Derbyshire Healthcare NHS Foundation Trust
Board of Directors Meeting

To be held digitally via MS Teams

6 July 2021 09:30 - 6 July 2021 12:15

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PUBLIC BOARD MEETING
TUESDAY 6 JULY 2021 TO COMMENCE AT 9:30am
Following national guidance on keeping people safe during COVID-19 this will be a virtual meeting conducted via MS Teams

	TIME	AGENDA	LED BY
1.	9:30	Chair's welcome, opening remarks and apologies, declarations of interest and Register of Directors' Interests	Caroline Maley
2.		Patient Story	Carolyn Green
3.		Minutes of Board of Directors meeting held on 4 May 2021	Caroline Maley
4.		Matters arising – Actions Matrix	Caroline Maley
5.		Questions from members of the public	Caroline Maley
6.	10:00	Chair's Update	Caroline Maley
7.	10:10	Chief Executive's Update	Ifti Majid
STRATEGY, OPERATIONAL PERFORMANCE AND QUALITY ASSURANCE			
8.	10:25	Integrated Performance Report	C Wright/J Lowe/ C Green//L Doyle
9.	10:40	Trust Strategy – Great Care Building Block - Improving Safety	John Sykes
11:00 B R E A K			
10.	11:10	Learning from Deaths Mortality report	John Sykes
GOVERNANCE			
11.	11.20	Board Assurance Framework Update Issue 2	Justine Fitzjohn
12.	11:30	Fit and Proper Person Declaration	Justine Fitzjohn
13.	11:40	Board Committee Assurance Summaries of meetings of Audit and Risk, Finance and Performance, Quality and Safeguarding Committees held during May and June 2021	Committee Chairs
CLOSING MATTERS			
14.	11:55	- Identification of any issues arising from the meeting for inclusion or updating in the Board Assurance Framework - Meeting effectiveness	Caroline Maley
FOR INFORMATION			
Summary Report from the Council of Governors meeting held 4 May 2021 Glossary of NHS Acronyms 2021/22 Forward Plan			

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

The next meeting will be held at 9.30am on 7 September 2021. It is anticipated that this meeting will be held digitally via MS Teams
Users of the Trust's services and other members of the public are welcome to attend the meetings of the Board.
Participation in meetings is at the Chair's discretion

Our vision

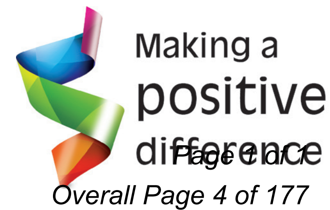
To make a positive difference in people's lives by improving health and wellbeing.

Our values

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

Our Trust values are:

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



DECLARATION OF INTERESTS REGISTER 2021/22		
NAME	**INTEREST DISCLOSED**	**TYPE**
Margaret Gildea Non-Executive Director	• Director, Organisation Change Solutions Limited • Coaching and organisation development with First Steps Eating Disorders • Director, Melbourne Assembly Rooms	(a) (e) (d)
Carolyn Green Director of Nursing and Patient Experience	• Midlands and East Regional Director, National Mental Health Nurse Directors Forum	(e)
Gareth Harry Director of Director of Business Improvement and Transformation	• Chair, Marehay Cricket Club • Member of the Labour Party	(e) (e)
Ashiedu Joel Non-Executive Director	• Director, Ashioma Consults Ltd • Director, Peter Joel & Associates Ltd • Director, Leicester Council of Faiths • Director, The Bridge East Midlands • Director, Together Leicester	(a) (a) (a) (a) (a)
Geoff Lewins Non-Executive Director	• Director, Arkwright Society Ltd • Director, Cromford Mill Limited (wholly owned trading subsidiary of Arkwright Society)	(a) (a)
Jaki Lowe Director of People and Inclusion	• General Medical Council Associate	(e)
Ifti Majid Chief Executive	• Board Member of NHS Confederation Mental Health Network • Co-Chair, NHS Confederation BME Leaders Network • Spouse is Operations Director (North) at Priory Healthcare	(d) (d) (e)
Dr Julia Tabreham Non-Executive Director	• Research and Ambassador Carers Federation • Daughter's partner is Amit Pore – Team Lead for the NHS Passport. Amit is employed by Netcompany, working in collaboration with NHS Digital and NHSX (NHS joint organisation for digital, data and technology) • Daughter-in-Law is Dr Jacqueline Tsang – Consultant Obstetrician, Newham Hospital, London	(d) (e) (e)
Dr John Sykes Medical Director	• Undertakes paid assessments of patients at the request of the local authorities under the Mental Health Act and Mental Capacity Act and acts likewise for solicitors representing patients	(e)
Richard Wright Deputy Trust Chair and Non-Executive Director	• Non-Executive Director (Chair) of Sheffield UTC Multi Academy Educational Trust	(a)

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

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

MINUTES OF A VIRTUAL

MEETING OF THE BOARD OF DIRECTORS

TUESDAY 4 MAY 2021

VIRTUAL MEETING VIA MS TEAMS	
Commenced: 9.30am	Closed: 12.27pm

PRESENT	Caroline Maley	Trust Chair
	Richard Wright	Deputy Trust Chair and Non-Executive Director
	Margaret Gildea	Senior Independent Director and Non-Executive Director
	Geoff Lewins	Non-Executive Director
	Dr Julia Tabreham	Non-Executive Director
	Ashiedu Joel	Non-Executive Director
	Ifti Majid	Chief Executive
	Claire Wright	Deputy Chief Executive and Director of Finance
	Mark Powell	Chief Operating Officer
	Carolyn Green	Director of Nursing and Patient Experience
	Dr John Sykes	Medical Director
	Gareth Harry	Director of Business Improvement and Transformation
	Jaki Lowe	Director of People and Inclusion
	Justine Fitzjohn	Trust Secretary
IN ATTENDANCE	Anna Shaw	Deputy Director of Communications
	Sue Turner	Board Secretary
	Lee Doyle	Acting Director of Operations
	Helen Pooley	Area Service Manager for Substance Misuse
	Clare Exton	Community Mental Health Support Worker, from the South Derbyshire and South Dales Older Adults Team
	Dr Smita Saxena	Consultant Psychiatrist and Guardian of Safe Working
APOLOGIES	Dr Sheila Newport	Non-Executive Director
OBSERVERS*	Lynda Langley	Lead Governor and Public Governor, Chesterfield
	Andrew Beaumont	Public Governor, Erewash
	Julie Boardman	Public Governor
	Rachel Bounds	Public Governor, Derbyshire Voluntary sector
	Valerie Broom	Public Governor, Amber Valley
	Jodie Cook	Public Governor, Voluntary Sector (Derbyshire Mental Health Forum)
	Julie Lowe	Public Governor, Derby City East
	Susan Ryan	Public Governor
	Marie Hickman	Library and Knowledge Manager and Staff Governor
	Pete Henson	Head of Performance
	Denise Baxendale	Membership and Involvement Manager

* *The Board meetings are broadcast via a MS Teams Live event. The names of some observers may not be identifiable from email addresses and recorded as attendees*

DHCFT 2021/039	**CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND DECLARATION OF INTERESTS** Due to the need for social distancing to help limit the spread of COVID-19, this was a virtual meeting, held via MS Teams. Trust Chair, Caroline Maley, welcomed everyone to meeting including the Trust's Lead Governor, other Governors, Trust colleagues and the public observing via the live streamed feed. Thanks were extended to Ian Strange for providing the technical support enabling the meeting to be live streamed. A warm welcome was extended to Helen Pooley, Area Service Manager for Substance Misuse who shadowed Director of Nursing and Patient Experience, Carolyn Green and to Dr Smita Saxena who attended to present the Guardian of Safe Working report. Apologies were noted from Non-Executive Director, Dr Sheila Newport. Caroline reflected on how it has been a hard year for so many people and how good it has been to see the recent lifting of restrictions and some form of normality starting to return. She has also been reassured to see the impact that the vaccination programme has had on controlling the virus, giving hope to so many. The ongoing impact that COVID-19 has on the lives of people across the world particularly at this time of India was of great concern to Caroline especially as there are colleagues in the Trust who have family and close contacts in India who may be caught up in the crisis there. Her thoughts were very much with them and she asked the Board to take a moment to reflect on the impact that the pandemic has had on the lives of so many across the world, and in particular think about those we know who have been impacted by the loss of loved ones and colleagues since the pandemic struck over a year ago.
DHCFT 2021/040	**DECLARATIONS OF INTERESTS** The year-end 2020/21 Register of Directors' interests was included in the meeting papers. This register will be published in the Annual Report for 2020/21. The register is updated when each new interest declared/removed and the revised version is reported to each Public Board. There is only one change between the 2020/21 register and the current 2021/22 register with regards to Carolyn Green being elected by her peers to become a Director of the National Mental Health Nurse Directors Forum as the Midlands and East Regional lead. Deputy Trust Chair pointed out that he is no longer the chair of the System Finance Oversight Group for Joined Up Care Derbyshire. This will be removed from the register that will be published in the Annual Report. Although directorships and other significant interests held by Board members should be declared on appointment and kept up to date, it was agreed that it is not necessary for Board members to declare their appointments to system committees. **RESOLVED: The Board of Directors approved the declarations of interest as disclosed. These are recorded in the Register of Interests which is accessible to the public at the Trust Head Office and will be listed in the Trust's Annual Report for 2020/21.**
DHCFT 2021/041	**STAFF STORY** This was the first staff story received by the Board. Director of People and Inclusion, Jaki Lowe reflected on the importance of focussing on supporting colleagues over the last year and introduced Clare Exton, Community Mental Health Support Worker, from the South Derbyshire and South Dales Older Adults Team who shared her staff story that had a particular focus on health and wellbeing.

	Clare described her experience of working from home throughout the pandemic had how she had adapted her home environment so she could work from home and thanked the Trust for their support in providing her with the correct office and IT equipment. Clare has also been shielding because she has to manage a long health term health condition. She is also a registered carer for her father who has vascular dementia. Shielding had affected Clare, she found it very isolating as the only time she saw someone was over a video conference. She also found she was working harder and longer hours while working from home. Despite this, Clare has managed her condition well throughout the pandemic and has maintained good sickness absence levels. Taking regular exercise has been good for her mental health and the support she has received through Trust's disability and wellness staff network has proved invaluable. She found get together team meetings and coffee mornings held over MS Teams beneficial and was touched by the Trust's appreciation of staff over the last year through the delivery of chocolates gift voucher that all staff received in recognition of their hard work. Clare has since returned to the office and has kept her health risk assessment up to date with her manager. She also received a report from Occupational Therapy advising her to consider the health risk assessment matrix before she goes to work in the community. Clare felt honoured to be have been part of the Incident Management Team (IMT) during the last lockdown and was impressed with how IMT has been keeping patients and staff safe throughout the pandemic. She was also grateful that the Trust is acknowledging her skills and helping her progress towards a nursing apprenticeship that she hopes to start in the near future. Julia Tabreham as Chair of the People and Culture Committee observed that Clare was a carer for her father and asked if there is anything more that the Trust could do to support staff with caring responsibilities. The Trust offers a lot of support for carers of patients and assists with financial assessments and advises on social care. Clare was satisfied with the support that the Trust was providing and was grateful to be able to attend her father's medical appointments and hoped that this support would continue. Chief Executive, Ifti Majid appreciated Clare's honesty while talking about the conditions affecting her life as this will help the Trust understand and develop the working models being put in place to give staff flexibility to help with their caring responsibilities. The way Clare's line manager has worked with her emphasises the importance of having the right conversations with her about her health. Maintaining the regularity of the disability and wellness networks is also an important factor and the organisation will move forward with this person centric approach. **RESOLVED: The Board of Directors agreed this story had a real focus on colleague health and wellbeing and the importance of the Trust's support networks.**
DHCFT 2021/042	**MINUTES OF THE BOARD OF DIRECTORS MEETING HELD ON 13 JANUARY 2021** The minutes of the previous meeting held on 2 March 2021 were accepted as a correct record of the meeting.
DHCFT 2021/043	**ACTIONS MATRIX** The Board agreed to close all completed actions. Updates were provided by members of the Board and noted on the action matrix.
DHCFT 2021/044	**QUESTIONS FROM MEMBERS OF THE PUBLIC** No questions had been submitted for a response ahead of today's meeting.
DHCFT 2021/045	**CHAIR'S UPDATE**

	Caroline Maley's report provided the Board with reflections on her activity in her role as Trust Chair since the previous Board meeting held on 2 March and outlined virtual engagement with colleagues during the ongoing pandemic. On 7 April Caroline had the privilege of taking part in the judging of the nominations for the Trust's HEARTS Awards (Honouring Exceptional and Really Terrific Stuff). Caroline congratulated all nominees and looked forward to the awards ceremony taking place on 26 May. She also attended many of the live engagement events being hosted via MS Teams and is hoping virtual team visits can resume soon as these are very useful to her in terms of understanding how staff are feeling and engaged with the Trust and was pleased to note that several Non-Executive Directors (NEDs) continue to join these calls. It was pleasing for Caroline to hear how many staff had taken up the offer of a vaccination against COVID-19. Her thanks went out to all who have been involved in this important process, and to all staff for listening and taking well informed decisions. At the beginning of April the Trust's RoadMap out of lockdown was launched. Caroline welcomed this sensible vision of the way forward and thanked everyone working on this careful approach to recovery. Caroline formally noted that appraisals for the NEDs, including her own, have now been completed and presented to the Council of Governors' Nominations and Remuneration Committee. The Trust has commenced the next round of elections to our Council of Governors. The results will be declared on 31 May. Formal thanks were made to Councillor Jim Perkins the Trust's appointed Governor for Derbyshire County Council. Jim has stepped down as a governor and Caroline thanked him for his contribution to the work of the Council and looked forward to welcoming his nominated successor in due course. Another productive and well attended Governance Committee took place in April which covered some really important issues and included good debate. The last few weeks have also been busy for Caroline as she has attended several system meetings, regional meetings and national meetings. Caroline drew attention to the notes from the Joined up Care Derbyshire (JUCD) meetings held in March and April that were appended to her report and covered in more detail in Ifti Majid's Chief Executive Update. **RESOLVED: The Board of Directors noted the content of the Chair's update.**
DHCFT 2021/046	**CHIEF EXECUTIVE'S REPORT** Ifti Majid's report provided the Board with feedback on changes within the national health and social care sector, and an update on developments occurring within the local Derbyshire health and social care community as influenced by the NHS response to the pandemic, and how to learn lessons from the response. **National Context** Ifti first of all mentioned NHS England and Improvement (NHSE/I) priorities and operational planning guidance for 2021/22 that was published in March. This overarching document sets out six priorities for the year ahead and asks systems to develop fully triangulated plans across activity, workforce and money for the next six months. These arrangements are supported by an additional £8.1bn of funding to reflect the ongoing impact of COVID-19. The Board was briefed on Ifti's first experience of the Care Quality Commission (CQC) Provider Collaboration Review (PCR) review. The focus of the review was the provision of services for people who live with a learning disability in the community. Ifti welcomed the fact that PCRs are focussing on the patients and looking at the overall experience of the

	individual. The lessons to be had from this review will be responded to later and Ifti looked forward to working with the CQC and planning earlier for these reviews as a system. The PCRs will continue and their importance will grow and it will be necessary to consider the governance associated with the new type of system review as they develop further. **Local Context** Ifti also talked about work he is leading with Andy Smith from Derby City Council on Anchor Organisations and the Trust's role in local communities and with other organisations that are rooted in local community through size, history or environmental footprint. He was pleased to report that at the inaugural meeting it was agreed that the focus of the Anchor Organisation will be on improving access to services. One of the first priorities will be to look at best practice and establish any gaps in implementation and training and produce a statement of intent. Ifti emphasised the need to recognise that the Trust within the JUCD is part of a much wider social economic system that will improve the lives of people within Derbyshire and this is the space that the Trust will be operating in. Ifti updated the Board following the two recent patient stories that were heard at the January and March meetings relating to lack of an autism treatment service within Derbyshire. The Mental Health, Learning Disability and Autism Board has supported a proposal to implement a three tiered model for an autism support service, which will provide a crisis and hospital avoidance service, a multi-agency community support offer and an enhanced voluntary and community sector offer. It is anticipated that the support service will be operational in part from August. This is a positive move forward as this model not only addresses people's needs when in crisis, it also takes a longer-term view of developing individual and community resilience as well as supporting families. **Within the Trust** Attention was drawn to the Trust's Roadmap that will focus on how the organisation will develop its priority actions over the next three and six months in its recovery from the COVID-19 pandemic. The first three month period is very much a continuation of the Trust's 'people first' approach with a focus on enabling colleagues to restore and catch up with supervision and personal development, enabling teams to safely come together and based on learnings over the last year, agree working patterns, operating model and the clinical contact operating model. Positive feedback has been received from colleagues about the road map and it was great to use the various live engagement events and Staff Forum to discuss the key areas and get ideas from colleagues. Ifti has been pleased to get back out on the road to safely meet colleagues. What struck him the most was the morale people have maintained during the COVID response and the innovative ideas and the learning they are taking from their experiences of the last yar. Ifti recognised that people are very tired and applauded colleagues for their enthusiasm and dedication as the Trust would not be in such a strong position if it was not for their passion and commitment. He was particularly impressed with compliance with infection prevention and control measures, mainly on the Radbourne Unit and Cubley Court inpatient services. Ifti referred to the Trust Strategy appended to his report, particularly the 'Building Blocks', which are the key areas for the delivery of improvement actions to achieve the Trust's strategic objectives. Although much has changed since the vision, values and strategic objectives were first established the building blocks remain as relevant today. The Executive Team has reviewed the priority actions under each building block and the strategic objective that it supports and revised them so they are aligned to the Roadmap, which outlines the Trust's steps in recovery from the COVID 19 pandemic. Board members welcomed the concept of the work taking place within the Anchor Organisation and considered this work would pay huge dividends for the community. The Board supported the revisions to the building blocks within the Trust Strategy and the sensible approach being taken with the Roadmap and noted the positive response received from staff.

	The appointment of Ade Odunlade as the new Chief Operating Officer was noted. Board members looked forward to welcoming Ade to the Board when he joins the Trust on 5 July. **RESOLVED: The Board of Directors scrutinised and discussed the report, noting the risks and supported the actions being taken.**
DHCFT 2021/047	**<u>PERFORMANCE AND ACTIVITY REPORT</u>** This report updated the Board of Directors on the key finance, performance and workforce measures at the end of March 2021. Acting Director of Operations, Lee Doyle described how performance was reflected in key areas. **Finance** The Trust ended the year with a deficit of £2.1m. This outturn includes costs for additional annual leave carried forward related to the pandemic, in line with NHS England and Improvement (NHSEI) requirements. Additional costs were also offset by the release of some deferred income and the receipt of additional income which created a benefit that had not previously been forecast. The Trust's position forms part of the overall financial position of JUCD and the system managed costs overall within the fixed income allocation with no material variance at year end. The Trust underspent the capital plan as agreed. In April formal notification was received from NHSEI that the Trust has been allocated a place on the dormitory eradication programme with allocations totalling £80m, subject to successful business case processes to secure. Deputy Trust Chair, Richard Wright referenced the year-end deficit of £2.1m and asked Deputy Chief Executive and Director of Finance, Claire Wright to elaborate on this outturn with regard to the annual leave provision. Claire confirmed that the year-end position of £2.1m deficit mirrored the increase in the value of that provision. Overall there were other significant COVID-specific costs within the deficit for 2020/21, which she expected to continue for some time and that the financial focus in the system had turned to financial planning for 2021/22. **Operations** To date the Trust has consistently achieved three day follow-up of all patients in line with the national standard. The use of telephone and Attend Anywhere as vehicles to support clinical contacts is having a positive impact on the size of the waiting list for Child and Adolescent Mental Health Services (CAMHS) and the waiting list has significantly reduced. The number of children on the waiting list for community paediatrics has been significantly lower than normal, however the expected increase in referrals is starting to impact on the waiting list. In terms of patients placed out of area the Trust continues to operate with 18 beds closed on the acute wards for adults of working age due to implementing social distancing. Use of out of area beds remains constantly lower than the number of closed beds. Non-Executive Director, Geoff Lewins asked when the 18 beds held vacant due to the need for social distancing can be released as these closed beds are impacting out of area figures. Lee advised that formal national guidance has not been released yet and he did not anticipate that bed closures will change in the next eight weeks. Use of patients placed out of area in Psychiatric Intensive Care Units (PICU) continues to be monitored closely and all attempts are made to repatriate the patient to an acute as soon as it is appropriate to do so. Over the last few weeks there has been an increased level of acuity in patients on the acute wards which has resulted in increased use of PICU beds. **People performance** Staff absence is at the lowest level for three years and can be attributed to new ways of working which is helping people to manage long term health conditions and manage their home lives and help care for their families. Short term sickness absence has also reduced.

Overall statutory mandatory training remains within target. Although attendance at training has been good clinical pressures have impacted on the release of staff for training programmes such as Positive and Safe. Robust plans are in place to ensure there are enough training places to meet demand with more trainers recruited to support delivery. Jaki Lowe added that it is important to reach a level of consistency in training compliance performance. Whilst some considerable work has been undertaken to improve performance, support is being provide to leaders to achieve the consistency required and roster people onto training.

There has been a higher than normal level of vacancies posted and the proportion of posts filled was statistically higher than normal for the first time. This may be an indicator of the positive team culture within the Trust and the different roles that are now being rolled out. Bank staff use has been rising and was statistically higher than normal this month which is likely to be as a result of the increased level of staff taking annual leave and being released for mandatory training.

Quality
Incidents of moderate to catastrophic harm have increased in line with seasonal increase in deaths and the number of COVID-19 related deaths across all services. The use of seclusion was within normal variation and with a decreasing trend in physical restraint and prone restraint. There are ongoing work streams to support the continuing need to reduce restrictive practice; including the introduction of body worn cameras, monitoring of restrictive practice within the "reducing restrictive practice forum" and monthly thematic reviews carried out by the Head of Nursing.

The proportion of patients whose care plan has been reviewed continues to be lower than usual. Teams have been prioritising essential tasks, with reduced routine contact, and trying to engage with people who use our services in different ways, e.g. in virtual ways using Attend Anywhere. Carolyn Green disclosed that improvements in care planning will be seen from this period onwards. This is being progressed by improving the relationship between patients, family and staff and is being monitored achievement reviews.

Geoff Lewins was mindful that the report covered March and hoped things had improved since then. He noticed that care plans and mandatory training are continuing to dip and asked if any short term improvements have been made in these areas. Lee reported that Positive and Safe training has showed an improvement in compliance with levels currently at 71% with a trajectory target of 75%. A significant amount of work is being carried out to release staff to attend training. All aspects of training are being reviewed by the Executive Leadership Team on a weekly basis.

Richard Wright complimented the improvements in physical healthcare checks that show an improving trend. This is regularly discussed and monitored by the Quality and Safeguarding Committee and Finance and Performance Committee.

Discussion focused on how Board members envisaged developing the performance data in the report. Substantial changes will be made to the dashboard that will show the status of waiting lists and include data on inequalities covering factors such as people with protected characteristics and areas of social deprivation. The report will also be developed to indicate safer staffing mechanisms that will address strategic planning rather than operational planning. The report is to also show how compliant waiting times are and how many people are waiting.

Board members welcomed the opportunity to develop the IPR so that it can identify areas of risk and obtained limited assurance from current performance levels. It was agreed that the IPR will be further developed so it focusses on risks contained in the Board Assurance Framework (BAF) and draws out the areas of risk to be focussed on.

ACTION: IPR to focus on risks contained in the BAF and the areas of focus of the Board Committees. The report is to also show how compliant waiting times are and how many people are waiting

	RESOLVED: The Board of Directors took limited assurance had been obtained from current performance across the areas presented.
DHCFT 2021/048	**GUARDIAN OF SAFE WORKING REPORT** This extended report from the Trust's Guardian of Safe Working, Smita Saxena updated the Board on the number of junior doctors in training in the Trust and their full transition to the 2016 Junior Doctor contract. Arrangements have been maintained throughout the COVID-19 pandemic to ensure safe working within the new contract and the arrangements in place to identify, quantify and remedy any risks to the organisation to support junior doctors and provide them with a safe working environment. It is clear that the pandemic has presented difficulties for junior doctors to attend training as there has been increased demand for junior doctors to provide additional cover on inpatient areas and this has reduced their experience in working in the community. The Junior Doctors Forum (JDF) has continued to meet every four to six weeks and has provided a neutral platform to raise any relevant issues. Junior doctors have reported that they have felt supported and have been able to express their concerns freely. The Board noted that there are vacancies in higher trainee posts that reflect the national issue with recruitment in psychiatry and discussed how recruitment and retention can be increased. Medical Director, John Sykes acknowledged the Board's concerns and explained that the Trust is adopting a flexible approach to recruitment and is appointing junior doctors when they become available rather than waiting for natural rotations. Smita was thanked for attending the meeting to address the wider issues experienced by junior doctors over the last year and for outlining the arrangements to ensure safe working for junior doctors. The Board also thanked the junior doctors for the additional work they have undertaken during this difficult period. **RESOLVED: The Board of Directors noted the contents of the report as assurance of the Trust's approach in discharging its statutory duties regarding safe working for medical trainees.**
DHCFT 2021/049	**COVID-19 UPDATE** Lee Doyle provided the Board with an update on the Trust's response to the ongoing COVID-19 pandemic. As a result of ongoing improvements and reduction in COVID-19-related activity nationally, Lee was pleased to report that the response to the pandemic has now been reduced to Level 3. To ensure the safety of patients, staff and volunteers the Incident Management Team (IMT) is maintaining a coordinated response to the pandemic and has reduced its meetings to Mondays and Fridays at 10am and 4pm and is continuing to use the cell approach to ensure all facets of the incident response are covered and linking its approach to the Roadmap. As a result of Claire Wright asking how lessons learned from the response to the pandemic will progress, the Board discussed how the priority actions learned from COVID-19 will be developed. Carolyn Green explained that the Quality Account currently being draft will include lessons learned from the pandemic. The Quality and Safeguarding Committee will continue to monitor mortality rates and look at learning from COVID outbreaks. The Trust will harness this learning and include it in its health protection programme for the future as set out in the Roadmap. This will be progressed and fed back to the Board Committees over the next twelve months. Director of Business Improvement and Transformation, Gareth Harry added that at a team level colleagues have been identifying what has worked well and this will be taken forward to embed the benefits for future working. In terms of redeployment the clinical teams have

	returned to their original roles but the vaccination and test and trace teams continue to be redeployed. Gareth gave thanks to them for their work in setting up and maintaining vaccination rates and managing process so effectively. Richard Wright asked Gareth what percentage of staff are still working at home as it is clear that home working will be one of the factors being taken forward. Gareth reiterated that absence rates have shown an improvement through benefits of working from home. Conversations will be had with each colleague about the balance between what they deliver working from home or in the workplace as this will be different for every individual. The Board agreed that the report and resulting discussions provided significant assurance that the IMT is delivering a coordinated response to the pandemic and agreed that updates will in future be included in performance reporting. **ACTION: COVID-19 update to be included in IPR** **RESOLVED: The Board of Directors received significant assurance of a coordinated response to the COVID-19 incident.**
DHCFT 2021/050	**WORKFORCE SAFETY STANDARDS FORMAL SUBMISSION** The purpose of this report is to ensure that the Trust is formally assessing its compliance in workforce safeguards. The report also contained a self-assessment of the workforce safeguards, together with the Trust's 2021 formal submission. The Board noted the progress made against the actions set out in last year's report and was assured that all recommendations are now complete and that the Trust has remained compliant during the COVID-19 emergency period. Discussion centred around how IMT had taken responsibility for workforce safeguards during the pandemic and the method for future reporting. Margaret Gildea as chair of the Quality and Safeguarding Committee stated that safer staffing has been consistently reviewed by the Committee. Julia Tabreham added that the People and Culture Committee will seek assurance on safer staffing in each area and will provide the Board with assurance of the Trust's compliance against the safer staffing recommendations in the Integrated Performance Report. Caroline Maley concluded that reporting on workforce safety should be linked to the Board Assurance Framework (BAF). The Director of Nursing and Acting Director of Operations will assist the Director of People and Inclusion with people performance reporting to restore safer staffing reporting from the Incident Management Team (IMT) to standard committee reporting. Having reviewed the self-assessment the Board agreed that limited assurance had been received overall but significant assurance had been obtained from areas of good practice in safety standard compliance. It was acknowledged that further assurance is required on the restoration of workforce safety standards reporting, although this is being restored until it is completed this will be assessed as limited assurance. **ACTION: Director of Nursing and Acting Director of Operations to assist the Director of People and Inclusion with people performance reporting within the IPR to restore safer staffing reporting from the Incident Management Team (IMT) to standard committee reporting** **RESOLVED: The Board of Directors:** **1) Reviewed the self-assessment and the briefing in this paper** **2) Noted the compliance areas and the key areas of significant assurance** **3) Received limited assurance from workforce safety until workforce safety standards reporting is restored**

	4) Received significant assurance from areas of good practice in safety standard compliance.
DHCFT 2021/051	<u>**WORKFORCE RESOURCES DELIVERY PLAN**</u> Jaki Lowe presented the Board with information on the workforce resourcing position in line with organisational plans to provide assurance that this plan is in accordance with the Trust's known service, workforce and financial intentions over the year. The plan supports the joined-up care vision, mental health investments and long term plan and has system alignment. Jaki outlined how the Trust will deliver the objectives of the NHS Long Term Plan, and the People Plan in order to move forward and intelligently design and develop the workforce to achieve the ambitious improvements the Trust wants to see for its patients. The report described the current position and reporting against the plan and provided further detail on the workforce required to deliver the COVID-19 Pandemic Phase 3 Recovery Plan from September to March 2021. This will determine the plan that is required for submission for the year 2021/22 as part of the planning guidance published by NHS England and Improvement (NHSEI) on 25 March 2021. The draft plan is to be submitted on 6 May and following feedback the Final Plan will be submitted on 3 June. The submission will need to align to the 2021/22 Mental Health Finance and activity plans, being submitted on 6 May. In terms of the way that central money is received is changing. The intent is to move away from money from Health Education England (HEE) in tranches and target it against the Trust's strategic plan. Where there are activities to transform the workforce, there will always be a need for additional investment. Jaki added that the Trust has adequate funds to upskill, develop and pay for training for the workforce utilising HEE and Apprenticeship Levy funds. Areas of governance are included in the report and show how this will change through the workforce within the system. The Trust needs to grow services, recruit staff and make the necessary changes to ensure the ambitions outlined in the NHS Long Term Plan (LTP) are met. This will be done through the creation of new roles and capitalise on new ways of working from lessons learned through the pandemic. The Trust faces ongoing staffing challenges including a high number of vacancies, staff turnover and previously high levels of sickness, although an improving trend is being seen in these areas. Jaki assured the Board that innovative recruitment opportunities will be utilised to increase the Trust's diverse workforce profile. There is still a lot of work to do to provide the right workforce to deliver mental healthcare for everyone who needs it, and to tackle inequalities in access, experience and outcomes. As discussed earlier with the GOSW significant issues continue with recruitment and retention of the Consultant Psychiatrist workforce. The Trust continues to develop new and innovative ways in which to attract and support medical recruitment through the flexible working and career opportunities. The continued national shortage in supply of both Consultant Psychiatrists and Trainee Psychiatrists has meant new skills and new roles are needed to fill this gap, we are increasing the numbers of Non-Medical Prescribers and Advanced Clinical Practitioners to enhance this medical model going forward. The Trust will continue to support the national direction to increase the number of trainees creating more flexibility in undergraduate and postgraduate medical training and careers, supporting more options for doctors to step out and step back into the training pathway, expanding less-than-full-time training and expanding opportunities for portfolio careers. This will help promote fulfilling careers and encourage greater participation and greater diversity. We have been very successful this year with our nursing apprenticeships. Apprenticeships are extremely important in progressing individual careers and we will continue to invest in nurse apprenticeships this year but we need to manage the programme investment over three years and commit recurrent resources into apprenticeships especially as there are other organisations nationally and across the system who are looking to do the same. It is extremely important that we look to increase our split of staff over the years and commit to

	non-recurrent programme funds to provide this training source as there will be competition from other parts of the country. Gareth supported Jaki's comments around application and delivery of the Long Term Plan. The major source of growth in our workforce is to have a clear source of opportunities in terms of national expectation. The biggest risk in the BAF relates to workforce and success of recruitment and split of staff. We have major programmes of investment for delivery over the year and these are listed in the paper but there are another two years in the Long Term Plan that need growth and investment in recruitment. The feasibility that Jaki talks about in terms of new roles will ultimately have a key part to play in the recruitment and development of new and expanded services. Although we have a very clear plan around workforce as part of the transformation of services this will have to be applied flexibility to recruit people into post. Ifti was interested to see how this report can be linked to the JUCD strategy, Trust Strategy and the BAF as the next areas of focus will be key: • Agree the approach to apprenticeship levy for new posts and provision of funding for that backfill • Manage the emerging workforce plans and decision-making processes through the workforce planning resourcing and delivery group • Manage the recruitment process to be able to track these new investments more clearly • Establish the cultural intelligence programme to deliver a positive transformational change programme and monitor this through the Equality Diversity and Inclusion delivery group • Work closely with our system colleagues to track progress on investments and new services as they come on board. Jaki responded that the report does link to aspects that are articulated in the JUCD plan. The Board noted the current position and supported the dynamic nature of the Trust's workforce resourcing plans in line with local and JUCD priorities which will be revised as they develop through system, regional and national processes. As highlighted during the discussion apprenticeships are vital to how people can be developed internally within the Trust and this will be focussed on greatly as the plan progresses. **RESOLVED: The Board of Directors:** **1) Noted the contents of the paper and the key metrics** **2) Noted the planning preparation and key dates for submission of plans** **3) Supported the progress of the plan.**
DHCFT 2021/052	**<u>STAFF SURVEY RESULTS</u>** This report contained results for themes and questions from the 2020 NHS Staff Survey. Jaki Lowe was delighted to report that out of the ten themes included in the staff survey results the Trust has been scored as one of the best performing trusts of its type in the country. When compared against the results of other similar trusts, Derbyshire Healthcare's staff survey results reveal it is the best trust for staff health and wellbeing and colleague morale. The survey has revealed that staff feel supported which will provide high quality outcomes for inpatients and community care across Derbyshire. The Board commended the consistency of results across all areas which represents the positive culture across the Trust and received significant assurance from the improving results. The next step will be to sustain the positive feedback received, further increase the response rate and champion equality, diversity and inclusion proactively. **RESOLVED: The Board of Directors:** **1) Reviewed the 2020 NHS Staff Survey – NHS England results and focus areas for 2021.** **2) Received significant assurance based on:**

	• **the consistent response rate, during a challenging year** • **the fact that every theme has improved compared the 2019 NHS Staff Survey – no theme saw a decline in results.**
DHCFT 2021/053	**<u>CORPORATE GOVERNANCE REPORT</u>** Trust Secretary, Justine Fitzjohn presented the Board with a series of governance related documents for approval. These included the NHS Improvement Year-End Self-Certification, Terms of Reference (ToRs) for Board Committees and the Modern Slavery Statement for 2020/21. The Trust Sealings six month register report was included for information. The Board noted that some governance processes have been streamlined during the pandemic and received assurance from the Audit and Risk Committee on year-end reporting from Board Committees that the Committees are working effectively and meeting the requirements of their ToR. All ToRs were made consistent to enable the Committees to act under emergency measures agreed in response to the COVID-19 pandemic. The Board approved all the documents and acknowledged the significant amount of work involved in producing the year-end effectiveness reports of the Board Committees. **RESOLVED: The Board of Directors:** **1) Approved the NHS Improvement Year-end Self-Certification** **2) Approved the Modern Slavery Statement for 2020/21** **3) Approved the suite of Terms of Reference for Board Committees** **4) Noted the assurance received by the Audit and Risk Committee that all Board Committees have effectively carried out their role and responsibilities as defined by their Terms of Reference during 2020/21** **5) Noted the Trust seal report.**
DHCFT 2021/054	**<u>BOARD ASSURANCE FRAMEWORK UPDATE 2021/22 ISSUE 1</u>** The Board considered the first issue of the BAF for 2021/22 presented for approval. Justine highlighted that the Board had agreed in February during Board Development that the seven risks already identified in issues 3 and 4 for 2020/21 should continue, and that two further risks be added for 2021/22. These are in relation to: • The increasing dependence on digital technology and risk of a major outage due to a cyber-attack or equipment failure (Risk 21_22 1d), and • Risk associated with the accompanying organisational change connected with the development of the Integrated Care System (ICS) in Derbyshire (Risk 21_22 3c) Following feedback from the Trust's internal auditors, 360 Assurance, further work has been completed in order to identify how the actions taken to reduce gaps in controls and assurances will be measured. As a result, and wherever possible, reference to the relevant dashboard or reporting mechanism has been articulated in the 'impact on risk to be measured by' column of each risk. There are seventeen operational risks rated as high or extreme, updated as of 16 April. These have been aligned to the related BAF risk. There is currently one risk rated as extreme, Risk 21-22 3a, which will require a 'deep dive' to the Audit and Risk Committee. It is proposed that this takes place in January 2022. Should the risk rating of this risk be reduced, or the rating for other risks increase to extreme, this timetable will be revised. The Board was satisfied with the key risks contained in this version of the BAF and approved the first issue of the BAF for 2021/22. The Board was aware that this was the last issue of the BAF that Risk and Assurance Manager, Rachel Kempster was responsible for before she retires from the Trust and took

	the opportunity to extend thanks to Rachel for managing the BAF so capably and for her valuable contribution to the Trust. **RESOLVED: The Board of Directors:** **1) Approved this first issue of the BAF for 2021/22** **2) Received significant assurance from the process of the review, scrutiny and update of the BAF in seeking to identify and mitigate risks to achieving the Trust's strategic objectives** **3) Agreed to continue to receive updates in line with the forward plan for the Board.**
DHCFT 2021/055	**<u>BOARD COMMITTEE ASSURANCE SUMMARIES</u>** The Board Committee Assurance Summaries demonstrated the work of the committees since their last update to the Board and were accepted as a clear representation of the priorities that were discussed and will be taken forward in forthcoming meetings. **Finance and Performance Committee:** Discussion held by the Committee in March on the 24/7 Mental Health Helpline was associated with the benefits of this this service and how they would be built into business as usual going forward. Subsequent reporting on the helpline may also be included in the Integrated Performance Report content. The Committee considered its year-end report effectiveness report and agreed that all objectives had been met, noting that for 2021/22 there should be wider discussions on the digital strategy and similar for Estates strategy beyond dormitory eradication and implementation of PICU. **Audit and Risk Committee:** A positive Board Operational Indicators Data Validation report provided significant assurance on the systems the Trust has in place to ensure good quality data is maintained. A six monthly update report from the Freedom to Speak Up (FTSU) Guardian gave an overview of the actions taken to improve FTSU culture and addressing barriers to speaking together. The Committee received assurance that work was on track to produce the draft Annual Report and Accounts for 2020-21 for adoption under delegated authority from the Trust Board on 9 June for submission on 15 June. **The Board confirmed its delegation to the Audit and Risk Committee to sign off the Annual Report and Accounts for 2020/21.** **Quality and Safeguarding Committee:** The draft Quality Account was issued to Committee members for comment prior to it going out to consultation and returning the Committee at the June meeting for sign off. A report from the Chief Pharmacist echoed the overall trend of low uptake of training across the Trust during the pandemic but is expected to improve as the pressures of the pandemic ease. A worrying situation was seen from the Special Educational Needs and Disability (SEND) internal action plan that highlighted that much of the delivery responsibility lies with the local authority and the CCG who commission the health services and their support is key to improving access. The Committee reviewed its end of year effectiveness and was satisfied it had met its obligations and key responsibilities. **People and Culture Committee:** The new and improved People and Inclusion Performance Dashboard is enabling the Committee to focus on more strategic matters and draws out a number of areas for focus. This included women's experience in recruitment and the need to use refer to specific communities rather than using acronyms such as BAME in future reporting. The Committee took significant assurance from its year end effectiveness review and was satisfied that it had discharged its responsibilities and noted the significant extent of the work it has monitored throughout the year. **Mental Health Act Committee:** The Mental Health Act Report containing an analysis and assessment based on a twelve month period provided assurance that the Trust is completely compliant. An update on Section 136 detentions showed a slight upward trend in detentions within Derbyshire which is being seen nationally. It is clear that the pandemic has had a significant impact on people's lives that has resulted in an increase of detentions on top of the already gradual national increase. The Committee reviewed its activity and effectiveness throughout the year and was satisfied that that it had fulfilled its responsibilities in obtaining assurance that the safeguards of the Mental Health Act (MHA), Mental Capacity Act (MCA),

	Deprivation of Liberty Safeguards (DOLS) and Human Rights Act have been appropriately applied across the Trust. Ifti Majid acknowledged the importance of reflecting on the work of the Board Committees their working relationship with the JUCD. Caroline Maley was mindful that the individual committees within the JUCD are in an early development stage and have a good representation of the Trust's NEDs within their membership. It is not yet clear how escalations will be made through these system committees yet but the Trust's NEDs will account for this in future. **RESOLVED: The Board of Directors:** **1) Noted the Board Assurance Summaries** **2) Confirmed its delegation to the Audit and Risk Committee to sign off the Annual Report and Accounts for 2020/21.**
DHCFT 2021/056	**IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK (BAF)** No new items were required for inclusion in the Board Assurance Framework (BAF).
DHCFT 2021/057	**2021/22 BOARD FORWARD PLAN** The 2021/22 forward plan outlining the programme for the remainder of the year was noted and will be reviewed further by all Board members throughout the financial year.
DHCFT 2021/058	**MEETING EFFECTIVENESS** Board members agreed that the meeting had been successfully conducted as a live streamed meeting held in the public domain. Today's agenda had been appropriately focussed on staff wellbeing. It was suggested that a balance of staff and patient stories be taken through future meetings. Helen Pooley thanked the Board for giving her the opportunity to observe today's meeting. She found today's discussions insightful, particularly the staff story that highlighted the importance of taking an individual approach when supporting staff.
The next meeting to be held in public session will be held at 9.30am on 6 July 2021. Owing to the current coronavirus pandemic this meeting will be held digitally and will be live streamed via MS Live Events.	

Date	Minute Ref	Item	Lead	Action	Completion Date	Current Position	
				BOARD OF DIRECTORS (PUBLIC) ACTION MATRIX - JULY 2021			
4.5.2021	DHCFT 2021/047	Performance And Activity Report	Acting Director of Operations	IPR to focus on risks contained in the BAF and the areas of focus of the Board Committees. The report is to also show how compliant waiting times are and how many people are waiting	6.7.2021	IPR features additional detail on waiting times and content provides assurance across several risks contained in the BAF	Green
4.5.2021	DHCFT 2021/049	COVID-19 Update	Acting Director of Operations	COVID-19 updates to be included in IPR	6.7.2021	COVID-19 updates are included in performance reporting narrative within IPR	Green
4.5.2021	DHCFT 2021/050	Workforce Safety Standards Formal Submission	DPI	Director of Nursing and Acting Director of Operations to assist the Director of People and Inclusion with people performance reporting within the IPR to restore safer staffing reporting from the Incident Management Team (IMT) to standard committee reporting	6.7.2021	A number of templates are being reviewed in prepartion to restore full reporting and best practice.	Amber

Key:				
	Resolved	**GREEN**	**2**	**67%**
	Action Ongoing/Update Required	**AMBER**	**1**	**33%**
	Action Overdue	**RED**	**0**	**0%**
	Agenda item for future meeting	**YELLOW**	**0**	**0%**
			3	**100%**

Derbyshire Healthcare NHS Foundation Trust
Report to the Public Board of Directors – 6 July 2021

Trust Chair's report to the Board of Directors

Purpose of Report
This report is intended to provide the Board with the Trust Chair's reflections on my activity with and for the Trust since the previous Board meeting on 4 May 2021. The structure of this report reflects the role that I have as Trust Chair.

Our Trust and Staff

1. Given the ongoing pandemic, I have agreed to discontinue my visits to teams across the Trust until such time as it is thought to be safe, both for staff and for myself, to visit. Planning for virtual Non-Executive Director (NED) visits, having been paused during the latest wave of the pandemic, is underway with initial meetings taking place with nominated clinical leads. I am looking forward to reconnecting with staff, services and service users through this process.

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

3. I attended the Schwartz Round meetings on 27 May and 24 June. The Schwartz Rounds give people a space to have the time to reflect on the emotional impact of the work that they do – and a safe space to share that vulnerability. I have found these useful to attend to enhance my understanding of the situations faced by our staff, and at times the stories have caused me to reflect and understand some of the situations that I might have experienced in my career.

4. On 26 May, together with a number of the NEDs, I attended the staff HEARTS Awards Ceremony. My thanks go to all involved in setting up the virtual event and for helping us to celebrate all the wonderful achievements of so many of our staff – and as always even just getting through to the finalists was a celebration. It was lovely to see so many of our staff at the virtual event and to celebrate with them.

5. On 22 June I was pleased to join a small group at Tissington House with Andrew Hope from our chaplaincy team to bless the ward, following the temporary move from Ward 1 at the London Road Community Hospital. My thanks go to all our staff involved in moving the ward and patients in a caring and compassionate way.

6. Our Hospital Hub continues to vaccinate patients and staff. Since the middle of February, they have given in excess of 2,400 vaccinations both in the hub and also in our in-patient wards. I was able to see the efficacy of the process for myself as the team operates in the area outside of my office, and I was pleased to be able to thank them myself. It was good to hear how they give time to our patients when giving the vaccine – truly putting our patients at the heart of the process. Whilst we know that it is likely that further boosters or annual

vaccination programmes will be needed, this has been such an important step forward on the road to recovery.

Council of Governors

7. We held a virtual Council of Governors meeting on 4 May following the public Board in the morning. We streamed this meeting for the public to watch. At this meeting we welcomed John MacDonald, Independent Chair of Joined Up Care Derbyshire (JUCD) and Martin Whittle, Chair of the System Engagement Committee, to briefly talk about the development of the Integrated Care System and the role of Governors.

8. Elections for new staff and public governors concluded on 31 May, with new Governors being elected as follows:

   Public Governors
   Bolsover and North East Derbyshire – Rob Poole
   Chesterfield – Ruth Grice
   High Peak and Derbyshire Dales – Christopher Mitchel

   Staff Governors
   Admin and Allied Support – Kel Sims
   Allied Professions – Janet Nicholson
   Nursing – Jo Foster and Varria Russell-White

   I welcomed all our new governors at an induction meeting held on 9 June and I very much look forward to having them on the Council. Carol Sherriff and Al Munnien were not re-elected, and we thank them for their involvement over the past three years.

   As mentioned in my last report, we were awaiting a new appointed governor from Derbyshire County Council (DCC). Nigel Gourlay has been nominated by DCC and I hope to meet him for an induction in the next few weeks.

9. The Council's Nominations and Remuneration Committee has been busy with the process to appoint my replacement with meetings taking place which I do not attend. These meetings have been chaired by Margaret Gildea, our Senior Independent Director. The process will have come to an end by the time the Board meets on 6 July.

10. The Governance Committee of the Council met on 15 June chaired by Julie Lowe. At this meeting Director of Business Improvement and Transformation, Gareth Harry shared with governors the processes that have been adopted to comply with the national guidance on planning, and the submission of the Mental Health Long Term Plan. Once again it was heartening to see the level of attendance and participation from so many of our governors at this meeting. I continue to be grateful to our governors for their support for the Trust at this time.

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

benchmark our processes for continued engagement with governors. Lynda has given the Council notice that she will be stepping down as governor early in 2022, and a call for a new Lead Governor has been made to work with the new Chair.

12. I also take the opportunity to meet once a quarter with our staff governors. This meeting took place on 20 May, and it was good to take time out to reflect on how life has been for them on a day to day basis.

13. On 6 July there will be a Council of Governors to Board joint meeting, following the Public Board meeting. An extraordinary Council meeting is expected to take place on 6 July to confirm the new Chair appointment. The next Council of Governors meeting will then be on 7 September. The next Governance Committee takes place on 10 August.

Board of Directors

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

15. I am delighted to welcome Ade Odunlade as Chief Operating Officer to the Trust from 5 July and look forward to working with him. Ade was able to join one of the staff engagement events and was very calm and resilient under rapid fire questioning from Ifti Majid and staff wanting to get to know all about Ade. Welcome!

16. The Audit and Risk Committee met in May and June to deal with the year-end matters around the Annual Report and Accounts and to receive the reports from the external auditors, Mazars, and internal auditors, 360 Assurance. The Annual Report and financial statements were approved on 9 June by the Committee on behalf of the Board. My thanks go to all the Finance team for the efficient and speedy preparation of the financial accounts for audit, and to all involved in the writing of the Annual Report and all its constituent parts. I am very proud at how well this process continues to be delivered despite all the challenges of the remote working of so many staff. Thank you to all of you.

17. Board Development time on 19 May reflected on population health needs and strategy for Derby and Derbyshire, led by Gareth Harry, and building Board level understanding of the potential and implications of the digital agenda for our Digital Strategy, led by NHS Providers. On 23 June, Development time was spent reflecting on Inclusion. I welcomed the time that the Board took to work towards a shared understanding of Inclusion and our personal journeys and commitment to developing an inclusive culture in the Trust.

18. On 8 June a confidential Board meeting was held to consider matters related to the development of our estate. My thanks go to everyone who is involved in developing our strategy to eradicate dormitory accommodation in our estate.

19. The NEDs have met regularly with Ifti Majid and me to ensure we have been fully briefed on developments as needed. I have also continued to meet with all NEDs individually and in the informal NED meetings and Cross Committee Chair meeting, the last one taking place on 26 May. Quarterly meetings with

NEDs individually also take place and since my last report I have met with all of them. We use these quarterly meetings to review their progress against their objectives and to discuss any issues of mutual interest.

System Collaboration and Working

20. Joined Up Care Derbyshire (JUCD) Board met on 20 May using MS Teams. Attached as Appendix 1 are the key messages noted from this meeting. Regular monthly meetings are now in place for the Chairs of the NHS Provider Trusts, Integrated Care System (ICS) and Clinical Commissioning Group (CCG) to meet ahead of any JUCD Board meetings.

21. On 17 June I chaired (deputising for John MacDonald) a JUCD Development session, which dealt with guidance that is coming out from NHS England and NHS Improvement (NHSE/I) on the development of the ICS and the role of Place and Provider Collaboratives in the JUCD System. This is important work and will be covered in the CEO report today.

22. I chair the System Finance and Estates Committee with Richard Wright as my deputy. I chaired a meeting on 13 May at which the focus was to build understanding of the system estates strategy and then discussing the financial planning timelines and challenges for the system. The next meeting of this group is on 1 July and will include a review of the Outline Business Case for the eradication of dormitories in the mental health estate, leading to a letter of support for the programme from JUCD.

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

Regulators, NHS Providers and NHS Confederation and others

24. I attend fortnightly briefings from NHSE/I for the Midlands region, which has been essential to understand the progress of the management of the pandemic, the vaccination progress and plans for recovery and regional developments. It is also a forum to hear about progress from Midlands STAR (Strategic Transformation and Recovery) Board. These matters will be picked up within the CEO report to the Board.

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

26. On 1 July I will attend a virtual Chief and Chairs meeting hosted by NHS Providers. On the agenda is a strategic policy update from Chris Hopson, Chief Executive, NHS Providers, and a session with Sir Simon Stevens, who will join us for a final time in his role as chief executive of NHS England and NHS Improvement.

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

Assurances

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

Consultation

This report has not been to other groups or committees.

Governance or Legal Issues

None

Public Sector Equality Duty and Equality Impact Risk Analysis

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

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

This report reflects a wide range of activities across the Trust, and consideration relating to ensuring inclusion is embedded in operational work of the Trust. I have also continued to develop my own awareness and understanding of the inclusion challenges faced by many of our staff.

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

Demonstrating inclusive leadership at Board level

As a board member I have ensured that I am visible in my support and leadership on all matters relating to Diversity and Inclusion. I attend meetings to join in the debates and conversation and to challenge where appropriate, and to learn more about the

challenges of staff from groups who are likely to be or seem to be disadvantaged. I ensure that the NEDs are also engaged and involved in supporting inclusive leadership within the Trust.

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

Recommendations

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

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

Appendix 1

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26 May 2021

Dear Colleague

Joined Up Care Derbyshire Board – May 2021 – Key Messages

The Joined Up Care Derbyshire Board met in public on Thursday 20th May 2021. We have outlined below the key messages from the meeting and all related papers are available at https://joinedupcarederbyshire.co.uk/about/our-board

Patient Story

The Board meeting opened with a patient story relating to the success of social prescribing in the Erewash area. The story talked about the journey of Sue, who had been referred to a social prescriber by her care co-ordinator. Social prescribing can work for a wide range of people, including those with one or more health condition, who need support with their mental health, who are lonely or isolated or who have complex social needs. Sue had been a frequent caller to 999 and to her GP practice, partly due to her anxiety about being isolated from her usual life and routine and had several admissions to hospital. Intensive support had been provided for Sue and the interventions, which included helplines to call 24/7 when feeling lonely, a referral for a pendant alarm to provide reassurance that she could contact someone if there was a problem, being referred to a phone befriender and to a local peer support group, have made a real difference. The Board reflected on what was a fabulous and heart-warming story, recognising that while there was on-going support required, it had reduced the number of calls to the practice, 999 and admissions quite substantially, and also Sue's anxiety. The Place Board is currently overseeing the progress of social prescribing, and how we evaluate initiatives.

Derbyshire System Update

Covid-19 cases continue to decline across Derby and Derbyshire with GP Covid-19 activity having decreased by 23% in the week prior to Board, compared to the previous week. There has also been a significant decrease in Covid-19 hospitalisation and a reduction in community and hospital incidence. The Derbyshire system continues to make good progress in delivering the rollout of the Covid-19 Vaccination and is the 3rd highest performing system nationally (NHS

data 6 May 2021). Further national direction on rolling out cohort 11 for 35 to 39-year olds is expected imminently, with Derbyshire continuing to deliver within JCVI guidelines. Responding to supply challenges and avoiding wastage continues to be an absolute priority for those involved in the Vaccination programme.

Strategic Commissioning and Strategic Intent
A significant proportion of the meeting was allocated to a discussion around the 'strategic intent' of the Integrated Care System. Recognising again that Joined Up Care Derbyshire is 'the health and social care partnership for adults and children', making improvements to the Derby & Derbyshire populations' life expectancy AND healthy life expectancy in comparison to other parts of the country AND reduce the health inequalities that are driving these differences. The existing commissioning functions of the Clinical Commissioning Group will be disseminated in April 2022 to one of either regional, ICS or Place/PCN level. For those responsibilities at ICS level, there will be a requirement for a strategic commissioning function under new statutory powers in April 2022. Strategic commissioning priorities will be informed and guided by the ICS' strategic intent, which will outline the destination for healthcare in Derbyshire based on a detailed assessment of health evidence and the agreement of clinical models and priorities. Ongoing discussions on this complex and crucial agenda will take place through May and June.

Communications & Engagement
The Board approved a revised communications and engagement strategy for Joined Up Care Derbyshire. In a period of transition, the strategy outlines the principles by which we will communicate and engage with our staff, citizens and other stakeholders, including the primary aims to foster a culture of transparency through our early engagement with local people. The strategy also highlights our ambitions for communications and engagement across major disciplines including public involvement, health campaigning and the use of digital communications.

People and Culture
The JUCD People and Culture Board is tasked in part with devising plans for four areas outlined in NHS England workforce guidance. These are: looking after our people; new ways of working and delivering care; belonging in the NHS; and growing for the future. Derbyshire already has a detailed workforce development programme and the P&C Board is overseeing progress. Wherever possible the Derbyshire system is looking to do things once, to benefit from those partners leading in certain areas, and to avoid duplication where that is possible and desirable. The JUCD Board endorsed the local approach and noted the progress to date.

Finance
Joined Up Care Derbyshire ended the 2020/21 financial year with a surplus of £600,000, which was a tremendous achievement given the tumultuous year that has faced the NHS. The JUCD system also has a balanced financial plan for the first half of the 2021/22 financial year, as the covid funding regime continues, but further work is required on the underlying financial position of the system, which is a deficit position of £74million. JUCD is waiting for confirmation of the financial approach for the second half of the financial year and we are aiming for a three-year financial recovery programme. The Board noted that the financial challenge is being tackled in

partnership, with one savings figure and without moving any of the financial challenges to a different part of the system.

We look forward to seeing colleagues at the next Board Meeting held in public, on Thursday 15th July at 9am.

Yours faithfully,

John MacDonald

Independent Chair

Dr Chris Clayton

Executive Lead

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 6 July 2021

Chief Executive's Report to the Public Board of Directors

Purpose of Report

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

National Context

1. Colleagues will be aware that in June 2021 NHS England/Improvement (NHSE/I) published the Integrated Care Systems: Design Framework. This vital document starts to define the expectations or operating model of the soon to be statutory Integrated Care System from April 2022, following the enactment of the health and care bill – for us, known as Joined Up Care Derbyshire at present.

   This framework is essential reading for all Board members with some of the most notable points being:

   - As was previously trailed Integrated Care Systems (ICS's) will be made up of two leading parts: the ICS partnership, and the statutory ICS NHS body. The guidance expects the ICS partnership to be a committee, rather than a corporate body. Its role will be to align the ambitions, purpose and strategies of partners across each system. It will be established by the relevant local authorities in collaboration with the ICS NHS body, and have a specific responsibility to develop an "integrated care strategy". In Derbyshire we will be thinking about how we could potentially use existing mechanisms, such as the joint health and Wellbeing Board, for these partnership committees, and a further point of note, given the conversation at our last Board meeting about Anchor organisations, is where and how we link the health and care system with wider 'pillar organisations' in the business, commercial, leisure and higher education sectors.
   - The ICS NHS body will be a statutory body, whose functions will include planning to meet population health needs, allocating resources and overseeing delivery. ICS NHS bodies will have a unitary board which, pending more guidance, is expected to be a chair and at least two independent non-executive directors; a chief executive and three

executive directors; and a minimum of three “partner” members, representing trusts, primary care and local authorities. Partner members will be expected to bring a perspective from their specific sectors, but not act as delegates of those sectors.

- The Board are aware within Derbyshire we have two Places Alliances coterminous with Derbyshire County Council and Derby City Council. The ICS NHS body will be expected to agree with local partners the membership and form of governance at Place level. The design framework sets out five potential Place-based governance arrangements: a consultative forum; a committee of the ICS NHS body; a joint committee of the ICS NHS body and one or more statutory provider; an ICS NHS body director with delegated authority; or a lead provider contracted to manage resources at Place level.
- Board are aware of the leading work the System’s Mental Health Learning Disability and Autism (MH, LD and A) Delivery Group is doing in leading and managing transformation, performance and risk across the whole pathway regardless of organisation. The framework makes it clear that all trusts providing acute and mental health services are expected to be part of one or more provider collaborative. Community and ambulance trusts and non-NHS providers should participate in these where it makes sense to do so. It is expected the MH, LD and A Delivery Group morphs into the first of the system provider collaboratives at scale.
- Providers, such as us at Derbyshire Healthcare NHS FT, will continue to be accountable for quality, safety, use of resources and compliance with standards, as well as the delivery of any services or functions delegated to them by an ICS NHS body. Executives of providers will remain accountable to their boards for the performance of functions for which their organisation is responsible. There are therefore some questions we need to think about, such as how we reduce duplication or unwarranted bureaucracy between sovereign and system governance.
- The final 2021/22 System Oversight Framework (SOF), which is expected to be published in the coming weeks, is expected to confirm ICSs’ formal role in the oversight of organisations and partnership arrangements within their system. NHSE/I will retain its statutory regulatory responsibilities, so any formal regulatory action with providers will be taken by NHSE/I.
- NHSE/I also set out the key features of the financial framework that will support system working, including some further detail on how resources will be managed at system level. It is envisaged that ICS NHS bodies will be given a duty to act with a view to ensuring system financial balance, and meet other financial objectives set by NHSE/I. This duty would also apply to trusts.

We are anticipating more detailed guidelines to emerge over coming weeks associated with areas such as the ICS partnership board (from the Department of Health and Social Care, NHSE/I and the Local Government Association), Provider Collaboratives at Scale, CCG (Clinical Commissioning Group) statutory duty transition to the ICS and composition and operation of the ICS Board.

As the sovereign Board of an NHS Provider we need to spend some time reviewing our strategy, governance and system linkage in light of this significant document.

2. As a Board we have discussed the matter of health inequalities on many occasions, before the COVID-19 pandemic, as well as during it. The COVID-19 pandemic pushed ethnic health inequalities into the limelight: in the first wave mortality rates were highest among Black groups and in the second among Pakistani and Bangladeshi groups. Close work with ethnic minority communities has been central to key elements of the pandemic response – such as local test and trace efforts and the vaccination program.

   This focus will continue to be key as we work towards the new era described above linked to Integrated Care Systems and I really welcome the report released in June commissioned by the NHS Race and Health Observatory from the Kings Fund entitled "Ethnic health inequalities and the NHS - Driving progress in a changing system".

   The key messages from this challenging report include:

   - People from Black and Minority Ethnic (BME) groups experience inequalities in health outcomes as well as inequalities in access to and experience of health services compared to White groups. However, this could be seen as simplifying a complex picture, with variation between and within ethnic groups and, as we talk about in our own Trust induction, data plays an important part in understanding more and data remains poor.
   - The socio-economic impact on health outcomes is very stark within BME Communities. The wider social context including structural racism can reinforce these inequalities with poorer opportunities/outcomes in housing, employment and the criminal justice system.
   - Strong support for the inclusion of ethnic health inequalities in system recovery plans.
   - There are some tactical rapid actions that NHS Organisations should take to support tackling ethnic health inequalities including:
     - Accelerating action to diversify our senor leadership thereby creating a workforce that reflects the local community at all tiers
     - Maintaining executive health inequality leads and ensuring they are empowered to carry out their role
     - Improving the quality of ethnicity data and through this data identifying those areas of local focus, particularly linked to service access and care outcomes
     - Increasing investment with local BME Communities to build sustainable relationships that support delivery of culturally competent services.
   - A significant increase in culturally competent primary prevention activity that targets risk factors such as obesity, diet, exercise and smoking, in national and local strategies that reflect the structural and environmental drivers of these risk factors, such as deprivation and discrimination.

- Actions to address ethnic health inequalities must sit within a broader approach to addressing the overlapping causes and dimensions of health inequalities – including intersectionality with other protected characteristics, socio-economic deprivation, and geography – and the role that structural racism and discrimination play in shaping and reinforcing ethnic health inequalities.
- The strong legal and policy framework, some of the very best practice and pockets of success the analysis in this report shows, suggests limited progress by the NHS in both reducing ethnic health inequalities and wider health inequalities. The report suggests this is linked to a framework that focusses on financial issues and performance issues, such as waiting times or access targets, rather than inequalities.
- To address this, the NHS' structures need to reinforce the tackling of ethnic health inequalities as a priority without repeating previous errors of an overly centralised and top-down approach. Changes to structures and duties must support, rather than inhibit, the cultural and behavioural change that is critical to making a lasting difference. To do this:
  - NHSE/I establishing health inequalities as a national priority with a specific focus on ethnicity (recognition that establishment of the NHS Race and Health Observatory being a significant step towards that)
  - NHSE/I giving local systems and places the freedom to determine which actions can best make progress locally but being clear that making progress is essential
  - NHS planners and providers at all levels using data to drive improvement using harder tools such as sanctions as required to reinforce action.
- As new NHS structures continue to develop through the implementation of the Integration and Innovation White Paper, there is an opportunity to elevate the priority given to inequalities by embedding it into the design of integrated care systems (ICSs) as they move to a statutory footing in 2022.

The report makes some 21 recommendations over a number of categories such as:

- National Policy and strategy
- Accountability and Improvement support
- Funding
- Leadership
- Workforce
- Data and Evidence
- Community engagement

A section I found particularly helpful was the section that broke down recommendations by the new Integrated Care System architecture – "so what was the role of the ICS, the Primary Care Networks, Place and provider collaboratives".

The impact of this report on our Organisation is two-fold:

- Do the emerging priority areas link to the recommendations in this report such as the need to increase representation in senior leadership positions?
- How confident are we as a Board that the emerging system equality, diversity and inclusion work addresses the priority areas detailed in this report?

Local/Regional Context

3. Our involvement in the more formal East Midlands Mental Health, Learning Disability and Autism Alliance continues. There are now two regular meetings, firstly a weekly informal CEO meeting where we share current pressures, concerns and development ideas, seek support, both personally as CEOs, but also for areas where there are pressures organisationally. A great example of this was that my sharing our out of area pressures led to a rapid piece of work to look to understand if all East Midland mental health organisations were adopting the same framework for defining inappropriate out of area placements. Secondly, we have now had two meetings of the formal East Midlands Alliance Shadow Board Meeting. This is the precursor to the Alliance Board meeting, which will act as the point of escalation from all the developing specialist regional alliances, such as Impact for Forensic Services, Adult Eating Disorder Services and CAMHS T4. I fed back to the Shadow Board all the comments from our NEDs on the independent Chair Job Description, which has now been approved and is out to advert, hosted by St Andrews Healthcare. At the next Board meeting I am hoping to be able to share the formal collaborative agreement for our Board sign off. In addition, it has been agreed to hold a number of East Midlands-wide Board development sessions for all partner Board members and dates are now available in July, October and February 2022. It is hoped these Board development sessions will enable a more detailed understanding of the working and priorities of the Collaborative going forward.

4. The Board will be aware that during the last eight months I have Chaired a cross-system piece of work looking at broad system recovery linked to health and Welfare. This group is a sub-group of the formal Strategic Recovery Group, which in turn sits as a sub-group of the statutory Emergency Planning and Preparedness Response in Derbyshire led by the Councils.

   During the past two months we have undertaken a detailed review/impact analysis of the objectives of the group which were to:

   - The outcome, to be presented at the next Strategic Recovery Group, will propose that the group is stood down, as all actions/responsibilities are picked up in existing forums or meetings and there is a clear need to ensure that we reduce duplication for senior leaders and managers across the Derbyshire system.

5. Joined Up Care Derbyshire Board met in public on the 20 May with the key areas of discussion being:

   - A very impactful patient story linked to the benefits of social prescribing. This individual was able to access befriending, an emergency pendant alarm and importantly a 24 hour helpline for times she felt lonely and a

peer support group. I would note from discussions at Mental Health, Learning Disability and Autism System Delivery Board how social prescribing is a very important intervention for those people who use our services or are at risk of using our services.

- We received feedback on how the system is currently coping with COVID-19 pressures. At the time of this Board meeting, case rates were declining, as were hospital admissions while vaccination rates were high amongst the target populations – 3rd best performing system nationally. Since May Board, members will be aware of the rise in cases locally linked to the Delta variant.
- A discussion about strategic intent for the Derbyshire ICS and the role of Joined Up Care Derbyshire, as the health and social care partnership for adults in making improvements to our population's life expectancy, healthy life expectancy and reducing health inequalities. We also were reminded about the new responsibilities of ICS's in terms of taking on the strategic role of the CCG from April 2022.
- The Board approved a revised communication strategy which we agreed was particularly important as we manage the transfer of responsibilities between the CCG and the ICS.
- The Board had feedback from the People and Culture Committee, receiving an update against its core objectives associated with the NHS People Plan.
- The financial position of the system was discussed, including the year end position for 20/21 of a £600,000 surplus and the balanced plan for the first half of 21/22. However, the Board noted the urgent work required to more completely understand the position for the second half of 21/22 and the associated 3 year recovery plan.

6. The Joined Up Care Board Development session was held on 17 June which focussed on the design framework for ICS development. Feedback from both the Place Collaborative and Provider Collaborative sub-committees and a review of the system development plan.

   In addition, I am delighted to report that the JUCD Board formally noted its support for our Dormitory Eradication Programme outline business case and I wanted to express my thanks in public to everybody who was involved in the pulling together of the north and south business cases.

7. The Joined Up Care Derbyshire Mental Health, Learning Disability and Autism System Delivery Board continues to meet monthly and has become the practical and governance hub of leading and making decisions on transformation, performance, investments and innovation across all providers in the sector within Derbyshire. We have commenced an exciting piece of work to look how the system delivery Board will morph into the required provider collaborative at scale for mental health, learning disability and autism and the attendant changes we will therefore need to make to the various sub-groups. In addition, it has been agreed by JUCD Board that the Children's Programme Board will report through this group from September. I have attached as Appendix 1 a more detailed update on the work and progress of this group.

Within our Trust

8. Our communications activities have been particularly high over the last year, as we have responded to the pandemic. Ensuring our staff have access to the most up to date advice and guidance has been very important, especially in the initial stages of COVID where we were establishing our local incident management approach alongside national guidance.

   We have diversified our communication channels to ensure that all colleagues have regular and easy access to information, alongside the opportunity to raise any questions and receive a prompt response. We also made best use of our new virtual channels and introduced a series of live engagement hour events to have frequent conversations with teams, as well as focused conversations on particular topics, such as our health risk assessments and the COVID vaccines when these were introduced. These events have been so popular and well attended they continue to this day.

   Feedback from colleagues about our communications approach has been very positive, with 96% of colleagues saying they felt informed in a People Pulse survey that took place in August 2020. This was also supported in our Staff Survey feedback earlier this year where colleagues reflected positively on the effectiveness of our communications. The Trust's overall score for staff engagement placed us near the top of the results shared by staff working for other organisations that provide services similar to our own.

   Externally we have continued to update our partners, stakeholders and members of the public on our COVID response whilst also promoting the wider good work being undertaken by colleagues. We have recently celebrated our first ever virtual staff awards – the Team Derbyshire Healthcare HEARTS – and continue to recognise colleagues nominated in our DEED reward scheme. These celebrations have driven high levels of social media activity, alongside wider events such as mental health awareness week.

   We have promoted and received coverage of the launch and first anniversary celebrations of the Derbyshire Mental Health Helpline and Support Service and continue to encourage people to contact this service if they are in crisis or struggling to cope – the service is open 24/7 to all Derbyshire residents, whether they have previously used our services or not.

   We also continue to provide information relating to our exciting dormitory eradication programme and the plans to improve our acute care facilities and we will extend our external communications on this programme as the plans progress. We also continue to commit to open and honest communications and respond to enquiries from many local and national media outlets in respect of our services.

9. On 19 May the Board had a full day focus on two key areas; population health needs and digital transformation. The first session gave a real insight into the current, pre and post-pandemic health challenges in Derby and Derbyshire and the need to align these challenges to our Strategy and JUCD's Strategy. There was an interactive discussion on the wider determinants of health and the health promotion approaches at an individual, community and population level. The second session was supported by NHS Providers under their Digital

Boards programme. There were reflections on “doing digital well” at the Trust and the commitment to using technology as a key tool to deliver our strategic objectives.

10. Week commencing 24 May was a key week in relation to Equality, Diversity and Inclusion with two significant events that I was proud to be part of. Firstly, the NHS Confederation celebrated the achievements of the 50 most influential BME people in the NHS from the HSJs (Health Service Journal) list. It was a privilege to Chair a discussion at the event related to lessons from the COVID-19 pandemic and, having been named in that top 50 BME influencers list, great to have my own achievements recognised.

    Secondly was the launch of an important document – the Midlands Region Workforce Race Equality Strategy. It was great that several colleagues were able to be present at this event and I was grateful for the opportunity to share my personal development journey. This document will be pivotal in our own Equality, Diversity and Inclusion Plan and will form the framework for our routine improvement monitoring process.

    Jaki Lowe, Director of People and Inclusion will be talking more about this at our People and Culture Committee.

11. June has been a big month for our Older Adult Colleagues in the Trust.

    - Week commencing 14 June we temporarily moved our south functional older adult in-patient ward from Ward 1 at London Road Community Hospital to Tissington House on our own Kingsway Hospital site. This move was done very quickly to accommodate a request from University Hospitals of Derby and Burton, who wanted more space on London Road to recover their cancer pathway from COVID, and the Joined Up Care Derbyshire System supported our temporary move. I would like to extend my sincere thanks to all colleagues who were involved in making that happen. Having visited the ward a couple of days after the move, I was so impressed with how settled everything was and heard such positive comments about the new environment from colleagues and patients alike.

    - On 28 June our entire older adult services transferred their electronic patient record from Paris to SystmOne. This was a herculean feat by, not only our SystmOne programme Team and our IM&T (Information Management and Technology) Team, but also by all colleagues who work in the service who needed to go on training and then get familiar with the new system. Lots of on the ground support was provided to colleagues during the first few weeks to identify and resolve any transition issues – thank you to all involved.

12. This year’s NHS Confederation conference was held online with a good mix of keynote speakers and breakout sessions that covered areas such as digital health, enhancing the NHS green footprint, diversity and inclusion and, as you would expect, lessons learnt from COVID. The event was timely as it also had a strong focus on integration and the emerging Integrated Care Systems and coincided with the release of the Design Framework Document mentioned earlier. I was fortunate to be part of a panel at the conference discussing how

we optimise the benefits from staff networks at both a local Trust level and a national level and I chaired a session focussed around health inequalities.

13. I must mention the Team Derbyshire Healthcare HEARTS Awards that we held virtually on 26 May. It felt so very important to mark the incredible impact that colleagues from the Trust have had on each other and those we care for during this difficult period and there were some simply fantastic stories that we heard about, making the task of choosing winners very difficult indeed. However, the winners were:

    - Acute team of the year - Colleagues from Cubley Court
    - Children's team of the year - Cath Gopsill and the team working with children at St Giles Special School
    - Community team of the year - Derby City Adult Community Mental Health Teams
    - Specialist team of the year - Mental Health Helpline and Support Service
    - Non-clinical/corporate team of the year - On Call Deep Clean Domestic Team
    - Going the extra mile award - John Weild from our Estates team
    - Unsung Hero - Emma Bailey from The Beeches
    - Inspirational and inclusive leader of the year - Tom Porritt from Talking Mental Health Derbyshire
    - DEED team of the year - Chesterfield Dementia Rapid Response Team
    - Individual DEED of the year – Jane Elliott from our Safeguarding team
    - COVID hero of the year – Sylvia Zincume and Sophia Clark.

I asked colleagues and award presenters to give us a word that summed up the last year in Team Derbyshire healthcare for them and this is what colleagues said. My thanks to everybody who took part and was involved in the planning and organising the event.

14. The Trust remains very vigilant around COVID transmission, particularly with the emergence of the Delta variant. We continue to talk at all available opportunities about the requirements for strong infection prevention and control measures to be maintained, both in work and outside of work, by colleagues. Currently the Trust has no confirmed positive patients in our in-patient wards and we have about 15 staff who are away from work due to COVID related reasons, though only 5 at the time of reporting with confirmed COVID-19. I am delighted that the Trust has a very high compliance with vaccine uptake amongst colleagues which certainly will be having an impact on the relatively low numbers of absences. My continued thanks to all staff in the Organisation for their tremendous efforts during the ongoing uncertainty and for their vigilance.

15. June is Pride month and Leanne Walker, who is Chair of our LGBT+ Network, kindly wrote the following for me to include in my report by way of an update about this important month – thank you Leanne - *Pride month is a time for allies and members of the LGBT+ community to celebrate. It is also a time to reflect, honour LGBT+ history, be visible, outspoken and to look forward in driving change. This pride month we held an LGBT+ Allyship workshop with Unleashed where all colleagues were welcome to attend (it was recorded so we hope to make more widely accessible). We have also been doing collective work with our local Trusts around encouraging changes within NHS demographic data collection to ensure they are inclusive to all gender and sexuality identities. We had hoped to have our new Progressive Pride lanyards ready for this month, we didn't quite make it, but the final design has been agreed! Pride in Belper website has some great short films Pride in Belper Online | Short Film Fest and many Pride events have gone virtual this year, with lots that can be accessed for free Virtual Pride Events 2021 | Eventbrite.*

16. Our revised Staff Forum met for the first-time during June. The key alteration was that we have now moved to being self-facilitated. I am so pleased that Rachel Keys, Wayne Swan and Leida Roome have agreed to be joint co-chairs. This month Rachel led us through some very important and lively conversations about long COVID and how we could/might enhance our support, recruitment and conversations about the pros and cons of secondments, as well as a vital recognition of the need to enhance our level of representation in all parts of the service from our diverse communities.

17. Over the last two months we have held several 'Live' Divisional Engagement Events. As we have moved into a different phase of the pandemic response, we took the decision to alter our approach, so these events are now led by the General Manager or lead Director with the opportunity for service leads to share their perspectives on pressures, challenges and opportunities. I do a more general update that, whilst including some COVID related issues, is more focussed on strategic and local delivery. It has been great to welcome Non-Executive Directors to these sessions as well. Engagement sessions have been held with:

    - Children's Services
    - Specialist Services
    - Corporate Services
    - Admin and Clerical Colleagues

    In addition, on 10 June, we held an all staff live engagement session that included an 'in conversation' with our new Chief Operating Officer, Ade Odunlade. The session was very well attended and well received and feedback has been very positive.

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

    - COVID vaccinations, safety, priority lists and the alterations around allergies

- Activity and capacity challenges, not just in clinical services, but in corporate services as well
- The environment and potential challenges around ongoing COVID secure requirements on activity
- Great to hear some examples of teams meeting up outside and reconnecting again
- Home working, the new framework and importance of line management conversations
- Great opportunity for us to say thank you to colleagues directly.

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

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

Assurances

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty and Equality Impact Risk Analysis

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

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

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

As such, implementation of national policy in our Trust, would include a repeat Equality Impact Assessment, even though this will have been completed nationally. There are some great examples of good practice in this document, our Staff Forum wanting to spend time talking about representation through recruitment, the part we have played in supporting the Regional Workforce Race Equality Strategy and our profile in national events, such as the NHS Confederation Conference, around inclusion.

There are risks though that our Board must be cognoscente off. Evidence does tell us that when there is structural re-organisation, colleagues from a BME community often are the ones displaced, and this is something we as a Board need to challenge JUCD about.

Our live engagement events continue to provide a helpful vehicle for speaking up.

Recommendations

The Board of Directors is requested to:

1) Scrutinise the report, noting the risks and actions being taken
2) Seek further assurance around any key issues raised.

Report presented by: **Ifti Majid**
Chief Executive

Report prepared by: **Ifti Majid**
Chief Executive

Mental Health, Learning Disability and Autism System Delivery Board
Briefing note for JUCD

Responsibilities

- Delivery of the NHS Long-term plan as it relates to Mental Health, Learning Disability and Autism.
- Delivery of all access and transformational performance targets as they relate to MH, LD and A.
- Delivery of all MH, LD and Autism services within the overarching system programme budget for these areas.
- Development of the SDB as a provider collaborative for MH, LD and Autism in line with the aims of the White Paper.

Delivery of the NHS Long-term Plan for Mental Health

MH Urgent Care

First two years of the LTP for MH saw:

- the expansion of working age Crisis and Home Treatment services in line with the national fidelity model;
- the creation of an older adults crisis service: the expansion of liaison service at CRH and RDH to "Core 24" standard;
- the setting up of the first "safe haven" in Derby as a MH crisis alternative to ED;
- reduction in average LoS on MH acute wards from +45 to 34 days;
- the rapid creation and then the longer-term sustainable model of the 24/7 MH, LD & A Helpline, in partnership with P3 (Vol Sector employer of peer advisors).

The next two years will see the creation of Crisis and Home Treatment services for Children and Young People, provided by CRH and DHCFT, the further reduction of MH acute LoS to <32 days, the creation of a second "safe haven" in the north of the county and the start of a capital programme to build a Derbyshire PICU and replace dormitory based-acute MH wards across the county.

MH Community Services

The next three years will see the largest transformation of community mental health services for 30 years. The Derbyshire plan, assured by NSHEI is for the investment of approximately £15m over three years from NHSEI SDF monies and identified CCG baseline allocation that will result in:

- Creation of new teams operating at an ICS Neighbourhood footprint/ Adult Care locality footprint with alignment of services with the PCNs in each patch;
- Wider MDT working, including adult care, voluntary sector, peer support workers and other clinicians from teams across the city and county;
- Removal of multiple waits across small teams – single locality caseloads with skilled professionals from across the system able to support;

- Wider network of statutory and voluntary agencies in each locality area, including prevention services, housing agencies, library services, physical activity groups etc, to enable people to step out of and into services in a seamless way.

Dementia and Delirium

- Transformed Memory Assessment Services, resulting in increased access within existing resources. Strong performance pre-pandemic against national diagnosis rates targets.
- Delivery of new models of dementia day services across the county, building on work from northern Derbyshire BCCTH programme.
- Rapid establishment of a Dementia Care Home and Palliative Care Service in partnership between the programme, DCHS and DHcFT in the first wave of the pandemic.
- Focus in 21/22 will be on recovering services post-pandemic and building on the benefits seen such as digital access to support services and Living Well with Dementia courses.

Transforming services for people with a learning disability or autism

Most elements of "Building the right support" are in place for people with learning disabilities. Services now being expanded to include people with autism, starting with an expansion of DHCS and DHCFT Intensive Support Services, but to be closely followed with investment in crisis support housing facilities and additional and sustainable direct care options, as part of a three year programme. Programme funded through a combination of NHSEI available resources and an, at-risk, invest-to-save proposal agreed at SDB, to be delivered within the risk management of the programme budget and our current independent hospital spend.

Current performance issues and risks

As referred to above, the Derbyshire system is significantly over its trajectory to reduce the number of people with autism and learning disability in inpatient beds, resulting in regional and national escalation meetings.

Out of area MH Acute Placements should have been eradicated from 1 April 2021. Continuity of care arrangements have been set up with Mill Lodge Hospital, Kegworth to enable up to 11 beds to be considered "Derbyshire" beds and not reported as out of area. CCG procuring more local PICU providers to enable continuity of care arrangements to be established until a PICU in Derbyshire can be provided. Currently 19 Derbyshire patients in PICU placements in a similar pattern of activity to that following Wave 1 pandemic from May 2020.

Dementia diagnosis rates have fallen below the national target due to the impact of the pandemic. Spending review additional monies available in 21/22 for backlog clearance. In addition, the Memory Assessment Service will be attempting to identify and serve up to 400 missing patients, who would have been expected in the service, but didn't come via primary care routes in 20/21.

The system chose not to prioritise investment in community perinatal services in 20/21. This and the impact of the pandemic has meant that the Derbyshire service only saw 3.4% of mothers in 20/21 against a target of 4.5%. The target rises to 7.1% in 21/22.

Financial position

- Monthly financial reporting to SDB at a programme level and also on investments across MH and LD spends.
- Services have been delivered within programme budgets for the last two years and in-year risk has been managed effectively through performance management and short-term task and finish changes.
- MHIS minimum investment standards have been met in every year it has been in place.

Development of SDB as a MH, LD and Autism provider collaborative on a Derbyshire footprint

Work has started to plan a team development approach to the creation of a provider collaborative across the MH, LD and Autism system in Derbyshire. Most large NHS, Private and Voluntary Sector partners are already represented or invited to the Board, alongside system partners such as Adult Care, Public Health, Police and Crime Commissioner and patient engagement groups. Led by Jennifer Stothard, this work will look to create an agreed set of values and behaviours for the partners and then start to look at appropriate partnership agreements, MoUs and, potentially, contracting arrangements.

All workstream leads involved in the transformation programme from across the CCG and DHCFT meet weekly with the Programme Lead/SRO with the aim to provide support to all staff during this year of transition to a new way of working and new organisations.

In the last two weeks, we have had confirmation that the MH, LD and Autism System Delivery Board will now have oversight of the Childrens Programme Board and is likely to be selected to accelerate its development as a provider collaborative, with support from KPMG.

Meetings are planned in w/c 24th May to revise the Board's terms of reference, to review and rationalise attendance at the SDB and to amend membership and ToRs of the groups reporting to the Board. There will be two new groups established to cover finance and quality functions, reporting to SDB. The aim is to enable SDB to have strategic oversight and decision-making powers, with other decisions delegated to the groups who report to it.

The SRO is the DHCFT representative on the three East Midlands wide provider collaboratives that have been established in the last 12 months to take commissioning and planning responsibility for Forensic, CAMHS and Adult Eating Disorder Specialised Services from NHSEI. The Derbyshire programme continues to receive reports on progress and is learning lessons from different approaches to provider collaboration, the (re-)creation of commissioning and planning hubs and how provider collaboratives can manage conflicts of interest without a continuation of a provider/commissioner split by other means.

Gareth Harry, JUCD MH Programme Lead/SRO, May 2021

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 6 July 2021

Performance Report

Purpose of Report

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

Executive Summary

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

Finance

<u>Revenue</u>

For awareness, under the current financial regime set by NHSEI, there has only been a requirement to submit a half year (H1) plan. However, the Trust has also an internal plan for H2 generating a full year plan. The previous block income payments that were transacted in 2020/21 have continued into 2021/22.

Our financial position forms part of the overall financial position of Joined Up Care Derbyshire.

Month 2	**2021/22**					
	In month			**YTD**		
	Plan	**Actual**	**Variance**	**Plan**	**Actual**	**Variance**
Income	(14,588,549)	(14,511,801)	76,748	(29,177,099)	(28,887,161)	289,938
Pay	10,596,312	10,204,271	(392,041)	21,192,623	20,660,823	(531,800)
Non-Pay	3,980,819	4,296,461	315,642	8,030,014	8,272,338	242,324
Total	**(11,418)**	**(11,070)**	**348**	**45,538**	**46,000**	**462**
	H1 Forecast			**Month 1-12 FOT**		
	Plan	**Actual**	**Variance**	**Plan**	**Actual**	**Variance**
Income	(87,836,406)	(87,040,275)	796,131	(173,045,873)	(172,794,384)	251,489
Pay	63,865,193	63,099,033	(766,160)	126,865,008	127,292,428	427,420
Non-Pay	23,971,213	23,927,425	(43,788)	46,097,745	45,418,897	(678,848)
Total	**0**	**(13,817)**	**(13,817)**	**(83,120)**	**(83,059)**	**61**

The Trust's year to date position at the end of month 2 is a small deficit of £46k as per plan. The forecast for H1 (months 1-6) is a small surplus of £13k against

a breakeven plan. The full year forecast is a surplus of £83k as per the internal full year plan.

Income is currently behind plan due to slippage on recruitment related to some new investments such as the Community Mental Health Framework and CAMHS Crisis. This has offsetting expenditure underspends.

Efficiencies

The full year plan includes an efficiency require of £1.9m mainly phased in the second half of the financial year. The forecast at month 2 assumes that this will be delivered in full. The financial arrangements for H2 are not yet confirmed, but nationally (and regionally) it has been signalled that we should expect increased efficiency requirements.

Agency

At the end of month 2 agency expenditure is above the ceiling by £289k which equates to 57%. The two highest areas of agency spend relates to Medical staff and Ancillary staff (mainly domestics). The forecast assumes that agency costs will reduce slightly from month 8 but is still generating forecast spend of £4.6m which is above the ceiling by £1.6m (53%). The forecast does include a contingency of £120k for any unforeseen agency usage.

COVID-19 costs

The Trust has an allocation of £700k a month for months 1-6 for Covid-related expenditure. The year to date expenditure is currently within that allocation. The main costs are driven by pay at £0.9m with a further amount of £0.4m on non-pay expenditure.

Capital

With regards to capital, the Trust is currently behind plan at month 2 by £597k against a plan of £894k. However, it is expected that the full capital plan is committed by the end of the financial year.

The Trust has received additional PDC capital funding for the initial stages of the dormitory eradication programme, this is the year two element of the original MOU.

In April 2021 we received formal notification from NHSEI that we have been allocated a place on the dormitory eradication programme with allocations totalling £80m, however this is subject to successful business case processes to secure; Outline Business Cases are in train.

Cash

Cash is at £36.5m at the end of May (£34.8m at the end of April). Cash will take on enhanced focus in the coming months and years due to the PICU and dorms capital requirements. It is essential that we maintain adequate working capital and cashflows to pay our workforce and suppliers as well as deliver the various capital programmes. Appropriate assurance and scrutiny on these matters will take place at Finance and Performance Committee.

Operations

Three-day follow-up of all patients

To date we have consistently achieved the national standard for follow-up which came into effect from 1 April 2020.

Data quality maturity index

Increasing waiting lists resulting from the pandemic continue to have a negative impact on data quality, however we have consistently exceeded the national target. As we move towards recovery of services and waiting lists reduce, we should start to see an improvement.

IAPT 18-week referral to treatment

The national target has been exceeded throughout the 24-month reporting period.

IAPT 6-week referral to treatment

Following a period of 7 months of staff being redeployed to support other services as the pandemic progressed, the staff returned to IAPT and for the last 7 months performance has been better than expected.

IAPT patients completing treatment who move to recovery

For the last 10 months the national standard has been achieved.

Early intervention 14-day referral to treatment – incomplete (people currently waiting to be seen)

The target has been achieved throughout the 24-month period.

Early intervention 14-day referral to treatment

We would expect to consistently exceed the national standard for referral to treatment.

Waiting list for care coordination

The number of people waiting to be allocated a care coordinator has been significantly low for the last 9 months. The average wait to be seen has remained within common cause variation despite the pandemic.

Waiting list for psychology

The number of patients on the waiting list was significantly lower than expected in May 21, with the average wait to be seen returning to common course variation for the last 4 months, following a sustained period of longer waits than expected, as a result of the pandemic.

Waiting list for Autistic Spectrum Disorder (ASD) assessment

Prior to the pandemic we were commissioned to provide 312 assessments per annum. We are continuing with our COVID-19 recovery plans. All team members are

alternating between offering some face to face appointments and some online appointments, balancing staff anxieties regarding returning to face to face appointments with limited access to rooms.

There have been some recent difficulties with regards to some individuals at the top of the waiting list not being contactable/ not returning pre-assessment paperwork etc which has been adding pressure to our team admin and made it difficult to fill some assessment slots.

We also are needing to spend time preparing for the move to SystmOne.

With regards to setting up the Specialist Autism Team (SAT), the three leadership posts have now been recruited to and the new recruits are working their notice prior to starting in post.

We are participating in a commissioner-led enhanced community autism workstream looking at the development of pre and post diagnostic support provision in the voluntary sector and the interface between support and the diagnostic team. This workstream is planned for between now and March 2022.

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

CAMHS continue to utilise telephone and Attend Anywhere as vehicles to support clinical contacts; face to face appointments are offered only when clinically indicated. This is having a positive impact on the size of the waiting list and for the last 12 months the waiting list has been significantly lower than expected.

Waiting list for community paediatrics

For the last 8 months the average wait to be seen has been significantly lower than expected. This is despite a large increase in referrals for neurodevelopmental assessment, from January 2021.

Patients placed out of area – adult acute

We continue to operate with a significant number of adult acute beds closed to facilitate social distancing and cohorting. We have reviewed previous arrangements and have re-opened some closed beds however there has been no further changes to social distancing and cohorting requirements. Use of out of area beds has been constantly lower than the number of closed beds throughout the pandemic. We are currently working with Mill Lodge to explore whether we can temporarily increase the use of beds at Mill Lodge whilst we continue with the closed beds.

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

The PICU usage has remained within common cause variation for the last 9 months. There is currently no PICU provision in Derbyshire so anyone needing psychiatric intensive care needs to be placed out of area.

People

Following the suspension of appraisals, revalidation and mandatory training, recovery plans are in place with weekly monitoring through the Executive Leadership Team (ELT).

Annual appraisals

A new style “Wellbeing conversation” is being rolled out across the Trust. This will supplement a mini appraisal process.

Annual turnover

The rate of turnover has been higher for the last 2 months; however it remains within the Trust target range of 8-12%.

Compulsory training

The 6 month pause on training at the beginning of the pandemic inevitably impacted hugely on compliance levels and it will take considerable time to recover the position. The full training requirement – compulsory training and role specific training – is over 70,000 attendances by our total workforce on over 70 courses, with just under 16,000 individual attendances to be completed. A Training Cell continues to meet weekly to support Operational Services with regards to improving the training position and to monitor progress against training recovery plans and sustainability.

Staff absence

Staff absence has been lower than average for most of the pandemic. Sickness rates for April and May 2021 have increased slightly.

Supervision

The levels of compliance with the clinical and management supervision targets have remained low since the start of the pandemic.

Proportion of posts filled

Prior to the start of this financial year there were a number of factors that had in effect artificially lowered the vacancy rate prior to April 2021, however this has now been adjusted for at the start of this financial year, which is where we can see a significant drop in posts being filled.

Bank staff use

Following a period of 7 months of unusually high bank staff use, this month the position has returned to common cause variation.

Quality

Incidents of moderate to catastrophic harm

The number of reported incidents of moderate to catastrophic harm have remained within common cause variation throughout the reporting period.

Medication incidents

As a result of COVID-19, reduction in admission rates resulted in fewer incidents. Furthermore, fewer patients resulted in more time for clinicians to focus on their practice. March 2021 incidents were unusually high. This is likely linked to the

mental health "surge" following reduction in COVID-19 restrictions that began in March 2021 nationally.

Seclusion

The use of seclusion was within common cause variation, although with a decreasing trend in physical restraint and prone restraint. May 2020 demonstrated an astronomical point where incidents of seclusion increased above the expected common cause variation. This has been linked to a changed inpatient demographic during the peak of lockdown where inpatient wards saw a drop in personality disorder-based admissions and an increase of new unknown psychosis presentations.

Restraint

The number of reported incidents involving restraint have remained within common cause variation throughout the reporting period.

Patients in settled accommodation

May 2021 demonstrates the first month below the expected variation. During the pandemic, to prevent the spread of COVID-19 and to protect those within the clinically vulnerable and clinically extremely vulnerable groups, anyone without settled accommodation was offered it. As a result, rates of homelessness reduced however, as restrictions stand down these offers are no longer in place and as a result there has been a reduction in people living in settled accommodation.

Patients in employment

Accommodation and employment will clearly be affected by the current pandemic and its financial consequences, so this data will continue to be monitored closely. However, the Individual Placement Support (IPS) Service continues to have success in supporting people into employment even during the current pandemic.

Care plan reviews

The proportion of patients whose care plan have been reviewed continues to be lower than usual. Teams have been prioritising essential tasks, with reduced routine contact, and trying to engage with people who use our services in different ways, e.g. in virtual ways using Attend Anywhere. The planned restoration of services was interrupted by the second wave of the pandemic and further redeployment of community staff to support critical functions.

Compliments and complaints

The number of compliments decreased in line with the emergence of COVID-19 and the significant changes to many of our clinical services. A large number of compliments are received by staff during face to face contact and then entered by staff. As a result of reduced face to face contact, there has been a drop in the number of compliments received.

The number of complaints increased with a particular theme around access to services. Derbyshire Healthcare NHS Foundation Trust continues to work with Health Watch, including receiving regular feedback through governance structures and service user and carer surveys.

Delayed transfers of care

Delayed Transfers in Care (DTOC) remain within the expected parameters and remain low compared to national mean.

Duty of Candour

There have been no instances of Duty of Candour in the last 3 months.

Number of falls on inpatient wards

The number of reported falls has remained within common cause variation for the last 5 months.

Physical Health Assessments

Inpatients: we have seen common cause variation throughout most of the reporting period.

Community: we have seen a sustained period of special cause improving variation for the last 9 months linked to the roll out of physical health equipment and introduction of physical health champions across teams.

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

Assurances

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty and Equality Impact Risk Analysis

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

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

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

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

Recommendations

The Board of Directors is requested to:

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

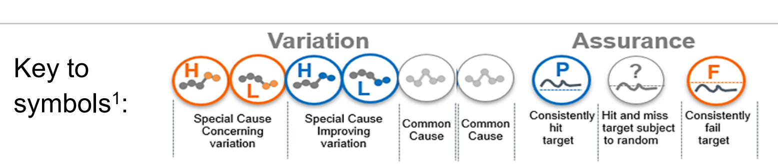
Report presented by:	**Lee Doyle** **Acting Director of Operations**
Report prepared by:	**Peter Henson** **Head of Performance** **Rachel Leyland** **Deputy Director of Finance** **Celestine Stafford** **Assistant Director People and Culture Transformation** **Kyri Gregoriou** **Head of Nursing**

Assurance Summary

	Metric Name	Variation	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	3 day follow-up			90%	80%	75%	100%	88%
2	Data quality maturity index			97%	95%	97%	98%	97%
3	Early intervention 14 day referral to treatment - complete			81%	60%	68%	108%	88%
4	Early intervention 14 day referral to treatment - incomplete			75%	60%	63%	107%	85%
5	IAPT 18 week referral to treatment			100%	95%	100%	100%	100%
6	IAPT 6 week referral to treatment			98%	75%	83%	97%	90%
7	IAPT patients completing treatment who move to recovery			55%	50%	47%	61%	54%
8a	Average patients out of area per day - adult acute			4		2	17	10
8b	Patients placed out of area - adult acute			8		6	28	17
9a	Average patients out of area per day - PICU			17		7	23	15
9b	Patients placed out of area - PICU			26		15	35	25
10a	Waiting list - care coordination - average wait to be seen			25		19	39	29
10b	Waiting list - care coordination - number waiting at month end			32		34	79	56
11a	Waiting list - ASD assessment - average wait to be seen			66		45	54	49
11b	Waiting list - ASD assessment - number waiting at month end			1,186		927	1034	981
12a	Waiting list - psychology - average wait to be seen			24		21	26	24
12b	Waiting list - psychology - number waiting at month end			538		540	633	587
13a	Waiting list - CAMHS - average wait to be seen			18		16	22	19
13b	Waiting list - CAMHS - number waiting at month end			422		398	480	439
14a	Waiting list - community paediatrics - average wait to be seen			9		10	15	13
14b	Waiting list - community paediatrics - number waiting at month end			668		562	825	693
15	Annual appraisals			73%	85%	73%	81%	77%
16	Annual turnover			12%	8-12%	10%	11%	11%
17	Compulsory training			82%	85%	84%	88%	86%
18	Staff absence			6%	5%	5%	8%	6%
19	Clinical supervison			73%	95%	75%	81%	78%
20	Management supervision			78%	95%	77%	82%	79%
21	Filled posts			86%	100%	88%	93%	90%
22	Bank staff use			6%	5%	5%	7%	6%
23	Compliments received			101	119	72	161	116
24	Formal complaints received			19	13	3	23	13
25	Delayed transfers of care			0%	3.5%	-0.6%	1.8%	0.6%
26	CPA reviews			90%	95%	91%	95%	93%
27	Patients in employment			10%		10%	11%	11%
28	Patients in settled accommodation			56%		59%	62%	61%

Key:

Key to symbols[1]:



Blue dots indicate special cause variation, better than expected.

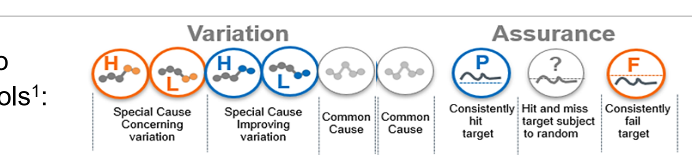
Orange dots indicate special cause variation, worse than expected.

[1]The rating symbols were designed by NHS Improvement

	Metric Name	Variance	Assurance	Latest Value	Target	Lower process limit	Upper process limit	Mean
29	Number of medication incidents			38		26	71	49
30	No. of incidents of moderate to catastrophic actual harm		P	56	48	13	82	48
31	No. of incidents requiring Duty of Candour		?	0	1	-2	3	1
32	No. of incidents involving prone restraint		?	6	12	-1	22	11
33	No. of incidents involving physical restraint		?	26	46	1	91	46
34	No. of new episodes of patients held in seclusion		?	4	14	3	29	16
35	No. of falls on inpatient wards		?	20	30	4	47	26
36	Inpatients (Adults): Physical Health Assessment Recorded		F	87%	100%	64%	96%	80%
37	Inpatients (Older Adults): Physical Health Assessment Recorded		P	95%	100%	30%	124%	77%
38	CMHTs (Older Adults): Physical Health Assessment Recorded	H	F	85%	100%	54%	79%	66%
39	CMHTs (Adults): Physical Health Assessment Recorded	H	F	59%	100%	29%	56%	43%

Key:

Key to symbols[1]:



Blue dots indicate special cause variation, better than expected.

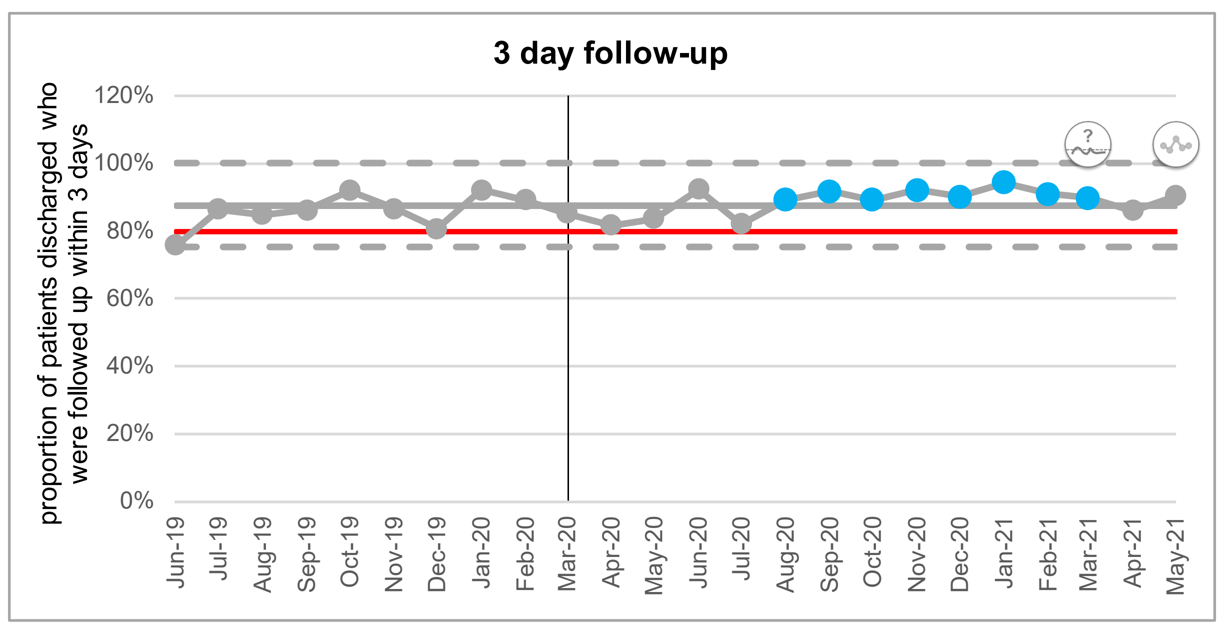
Orange dots indicate special cause variation, worse than expected.

[1]The rating symbols were designed by NHS Improvement

Detailed Narrative

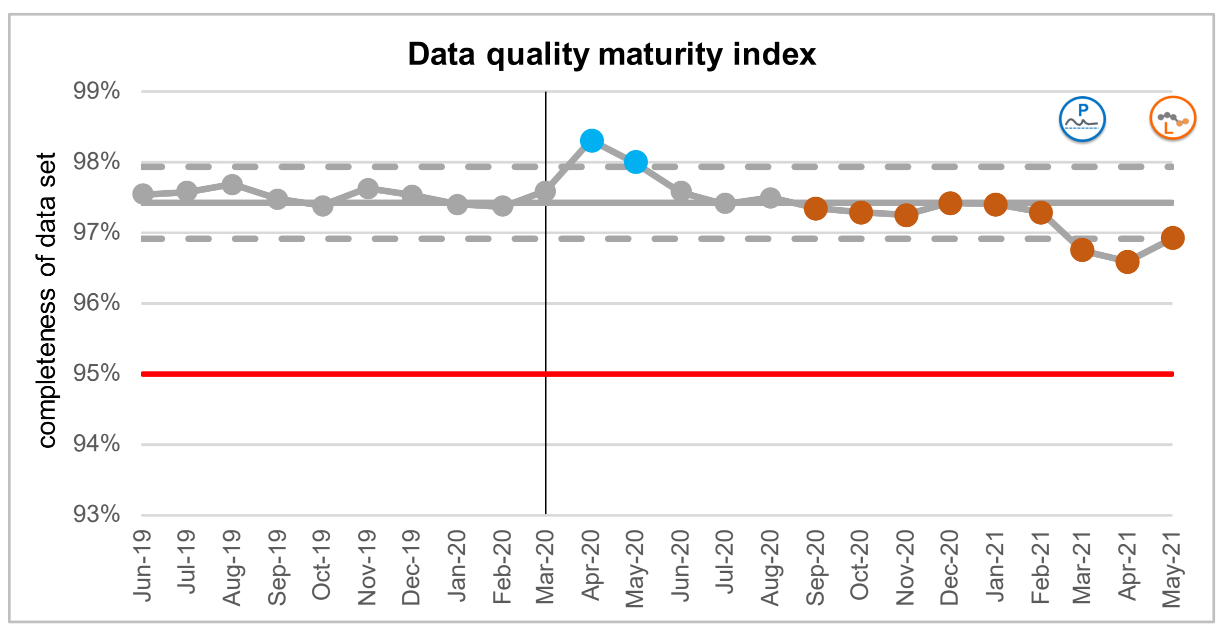
1. Operations

A. Three day follow-up of all patients



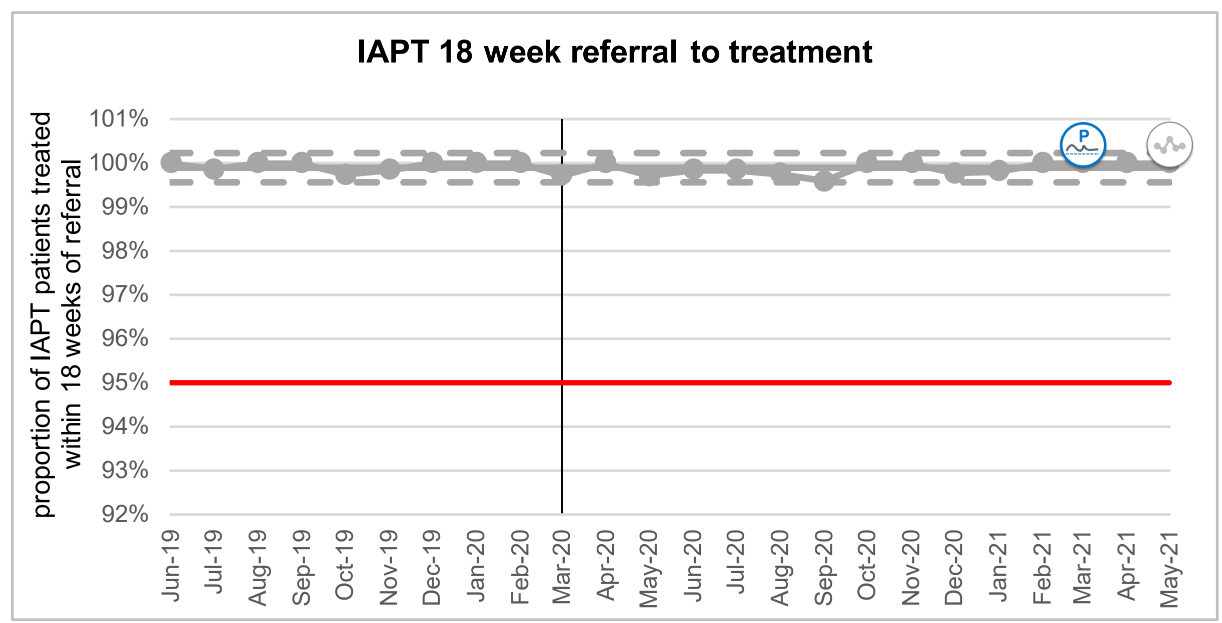
Patients are followed up in the days following discharge from mental health inpatient wards to provide support and ensure their wellbeing during the period when they are at their most vulnerable. To date we have consistently achieved the national standard for follow-up which came into effect from 1 April 2020. Despite this high level of performance, the process limits would suggest that we are as likely to pass or fail the target based on random variation.

B. Data quality maturity index



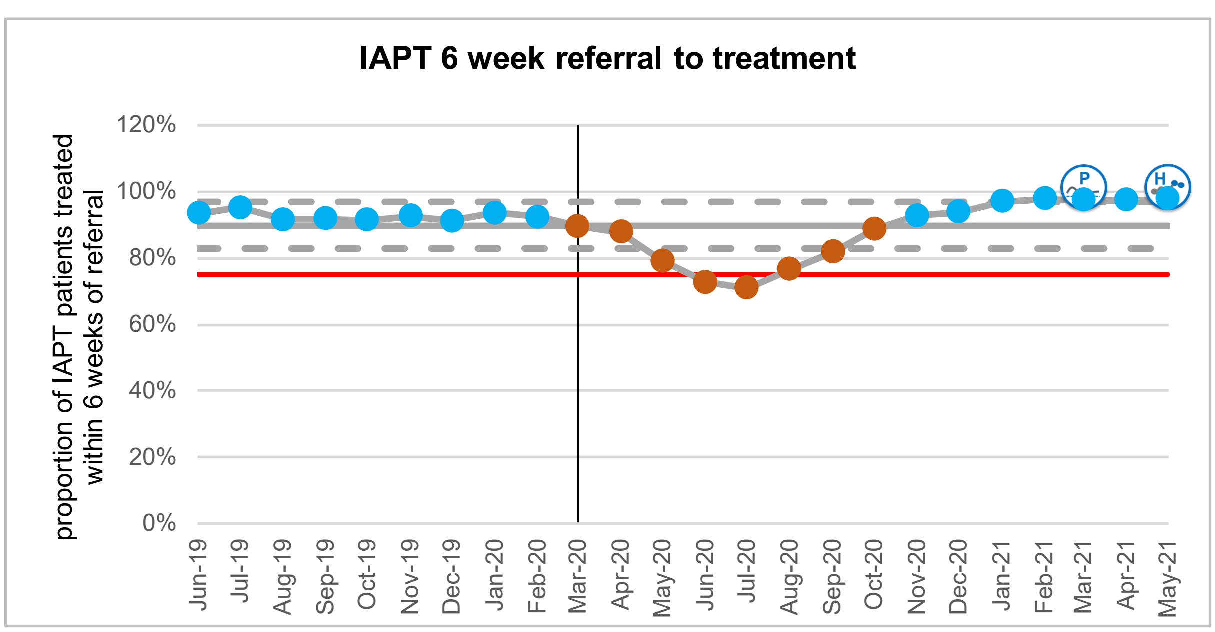
Increasing waiting lists resulting from the pandemic continue to have a negative impact on data quality, however we have consistently exceeded the national target. As we move towards recovery of services and waiting lists reduce, we should start to see an improvement.

C. IAPT 18 week referral to treatment



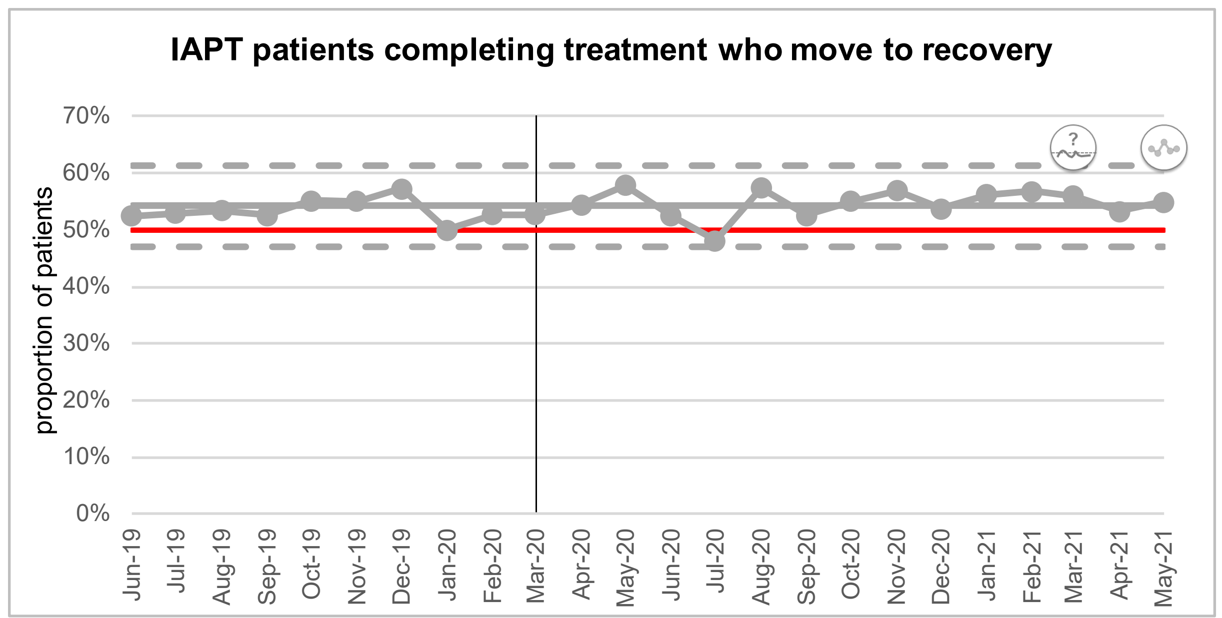
The national target has been exceeded throughout the 24-month reporting period. This is an example of a very tightly controlled process and we would expect to consistently exceed the 95% standard.

D. IAPT 6-week referral to treatment



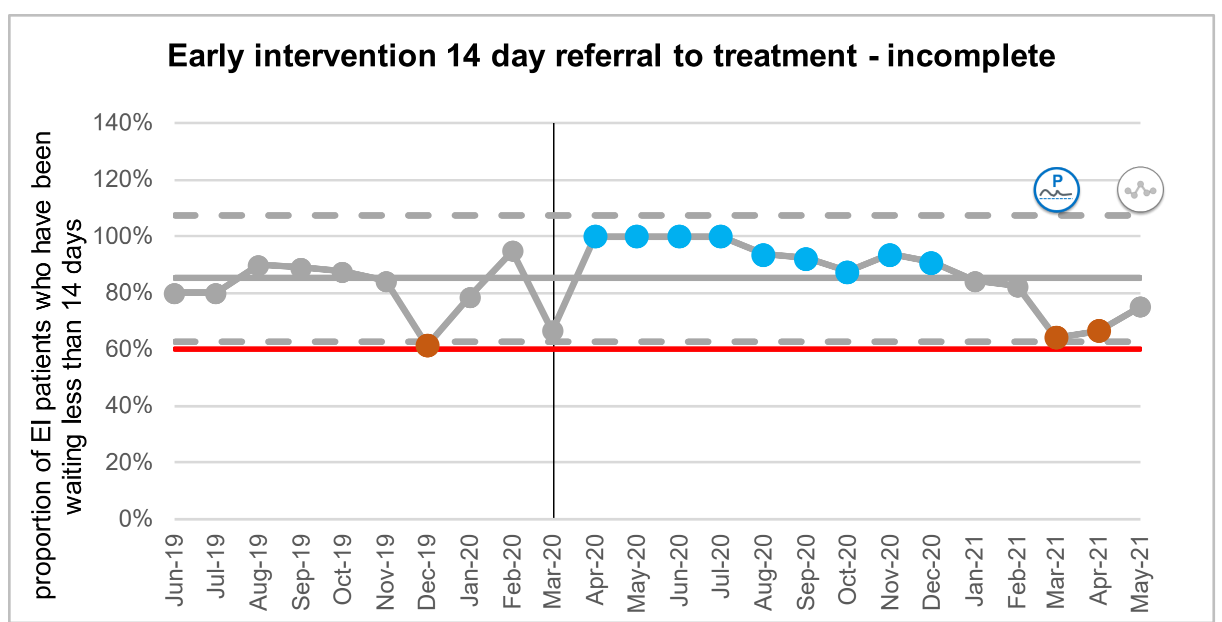
Following a period of 7 months of special cause concerning variation as a result of staff being redeployed to support other services as the pandemic progressed, the staff returned to IAPT in November 2020 and for the last 7 months performance has been better than expected. With staff back in post we would expect to consistently exceed the national standard.

F. IAPT patients completing treatment who move to recovery



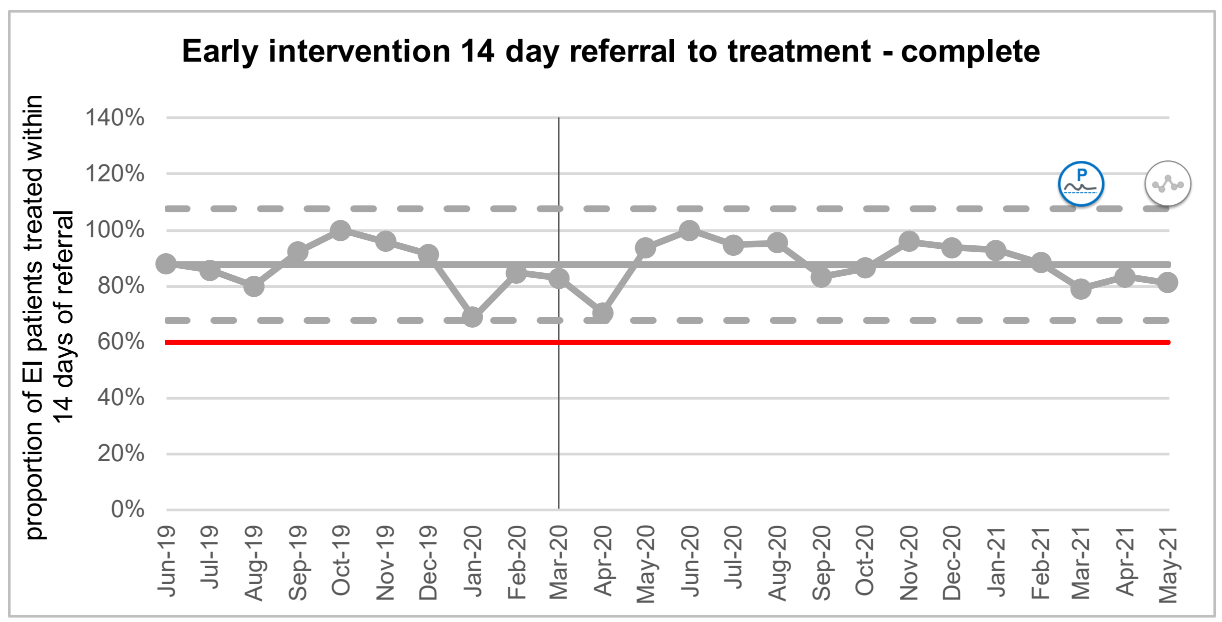
For the last 10 months the national standard has been achieved, with common cause variation seen throughout the data period. This is an annual target and last financial year the full year target was achieved.

G. Early intervention 14-day referral to treatment – incomplete (people currently waiting to be seen)



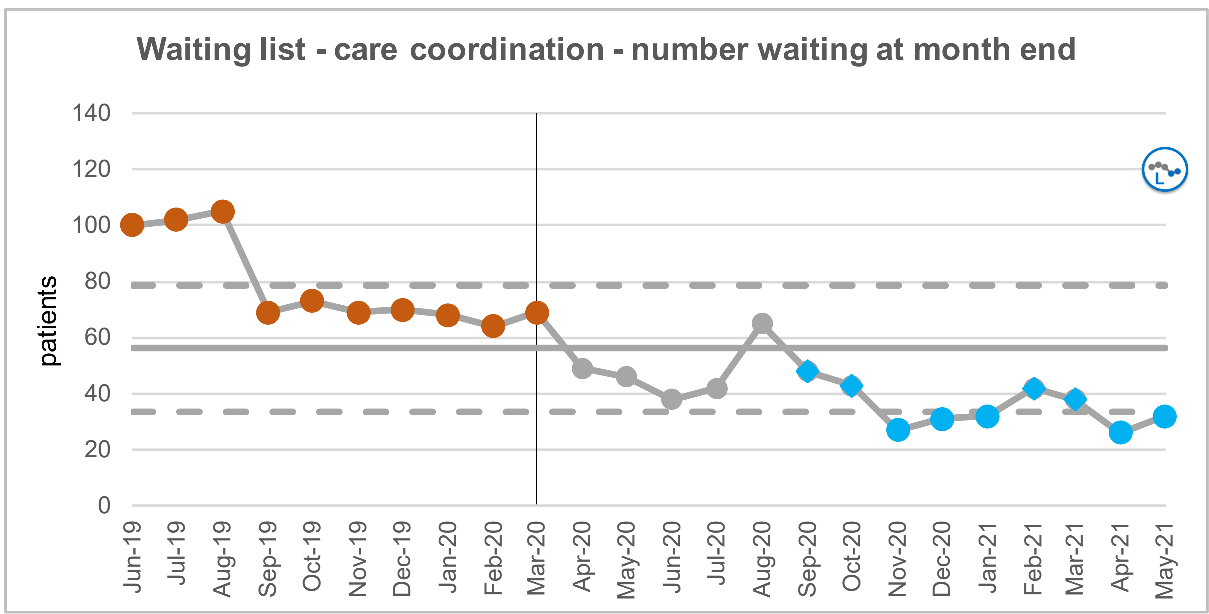
The service continues to perform consistently well against the national 14-day referral to treatment standard of 60% or more people on the waiting list to be have been waiting no more than 2 weeks to be seen. The target has been achieved throughout the 24-month period.

H. Early intervention 14-day referral to treatment

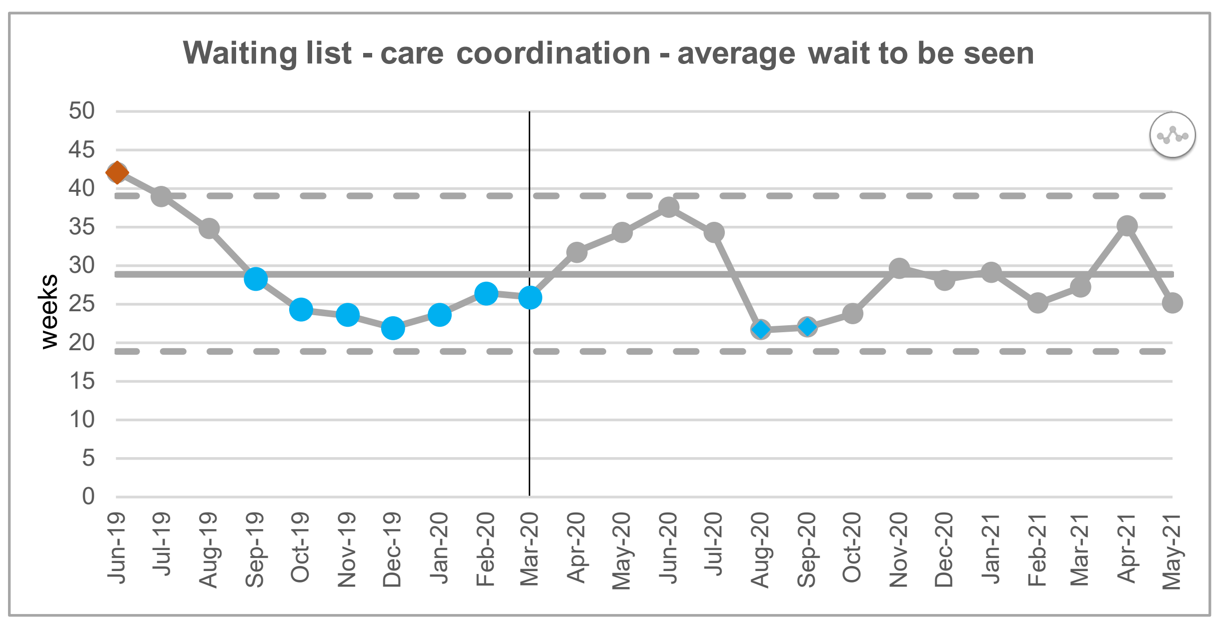


We have seen common cause variation throughout the 24-month period, and we would expect to consistently exceed the national standard for referral to treatment.

I. Waiting list for care coordination

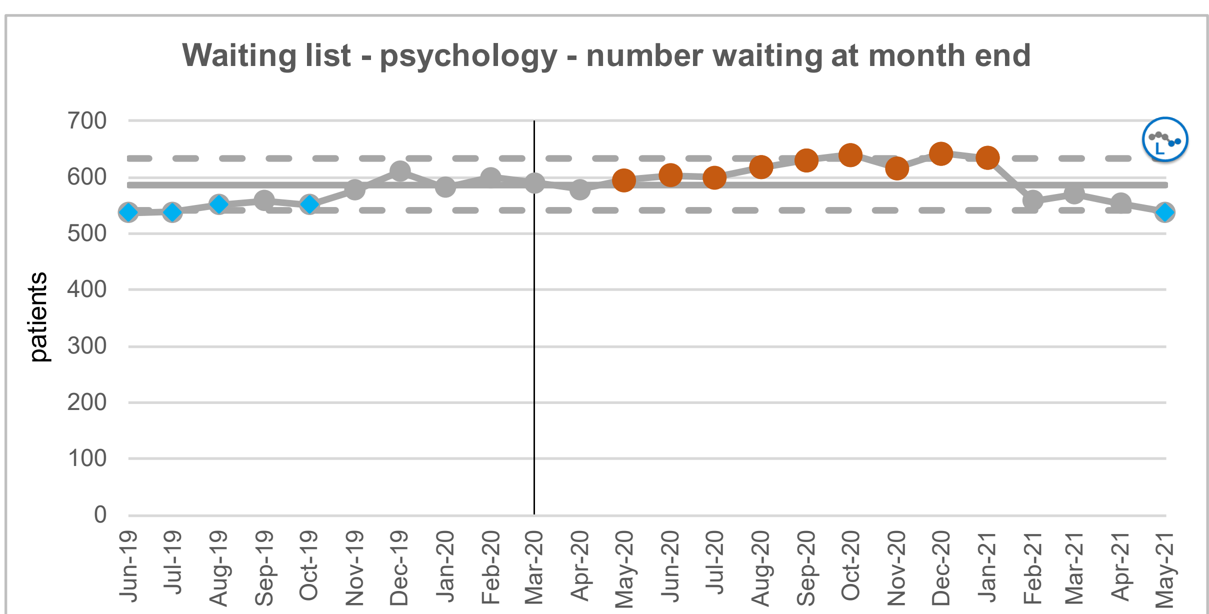


The number of people waiting to be allocated a care coordinator has been significantly low for the last 9 months.

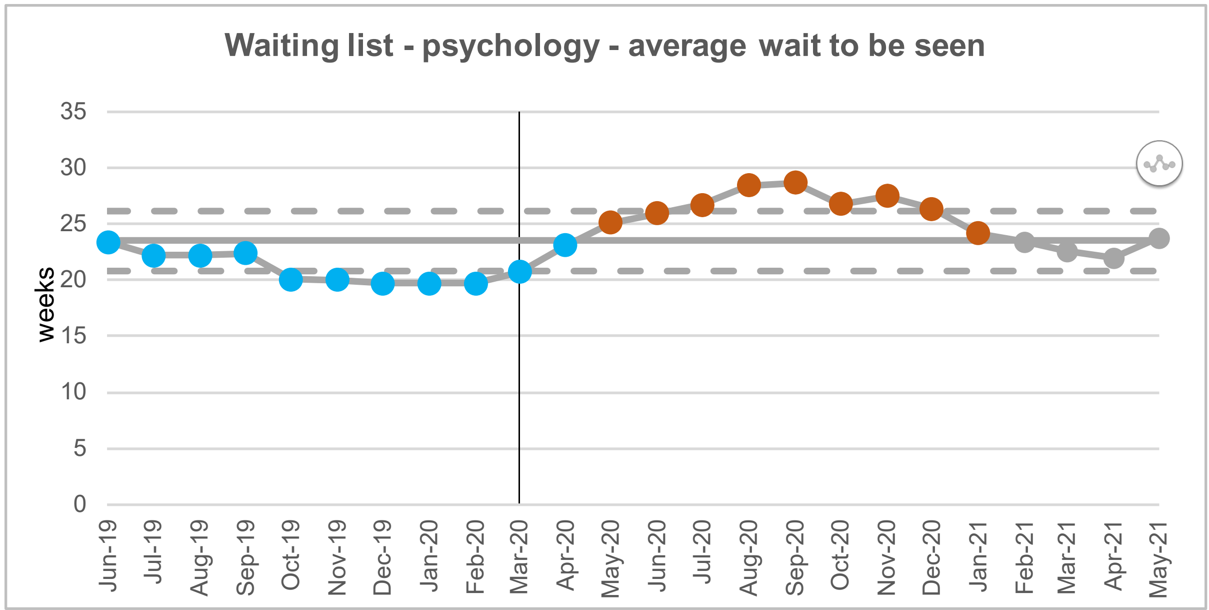


The average wait to be seen has remained within common cause variation despite the pandemic. There are a few outliers which are inflating the mean. The median of the current waits is 16 weeks. The relevant teams have been asked to look into and address the outliers.

J. <u>Waiting list for psychology</u>



We can see the impact of the pandemic on waits, with the waiting list being significantly higher than expected for months, however in recent months waits have returned to normal, with a significantly lower than expected waiting list seen in May 2021.



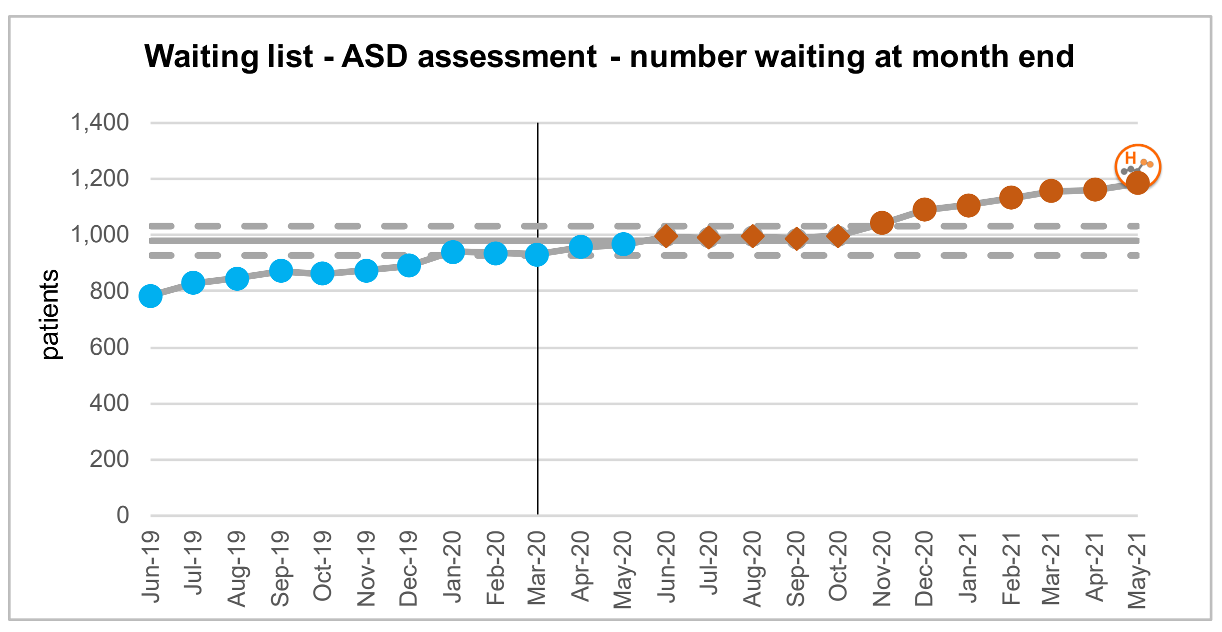
The number of patients on the waiting list was significantly lower than expected in May 21, with the average wait to be seen returning to common course variation for the last 4 months, following a sustained period of longer waits than expected, as a result of the pandemic.

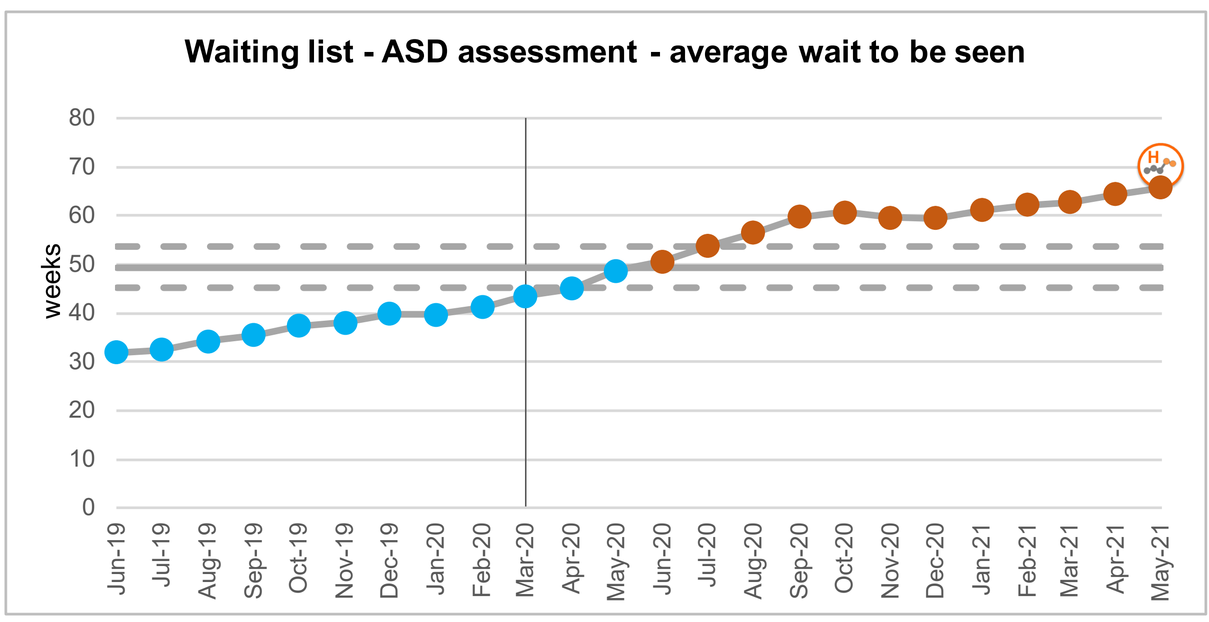
Factors which impact on waiting times include:

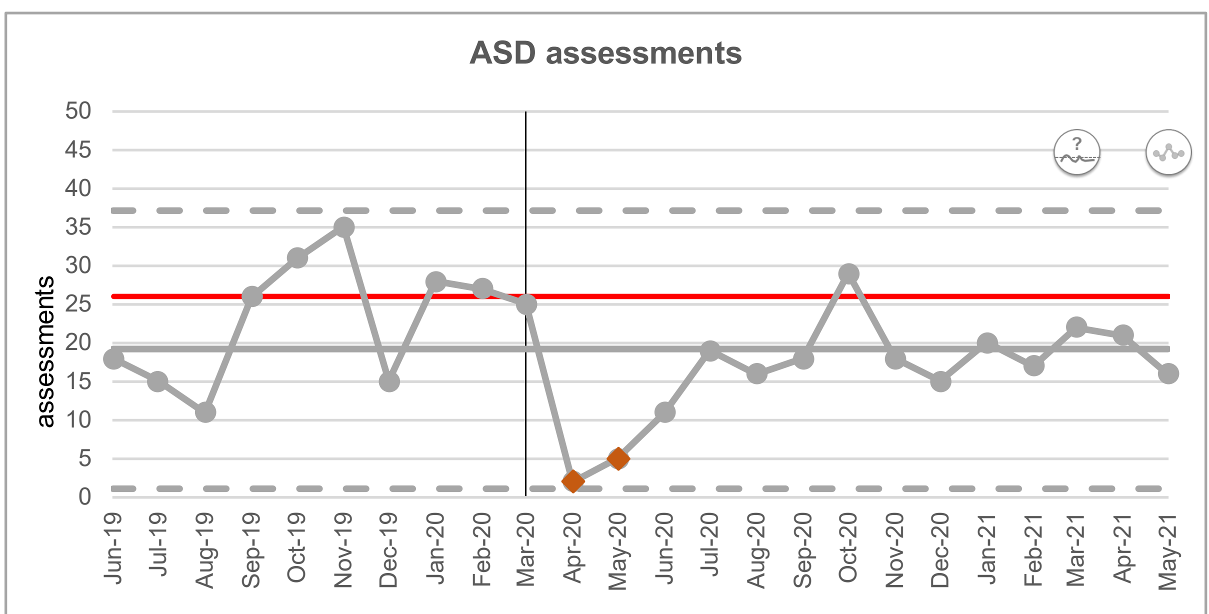
- Patients requesting only face to face therapy and would rather wait – approximately 10-15%.
- Vacancies, maternity leave and secondments reducing capacity.
- Impact of provision of offer of psychological support – well-being plus staff support service reducing psychologist time
- Impact of school closures and limited places for childcare on families – not currently a factor but did cause delays earlier on in the pandemic
- Some data quality issues
  Loss of consultant clinical time due to restructure of lead posts

Our response to the waiting list challenges includes a focus on recruitment and retention and improvement of data quality. More staff time will become available once we move through the current COVID-19 crisis and there is less psychological distress in the system.

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







Prior to the pandemic we were commissioned to provide 312 assessments per annum. We are continuing with our COVID-19 recovery plans. We have identified locations, timings, protocols for safe COVID-19 face to face appointments. All team members are alternating between offering some face to face appointments and some online appointments, balancing staff anxieties regarding returning to face to face appointments with limited access to rooms. Face to face appointments have gone well so far and have not impacted on our assessments as much as expected. However, it would be difficult to return to the ADOS clinic pilot until we no longer need PPE.

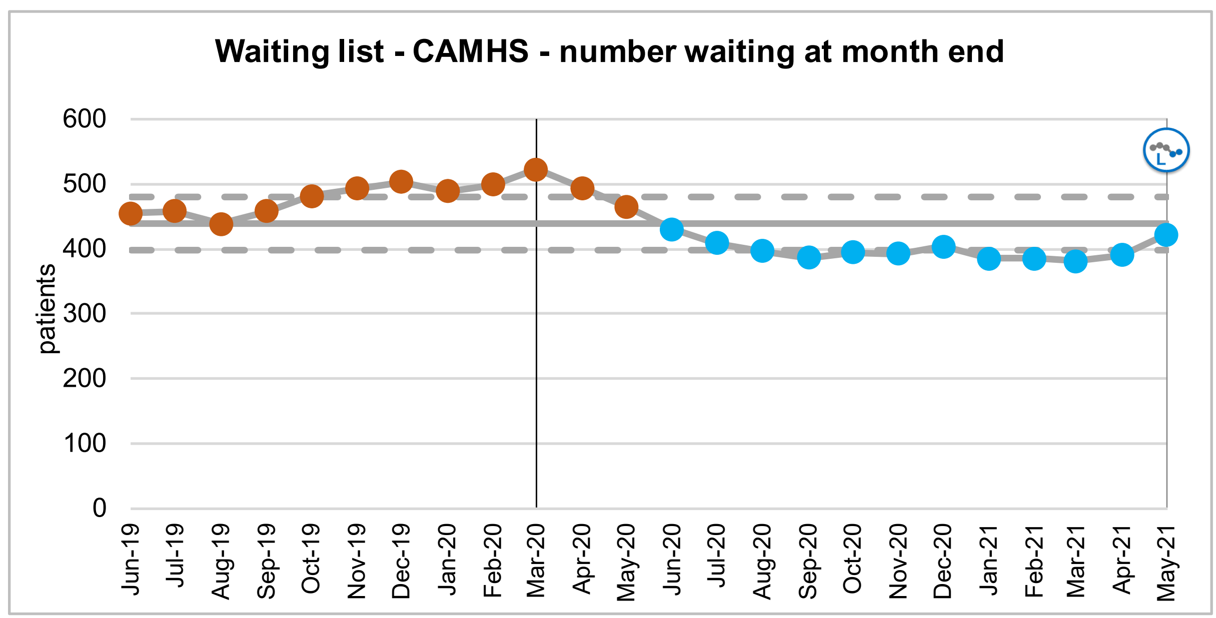
There have been some recent difficulties with regards to some individuals at the top of the waiting list not being contactable/ not returning pre-assessment paperwork etc which has been adding pressure to our team admin and made it difficult to fill some assessment slots.

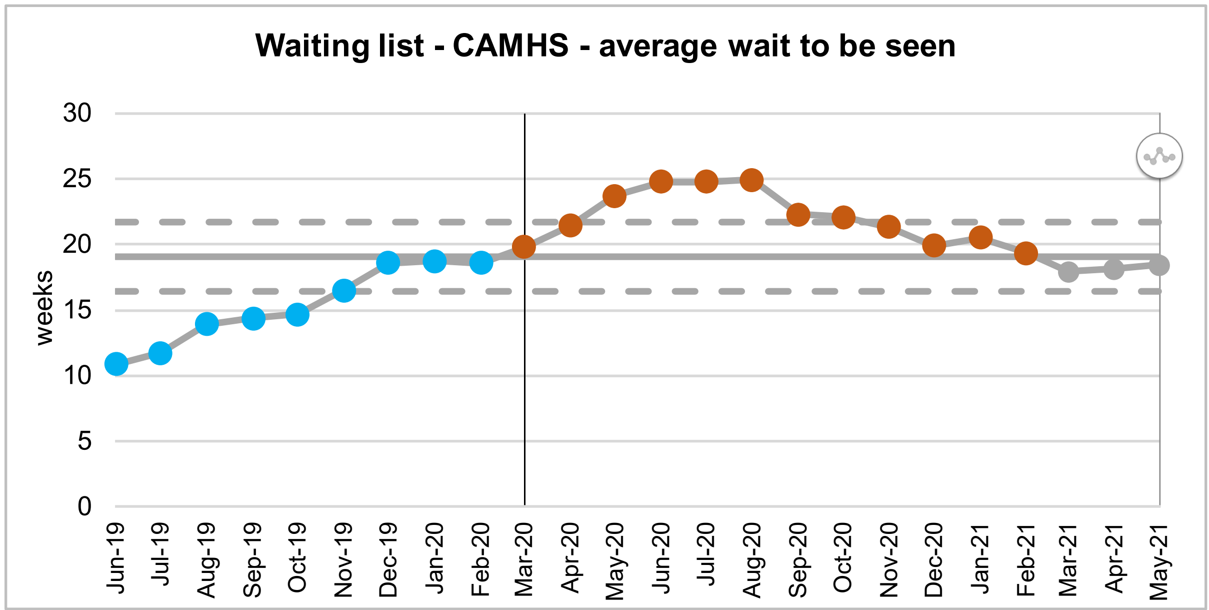
We also are needing to spend time preparing for the move to SystmOne which means spending time finalising our assessment tools – making sure they are fit for purpose based on the legal advice we were given. We are trying to arrange some bank staff admin cover to help with tasks that need completing before our SystmOne move.

With regards to setting up the Specialist Autism Team (SAT), the three leadership posts have now been recruited to and the new recruits are working their notice. We will continue to think about the interface between the SAT and the assessment team, but some of those decisions will need to be made with those leaders once they are in post.

Dr Round has been asked by the commissioners to participate in the 'enhanced community autism workstream' they are running looking at the development of pre and post diagnostic support provision in the voluntary sector and the interface between support and the diagnostic team. This workstream is planned for between now and March 2022.

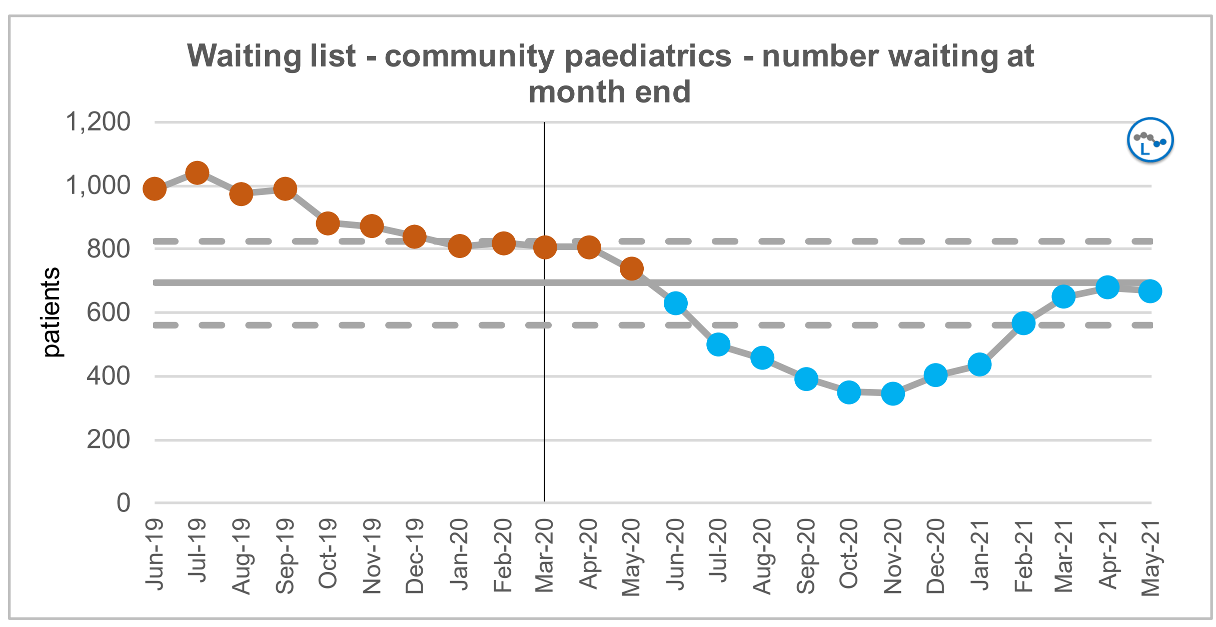
L. Waiting list for Child and Adolescent Mental Health Services (CAMHS)

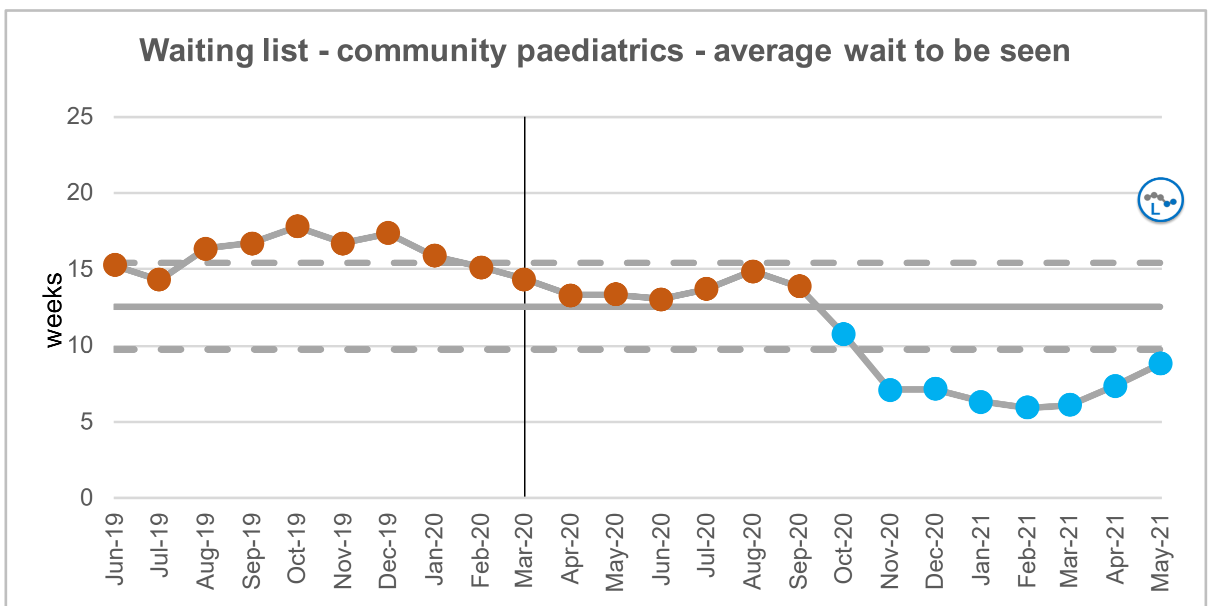




CAMHS continue to utilise telephone and Attend Anywhere as vehicles to support clinical contacts; face to face appointments are offered only when clinically indicated. This is having a positive impact on the size of the waiting list and for the last 12 months the waiting list has been significantly lower than expected, which is very positive. For the last 3 months the average wait to be seen has returned to common cause variation levels, below average, following a period of longer than expected waits that had persisted since the start of the pandemic.

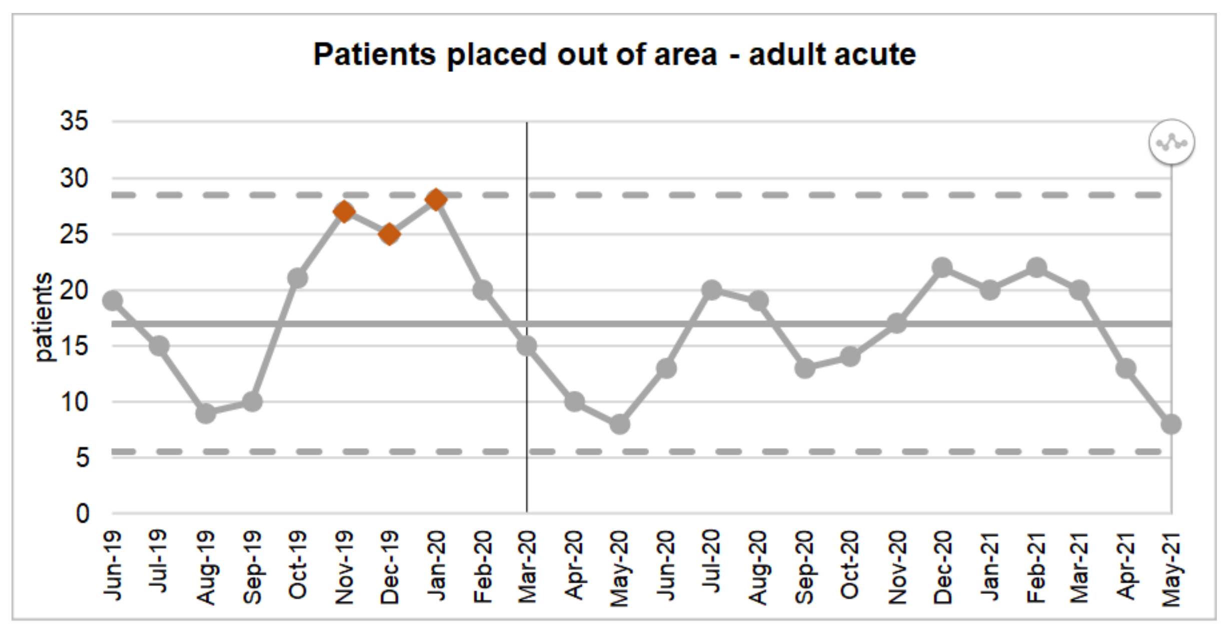
M. Waiting list for community paediatrics

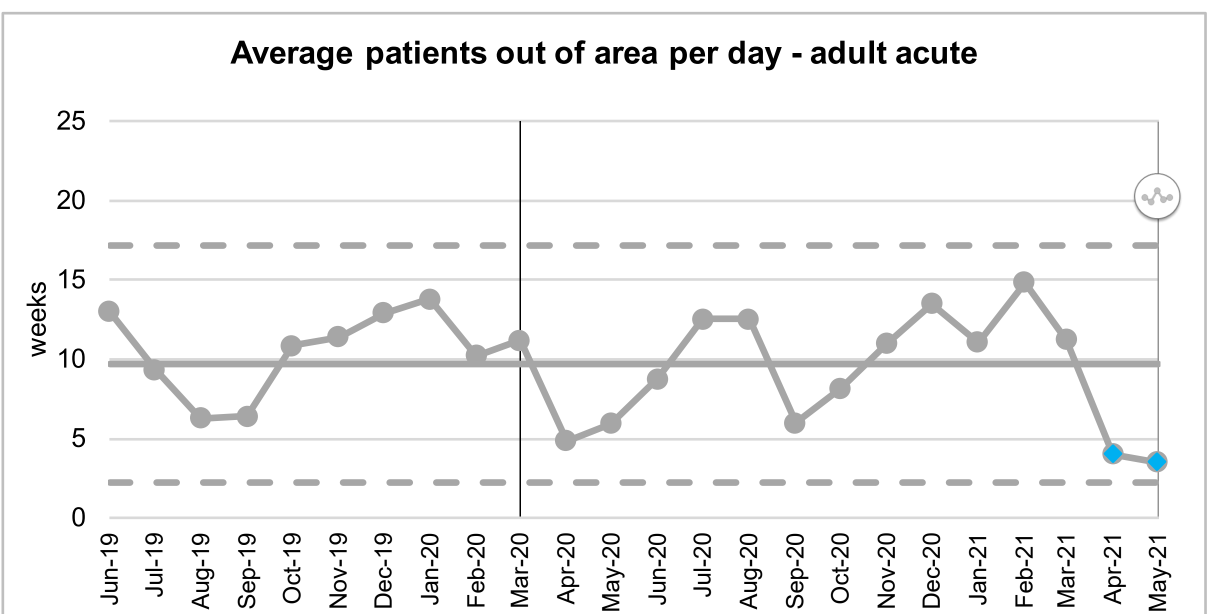




The number of children on the waiting list has been significantly lower than expected for the past 12 months and for the last 8 months the average wait to be seen has also been significantly lower than expected. This is despite a large increase in referrals for neurodevelopmental assessment, from January 2021. This sustained improvement to waits is a monumental achievement and the service is to be commended.

N. Patients placed out of area – adult acute



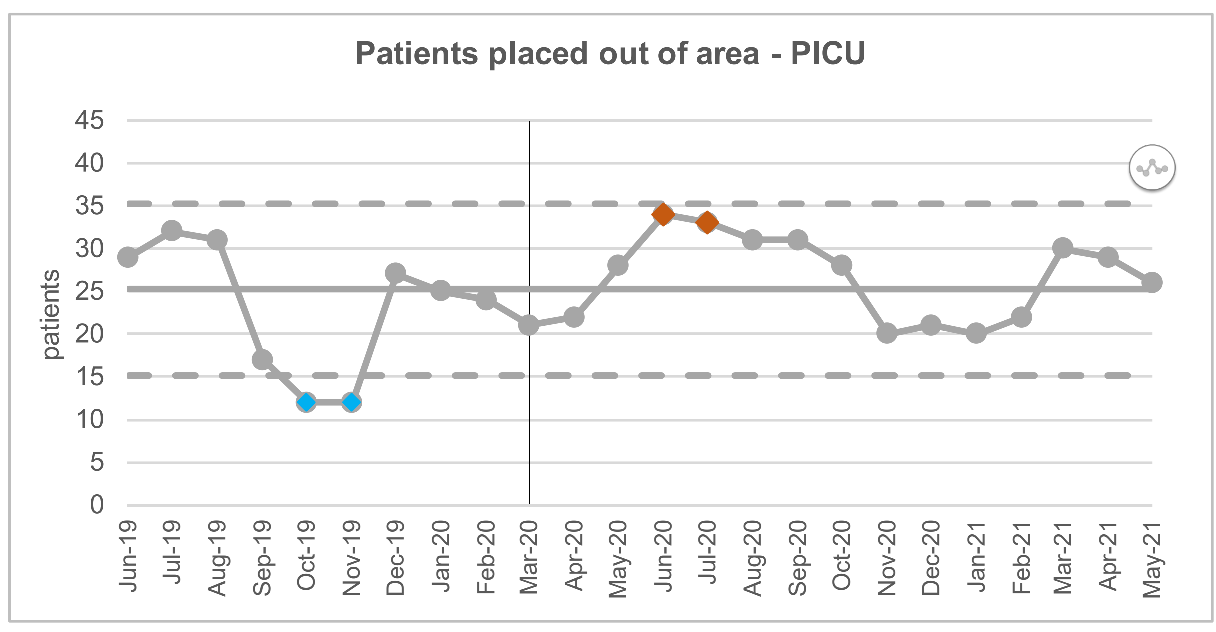


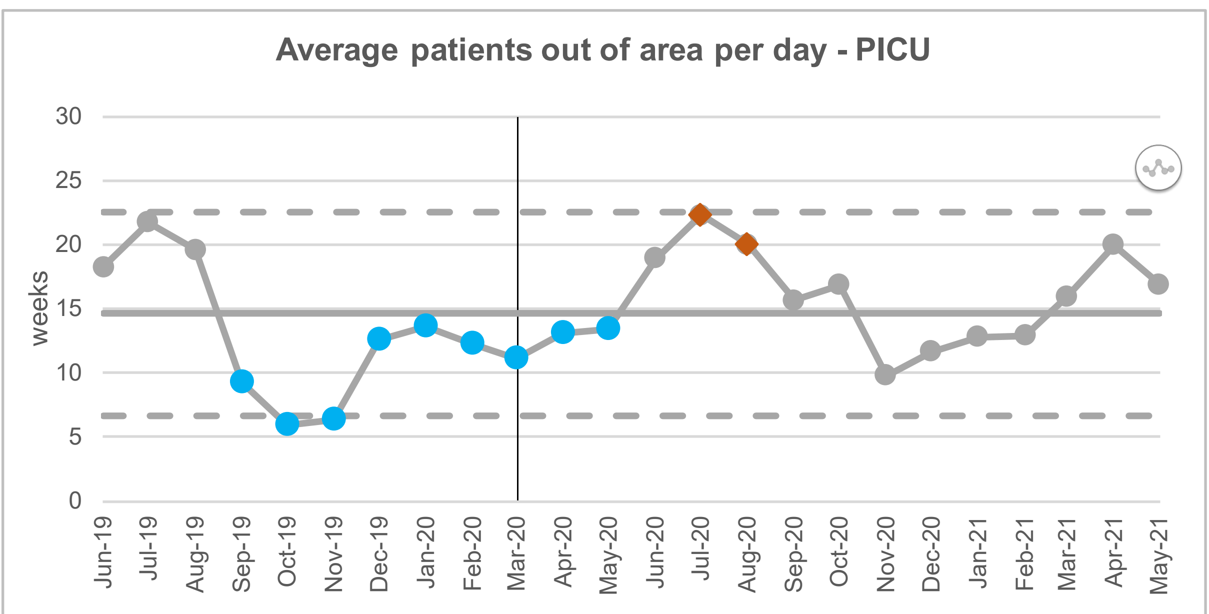
We continue to operate with a significant number of adult acute beds closed to facilitate social distancing and cohorting. We have reviewed previous arrangements and have re-opened some closed beds however there has been no further changes to social distancing and cohorting requirements. Use of out of area beds has been constantly lower than the number of closed beds throughout the pandemic.

It should be noted that we experienced a COVID-19 outbreak on the Hartington Unit and on the Radbourne Unit in February 21. These outbreaks restricted ability to admit further patients for a period of time. For a brief time, this reduced admission and treatment capacity resulted in increased usage of out of area acute beds. However, this increase was minimal.

As a result of working on the “continuity of care” principles, any of our patients who are nursed at Mill Lodge are no longer regarded as “inappropriate” out of area placements. This will result in a significant reduction in the number of “inappropriate” placements in the future. We are currently working with Mill Lodge to explore whether we can temporarily increase the use of beds at Mill Lodge whilst we continue with the closed beds.

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





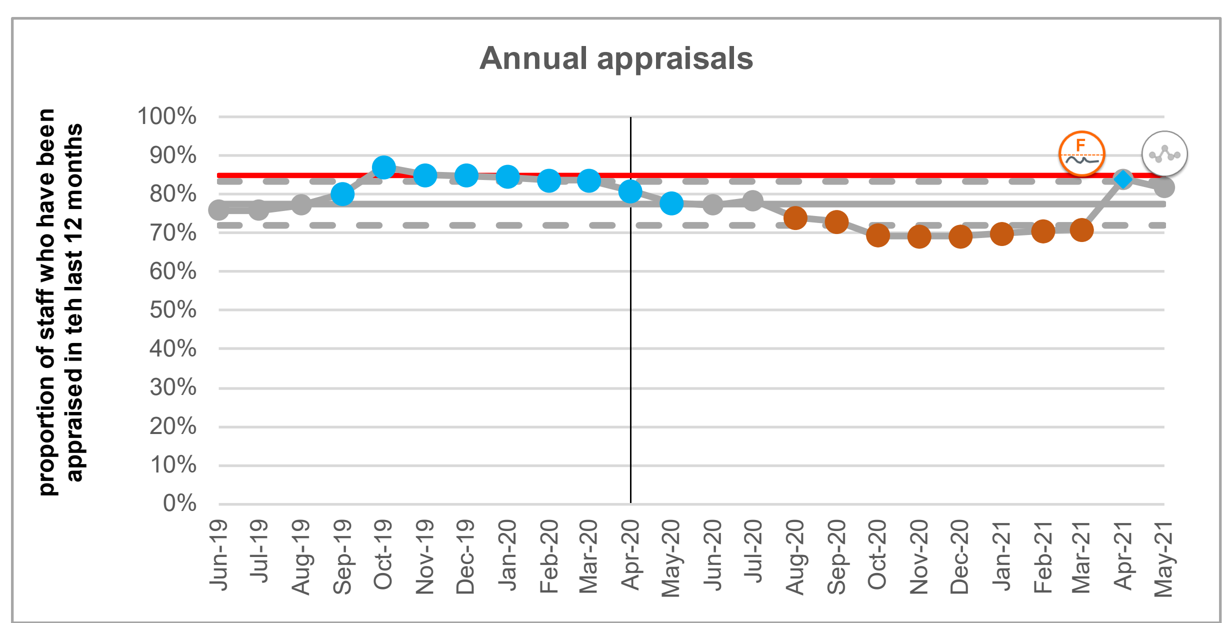
The PICU usage has remained within common cause variation for the last 9 months. There is currently no PICU provision in Derbyshire so anyone needing psychiatric intensive care needs to be placed out of area. Work is in progress to try and reach agreement for a Trust PICU.

2. People

In order to release capacity to manage the COVID-19 pandemic, all NHS organisations were instructed by Amanda Pritchard, Chief Operating Officer, NHS England and NHS Improvement[1], to suspend appraisals and revalidation and to reduce the volume of mandatory training as appropriate. This backlog of training and appraisals is now part of a number of recovery plans being worked through over the next few months.

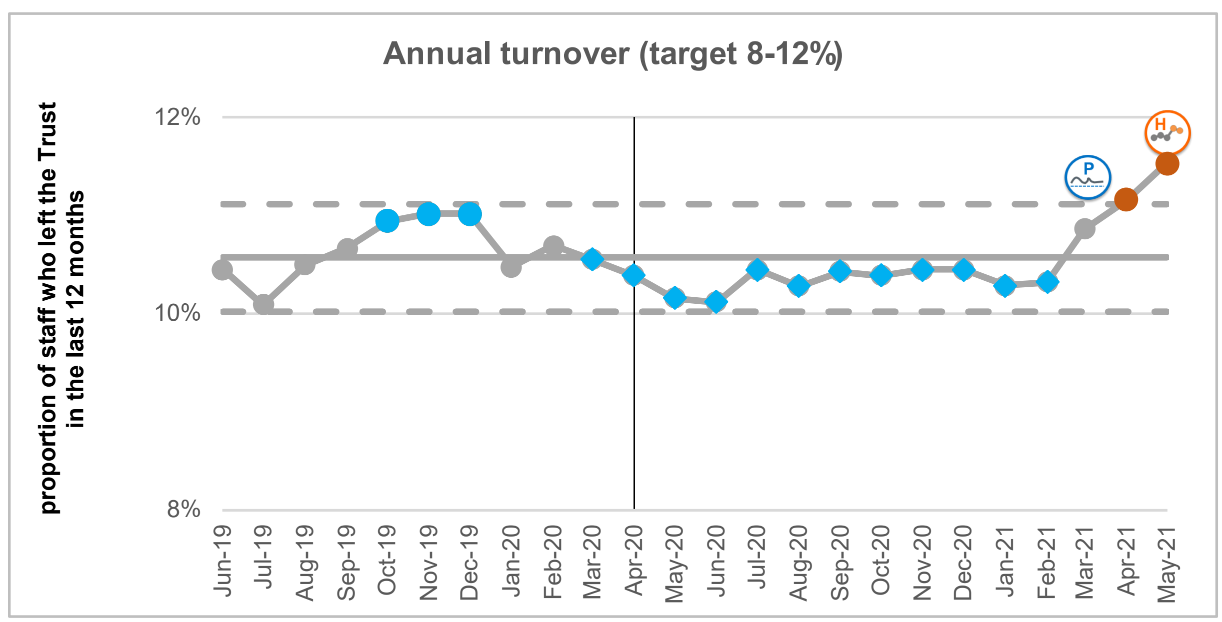
[1] https://www.england.nhs.uk/coronavirus/publication/reducing-burden-and-releasing-capacity-at-nhs-providers-and-commissioners-to-manage-the-covid-19-pandemic/

A. Annual appraisals



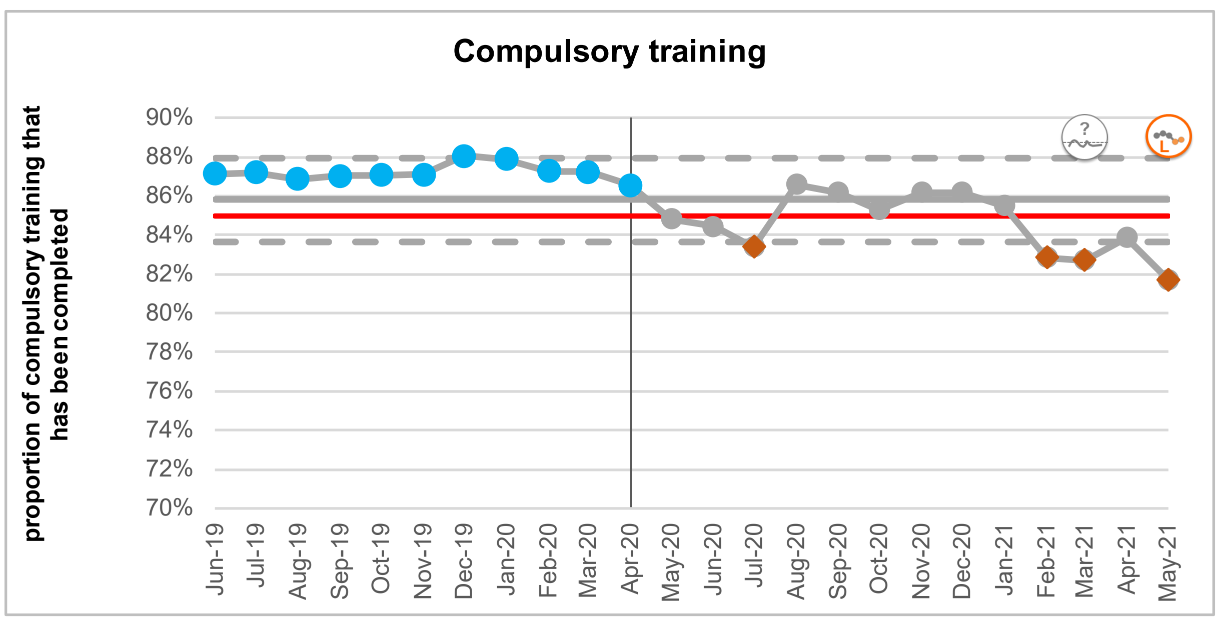
A new style "Wellbeing conversation" is being rolled out across the Trust. This will supplement a mini appraisal process. In general appraisal completion is also beginning to improve where managers and staff are able to factor in that dedicated time.

B. Annual turnover



The rate of turnover has been higher for the last 2 months; however, it remains within the Trust target range of 8-12%. There has been a slight increase in retirements during this period which is also in line with national predictions due to an ageing workforce across the NHS. Work Is ongoing to develop a retire and return process which will encourage more retirees to return to substantive posts and support vacancy fill.

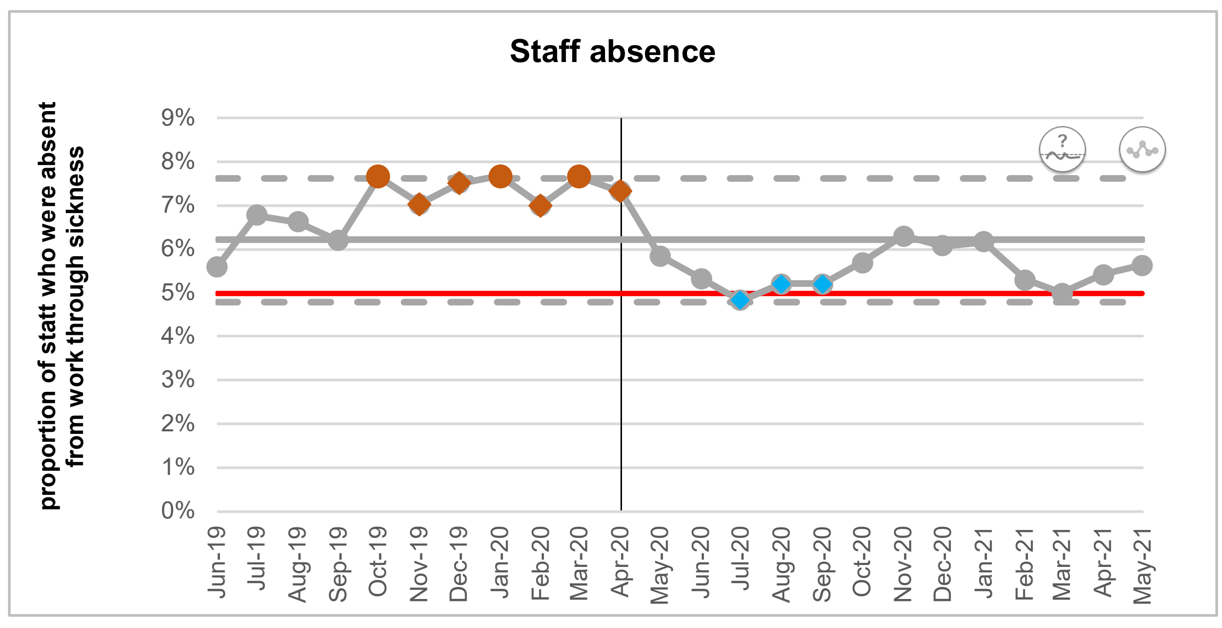
C. Compulsory training



The 6 month pause on training at the beginning of the pandemic inevitably impacted hugely on compliance levels and it will take considerable time to recover the position. The full training requirement – compulsory training and role specific training – is over 70,000 attendances by our total workforce on over 70 courses, with just under 16,000 individual attendances to be completed. Operational Services are currently 83.5% compliant with compulsory training and Corporate Services slightly lower at 73%.

A Training Cell continues to meet weekly to support Operational Services with regards to improving the training position and to monitor progress against training recovery plans and sustainability. Operational Services are currently focusing on key priority areas. It is important to note that these key priority areas are generally role-specific rather than compulsory training for example basic and immediate life support, positive and safe teamwork and safeguarding adults and children level 3 therefore this should not impact on the compulsory training position.

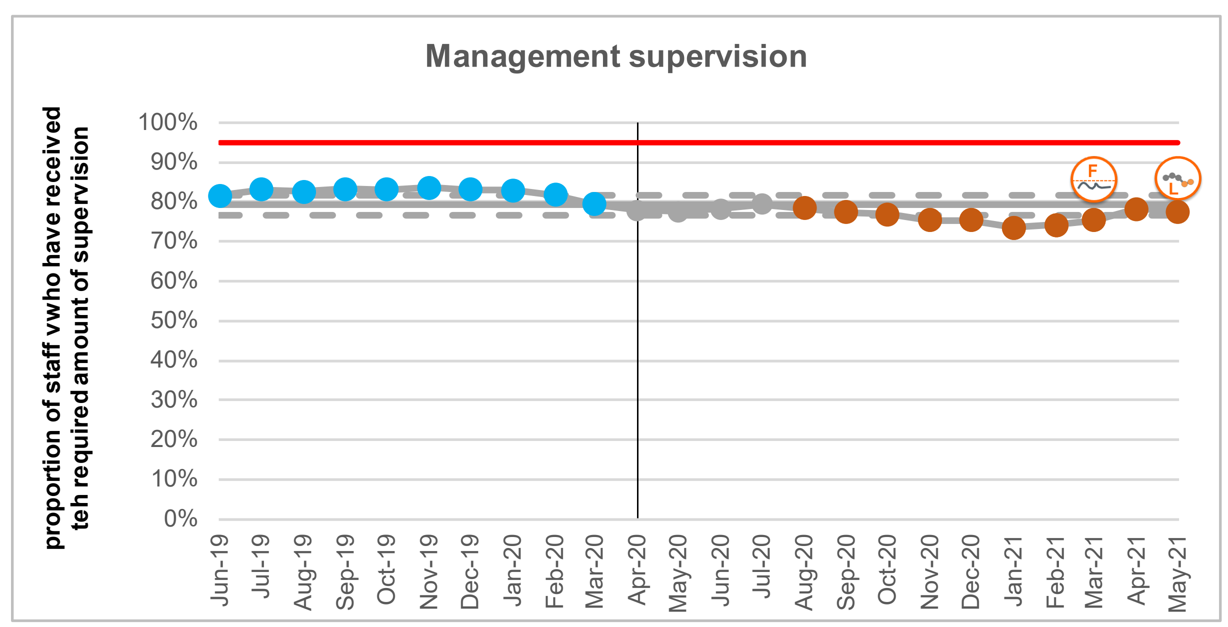
D. Staff absence

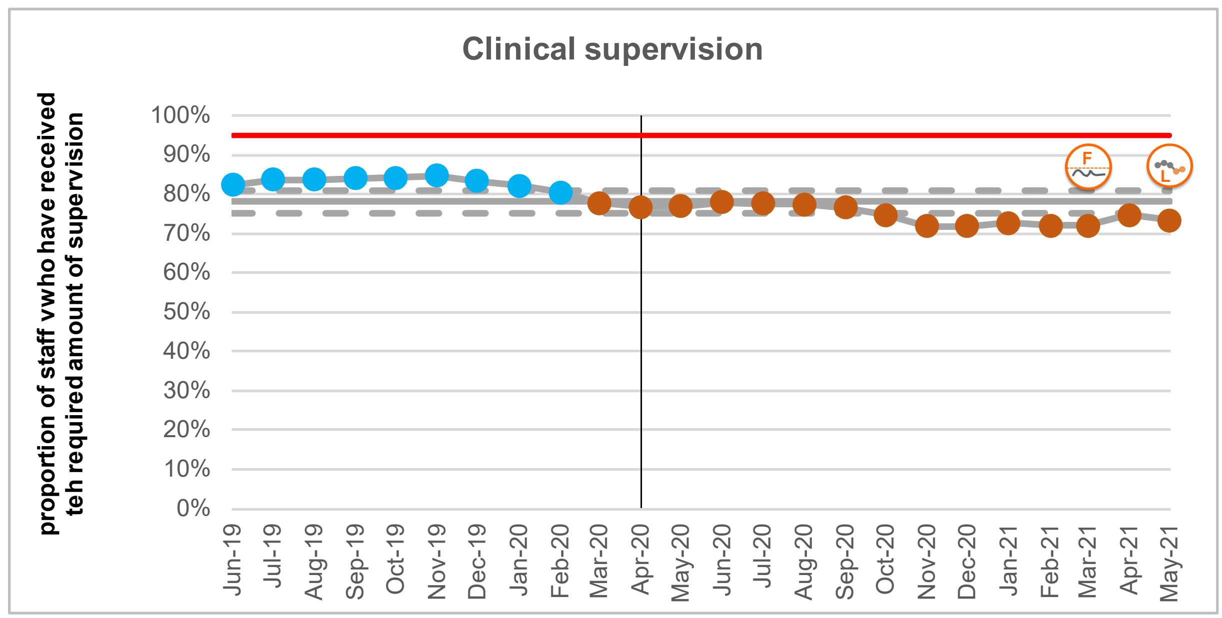


Staff absence has been lower than average for most of the pandemic. This can be attributed to different ways of working i.e. home working which helps to support colleagues with long term conditions where short term sickness has been reduced., higher uptake of our flu vaccination programme meaning more colleagues are protected, less contact because of the pandemic so less

of the normal coughs cold and infections that can be transmitted when more people are working together and the introduction of the Health Risk Assessment with more individual monitoring and support. Sickness rates for April and May 2021 have now increased slightly. There is a small increase (0.5%) in short term absences due to vaccination and recovery absences which can last from 2 to 4 days. As rules around social distancing become more relaxed, people are mixing in different environments so some of the usual absences such as coughs colds, etc are now beginning to increase.

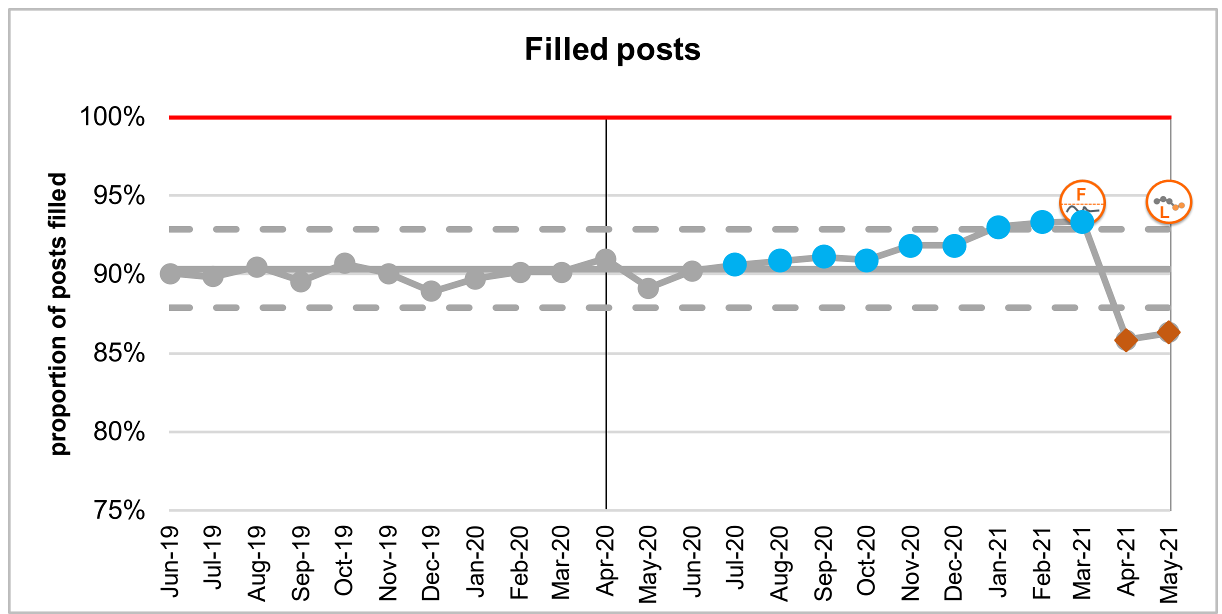
E. Supervision





The levels of compliance with the clinical and management supervision targets have remained low since the start of the pandemic. As seen with compulsory training, Operational Services are at a higher level than Corporate Services for both types of supervision (management: 80% versus 64% and clinical: 74% versus 48%).

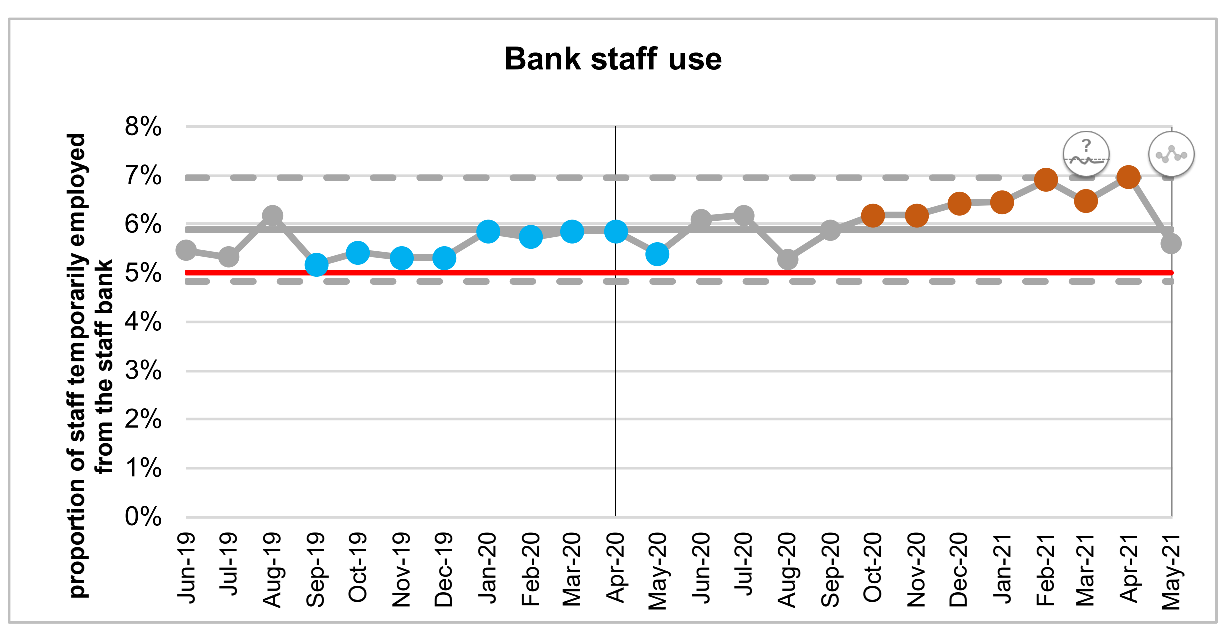
F. Proportion of posts filled



Prior to the start of this financial year there were a number of factors that had in effect artificially lowered the vacancy rate prior to April 2021, however this has now been adjusted for at the start of this financial year, which is where we can see a significant drop in posts being filled. An increased number of vacancies in 21/22 budgets are due to the following comparative changes in establishments:

- Cost improvement programme (CIP) for 2020/21 would have reduced the funded whole time equivalent (wte) by approximately 100 wte. Owing to the pandemic this CIP was not enacted and as such these posts are back in the system to be filled.
- 2020/21 new development posts and 'cost pressure' posts – 59 wte who were in post for 2020/21 but not within the funded wte – again this effectively produced a lower vacancy rate.
- 2021/22 new developments, new cost pressure posts and skill mix increases – 40 new wte.

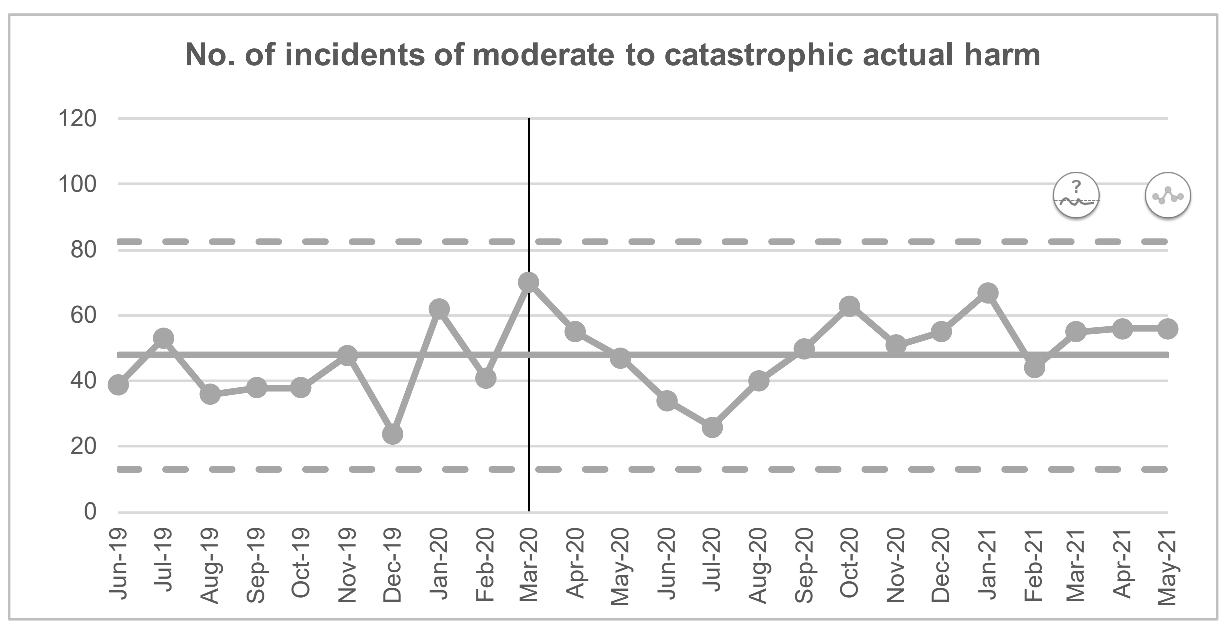
G. Bank staff use



Following a period of 7 months of unusually high bank staff use, this month the position has returned to common cause variation.

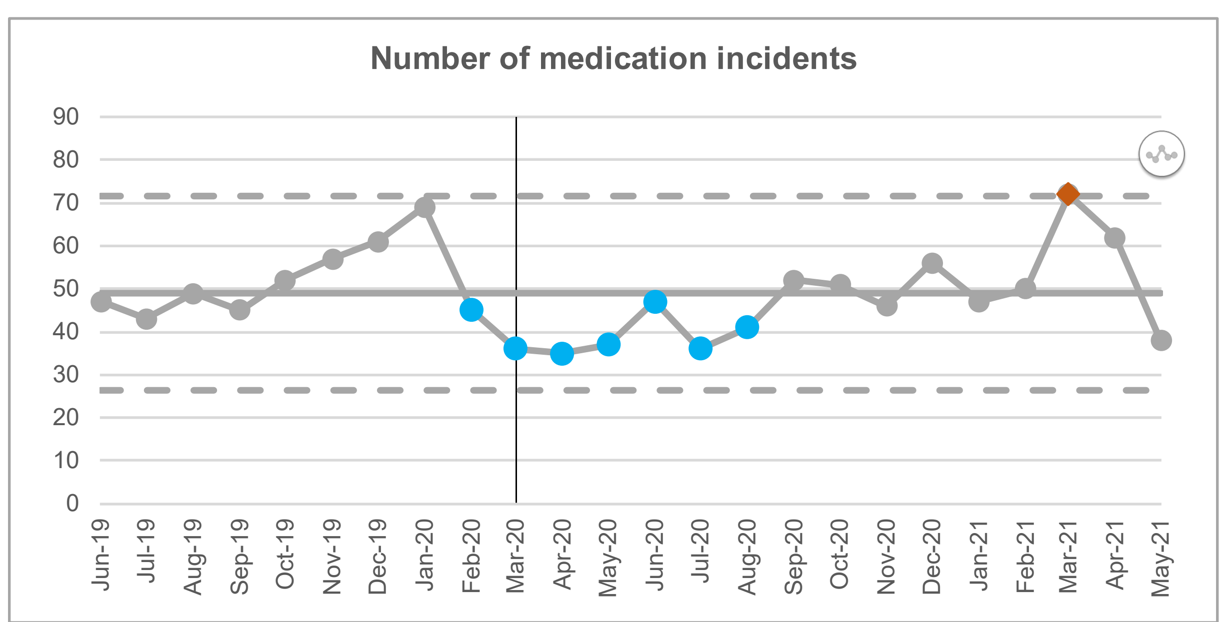
3. Quality

A. Incidents of moderate to catastrophic harm



The number of reported incidents of moderate to catastrophic harm have remained within common cause variation throughout the reporting period.

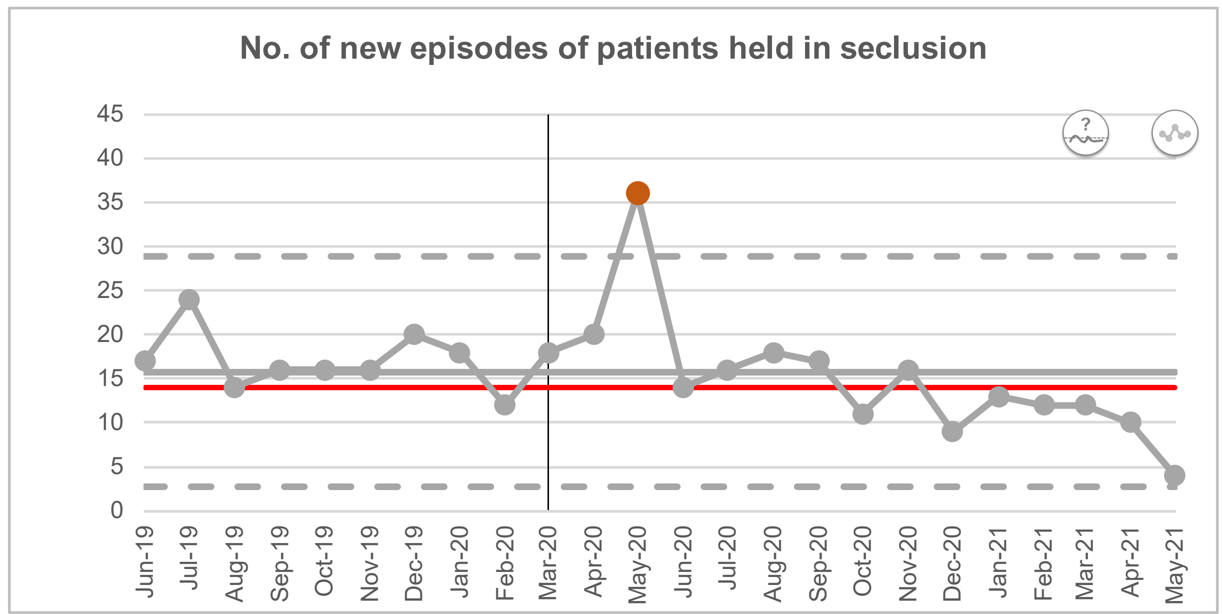
B. Medication incidents



February 2020 to August 2020 demonstrated a pattern shift in practice. This is linked to the reduction in beds as a result of COVID-19, reduction in admission rates all in line with increased restrictions. As a result, fewer patients has resulted in fewer incidents. Furthermore, fewer patients results in less time constraints resulting in more time for clinicians to focus on their practice.

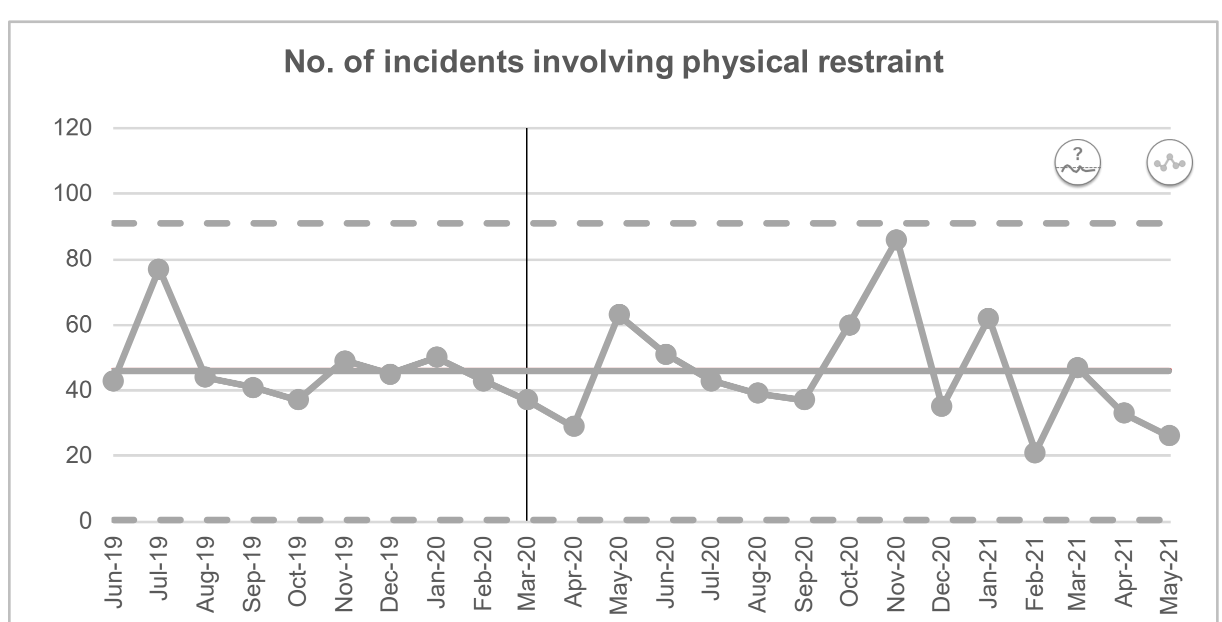
March 2021 demonstrates an astronomical point, hitting above the common variations. This is likely linked to the mental health “surge” following reduction in COVID-19 restrictions that began in March 2021 nationally. The last occasions of this occurring are presented in January 2020 where, winter pressures began, and bed pressures increased.

C. Seclusion

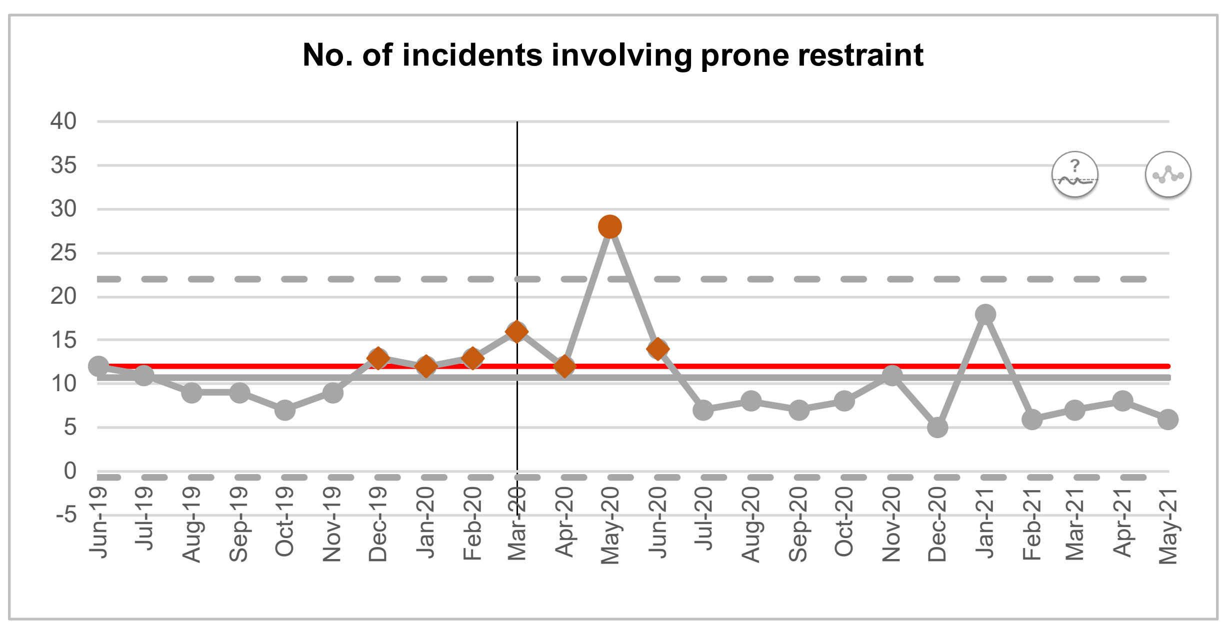


The use of seclusion was within common cause variation, although with a decreasing trend in physical restraint and prone restraint. May 2020 demonstrated an astronomical point where incidents of seclusion increased above the expected common variations. This has been linked to a changed in-patient demographic during the peak of lockdown where inpatient wards saw a drop in personality disorder-based admissions and an increase of new unknown psychosis presentations. This demographic group has been identified to have been approximately 50% of the admissions during the month of May. With new, unknown patients comes challenges in relation to known history, risks and medication options which results in the potential for increased restrictive practices. Since December 2021 targets of 14 seclusions or below has been achieved.

D. Restraint

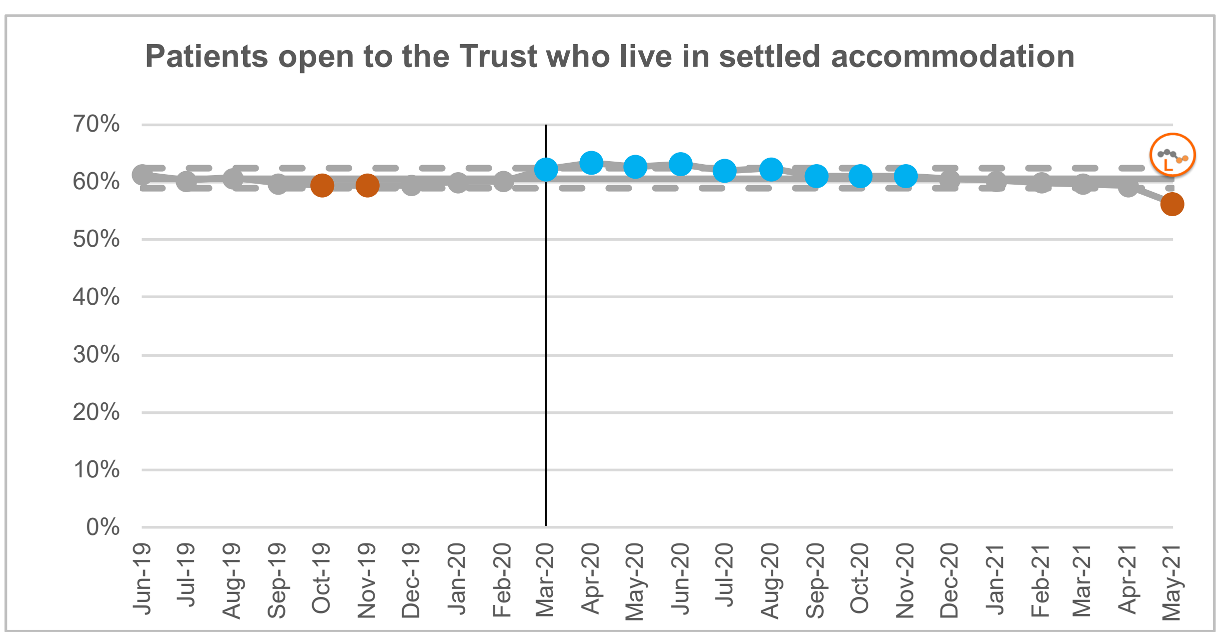


The number of reported incidents involving restraint have remained within common cause variation throughout the reporting period.



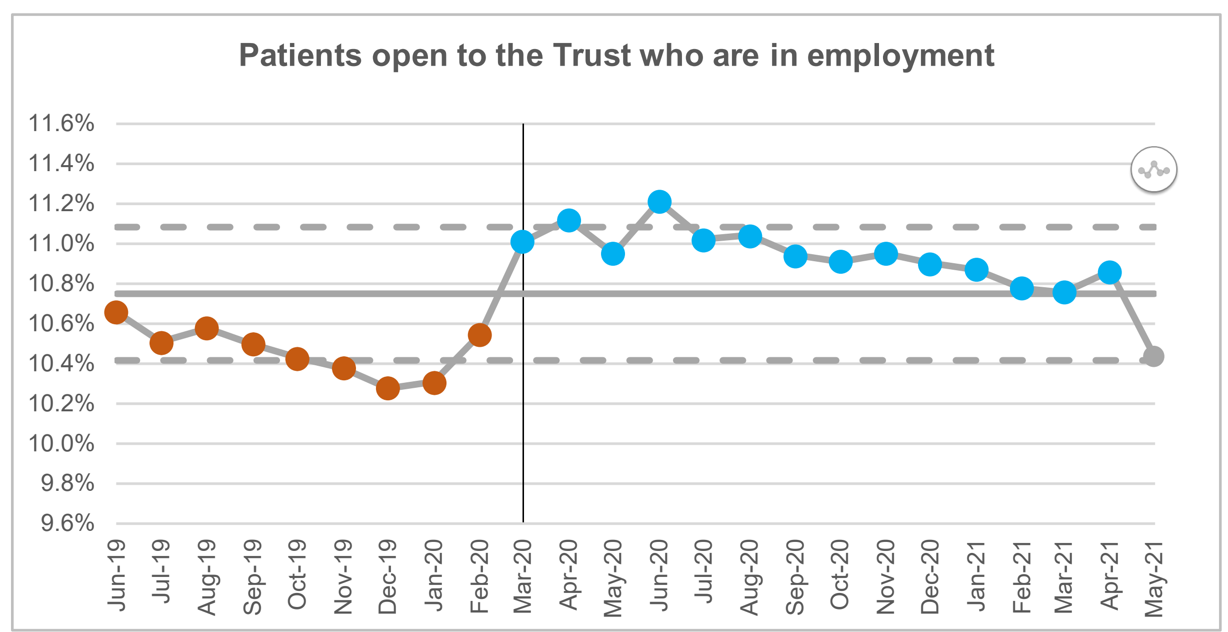
There are ongoing work streams to support the continuing need to reduce restrictive practice; including the introduction of body worn cameras, monitoring of restrictive practice within the "reducing restrictive practice forum" and monthly thematic reviews carried out by the Head of Nursing. As can be seen in May the increased point above the expected variance is in line with the increase in previous data relating to Seclusion. Apart from January 2021, targets relating to the numbers of Prone restraint have been achieved.

E. Patients in settled accommodation



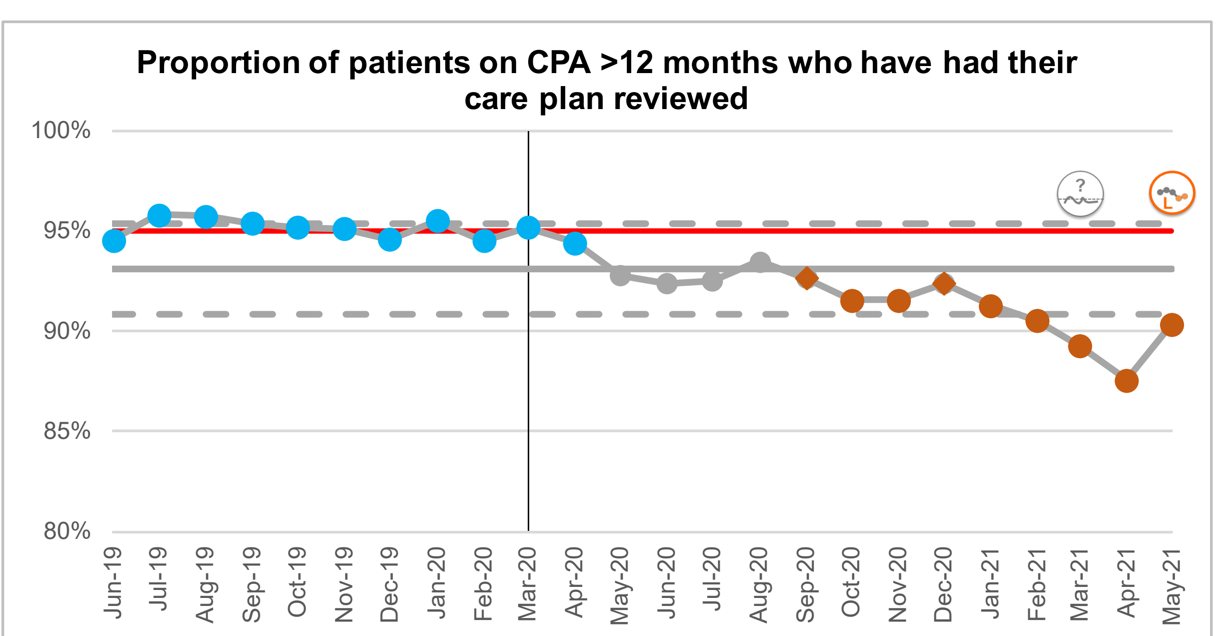
May 2021 demonstrates the first month below the expected variants. Further investigation is required into causes of this drop. In March 2020 to November 2020 data presented above the mean and at times above the expected variants demonstrating a shift. During the pandemic, to prevent the spread of COVID-19 and to protect those within the clinically vulnerable and clinically extremely vulnerable groups, anyone without a settled accommodation were offered this. As a result, rates of homelessness reduced however, as restrictions stand down these offers are no longer in place and as a result, has demonstrated a drop of people within settled accommodation.

F. Patients in employment



Accommodation and employment will clearly be affected by the current pandemic and its financial consequences, so this data will continue to be monitored closely. However, the Individual Placement Support (IPS) Service continues to have success in supporting people into employment even during the current pandemic. This service is currently expanding. There continues to be community nurses dedicated to working in a multi-agency environment supporting our homeless service users. The IPS service came into effect in January 2020 and the data demonstrates the impact they have had on levels of employment, even during a pandemic. The drop in May 2021 is likely linked to recent vacancies within the team. These posts are currently being recruited into.

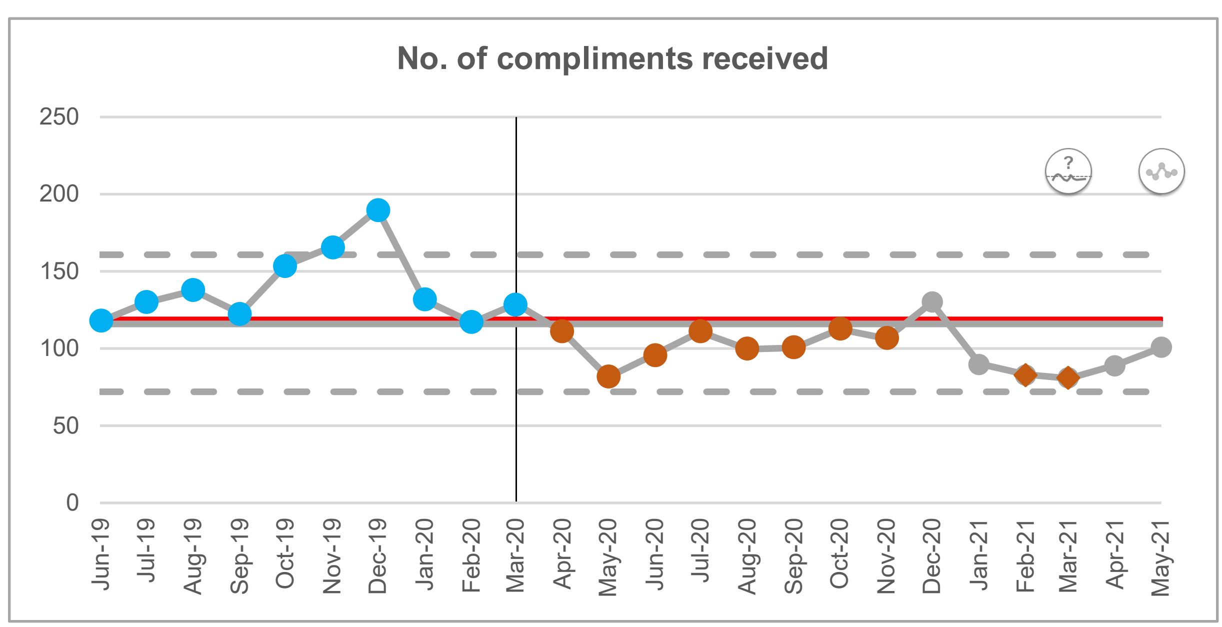
G. Care plan reviews

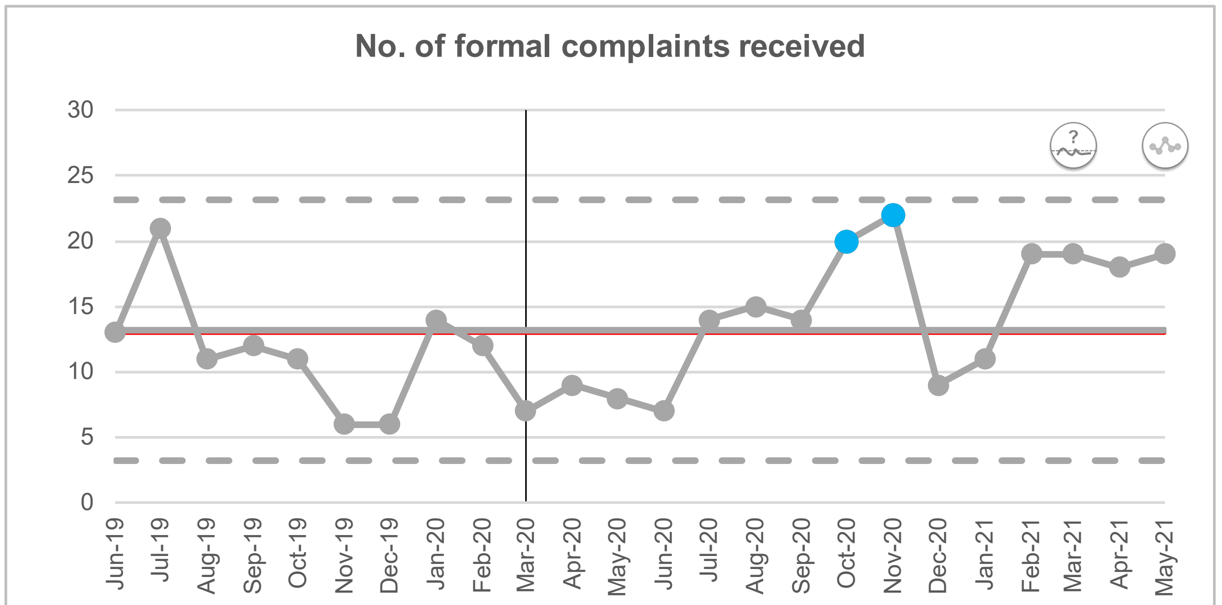


The proportion of patients whose care plan have been reviewed continues to be lower than usual. Teams have been prioritising essential tasks, with reduced routine contact, and trying to engage with people who use our services in different ways, e.g. in virtual ways using Attend Anywhere. The planned restoration of services was interrupted by the second wave of the pandemic and further redeployment of community staff to support critical functions. Furthermore, the redeployment of staff and introduction of RAG (red, amber, green) ratings in relation to face to face contact has resulting in less urgent contact being paused or reduced. We will monitor this over the coming months as teams restore services in line with national expectations, whilst continuing to be impacted by the

COVID-19 situation and the ongoing need to prioritise essential tasks. As a result, the expected target is not being achieved.

H. Compliments and complaints

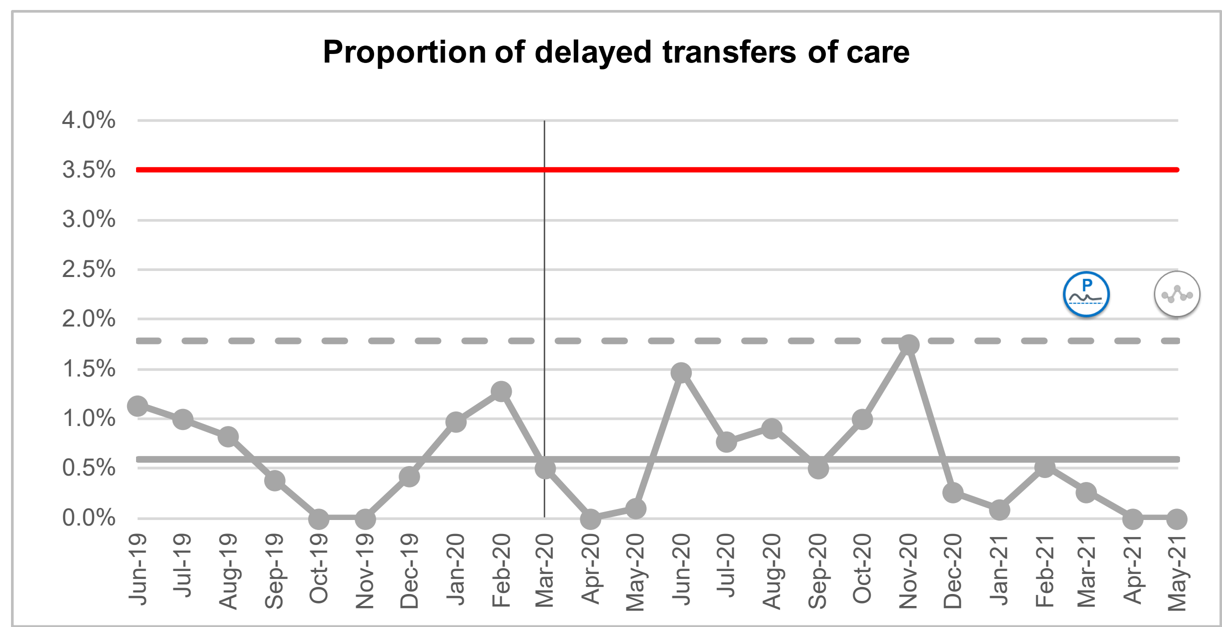




The number of compliments decreased in line with the emergence of COVID-19 and the significant changes to many of our clinical services. A large number of compliments are received by staff during face to face contact and then entered by staff. As a result of reduced face to face contact, there has been a drop in the number of compliments received. This is below the expected target.

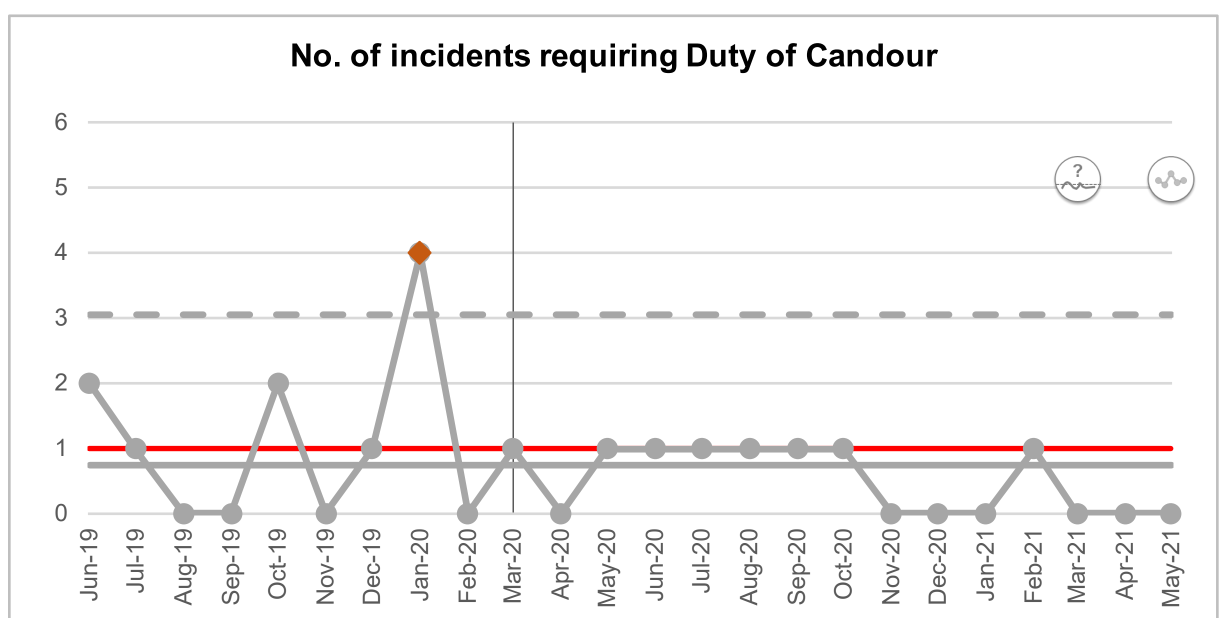
The number of complaints increased with a particular theme around both concerns and complaints of access to services. Derbyshire Healthcare NHS Foundation Trust continues to work with Health Watch, including receiving regular feedback through governance structures and service user and carer surveys. A new electronic patient survey is currently in development with two potential pilot sites due to go live soon. There surveys are expected to pick up areas of concerns from service users and carers prior to them getting to the point of becoming a complaint. This is above the expected target.

I. <u>Delayed transfers of care</u>



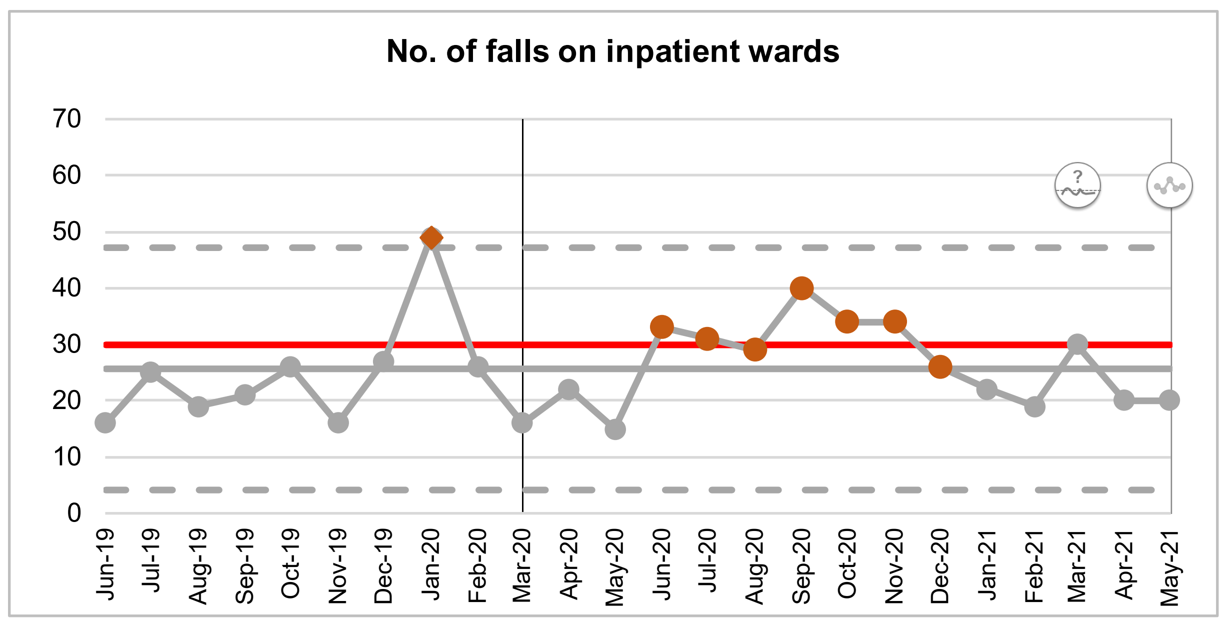
Delayed Transfers in Care (DTOC) remain within the expected parameters and remain low compared to national mean. However, COVID-19 has demonstrated changing trends. As restrictions increased, funding committees stood down resulting in faster responses to funding requests to accommodation and care settings, which reduced the number of DTOCs. On the other hand however, the increase number of care homes and care settings in outbreak resulted in high numbers of delays in transfers from inpatient settings, increasing the number of DTOCs at times. April and May 2021 have demonstrated no DTOCs.

J. <u>Duty of Candour</u>



There have been no instances of Duty of Candour in the last 3 months.

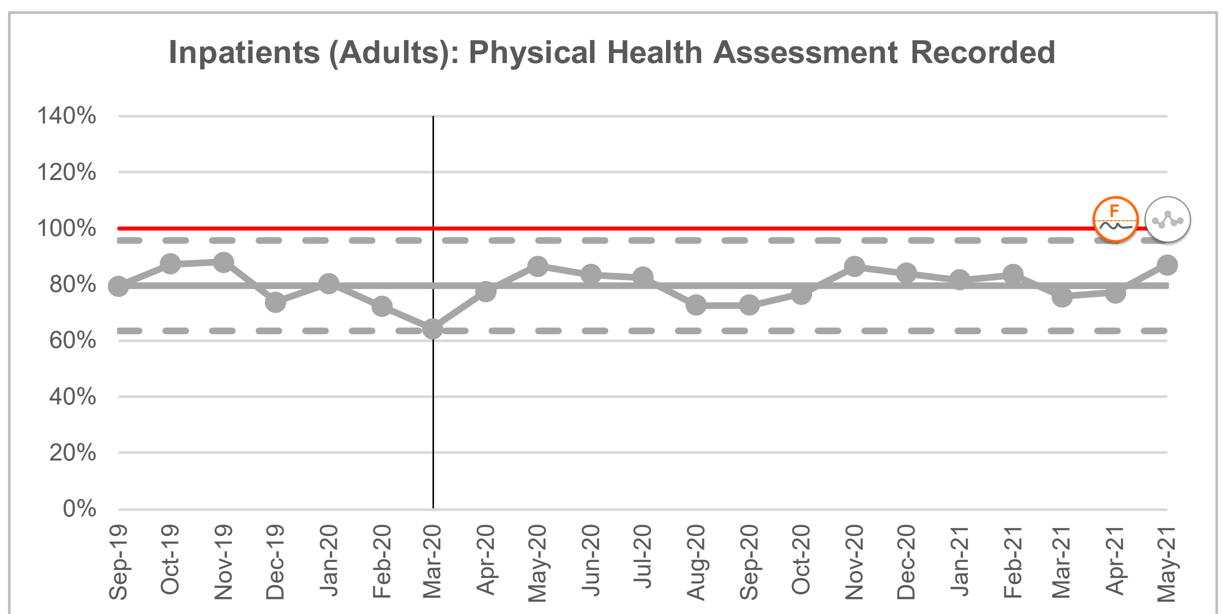
K. Number of falls on inpatient wards



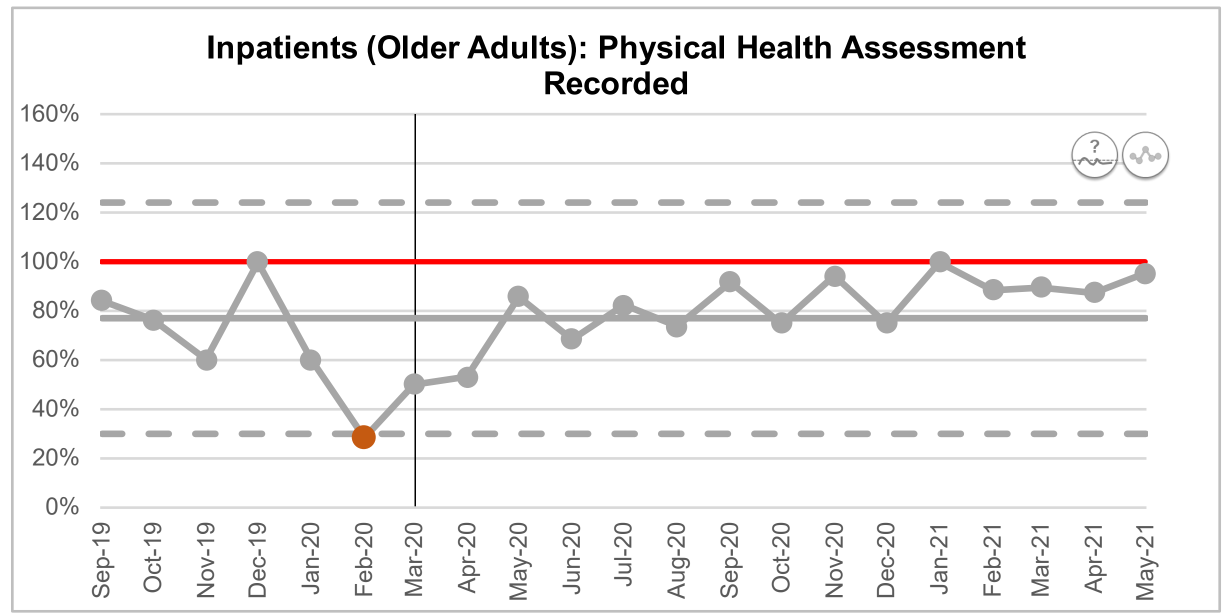
The number of reported falls has remained within common cause variation for the last 5 months. June 2020 to December 2020 demonstrated an increase in the number of falls above the mean linked to an increase in patients presenting with delirium as services within the Derby Royal Hospital for delirium patients were stood down and moved into the community resulting in a higher number of admissions to the Cubley wards with a dual diagnosis of dementia and delirium.

L. Physical Health Assessments

(a) Inpatients

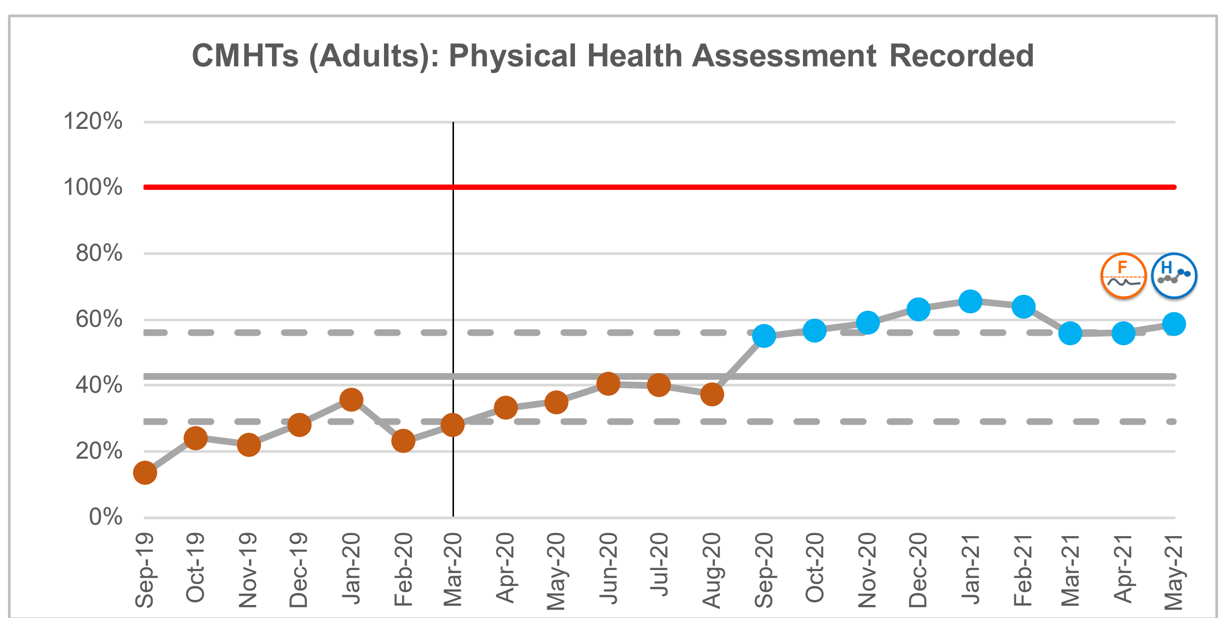


We have seen common cause variation throughout the reporting period. Under the current process the 100% target will not be achieved.

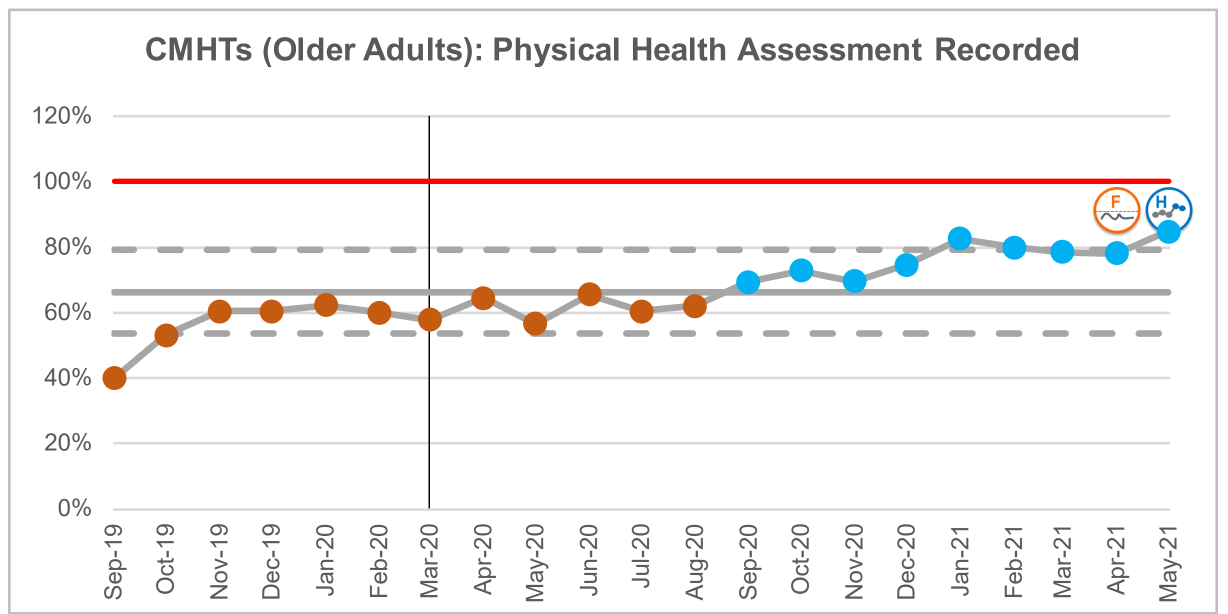


We have seen common cause variation for the majority of the reporting period. Under the current process it is random as to whether or not the 100% target will be achieved.

(b) Community



We have seen a sustained period of special cause improving variation for the last 9 months linked to the roll out of physical health equipment and introduction of physical health champions across teams.

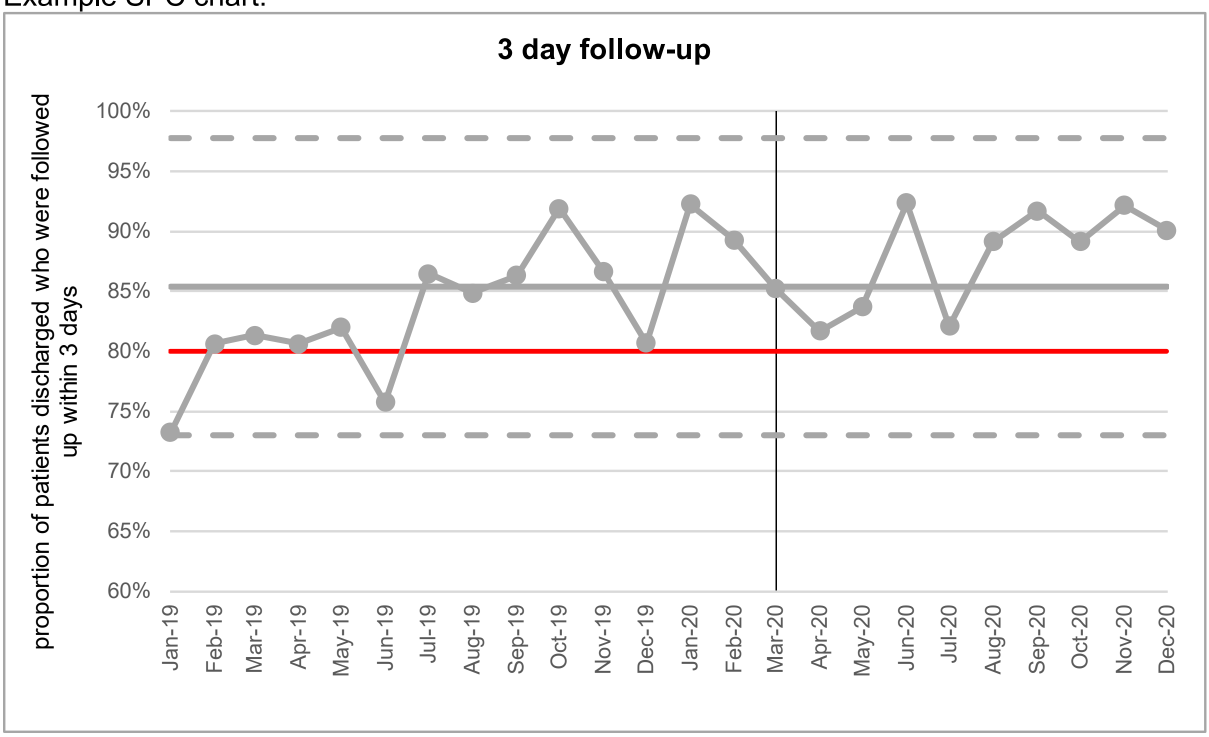


We have seen a sustained period of special cause improving variation for the last 9 months.

Appendix 1

Statistical Process Control Chart (SPC) Guidance

Example SPC chart:



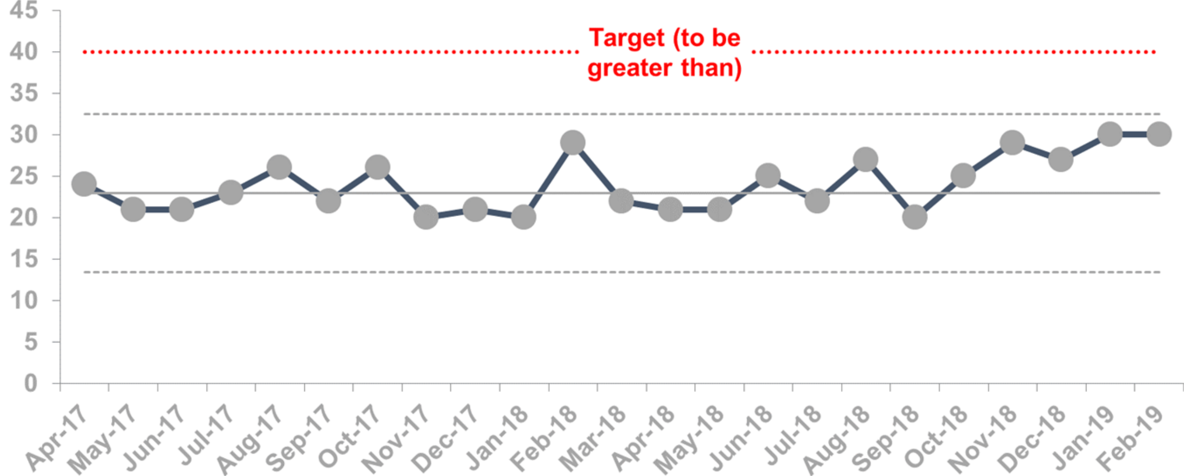
- The red line is the target.
- The grey dots are the actual performance each month. They are coloured grey as performance each month is normal in this example.
- The solid grey line is the average (mean) of all the grey dots.
- The grey dotted lines are called process limits, or control limits.

Very simply, any grey dots sitting between the upper and lower grey dotted lines is normal performance for the process and is known as “common cause variation”.

The closer the two grey dotted lines are together, the less variation there is and therefore the more tightly controlled is the process.

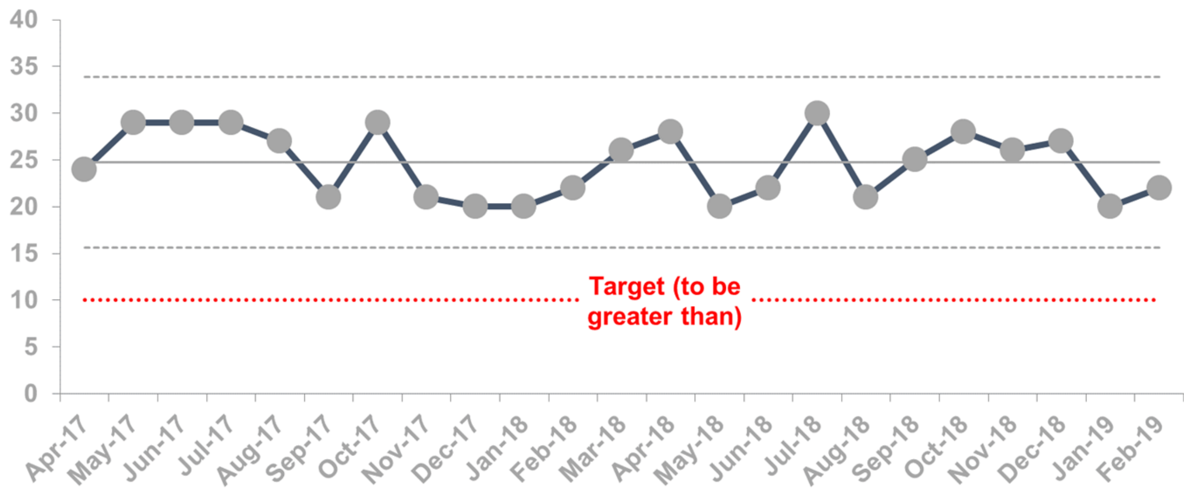
Things to look out for:

1. A process that is not working



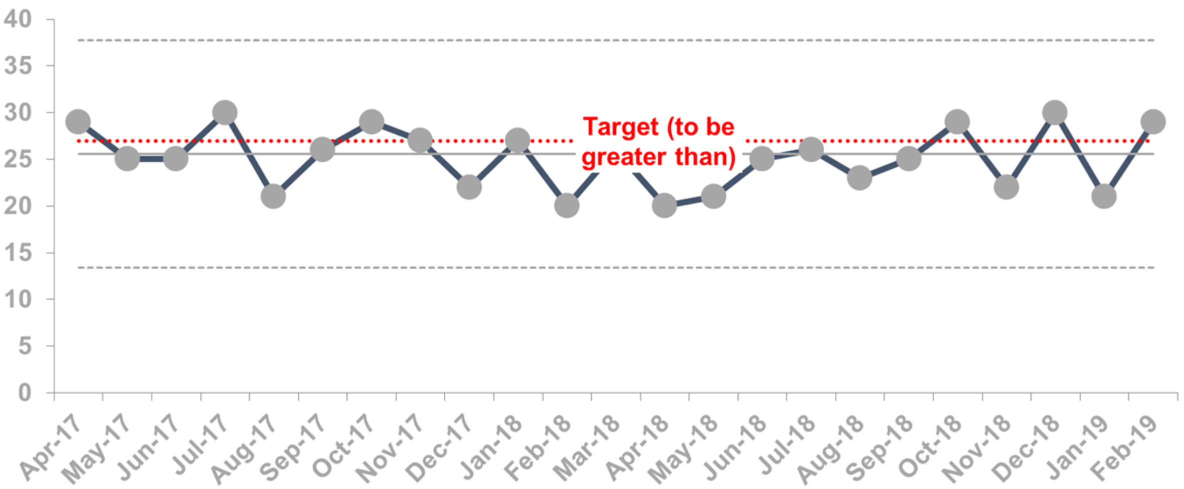
In this example the target is higher than the upper dotted grey line. This means that the target will never be achieved. To achieve the target, we need to change how we do things.

2. A capable process



The lower grey dotted line is above the target line. This gives assurance that the target will consistently be achieved, and that the system is effective.

3. An unreliable system

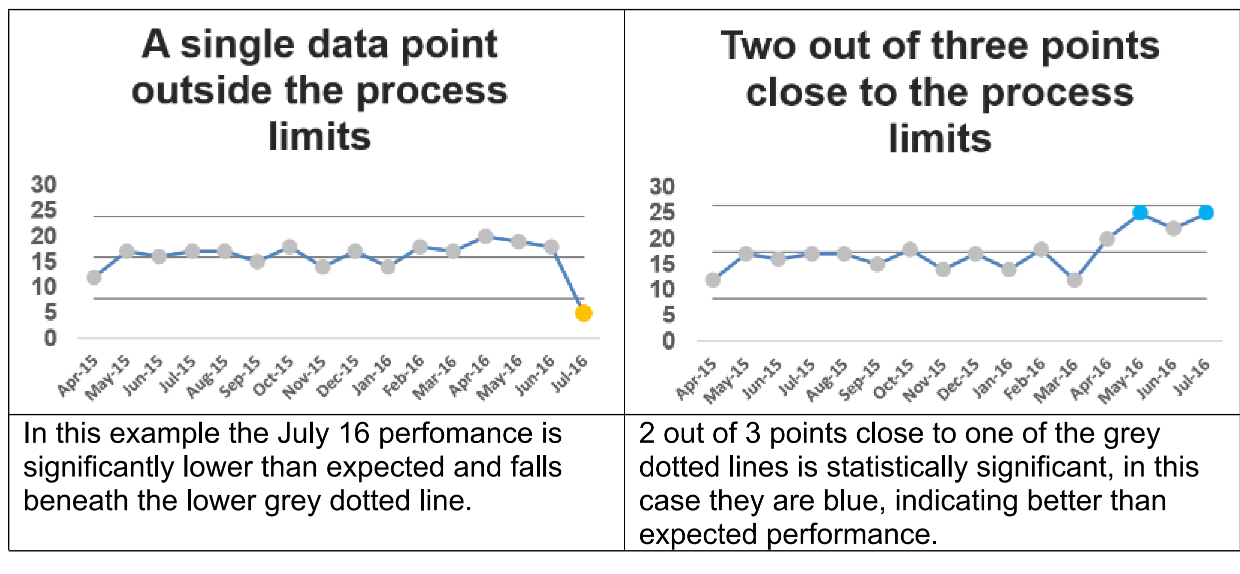


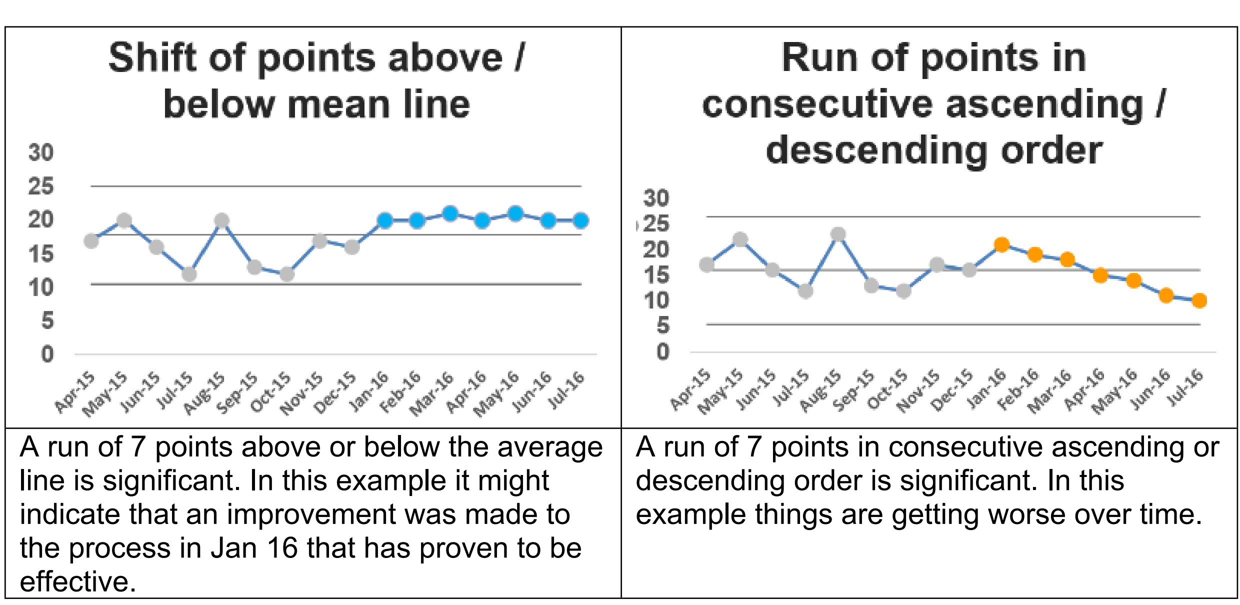
In this example the target line sits between the 2 grey dotted lines. As it is normal for the grey dots to fall anywhere between the 2 dotted grey lines, this means that it is entirely random as to whether or not the target will be achieved. So, this system is unreliable and needs to be redesigned if the target is to be consistently achieved.

4. Unusual patterns in the data

If there is anything unusual in the data, the grey dots will change colour. Orange means it is unusually worse than expected and blue means it is unusually better than expected. These unusual patterns should be looked into to establish why it is happening.

There are four scenarios where this can happen:





(Adapted from guidance kindly provided by Karen Hayllar, NHS England & NHS Improvement)

Derbyshire Healthcare NHS Foundation Trust
Report to the Trust Board – 6 July 2021

Trust Strategy – Great Care
Building Block: Improving Safety

Purpose of Report

To review our approach to improving safety against the national NHS Patient Safety strategy published in July 2019.

Executive Summary

The Medical Director offers his reflections on the essential requirements to achieve the highest safety standards and the Trust Board's role in this.

These reflections are then linked to the foundations of the National Patient Safety Strategy which is based on two foundations:

- Patient safety culture
- Patient safety systems

The strategic aims of Insight, Involvement and Improvement are linked to a number of commitments for the Trust and local systems which are reviewed.

Finally, there is a stocktake giving an overview of current safety issues in our Trust.

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

Assurances

This report does not address safety issues directly related to Covid 19 pandemic issues that have been reported elsewhere.

Timing constraints unfortunately resulted in the paper coming to the Trust Board without a review at the Quality and Safeguarding Committee (QSC). Many safety issues highlighted before the Covid 19 pandemic have been addressed since, increasingly with system involvement.

Outstanding issues include:

- Special Educational Needs and Disabilities with pressure on physiotherapy and occupational therapy services. Long term complications such as contractures and adverse postural problems are reported possibly as a consequence. The current average wait is 8 weeks but with some outliers. Funding has recently been approved for those awaiting (deferred) surgery.
- Investment in community forensic and related rehabilitation services in the next few years has not yet been confirmed.

Consultation

This paper has been discussed at the Executive Leadership Team and with safety leads within the Trust.

Governance or Legal Issues

Of all the quality domains, safety is perhaps the imperative. It was assessed as requiring improvement by the CQC in March 2020 following their inspection in November 2019. All other domains were rated as good.

Public Sector Equality Duty and Equality Impact Risk Analysis

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

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

Our patients are amongst the most vulnerable and disadvantaged in society. Inappropriate care approaches or lack of resources can exacerbate their difficulties and potentially make their condition worse.

Recommendations

The Board of Directors is requested to:

1) Confirm our commitment to improved safety for our staff and patients
2) Consider any additions that may be required to the Board Assurance Framework

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

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

Trust Strategy – great care
Building Block: Improving Safety

The purpose of this document is to review our approach to improving safety against the national NHS Patient Safety Strategy published in July 2019. This calls for the NHS to become the safest health care system in the world and it follows that Derbyshire Healthcare NHS Foundation Trust needs to become one of the safest health providers.

The document outlines:

1. The Medical Director's assessment of the essential requirements to achieve the highest safety standards;
2. The foundations of the National Patient Safety Strategy;
3. The commitment required for delivering the strategic aims of the National Patient Safety Strategy; and
4. The context for patient safety in DHCFT

Introduction

Patient safety has made significant progress since the publication of "To err is human" 20 years ago but there is much more to do. The NHS is beginning to understand how the interplay between human behaviour and systems determines patient safety. Where there are adverse outcomes or hostile criticism clinicians can fear blame and close ranks, losing sight of the need to learn and improve. More needs to be done to share safety insight and empower people – patients and staff – with the skills, confidence and mechanisms to improve safety.

In mental health care there is the complication of the sometimes unpredictable nature of risk when helping people experiencing a myriad of emotional problems related to a wide variety of mental and physical disorders and illnesses influenced by complex social, family and environmental factors. These dynamic variables can often apply to one individual and can change rapidly. Risk assessment at a group level reliably shows such individuals to have a high ambient risk compared to the general population but risk assessment at an individual level is much less reliable.

It is therefore crucial that compassionate, professional relationships are established with patients (to mitigate the high ambient risk) and that clinical staff can see this mirrored in the Trust's approach to management. Compassion seeps through an organisation strengthening relationships whereas carelessness and harshness fracture relationships and are transmitted like a shockwave.

In health care there has been an emphasis upon learning from serious incidents but not enough on appreciative learning from high performing teams and services – the Safety 2 concept. Likewise there is often an over reliance on "training" as a stock remedy for perceived problems in care rather than employing a quality improvement approach and human factor analysis. Where training is invoked this should involve simulation where individual knowledge and skill and team working can be stress tested in a safe environment.

The Trust Board oversees a complex system triangulating the three imperatives of financial management, performance and quality. Quality, in turn, is broken down into the triad of patient experience, effectiveness and safety. Safety performance will be affected by the other factors as everything is always in play at once, and therefore should be considered using an integrated approach to governance.

The Medical Director's assessment of the essential requirements to achieve the highest safety standards (The link to the relevant element of the National Patient Safety Strategy is shown in italics).

- **A clear sense of "mission"** (*Foundation: Patient Safety Culture)*
  For every member of staff to understand what Great Care – A Great Place to Work – Best Use of Money means for their role and to have this reflected in their appraisal including an individual and team commitment to Quality Improvement.

- **An integrated approach** (*Foundation: Patient Safety System)*
  For each part of the service to understand that their decisions and actions have an effect on other parts of the service (including those outside the Trust) and vice versa. To anticipate these effects developing integrated service delivery to enhance safety and avoiding establishing unnecessary boundaries that may increase risk.

  To appreciate the **interplay between Performance – the Quality of Care Triad (patient experience/effectiveness/safety) – and Financial Management** and to manage with an overview anticipating that all elements are in play at once.

- **Adequate resources for the job** *(Strategic Aim: Involvement)*
  To ensure the deployment of an integrated workforce with an emphasis on team working to enhance effectiveness and compensate for shortages that may arise in different professional groups/teams from time to time.

  To ensure the provision of clean, safe, therapeutic environments and suitable equipment.

  To work within Joined Up Care Derbyshire to close gaps in resources without compromising safety in existing services, securing investment when possible.

- **Avoidance of harm** *(Strategic Aim: Insight)*
  To minimise exposure to treatments or interventions that may unintentionally harm patients, physically or psychologically, and to deliver potentially high risk treatments as safely as possible.

  To accept it is sometimes wiser to mitigate high risk clinical situations in the community than to attempt to contain risks in hospital if they are likely to escalate there without any predictable satisfactory resolution.

- A **compassionate Just Culture** (*Foundation: Patient Safety Culture)*
  Care must be person centred and offer informed choice encouraging personal responsibility, recovery and resilience where possible and safe refuge and wrap around care when needed. Similarly, staff must see the same approach applied to their management and support in order to develop a philosophy recognised by the entire organisation and its patients and their carers.

  Expectations need to be realistic and discussed in an open and respectful way.

- A **learning culture** *(Strategic Aim: Improvement)*
  Learning from significant incidents, mortality reviews (and the quality improvement initiatives which results from them), needs to concentrate on human factors, systems and processes anticipating what similar or related scenarios may arise in the future.

  Education and training should follow a needs based approach determined by the professions and ideally the multi-professional teams themselves.

- **Outcomes** *(Strategic Aim: Improvement)*
  These need to be SMART and related to the dynamics described above.

The foundations of the National Patient Safety Strategy

The Trust's approach to patient safety will build on the National Patient Strategy published in July 2019. The national strategy is based on two foundations: a **patient safety culture** and **patient safety systems** and there is a clear link between these and what the Trusts Medical Director considers are essential areas for development of safety standards in the Trust.

Foundation 1: Patient safety culture

The national strategy is clear that culture change cannot be mandated by strategy, but its role in determining safety is essential. A consistent message from NHS staff is that fear and blame are too prevalent, particularly in relation to involvement in patient safety incidents. We trust clinicians to support us when we are at our most vulnerable and rely on them to uphold high standards of professional behaviour and competence. Furthermore, we trust that there are mechanisms to hold them accountable if they are deliberately malicious or negligent and to ensure they are competent.

Blame, however, is a natural and easy response to adverse outcomes. It allows the root causes to be boiled down to individual incompetence, carelessness or recklessness and asserts that the problem is the individual. Blame relies on two myths. First, the perfection myth: that if we try hard, we will not make any errors. Second, the punishment myth: if we punish people when they make errors, they will not make them again.

Too often blame is disguised within otherwise valid approaches to improvement such as training and reflection. When these are recommended for one individual only, the underlying assumption is that they alone are the problem that needs fixing. But usually they are not the real problem, so this ‘individual’ approach does not prevent future errors.

Staff should feel psychologically safe. Each individual should know that they will be treated fairly if things go wrong or they speak up with their concerns. Serious Incident (SI) investigations can produce a culture of fear and blame and lead to risk averse practices which can paradoxically increase the chances of patient harm.

In the extremely rare cases where people are deliberately malicious, knowingly and inappropriately departing from good practice, or are unfit to practise, action should be taken to protect patients. In most situations, however, where unintended or adverse outcomes occur, the chosen action must be the one that is most likely to reduce the chances that that adverse outcomes will be repeated. The ‘systems’ approach therefore underpins the NHS Patient Safety Strategy including the new Patient Safety Incident Response Framework (PSIRF; see later) and A Just Culture Guide.

Healthcare staff operate in complex systems, with many factors influencing outcomes. These factors include volume of tasks, clarity of guidelines and policies, and behaviour of others and above all clinical judgement. A ‘systems’ approach to improve outcomes considers all relevant factors and means our pursuit of safety focuses on strategies that maximise the frequency of positive outcomes.

The Safety 2 approach needs to be developed whereby investigations explore what went well rather than concentrating wholly on what could have been improved.

The national strategy outlines the following areas to support a patient safety culture:

- use existing culture metrics like those in the NHS Staff Survey to understand their safety culture and focus on staff perceptions of the fairness and effectiveness of incident management

- focus on the development and maintenance of a Just Culture by adopting the NHS Just Culture Guide or equivalent

- embed the principles of a safety culture within and across local system organisations and align those efforts with work to ensure organisations adhere to the CQC well-led framework[1] and its Key Lines of Enquiries.

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[1] https://improvement.nhs.uk/documents/1259/Well-led_guidance_June_2017.pdf

Features of a patient safety culture include:

- **Diversity**
  There should be a climate of inclusivity, trust and respect where people feel able to thrive as themselves. We are not all the same and this should be part of our strength.

- **Compelling vision and leadership**
  There needs to be a vision of what we want to achieve before leadership can create psychological safety. High performing teams are led by people who are kind and civil promoting a culture of honesty, authenticity and safe conflict.

- **Openness and transparency**
  Staff and patients need to be able to speak out to advocate for themselves and others without fear or favour. The focus needs to be on what needs to change rather than punitive action.

- **Continuous quality improvement**
  There should be an emphasis on learning from national clinical audits but also "bottom up" learning. Routinely collected data needs to be processed into information which enables everyone to be alert to the opportunities of learning and continuous improvement

The review of the SI framework put the emphasis on:

- Human factors and ergonomics
- Systems thinking and design
- Duty of Candour
- Risk assessment

A National Medical Examiner system has been established to enhance learning from scrutiny of death certification. This system is centred around acute hospitals with consideration of how it will work for mental health and community trusts to follow. The Medical Director has been in contact with Dr Alan Fletcher, National Medical Examiner, and has campaigned vigorously for the causes of death of all patients to be released by NHS Digital to our Trust in order that we can address public health issues on a socio-geographical basis, Whilst this remains unresolved Mortality Reviews are concentrating on "appreciative learning" and fidelity with Physical Healthcare guidance.

Foundation 2: Patient safety system

All Trusts have their own responsibility for improving safety. The National Patient Safety Team will focus on the following key areas, and it is imperative that the Trust also has a coherent effective approach to them:

- **Workforce**
  The link between workforce capacity and capability and patient safety has many factors, but workforce challenges clearly create pressures on the

system. We must also recognise the importance of staff well-being on patient safety.

- **Regulation**
  A shared understanding of safety across all regulatory organisations (i.e. the Health and Care Professions Council, Nursing & Midwifery Council, General Medical Council, Medicines and Healthcare Products Regulatory Agency and Care Quality Commission) will be crucial to maintain an effective safety system and safety culture. The NHS will support a single patient safety syllabus and work with regulatory bodies to encourage uptake of this.

- **Digital technology and information sharing**
  Data protection and security, electronic patient records, electronic prescribing and patient access to records are key to effective communication.

Strategic Aims of the National Patient Safety Strategy and DHCFT commitments to delivery

Building on these two foundations, the National Strategy outlines three strategic aims to support the development of both patient safety culture and patient safety systems:

- improving understanding of safety by drawing intelligence from multiple sources of patient safety information (**Insight**)

- equipping patients, staff and partners with the skills and opportunities to improve patient safety throughout the whole system (**Involvement**)

- designing and supporting programmes that deliver effective and sustainable change in the most important areas (**Improvement**).

Summary of the NHS Patient Safety Strategy

The actions the NHS will take under each of these aims is shown below:

3.1 Insight

The NHS will:

- adopt and promote key safety measurement principles and use culture metrics to better understand how safe care is
- use new digital technologies to support learning from what does and does not go well, by replacing the National Reporting and Learning System with a new safety learning system
- introduce the Patient Safety Incident Response Framework to improve the response to and investigation of incidents
- implement a new Medical Examiner system to scrutinise deaths
- improve the response to new and emerging risks, supported by the new National Patient Safety Alerts Committee
- share insight from litigation to prevent harm.

3.2 Involvement

The NHS will:

- establish principles and expectations for the involvement of patients, families, carers and other lay people in providing safer care
- create the first system-wide and consistent patient safety syllabus, training and education framework for the NHS
- establish patient safety specialists to lead safety improvement across the system
- ensure people are equipped to learn from what goes well as well as to respond appropriately to things going wrong
- ensure the whole healthcare system is involved in the safety agenda.

3.3 Improvement

The NHS will:

- deliver the National Patient Safety Improvement Programme, building on the existing focus on preventing avoidable deterioration and adopting and spreading safety interventions
- deliver the Maternity and Neonatal Safety Improvement Programme to support reduction in stillbirth, neonatal and maternal death and neonatal asphyxial brain injury by 50% by 2025
- develop the Medicines Safety Improvement Programme to increase the safety of those areas of medication use currently considered highest risk
- deliver a Mental Health Safety Improvement Programme to tackle priority areas, including restrictive practice and sexual safety
- work with partners across the NHS to support safety improvement in priority areas such as the safety of older people, the safety of those with learning disabilities and the continuing threat of antimicrobial resistance
- work to ensure research and innovation support safety improvement.

The national strategy details a number of commitments required by local systems/providers. Those relevant to DHCFT are extracted and listed below:

Topic	Objective	What and by when will it be delivered	Timescales	MD comment
Safety Culture	Support the development of a safety culture in the NHS	Local systems to set out in their LTP implementation plans how they will work to embed the principles of a safety culture. These should include monitoring and response to NHS staff survey results and any other safety culture assessments, adoption of the NHS Improvement A Just Culture Guide or equivalent, and adherence to the well-led framework	Not specified	Trust compliant
Safety System	No specific actions for local Trusts			
Insight	Deliver replacement for the NRLS and	Local systems, including current non-reporters, to connect to the new system by end Q4 2020/21	End of Q4 2020/21	In national pilot phase

Topic	Objective	What and by when will it be delivered	Timescales	MD comment
	StEIS [with the Patient Safety Incident Management System (PSIMS)]	Continuous increase in effective incident reporting (note this is not the same as total incident reporting as the replacement for NRLS should improve quality without necessarily increasing quantity)		
	Implement the new Patient Safety Incident Response Framework (PSIRF)	Supported by regional teams, local systems are required to set out in their LTP implementation plans how they will implement the new PSIRF. Full implementation is anticipated by July 2021, informed by early adopter experience, of which this Trusts is an early adopter. Initially plans should: - identify PSIRF leads in local systems by Q4 2019/20 - anticipate development of organisational-level strategic plans for patient safety investigation and review by the end of Q2 2020/21 - ensure that leaders and staff are appropriately trained in responding to patient safety incidents, including investigation, according to their roles,[2] with delivery of that training and development from end Q2 2020/21 onwards - eliminate inappropriate performance measures from all dashboards/performance frameworks by Q2 2020/21 - as part of the organisation's quality governance arrangements, monitor on an annual basis the balance of resources for investigation versus improvement and whether actions completed in response to patient safety incidents measurably and sustainably reduce risk	End of Q4 2019/20 End of Q2 2020/21 End of Q2 2020/21 By Q2 2020/21 Annually	Trust compliant with above Delayed investigations and completion of action plans monitored
	Implement the National Patient Safety Alerts	100% compliance declared for all Patient Safety Alerts from Q2 2019/20 Compliance fell during pandemic. Now part of Exec SI group	By Q2 2019/20	Established as part of Exec SI group
Involvement	Patient involvement in patient safety	Local systems and regions aim to include two patient safety partners on their safety-related clinical governance committees (or equivalents) by April 2022, who will have received required training by April 2022	By April 2022 To be trained by April 2022	Outstanding action.
	Deliver a patient safety curriculum and syllabus that supports patient safety training and education for the whole	Support all staff to receive training in the foundations of patient safety by April 2023	By April 2023	Outstanding action National patient safety syllabus 2.0 published by Academy of Medical Royal

[2] Note this training relates to currently available training in the specific skills required to effectively respond to patient safety incidents, particularly investigation skills. Wider work under the 'Involvement' section to develop and deliver a national patient safety curriculum and training will also incorporate relevant aspects of incident response, including investigation, but local systems should not delay work to ensure their existing staff are skilled to perform the roles they are asked to while the wider curriculum work takes

Topic	Objective	What and by when will it be delivered	Timescales	MD comment
	NHS			Colleges in May 2021
	Develop a network of patient safety specialists	Identify to the national patient safety team at least one patient safety specialist per organisation by end Q4 2019/20 Release patient safety specialists for identified training by Q4 2021/22	End of Q4 2019/20	Completed Outstanding
Improvement	Deliver NPSIP priorities	NEWS2 adoption by all acute and ambulance trusts by Q4 2019/20	By Q4 2019/20	NEWS 2 being implemented (delayed due to Covid 19 pandemic)
	Deliver the Medication Safety Improvement Programme (MSIP)	The programme will reduce avoidable, medication-related harm in the NHS, focusing on high risk drugs, situations and vulnerable patients. Details to be confirmed	Not specified	MD now has executive responsibility reporting to QSC
	Deliver the Mental Health Safety Improvement Programme (MHSIP)	MHSIP engagement programme – local systems should develop safety improvement plans post their engagement meeting (unless agreed not needed) National programme to deliver 33% reduction in restrictive practice in pilot wards by Q4 2019/20 All mental health inpatient providers nominate a ward to participate in the improving sexual safety collaborative. Data collection to be confirmed	Not specified By Q4 2019/20 Not specified	Reduction in restrictive practice reported to MHAC and QSC
	Address safety issues that affect older people	Continue to facilitate the Falls Collaborative Programme and improve falls prevention in hospital through the 2019/20 national CQUIN scheme Spread uptake of the electronic frailty index and routine frailty identification and assessment Link data on medications and falls Continue the Stop the Pressure Programme Spread Enhanced Health in Care Homes	Ongoing Not specified Not specified Not specified	Falls reduction and pressure sore prevention are reported to QSC
	Address safety issues that affect people with learning disabilities	Accelerate LeDeR and align with the medical examiner system Expand STOMP and STAMP Further spread use of care and treatment reviews All NHS-commissioned care to meet the learning disability improvement standards by 2023/24	Not specified Not specified Not specified By 2023/24	LeDeR feedback reported regularly to Trust Board
	Deliver the UK National Action Plan for AKI	Improve the management of lower UTI in older people in all care settings by Q4 2019/20	By Q4 2019/20	

Outcomes

There will be an initial emphasis on specific work identified by the Patient Safety Collaborative (PSC) programmes. This will be aligned to the 7 NHS regional teams. If a provider appears to be challenged a Patient Safety Support Team will be assigned.

Current PSC programmes are as follows:

- Sepsis
- NEWS2
- Medication Safety
- Falls Prevention
- Pressure Ulcer Prevention
- Nutrition

All these aspects are covered by the Trust's approach to Physical Healthcare and progress reported to the Quality and Safeguarding Committee.

The Mental Health Safety Improvement Programme (MHSIP) was launched on 10 May 2021.

This aims to reduce national variation in the following areas by 2024.

Key ambitions are:

- Reduction in suicide and deliberate self-harm in inpatient settings (MH and acute hospitals) and in the healthcare workforce.
  (Executive Leadership Team (ELT) receives reports on inpatient suicides and has agreed and reviewed the overarching Suicide Prevention Strategy. The NHS Resolution suicide prevention action plan is subsumed into the overall suicide prevention action plan.)

- Reduce the incidence of restrictive practice in inpatient mental health and learning disability services.
  (This is a quality improvement approach with regular monitoring and reports to the Quality and Safeguarding Committee and Mental Health Act Committee.)

- Improve the sexual safety of patients and staff on inpatient mental heath units.
  (Again we are active in this area and the newly agreed estates strategy is relevant.)

Context for patient safety in DHCFT

Safety Stocktake

We all need to see safety as a priority and develop clinical models that are person centred and involve patients whenever possible in designing their own safe care and treatment plans. Compassionate trauma informed practice is key to this and has an increasing evidence base. We need to use the same principles in our own self-regulation and management approaches so that this becomes the identity of the Trust and can be seen in its "personality". To this end we are developing our approach to:

- Vision and leadership
- A Just Culture
- Openness and transparency
- Diversity and equality

The challenges will be related to “pace and scale” and how much of our training resource is aligned to these outcomes and whether staff survey results are an adequate measure of progress.

The Trust is reviewing our approach to Quality Improvement, particularly the potential benefits of integrating expertise in information management, research/development and clinical audit. The Director of Medical Education has redesigned medical input into QI projects.

As regards the emphasis on “avoidable harm” the following are relevant:

- Development of a strategy to develop trauma informed care. An Emotional Regulation Pathway has been developed and the work of the Joint Engagement Team is being reviewed.

- A related issue is reducing the use of restraint and restrictive practice, including rapid tranquillisation and a QI approach is being employed. When used restraint, seclusion and rapid tranquillisation need high fidelity to safety procedures including physical health monitoring.

- Sexual safety including estates provision.

- Response to physical healthcare emergencies, particularly the rapidly deteriorating patient. Psychiatric hospitals are never likely to match acute medical wards in this regard and there are related issues to address re suitability for admission, liaison models, palliative care approaches and training. ILS training includes simulating response to medical emergencies but only occurs once a year. A regular “lifeboat drill” model is likely to be more effective but would require significant investment.

- Infection Control. The trust has a strong track record and performed well during the Covid 19 pandemic.

- Medicines management and associated physical health care monitoring, particularly around the use of antipsychotics. A community infrastructure has been established and regular reporting shows a positive trajectory. Clinical audit has shown that strong leadership at team level is essential to achieve satisfactory performance and this is now the focus for quality improvement.

The focus around the CQC’s Safety key lines of enquiry (KLOEs) will continue and cover many of the areas already mentioned above. The additional commitment required by the national strategy related to safety issues that affect older people (eg falls prevention, pressure sore prevention, use of frailty index) and people with learning disabilities (eg STOMP/STAMP, Care and Treatment Reviews) will need an

enhanced focus on reporting but are already the subject of significant quality improvement work.

The CQC Key Lines of Enquiry (KLOEs) are as follows and are subject to regular reporting to Board Committees:

KLOE 1 – Safeguarding Adults and Children

KLOE 2 – Managing Staffing Risks

KLOE 3
- (a) Electronic Patient Record
- (b) Data Security
- (c) Care Planning
- (d) Transition from CAMHS

KLOE 4
- (a) Medicines Management
- (b) Physical Healthcare

KLOE 5
- (a) Infection Control
- (b) Safety Planning and Risk Assessment
- (c) Restrictive Interventions

KLOE 6
- (a) Learning from Deaths
  The Trust is a pilot site for the recently introduced Patient Safety Incident Response Framework
- (b) Emergency Preparedness, Resilience and Response (EPRR)
  The Trust has recent experience in this area!

The following were highlighted in Joined Up Care Derbyshire, before the Covid pandemic, as commissioning gaps that were impacting upon the Trust's patient safety:

- Children's services - Paediatric 18 week waiting time – this has been resolved
- Special Education Needs and Disabilities (SEND) plans with subsequent pressure on our physiotherapy and occupational therapy services. Still a concern for some long waits but recent investment confirmed for those awaiting surgery.
- Child and adolescent mental health services (CAMHS) Tier 4 inpatient provision. Future investment in Crisis and Home Treatment has been agreed but existing services remain under pressure.
- Significant waiting lists for secondary care psychotherapy. A lead post has been established and there will be a significant service review.
- An adult eating disorder service which is too small for the population it serves. Investment over the next two years has been secured.
- CAMHS eating disorder service had investment but demand has increased and is outstripping available resources.

- A learning disability service and autism assessment service that does not have the capacity to meet demand and is not compliant with the recommended timescale for 12-week assessments. The Mental Health, LD and Autism Delivery Board has agreed a programme of investment.
- No locally accessible PICU (Psychiatric Intensive Care Unit) service in Derbyshire }
- Inpatient dormitory stock not fit for purpose } Recently agreed Estates Strategy.
- Increasing pressure on adult community mental health teams. Integrated care pilot schemes are under way in Derby City and the High Peak.

The Trust has a positive track record in the following areas showing our capacity to redesign and innovate:

- Dementia Rapid Response Team and impact on reducing pressure on inpatient services
- Substance Misuse Integrated Pathway
- Our approach to suicide prevention
- CAMHS Phase 1 CYP IAPT (Improving Access to Psychological Therapies)
- Memory Assessment Service
- Family liaison.

The Trust's approach to systems working, integrated care and securing investment as part of the NHS's Long-Term Plan is therefore a crucial safety issue. Investment in Community Forensic and related rehabilitation will become a safety priority over the next two years as the number of low secure beds is reduced nationally and patients are repatriated from locked door rehabilitation placements.

The Trust's currently identified strategic priorities for safety ("Building Block") 2021/22

Roll out Patient Safety Incident Response Framework (PSIRF)
JRS Q1 completed

Patient Involvement in Patient Safety
JRS Q3. The Trust has prioritised recovery of services. To discuss with system partners.

Patient Safety partners to be trained by April 2022.

Ensure sexual safety for our people – implement improvement plan
CG Q1. New reporting metric established at QSC. Essential improvements underway.

Physical healthcare (PHC) – implement the improvement plan
CG Q1. Health Protection Unit established with appointment of Area Service Manager, Practice Manager and vaccinators. On trajectory re lateral flow tests and PHC checks for patients with SMI (Serious mental illness).

Reducing violence of our people – implementing the agreed improvement plan CG Q2. Quality indicators reported to the Quality and Safeguarding Committee include number of physic assaults and restraint. Body worn cameras have resulted in increased reporting of verbal (including racial) abuse.

Finally, whilst the ultimate measure of safety from suicide is the suicide rate, there is consensus nationally (and in Derbyshire) within the “suicide prevention circle” that we should focus on interventions and initiatives that we know are consistent with safe and resilient communities as outcomes rather than rates which in any case vary with activity. Our priorities within the next strategy will include staff having skills and knowledge proportionate to their roles, safety plans being offered to all people expressing suicidal thoughts and governance structures that support collective mitigation of suicide. Increasingly we will analyse population data with our system partners so we can ensure that our services are responsive to people’s needs and what we know about their risk factors.

Nationally after 5 years of steadily dropping the suicide rate took an upturn in 2018 and has continued to rise (but did plateau in the worst of the pandemic).

In Derbyshire we reflect the national trajectory but have not seen an overall rise in numbers of suicides in people open to Trust services (data from 2017 to date).

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 6 July 2021

Learning from Deaths - Mortality Report

Purpose of Report

The 'National Guidance on Learning from Deaths' requires each Trust to collect and publish specified information on a quarterly basis. This report covers the period 20 January to 29 April 2021.

Executive Summary

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

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

- From 20 January to 29 April there have been 19 deaths reported where the patient tested positive for Covid-19
- From 20 January to 29 April the Trust received 558 death notifications of patients who had been in contact with our service in the last six months
- No Inpatient deaths were recorded
- 17 Case Note Review sessions were undertaken, where 22 incidents were reviewed. Unfortunately, 13 sessions did not take place due to either lack of medic or nurse availability
- Mortality reviews now include scrutiny between primary care and secondary care and include the reviewing of physical healthcare monitoring
- The Trust has reported 8 Learning Disability deaths from 20 January to 29 April
- There is very little variation between male and female deaths; 278 male deaths were reported compared to 280 females
- Good practice identified through case note reviews is fed back to clinicians involved as part of our appreciative learning.

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

Assurances

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

Governance or Legal Issues

There are no legal issues arising from this Board report.

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

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

Public Sector Equality Duty and Equality Impact Risk Analysis

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

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

- From 20 January 2021 to 29 April 2021 There is very little variation between male and female deaths; 278 male deaths were reported compared to 280 female.
- No unexpected trends were identified according to ethnic origin or religion.

Recommendations

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

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

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

Aneesa Akhtar-Alam
Mortality Technician

Learning from Deaths - Mortality Report

1. Background

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

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

The report presents the data for 20 January to 29 April 2021.

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

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

- Medic rotas for the north and south have been updated. 17 Case Note Review sessions were undertaken, where twenty-two incidents were reviewed. Unfortunately 13 sessions did not take place due to either lack of medic or nurse availability.

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

- The monthly mortality review group meetings continue.

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

2. Data Summary of all Deaths

Note that inpatients and learning disability (LD) data is based upon whether the patient has an open inpatient or LD referral at time of death. The table below outlines information for 20 January to 29 April.

	January	February	March	April
Total Deaths Per Month	112	201	136	109
LD Referral Deaths	0	4	1	3

Correct as of 29 April 2021

There have been no inpatient deaths reported during this period.

From 20 January to 29 April 2021, the Trust received 558 death notifications of patients who have been in contact with our services.

3. Review of Deaths

Total number of Deaths from 20 January to 29 April 2021reported on Datix	81 (of which 49 are reported as unexpected deaths 19 Covid deaths 9 as suspected deaths 4 as expected - end of life pathway NB some expected deaths have been rejected so these incidents are not included in the above figure. Inpatient deaths = 0
Incidents assigned for a review	66 incidents assigned to the operational incident group 1 did not meet the requirement 14 incidents are to be confirmed

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

- Homicide – perpetrator or victim
- Domestic homicide - perpetrator or victim
- Suicide/self-inflicted death, or suspected suicide
- Death following overdose
- Death whilst an inpatient
- Death of an inpatient who died within 30 days of discharge from a DHCFT hospital
- Death following an inpatient transfer to acute hospital
- Death of patient on a Section of the Mental Health Act or Deprivation of Liberty Safeguards (DoLs) authorisation
- Death of patient following absconsion from an inpatient unit

- Death following a physical restraint
- Death of a patient with a learning disability
- Death of a patient where there has been a complaint by family / carer / the Ombudsman, or where staff have raised a significant concern about the quality of care provision
- Death of a child (this will also be subject to scrutiny by the Child Death Overview Panel)
- Death of a patient open to safeguarding procedures at the time of death, which could be related to the death
- Death of a patient with historical safeguarding concerns, which could be related to the death
- Death where a previous Coroners Regulation 28 has been issued
- Death of a staff member whilst on duty
- Death of a child under the age of 18 of a current or previous service user who has died in suspicious circumstances
- Where an external organisation has highlighted concerns following the death of a patient whether they were open to the Trust at time of death or not.

5. Learning from Deaths Procedure

From 20 January to 29 April 2021, The Mortality Review Group reviewed 22 deaths through a Stage 2 Case Note Review. These reviews were undertaken by a multi-disciplinary team and it was established that of the 22 deaths reviewed, none were due to problems in care.

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

- Patient taking an anti-psychotic medication
- Death of a patient with a learning disability
- Patients with chronic pain
- Patients only open to outpatient services
- Patients with Covid19 (this is a temporary flag)

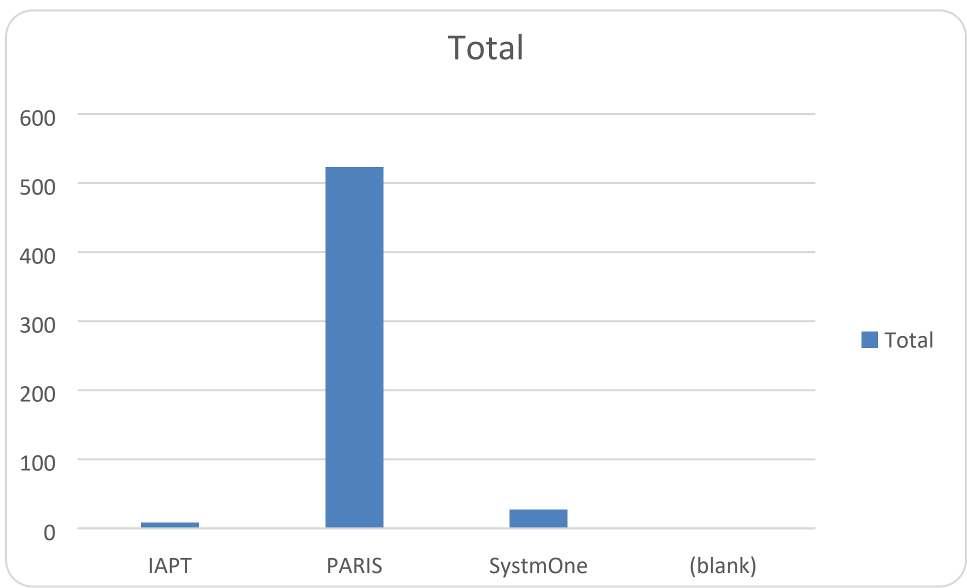
From 20 January to 29 April 2021 there has been 19 deaths reported where the patient tested positive for Covid-19. Of these deaths 9 were female and 10 were male. 17 patients were from a White British background, 1 ‘other ethnic group’ and 1 ‘not stated’.

Physical Health care monitoring

The mortality reviews will now include scrutiny of the interface between primary and secondary, in particular the Trust’s physical health monitoring. The reviews will ascertain whether if appropriate a physical healthcare monitoring questionnaire or Lester tool was completed and overall determine if the physical healthcare monitoring provided was correct.

6. Analysis of Data

6.1 Analysis of deaths per notification system 20 January to 29 April 2021

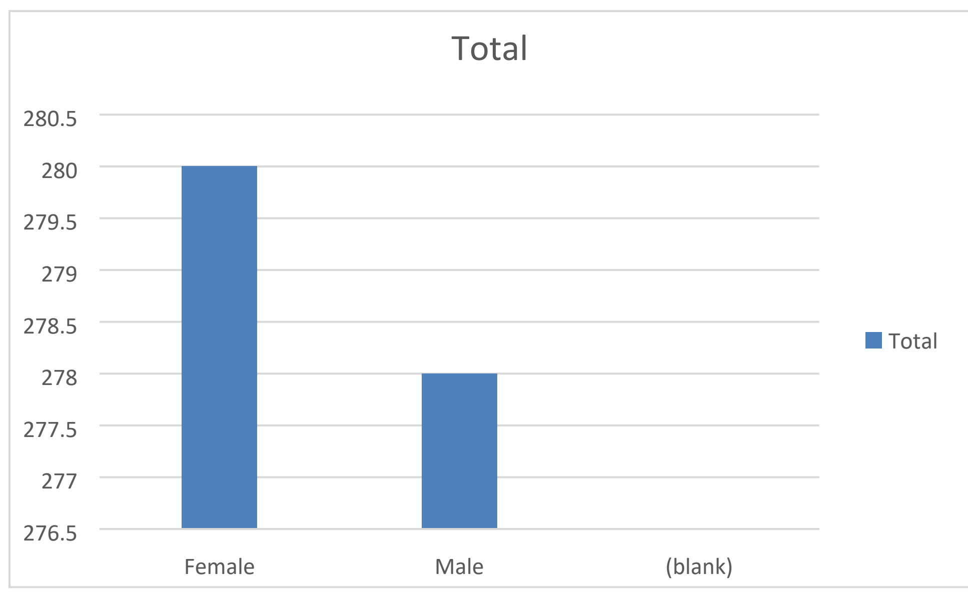


Row Labels	Count of Source System
IAPT	8
SystmOne	27
PARIS	523
Grand Total	**558**

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

6.2 Deaths by Gender 20 January to 29 April 2021

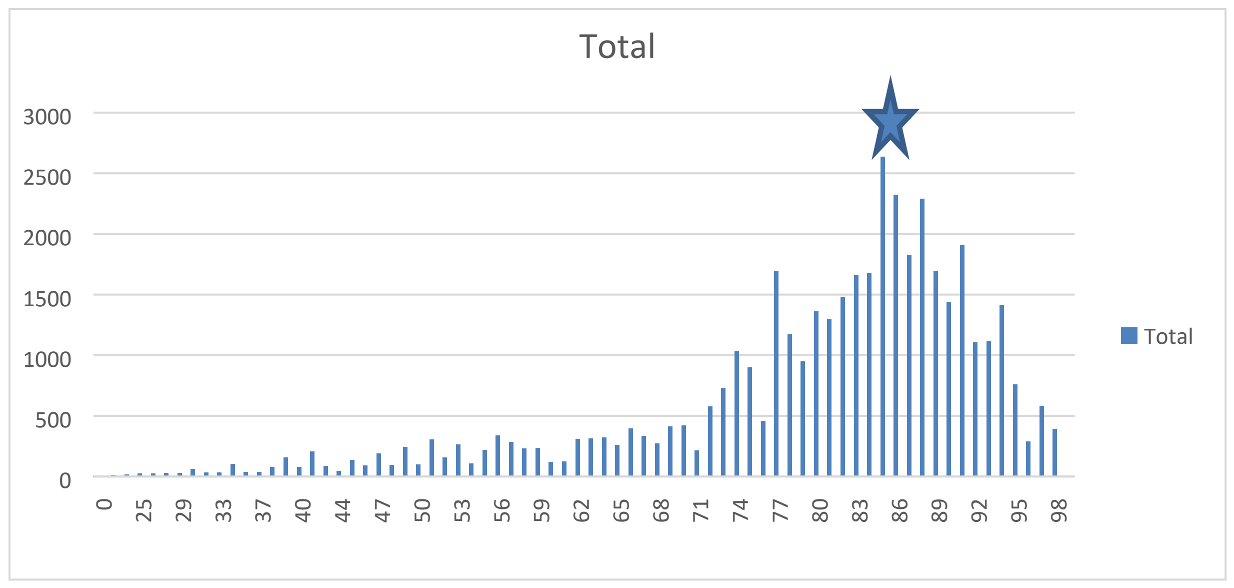
The data below shows the total number of deaths by gender from 20 January to 29 April. There is very little variation between male and female deaths; 280 male deaths were reported compared to 278 females.



Row Labels	Count of Gender
Female	280
Male	278
Grand Total	**558**

6.3 Death by Age Group 20 January to 29 April 2021

The youngest age was classed as 0, and the oldest age was 98 years. Most deaths occurred within the 85-90 age groups (indicated by the star).



6.4 Learning Disability Deaths (LD) 20 January to 29 April 2021

	January 2021	February	March	April
LD Deaths	0	4	1	3

The Trust reviews all deaths relating to patients diagnosed with a Learning Disability. The Trust also currently sends all Learning Disability deaths that have been reported through the Datix system to the Learning Disabilities Mortality Review (LeDeR) programme. Due to challenges in reporting out from the LeDeR programme, we are unable to ascertain how many of our Trust's deaths have been reviewed through the LeDeR process. The Trust continues to share relevant information with LeDeR when requested which is used to inform their reviews. The Trust now receives a quarterly update from LeDeR which highlights national good practice and identified learning; this is shared in the Mortality monthly meeting.

Since 20 January 2021 to 29 April 2021, the Trust has recorded eight deaths of patients who were open to Learning Disability at time of death. Four patients were male, four female, seven were white British and one Asian/Asian British Pakistani. The youngest age was 31 years, the eldest age, 82 years.

6.5 Death by ethnicity 20 January to 29 April 2021

White British is the highest recorded ethnicity group with 464 recorded deaths, 58 deaths had no recorded ethnicity assigned, and 6 people did not state their ethnicity. The chart below outlines all ethnicity groups.

Row Labels	Count of Ethnicity
Asian or Asian British - any other Asian background	1
Asian or Asian British - Pakistani	1
British	1
Asian or Asian British - Indian	2
African	2
Indian	3
Pakistani	3
Other Ethnic Groups - any other ethnic group	4
White - Irish	5
Not stated	6
White - any other White background	8
Not Known	58
White - British	464
Grand Total	**558**

6.6 Death by religion 20 January to 29 April 2021

Christianity is the highest recorded religion group with 100 recorded deaths, 248 deaths had no recorded religion assigned and 3 people refused to state their religion. The chart below outlines all religion groups.

Row Labels	Count of Religion
Evangelical Christian	1
Baptist	1
Presbyterian	1
Not Religious - Old Code	1
Agnostic	2
Pentecostalist	2
Church of England, follower of	2
Nonconformist	2
Patient Religion Unknown	2
Salvation Army Member	2
Atheist	2
Sikh	2
Not given patient refused	3
Methodist	3
Muslim	4
Roman Catholic	13
Unknown	38
Not Religious	39
Church of England	90
Christian	100
(blank)	248
Grand Total	**558**

6.7 Death by sexual orientation 20 January to 29 April 2021

Heterosexual or straight is the highest recorded sexual orientation group with 162 recorded deaths. 381 have no recorded information available. The chart below outlines all sexual orientation groups.

Row Labels	Count of Sexual Orientation
Bi-sexual	1
Person asked and does not know	1
Gay or lesbian	2
Not stated (declined)	5
Not appropriate to ask	6
Heterosexual or straight	162
(blank)	381
Grand Total	**558**

6.8 Death by disability 20 January to 29 April 2021

The table below details the top five categories by disability. Behavioural and emotional problems were the highest recorded disability group with 15 recorded deaths.

Row Labels	Count of Disability
SIGHT	6
OTHER	6
LEARNING DISABILITY	8
LEARNING DISABILITY (DEMENTIA)	10
BEHAVIOUR AND EMOTIONAL	15
Grand Total	**45**

There was a total of 119 deaths with a disability assigned and the remainder 439 were blank (had no assigned disability).

Row Labels	Count of Disability
LEARNING DISABILITY; PROGRESSIVE (LT) CONDITIONS	1
LEARNING DISABILITY; MOBILITY AND GROSS MOTOR	1
SPEECH; SIGHT; LEARNING DISABILITY (DEMENTIA); OTHER	1
BEHAVIOUR AND EMOTIONAL; BEHAVIOUR AND EMOTIONAL	1
BEHAVIOUR AND EMOTIONAL; HEARING; LEARNING DISABILITY (DEMENTIA); PERCEPTION OF PHYSICAL DANGER; SIGHT	1
BEHAVIOUR AND EMOTIONAL; DEMENTIA; PERCEPTION OF PHYSICAL DANGER; SPEECH	1
BEHAVIOUR AND EMOTIONAL; LEARNING DISABILITY (DEMENTIA); SELF CARE AND CONTINENCE; OTHER	1

Row Labels	Count of Disability
LEARNING DISABILITY (DEMENTIA); LEARNING DISABILITY (DEMENTIA); BEHAVIOUR AND EMOTIONAL	1
BEHAVIOUR AND EMOTIONAL; MOBILITY AND GROSS MOTOR; SIGHT	1
LEARNING DISABILITY (DEMENTIA); LEARNING DISABILITY (DEMENTIA); PERCEPTION OF PHYSICAL DANGER; OTHER; SELF CARE AND CONTINENCE	1
BEHAVIOUR AND EMOTIONAL; SIGHT; BEHAVIOUR AND EMOTIONAL	1
LEARNING DISABILITY (DEMENTIA); LEARNING DISABILITY (DEMENTIA); PROGRESSIVE (LT) CONDITIONS	1
DEMENTIA; BEHAVIOUR AND EMOTIONAL	1
LEARNING DISABILITY (DEMENTIA); LEARNING DISABILITY (DEMENTIA); PROGRESSIVE (LT) CONDITIONS; OTHER; MOBILITY AND GROSS MOTOR	1
DEMENTIA; MOBILITY AND GROSS MOTOR; SELF CARE AND CONTINENCE; PROGRESSIVE (LT) CONDITIONS	1
MANUAL DEXTERITY	1
HEARING; BEHAVIOUR AND EMOTIONAL	1
HEARING; LEARNING DISABILITY (DEMENTIA); MOBILITY AND GROSS MOTOR; SELF CARE AND CONTINENCE; SPEECH	1
SPEECH	1
MOBILITY AND GROSS MOTOR; HEARING; SELF CARE AND CONTINENCE	1
HEARING; SELF CARE AND CONTINENCE; SIGHT; LEARNING DISABILITY (DEMENTIA); PERCEPTION OF PHYSICAL DANGER	1
MOBILITY AND GROSS MOTOR; PROGRESSIVE (LT) CONDITIONS	1
LEARNING DISABILITY; DEMENTIA	1
OTHER; HEARING	1
BEHAVIOUR AND EMOTIONAL; HEARING; MOBILITY AND GROSS MOTOR; PERCEPTION OF PHYSICAL DANGER; SELF CARE AND CONTINENCE	1
OTHER; LEARNING DISABILITY	1
BEHAVIOUR AND EMOTIONAL; SELF CARE AND CONTINENCE; MOBILITY AND GROSS MOTOR; LEARNING DISABILITY; OTHER	1
OTHER; MOBILITY AND GROSS MOTOR	1
HEARING; LEARNING DISABILITY; SIGHT	1
PERCEPTION OF PHYSICAL DANGER	1
HEARING; SIGHT; SELF CARE AND CONTINENCE	1
PERCEPTION OF PHYSICAL DANGER; OTHER; SELF CARE AND CONTINENCE; SPEECH; BEHAVIOUR AND EMOTIONAL	1
BEHAVIOUR AND EMOTIONAL; MOBILITY AND GROSS MOTOR	1
PROGRESSIVE (LT) CONDITIONS; MOBILITY AND GROSS MOTOR	1
HEARING; MANUAL DEXTERITY; MANUAL DEXTERITY; MOBILITY AND GROSS MOTOR; PROGRESSIVE (LT) CONDITIONS	1
SELF CARE AND CONTINENCE; BEHAVIOUR AND EMOTIONAL; PROGRESSIVE (LT) CONDITIONS; SIGHT	1
DEMENTIA; MOBILITY AND GROSS MOTOR; BEHAVIOUR AND EMOTIONAL; SELF CARE AND CONTINENCE	1
SELF CARE AND CONTINENCE; MOBILITY AND GROSS MOTOR	1

Row Labels	Count of Disability
BEHAVIOUR AND EMOTIONAL; HEARING; BEHAVIOUR AND EMOTIONAL	1
SIGHT; DEMENTIA	1
MOBILITY AND GROSS MOTOR; HEARING	2
OTHER; BEHAVIOUR AND EMOTIONAL	2
DEMENTIA; SELF CARE AND CONTINENCE	2
DEMENTIA	2
LEARNING DISABILITY (DEMENTIA); LEARNING DISABILITY (DEMENTIA)	3
MOBILITY AND GROSS MOTOR	3
SELF CARE AND CONTINENCE	3
HEARING	4
PHYSICAL DISABILITY	4
HEARING; SIGHT	4
PROGRESSIVE (LT) CONDITIONS	5
SIGHT	6
OTHER	6
LEARNING DISABILITY	8
LEARNING DISABILITY (DEMENTIA)	10
BEHAVIOUR AND EMOTIONAL	15
BLANK	439
Grand Total	**558**

7. Recommendations and Learning

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

- To discuss with clinical commissioners the possibility of jointly developing an action plan in relation to Autism pathways including repeated placement failures to reduce risks in patients with complex needs and issues in relation to area definition.

- To review and consider the current practice for the involvement of Substance Misuse services support/ workers within in inpatient mental health services to ensure so far as is possible effective continuity of care.

- Current policy to be reviewed to ensure it is consistent with NICE guidelines for self-harm for children and young people taking in to account the learning.

- Ensure compliance with E-learning for Autism Spectrum Disorder (ASD) across children’s services following development and implementation of ASD practice guidance.

- Learning to be undertaken on the early detection of patients who require support from a dietician regarding refusal of food and fluids this is to include referral to Speech and Language Therapy where there are concerns of choking.

- Further work to develop and embed the involvement of Substance Misuse services in the inpatient care and treatment of patients where need is identified.

- Development of process and protocols for the management of patients who are out of area including Psychiatric Intensive Care (PICU) and Gynaecology Assessment Unit (GAU). Key dates need to inform Multidisciplinary Team Meeting (MDT) review and collaborative care planning.

- A shared protocol to be designed for young people, with minimum standards of practice, to be linked to the Child and Adolescent Mental Health Services (CAMHS) operational policy.

- To implement effective multi-agency management of patients that may present long-term risks. The panel recommend an inter-agency collaboration facilitated by NHS Derby and Derbyshire Clinical Commissioning Group (CCG), with representation by a senior clinician and senior manager from the Trust and a senior case worker and senior manager from Derventio Housing Trust.

- To consider the need for development of a dedicated community forensic team and high support hostel for the population of Derbyshire. This would be informed by a needs analysis of the current Derbyshire patient population in secure mental health services commissioned by NHS England and a projection of those held in the criminal justice system considered to have a profound mental health need.

- All agencies to provide assurance and evidence to the Domestic Abuse, Sexual Violence (DA/SV) Governance Board that routine enquiry is embedded in practice and that processes are in place to follow up where enquiries could not be completed.

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 6 July 2021

Board Assurance Framework (BAF)
Second Issue for 2021/22

Purpose of Report

To meet the requirement for Boards to produce an Assurance Framework. This report details the second issue of the BAF for 2021/22.

Executive Summary

Issue 1 of the BAF was presented to the Board on 4 May 2021. Issue 2 (version 2.1) of the BAF was presented to the Executive Leadership Team on 11 June and to the Audit and Risk Committee on 1 July. Each Director Lead has reviewed their associated risks and changes/updates to this issue of the BAF, compared with issue 1 2021/22, are indicated by blue text.

Eight operational risks that were aligned to the BAF have been closed or had ratings reduced since 1 April 2021. There are now nine operational risks rated as high or extreme, updated as of 1 July. These have been aligned to the related BAF risks.

There is currently one risk rated as extreme, risk 21-22 3a, which will require a 'deep dive' at the Audit and Risk Committee. It has been agreed that this will take place in January 2022. Should the risk rating of this risk be reduced, or the rating for other risks increase to extreme, this timetable will be revised.

The finance risk 21_22 3a (there is a risk that the Trust fails to deliver its revenue and capital financial plans) has been thoroughly reviewed by the Director of Finance and two of the gaps in control have had their RAG rating reduced from red to amber as the actions are now implemented in part, but there are still potential risks to meeting proposed timeframe.

The key gaps in control for the Information Management and Technology (IM&T) risk 21_22 1d (there is a risk that the Trust's increasing dependence on digital technology for the delivery of care and operations increases the Trust's exposure to the impact of a major outage i.e. cyber-attack, equipment failure) have been reviewed by the Data Security and Protection Committee (as well as the Director Lead) and one has had the RAG rating reduced from amber to green as the actions required have been met, in that a programme of software and hardware upgrades is now routinely reviewed on a monthly cycle.

A key gap in controls has been added to the safety and effectiveness standards risk 21_22 1a - Mitigation plans are underway.

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

Assurances

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

Consultation

- Executive Leadership Team – 11 June 2021
- Audit and Risk Committee – 1 July 2021

Governance or Legal Issues

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

Public Sector Equality Duty and Equality Impact Risk Analysis

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

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

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

Recommendations

The Board of Directors is requested to:

1) Approve this second issue of the BAF for 2021/22 and the assurance the paper provides of the process of the review, scrutiny and update of the BAF in seeking to identify and mitigate risks to achieving the Trust's strategic objectives
2) Continue to receive updates in line with the forward plan for the Trust Board.

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

Report prepared by: **Kelly Sims**
Risk and Assurance Manager

Summary Board Assurance Framework Risks 2021-22 – Issue 2.3 Board 6 July 2021

Ref	Principal Risk	Director Lead	Rating (Likelihood x Impact)	Responsible Committee
Strategic Objective 1. To provide GREAT care in all services				
21_22 1a	There is a risk that the Trust will fail to provide standards for safety and effectiveness as required by our patients and our Board	Executive Director of Nursing (DON)/Medical Director (MD)	**HIGH (4x4)**	Quality and Safeguarding Committee
21_22 1b	There is a risk that the Trust does not deliver key regulatory and strategic requirements related to dormitory eradication and Psychiatric Intensive Care Unit (PICU) and that the Trust estate more generally is not maintained sufficiently well to comply with regulatory and legislative requirements	Deputy Chief Executive Officer (CEO)/Director of Finance/Executive Director (for dormitory eradication and PICU). Chief Operating Officer (COO) (on appointment) for wider delivery of the Estates Strategy	**HIGH (4x4)**	Finance and Performance Committee
21_22 1c	There is a risk that the Trust fails to maintain continuity of access to information to support effective patient care	Director of Business Improvement and Transformation (DBI&T)	**MODERATE (3X4)**	Finance and Performance Committee
21_22 1d	There is a risk that the Trusts increasing dependence on digital technology for the delivery of care and operations increases the Trusts exposure to the impact of a major outage, i.e. cyber-attack, equipment failure	Director of Business Improvement and Transformation. COO (on appointment)	**MODERATE (3X4)**	Finance and Performance Committee
Strategic Objective 2. To be a GREAT place to work				
21_22 2a	There is a risk that we do not sustain a healthy vibrant culture and conditions to make Derbyshire Healthcare Foundation Trust (DHCFT) a place where people want to work, thrive and to grow their careers	Director of People and Inclusion (DPI)	**HIGH (3x5)**	People and Culture Committee
21_22 2b	There is a risk of continued inequalities affecting health and well-being of both staff and local communities	Director of People and Inclusion	**HIGH (4x4)**	Trust Board
Strategic Objective 3. To make BEST use of our money				
21_22 3a	There is a risk that the Trust fails to deliver its revenue and capital financial plans	Director of Finance (DOF)	EXTREME (4x5)	Finance and Performance Committee
21_22 3b	There is a risk that learning from the response to the COVID-19 outbreak, and transformation plans developed prior, does not lead to sustainable embedded transformation	Director of Business Improvement and Transformation	HIGH (4x4)	Finance and Performance Committee
21_22 3c	Whilst there are significant benefits from the creation of the ICS (Integrated Care System) as an NHS body, there is a risk that the effects of the change on senior managers from across the system may impact negatively on the cohesiveness of the Derbyshire health and care system	Director of Business Improvement and Transformation	HIGH (4x4)	Trust Board

Strategic Objective 1. To provide GREAT care in all services

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

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

Root causes:

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

BAF ref: 21_22 1a	**Director Lead**: Carolyn Green, Executive Director of Nursing/Dr John Sykes, Medical Director	**Responsible Committee**: Quality and Safeguarding Committee

Key controls

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

Preventative – Quality governance structures, teams and processes to identify quality related issues; mandatory training; 'Duty of Candour' processes; clinical audits and research; health and safety audits; risk assessments; physical health care screening and monitoring; investment in covid-secure environments and cleaning

Detective – Quality dashboard reporting; quality visit programme/virtual clinical service contact visits; incident, complaints and risk investigation; Fire Safety Regulations (FSR) compliance checks; mortality review process; physical health care monitoring clinics pilots; safety check log; Head of Nursing and Matron compliance visits

Directive – Trust Strategy and commitments; Quality Improvement Strategy; Physical Health Care Strategy; Safeguarding Strategy; Suicide Reduction Strategy; clinical strategies; policies and procedures available via Trust intranet; Central Alerting System (CAS) alerts; clinical sub committees of the Quality and Safeguarding Committee; Information Management Team processes, including ethics governance cell

Corrective – Board committee structures and processes ensuring escalation of quality issues; six monthly skill mix review; CQC action plans; learning from incidents, complaints and risks; actions following clinical and compliance audits; workforce issues escalation procedures; reporting to commissioners on compliance with quality standards; learning from other Trust experiences and national learning

Assurances on controls (internal)	Positive assurances on controls (external)
Quality and Trust dashboards Scrutiny of Quality Account (pre-submission) by committees Programme of physical healthcare and other clinical audits and associated plans Covid Board Assurance Framework reported to NHS England Positive and Safe self-assessment reported to the East Midlands Clinical Senate on Reducing Violence Head of Nursing and Matron compliance visits	National enquiry into suicide and homicide NHS Litigation Authority (NHSLA) scorecard demonstrating low levels of claims Safety Thermometer identifies positive position against national benchmark Mental Health Benchmarking data identifies higher than average qualified to unqualified staffing ratio on inpatient wards CQC comprehensive review 2020 Trust is rated Good; two rated outstanding, two remaining core services rated as require improvement; Identified Trust fully compliant with National Quality Board (NQB) Learning from Deaths guidance 2020/21 internal audits: Risk management; data security and protection 2020/21 Estates and Facilities Management internal audit (limited assurance) Transitional Monitoring Meetings with CQC (bi-monthly), no conditions

Key gaps in control	Key actions to close gaps in control	Impact on risk to be measured by	Expected completion date (Action review date)	Summary of progress on action	Action on track
Embedded learning from CQC regulatory actions, particularly in relation to improvement of training governance	Review operational governance of training compliance [ACTION OWNER: DPI] Develop and implement improvement plan to ensure sustained compliance with mandatory training [ACTION OWNERS: DPI/COO]	Embedded compliance with mandatory training and compliance rates. Reported to People and Culture Committee (PCC) and training cell of Incident Management Team (IMT) Lack of recurrence of common themes regarding training compliance. Reported to PCC and training cell of IMT	31/07/2021	New reporting mechanism commencing May 2021 with positive and safe and Immediate Life Support (ILS) training compliance reporting to Board. Weekly reporting to Executive Leadership Team (ELT) to continue until minimum compliance met ILS / Basic Life Support (BLS) / Safeguarding Adults / Children: All achieved Residual risk for Promoting Safer and Therapeutic Services (PSTS) that will be mitigated by end of July 2021	

Inability to complete physical health checks for patients whose consultations remain undertaken virtually	Improvement plan to be developed and implemented to ensure required physical health care checks are completed [ACTION OWNER: MD]	Compliance with physical healthcare checks, reported in the Quality Dashboard	31/7/2021	Revise metrics included in Quality Dashboard reported to Quality and Safeguarding Committee. Significant improvement on Statistical Process Control (SPC) charts. Maintenance to be monitored though dashboard data Remain under monitoring expected trajectory for sustained improvement July 2021	
Implementation of revised priority actions for 'Good Care' which support the Trust strategy	Redesign improvement plans to align to revised building blocks which support the Trust Strategy [ACTION OWNER: DON]	Compliance with suite of metrics and reporting schedule detailed in quality dashboard	31/03/2022	Overall, indicators are within agreed tolerance including revised requirements as outlined in the Covid recovery roadmap. Positive community survey results and positive staff survey results Health protection unit on track for development New quality dashboard launched June 2021	
Insufficient investment in Community Forensic Rehabilitation Team	Significant investment (est. £1m+) required by Clinical Commissioning Group (CCG) to meet demand as outlined in new national specification Learning from Mental Health Homicide reviews and formal recommendation for Trust to review capacity of the community forensic team [ACTION OWNERS: DBI&T, COO]	Agreed funding allocation	(31/05/2021)	Escalated to CCG, awaiting response re next steps. Clinical team have been developing information and analysis as they await the commissioner input	
Insufficient investment in autism assessment and treatment services to meet demand. No	Investment required by CCG to meet assessment and treatment demands [ACTION OWNERS: COO/DBI&T]	Agreed funding allocation	31/03/2022	Mental Health and Learning Disability (MHLD) and Autism	

commissioned treatment service Waiting time has increased over COVID-19 period, exacerbated by underlying demand				Board agreed investment in principle into autism services Proposal ratified. Recruitment to Derbyshire Community Health Services (DCHS) - North Autism Intensive Support Team (IST) and South Autism IST service has commenced Reduction in autism assessment waiting list still required	
Monitoring of changes and patterns in population need in relation in the potential deterioration due to impact of COVID-19	Continued monitoring and focus by the ethics cell of the IMT and Divisional Achievement Reviews (DAR) [ACTION OWNERS: COO/MD/DON]	Monitoring of waiting list targets and implementation of mitigating actions. Reporting through Divisional Achievement Reviews	30/11/2021	Safety standards remain in place for urgent referrals. Currently limited evidence of Covid related surge in demand. Robust oversight in place Community mental health team (working age) not having increase in referrals. Acuity and activity in existing patients is significant. Monitoring and team support in place. Child and Adolescent Mental Health Services (CAMHS) is seeing a similar response. Monitoring and team support in place	
Six service areas assessed as 'Requires Improvement' by CQC in relation to safety	Develop and implement an improvement plan to enable all six service areas to reach 'Good' for safety in relation to the CQC standards [ACTION OWNER: DON]	CQC inspection and assessment	30/09/2021	Significant improvement in all services, training remains self-assessed as below trajectory. Plan to meet training compliance by 31/05/2021 was achieved Further recovery of PSTS	

				and manual handling is on trajectory	
Gap in operating standards for acute and community mental health services	Enhanced monitoring of acute and community mental health services by the Nursing and Quality Directorate [ACTION OWNER: DON] Implement Royal College of Psychiatrists (RCP) Standards across Acute Services [ACTION OWNERS: MD/DON/COO] Implement 2019 Community Mental Health Framework [ACTION OWNER: DBI&T]	Improvement in operating standards compliance. To be confirmed by external CQC inspection and assessment of at least 'Good' Implemented Acute Inpatient Mental Health Service Accreditation (RCP Standards) reported in Divisional Achievement Reviews and Quality Account Implemented Mental Health Community Framework to Quality and Safeguarding Committee	31/03/2022 (estimated March 2022) (31/03/2022)	Increased performance management scrutiny and unannounced site visits have been undertaken with compliance checks Standards compliance work continues Plan for investment agreed with NHSE April 2021. Reported to Quality and Safeguarding Committee May 2021 Active recruitment is now underway	
Implementation of clinical governance improvements with respect to: - Outcome measures - Clinical service reviews including reduction in excess waiting times - Getting it Right First Time (GIRFT) reviews - Patient Safety Incident Response Framework (PSIRF) implementation - Commissioning for Quality and Innovation (CQUIN) Framework - National Institute for Health and Care Excellence (NICE) guidelines	Develop and implement an improvement plan to enable all governance improvement plans to be implemented [ACTION OWNERS: MD/DON/COO/DBI&T]	Compliance with suite of metrics and reporting schedule	(30/09/2021)	Trust's Covid recovery roadmap outlines timescales for standing up of core clinical governance developments, commencing June 2021 onwards. PSIRF implementation continues with new processes in place and approval of revised incident policy Getting it Right First Time (GIRFT) reviews scheduled for July 2021	
Implementation of three new quality priorities for: - Reducing violence - Sexual safety - Learning from COVID-19	Develop and implement an improvement plan to enable all quality priorities to be implemented [ACTION OWNER: DON]	Compliance with suite of metrics and reporting schedule	(30/09/2021)	Implementation plans on hold until June 2021. All areas will be scheduled for a Quality and Safeguarding committee reports Reducing violence	

pandemic				has been presented in year	
National directive to change lateral flow device distribution and assuring compliance to testing regimes, with five days formal notice, may significantly impact upon our ability to prepare staff for the change, our preventative measures and surveillance of Covid outbreaks and on staff up-take	IMT and the DON are putting in place a communication and mitigation plan The change and impact on up-take will be monitored – Pre and post change Any harm or detriment from changes and avoidable harm due to delays due to this rapid transition will be reported [ACTION OWNER: DON]	Adherence to the new national directive following staff briefing Monitoring of staff uptake of tests Continuing measuring of Covid outbreaks and contacts	(15/07/2021)	Letter of escalation, requesting more time to implement the change is being submitted Local test distribution centre (through pharmacy) to be established Communication plan/staff briefing in preparation	

Related operational high/extreme risks

Record ID	Service Line	Title	Risk: Summary of Progress	Date Risk Created	Date of Next Review
3009	Learning Disabilities Services	Demand for Autism Spectrum Disorder (ASD) assessment Service far outstrips contracted activity	[07/06/2021] Current waiting list is 1179 and there continues to be a significant wait for diagnosis. Systems for offering online assessments including short notice appointments for cancellations are in place and working smoothly. Longest waits currently are for people who have informed us that they cannot access online assessments and require face to face appointments. We have started to offer a few face-to-face assessments in line with Trust Covid-safe policies and information collated from staff health risk assessments. Ability to offer face to face appointments continues to be affected by Trust-wide issues relating to Covid reopening and lack of clinical space. It is anticipated that there will continue to be a disparity in wait times for those who need face to face appointments for some time to come	01/01/2016	07/09/2021
21586	Community Care Services (Older People)	Wait times breaching CCG contract	[08/06/2021] Memory Assessment Service (MAS remains in a recovery period and is also going through a transformation process to streamline the way the service functions. Wait times remain and high levels of referrals continue. The team have been successful in gaining some temporary funding to increase diagnosis rates and are in the process of recruiting into these temporary posts. Waiting well letters are sent to all patients as per policy and any individuals requiring expedition, are actioned	12/12/2018	30/09/2021
22154	Community Paediatrics Teams	Neurodevelopmental (ND) Assessment Pathway - operational delivery and capacity risks	[16/02/2021] Project role established to provide oversight, analysis and planning. Some recovery commenced, in CAMHS. Two weekly oversight meeting in division. Some internal changes to ND Multi-disciplinary Meeting (MDM) being made. In discussion with CCG re business case for investment, not finalised yet [01/06/2021] Waiting for update on the recurrent investment to resolve this. Short term capacity via third party provider now in place and referrals being sent to them to pick up work for CAMHS Internal review shows Attention Deficit Hyperactivity Disorder (ADHD) diagnosis and management is the greatest risk. Short term funding also to be used to employ a short-term Specialty Doctor to help with the prescribing and oversight of this group	05/10/2020	30/09/2021

21739	Operational Services	Emergency Preparedness, Resilience and Response (EPRR) Risks within Derbyshire	[03/01/2021] The Trust is currently responding to the national COVID-19 Pandemic, due to this and the ongoing nature of the incident; the risk has been increased to 20 (Extreme Risk). The implications of the incident have had a significant impact upon how we run our Trust. We have been required to pause services, redeploy staff into critical services and create a Covid-secure environment for staff to work within. We have also lost two colleagues during this incident. The longevity of the incident has also caused a significant level of fatigue and work pressures due to decisions/actions taken at the beginning of the incident. Whilst we have utilised the major incident plan and the pandemic influenza plan there have been a number of actions identified to further prepare the Trust for future events of this scale [03/06/2021] The Trust is still responding to the national pandemic, the current phase is recovery and services whilst being delivered traditionally and also differently, all services are now in situ. The majority of operational redeployees have now been returned whilst some corporate redeployments remain A recovery coordination programme has been set up to support the Trust Roadmap to Recovery The Recovery Oversight Group will support our EPRR recovery On this basis risk reduced to 15: High risk	23/07/2019	30/09/2021

Strategic Objective 1. To provide GREAT care in all services

Principal risk: There is a risk that the Trust does not deliver key regulatory and strategic requirements related to dormitory eradication and PICU and that the Trust estate more generally is not maintained sufficiently well to comply with regulatory and legislative requirements

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

Root causes:

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

BAF ref: 21_22 1b	**Director Lead**: Claire Wright, Deputy CEO and Executive Director of Finance	**Responsible Committee**: Finance and Performance Committee

Key controls

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

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

Assurances on controls (internal)	Positive assurances on controls (external)
- Covid secure workplace assessments - Health and Safety Audits - Premises Assurance Management System (PAMS) reporting providing updates on key priority areas	- Mental Health Capital Expenditure bidding process - External authorised reports for statutory health and safety requirements - 2020/21 Estates and Facilities Management internal audit (limited assurance)

Key gaps in control	Key actions to close gaps in control	Impact on risk to be measured by	Expected completion date (Action review date)	Progress against action	Action on track
Estates Strategy delivery recommendations will need to be updated for ongoing Covid secure requirements	Review of Estates Strategy delivery recommendations to ensure compliance with ongoing Covid secure guidance [ACTION OWNER: COO]	Revised Covid compliant delivery recommendations	During 2021/22 financial year – Depending on pandemic evolution	Unable to review until during 2021/22 financial year as strategy needs to be considered post Covid or when and how 'living-with' Covid is ascertained	
Lack of adherence to emerging national guidance and policy requiring the elimination of mixed sex wards and dormitory style inpatient facilities	Deliver a single room en-suite delivery plan and programme of work [ACTION OWNERS: DOF for dormitory eradication programme and COO for wider estate strategy delivery]	Delivery of approved business cases and surrounding associated schemes for dormitory eradication	(31/03/2024) Hard deadline for national funding of March 2024	Letter received 08/04/2021 confirming allocation of £80m. Outline Business case development in train	
Lack of an accessible Derbyshire wide Psychiatric Intensive Care Unit (PICU)	Delivery of local PICU arrangements (new build and associated projects taking into account gender considerations) [ACTION OWNER: DOF]	Agreed programme of work with capital funding to support it	(31/03/2024) PICU delivery date aligned to dorms new build and interim CCG contract dates	PICU discussion ongoing with mix of male new build and alternative female provision	
Internal Audit recommendations highlighted the need for evidence of assurance on estate maintenance and wider governance for estate compliance with statutory legislation	Deliver Internal Audit report recommendations in full Premises Assurance Model (PAM) assessment to be completed [ACTION OWNER: COO (DOF in interim)] Review of current estates and facilities governance structures [ACTION OWNER: COO (DOF in interim)]	Completion of agreed recommendations and management actions Reporting to Finance and Performance Committee twice yearly and any exceptions in between Governance structure in place	Per dates in audit – Range from April to end Sept 2021 31/07/2021 31/05/2021	Meetings have been set up. Plan for reporting of suite of assurance for estates is in development. Reporting will be to ELT for delivery confirmation and May and July Finance and Performance Committee (F&P) for assurance Internal governance structure in place and meeting monthly. Management audit undertaken by internal auditors Quarter 4 2020/21. Governance reporting will include audit	

				recommendation response and delivery	

Related operational high/extreme risks: None

Strategic Objective 1. To provide GREAT care in all services

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

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

Root causes:

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

BAF ref: 21_22 1c	**Director Lead**: Gareth Harry, Director of Business Improvement and Transformation	**Responsible Committee**: Finance and Performance Committee

Key controls

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

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

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

Key gaps in control	Key actions to close gaps in control	Impact on risk to be measured by	Expected completion date (Action review date)	Progress against action	Action on track
Capacity within the IM&T Team to support programme delivery to the level required by the project plan	Identify and agree priorities and release of staff [ACTION OWNER: COO]	Compliance with the agreed resource plan for the project	30/09/2021	Fully resourced plan agreed with Channel 3 for the remainder of the programme. IM&T posts now filled Gateway review dates agreed with Channel 3 for the release of their resource as required	
Maintenance of staff well-being (in particular IM&T and Channel 3 staff) during final implementation of each delivery phase	Build in plans and expectations of working arrangements for IM&T and Channel 3 staff from phase 2 implementation onward [ACTION OWNER: DBI&T]	Feedback from staff	30/09/2021	Staff wellbeing was an active consideration on deciding to delay phase 2 go live to 28 June	
Adherence to the project delivery plan due to unforeseen circumstances	Close monitoring of the project risk register and issues log/regular updates with potential to adjust phasing of 'go live' decisions for each phase [ACTION OWNER: COO]	Adherence to the project delivery plan, which includes a range of clear measurable criteria against key milestones	30/09/2021	ELT agreed further delay of phase 2 implementation - Due to issues identified with data migration and choices made around wellbeing of staff	

Related operational high/extreme risks: None

Strategic Objective 1. To provide GREAT care in all services

Principal risk: There is a risk that the Trust's increasing dependence on digital technology for the delivery of care and operations increases the Trust's exposure to the impact of a major outage i.e. cyber-attack, equipment failure

Impact: This could lead to the disruption in the provision of services with risk to patient safety

Root causes:

a. Increasing reliance on a single electronic patient record
b. Increasing use of video software for the direct provision of care and operational purposes
c. Increased staff home working
d. Increasing electronic collaboration across health and social care partners
e. Increasing global instability and risk from state supported cyber attacks
f. Increase in locally developed system solutions to support DHCFT and partner operations and performance i.e. Covid vaccination, health risk assessments, Covid flow testing, flu

BAF ref: 21_22 1d | **Director Lead**: Gareth Harry, Director of Business Improvement and Transformation | **Responsible Committee**: Finance and Performance Committee

Key controls

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

Preventative – Trust utilises NHS provided solutions as widely as possible i.e. Office 365, NHS Mail to ensure compliance with mandated requirements. Use of the secure Health and Social Care Network (HSCN) specified by NHS Digital. Staff training on data security and protection. Regular all staff communications regarding safe ways of working and phishing emails. Contract with Arden GEM provides information governance and security services, includes review of risks and addressing of vulnerabilities. Subscription with NHS Digital Care Certification Programme highlights cyber vulnerabilities and monitors Trust's compliance against them
Detective – Cyber essentials framework: NHS Digital encourage all organisations to comply. Advanced Threat Protection (ATP) monitors every server and device to highlight threats and software vulnerabilities
Directive – Compliance with NHS Digital requirements. Monthly rigor review meeting with Arden GEM to identify software solutions which require upgrading to ensure supported. Data Security and Protection Policies and Procedures. Business continuity plan and procedure
Corrective – Timely actions undertaken in response to vulnerabilities identified through controls/processes outlined above

Assurances on controls (internal)	Positive assurances on controls (external)
IM&T Strategy delivery update to F&P – September 2021	- Templar Cyber Organisational Readiness Report (CORS) - Annual external cyber review by Dynac (vulnerability scan) - Data Security and Protection annual review by Internal Audit, weighted toward cyber security - Compliance with Data Security and Protection Toolkit, including high levels of training compliance

Key gaps in control	Key actions to close gaps in control	Impact on risk to be measured by	Expected completion date	Progress against action	Action on track

			(Action review date)		
Business continuity plans reflect changes to service delivery such as increased phone and video contacts	All services to review business continuity plans to ensure they take account of the increased use of phone and video contacts for care provision and also use of video conferencing for operational delivery [ACTION OWNERS: DBI&T/COO]	Reporting to the Divisional Achievement Reviews	30/09/2021	Due to start in Quarter 2 following development of division level plans	
Limited resource within organisation dedicated to cyber	Consider development of a business case to increase cyber support [ACTION OWNERS: DBI&T/COO]	Increased capacity to support cyber risk management	(30/06/2021)	Head of cyber security and team members in post at NHS Arden and Greater East Midlands Commissioning Support Unit. DHCFT is working with their team and monthly meetings are established	
Embedded programme of software and hardware upgrades	Prioritise work alongside organisational requirements and developments [ACTION OWNER: DBI&T]	Information Technology Strategy (IT Strategy) 6-month update to ~~Board~~ Finance and Performance Committee	(30/09/2021)	Embedded programme of software and hardware upgrades is routinely reviewed in monthly meetings with DHCFT and NHS Arden and Greater East Midlands Commissioning Support Unit	Changed from Amber to Green
Live testing of business continuity plans	Desktop incident response exercise on IT failure to be completed [ACTION OWNERS: DBI&T/COO]	Exercise evaluation report to Finance and Performance Committee	28/02/2022	Update requested from Deputy Director of Operational Services	
Some gaps identified in Cyber Operational Readiness Support (CORS) review undertaken by Templar	Consideration of recommendations in relation to asset owners and policies. Trust to develop own actions in response [ACTION OWNER: DBI&T]	Response to CORS recommendations report to Data Security and Protection Committee	30/09/2021	Progress report planned for presentation at Finance and Performance Committee	

Related operational high/extreme risks: None

Strategic Objective 2. To be a GREAT place to work

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

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

Root causes:

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

BAF ref: 21_22 2a	**Director Lead**: Jaki Lowe, Director of People and Inclusion	**Responsible Committee**: People and Culture Committee

Key controls

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

Preventative –Workforce plan covering wide range of recruitment channels including targeted campaigns, 'Work For Us' internet page, leadership development, new role and skill mix changes, leadership development programme, increased well-being support, system workforce hub
Detective – Performance report identifying specific hotspots and interventions to increase recruitment and retention, Freedom to Speak Up Guardian role, Peoples Services Leadership Team meeting to oversee delivery of the People Agenda. Health risk assessments. Health and wellbeing conversations and well-being action plans. Black, Asian, and Minority Ethnic (BAME) risk assessments
Directive – Wellbeing Strategy, infrastructure and programmes to support staff health and wellbeing. Workforce plan to grow and develop the workforce. Assurance reports on delivery of People Strategy to People and Culture Committee. Leadership support sessions. Staff engagement forums
Corrective – Leadership and Management Strategy and development programmes to build inclusive and engaging leadership and management. Leadership Programme – Core Leaders. Occupational health contract monitoring meeting

Assurances on controls (internal)	**Positive assurances on controls (external)**
Workforce Performance Report to Executive Leadership Team monthly Bimonthly People Dashboard to People and Culture Committee, includes recruitment tracker and deep dives ELT rolling programme of deep dives of strategic building blocks Twice weekly Recruitment tracker report to Incident Management Team (IMT) to monitor recruitment progress across organisation Employee relations assurance report to ELT Deep dive review of the risk to Audit and Risk Committee (Jan 2021)	Outstanding results from 2020 staff survey, identifying significant improvements across all themes Safe staffing reports and Care Hours Per Patient Day (CHPPD) reporting (planned versus actual staff) Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and gender pay gap reporting 2020/21 Internal Audit: WRES and WDES data quality (significant assurance)

Key gaps in control	Key actions to close gaps in control	Impact on risk to be measured by	Expected completion date (Action review date)	Progress against action	Action on track
Effective recruitment and retention plan to all posts Time taken to recruit to new and vacant posts	Recruitment plans in place for workforce requirements related to capital projects and mental health investment plans [ACTON OWNER: DPI]	Vacancy rates, time to recruit data within performance report to Board. People dashboard to PCC and monthly people assurance report to ELT Diversity in appointments. Target of 20% of workforce as BAME	(30/09/2021)	Recruitment processes working well. Plans in place for all new posts are being dynamically managed	
Embedded flexible workforce arrangements in place	Implementing the learning from flexible working arrangement in response to the COVID-19 pandemic, i.e. home working [ACTON OWNER: DPI] Review of policies/processes and contracts of employment to embed flexible working [ACTON OWNER: DPI]	Sickness absence rate reported in performance dashboards as outlined above Staff survey responses Pulse and people pulse check responses Percentage of people working on flexible contracts with respect to hours and location (reporting metric to be developed)	(30/09/2021)	Flexible working in place as a result of COVID-19 with many people working from home. Continuing to review and adapt response as learning continues Flexible working policies and contracts in process of being reviewed Pulse and people pulse checks to be commenced	
Fully embedded person-centred culture of leadership and management	Review of policies and processes to support a person-centred approach to leadership and management [ACTON OWNER: DPI] Review of leadership development offer [ACTON OWNER: DPI]	Reduced number of formal staff relations issues/cases. Reported in monthly people assurance report to ELT	(31/10/2021)	'People First - Supporting colleagues fairly through workplace situations' in place and disciplinary and incident polices reviewed in line with approved proposal with 'Above Difference' to review cultural intelligence Starting with Board session on 15 September 2021 External review of workforce policies is ongoing	

Development of a funded Workforce Plan that delivers on new role development	Develop and implement 2021/22 of the Workforce Delivery Plan (WDP) [ACTON OWNER: DPI]	Vacancy rate of registered posts reported in performance dashboards as outlined above and recruitment report to IMT No of new roles in place, metric to be developed. Apprenticeship student nurse uptake reported to Workforce Delivery Plan Group	(30/06/2021)	Delivery of plan being monitored though Workforce Planning Delivery Group, through to ELT and PCC. Initial WDP reported to Board May 2021 Medical Workforce Project Group review of all vacancies, recruitment and agency spend fortnightly	
People services shaped to deliver against future needs of the organisation	Review of Peoples Services model and plans [ACTON OWNER: DPI] Identify resources required to shape culture locally [ACTON OWNER: DPI] Develop performance framework to support delivery of revised model [ACTON OWNER: DPI]	Implemented performance framework	(31/12/2021) Deferred to 2021/22	Statement on joint venture way forward from DHCFT and DCHS Directors presented to both Boards March 2021 Cultural discovery programme starting Quarter 3	
Consolidate health and wellbeing provision and infrastructure, ensuring learning from COVID-19 pandemic is incorporated	Align well-being offer to local Sustainability and Transformation Plan (STP) and national offers [ACTON OWNER: DPI] Updating well-being offer, in particular mental health interventions [ACTON OWNER: DPI] Roll out of health and wellbeing plans for all staff [ACTON OWNER: DPI] Review management of change policy to incorporate health and well-being discussions [ACTON OWNER: DPI] Similar review of appraisal policy and processes	Maintain sickness absence rates to below 5% or below Reduction in sickness absence as a result of anxiety and stress Percentage uptake of health and well- being plans Percentage uptake of health risk assessments Published policies	(30/06/2021) 30/09/2021	Review target with ELT Local, regional and national offer published via Trust intranet Increase uptake of health risk assessments	

	[ACTON OWNER: DPI]				
	Roll out of flu vaccination plan for autumn 2021 and any subsequent COVID-19 vaccine [ACTON OWNERS: DPI/DON]	Increased uptake of staff flu vaccination by 30/11/2021 Continued roll out of COVID-19 vaccine in line with national guidance	(30/11/2021) As per guidance	COVID-19 vaccinations well underway (92% front line staff vaccinated at June)	
Training compliance in key areas below target set by the Trust	Recovery being implemented Mandatory training to be rostered [ACTION OWNERS: DPI/COO]	Percentage of compliance with mandatory training reported to ELT, training cell in IMT and bimonthly to Board as part of performance report Forward planning for training compliance	(30/06/2021)	Recovery plan has been implemented, particularly in relation to ILS and positive and safe training. Forward plans to include rostering of training to be developed. Significant impact of COVID-19 on release of staff. Extra resource given to support the Training and Development team to improve attendance at training	
Evidence of safer staffing levels of suitably qualified staff	Compliance with NHS Improvement (NHSI) Workforce Safeguards requirements [ACTION OWNER DPI]	Full compliance with safer staffing levels in line with the NHSI Workforce Safeguards	31/07/2021	Plan to be presented to PCC July 2021	

Related operational high/extreme risks

Record ID	Service Line	Title	Risk: Summary of Progress	Date Risk Created	Date of Next Review
2772	Child and Adolescent Mental Health Services (CAMHS)	Insufficient resources CAMHS workforce	[02/06/2021] Situation remains challenging with medical staffing. Now 3.2 whole tie equivalent (WTE) locum cover secured, but this still leaves only partial cover in Amber Valley. Mitigation plan in place to support. Vacancy out to advert Medical director engaged, action plan developed, system discussions underway re pressures and possible solutions Higher trainee joins as Acting Consultant in July 2021 Pressure will be felt over summer as locums take longer leave periods	01/01/2016	31/08/2021
22365	Community Care Services - County North	Medic Cover	[28/04/2021] Agency have now filled the vacant post at Killamarsh, further agency for a period of six months has been agreed to support caseload review. Non-Medical Prescriber (NMP) and service manager have been screening caseload and discharging as appropriate On-going monitoring of waiting lists and service users who have not been seen in over 365 days Substantive consultant post will be advertised once caseload has been decreased as it stands this will not be accepted by the Royal college. Risk to remain in post until stability over medic cover has been achieved	16/12/2020	31/07/2021
22593	Child and Adolescent Mental Health Services (CAMHS)	Low staffing levels in CAMHS Recovery	Four band 5s have start dates agreed. Clinical leads in post for two of the three localities with one due to start by the end of the month. Locum consultant has started Caseloads being reviewed by leadership group and additional support offered to staff where needed Risk to remain as high risk	22/03/2021	20/08/2021
22613	Child and Adolescent Mental Health Services (CAMHS)	Lack of consultant provision	Applied Suicide Intervention Skills Training (ASIST) model can function without Consultant input, in the sense that referrals can be made into recovery consultants without prior involvement from a consultant sitting in ASIST. Residual risk remains high due to ongoing concerns. Area service manager is in discussion with consultant director	11/05/2021	31/07/2021

22614	Child and Adolescent Mental Health Services (CAMHS)	Lack of Consultant for Amber Valley	Non-Medical Prescriber (NMP) is supporting the team with appropriate cases Clinical lead closely monitoring need and risk of cases Locum consultant has started Risk to remain as high	11/05/2021	31/07/2021

Strategic Objective 2. To be a GREAT place to work

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

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

Root causes:

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

BAF ref: 21_22 2b	**Director Lead**: Jaki Lowe, Director of People and Inclusion	**Responsible Committee**: Trust Board

Key controls

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

Preventative – Freedom to Speak Up Guardian (FTSUG) self-assessment and six monthly reports; annual review of people development plan commissioned through People Services; provision of information through induction processes for new staff; staff engagement sessions; Equality, Diversity and Inclusion (EDI) Delivery Group meeting; supported networks for diverse staff groups and allies; Health and Well-being Network; workforce planning design meeting; Culture and Leadership Delivery Group; Training and Education Delivery Group
Detective – Weekly recruitment report to IMT; EDI updates to ELT, monthly performance report to Board; Reverse Commissioning Project Group; Reverse Commissioning Steering Group; Equality Forum; attendance management monitoring; take up of Reasonable Adjustment Passports; updating of Electronic Staff Record (ESR) regarding disability and long-term conditions
Directive – People Strategy; Inclusion Strategy; Joined Up Care Derbyshire (JUCD) People Strategy
Corrective – Leadership and management development strategy ensuring inclusion is at the heart of all development; exit interview feedback

Assurances on controls (internal)		**Positive assurances on controls (external)**			
Executive Leadership Team rolling programme of deep dives on strategic building blocks		2020 staff survey results Gender pay gap annual assessment and report Assessment and report annually for Equality Delivery System (EDS2) WRES and WDES annual report 2020/21 Internal Audit WRES/Disability Worker Exclusion Scheme (DWES) data quality (significant assurance)			
Key gaps in control	**Key actions to close gaps in control**	**Impact on risk to be measured by**	**Expected completion date (Action review date)**	**Progress against action**	**Action on track**
Develop an Equality, Diversity and Inclusion Strategy	Establish approach for refreshing and expanding the strategy Establish a steering group to oversee refresh of the strategy Complete review of cultural intelligence Refreshed strategy completed Launch events for the Equality, Diversity and Inclusion Strategy [ACTION OWNER, ALL ABOVE: DPI]	Improved position regarding staff motivation in staff survey and pulse checks Freedom to Speak Up Index to People and Culture Committee and Board Inclusion Recruitment report Positive Friends and Family Test Percentage of exit interviews completed Metrics within the employee relations report	(30/09/2021)	Steering group in place to develop strategy Dashboard developed for PCC focused on cross cutting themes from hotspot areas, i.e. FTSUG, WRES, WDES	
Refresh and expand engagement plans. Include lessons learnt from response to COVID pandemic	Establish approach for refreshing and expanding the engagement plans Establish a group to oversee refresh of the engagement plan Refresh 12-month engagement plan [ACTION OWNER, ALL ABOVE: DPI]	Improved staff survey results Positive Friends and Family Test Positive pulse check	(30/09/2021)	Engagement plan for next 12 months to be developed, in line with Trust Covid recovery roadmap	

Gaps in the cultural competence of leaders and managers resulting in staff reporting being disadvantaged due to their protected characteristics	Diagnostic exercise to identify gaps around culture and identify how to build on current approaches Roll out of cultural competence training to equip leaders and managers to be able to lead and support staff and provide the best experience for service users BAME and health risk assessments offered for all staff, including new starters [ACTION OWNER, ALL ABOVE: DPI]	Metrics within the employee relations report Metrics within the Freedom to Speak Up report Annual publication of Workforce Race Equality Standard data, identifying an improved position Live WRES monitoring to ensure consistent capture and monitoring of data	(30/09/2021)	Relaunch of health risk assessment underway in line with vaccination programme	
Unequal experience of people with protected characteristics through recruitment process	Review of recruitment strategy and plans [ACTION OWNER: DPI]	Improved BME recruitment process outcomes	31/12/2021	Recruitment inclusion guardians to support all recruitment of posts Band 6 and above from advert stage. In process of agreeing recruitment pilot for cultural intelligence across Derbyshire health system. DHCFT leading approach starting Quarter 3 Equality Impact assessments are carried out for all transformation projects	

Related operational high/extreme risks: None

Strategic Objective 3. To make BEST use of our money

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

Impact: Trust becomes financially unsustainable

Root causes:

a) Financial detriment (revenue, cash and/or capital) resulting from large capital development programme, in particular dormitory eradication and associated capital schemes and patient record investment
b) Non approval of business case for national funding
c) Insufficient capital envelope for JUCD system that inhibits Trust capital spend requirements for the self-funded projects within the dormitory eradication and PICU programme
d) Organisational financial detriment created by commissioning decisions or wider 'system-first' decisions including enactment of risk-sharing agreement in partnership arrangements or changes in NHS financial arrangements during and beyond the pandemic
e) Non-delivery of expected financial benefits from transformational activity
f) Non-delivery of standard or additional financial efficiency requirements
g) Lack of sufficient cash and working capital
h) Loss due to material fraud or criminal activity
i) Unexpected income loss or non-receipt of expected transformation income (e.g. long-term plan (LTP) and Mental Health Investment Standard (MHIS) without removal of associated costs
j) Costs to deliver services exceed the Trust financial resources available, including contingency reserves.

BAF ref: 21_22 3a	**Director Lead**: Claire Wright, Deputy CEO and Executive Director of Finance	**Responsible Committee**: Finance and Performance Committee

Key controls

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

Preventative – Integrated Care System (ICS) sign off and support for dormitory eradication work. Devoted and adequate team for Programme delivery. High quality business cases. Regular meetings with NHSIE on programme progress. Meaningful stakeholder engagement (internal and external). Robust cash flow forecasting and delivery
Multi-disciplinary development of financial plans for new programmes of work. System sign-off and appropriate governance arrangements for new programmes of work: Budget training, segregation of duties, management of commissioning risk through system engagement and leadership, mandatory counter fraud training and annual counter fraud work programme: Enhanced cash management and forecasting aligned to large capital and transformational programmes
Detective – Risk logs and programme-reporting (capital/transformation) informs ongoing financial risk assessment: Audits (internal, external and in-house); scrutiny of financial delivery, bank reconciliations; continuous improvement including cost improvement planning (CIP) and delivery; contract performance, local counter fraud scrutiny
Directive – Business plans and templates set out clear financial plans and assumptions: Standing financial instructions; budget control, delegated limits,

recruitment approval processes; business case approval process; invest to save/Quality Improvement methodology and protocol - Plan Do Study Act. Risk and gain share agreements
Corrective – Risk mitigation activity and oversight at ICS system/other partnership level. Proactive reporting and forecasting of capital and wider transformation programme progress enabling remedial activity to take effect. General corrective management action; Use of contingency reserve; Disaster recovery plan implementation; Performance reviews and associated support/ in-reach

Assurances on controls (internal)	**Positive assurances on controls (external)**
- Dormitory eradication and PICU Programme monitoring and reporting. Urgent decision- making taking place and relevant meetings in place. - Appropriate monitoring and reporting of financial delivery – Trust overall and programme-specific including 'Use of Resources' reporting updates - Assurance levels gained at Finance and Performance Committee - Delivery of Counter fraud and audit work programme with completed and embedded actions for all recommendations - Independent assurance via internal auditors, external auditors and counter fraud specialist that the figures reported are valid and systems and processes for financial governance are adequate	- NHSI/NHSE feedback throughout progress of dormitory eradication programme - Internal Audits – Financial integrity and key financial systems audits - External Audits – Strong record of high-quality statutory reporting with unqualified opinion - National Fraud Initiative – No areas of concern - Local Counter fraud work – Referrals show good counter fraud awareness and reporting in Trust and no material losses have been incurred. Use of risk-based activity in new counter fraud standards Information Toolkit rating – Evidencing strong cyber risk management (ref fraud/criminal financial risk)

Key gaps in control	Key actions to close gaps in control	Impact on risk to be measured by	Expected completion date (Action review date)	Progress against action	Action on track
Dormitory eradication and PICU programme team not yet fully in place	Recruitment to Project managers and project officer Secure and backfill relevant internal Trust staff into programme [ACTION OWNER: DOF]	Full team in place and operational	30/06/2021 And quarterly thereafter	Programme Director in role, on secondment. New Senior Responsible Officer in place. New governance structure in place. Delivery/status reporting ongoing. Recruitment process started for project managers and officer. Internal team to be backfilled needs identifying and securing	
Fixed Cash flow timing for national funding presents risk for cashflow management and working capital as the full suite of all Trust capital projects progress over forthcoming years and in particular as cash reserves are utilised in later stages	Enhanced cashflow monitoring, oversight, forecasting and reporting Prompt and effective cashflow management if required [ACTION OWNER: DOF]	Accurate cash forecasting and maintenance of sufficient cash flow balances	Quarterly reviews 30/06/21 onwards	Augmented reporting and processes in train	
'Best Value' building block - Extant Use of Resources priorities to be revisited post Covid 1. Increase wellbeing and reduction in sickness absence 2. Inclusive leadership/retention 3. Deliver e roster and e job planning 4. Eliminate out of area placements 5. Optimise digital technology 6. Medicines optimisation and e prescribing 7. Streamline access to	Revisit the previous 'Use of Resources (UoR)' Top Ten priorities incorporating transformational gains achieved during pandemic [ACTION OWNER: DBIT]]	Improvement in UOR related metrics as reported to - Board - Finance and Performance Committee - People and Culture committee	(30/09/2021)	Sickness levels adversely impacted due to COVID-19 pandemic Leadership development adversely impacted due to COVID-19 pandemic E-Roster – Specific programme changes are on hold – Will now be affected by dormitory eradication programme Out of area placements – Linked to eradication of dormitory accommodation and Covid secure environment Digital – Attend Anywhere in place, Microsoft Teams in place – Rapid digital transformation achieved during COVID-19 – Needs maintaining and enhancing	

services 8. Optimise use of estate 9. Consider size and function of corporate services 10. Improve administration and communication				Medicine optimisation ongoing, E-Prescribing part of OnEPR Access – lessons learned/business as usual. Waiting lists impacted by Covid Estate – Impacted by: Social distancing requirements, remote working and home working, dorms eradication work Corporate services – Some STP work (e.g. payroll moved to University Hospitals Derby and Burton (UHDB) as of April 2021) Admin and communications: Engagement and communications are of high focus and success	
Delivery of planned benefits of specific change programmes	Delivery of planned benefits realisation for change programmes in particular: - Dormitory eradication programme - Delivery of OnEPR programme - Delivery of enhanced E-Roster and e job planning informed by dorms programme - Delivery of planned MHIS/LTP service changes [ACTION OWNERS: DOF/COO]	Achievement of planned benefits of change programmes as reported to Programme Boards and Finance and Performance Committee at key milestone points (and by exception)	Most are Multi-year and not all set out yet (quarterly – TBC)	- OnEPR is on track to new timeframe (amended by 3 weeks) - Measurables: expected benefits reported to F&P Committee - Dormitory eradication - Updates to Board include identification of measurable critical success factors - E-Roster is in place, but changes were not enacted and consultation to be revisited. On hold for dorms work - E-Job planning has re-commenced - MHIS, service development funding (SDF) and recovery funding recruitment is proceeding in line with submitted cases and funding notified in April 2021	
Need to secure £80m national funding for dormitory eradication through business case approval	Develop suitable business cases and all surrounding actions All programme activities to be delivered Successful engagement	Approved business cases delivered to time scope and cost Risk log of programme to be maintained and mitigated	(30/06/2021) 31/03/2024	In development	

	[ACTION OWNERS: DOF/COO]				
Unknown **capital** requirement for requirements over and above the national funded projects	Urgent decisions on best clinical delivery models for buildings outside of new build facilities to be costed up [ACTION OWNER: DOF]	Defined costs produced to eliminate the unknown Confirmation that that value is affordable from internal cash reserves Confirmation that the cash and capital expenditure is supported and include in the signed-off JUCD capital programme	(31/03/2022) 31/03/2024	Clinical model now determined and additional requirements now estimated for refurbishments Cash affordable from internal reserves The unknown aspect is known and now closes this risk. The residual cash and local sign off for Capital Departmental Expenditure Limit (CDEL) requirements are covered in local system capital line below Action complete	
Revenue requirements for all new models and configuration of services exceed funding	Revenue requirements in business cases and associated financial planning achieves system and commissioner sign off and is affordable [ACTION OWNER: DOF]	Approved financial and contractual arrangements to incorporate new ways of service delivery	30/06/2021 (initial business case) 31/03/2024 (contracted delivery)	Revenue costings for outline business cases are complete with letters of support. Revenue costings for other parts of acute capital programme are underway	Changed from Red to Amber
Local system **capital** envelopes are limited and may not allow sufficient capital expenditure to self-fund 100% dormitory eradication and provide PICU	Cash constrained, minimal capital plan to retain sufficient internal cash Discussion with regulators as to how Foundation Trusts with sufficient cash can spend on larger schemes that exceed 'normal' levels of system CDEL [ACTION OWNER: DOF]	Signed off capital programme sufficient to fund requirements ICS Department of Finance letters of support for Outline Business Cases (OBCs) Letters of support for Full Business Cases (FBCs)	31/03/2024	CDEL Allocations for future years not available Net cash requirement and affordability for aggregate acute capital programme needs confirmation Support for and approval within ICS CDEL limit needs confirming for beyond OBC support OBC Department of Finance letters of support expected	Changed from Red to Amber
Changing and unknown future NHS financial arrangements, including those for provider alliances and integrated care systems	Assimilation of new guidance and arrangements when received System Financial oversight, planning and governance arrangements [ACTION OWNERS:	Agreed financial arrangements being enacted and achievement of planned financial outturns, as measured by reporting and KPIS such as surplus or deficit in period and forecast. For trust and wider	Quarterly	System Department of Finance and Deputies are working to current guidance System Financial meetings take place regularly to scrutinise	

ICS evolution into statutory body – Unknown impact on providers and system ways of working	DOF/DBIT/CEO]	system in aggregate Visibility of progress reported to ELT, F&P and Board as appropriate		planning and forecasting assumptions System finance reporting is underway New guidance for ICS and financial framework is expected in May/June 2021 (not yet issued)	

Related operational high/extreme risks: None

Strategic Objective 3. To make BEST use of our money

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

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

Root causes:

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

BAF ref: 21_22 3b	**Director Lead**: Gareth Harry, Director of Business Improvement and Transformation	**Responsible Committee**: Finance and Performance Committee

Key controls

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

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

Assurances on controls (internal)	Positive assurances on controls (external)
- Regular reporting of impact of measures taken to IMT	- Patient surveys for patients with learning disabilities and Serious Mental Illness (SMI) conducted by Healthwatch

Key gaps in control	Key actions to close gaps in control	Impact on risk to be measured by	Expected completion date (Action review date)	Progress against action	Action on track
Implementation of the Estates Strategy in relation to community and corporate estate	Conduct estates optimisation work for community and corporate services [ACTION OWNER: COO]	Freeing up corporate estate to be utilised for clinical space	30/09/2021	Work ongoing in line with Trust Roadmap (Phase 1) Consideration of short-term estates changes to support service recovery (at Phase 2 onwards) and medium/longer term issues post Covid Full implementation of the estates strategy will be ongoing throughout 2021/22 as we still don't fully understand what any longer term Covid mitigations might remain/be needed	
Embedding of current ways of working in a post Covid environment	Maintain directives on virtual meetings and non-patient facing activities to support new ways of working [ACTION OWNER: DBI&T]	Less miles travelled on trust business compared to a pre Covid baselines More hours working from home compared to a pre Covid baselines	30/09/2021	Organisation is continuing to operate under COVID secure guidelines. Further work being undertaken at team, divisional and organisational level during first phase of Roadmap (Quarter 1) to look at medium-term operational models	
Consistency of application with respect to use of videoconferencing software for patient consultations vs face to face in person consultations	Agreed protocol for when face to face in person appointments are necessary for patient safety with the understanding all other contacts would be via video or phone [ACTION OWNERS: DON/MD]	Percentage use of video/phone contacts with patients in line with the agreed protocol	30/09/2021	Further work planned at team, divisional and organisational level during first phase of Roadmap to look at medium-term operational models and ongoing use of video contacts	

Learning from COVID-19 pandemic outbreak Pulse checks/staff survey - check	Review learning from colleagues [ACTION OWNER: COO]	Positive staff feedback on learning from COVID-19	30/09/2021	Live staff engagement sessions continued throughout pandemic. Learning the Lessons surveys/focus groups undertaken, reported to Board members Pulse checks restart in July 2021. Staff survey 2020 results shared and learning taken, including regarding the impact of COVID-19, and continues to be built on	
Implemented clinical strategies and quality improvement strategies and sign off all actions	Refresh quality improvement strategy and implementation plan [ACTION OWNER: DBI&T] Build in prioritised actions from clinical improvement strategies into divisional business plans	Increase in no of people trained and supported to undertake Quarter 1 actions at a local team level Delivery against the divisional business plans	30/09/2021 30/09/2021	Roadmap outlines resumption of strategic work later in 2021/22 Planning sessions with divisions/teams postponed due to focus on Covid response	
Improvements to acute pathway length of stay during pandemic are reversed	Fortnightly out of area monitoring meetings Work on flow cell continuing, led by Medical Director Crisis team expansion and crisis alternatives to admissions in place and continuing to be developed. Social worker input on wards being sustained Transformational change postponed by pandemic restarted	Average acute Length of stay less than 32 days	31/12/2021		

Related operational high/extreme risks: None

Strategic Objective 3. To make BEST use of our money

Principal risk: Whilst there are significant benefits from the creation of the ICS (Integrated Care System) as an NHS body, there is a risk that the effects of the change on senior managers from across the system may impact negatively on the cohesiveness of the Derbyshire health and care system

Impact: Financial position of the Derbyshire Health and Care system worsens; working relationships across the system deteriorates; loss of confidence from regulators in the Derbyshire system

Root causes:

a) New senior management relationships across organisations, with potential new appointments in system leadership roles with the creation of the new ICS as an NHS body and the creation of provider collaboratives
b) Creation of mental health, learning disability and autism provider collaborative may destabilise some of the established relationships in place across Derbyshire
c) Creation of system level governance structures may impact on provider Foundation Trust governance arrangements and decision-making processes
d) CCG staff impacted by change, may lead to increased staff turnover in teams supporting the delivery of the Mental Health Long-Term Plan and subsequent loss of organisational memory

BAF ref: 20_21 3c	**Director Lead**: Gareth Harry, Director of Business Improvement and Transformation	**Responsible Committee**: Trust Board

Key controls

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

Preventative – Governance structures in place at a system and Delivery Board level. Ongoing close communication with NHSE/NHSI, mental health and learning disability teams at a regional and national level. Assumed NHSE/NHSI-led appointment process to new ICS Board positions
Detective – Early meetings to be put in place with all new appointees at an executive level. Continuing engagement in all Joined up Care Derbyshire governance from DHCFT representatives
Directive – Mental Health, Learning Disability and Autism System Delivery Board to engage widely across membership on the development of any provider collaborative with agreed plans and processes
Corrective - Weekly meetings of wider system transformation team to continue, providing support and advice to colleagues across the system

assurances on controls (internal)	**positive assurances on controls (external)**
- Regular reporting of position to Board by CEO - Regular ELT updates and discussions - NED Board members on JUCD committees and Board	- Monthly Mental Health and Learning Disability assurance meetings with NHSEI teams with DHCFT represented by Director of Business Improvement and Transformation - Appointments/ assurance of new ICS board through NHSE/NHSI processes

Key gaps in control	Key actions to close gaps in control	Impact on risk to be measured by	Expected completion date (Action review date)	Progress against action	Action on track
Maintenance of relationships with CCG colleagues during period of change and potential instability	Weekly meetings of wider MHLD system transformation team. Support and guidance provided from DHCFT DBI&T Early meetings at DHCFT board level with all new appointees into the ICS Board [ACTION OWNER: DBI&T]	Staff turnover from wider transformational team, including CCG staff Positive working relationships formed with all new appointees in the Derbyshire system	(30/06/2021) 30/09/2021	Weekly meetings continuing	
Ensuring DHCFT board members are represented in positions of responsibility in JUCD governance structures	DHCFT Non-Executive Directors representing the organisation on a range of JUCD system governance committees and groups [ACTION OWNER: CEO]	DHCFT Board oversight of JUCD system and levels of confidence in system working and decision-making (measured in Board development sessions)	(30/06/2021)	Non -Executive Directors including the Chair are now represented on JUCD governance boards/committees	
Plan required for the development of the Mental Health, Learning Disability and Autism System Delivery Board (MHLD SDB) to become a provider collaborative	Plan to be developed in partnership with all other organisations in the collaborative [ACTION OWNER: CEO]	Development and agreement of Mental Health, Learning Disability and Autism Provider Collaborative before December 2021	(30/06/2021)	Draft Terms of Reference for expanded SDB being considered System support for MHLD&A SDB to be fast tracked on development of provider collaborative	
Increased decision-making at a system and/or provider collaborative level may impact on trust-level governance structures becoming obsolete without regular review and change	Review of trust governance arrangements to be conducted in response to creation of ICS as an NHS Body with Non-Executive and Executive Director representation on the Board and the creation of a provider collaborative for Mental Health, Learning Disability and Autism [ACTION OWNER: CEO/Trust Secretary]	Board level confidence in new and emerging governance structures and ability to gain assurance on DHCFT risks and issues via system level governance regime	31/12/2021	Awaiting guidance to be issued	

Related operational high/extreme risks: None

Risk Rating

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

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

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

Action Progress

The colour ratings are based on the following descriptors:

Actions on Track for Delivery Against Gaps in Controls and Assurances	Colour Rating
Action completed	Blue
Action on track to completion within proposed timeframe	Green
Action implemented in part with potential risks to meeting proposed timeframe	Amber
Action not completed to original or formally agreed revised timeframe. Revised plan of action required	Red

Action Owners:

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

Derbyshire Healthcare NHS Foundation Trust
Report to Board of Directors - 6 July 2021

Fit and Proper Persons Test Chair's Declaration

Purpose of Report

To present the Chair's declaration that all Trust Board Directors meet the fitness test and do not meet any of the 'unfit' criteria as per the Fit and Person's Test regulations (Health and Social Care Act 2008 Regulation 2014).

Executive Summary

Under the Fit and Person's Test regulations (Health and Social Care Act 2008 Regulation 2014) all provider organisations must ensure that Director level appointments meet the 'Fit and Proper Persons Test' and the regulations place a duty on NHS providers not to appoint a person or allow a person to continue to be an Executive Director or equivalent or Non-Executive Director under given circumstances. The regulations have been integrated into the CQC registration requirements and fall within the remit of their regulatory inspection approach.

It is the responsibility of the Chair to discharge the requirement placed on the Trust to ensure that all Directors meet the fitness test and do not meet any of the 'unfit' criteria. The Chair is required to present an annual declaration to this effect which is set out in Appendix 1.

The Trust has processes in place to ensure that the appropriate checks are made on appointment of Director level posts that relevant checks and supporting information relating to existing post holders have been provided and there are proactive processes set in place to ensure the ongoing review and monitoring the filing system for all Directors.

These have been carried out at appointment for all Director/Non-Executive Director appointments made during 2020/21. Comprehensive files containing evidence to support the elements of the fitness test are retained and regularly reviewed to ensure contents are updated as required. The Chair's annual declaration covers 2020/21 and up to present to include the recent Executive Director appraisals. There has been a delay to some checks due to COVID-19 pressures but these are now all in hand and each Board Director is required to complete an annual self declaration under the Fit and Proper Persons Policy.

The CQC commented as part of their report following the comprehensive inspection in January 2020 that we had satisfactory procedures in place relating to applying the Fit and Proper Persons Test for Trust Directors.

The Trust Secretary is keeping a close watch on the output and recommendations from the KARK Review, and the acceptance by the Secretary of State for Health and Social Care of the first two of the recommendations; 1 - Standard of Compliance and 2 – A Central Database of Directors and 'awaiting consideration by NHS Improvement of how these can be implemented'.

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

Assurances

- The Board can receive assurance that due process has been followed to ensure that all relevant post holders meet the fitness test and do not meet any of the 'unfit' criteria.
- That comprehensive files have been established and maintained for each relevant post, evidencing compliance and that proactive processes have been set in place to monitor the filing system.

Consultation

This report has not been considered by other groups/committees. However, confirmation of Fit and Proper Person Test compliance for Non-Executive roles is reviewed by the governor Nomination and Remuneration Committee, and confirmation of compliance with Fit and Proper Persons Test requirements have been overseen by the Remuneration and Appointments Committee for Executive Director appointments made in year.

Governance or Legal Issues

- It is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that NHS bodies undertake a 'fit and proper person test'
- The regulations have been integrated into the CQC's registration requirements and falls within the remit of their regulatory inspection approach.

Public Sector Equality Duty and Equality Impact Risk Analysis

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

There is no direct impact on those with protected characteristics arising from this report.

Recommendation

The Board of Directors is requested to receive full assurance from the Chair's declaration that that all Directors meet the fitness test and do not meet any of the 'unfit' criteria.

Report presented by:	**Caroline Maley** **Trust Chair**
Report prepared by:	**Justine Fitzjohn** **Trust Secretary**

Appendix 1

Fit and Proper Persons Test Chair's Declaration

DECLARATION:

I hereby declare that appropriate checks have been undertaken in reaching my judgment that I am satisfied that all Directors of the Trust, including Non-Executive Directors, and Executive Directors (including voting, non-voting and Acting) are deemed to be fit and that none meet any of the 'unfit' criteria. Specified information about Board Directors is available to regulators on request.

Signed

Caroline Maley – Trust Chair – July 2021

Board Committee Assurance Summary Reports to Trust Board – 6 July 2021

The following summaries cover the meetings that have been held since the last public Board meeting held on 4 May.

- Finance and Performance Committee 25 May
- Audit and Risk Committee 27 May and 9 June
- Quality and Safeguarding Committee 11 May and 8 June

Finance and Performance Committee - key items discussed 25 May 2021
Assurance on Estates strategy – dormitory eradication and Psychiatric Intensive Care Unit (PICU) specifically Outline Business Case (OBC) / Full Business Case (FBC) process requires Trust to run at risk for three months risk c £1m risk. Key risks include: • Lack of time contingency • Fixed cashflow • Revenue impact especially given Derbyshire Integrated Care System (ICS) financial position • Pace of planning permission Chesterfield land parcel – very positive progress with Chesterfield Royal Hospital Key focus is the OBCs urgent conclusion to secure internal approval ahead of all the external approvals for both the North and South Derbyshire Acute builds that require additional programme resources to deliver. PICU will be picked back up after. Limited assurance.
Assurance on Estates strategy – Estates and Facilities Management (EFM) - Governance and new cleaning standards Estates Governance arrangements scrutinised and confirmed in place to provide oversight and assurance on the management and operation of the estate. Premises Assurance Model (PAM) – assessment for 2021/22 was agreed for formal upload to national portal. Committee noted the two areas for action, to be addressed by the development of the Trust Green plan. Delivery of Internal Audit Recommendations - good progress ahead of June deadlines and 6 of 9 already completed. Committee sufficiently assured on EFM management function and associated governance arrangements on statutory and regulatory compliance. New National Cleaning Standards were noted with full implementation being required by April 2022. Net zero carbon and benefits to health inequalities discussed.
OnEPR Programme update Discussion on risks and progress on the safe migration of data and the go live date (as discussed at Confidential Board). Impact of decision made is understood. Handheld devices and observation recording workaround discussed (as escalated by the Quality and Safeguarding Committee). Limited assurance.

Operational Performance

Operational performance document had been updated and the change to Statistical Process Control (SPC) charts and narrative was welcomed. Discussed data/presentation on some charts.

Triangulation of COVID-19 related activity and costs, in particular out of area beds.

Need to discuss trends through continuous improvement lens. Also discussed controllable versus not so controllable elements.

Limited Assurance.

Business environments – provider alliance and delivery of national transformation

'IMPACT' – Current discussions in IMPACT provider collaborative – payment models, risk share, a transition plan will be drawn up and will shadow monitor performance against current year and future year models.

Mental Health, Learning Disability and Autism 21/22 financial plan for Joined Up Care Derbyshire (JUCD)

The Mental Health, Learning Disability and Autism 21/22 financial plan for JUCD was discussed. The approach to managing the whole programme spend was outlined, along with the forward changes to the meeting and reporting arrangements. Approach to addressing health inequalities by geography was discussed.

Discussed the recent system meeting with regional and national finance team and the approach of 3 year efficiency and recovery programme and a 5 year long term financial model and capital plan for the whole system.

Financial governance and plan delivery

Month 12 was noted. Key early signs of month 1 were discussed; including the level of agency spend above ceiling, cash use since end of year, assumptions made in the forward forecast for COVID-19 costs compared to COVID-19 income. Discussion of anticipated changes in income and cost and efficiency delivery in H1 and H2

Noted the capital/cash position and the need to amend capital plan in-year whilst maintain same total plan spend; to accommodate change/additional costs (e.g. Wi-Fi solution).

Discussed timeframe for continuous improvement/CIP team to be returned from redeployments to substantive positions.

Limited assurance.

Board Assurance Framework (BAF) risks

Five of nine 2021/22 BAF risks are allocated to the Finance and Performance Committee. The Committee discussed the approach to governance and assurance oversight on each of them.

Deep dive programme was discussed; proposal to not have a separate deep dive on risk 1b given the ongoing detailed updates on the acute capital programme (dorms/PICU) and the twice yearly wider EFM governance updates.

Moderate risks do not require deep dive (1c and 1d). The Committee discussed the benefits of undertaking additional review of 1d given it is a new risk. Risk 1e will be subject to a deep dive at the Audit and Risk Committee given that it is rated as extreme.

Deep dive risk programme is to be kept under review, should risk ratings change.

BAF Risk 3b deep dive: Focussed on the gaps in assurance and control as set out in the BAF. Length of stay is to be added as a positive assurance. Discussed oversight of wider transformation and clinical strategy development as the road map beyond COVID-19 progresses. Discussed how the BAF risk assurance with regard to Trust transformation sat next to wider Long Term Plan delivery oversight via Mental Health, Learning Disability and Autism System Delivery Board.	
Health and Safety Annual Report Report was discussed and agreed. Particular areas for discussion included fire training and environmental safety, face fit testing, training compliance levels, fire doors work and equality issues e.g. aim to have fire training available in other languages. Significant assurance. Committee congratulated Head of Health, Safety and Security Services on the excellent work highlighted by the quality of the response to the pandemic.	
Forward Plan for 2021/22 Committee discussed the need to ensure the 2021/22 Forward plan adequately reflects the Trust strategy, building blocks and road map priorities.	
Escalations to Board or other Committee(s) Approach to be taken to BAF Deep Dives to be discussed at Audit and Risk Committee	
Key risks identified None	
Next Meeting: 15 July 2021	
Committee Chair: Richard Wright	**Executive Lead: Claire Wright, Deputy Chief Executive / Director of Finance**

Audit and Risk Committee - key items discussed 27 May 2021
Draft Annual Report and Accounts Having received a significant first draft of the Annual Report and Accounts for 2020/21 at the April meeting, the Committee noted the revisions since that version. The draft Annual Report and Accounts was on track for the final version to be signed off at the June meeting.
Emergency decision making Temporary Standing Financial Instructions (SFIs) put in place to remove routine burden on staff delivering the COVID-19 response were now stood down and SFIs have reverted to normal practice.
Internal Audit Progress Report The report provided the Committee with updates on progress with the agreed Internal Audit Plan. The 2020/21 Internal Audit Plan was almost complete with just the Joined up Care Derbyshire Review still in draft. The Head of Internal Audit Opinion would be presented to the next meeting. An update was given on the 2021/22 Internal Audit Plan.
Counter Fraud, Bribery and Corruption Progress Report The report included the Draft Government Counter Fraud Functional Standard Return (NHSCFA) for submission. Some of the return scored red because the methodology is new for 2021/22 and was not a reflection on the robust processes the Trust has in place to manage exposure to fraud. The Committee was satisfied the Trust has plans in place to decrease the red ratings within the NHSCFA annual return and understood that updates will be made by the Counter Fraud Specialist to show how the Trust is performing within these standards throughout the year.
External Audit Progress Report This report showed that Mazars anticipated having no concerns or significant weaknesses to report in relation to the arrangements that the Trust has in place to secure economy, efficiency and effectiveness in its use of resources. With regard to current status Mazars also anticipated reporting to the National Audit Office (NAO) that the Trust's consolidation data is consistent with the financial statements. Mazars would be issuing a commentary on the arrangements the Trust has in place for Value for Money (VFM) in line with new guidance issued from the NAO. Mazars had carried out sufficient work to conclude there are no significant weaknesses in the arrangements the Trust has in place and would provide a narrative clarifying these arrangements that will confirm the completion of their work. It was anticipated that the certificate will be issued for the 1 July meeting, ahead of the extended 30 September timetable.
Assurance/lack of assurance obtained Significant assurance on the progress on the annual report and accounts and the external audit.
Decisions made Agreed submission of the Draft Government Counter Fraud Functional Standard Return.
Forward Plan A number of changes to the draft forward plan 2021/22 were noted.
Escalations to Board or other Committee(s) None identified for this meeting.
Key risks identified

None identified for this meeting.

Audit and Risk Committee - key items discussed 9 June 2021

In line with best practice the Chief Executive, Chair and Lead Governor attended this meeting.

Annual Report and Accounts 2020/21

The Committee received the final version of the Annual Report and Accounts 2020/21. The document had been prepared in line with the requirements outlined in the Annual Reporting Manual (ARM).

No significant gaps in internal controls had been identified in the Annual Governance Statement (AGS) for 2020/21. There had not been any adjustments to the draft financial statements that reported a deficit of £2.1m.

The document will be submitted to NHSE/I and then once the audit certificate is issued it will be submitted to lay before Parliament.

The Committee extended thanks to finance team on their achievement in producing the 2020/21 Accounts to such a high standard for sign off.

2020/21 Internal Audit Head of Internal Audit Opinion and Annual Report

The Final Head of Internal Audit Opinion provided an opinion of Significant Assurance that there is a generally sound framework of governance, risk management and control designed to meet the organisation's objectives, and that controls are generally being applied consistently based on a review of the Board Assurance Framework (BAF) and strategic risk management, internal audit plan outturn and follow up of internal audit actions and third party assurances.

Audit Completion Report 2020/21

This outlined Mazars' opinion that the financial statements gave a true and fair view of the financial position of the Trust as at 31 March 2021 and of the Trust's income and expenditure for the year.

Mazars will report on their Value for Money (VFM) work after they have given their audit opinion on the Trust's financial statements. There were some minor residual checks to complete but these outstanding matters had no impact on the issue of the final opinion.

Mazars' confirmed the Trust had produced a clean set of financial statements and a good working relationship had been formed with the teams during their first year audit.

Sign off of Annual Report and Accounts

The Committee approved the Annual Report and Accounts 2020/21 under delegated authority of the Board.

Assurance/lack of assurance obtained

- Significant assurance on the annual report and accounts and the external audit
- Significant assurance from the Head of Internal Audit Opinion.

Decisions made

Approval of the Annual Report and Accounts 2020/21.

Forward Plan

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

Escalations to Board or other Committee(s) None identified for this meeting.	
Key risks identified None.	
Next Meeting: 1 July 2021	
Committee Chair: Geoff Lewins	**Executive Leads: Claire Wright, Deputy Chief Executive / Director of Finance and Justine Fitzjohn, Trust Secretary**

Quality and Safeguarding Committee - key items discussed 11 May
Response to escalation made to People and Culture Committee (PCC) In response to an escalation made to PCC with regards to low levels of training compliance for Immediate Life Support and PSTS / Conflict Management Skills PCC received a report that showed significant improvements evidenced by current compliance as a result of targeted work to ensure all improvements are sustained. The Trust's internal auditors 360 Assurance are in the process of auditing all training processes. The Quality and Safeguarding Committee awaits the recommendations that will arise from this audit and will be looking to address areas for improvement.
Summary of BAF Risks The Committee reviewed the Board Assurance Framework (BAF) risks it is responsible for in the context of discussions and the current work programmes. Discussion took place on the risk mitigation relating to insufficient investment in autism assessment and treatment services to meet demand. The Committee noted that the Mental Health and Autism Delivery Board have agreed investment in principle into autism services and agreed to downgrade this risk from red to amber.
COVID-19 Briefing The Committee was verbally briefed with COVID-19 activity specifically relating to quality and safety. The Trust remained COVID-19 free through March and April. Other trusts are also reporting zero COVID-19 cases.
Implementation of electronic prescribing The Committee registered its dissatisfaction with the difficulties being experienced in the implementation of electronic prescribing. This matter was escalated to the Finance and Performance Committee so that a solution can be sought.
Learning from Deaths Mortality Report This bi-monthly report provided information relating to all Serious Incidents (SIs) occurring from 20 January to 29 April 2021. The Committee noted the report and received significant assurance from its information relating to all SIs occurring from 20 January to 29 April 2021 and agreed for the report to be submitted to the Board on 6 July.
Clinical observations and transfer to SystmOne This report updated the Committee on progress made regarding clinical observations and how they will be transferred onto SystmOne. SystmOne does not have the functionality and structure in place to use handheld devices within mental healthcare. To resolve this challenge the Trust will trial the eObs application on SystmOne in the interim, allowing clinicians to record NEWS2 results on a handheld device. DHCFT will be the first Trust to trial this model. It was agreed that this matter would be escalated to the Finance and Performance Committee and the EPR Programme Board to resolve. Received limited assurance on progress against actions Received limited assurance on progress towards improved care planning processes

Care planning/person centred care

The Committee considered the progress made regarding person centred care and care planning delivery across the Trust. Work has continued to focus on developing processes that improve the quality of care plans and safety planning and move towards more person-centred practice and trauma informed care planning showed positive progress since the last report.

The Committee discussed how anticipated amendments to the Mental Health Act (MHA) will impact care and treatment plans and would expect the Mental Health Act Committee to monitor developmental work on statutory care planning in preparation for the new MHA.

Having discussed the report the Committee received significant assurance from the evidence of sustained progress and assurance that the Trust is working towards its aspiration to deliver evidence-based person centred care but took limited assurance due to the lack of regular training for staff on care plan completion.

Received significant assurance on progress towards improved care planning processes

Received limited assurance due to lack of regular training for staff on care plan completion.

Ligature risk reduction

The Committee considered a gap analysis with recommended actions from the CQC against the Trust's Ligature Risk Reduction Policy and BAF risks held by the Committee.

The Trust remains in a good position except for some areas within its aging estate. Extensive anti-ligature works are in place and larger scale investment in new technology will be embedded into the planned new build and refurbishment developments.

The Committee received limited assurance on procedures and completion of this review, with an ongoing period of implementation in the bed replacement programme as part of ongoing business as usual risk assessments.

Safety Needs Assessment and Management of Safety Needs Policy

The Safety Needs Assessment and Management of Safety Needs Policy had been formulated as a result of significant clinical and service user input and was ratified by the Committee.

Assurance/lack of assurance obtained

Learning from Deaths Mortality Report - significant assurance from information relating to all SIs occurring from 20 January to 29 April 2021

Clinical observations and transfer to SystmOne - Limited assurance on progress against actions. Limited assurance on progress towards improved care planning processes due to lack of functionality with SystmOne

Care planning/person centred care - Significant assurance on progress towards improved care planning processes. Limited assurance due to lack of regular training for staff on care plan completion.

Ligature Risk reduction – limited assurance

Decisions made

Due to MHLD and Autism Board agreeing in principle to invest in autism services this risk mitigation is to be downgraded from red to amber.

Approved the Learning from Deaths Mortality Report for submission to the Board on 6 July.

Ratified the Safety Needs Assessment and Management of Safety Needs Policy.

Escalations to Board or other committees

Difficulties being experienced in the implementation of electronic prescribing to be escalated to the Finance and Performance Committee so that a solution can be sought.

SystmOne lack of functionality within mental healthcare and failure to record physical observations using handheld devices to be escalated to the Finance and Performance Committee and EPR Programme Board to resolve.

Key risks identified

Lack of e-prescribing constitutes a gap in quality control and is to be included in the BAF.

SystmOne failure in recording physical observations represents a gap in control that should be included in the BAF

Quality and Safeguarding Committee - key items discussed 8 June 2021

Response to escalations made to Finance and Performance Committee (F&P) - Lack of e-Prescribing within OnEPR and the lack of ability within SystmOne for physical and clinical observations to be carried out using handheld devices

The Quality and Safeguarding Committee was updated on progress made with finding solutions to the SystmOne failure in recording physical observations with handheld devices and lack of e-prescribing within EPR. F&P has tasked the supplier to seek a permanent solution using handheld devices.

With regards to the lack of e-Prescribing the Trust is waiting for the supplier to develop a community module or deliver a third-party provision of software.

F&P and the EPR Board are taking urgent action with both these issues to find a solution.

Summary of BAF Risks

BAF risks were considered within the current work programmes. The risk on the gaps in provision of community forensic services was increased to extreme and a report will be submitted to the next meeting setting out the position on the commissioning of community forensic services and the gap in provision against the national recommended standards.

Performance Dashboard

The dashboard shows a balanced picture. Serious Incidents (SIs), incidents of seclusion are satisfactory and physical restraint is at a lower level. Average length of stay (usually 32 days) is within target. Older people's length of stay is maintaining good levels and is significantly better than regional and national benchmarks. Legislation of care plans for inpatients are within target.

COVID-19 briefing and Vaccination Centre update

The number of confirmed cases of COVID-19 in the workforce has remained fairly stable at around a cumulative of 8.

The Trust is on track to complete vaccinations by 1 July after which the hub will go into hibernation until the flu vaccination campaign commences in September alongside the COVID-19 booster vaccination campaign. The next issue of the dashboard due in September will show how many inpatients and outpatients have had had first and second vaccinations. Significant assurance was taken from the coordinated response to the incident

Evaluation of a UK based Mental Health Helpline developed in response to COVID-19

The Committee considered an article that provided a good insight into the helpline reasons for use and feedback from users and staff on the mental health helpline in Derbyshire. The article gave positive assurance that this is a very useful service that has also assisted early intervention support, relieved pressure on A&E and reduced calls to the 111 service. It will also have an impact helping families and carers.

Skill mix review – safer staffing

The report gave positive assurance that staffing is stable and the Trust is operating safely and is in a strong to moderate position overall. This report provided an update on the required skill mix and work being undertaken to monitor and develop the skill mix of staff across the Trust to ensure safe services. Indicators show a stable position compared to national recommended levels. Good improvements have been made with inpatient staffing and show good retention rates of newly qualified staff. Caseload levels are tolerable and well within the regional and national limits.

Formal sign-off of the Quality Account 2020/21

The Committee approved the Quality Account subject to minor amendments and the inclusion of further detail from the CCG and HealthWatch. It was agreed that Chairs action will be taken to sign off the Quality Account 2020/21 outside of the meeting before submission.

Clinical Audit Annual Report

The Clinical Audit report set out the baseline and re-audits and listed a breakdown on the main areas of improvement and decline.

The Committee was pleased to see that clinical audit activity has continued during the pandemic and commended the Clinical Research team for pursuing the programme for clinical audit and for producing a report that highlighted the priorities of clinical audit work.

Patient Experience quarterly report

The report provides an overview of the analysis of the complaints and incidents data for Quarter 4 of 2020/21 covering themes and changes made to Trust services as a result of feedback on incidents and complaints made to the Patient and Carer Experience Committee. No concerns were raised and significant assurance was taken from the report.

Safeguarding Children quarterly report

The Safeguarding team have met the CQC request for information and evidence from community, children, young people and families core services to be submitted by 14 June. CAMHS waiting times continue to be challenging and work is ongoing to support the team in the recovery of their services.

Safeguarding Adults quarterly report

The Committee considered the report to be positive overall and received significant assurance that statutory requirements continue to be met and there is a safe and appropriate business continuity plan in place for the Safeguarding Unit as we move towards the next phase of the national COVID-19 recovery.

Assurance/lack of assurance obtained

COVID-19 briefing and Vaccination Centre update – received significant assurance from the coordinated response to the incident

UK based Mental Health Helpline developed in response to COVID-19 – significant assurance

Skill mix review – safer staffing – significant assurance was received on all issues highlighted

Clinical Audit Annual Report – significant assurance

Patient Experience Quarterly Report – significant assurance taken from the report based on previous scrutiny held by the Patient and Carer Experience Committee

Safeguarding Children - significant assurance on activity over the last quarter and the way the team has worked throughout the pandemic and with the systems and controls within the Trust

Safeguarding Adults - significant assurance that statutory requirements continue to be met and there is a safe and appropriate business continuity plan in place for the Safeguarding Unit

Decisions made

Quality Account approved subject to minor amendments. It was agreed that Chairs action will be taken to sign off the Quality Account 2020/21 outside of the meeting before submission.

Forward Plan

2021/22 forward plan was noted.

Escalations to Board or other committees

No items were considered necessary for escalation.

Key risks identified

If no improvement is made to resolve the gaps in community forensic services the rating of this risk will be increased to extreme.

The gap in control due to the delay in revising the Quality Improvement Strategy will be noted in the next iteration of the BAF.

Next Meeting – 13 July 2021

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 6 July 2021

Report from the Council of Governors meetings held on 4 May 2021

The Council of Governors has met once, on 4 May 2021, since the last report. Following national guidance on keeping people safe during COVID-19 and the need for social distance, the meeting was conducted digitally via Microsoft Teams.

The Integration White Paper – Governance
John MacDonald, Independent Chair Joined Up Care Derbyshire (JUCD) and Martin Whittle, Chair of JUCD Engagement Committee delivered a presentation on JUCD Integrated Care System (ICS). It was noted that:

- JUCD is now officially designated as an ICS and will become a statutory body
- Clinical Commissioning Group (CCG) statutory functions will transfer into the ICS

Chief Executive Update
The Chief Executive provided the meeting with an update on:

- The current situation regarding the COVID-19 pandemic
- System working
- Staff survey
- The Trust's roadmap out of lockdown
- The Trust Strategy was refreshed in April 2021
- Integrated Care Systems and collaborative working

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

Non-Executive Director Deep Dive Report
Margaret Gildea, Senior Independent Director (SID) and Chair of the Quality and Safeguarding Committee presented her Deep Dive to governors. It included a summary of her activities over the past year including the Chair's appraisal and supporting the process for recruiting a Chair.

Escalation of items to the Council of Governors
One item of escalation was received from the Governance Committee meeting held on 4 May 2021:

How are the NEDs assured about the capacity in A&E through the Mental Health Liaison teams to support people with deteriorating mental health as a result of COVID-19, and in particular older adults and those with longer term conditions such as Bi Polar Disorder, who may have had other access to support in the community which they have not been able to access.

The response was tabled at the meeting.

Update on the Forthcoming Elections
The Membership and Involvement Manager gave an update on the public and staff governor elections. Nominations closed on 19 April and the situation was as follows:

- Bolsover and North East Derbyshire – uncontested (one vacancy stands)
- Chesterfield – contested with two nominations
- High Peak and Derbyshire Dales – contested with four nominations
- Admin and Allied Support – uncontested
- Allied Professions – contested with two nominations
- Nursing – contested with four nominations

It was noted that the voting packs will be despatched on 10 May; voting closes on 28 May and results will be declared on 2 June.

Report from Governors Nominations and Remuneration Committee – meetings held on 18 March and 21 April 2021; and the Committee's Year End Report 2020/21
The Trust Secretary presented the report and went through the key points in the paper which outlined the Trust Chair and six NED appraisals; Chair objectives as well as several year-end governance reports

Council of Governors Annual Effectiveness Survey
Governors approved the proposal to carry out the survey as last year. The survey will be undertaken by governors in September, with the results being presented to the Governance Committee in October and the Council of Governors in November.

Governance Committee Report
The Chair of the Governance Committee presented a report of the meeting held on 1 April 2021. The meeting was attended by 50% of the Council of Governors. At the meeting:

- It was confirmed that the Annual Members' Meeting will be held virtually
- Governors approved the draft Governor and Membership Section of the Annual Report 2020/21
- A governor training and development session on the Integrated performance Report (IPR) has been arranged
- Governors were asked to consider the Lead Governor role.

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

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
CQUIN	Commissioning for Quality and Innovation
CRB	Criminal Records Bureau
CRG	Clinical Reference Group
CRS	(NHS) Care Records Service
CRS	Commissioner Requested Services
CSF	Commissioner Sustainability Fund
CTO	Community Treatment Order
CTR	Care and Treatment Review
D	
DAT	Drug Action Team
DBS	Disclosure and Barring Service
DBT	Dialectical Behavioural Therapy
DfE	Department for Education
DDCCG	Derby and Derbyshire Clinical Commissioning Group
DCHS	Derbyshire Community Health Services NHS Foundation Trust
DHCFT	Derbyshire Healthcare NHS Foundation Trust
DIT	Dynamic Interpersonal Therapy
DNA	Did Not Attend
DH	Department of Health
DoLS	Deprivation of Liberty Safeguards
DNA	Did not attend
DPA	Data Protection Act
DRRT	Dementia Rapid Response Team
DTOC	Delayed Transfer of Care
DVA	Derbyshire Voluntary Action (formerly North Derbyshire Voluntary Action)
DWP	Department for Work and Pensions
E	
ECT	Enhanced Care Team
ECW	Enhanced Care Ward
ED	Emergency Department
E&D	Equality and Diversity
EDI	Equality, Diversity and Inclusion
EDS2	Equality Delivery System 2
EHIC	European Health Insurance Card
EHR	Electronic Health Record
EI	Early Intervention
EIA	Equality Impact Assessment
EIP	Early Intervention In Psychosis
ELT	Executive Leadership Team
EMDR	Eye Movement Desensitising & Reprocessing Therapy
EMR	Electronic Medical Record
EPR	Electronic Patient Record
ERIC	Estates Return Information Collection
ESR	Electronic Staff Record
EUPD	Emotionally Unstable Personality Disorder
EWTD	European Working Time Directive
F	
FBC	Full Business Case
FFT	Friends and Family Test
FIMS	Financial Information Management System

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

NHS Term / Abbreviation	Terms in Full
FOI	Freedom of Information
FMP	Financial Management Programme
FOIA	Freedom of Information Act
FSR	Full Service Record
FT	Foundation Trust
FTE	Full-time Equivalent
FTN	Foundation Trust Network
FTSU	Freedom to Speak Up
FTSUG	Freedom to Speak Up Guardian
F&P	Finance and Performance
5YFV/FYFV	Five Year Forward View
G	
GDPR	General Data Protection Regulation
GGI	Good Governance Institute
GMC	General Medical Council
GP	General Practitioner
GPFV	General Practice Forward View
GPS	Government Procurement Services
H	
HA	Health Authority
HCA	Healthcare Assistant
HEE	Health Education England
HES	Hospital Episode Statistics
HoNOS	Health of the Nation Outcome Scales
HSCIC	Health and Social Care Information Centre
HSE	Health and Safety Executive
HWB	Health and Wellbeing Board
HWE	Healthwatch England
I	
IAPT	Improving Access to Psychological Therapies
ICM	Insertable Cardiac Monitor
ICS	Integrated Care System (formerly ACS)
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IDVAs	Independent Domestic Violence Advisors
IG	Information Governance
ILS	Immediate Life Support (BLS – Basic Life Support)
IM&T	Information Management and Technology
OOA	Outside of Area
IPP	Imprisonment for Public Protection
IPR	Integrated Performance Report
IPT	Interpersonal Psychotherapy
J	
JNCC	Joint Negotiating Consultative Committee
JTAI	Joint Targeted Area Inspections
JUCB	Joined Up Care Board
JUCD	Joined Up Care Derbyshire
K	
KPI	Key Performance Indicator
KSF	(NHS) Knowledge and Skills Framework

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
L	
LA	Local Authority
LAC	Looked After Children
LCFS	Local Counter Fraud Specialist
LD	Learning Disabilities
LHP	Local Health Plan
LHWB	Local Health and Wellbeing Board
LOS	Length of Stay
LTC	Long Term Conditions
LTP	(NHS) Long Term Plan
M	
MARS	Mutually Agreed Resignation Scheme
MAU	Medical Assessment Unit
MAS	Memory Assessment Service
MAPPA	Multi-agency Public Protection Arrangements
MARAC	Multi-agency Risk Assessment Conference (meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, probation, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors.
MASH	Multi-Agency Safeguarding Hub
MCA	Mental Capacity Act
MDA	Medical Device Alert
MDM	Multi-Disciplinary Meeting
MDT	Multi-Disciplinary Team
MFF	Market Forces Factor
MHA	Mental Health Act
MHIN	Mental Health Intelligence Network
MHIS	Mental Health Investment Standard
MHRT	Mental Health Review Tribunal
MSC	Medical Staff Committee
MSK	Musculoskeletal (conditions)
N	
NAO	National Audit Office
NCRS	National Cancer Registration Service
NED	Non-Executive Director
NICE	National Institute for Health and Care Excellence
NHS	National Health Service
NHSE	National Health Service England
NHSI	National Health Service Improvement
NHSEI	NHS England and Improvement
NHSPS	National Health Service Pension Scheme
NHST	National Health Service Trust
NIHR	National Institute for Health Research
NSFR	National Service Framework
O	
OBC	Outline Business Case
ODG	Operational Delivery Group
OP	Outpatient
OSC	Overview and Scrutiny Committee

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
OT	Occupational therapy
P	
PAB	Programme Assurance Board
PAG	Programme Advisory Group
PALS	Patient Advice and Liaison Service
PAM	Payment Activity Matrix
PARC	Psychosis and the reduction of cannabis (and other drugs)
PARIS	This is an electronic patient record system
PbR	Payment by Results
PCC	Police & Crime Commissioner
PCN	Primary Care Networks
PDSA	Plan, Do, Study, Act
PHE	Public Health England
PICU	Psychiatric Intensive Care Unit
PID	Project Initiation Document
PiPoT	People in Positions of Trust
PLIC	Patient Level Information Costs
PMLD	Profound and Multiple Disability
PPI	Patient and Public Involvement
PPT	Partnership and Pathway Team
PREM	Patient Reported Experience Measure
PROMS	Patient Reported Outcome Measure
PSF	Provider Sustainability Fund
PSIRF	Patient Safety Incident Review Framework
Q	
QAG	Quality Assurance Group
QC	Quality Committee
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Productivity Programme
R	
RAID	Rapid Assessment, Interface and Discharge
RCGP	Royal College of General Practitioners
R&D	Research and Development
RCI	Reference Cost Index
REGARDS	Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation
RTT	Referral to Treatment
S	
SAAF	Safeguarding Adults Assurance Framework
SBARD	Situation, Background, Assessment, Recommendation and Decision (SBARD) tool
SBS	Shared Business Services
SEND	Special Educational Needs and Disabilities
SI	Serious Incidents
SID	Senior Independent Director
SIRI	Serious Incident Requiring Investigation
SLA	Service Level Agreement
SLR	Service Line Reporting
SOC	Strategic Options Case
SOF	Single Operating Framework
SPOA	Single Point of Access

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS	
NHS Term / Abbreviation	**Terms in Full**
SPOE	Single Point of Entry
SPOR	Single Point of Referral
STEIS	Strategic Executive Information System
STF	Sustainability and Transformation Fund
STP	Sustainability and Transformation Partnership (formerly plan)
SUI	Serious Untoward Incident
T	
TARN	Trauma Audit and Research Network
TCP	Transforming Care Partnerships
TCS	Transforming Community Services
TDA	Trust Development Authority
TMT	Trust Management Team
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 1981
TMAC	Trust Medical Advisory Committee
U	
UDBH	University Hospitals of Derby and Burton NHS Foundation Trust
V	
VCS	Voluntary and Community Sector
VFM	Value for Money
VO	Vertical Observatory
W	
WDES	Workforce Disability Equality Standard
WRAP	Wellness Recovery Action Plan
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent
Y	
YTD	Year to Date

Exec Lead	Item	4 May 21	6 Jul 21	7 Sep 21	2 Nov 21	18 Jan 22	1 Mar 22
	Paper deadline	27 Apr	29 Jun	31 Aug	26 Oct	11 Jan	22 Feb
Trust Sec	Declaration of Interests	X	X	X	X	X	X
DON	Patient/Staff Story	X	X	X	X	X	X
CHAIR	Minutes/Matters arising/Action Matrix	X	X	X	X	X	X
CHAIR	Board review of effectiveness of meeting	X	X	X	X	X	X
CHAIR	Board Forward Plan (for information)	X	X	X	X	X	X
CHAIR	Summary of Council of Governors meeting (for information)	X	X	X	X	X	X
CHAIR	Chair's Update	X	X	X	X	X	X
CEO	Chief Executive's Update	X	X	X	X	X	X
STRATEGIC PLANNING AND CORPORATE GOVERNANCE							
COO/DOF	NHSI Financial Annual Plan Month 7-12 2021/22				X		
DPI	Staff Survey Results	X					Headlines
DPI	Annual Gender Pay Gap Report for approval						X
DPI	Workforce Race Equality Standard (WRES) prior to submission end Oct 2021			X			
DPI	Workforce Disability Equality Standard (WDES) prior to submission end Oct 2021						X
DPI	2021/22 Flu Campaign	Summary result of 2020/21 campaign		X			
DPI	People Plan Annual Report						A
Trust Sec	NHS Improvement Year-End Self-Certification	X					
Trust Sec	Year-end governance reporting from Board Committees and approval of ToRs	X					
Trust Sec	Corporate Governance Framework						X
Trust Sec	Review SOs, SFIs, SoD plus review/ratify SFI Policy (as Policy Review section below)						
Trust Sec	Trust Sealings (six monthly - for information)	X			X		
Trust Sec	Annual Review of Register of Interests	X					
Trust Sec	Board Assurance Framework Update	X	X		X		X
Trust Sec	Freedom to Speak Up Guardian Report (six monthly)			X			X
Trust Sec	Fit and Proper Person Declaration		X				
Trust Sec	Annual Approval of Modern Slavery Statement	X					
Committee Chairs	Board Committee Assurance Summaries (following every meeting	X	X	X	X	X	X
COO	Annual Emergency Planning Report (EPPR)					X	
DBI&T	Learning Disabilities Clinical Strategy TBC						
DBI&T	Mental Health, Learning Disability and Autism Annual summary TBC						
DBI&T/CEO	Trust Strategy Review (incorporated within CEO Report)	X			X		
OPERATIONAL PERFORMANCE							
DON/DOF/ DPI/COO	Integrated performance and activity report to include Finance, People, performance and Quality Dashboard	X	X	X	X	X	X
DPI	Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) retropsective sign off after PCC in November - update report March 2022				X		X
DPI	Equality Diversity and Inclusion (EDI) update			X			
DON/COO/D PI	Workforce Standards Formal Submission/Safer Staffing (prior to going on website)	X					

2020-21 Board Annual Forward Plan

Exec Lead	Item	4 May 21	6 Jul 21	7 Sep 21	2 Nov 21	18 Jan 22	1 Mar 22
QUALITY GOVERNANCE							
	Quality Position Statement Report - focus on CQC domains (Well Led CQC & NHSI (Trust Sec) as per schedule - Caring led by DON to go to April 2022		Safety MD	Well Led Trust Sec	Effective DON & DPI	Use of Resources DOF	Responsive COO
MD	Learning from Deaths Mortality report (quarterly publication) (Jul/Nov/Jan/Mar)		X		X		
MD	Guardian of Safe Working Report	X			X		X
MD	NHSE Return on Medical Appraisals sign off - delayed for 2020/21						
DON	Control of Infection Annual Report			X			
MD	Re-validation of Doctors			X			
DON	Receipt of Annual Reports: - Annual Looked After Children - Safeguarding Children and Adults at Risk				X		
DON	Outcome of Patient Stories - every two years					X	
POLICY REVIEW							
DOF/ Trust Sec	Standing Finance Instructions Policy and Procedures Review SOs, SFIs, SoD plus review/ratify SFI Policy						X
Trust Sec	Engagement between the Board of Directors and CoG (Nov 2022)						
Trust Sec	Fit and Proper Person Policy						X