Research & Development Strategy	Strategic Outcome 1 and 3			X					X Progress Report			
JSt	Staff Survey Results & Follow up activity	Strategic Outcome 3 and 4			Progress Report		Progress Report				X Results		
JD	Review S.O.'s, SFI's, SoD	FT Constitution Standing Orders						X					
JD	Trust Sealings	FT Constitution Standing Orders	X										
JD	Annual Review of Register of Interests	FT Constitution Annual Reporting Manual	X										
CG	Board Assurance Framework Update	Licence Condition FT4		X				X				X	
JD	Raising Concerns (whistleblowing)	Strategic Outcome 1 Public Interest Disclosure Act			X			X				X	
JD	Whistleblowing Policy - annual nomination of NED role (one year rotation)	Francis Report						X					
JD	Committee Reports (following every meeting) - Audit - Finance & Performance - Mental Health Act - Quality Committee - Safeguarding	Strategic Outcome 3	X	X	X	X	X	X	X	X	X	X	X
MT	Annual Members' Meeting - arrangements	FT Constitution					X						
OPERATIONAL PERFORMANCE													
CGi	Integrated performance and activity report to include pre agreed deep dive based on risk	Licence Condition FT 4 Strategic outcome 1 Strategic Outcome 3	X	X	X	X	X	X	X	X	X	X	X

Exec Lead	Item	Purpose of Item - Statutory or Compliance Requirement Alignment to FT Strategic Objectives	Apr-15	May-15	Jun-15	Jul-15	Sep-15	Oct-15	Nov-15	Jan-16	Feb-16	Mar-16	Apr-16
CW	Financial Performance Report	Licence Condition FT4	X	X	X	X	X	X	X	X	X	X	X
CW	Reference cost sign off	Best practice		X									
QUALITY GOVERNANCE													
CG	Position Statement on Quality (Incorporates Integrated Governance, Patient Experience and Patient Safety Reports) and Quality Dashboard	Strategic Outcome 1 CQC and Monitor		X	X	X	X	X	X	X	X	X	X
CG	Safeguarding Children	Children Act Mental Health Standard Contract						X		X			
CG	Safeguarding Adult	CQC Mental Health Standard Contract						X		X			
CG	Control of Infection Report	Health Act Hygiene Code		X									
CG	Integrated Clinical Governance Annual Report (inc MHA/Governance/Complaints and Compliments/SIRI's/Patient Safety/NHS Protect (LSMS) and Emergency Preparedness	CQC				X		X					
CG	Integrated H & S Governance Annual Report (including H&S and Fire Compliance and Associated Training)	CQC and H&S Act						X *					
CG	Annual Patient Survey	Clinical Practice CQC						X *					
CG	CQC Update - Verbal unless report required *Confidential*	Monitor Risk Assurance Framework (RAF)	X	X	X	X	X	X	X	X	X	X	X
JSy	Re-validation of Doctors	Strategic Outcome 3			X								

* Deferred from previous month