



Derbyshire Healthcare
NHS Foundation Trust

Derbyshire Healthcare NHS Foundation Trust Virtual meeting of the Board of Directors

To be live streamed via MS Live Events
7 July 2020 10:30 - 7 July 2020 12:45

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**NOTICE OF A VIRTUAL PUBLIC BOARD MEETING – TUESDAY 7 JULY 2020
TO COMMENCE AT 10:30am**

Following national guidance on keeping people safe during Covid-19 all face to face meetings have been cancelled.
This will be a virtual meeting conducted digitally via Microsoft Teams technology.

	TIME	AGENDA	LED BY
1.	10:30	Chair's welcome, opening remarks and apologies, declarations of interest	Caroline Maley
2.		Minutes of Board of Directors meeting held on 5 May 2020	Caroline Maley
3.		Matters arising – Actions Matrix	Caroline Maley
4.		Questions from governors or members of the public	Caroline Maley
5.		Chair's Update	Caroline Maley
STRATEGY AND OPERATIONAL PERFORMANCE			
6.	10:40	General Update on the impact of Covid-19 - Restoration and Recovery	Ifti Majid
7.	10:55	Integrated Performance and Activity Report	C Wright / C Stafford / C Green / M Powell
8.	11:05	Staff Survey Results Summary Report	Celestine Stafford
QUALITY ASSURANCE			
9.	11:15	Learning from Deaths Mortality Report	Mark Broadhurst
10.	11:25	Guardian of Safe Working Report	Mark Broadhurst
11.	11:35	Annual Re-validation of Doctors	Mark Broadhurst
GOVERNANCE AND RISK UPDATE			
12.	11:45	Board Assurance Framework Update	Justine Fitzjohn
13.	11:55	Governance Overview – including: - Summary of how the Trust has adapted its Governance during COVID-19 and outline of recovery plans - Board approvals for: • NHS Improvement Year-End Self-Certification was due in May • Fit and Proper Person Declaration • Modern Slavery Statement	Justine Fitzjohn
14.	12:10	Board Committee Assurance Summaries	Committee Chairs/ Justine Fitzjohn
CLOSING MATTERS			
15.	12:20	- Identification of any issues arising from the meeting for inclusion or updating in the Board Assurance Framework - Meeting effectiveness	Caroline Maley
FOR INFORMATION			
Glossary of NHS Acronyms 2020/21 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 10.30am on 1 September 2020. 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 2019/20		
NAME	INTEREST DISCLOSED	TYPE
Margaret Gildea Non-Executive Director	<ul style="list-style-type: none"> Director, Organisation Change Solutions Limited (mentoring client from First Steps (Eating Disorders) as part of Organisation Change Solutions) 	(a, b) (a)
Gareth Harry Director of Director of Business Improvement & Transformation	<ul style="list-style-type: none"> Chair, Marehay Cricket Club Member of the Labour Party Mother is a member of Amber Valley Borough Council 	(d) (e) (c, e)
Ashiedu Joel Non-Executive Director	<ul style="list-style-type: none"> Trustee at The Bridge (East Midlands) in Loughborough Director/Owner Ashioma Consults Ltd Director/Co-owner Peter Joel & Associates Ltd 	(a)
Geoff Lewins Non-Executive Director	<ul style="list-style-type: none"> Director, Arkwright Society Ltd 	(a)
Ifti Majid Chief Executive	<ul style="list-style-type: none"> Board Member NHS Confederation Mental Health Network Kate Majid (spouse) is Operations Director (North), Priory Group 	(e) (a, e)
Mark Powell Chief Operating Officer	<ul style="list-style-type: none"> Chair of Governors, Brookfield Primary School, Mickleover, Derby 	(e)
Amanda Rawlings Director of People and Organisational Effectiveness (DHCFT)	<ul style="list-style-type: none"> Director of People and Organisational Effectiveness, Derbyshire Community Healthcare Services (DCHS) Co-optee Cross Keys Homes, Peterborough 	(e) (e)
Dr Julia Tabreham Non-Executive Director	<ul style="list-style-type: none"> Director of Research and Ambassador Carers Federation 	(a)
Dr John Sykes Medical Director	<ul style="list-style-type: none"> Undertakes paid assessments of patients at the request of the local authorities under the Mental Health Act and Mental Capacity Act and acts likewise for solicitors representing patients 	(e)
Richard Wright Deputy Trust Chair and Non-Executive Director	<ul style="list-style-type: none"> Chair Sheffield UTC Multi Academy Trust Board Member, National Centre of Sport and Exercise Medicine Sheffield Member of the Advisory Panel, Sheffield Hallam Business School Chair, System Finance Oversight Group, Joined Up Care Derbyshire (JUCCD) 	(a) (a) (d)

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

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

MINUTES OF A VIRTUAL MEETING OF THE BOARD OF DIRECTORS

Tuesday 5 May 2020

MEETING HELD DIGITALLY VIA MS TEAMS

Commenced: 10.30am

Closed: 12 noon

PRESENT	<p>Caroline Maley Margaret Gildea Ashiedu Joel Geoff Lewins Dr Sheila Newport Dr Julia Tabreham Richard Wright Ifti Majid Claire Wright Mark Powell Carolyn Green Dr John Sykes Gareth Harry Justine Fitzjohn</p>	<p>Trust Chair Senior Independent Director and Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Deputy Trust Chair and Non-Executive Director Chief Executive Deputy Chief Executive & Director of Finance Chief Operating Officer Director of Nursing & Patient Experience Medical Director Director of Business Improvement and Transformation Trust Secretary</p>
IN ATTENDANCE	<p>Perminder Heer Celestine Stafford Richard Eaton Sue Turner</p>	<p>NEXT Director Assistant Director, People and Culture Transformation Communications Manager Board Secretary</p>
VISITORS	<p>Lynda Langley Susan Ryan Cllr Jim Perkins Marie Hickman</p>	<p>Lead Governor and Public Governor, Chesterfield Public Governor, Amber Valley Appointed Governor, Derbyshire County Council Staff Governor, Admin and Allied Support Staff</p>

DHCFT 2020/036	<p><u>CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND DECLARATION OF INTERESTS</u></p> <p>The Trust Chair, Caroline Maley, welcomed everyone to the meeting. No declarations of interest were made with regard to the agenda items.</p> <p>As all face to face meetings have been cancelled due to the need for social distancing to help limit the spread of COVID-19, this was a virtual meeting conducted digitally via Microsoft Teams to enable continuity of essential business assurance and decisions. A representative group of governors had been invited to observe today's meeting. Any questions they wished to raise relating to today's meeting would be addressed during a Governor Briefing to be hosted by the Trust Chair and Chief Executive in the afternoon.</p> <p>All reports had been pre-read in advance which eliminated the need for them to be presented. Participants were all able to hear each other and were present throughout the meeting with the exception of Mark Powell who left the meeting at 11.30am.</p> <p>A formal tribute was paid to Trust colleagues Gladys Mujajati and Ann Shepherd who both sadly passed away from COVID-19 related complications with the Board offering sincere condolences to their families and friends.</p>
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	<p>Caroline also took the opportunity to thank the Incident Management Team (IMT) headed by Chief Operating Officer, Mark Powell for enacting full emergency planning in line with national mental health emergency guidelines in response to the pandemic to ensure business continuity since the team was stood up on Monday, 16 March.</p>
DHCFT 2020/037	<p><u>CORPORATE GOVERNANCE - REGISTER OF DIRECTORS' INTERESTS 2019/20</u></p> <p>The Declaration of Interests Register annual report provided the Board with an account of Directors' interests during 2019/20.</p> <p>The Board acknowledged that it is a requirement that the Chair and Board members declare any conflict of interest that may arise in the course of conducting NHS business and approved the Declaration of Interests Register that will be listed in the Trust's Annual Report and Accounts for 2019/20.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Approved the declarations of interest as disclosed 2) Acknowledged that the Register of Interests is accessible to the public at the Trust Head Office and will be listed in the Trust's Annual Report and Accounts for 2019/20.
DHCFT 2020/038	<p><u>MINUTES OF THE BOARD OF DIRECTORS MEETING HELD ON 3 MARCH 2020</u></p> <p>The minutes of the previous meeting, held on 3 March 2020, were accepted as a correct record of the meeting.</p>
DHCFT 2020/039	<p><u>ACTIONS MATRIX</u></p> <p>To allow greater focus on the critical issues related to COVID-19 the report on wider staffing and what the future will look like will be brought to the Board when normal business is resumed.</p> <p><u>MATTERS ARISING</u></p> <p>Referring to the Freedom to Speak Up Guardian (FTSUG) report received at the March meeting, Non-Executive Director, Ashiedu Joel advised that she is following up concerns raised by BME colleagues who felt they were treated differently in the recruitment process.</p>
DHCFT 2020/039	<p><u>QUESTIONS FROM GOVERNORS OR MEMBERS OF THE PUBLIC</u></p> <p>A question had been received from one of the public governors, Andrew Beaumont with regard to the Learning from Deaths Mortality Report concerning the number of deaths of patients who have been within the Trust's services during the previous six months. Medical Director, John Sykes undertook to respond to this concern when presenting the report under agenda item 7.</p>
DHCFT 2020/040	<p><u>GENERAL UPDATE ON THE IMPACT OF COVID-19 FROM THE INCIDENT MANAGEMENT TEAM</u></p> <p>Following the NHS declaration of a Level 4 National Incident due to the COVID-19 pandemic on 30 January Chief Executive, Ifti Majid verbally briefed the Board on the current number of cases, other key metrics and details of operational challenges and responses being made by the Trust and the Sustainability and Transformation Partnership (STP). He also updated the Board on the latest national, local and Trust cases as of yesterday 4 May:</p> <p>International context</p> <p>According to the World Health Organisation (WHO) there are now 13.435m confirmed cases and 240,604 deaths. 1.54m cases have been confirmed in Europe. The UK is the third worst affected country.</p>

National context

There have been 186,603 confirmed cases in the UK and 28,734 people have sadly lost their lives. This had grown by 288 from the previous day. However, the number of people who have been admitted to hospital with the virus and the number of deaths has started to reduce. There are 385 individuals in acute mental health beds with confirmed COVID-19 across the country. This has gone up by 15 in the last 24 hours. This information has been taken from 31 mental health trusts across the country.

Local context

In Derbyshire the cases have not reduced at same rate as other parts of the country. Derby City had 134 confirmed cases and Derbyshire 131.

Within our Trust

In recent weeks since the start of the pandemic the Trust has seen a 53% drop in Improving Access to Psychological Therapies (IAPT), 47% in children's services, 36% in community services and 17% drop overall in adult mental health services. The reduction in demand is being managed through the emergency mental health support line for people who are experiencing increased mental health needs.

Mark Powell updated the Board on operational activity in respect of confirmed cases, the availability of PPE, swab testing and workforce capacity. The Trust has three confirmed COVID-19 cases. These patients have been confined to the Cubley Court wards. All patients have been swab tested and here have been no other confirmed or suspected cases. The Trust currently has 102 empty beds. This is predominantly made up from closed wards on the Radbourne Unit and Audrey House which have been temporarily closed to allow adult acute inpatient and other rehabilitation wards to be more effectively staffed.

The Trust currently has 133 staff absent and diagnosed with COVID-19 or they are self-isolating due to underlying health conditions. This number had peaked at 195 and has now reduced to 133 which is a significant and much welcome improvement.

Staff are continuing to be swab tested through the standard testing programme. Asymptomatic testing took place last week which provided a better understanding of how the virus is affecting the workforce. Out of 490 colleagues who were tested only three have been confirmed as COVID-19 positive. Although there is reduced capacity across services a good level of contact is being maintained for our most vulnerable patients. The Trust is positively engaging with colleagues who are self-isolating or working from home. The number of confirmed staff cases are low compared to other trusts which is a testament to decisions made early on.

Stocks of PPE have remained manageable. There is accessible stock for all staff that require it. There has been some difficulty in obtaining fluid resistant face masks and gloves but this is a national issue and is not just confined to our Trust.

NExT Director, Perminder Heer asked if staff are regularly swab tested and was advised that staff are only tested if they are asymptomatic or if someone in their household is symptomatic.

Non-Executive Director, Geoff Lewins observed that asymptomatic testing had shown a surprisingly low number of positive results and asked if this figure was a national reflection. Ifti Majid responded that these were overall results from mental health trusts that tested 500 staff.

Non-Executive Director, Julia Tabreham asked if there was any evidence that people with mental ill health may be coping better in these anxious times Mark Powell explained that colleagues across the organisation have anecdotally revealed that some individuals are coping better than expected. There are a number of individuals who are being supported but overall there are some positive indications that people are being resilient. Director of

Nursing and Patient Experience, Carolyn Green echoed these comments and reported that trusts in the Midlands and London have seen an increase in activity. North Staffordshire has also seen an increase in activity and she expects this trend to be seen within our Trust.

The Board noted the verbal update and received significant assurance with the Trust's recent activities in response to COVID-19. Caroline Maley declared that during the confidential Board meeting held on 7 April Board members had confirmed they were satisfied that the Trust is following all of the national directives and instruction that is relevant to the mental health sector as the Trust works to encounter the effects of COVID-19.

RESOLVED: The Board of Directors noted the verbal and received significant assurance with the Trust's recent activities in response to COVID-19.

DHCFT 2020/041 **RESTORATION AND RECOVERY**

Ifti Majid verbally updated the Board on the second phase of the NHS response to COVID-19 that will focus on restoration and recovery. This second phase commenced on 29 April and is expected to progress through to the end of the financial year 2020/21. Reference was also made to letter that all trusts have received from Sir Simon Stevens outlining the expectations for trusts to manage services where they have had to reduce activity to cope with essential services. These are measures that the Trust has already been implementing for a number of weeks.

Whilst the reduction of admissions to hospital and the number of deaths is being seen as a positive indication the Trust remains in level 4 of national emergency preparedness. The Incident Management Team (IMT) is continuing to operate in command and control from 8am – 8pm, seven days a week and have defined essential and non-essential services (in line with national mental health emergency guidelines). As the Trust moves through phase 2 to phase 3 lessons learned through our response to the pandemic will be taken forward.

Phase 2 will focus on standing up all services and making sure that all patients with urgent and present health conditions that are non-COVID related are able to receive care, support and treatment during this period. The Trust will also continue to support colleagues who are at increased risk of COVID-19 complications. This includes colleagues who are pregnant and people with underlying health conditions and BME colleagues who may be at a greater risk of developing severe symptoms if they were to catch COVID-19. Sir Simon Steven's letter stipulates that all BME staff must receive an individual risk assessment. Although this has not been detailed nationally the Trust has already developed a detailed risk assessment process with its BME network.

Sir Simon Steven's letter also detailed a number of aspects that impact the mental health sector that the Trust will have to respond to within ten days. It was noted that one of the reasons why the Trust is in such a good position currently is because capacity was created through the redeployment of staff to specific essential services. Another was because the surge in demand that was expected did not occur. In terms of the organisation's services the Trust will also give details on the response it has made to essential community health services, health visitors, school nurses and services that specifically rely on child safeguarding concerns. The Trust's crisis services and the mental health helplines are making sure that patients are continually engaged with. The Trust is also providing support and working with communities to ensure that people and children are able to access services. Plans are in place to make sure that antenatal and new born screening services are restarted. The health of people with learning disabilities will continue to be checked and all NHS staff will be supported in terms of their mental health and wellbeing as we move forward throughout phase 2. These are all matters that the Trust is addressing and these plans have now been in place for a number of weeks.

Mark Powell updated the Board on the Trust's decision making in response to phase 2 restoration work and described how the development of a patient risk stratification framework will enable services to be restored based on the priority needs of patients to

ensure that the most vulnerable patients are supported. It is clear that the Trust will not be returning to previous ways of working for some time and the improvements and innovations seen over recent weeks will be taken through into the next phase. Work is also taking place to assess all Trust facilities and estate to understand how to maintain social distancing, the level of PPE that will be required and how to ensure adequate staffing across all services.

Mark also spoke of the need to support staff to ensure they stay as safe as possible. He was pleased to report that risk assessments for BME colleagues have started in earnest that will assess which colleagues will need to be redeployed in other roles. Thanks were extended to the BME Staff Network and Staff Side colleagues for their involvement in this process. The Trust could expect to have some 300 – 500 colleagues who are not able to deliver care for patients because they are affected by COVID-19 and the remaining depleted workforce will have to work in potentially different ways.

In response to Ashiedu Joel questioning what the anticipated negative impact will be on service delivery as a result of the targeted risk assessment of BME staff, Ifti Majid said it is not yet known what the impact will be but some BME staff will certainly need to be redeployed or will need to work from home.

Julia Tabreham asked what Trust data was being used to support the BME risk assessments as she was aware that some trusts were facing legal challenge from BME staff who feel their employers have expected them to continue working without acknowledging the increased risk they are being exposed to. Ifti Majid responded that it is to our advantage that the Trust has created its own risk assessment in collaboration with its BME Network. Ifti was pleased to report that his letter countersigned by the BME Network leader and Staff Side chair was issued to all BME staff yesterday. He was very proud of the Trust's approach in supporting BME staff and of the response received from the BME Network.

Caroline Maley asked what type of demand for psychological support for staff was being seen from other NHS trusts in the system. Mark explained that all trusts have put support in place for their staff. Our Trust is building on its capacity to meet this demand and has a psychology leadership team scoping this demand and working across other trusts. There is a good structure set up for staff wellbeing which is focussing on providing enough support to staff being led by Assistant Director, People and Culture Transformation Celestine Stafford. There is a very well received staff briefing structure in place and the staff FaceBook page has also proved popular with staff.

Director of Business Improvement and Transformation, Gareth Harry briefed the Board on wider system level activity. He reported that a recovery cell has been established across the system working in partnership with colleagues from children's and adult services, commissioners, Chesterfield Royal and Derbyshire Community Health Services Foundation Trust (DCHS) that will cover key areas of work as well as a system wide autism spectrum disorder treatment service, learning disabilities service and other areas of the long term plan. The Trust has a mental health helpline in place and will be also be looking at what the future demand might be for services and how demand can be modelled from what is happening nationally as well as in other countries.

Gareth also added that the Trust is looking at the resilience of the voluntary sector and care home sector to see how this might impact wider planning of our restoration phase. We will be looking at changes that we have had to make to our working in response to the pandemic and will be retrospectively looking at patient engagement to establish practices that we want to retain and make more permanent.

The Board noted the work that is being carried out to capitalise on and restore the Trust's services that will be outlined in the Trust's formal response to Sir Simon Steven's letter. It was agreed that limited assurance had been obtained on the preparedness of the restoration and recovery work. All Non-Executive Directors confirmed they were satisfied with the progress that has been taking the Trust forward within the restoration and recovery

	<p>phase.</p> <p>Mark Powell left the meeting at this point 11.30am.</p> <p>RESOLVED: The Board of Directors took limited assurance on the preparedness of the restoration and recovery work that the Trust will be taking forward.</p>
DHCFT 2020/042	<p><u>QUALITY REPORT POSITION STATEMENT</u></p> <p>Carolyn Green presented her report that focussed on providing assurance on core quality and safety issues including infection control and the safety standards in managing mixed sex accommodation in a pandemic situation.</p> <p>The Board noted that that the Trust is compliant with NHS England’s checklist of infection control measures. The Trust has a strong history of solid infection control, low levels of outbreaks and has a strong performance in cleanliness standards and the checklist contained in the report demonstrated solid performance. Carolyn was pleased to report that the Trust has had low instances of COVID-19 in inpatient and community settings and good standards of infection control.</p> <p>Margaret Gildea gave an overview of matters addressed at the meeting of the Quality and Safeguarding Committee held on 14 April. The Committee noted that due to COVID-19, NHSI have confirmed that there is no requirement for a Quality Report in 2019/20. As work was well underway for the 2019/20 Quality Report, it is proposed that this document will continue to be updated for the purposes of the Quality Accounts and a final version will be produced at a future date for approval, once the new deadlines are known. The Committee reviewed the management of all Serious Incidents (SIs) and was satisfied that a much improved and positive approach was being taken for managing SIs in response to the current pandemic incident management. The Committee ratified a revised Privacy and Dignity Policy and Procedures and was content that the policy has been appropriately adapted to reflect COVID 19 safety changes. The Committee took overall assurance from the work being undertaken by IMT.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Accepted this focused Quality Position Statement of the Trust’s approach and agreed for the report to be published on the Trust’s website as per national guidance. 2) Noted the matters addressed by the Quality and Safeguarding Committee on 14 April 2020.
DHCFT 2020/043	<p><u>LEARNING FROM DEATHS MORTALITY REPORT</u></p> <p>The report presented by John Sykes included the ‘National Guidance on Learning from Deaths’ that requires each Trust to collect and publish specified information on a quarterly basis. The report covers the period 1 December 2019 to 25 February 2020 and pre-dates the period for including COVID-19 related deaths.</p> <p>In response to the question raised by public governor, Andrew Beaumont, concerning the number of deaths of patients who have been within the Trust’s services during the previous six months, John Sykes clarified that the report showed that nearly 500 deaths of patients who have been in contact with the Trust are mostly due to natural causes rather than suicide. The review of all cases did not identify any problems with the care that patients received. John assured the Board that the purpose of the Serious Incident Group’s review of deaths is to learn lessons which are applicable to the Trust’s services and gave assurance that any deaths by suicide are thoroughly investigated. He confirmed that all deaths have been scrutinised and reviewed and added that as a result of their inspection in January the CQC had commended the Trust’s approach to reviewing deaths.</p> <p>Geoff Lewins made reference to the Trust’s application for access to a national database for the cause of death and asked what added value this information would provide if the</p>

	<p>Serious Incident Group reviews were already effective. John Sykes clarified that information on the causes of deaths is not directly received on all patients. Although we know how many people have died we do not always know the cause of death. John intends to meet with regional medical examiners to ensure this information is directly received once the COVID-19 situation has passed and when normal business is resumed.</p> <p>The Board took significant assurance from the approach being taken to reviewing learning from deaths particularly due to the scrutiny applied to this procedure and agreed for the report to be published on the Trust's website in line with national guidance. (A typographical error was noted within the Executive Summary and this would be corrected prior to the report being published on the Trust's website.)</p> <p>RESOLVED: The Board of Directors accepted this Mortality Report as assurance of the Trust's approach and agreed for the report to be published on the Trust's website as per national guidance.</p>
<p>DHCFT 2020/044</p>	<p><u>BOARD ASSURANCE FRAMEWORK UPDATE</u></p> <p>Trust Secretary, Justine Fitzjohn presented the Board with the first issue of the Board Assurance Framework (BAF) for 2020/21.</p> <p>It was noted that this first issue of the BAF for 2020/21 was received by the Audit & Risk Committee on 30 April and was a COVID-19 specific response BAF, outlining the key risks to achieving the Trust's Strategic Objectives in this phase of emergency response to the pandemic. Chair of the Audit and Risk Committee, Geoff Lewins confirmed that the Committee was satisfied that the BAF reflected the key current risks. It was also noted that the Trust is in discussion with its BME network to fully understand any disproportionate risks to BME colleagues and is undertaking individual risk assessments. This will inform an addition to the people risk on the BAF going forward.</p> <p>Justine Fitzjohn assured the Board that reporting of the BAF and COVID-19 related risks will be reported through the Trust's governance structure and will progress as Trust moves through into the restoration phase. The Executive Leadership Team (ELT), Audit and Risk Committee and the Board will continue to review the BAF on a regular basis.</p> <p>The Board was satisfied with the key risks contained in this version of the BAF and approved the first issue of the BAF for 2020/21. It was also agreed that the BAF will be developed to implement learning from new ways of operating in response to COVID-19 and will be developed further during a Board Development session to be held in June.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Approved this initial issue of the BAF for 2020/21 and received significant assurance 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, during this phase of response to the COVID-19 pandemic 2) Agreed to continue to receive updates in line with the 2020/21 forward plan for the Board.
<p>DHCFT 2020/045</p>	<p><u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT</u></p> <p>The Integrated Performance Report (IPR) provided the Board of Directors with an overview of Trust performance at the end of March 2020. In line with national guidance this report reflects the temporary streamlined Board Committee approach and replaces separate reporting from the Finance and Performance Committee and the People and Culture Committee.</p> <p>The report set out how the Trust is performing against a set of key national and local targets and measures.</p> <p>Finance</p>

As areas of performance had already been referred to by Mark Powell, Director of Finance and Deputy Chief Executive, Claire Wright provided an overview of the Trust's financial position. The overall financial position was confirmed as having a net surplus of £2.5m against £1.8m plan. This position included £220k of COVID-19 revenue costs that were reimbursed. The Trust achieved its control total and adjusted financial performance requirement.

Claire recorded her thanks to the Finance Team for producing the draft annual accounts for 2019/20 within the regional deadline under extremely difficult circumstances which were scrutinised by the Audit and Risk Committee on behalf of the Trust Board on 30 April. The Audit and Risk Committee on 17 June will sign off the final audited accounts for the year, along with the annual report.

Reference was made to the temporary changes to the Standing Financial Instructions regarding the Incident Management Teams' decision-making authority during this period. The financial impact of IMT decisions will be regularly reported to the Executive Leadership Team and assurance on financial governance will be taken through the Audit and Risk Committee.

Workforce

Celestine Stafford outlined how COVID-19 poses enormous challenges for the workforce. As a result of this the Social Partnership Forum (SPF) made recommendations at the beginning of the crisis that disciplinary and grievance investigations will be put on hold unless they concern risks to patients or staff. The Employee Relations Team will continue to provide advice on employee relations matters where they have arisen.

The Recruitment Team is working to recruit to essential services and the proportion of posts filled has been gradually increased over the last five months.

In order to reduce the burden and release capacity to manage the COVID-19 pandemic, all appraisals and revalidation have been suspended and the volume of mandatory training has been reduced as appropriate.

Julia Tabreham asked what type of concerns had been raised with the Freedom to Speak Up Guardian. Celestine reported that the FTSUG has received a low level of concerns. Julia also asked if the work that the Trust was doing to address BME concerns is lessening people's anxieties. Justine Fitzjohn felt it was too early to determine this but the FTSUG will monitor this going forward. In response to Julia then asking if any concerns regarding cross site infection were emerging, Carolyn Green fed back that movement is being restricted to COVID positive areas but we are not restricting further movement to other areas and good hand washing and PPE use mitigates this risk. Outbreaks are so low this shows self-management of the situation and is shown through our low number of staff cases.

Deputy Trust Chair, Richard Wright asked how many people were in the recruitment pipeline. Celestine reported that current activity is starting to focus on redeploying people back to their respective roles. Work is also taking place to identify three key managers across inpatient areas with a plan to fast track recruitment to these roles. There will also be an assessment of the vacancies we had prior to redeployment.

Having reviewed the report, Caroline Maley acknowledged that the Trust's FaceBook page has provided mutual encouragement and support to staff. She also formally thanked the finance team for their herculean effort in producing the 2019/20 accounts to the required deadline. She proposed that limited assurance be taken from current performance within the Trust and that the Board acknowledge the strong financial end of year position.

RESOLVED: The Board of Directors received limited assurance on current performance across the areas presented.

2020/046	<p>Justine Fitzjohn presented a summary of the year end reports from the Board Committees and advised that on 30 April the Audit and Risk Committee had received assurance from the full year-end reports that the Committees have effectively carried out their role and responsibilities as defined by their Terms of Reference (TOR) during 2019/20. She thanked Sue Turner, Board Secretary for all the work she did to prepare the year-end reports.</p> <p>The Board noted that the use of emergency powers by the Chair and CEO have been put in place for the delegation and purpose of carrying out the functions of the Trust. Board Committee meetings have been suspended as of 20 March 2020, with the exception of the Audit and Risk Committee and the Quality and Safeguarding Committee and quorum arrangements have been adjusted within their TOR. Performance that would be reviewed by the Finance and Performance Committee and People and Culture Committee is being reported through the IPR.</p> <p>Caroline Maley thanked the Audit and Risk Committee for providing assurance that a robust process had been carried out in line with good governance practice on year-end effectiveness reporting from Board Committees.</p> <p>RESOLVED: The Board of Directors 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 TOR during 2019/20.</p>
DHCFT 2020/047	<p><u>IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK (BAF)</u></p> <p>There were no additional items for inclusion or updating within the BAF apart from the need to ensure that lessons learned through the Trust's response to COVID-19 are carried forward. Risks linked to BME colleagues who may be at a greater risk of developing severe symptoms if they were to catch COVID-19 will also be taken forward in the BAF for 2020/21.</p>
DHCFT 2020/048	<p><u>2020/21 BOARD FORWARD PLAN</u></p> <p>The 2020/21 forward plan outlining the programme for bi-monthly meetings was noted and will be reviewed further by all Board members throughout the financial year.</p>
DHCFT 2020/049	<p><u>MEETING EFFECTIVENESS</u></p> <p>All Board members agreed that the meeting had been successfully conducted via MS Teams.</p>
<p>The next meeting to be held in public session will take place at 9.30am on Tuesday 7 July 2020 Please note that due to the current coronavirus pandemic this meeting will be held digitally via MS Team, and as such the time is subject to change.</p>	

BOARD OF DIRECTORS (PUBLIC) ACTION MATRIX - JULY 2020						
Date	Minute Ref	Item	Lead	Action	Completion Date	Current Position
4.2.2020	DHCFT/2020/008	Integrated Performance Report	Ifti Majid	Report on wider staffing and what the future will look like is to be brought back to the Board at a timeline to be decided by the Executive Team	TBC	To allow greater focus on the critical issues related to COVID-19 this item will factored into the forward plan when normal business is resumed.

Amber

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

Trust Chair's report to the Board of Directors

Purpose of Report

This report is intended to provide the Board with the Trust Chair's reflections on my activity with and for the Trust since the previous Board meeting on 3 March 2020. The structure of this report reflects the role that I have as Trust Chair.

Introduction

This is my first formal report to the Board of Directors since the Trust moved to lighter governance to enable the Trust to focus on its response to COVID-19, as directed by NHS England/NHS Improvement (NHSE/I).

As Chair I would like to record my thanks to all of our staff, volunteers and stakeholders who have worked so hard to keep our services up and running throughout this period. Many staff have had to work in different ways, or have been redeployed to support core services. Many have changed location for work, including a large number working from home. I have been inspired by the way that technology has been embraced in such a short period of time, and the care and compassion shown in so many ways during such a difficult period. To be able to engage with 1,400 or more staff on the staff FaceBook page has been an honour and humbling experience. I am very proud of our Trust and its staff. Thank you one and all.

Our Trust and Staff

1. I continue to make a point of visiting as many front line services as possible, so that my leadership is grounded on the reality of what our staff face every day, and also to ensure that I have a good understanding of the services provided by the Trust. Inevitably this has not been possible for me to continue once lockdown in response to the COVID – 19 threat began. For completeness I note the teams I did visit before I took annual leave at the beginning of March.
2. My thanks go out to all of the staff for making me so welcome during the many and varied activities and visits that I undertook, and also for being so open and honest with me about what they thought of the Trust and how we are doing in delivering services and putting our people first.
3. On 26 February I visited the Community Mental Health Team at Killamarsh.
4. On 27 February I visited the Learning Disability and Older Adults Team at Swadlincote.
5. On 21 May I joined Ifti Majid, Claire Wright and Mark Powell in a live engagement event with 190 plus members of staff calling in through Microsoft Teams. It was a powerful opportunity to hear how staff are feeling and to understand the questions that they wanted to put to us. In the past week, I have also joined a number of live engagement sessions with services, which

again has helped to keep me in touch with how staff are currently feeling and responding to their own situations. There is a very positive response to the way in which the communications have worked over the pandemic period, and this is evident from the staff responses.

6. I have also supported the work that the Trust has led on (both regionally and nationally) in assessing the risks to BAME staff and those with underlying health conditions. Whilst this has been a challenging time for many of our staff, it has been good to see that we have truly lived the value of People First with the support and help that has been offered to some of our more vulnerable staff.

Council of Governors

7. Our last formal meeting with the Council of Governors took place on 3 March. Since then we have reduced the number of formal meetings and sought other ways of keeping in touch with our Governors. We have held two engagement meetings (5 May and 9 June) using Microsoft Teams, at which Ifti Majid and I were able to brief Governors and to answer any questions that they had. We have issued regular emails to Governors keeping them informed of progress in the Trust. I am grateful to our Governors for their support for the Trust at this time.
8. I have had regular meetings with Lynda Langley as Lead Governor to ensure that we were open and transparent around the challenges and issues that the Trust was dealing with. Regular meetings between the Lead Governor and Chair are an important way of building a relationship and understanding of the working of both governing bodies. I am pleased that Lynda has continued to work with other lead governors in the system over this period, helping to benchmark our processes for continued engagement with governors.
9. The Governance Committee has also met twice: on 2 April and again on 9 June. These meetings were chaired by Julie Lowe, deputy chair of this Committee, as the nominated chair, Kelly Sims, staff Governor, was redeployed to support the distribution of PPE in our Trust.
10. The Nominations and Remuneration Committee of the Council met on 18 June to consider the reappointment of two Non-Executive Directors (NEDs), and to review and recommend a report to the Council of Governors on the activities for the Committee over the last financial year. This Committee will report to the full Council of Governors on 7 July for formal approval of any reappointments recommended.
11. Roger Kerry, Appointed Governor, retired from his role at Derbyshire Voluntary Action on 12 June and I would like to record my thanks to Roger for his contribution to the Council of Governors over the past few years. I am delighted to welcome Rachel Bounds who replaces Roger as an Appointed Governor from Derbyshire Voluntary Action. Wendy Wesson, Appointed Governor from University of Derby, has also left the Council of Governors, and we are awaiting a replacement for her from the University. Once again, I would like to formally record my thanks to Wendy for her contribution to the work of the Council of Governors.
12. The next meeting of the Council of Governors will be on 7 July, following a short Board to Council of Governors meeting. The next Governance

Committee takes place on 11 August.

Board of Directors

13. The move to Level 4 incident management has necessitated a different way of working for the Board. Initially we streamlined our governance through pausing or reducing Board Committees and received fewer reports and papers. All meetings have been virtual meetings using MS Teams, enabling Board members to keep connected whilst working remotely. The Board met in private on 7 April with a light agenda to enable essential business to carry on.
14. The Board met on 5 May, with Public Governors invited to attend the meeting as representatives of their constituents. In all other respects this meeting was a c Board meeting held in public. At this stage we did not have the capacity to support a live streaming of the meeting as we are going to do on 7 July.
15. The NEDs have met weekly with Ifti Majid and me to ensure we have been fully briefed on developments as needed. I have continued to meet with NEDs individually over the past three months and I am grateful to them for the support and flexibility at this time.
16. On 2 June the Board met for informal information sharing, part of the meeting focussed on the experience of the current incident and what impact it had had on us personally, and to catch up on a few key projects, keeping in touch between executives and NEDs as a unitary board.
17. On 17 June a virtual Board Development meeting took place with a review of the Board Assurance Framework (BAF), and the initial discussion on the next steps to review our strategy and the associated BAF over the next couple of months.
18. We have appointed a new Director of People and Inclusion, who we hope to welcome to the Trust in the summer. I would like to thank Celestine Stafford for stepping up to provide HR support and cover following the departure of Amanda Rawlings, who left the Trust in March.

System Collaboration and Working

19. I have attended weekly, and now fortnightly, briefings from NHSE/I for the Midlands region, which has been essential to understand the progress of the management of the pandemic.
20. I have also met 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.
21. I welcome Dr Kathy Mclean, Chair of University Hospitals of Derby and Burton NHS Foundation Trust (UDBH), as an observer at our July Board. Working together is important in terms of the system and our leadership within it.
22. Joined Up Care Derbyshire (JUCD) Board initially cancelled its formal meetings. Meetings have recommenced to review where we are as a system and to capitalise on the lessons learned from the good system working evidenced in collaboration across services around the pandemic.

In summary, the principles going forward are intended to be:

- A simple and unifying purpose
- Trusting in our clinical and executive leadership
- No slipping back
- Dealing with unintended consequences of Covid
- Agile governance.

There have been case studies presented of collaboration and system working at the past two meetings which have been excellent. It is also clear that the national direction will be to work as systems with many of the restoration and reset plans being directed to systems to agree.

Regulators; NHS Providers and NHS Confederation and others

23. At the beginning of March, Ifti Majid and I attended the Mental Health Network annual conference in London.

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

Strategic Considerations

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

Assurances

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

Consultation

This report has not been to other groups or committees.

Governance or Legal Issues

None

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

This report reflects a wide range of activities across the Trust, and consideration relating to ensuring inclusion is embedded in operational work of the Trust. The specific services visited provide support to those with protected characteristics by the nature of their work. I have supported the work of the Trust in carrying out the risk assessments for those from a BAME background, and with underlying health conditions.

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

Demonstrating inclusive leadership at Board level

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

New recruitment for NEDs and Board Members 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**

Chief Executive's Report to the Public Board of Directors
Restoration and Recovery Update

Purpose of Report

This report provides the Board of Directors with feedback on some of the COVID-19 restoration and recovery activity in Derbyshire. The report should be used to support strategic discussion on the review and 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. The Board should have a discussion about potential risks from the report and consider their strategic impact, and any need to update the Board Assurance Framework, as appropriate.

Whilst there is much work underway within Derbyshire this report focusses on and includes key documents related to the:

- Mental Health, Learning Disability and Autism draft recovery cell workstream plan.
- Lessons learnt feedback from colleagues in our organisation

Derbyshire Mental Health, Learning Disability and Autism Recovery Cell

The attached document is an initial draft of a document that is being considered by the mental health, learning disability and autism cell. Its purpose is to facilitate an understanding of the impact of the response and restoration phase of the COVID-19 pandemic and to facilitate a discussion linked to the likely risks, priorities and actions of the recovery phase.

We should note that the phase 3 national planning letter has not been received to date and is now scheduled for mid-July and whilst this document does cover off the most likely trailed expectations, it will need further refinement post phase 3 letter receipt.

Key points to draw out from the attached slide include:

- Studies suggest expected mental health growth will be in the region of 7.5%
- We are seeing that this expected surge isn't theoretical but is having an impact now:
 - Increase in admissions to acute wards and bed occupancy
 - Increase in MH Liaison activity in CRH and UHDB
 - Increased use of s136
 - Increased use of seclusion on acute wards
 - Increased use of PICU placements
 - Estimated that around half of this recent growth is coming from people who were previously unknown to secondary care mental health services.
- Ability to respond with the required capacity will rely on a complex picture of

- Estate usage and condition
- Infection prevention and control requirements
- Workforce availability both due to COVID but also general vacancies
- Ability to learn from innovations from the COVID response such as MS Teams and Attend Anywhere
- New investment above the MH Investment standard being made available.
- Clear expectations about retaining the MH support line with plans in place to move to 24/7 from 31 July however this requires managing colleagues to return to their substantive roles, recruiting more specialist staff and integrating a voluntary sector offer.
- The mental health, learning disability and autism recovery cell covers all ages and the slides go into further detail about each service area
- The slides include identification of 6 areas of risk that the Trust Board will want to have a conversation about in relation to both our strategy refresh and the emerging Board Assurance Framework.

Emerging lessons learnt - DHcFT

An important aspect of our organisational response to the COVID-19 pandemic is to reflect on the actions taken and the effect these have had on our colleagues. A smart survey was created to focus colleague feedback between 20 May 2020 and 6 June 2020. This is a summary of an initial high level review, with responses broken down into categories of :

- **Staff safety and wellbeing** – our health and safety response to COVID-19 is recognised. Some concerns about supply of PPE, and the wellbeing impact / isolation of working at home
- **Digital technology** – Microsoft Teams has been very well received. Some concerns as to the lack of face to face contact and missing incidental conversations
- **Home working** – numerous positive comments about increased flexibility / travel / costs. Some sense that colleagues miss the ‘face to face’, and the boundary between home and work can become blurred.
- **Leadership and management** – positive feedback about how the Trust has been led through past few weeks. Other feedback about ‘information overload’ and gaps in being contacted if redeployed or at home
- **Redeployment** – opportunities to refresh skills and appreciate other teams, lots of positives. Also, not feeling fully supported, welcomed or supported in the host team or supported by their substantive manager

It is vital as we start to plan services that we recognise and note feedback from colleagues and those using our services. Feedback included in this report is being factored into the report previously discussed along with feedback from people who have used our services during the pandemic response period collated together in a response from Healthwatch who have supported us to gather that feedback.

In addition to written feedback we are routinely gathering information from colleagues who are attending our live engagement events.

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 recovery planning is underway in relation to mental health, learning disability and autism services at a Derbyshire wide level
- Feedback from colleagues about their experiences during the pandemic response is being reported into the Board and being used to drive future planning.

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 is written at a point in time and it is likely to need updating as further national guidance is received.

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

This document is a mixture of a strategic scan of key policy changes nationally and changes in the Derbyshire Health and Social Care environment that could have an impact on our Trust. The report also covers updates to the Board on engagement with colleagues in the Trust

Access to services for all communities is a key part of the recovery plans noting in particular the impact COVID 19 has had on our BME communities.

High level summary doesn't specifically talk about differential responses into different communities and we need to consider expanding that in future iterations of the report

The lessons learnt survey whilst open to all colleagues has not focussed on or reviewed the protective characteristics of the responses. This might be an option, without breaking the confidentiality of the respondents, if it is thought to be helpful. The in-depth review will maintain vigilance for any responses that would indicate any relationship with protected characteristics.

Engagement sessions are being held with all Trust networks by way of understanding their specific experiences of working in the Trust during the COVID response.

Recommendations

The Board of Directors is requested to:

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

Report presented by: Ifti Majid
Chief Executive

Report prepared by: Ifti Majid
Chief Executive

Joined Up Care Derbyshire Mental Health, LD and Autism Workstream

DRAFT v2
COVID-19 Recovery Plan
30/06/2020



Response phase

- Over 200 DHCFT staff absent for COVID-related reasons. Staff absence for all reasons over 10%.
- Additional 200 DHCFT staff in shielding or vulnerable groups, working from home.
- Telephone contacts and video contacts for vast majority of care provided
- Significant reduction in inpatient occupancy (over 100 vacant beds from higher admission threshold and rapid discharge).
- Temporary closure of Audrey House (Rehab, Kingsway) and Ward 35 (Acute, Radbourne) to prepare for potential cohorting
- Temporary closure of Childrens Neurodevelopmental Pathway by DHCFT, DCHS and UHDB.
- Significant drop in referrals across all services
- DHCFT IAPT Services closed to new referrals (other AQP providers continued services focussed on remote contacts)
- All Community Services focussed on urgent referrals and high risk patients
- Expansion of CYP Vol Sector provision and use of web-based self-help and advice tools
- Established MH, LD and Autism Helpline (9am-midnight)
- Established MH A&E alternatives in Derby and Chesterfield
- Electro-Convulsive Therapy closed due to de-prioritised anaesthetist capacity
- Memory Assessment Service closed
- Older Peoples Day Services closed across DHCFT, DCHS and Voluntary Sector
- IPS Employment Support Service closed
- MS Teams and Attend Anywhere software rolled out to all relevant staff



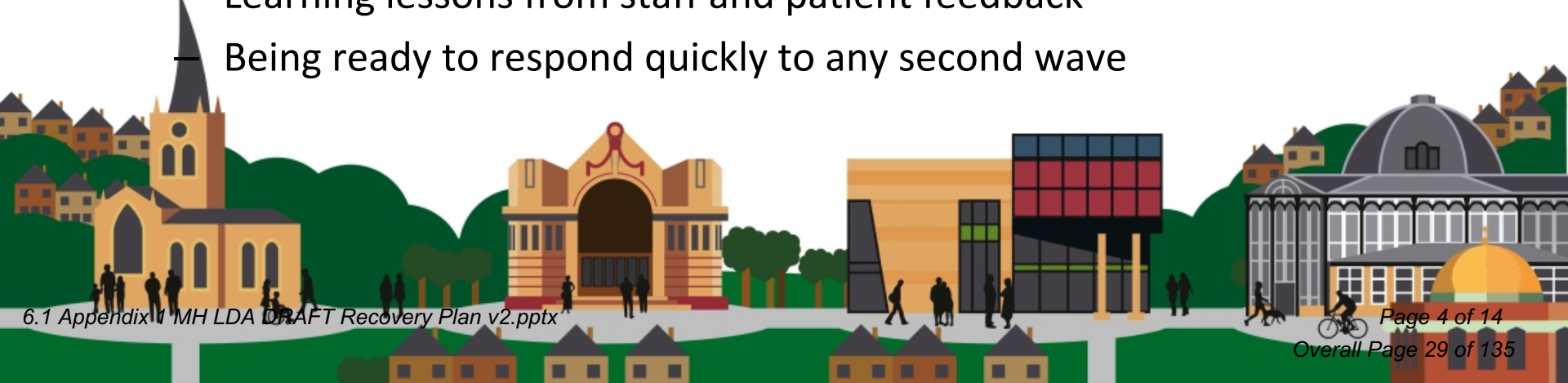
Restoration phase

- IPS Employment Support Service restored
- ECT service now operating on a case by case basis
- Referrals from all sources now increasing
- Community service focus remains on urgent and high risk patients
- Occupancy rates in inpatient acute beds rising
- Ward 35 (Acute, Radbourne) re-opened
- DCHS Ashgreen LD ATU reopened to new admissions
- Reduction in staff absence due to COVID-19
- Individual BME staff risk assessment developed with BME network and delivered across all NHS providers in Derbyshire. Identifying need for MH provision.
- Individual staff risk assessment for vulnerable and shielded groups (over 400) undertaken
- Completed Estates assessment of all clinical and non-clinical working space and made COVID secure.
- Attend Anywhere video software usage the highest across country in May.



Recovery Plan Objectives

- Safely re-establish previous level of services across all MH, LD and Autism services whilst:
 - Providing certainty and confidence for BME, other vulnerable and shielding staff returning to work into patient facing roles.
 - Responding to emerging increases in MH prevalence and plan for evidence-based future growth in demand
 - Retaining benefits of estate utilisation, remote working, digital contacts, community and outpatient caseload risk stratification and inpatient length of stay.
 - Learning lessons from staff and patient feedback
 - Being ready to respond quickly to any second wave



Lessons learned from colleagues and people who use our services

- Qualitative surveys carried out by IMT with DHCFT colleagues and by Mental Health Together (Derbyshire Healthwatch) with their network of SMI service users and family carers across health and care.
- Colleagues told us:
 - Differing perspectives on benefits of home working: improved productivity; better work/life balance; reduced travel time and costs; lack of barrier between home and work; childcare and “home schooling”.
 - Differing views on the pros and cons of the methods of communication and directive actions taken by IMT
 - Differing experiences of redeployment: learning new skills, new teams; lack of welcome and support.
 - Different views about the benefits/ costs of current response models and desirability of retaining elements of current service models.
- Service users told us:
 - Wide range of experiences linked to how much contact individuals had had from services across health and care.
 - Positive experience correlated with individual communication early in the incident from a worker known to them.
 - MH, LD and A Helpline almost universally supported and desire to see it continue
 - Desire for more regular and reliable communication and contact.
 - Mixed views on experience/benefits of video, telephone and in-person contacts in a COVID and future context.
- Further work being carried out on the colleague survey to improve representation across services, weight the responses and look at particular issues ,like remote and home working, in more depth with focus groups.
- Current interim report from MHT being expanded with specific accessible work with people with LD and Autism to get their specific experiences of services during COVID.



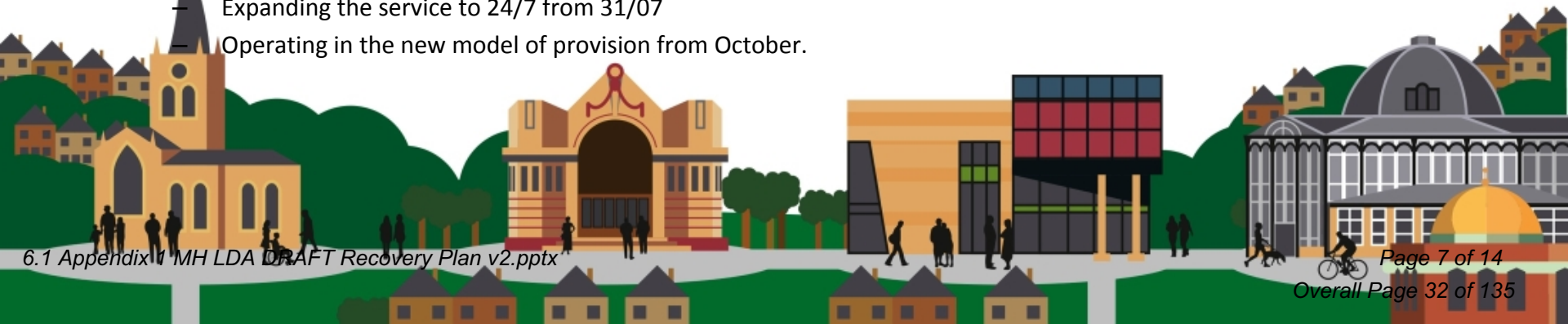
Growth in MH prevalence due to COVID

- System Recovery Cell Data Workstream (CCG BI and Public Health) have reviewed the evidence for MH impact from previous pandemics, COVID and SARS in other countries and other major incidents.
- Shows that we should expect a 7.5% increase in MH prevalence from direct (trauma, bereavement) and indirect (isolation, impact of COVID-19)
- Currently looking at Derbyshire level impacts at a service level
- 7.5% does not include potential impact of economic downturn and structural change – 25% of current Derbyshire workforce estimated to be in jobs at risk. Potential for the impact of years of post-crash austerity concentrated into months.
- Need to work collaboratively across secondary care, Primary Care, IAPT providers and voluntary sector to look at joint and coordinated responses to this increase in demand



MH,LD &Autism Helpline

- Established under central direction in early April to take call pressure off 111.
- Derbyshire set up 9am-midnight despite national direction being 24/7 due to staffing
- Model includes all age MH, LD and Autism
- Model different from MH Crisis Helpline in our existing LTP and will cost much more.
- Current model has DHCFT at front door and makes use of redeployed shielding staff
- Helpline will move to 24/7 operations from 31st July
- Recovery Cell has agreed a new service model for planning purposes retaining the all age approach and provision for LD& Autism, but placing P3 Peer Advisors at the front door, with clinical staff sitting behind it. Model will act as a helpline support resource and also a direct access to services for people in, self-defined, crisis. Model blends current provision with our previous MH LTP
- Recovery phase will require a difficult transition to be safely managed:
 - Redeploying staff back to their substantive jobs
 - Recruiting additional staff and integrating the voluntary sector provision
 - Expanding the service to 24/7 from 31/07
 - Operating in the new model of provision from October.



MH Urgent Care activity increases (the first signs of post-COVID MH surge?)

- Significant increase in MH urgent care activity from w/c 25/5:
 - Increase in admissions to acute wards and bed occupancy
 - Acute inpatient bed capacity impacted by COVID cohorting (19 bed reduction) – patients out of area that alternatively would be in Derbyshire.
 - Increase in MH Liaison activity in CRH and UHDB
 - Increased use of s136
 - Increased use of seclusion on acute wards
 - Increased use of PICU placements
 - Estimated that around half of this recent growth is coming from people who were previously unknown to secondary care mental health services.
- Clinical review of admissions and use of seclusion found:
 - Change in acuity of admitted patients
 - Increase in Clusters 12 and 13 (psychotic illness with moderate to severe disability) and Cluster 14 (psychotic crisis)
 - Public messaging, fear of accessing services having a particular impact on this patient group resulting in them accessing services at a later and more chronic stage of their illness.
 - Risk stratified prioritisation of community caseloads may mean that people are accessing services at a later stage of their illness.

This increase in demand for MH Urgent Care services is a risk to the overall recovery plan for MH, LD and Autism

MH Urgent Care

- Vol. Sector provided alternatives to A&E for MH patients in Crisis to be established in Derby (summer) and North Derbyshire (before winter) in line with LTP.
- Current response phase MH A&E Alternative Services to be stepped down and Liaison staff released back to previous roles.
- Recruitment into Crisis and Home Treatment Teams to continue in line with LTP.
- Above developments to link in with new model of provision from the Helpline.
- Recovery of Crisis and Home Treatment Teams through the return of redeployed staff and those colleagues from shielding and vulnerable groups.



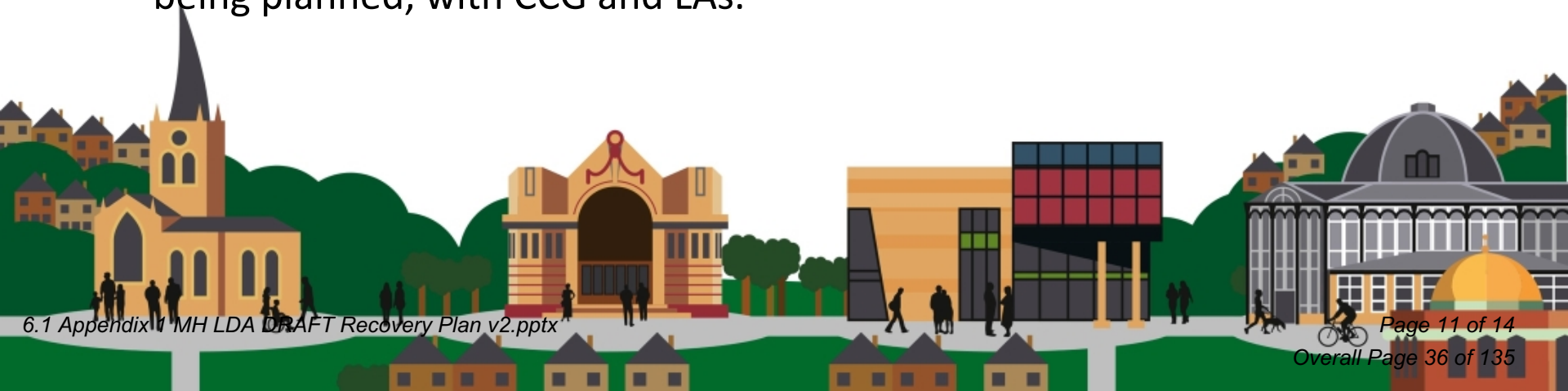
Community Services

- Services across all ages MH, LD and Autism and across all providers have prioritised services to urgent and high risk cases involving regular risk stratification of caseloads.
- Clinical services planning for new service model retaining telephone and video contacts, but re-establishing face to face contacts where they are clinically necessary.
- This is reliant on the return to work of vulnerable and shielding colleagues and the return to substantive roles from redeployed colleagues.
- Estates and availability of clinical space is a further constraint.
- Current plans are to slowly re-establish services on a risk adjusted basis. Outline plan is to have re-established services by October, but there is a major workforce risk attached to this plan.
- DHCFT IAPT services expected to reopen to new referrals over the Summer.
- Recovery Cell overseeing design and testing of new model of community MH service in High Peak starting in the summer as part of MH LTP delivery
- Memory Assessment Services planning to be open from September



Children and Young People

- The recovery phase for CYP services will include the reestablishment of community services across DHCFT and CRH services as outlined in the community slide, above.
- In addition there will be a focus on establishing a 24/7 crisis response across CRH and DHCFT for CYP MH fitting in with the Helpline
- All service thresholds and referral criteria for across the CYP MH pathway, involving voluntary sector and NHS providers, to be reviewed
- Community triage established to direct referrals to the most suitable service across the pathway
- Neurodevelopmental Pathway recovery across DHCFT, DCHS and UHDB being planned, with CCG and LAs.



MH Rehabilitation Services

- Response phase saw the temporary closure of an inpatient rehab unit (Audrey House) at Kingsway with all services concentrated on a second unit – Cherry Tree Close.
- During the incident, there has been no increase in use of Locked Rehab placements, despite this closure and despite rapid discharges from forensic settings across the East Midlands.
- Recovery Phase will see the reestablishment of our previous work across the system to redesign Rehabilitation services.
- Recruitment will commence into an expanded Community Forensic Service in line with the MHIS agreed across the system before the incident. This recruitment is interdependent with the redesign of the rehab pathway.



There are significant risks to the safe recovery of services

- Workforce

- Recovery of services highly dependent on the return to work of staff across all services and providers
- Knock on effect of approx. 40 staff in inpatient settings in vulnerable and shielding group an example of a prioritised service reliant on returns to work before redeployed staff can return to other prioritised services to enable stepping up of their service beyond the response model.

- Estates

- Creating COVID secure environments has impacted on the amount of space available for in-person contacts. Estate in providers across North Derbyshire has been particularly affected.

- Waiting times and access

- Waiting times and access across community services in all providers has worsened. Backlog clearance in the context of increased demand and workforce and estate capacity constraints is highly likely to take a long time and will need careful assessment for harm avoidance.



Risks and Mitigations

Risks	Mitigations
Shielding and vulnerable colleagues do not return to work in enough numbers to enable reestablishment of service levels	Continued redeployment of staff into prioritised services. Service recovery takes place over a longer period. Prioritisation of services to be recovered in 2020. Individual risk assessments and plans in place. Increased use of vol.sector partners in delivery of services and closer engagement with social care.
Continued increases in MH Urgent care demand results in need to open more wards/ beds.	Additional staffing through additional new redeployments resulting in slower recovery of non-prioritised services. Prioritisation of services to be recovered in 2020.
Covid-secure workplaces do not offer enough clinical space to see patients in a fully recovered community service	Workplace assessments in place. Retained use of telephone and video contacts in recovered services. Slower recovery and/or prioritisation of services to be recovered in 2020.
Failure to recruit into MH, LD&A Helpline and/or failure to establish new agreement with Vol Sector Partners.	Delay to move to transitioned LTP model. Retention of redeployed staff in current model, delaying recovery of IAPT and community services.
System capacity across primary care, IAPT, and secondary care unable to respond to increased MH demand from COVID impact.	Refreshed MH LTP may offer additional allocations to systems. May require reprioritisation of system investments, capital plans and MHIS.
Refreshed National Plans do not include additional investment for MH, LD&A Helpline	System will need to reconsider current and planned models of delivery, returning to funded LTP model under previous plan.

Derbyshire Healthcare NHS Foundation Trust
Report to the Board of Directors – 7 July 2020

Initial findings from the COVID-19 staff survey

Briefing to Public Board of Directors

1. Background

An important aspect of our organisational response to the COVID-19 pandemic is to reflect on the actions taken and the effect these have had on our colleagues. A smart survey was created to focus colleague feedback between 20 May and 6 June 2020. The survey was actively promoted in Trust communications and on the Trust's Facebook page.

The survey was structured to purposefully invite positive feedback about the changes, challenging feedback, and also ideas for improvement. It was completed by 307 colleagues, with a combined total of 1,429 comments. An initial, high level review of these comments was undertaken by Joe Wileman, Tess Martin and Kimberley Peters, and the following is a summary of that review. Please note that the purpose of the survey is not to give us 'answers', but to inform and guide the Learning Lessons Cell and Incident Management Team with regards to potential next steps in how we approach learning and improvement beyond COVID.

2. Some limitations to consider:

- The data only represent the sample of people who responded, and the balance of responses across teams in the Trust (see the appendix), indicates a potentially unrepresentative spread of respondents. Therefore, there are limits as to how the survey findings can be considered as the global view of the Trust
- The situation is dynamic, and as a particular situation persists it might become more acceptable due to familiarity or adaptation or less acceptable due to fatigue or erosion of goodwill. This summary is, therefore, of a snapshot in time and should be considered in that context. For example, working remotely might feel like an acceptable option for three months, but not for three years.
- The current comments are not weighted. This weighting is currently underway by Project Office colleagues, to ensure that a singular comment is viewed proportionately against a comment made by many colleagues.
- Clinical effectiveness – the focus of this feedback has been on staff experience. Some themes are beginning to be explored around clinical effectiveness, but for us to be more confident in those measures they will need to be considered alongside other measures of the clinical impact such as service user and carer feedback and other measures of safety and effectiveness.

3. Steps already taken

- The Incident Management Team have asked for specific support and supervision for redeployed colleagues, further to references to gaps in this in the survey responses.

4. Initial recommendations

- Once the weighted report is available (within two to three weeks), the primary findings of this will be reviewed by the Learning Lessons Cell within the structure of the IHI Model for Improvement. This will be underpinned by further staff engagement in the form of focus groups using Microsoft Teams (most respondents offered to be part of further developing our learning)
- Highlights from the initial review will be shared via communications and Facebook
- Share a copy of this paper with the chair of the Staff Forum, to be on their agenda next week.
- It is very clear that colleagues have made significant sacrifices to maintain the function of the Trust, and there might be a need to consider other options of reward or recognition other than deeds
- Pre-COVID initiatives, e.g. Leadership Development, Quality Improvement, Clinically Led Strategy Development, remain relevant in our planning from our learning from COVID.

5. Summary of comments received in the online survey

	Positive	Less positive
Staff safety and wellbeing	<p>Colleagues noted the steps taken to reduce number of people on site and to promote social distancing, home-working, hygiene and policies/guidance – specifically in relation to PPE and testing. These were all felt to support personal safety</p> <p>The support and closeness of teams was highlighted as beneficial to individuals' wellbeing</p>	<p>Colleagues raised a few concerns that home no longer felt a “place of safety” away from work pressures.</p> <p>Concerns about supply of PPE were noted.</p> <p>Home working plus isolation were felt to be deleterious to mental wellbeing for some staff, with similar feelings about homeworking without the appropriate equipment or environment.</p>
Digital Technology	<p>Use of digital technology, in particular MS-Teams to enable contact between colleagues within teams and between people and their managers. Some felt that digital meetings were more productive. The facility for community paediatricians to not only prescribe electronically but also send these prescriptions digitally to the patient's nominated pharmacy was seen as an important benefit in that service.</p> <p>There was significant praise for the IM&T team</p>	<p>Some colleagues noted that lack of face-to-face contact with service users and/or colleagues could be problematic, and digital technology is not a complete substitute. There was a loss of “incidental conversations” and learning “on the job”.</p> <p>Not all on-line training was found to be available.</p>

	Positive	Less positive
Home Working	<p>Home working generated numerous positive responses however these depend upon an individual's personal circumstances. Comments were made about reduced travel, with time and financial benefits; reduced distractions; better work-life balance; opportunity to pause working day to complete development activities.</p> <p>There were also benefits for those still attending the workplace, who noted that offices were quieter with fewer distractions, car parking was more readily available, desk space was available and that there was a potential to make better use of Trust estate if the situation persists</p>	<p>There is disruption to usual patient-staff relationships, with other colleagues having to provide face-to-face elements.</p> <p>Some feel work is invading the home, making it difficult to "switch off". Some feel there is a lack of trust in those who are home-working.</p> <p>There was a significant theme about having the right equipment and environment for home-working.</p> <p>Home working is incompatible with home schooling.</p> <p>Home working without the right environment and/or equipment is detrimental to stress and mental well-being</p>
Leadership and Management	<p>The organisation is felt to have been well led, with the podcasts identified as being helpful in informing people across the Trust.</p> <p>There were positive experiences of line managers identified by some respondents.</p>	<p>There were some comments about "information overload" and the difficulty in finding specific pieces of information previously announced in an email/podcast.</p> <p>Some negative experiences of line managers not making contact with staff who are at home or redeployed.</p> <p>Some colleagues would have welcomed a swifter response from People's Services</p>
Redeployment	<p>This was seen by some as an opportunity to learn or refresh skills and to appreciate other teams, which will be of continued benefit when returning to usual post.</p> <p>There were many positive experiences of redeployment</p>	<p>Some colleagues felt they had not been fully supported when redeployed, identifying insufficient training or local induction. Some felt teams had been unwelcoming to those redeployed to support them.</p>

6. Appendix

Organisational Area	Responses
Children's and CAMHS	63
Corporate	62
Inpatients	27
Adult CMHT	42
IAPT	18
Perinatal	12
Pharmacy	9
DRRT and IRHTT	9
Substance Misuse	8
Liaison	7
Forensic	6
Older People's community mental health	6
Learning Disability / Autism Services	9
Psychology and Psychological Therapy	5
Crisis	4
Eating Disorders	3
Physio and Dietetics	3
Rehabilitation	3
Early Intervention in Psychosis	1
Not identified	15

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 is performing at the end of May 2020 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 shows how the Trust is performing against a set of key targets and measures. In line with recent instruction from NHS England and NHS Improvement¹ (NHSEI), the standard report has been streamlined in order to reduce the burden on the regular contributors and release capacity to manage the COVID-19 pandemic.

Performance is summarised in an assurance summary dashboard with targets identified where a specific target has been agreed. Where a specific target hasn't been agreed or specifically commissioned, colleagues will be able to track performance over time and discuss/challenge any specific variation that may be of concern or unusual. Further detailed charts for the measures are included in appendix 2.

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

Finance

Revenue: in order to 'true-up to breakeven we accrued top up income amounting to £564k for May 2020. The overall costs in the month included £657k of Covid specific costs. Agency costs continue to exceed the ceiling value, by 3% year to date. We have responded to a request from NHSIE to articulate the changes we believe are required to our block income in order to address such things as investments agreed but not yet transacted contractually for which we are, or will be, incurring costs.

Capital: We have complied with requests for several capital submissions recently. As reported last month we submitted a one-year plan, subsequently there was a request for a five year plan. In addition we have been asked for a 20/21 capacity plan submission (revenue and capital) and a mental health capital requirements submission (that incorporated estimates for permanent dormitory eradication and a local Psychiatric Intensive Care Unit (PICU) facility).

With regard to NHS Financial arrangements beyond month 4: We await guidance on how the payment arrangements will operate for month 5 (August) onwards.

The financial position, financial governance along with the revenue and capital submissions and their assumptions and latest intelligence on financial arrangements have been reported in detail to the Finance and Performance Committee on 25 June 2020.

A verbal update will be provided to Board on any further feedback or progress on these matters.

Operations

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

IAPT 6 week referral to treatment

Talking Mental Health Derbyshire (TMHD) continues to exceed the national standard for referral to treatment, however the rate achieved in the last 3 months has been lower than normal. This is a result of referrals to the the Trust's element of the service being on hold.

Patients placed out of area – adult acute

The number of out of area acute placements has reduced for the 4th month in a row and the reduction is statistically significant.

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

There is currently no local PICU provision, however this is being considered as part of the estate transformation project.

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

The transition from face-to-face contacts to the use of telephone and video resulted in a much higher volume of contacts being completed for several weeks. There has also been a drop in referrals.

Waiting list for community paediatrics

Further significant progress has been made to reduce waits and at the end of May the number of children on the waiting list was at the lowest level achieved to date.

Waiting list for autistic spectrum disorder (ASD) assessment

The service is currently on hold to enable redeployment of staff to support our most vulnerable and high risk patients. As a result, the waiting list has been temporarily closed to new referrals. This is likely to result in an initial large increase in referrals received once the service is resumed in a few months' time.

Waiting times for psychology

Following 6 months of sustained improvement to the average wait to be seen, in April there was some increase to waiting times and then a further increase in May.

Admissions

In adult acute inpatients we have seen a significant increase in admissions under the Mental Health Act in May.

Workforce

Annual appraisals

Appraisals remain on hold. Once the suspension is lifted it will be a significant challenge to recover the position.

Compulsory training

The position has been very gradually reducing and has fallen below target for the first time in 16 months.

Staff absence

COVID-19 remains the most common reason for absence in Operational Services, closely followed by anxiety, stress, depression or other psychiatric illness.

Supervision

The level of compliance with the clinical and managerial supervision targets has continued to fall.

Quality

Incidents

The number of incidents of moderate to catastrophic harm remained above average but has reduced for the second month running. This is to be expected as we are seeing a continuing reduction in number of patients with COVID-19.

Seclusion and prone restraint

The increase in the use of seclusion and prone restraint is above normal levels.

Patients in settled accommodation and patients in employment

The proportion of patients living in settled accommodation and of those in employment is higher than expected.

Care plan reviews

The proportion of patients whose care plan has been reviewed has fallen again and is now much lower than normal.

Strategic Considerations

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

Assurances

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

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

Recommendations

The Board of Directors is requested to:

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

Report presented by:

Claire Wright, Director of Finance/Deputy CEO

Report prepared by:

**Peter Henson, Head of Performance, Delivery & Clustering
Claire Wright, Director of Finance/Deputy CEO**

1. Assurance Summary

Indicator	Rating ¹	Data Quality	Indicator	Rating ¹
Operational				
CPA 7 day follow-up to Mar 20, then 3 day follow-up all patients			Waiting list for care coordination – number waiting	See chart
Data Quality Maturity Index (DQMI) - MHSDS data score			Waiting list for care coordination – average wait	See chart
Early Intervention (EIP) RTT within 14 days - complete			Waiting list for ASD assessment – number waiting	See chart
EIP RTT within 14 Days - incomplete			Waiting list for ASD assessment – average wait	See chart
IAPT referral to treatment (RTT) within 18 weeks			Waiting list for psychology – number waiting	See chart
IAPT referral to treatment within 6 weeks			Waiting list for psychology – average wait	See chart
IAPT people completing treatment who move to recovery			Waiting list for CAMHS – number waiting	See chart
Patients placed out of area - PICU	See chart		Waiting list for CAMHS – average wait	See chart
Patients placed out of area - adult acute	See chart		Waiting list for community paediatrics – number waiting	See chart
			Waiting list for community paediatrics – average wait	See chart
Workforce				
Annual appraisals			Clinical supervision	
Annual turnover			Management supervision	
Compulsory training			Vacancies	
Sickness absence			Bank staff use	

¹The rating symbols were designed by NHS Improvement

Key:

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

2. Detailed Narrative

Operations

A. 7 day follow-up of patients on CPA, up to Mar 2020, then 3 day follow-up of all patients, from April 2020

In line with the recommendations of the annual National Confidential Inquiries², which have consistently found that people are at most risk of self-harm or suicide in the first 2-3 days following discharge, from April 2020 the national standard for follow-up post discharge from inpatient wards was reduced from 7 days to 72 hours. In both April and May this revised standard has been achieved.

B. Data quality maturity index

The high level of data quality has been maintained to date. It is possible that the postponement of certain non-critical mental health services during the COVID-19 pandemic has resulted in record administrators having more capacity to update their records.

C. IAPT 6 week referral to treatment

Talking Mental Health Derbyshire (TMHD) continues to exceed the national standard for referral to treatment, however the rate achieved in the last 3 months has been lower than normal. This is a result of referrals to the the Trust's element of the service being on hold owing to the pandemic, with the Trust's IAPT clinicians currently staffing the mental health helpline. In the meantime the Trust's sub-contractors are providing the IAPT service.

D. IAPT – people completing treatment who move to recovery

Despite the fact that statistically it is entirely random as to whether or not this target is achieved, TMHD have achieved the target this month and throughout the previous financial year. This is a result of the Area Service Manager tightly monitoring the position on a daily basis and reacting to address any deterioration. Performance has also been monitored at regular contractual and operational meetings.

E. Patients placed out of area – adult acute

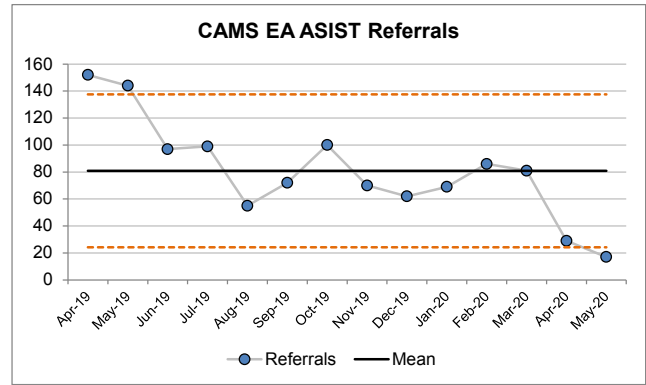
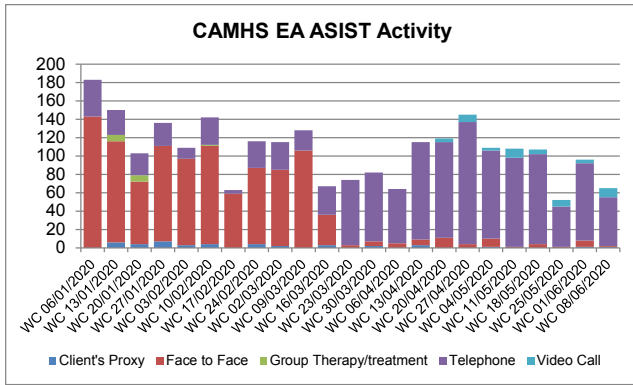
The number of out of area acute placements has reduced for the 4th month in a row and the reduction is statistically significant. Additional bed capacity was created as a result of the discharge initiative for COVID-19 response, however out of area placements are still expected to be required in order to maximise and appropriately prioritise Trust staffing resources.

F. Patients placed out of area – Psychiatric Intensive Care Unit (PICU)

There is currently no local PICU provision, however this is being considered as part of the estate transformation project.

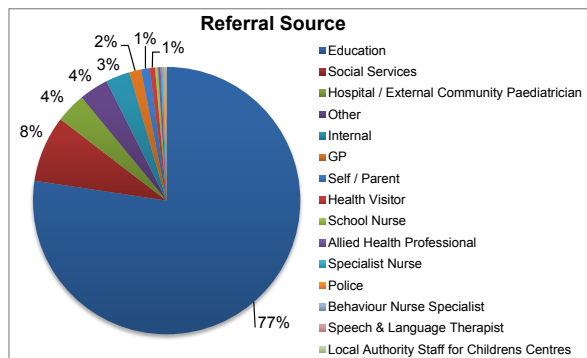
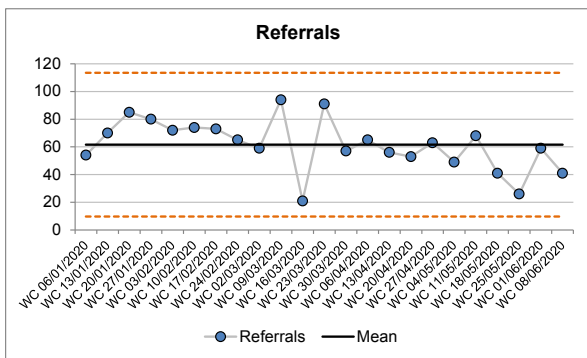
G. Waiting list - Child & Adolescent Mental Health Services (CAMHS)

The transition from face-to-face contacts to the use of telephone and video resulted in a much higher volume of contacts being completed for several weeks in CAMHS EA ASIST. There has also been a drop in referrals. These factors are producing a gradually improving position.



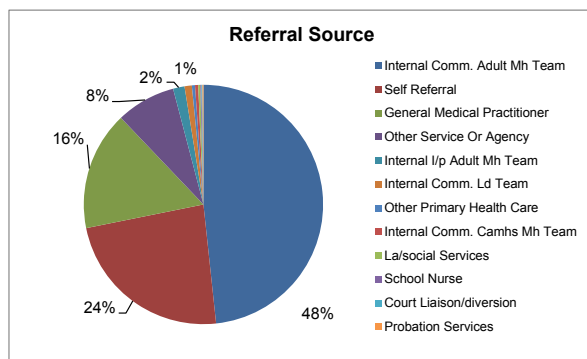
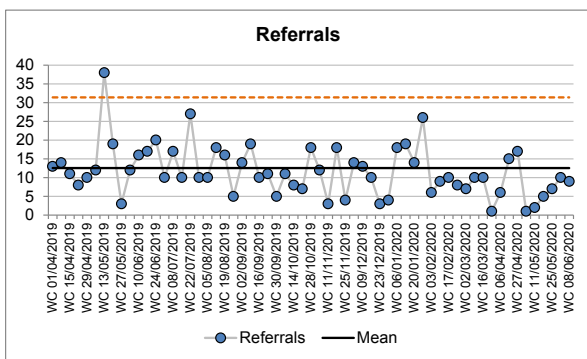
H. Waiting list for community paediatrics

Further significant progress has been made to reduce waits and at the end of May the number of children on the waiting list was at the lowest level achieved to date. The number of referrals received each week during the pandemic is lower than normal. This is to be expected in light of the current school closures as the majority of referrals come from education.



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

The service is currently on hold to enable redeployment of staff to support our most vulnerable and high risk patients. As a result, the waiting list has been temporarily closed to new referrals. This is likely to result in an initial large increase in referrals received once the service is resumed in a few months' time. Before the pandemic there was an average of 13 referrals per week to the service. Around half of all referrals are made by our own services.

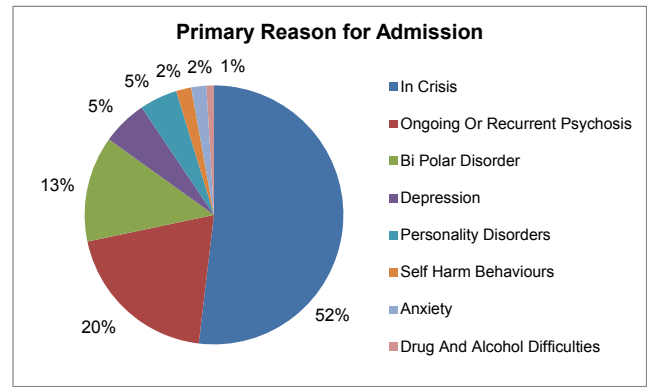
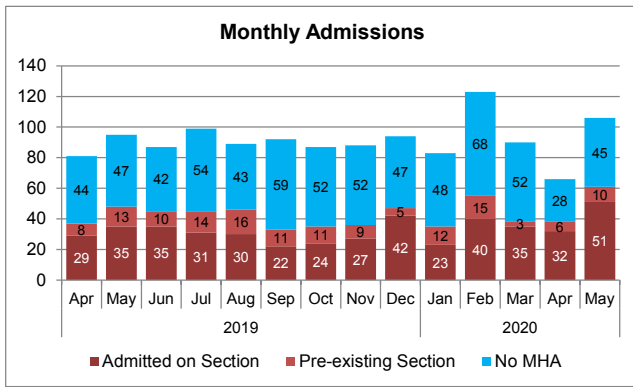


J. Waiting times for psychology

Following 6 months of sustained improvement to the average wait to be seen, in April there was some increase to waiting times and then a further increase in May.

K. Admissions

In adult acute inpatients we have seen a significant increase in admissions under the Mental Health Act in May. The main reasons people were referred for admission were people in crisis, ongoing or recurrent psychosis and bipolar disorder.



Workforce

In order to reduce the burden and release capacity to manage the COVID-19 pandemic, all NHS organisations were instructed by Amanda Pritchard, Chief Operating Officer, NHS England & NHS Improvement³, to suspend appraisals and revalidation and to reduce the volume of mandatory training as appropriate.

A. Annual appraisals

Appraisals remain on hold. The table below gives a cumulative picture of how many appraisals will become overdue each month if appraisals remain on hold. Once the suspension is lifted it will be a significant challenge to recover the position.

Division & Service Line	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Corporate Services	107	133	156	229	290	373	394	401	415	426
Business Improvement + Transformation	6	9	10	10	10	10	10	11	11	11
Procurement + Contracting	6	9	10	10	10	10	10	11	11	11
Corporate Central	18	22	24	25	27	28	29	31	37	37
Communications + Involvement	2	2	2	3	3	4	4	5	7	7
Corporate & Legal Affairs	10	11	13	13	15	15	16	17	20	20
STP Hosts	6	9	9	9	9	9	9	9	10	10
Estates + Facilities	23	25	29	78	119	181	184	187	188	190
Capital Projects (E+F)	1	1	1	6	6	6	6	6	6	6
Estates (E+F)	1	1	4	7	10	24	25	27	27	29
Facilities Group (E+F)	20	22	23	64	102	150	152	153	154	154
FM Group (E+F)	1	1	1	1	1	1	1	1	1	1
Finance Services	2	8	10	11	16	17	18	18	19	21
Finance Services (L4)	2	8	10	11	16	17	18	18	19	21
Med Education & CRD	20	20	20	20	21	24	26	27	28	29
Centre for Research + Development (L4)	13	13	13	13	13	14	16	17	17	18
Medical (L4)	7	7	7	7	8	10	10	10	11	11
Nursing + Quality	20	24	28	31	34	39	45	45	47	50
Governance (N+Q)	10	10	10	10	13	14	18	18	20	23
Nursing (N+Q)	4	5	6	6	6	7	9	9	9	9
Nursing Management (N+Q)	5	6	9	10	10	11	11	11	11	11
Safeguarding (N+Q)	1	3	3	5	5	7	7	7	7	7
Ops Support	14	21	31	49	58	69	77	77	80	83
IT, Information Management + Patient Records	6	9	11	14	19	27	33	33	35	38
Ops Management	2	2	3	3	3	3	3	3	3	3
Pharmacy	6	10	17	32	36	39	41	41	42	42
People Services	4	4	4	5	5	5	5	5	5	5
Human Resources (L4)	2	2	2	2	2	2	2	2	2	2
Workforce OD (L4)	2	2	2	3	3	3	3	3	3	3
Operational Services	641	777	891	1014	1176	1431	1606	1727	1902	2030
Adult Care Acute	121	149	175	204	240	284	311	339	378	408
Acute Inpatient North	46	50	58	70	75	92	98	101	108	115
Acute Inpatient South	43	54	67	76	100	113	125	136	153	162
Adult Care Acute Mgt	4	4	4	4	4	6	7	7	7	7
Adult Urgent Assessment	28	41	46	54	61	73	81	95	110	124
Adult Care Community	108	121	132	149	167	230	257	274	310	326
Adult Care Community Mgt	1	1	1	1	1	3	4	4	7	8
County North	35	40	46	59	64	80	93	95	109	113
County South	40	44	46	47	56	76	85	92	106	113
Derby City	32	36	39	42	46	71	75	83	88	92
Children's Services	172	202	226	258	287	324	371	384	416	448
CAMHS	61	67	71	75	78	81	84	84	87	92
Children's Care Mgt	5	5	5	5	6	6	6	6	6	6
CIC Therapy+Complex Needs	46	61	74	87	105	126	155	164	177	186
Universal 0-19	60	69	76	91	98	111	126	130	146	164
Clinical Serv Management	8	8	9	9	9	10	10	11	11	16
Clinical Management	8	8	9	9	9	10	10	11	11	16
Forensic + MH Rehab	22	35	46	50	60	74	87	90	104	112
Complex Care	18	31	42	46	56	70	83	86	100	108
Complex Care Mgt	4	4	4	4	4	4	4	4	4	4
Older Peoples Care	77	99	121	141	185	234	273	313	338	360
Older Peoples Acute Care	37	51	66	74	95	115	139	162	175	191
Older Peoples Care Mgt	1	1	1	1	2	3	3	3	3	4
Older Peoples Comity Care	39	47	54	66	88	116	131	148	160	165
Performance Delivery Clustering	0	1	1	2	2	2	2	2	3	4
Perf. Delivery Clustering	0	1	1	2	2	2	2	2	3	4
Psychology	45	53	57	60	69	85	91	93	97	100
Heads of Psgy X	35	39	40	40	41	52	53	54	55	57
Heads of Psgy Y	10	14	17	20	28	33	38	39	42	43
Specialist Care Services	88	109	124	141	157	188	204	221	245	256
Adult IAPT Service	27	35	39	42	48	50	53	61	71	76
Learning Disabilities	30	33	37	48	56	71	75	77	81	82
Perinatal	10	17	18	18	18	21	24	26	28	33
Specialist Care Medical	3	3	3	3	3	3	3	3	3	3
Specialist Care Mgt	3	5	8	9	10	12	13	13	13	13
SubsMis	15	16	19	21	22	31	36	41	49	49
Operations Support	0	0	0	0	0	1	1	1	1	1
IT, Information Management & Patient Records	0	0	0	0	0	1	1	1	1	1
Pseudonymisation Project (OPR) (G62038)	0	0	0	0	0	1	1	1	1	1
Grand Total	748	910	1047	1243	1466	1805	2001	2129	2318	2457
Proportion of the 2,702 total staff in post	28%	34%	39%	46%	54%	67%	74%	79%	86%	91%

B. Turnover

³ <https://www.england.nhs.uk/coronavirus/publication/reducing-burden-and-releasing-capacity-at-nhs-providers-and-commissioners-to-manage-the-covid-19-pandemic/>

Although turnover has reduced slightly in each of the last 3 months, it remains within normal variation and over the last 2 years turnover has consistently remained within the Trust target range of 8-12%.

C. Compulsory training

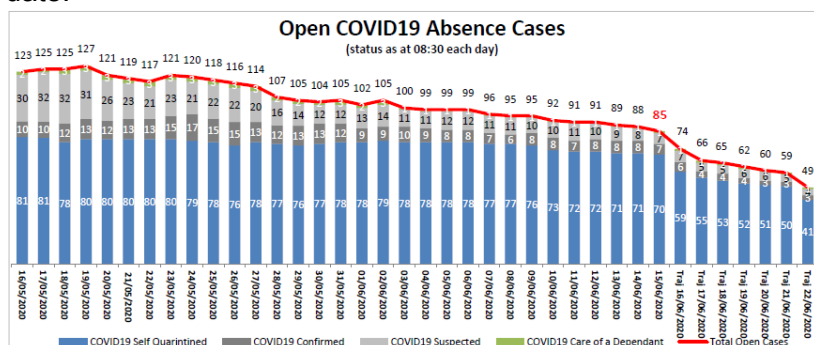
The position has been very gradually reducing and has fallen below target for the first time in 16 months. Training classes have been significantly reduced to enable the training team to deliver clinically essential training. As a result it is likely that the position will continue to deteriorate where training is delivered face-to-face.

D. Staff absence

COVID-19 remains the most common reason for absence in Operational Services, closely followed by anxiety, stress, depression or other psychiatric illness:

Reason	n
Coronavirus	58
Coronavirus: COVID19 (Self-Quarantined)	43
Coronavirus: COVID19 (Confirmed)	7
Coronavirus: COVID19 (Suspected)	7
Coronavirus: COVID19 Care of a Dependant	1
S10 Anxiety/stress/depression/other psychiatric illnesses	49
S12 Other musculoskeletal problems	7
S28 Injury, fracture	6
Consent withheld	5
S16 Headache / migraine	5
Not Assigned	4
S25 Gastrointestinal problems	4
Surgery	4
S29 Nervous system disorders	3
Care of a dependant	3
S15 Chest & respiratory problems	3
Bereavement	3
S21 Ear, nose, throat (ENT)	3
S17 Benign and malignant tumours, cancers	2
S98 Other known causes - not elsewhere classified	2
S27 Infectious diseases	2
S19 Heart, cardiac & circulatory problems	2
Special Leave	1
S26 Genitourinary & gynaecological disorders	1
S13 Cold, Cough, Flu - Influenza	1
S31 Skin disorders	1
S23 Eye problems	1
Grand Total	170

The spread of COVID-19 within our workforce remains fairly stable, with no spike experienced to date:



E. Supervision

The level of compliance with the clinical and managerial supervision targets has continued to fall.

F. Vacancies

In May the proportion of posts filled was within normal variation.

G. Bank staff use

In May the proportion of temporary staffing was within normal variation.

Quality

A. Incidents

The number of incidents of moderate to catastrophic harm remained above average but has reduced for the second month running. This is to be expected as we are seeing a continuing reduction in number of patients with COVID-19.

B. Seclusion and prone restraint

The increase in the use of seclusion and prone restraint is above normal levels and is indicative of the high levels of acuity being managed on the wards.

C. Patients in settled accommodation and patients in employment

The proportion of patients living in settled accommodation and of those in employment is higher than expected. This might be an indicator of increasing mental health issues resulting from the impact of the pandemic on working lives.

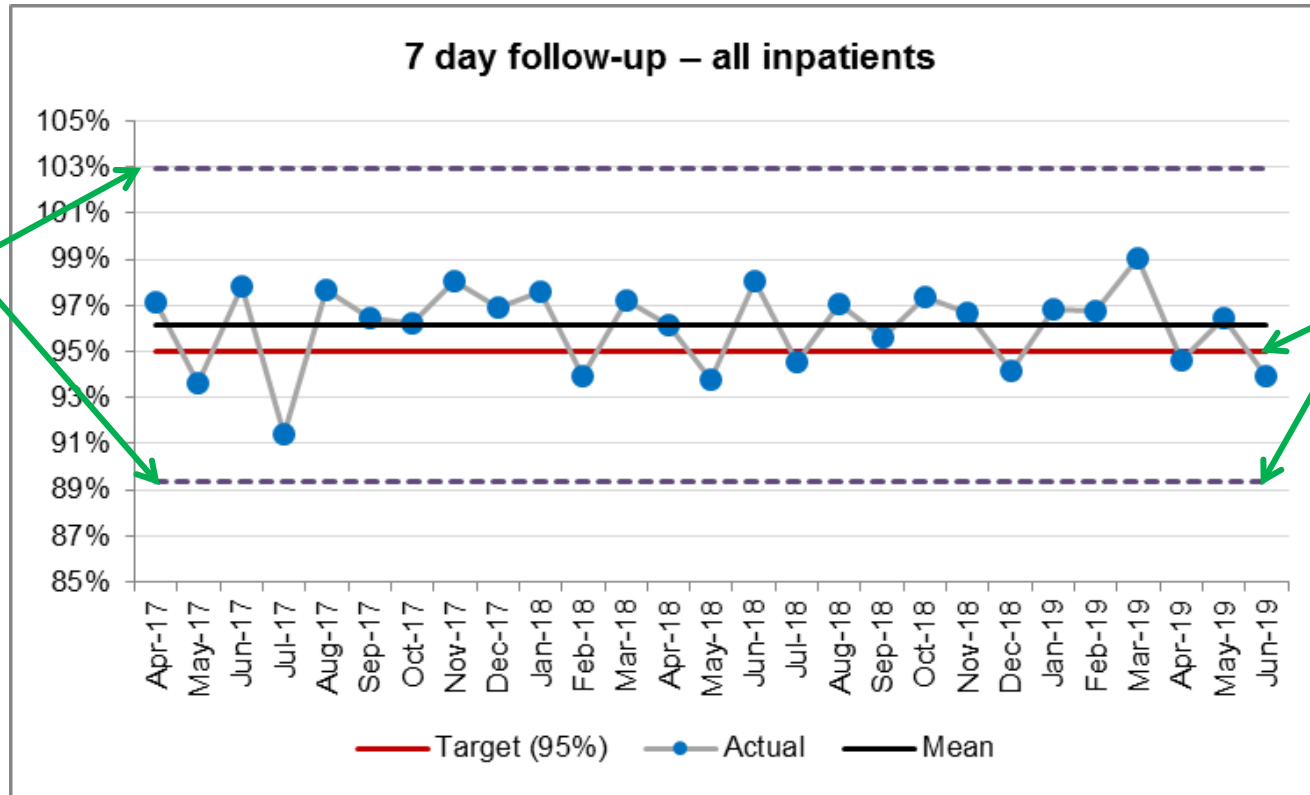
D. Care plan reviews

The proportion of patients whose care plan has been reviewed has fallen again and is now much lower than normal. This is to be expected as teams are currently prioritising essential tasks.

Appendix 1

How to Interpret a Statistical Process Control Chart (SPC)

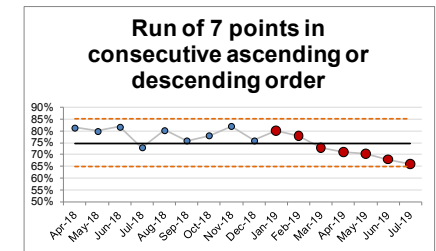
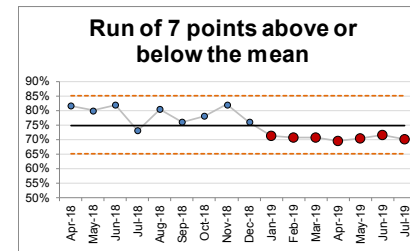
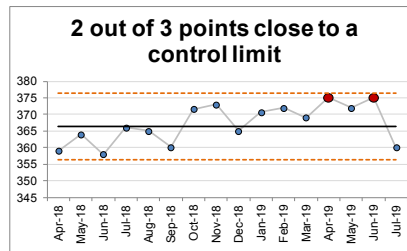
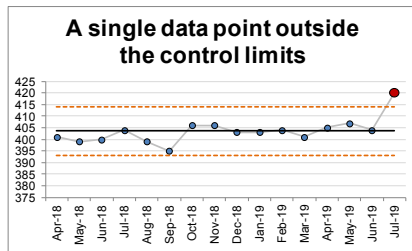
The dotted lines are the “control limits”. Any performance between these 2 lines is normal for the current system. This is known as “normal variation”



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

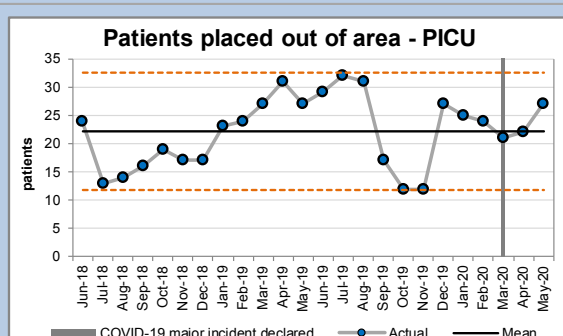
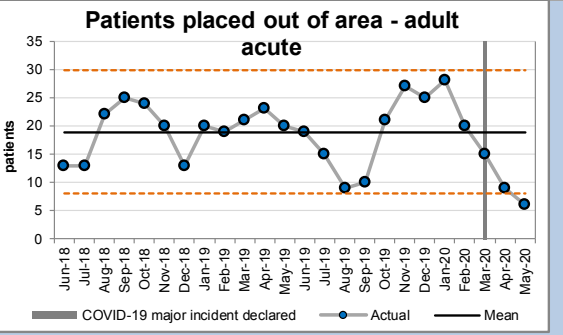
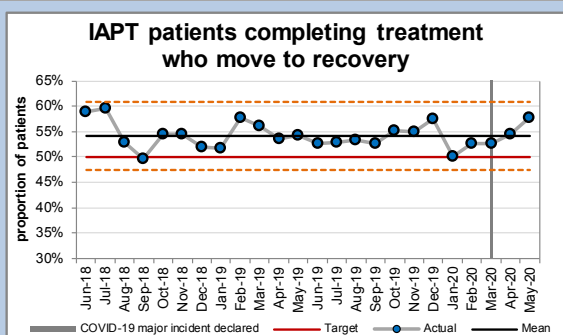
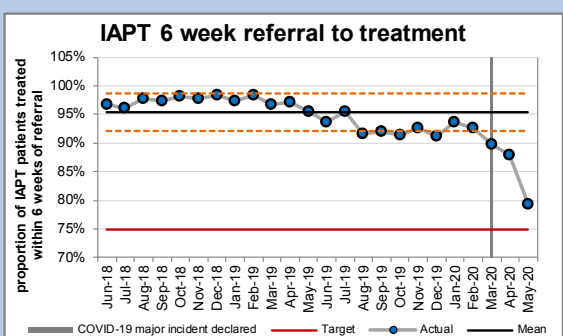
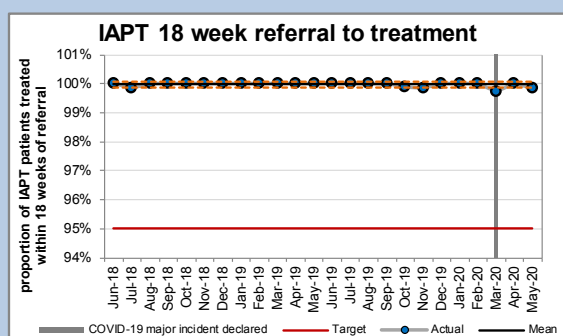
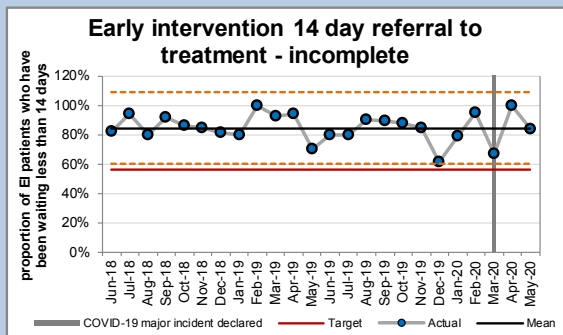
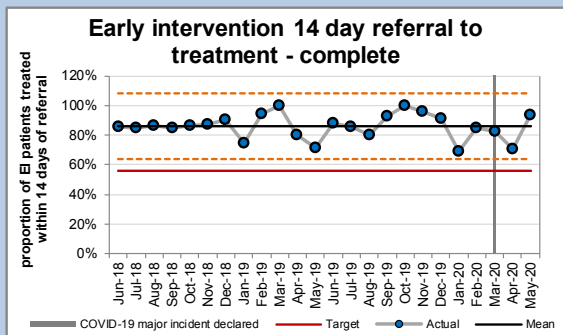
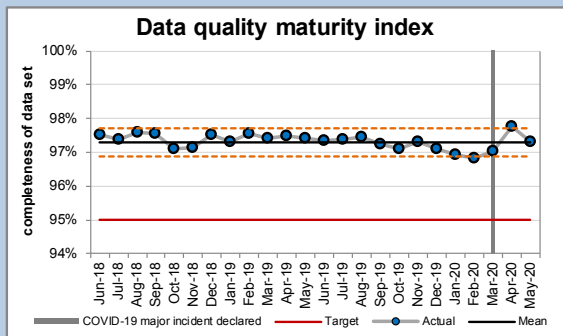
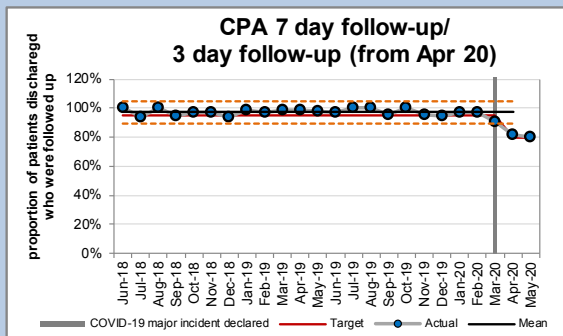
In this case the target line is above the lower control limit which indicates that the system is ineffective.

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

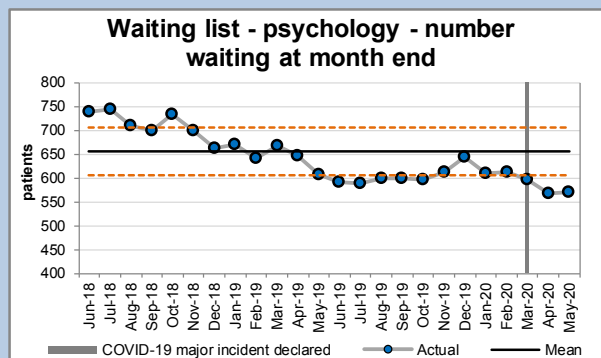
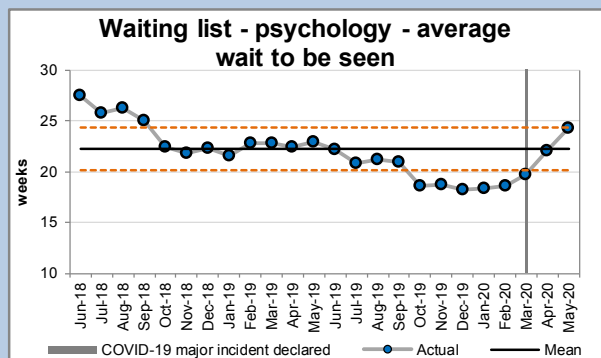
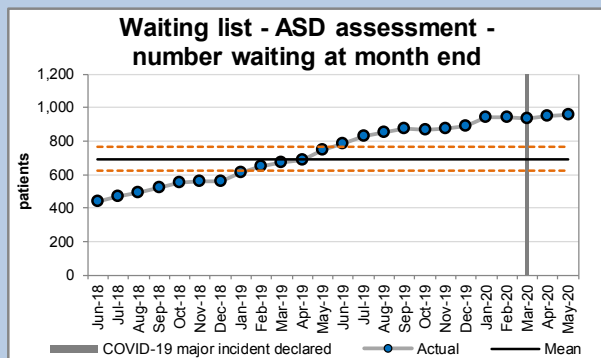
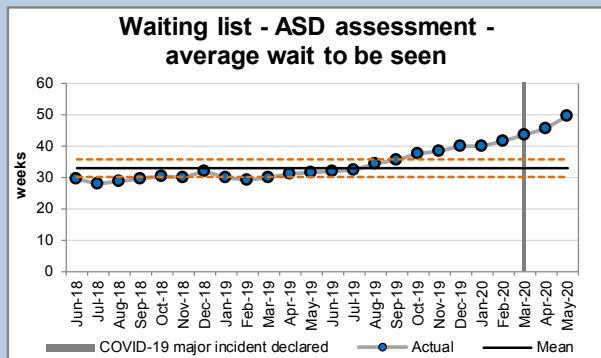
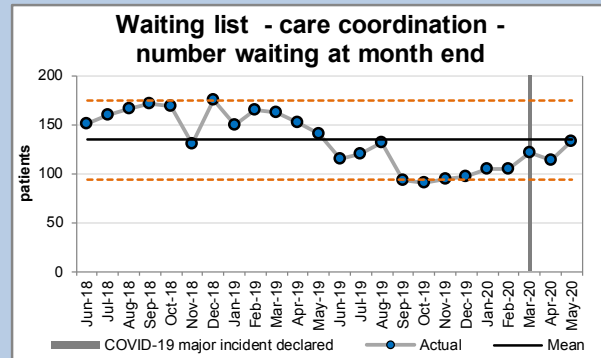
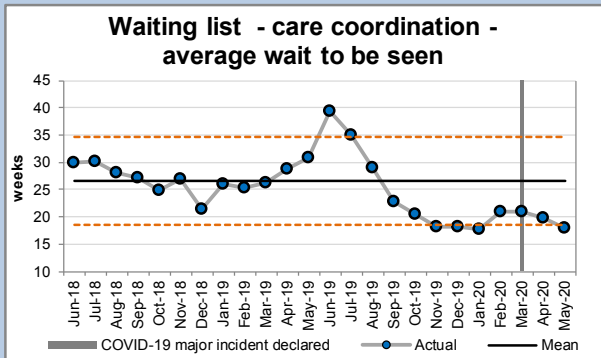
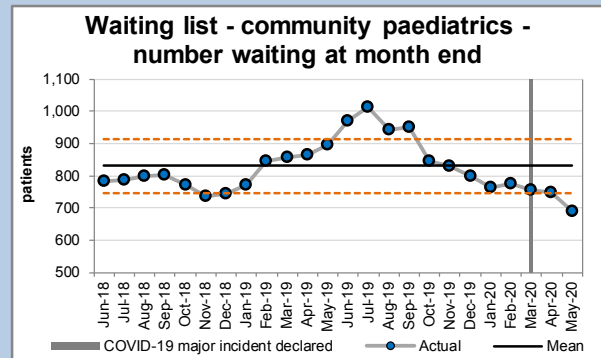
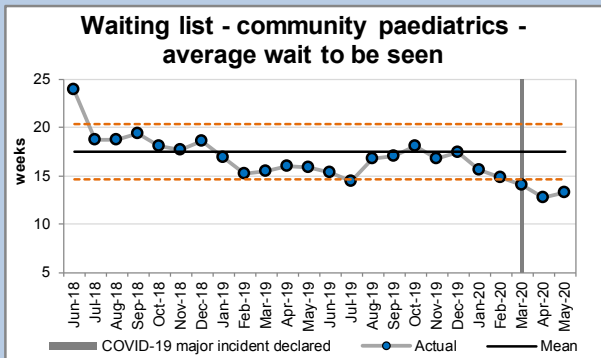
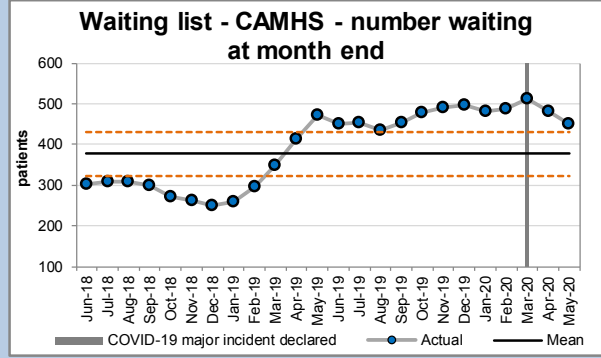
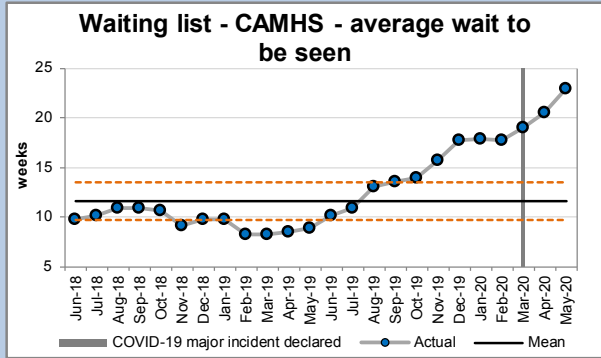


Appendix 2 – Charts⁴

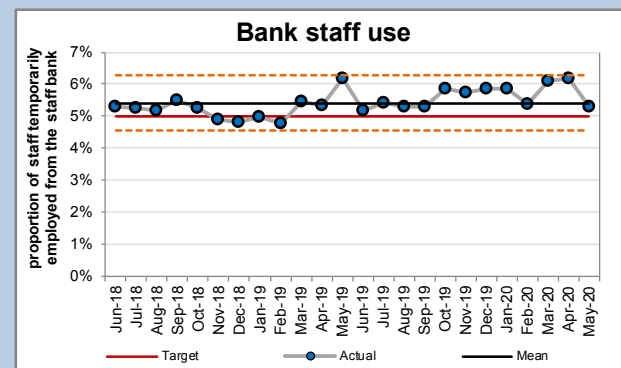
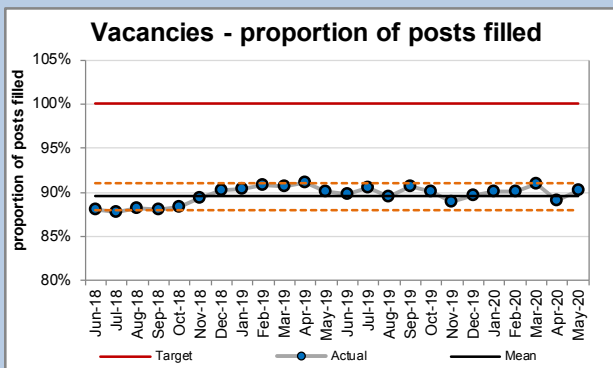
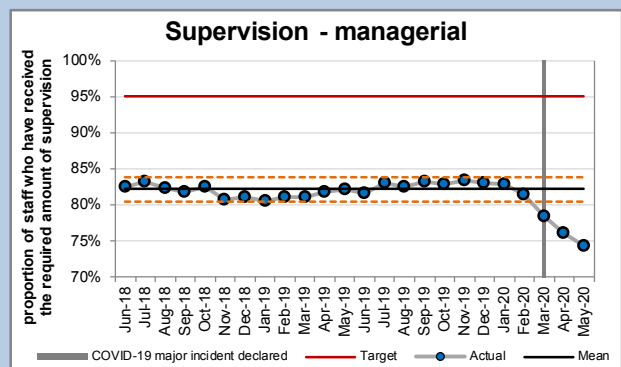
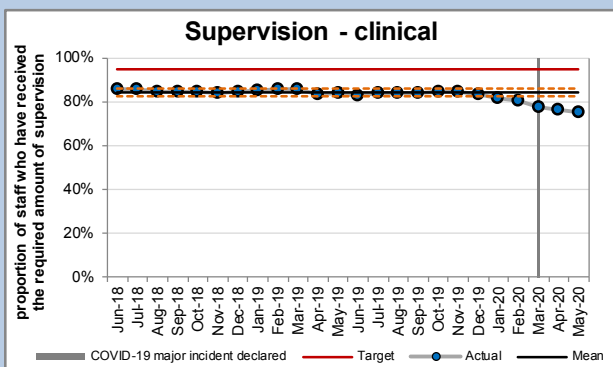
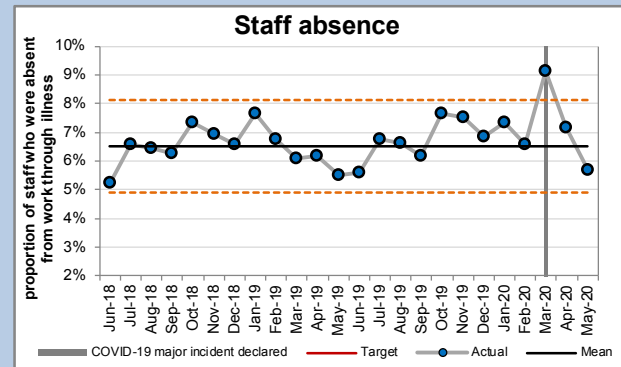
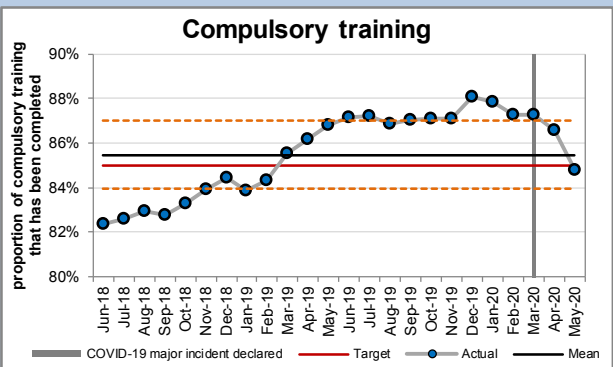
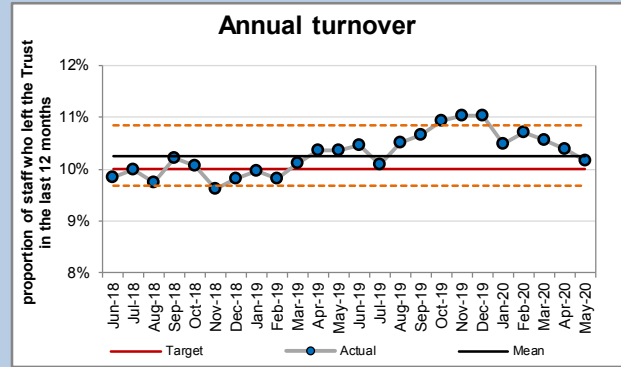
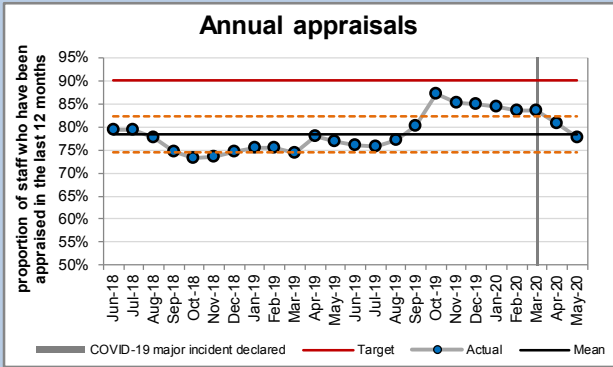
Operational indicators



Operational indicators



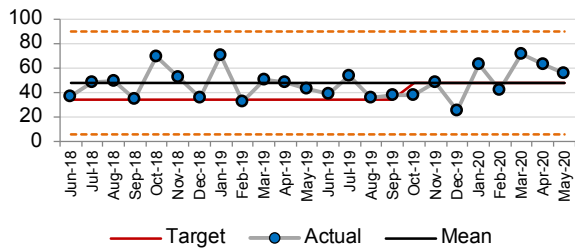
Workforce indicators



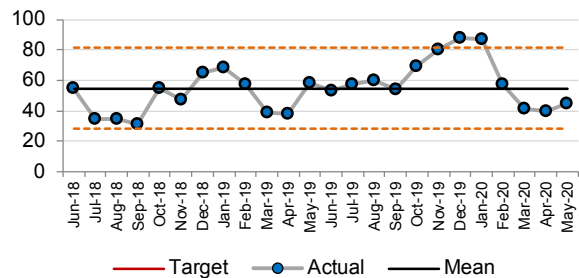
Quality Indicators

Safe

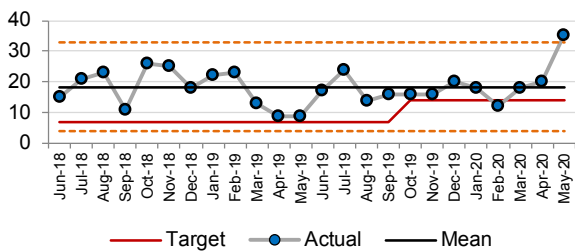
No of incidents of moderate to catastrophic actual harm



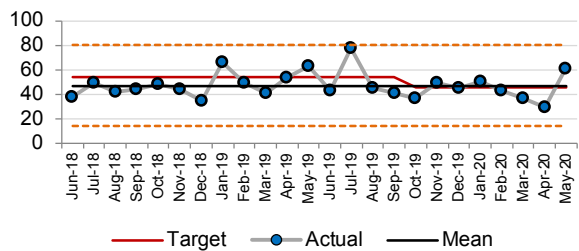
Number of medication incidents



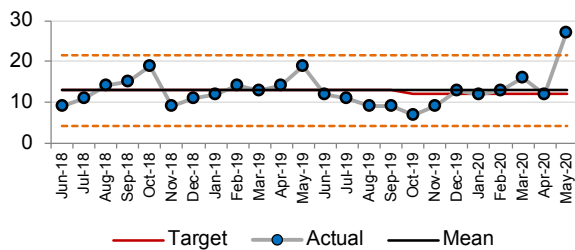
No of new episodes of patients held in seclusion



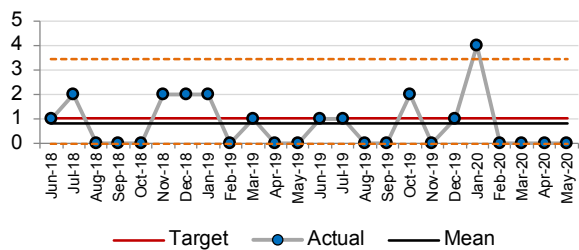
No of incidents involving physical restraint



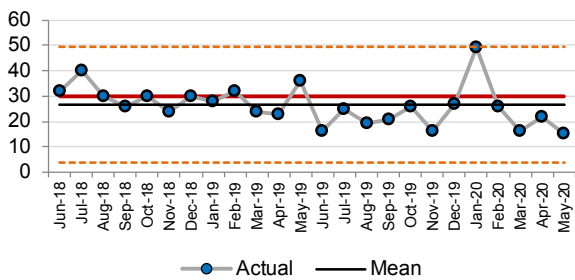
No of incidents involving prone restraint



No of incidents requiring Duty of Candour



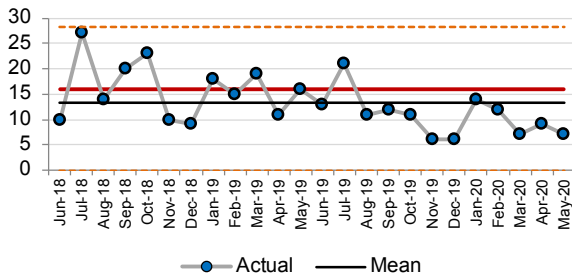
No of falls on in-patient wards



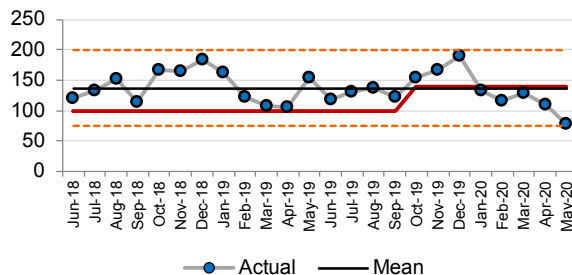
Quality Indicators

Caring

No of formal complaints received

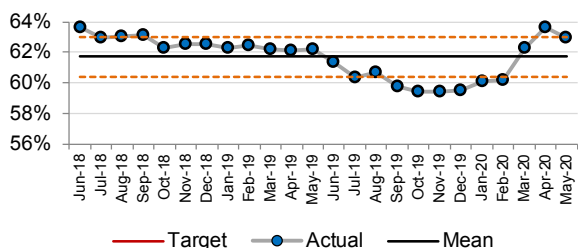


No of compliments received

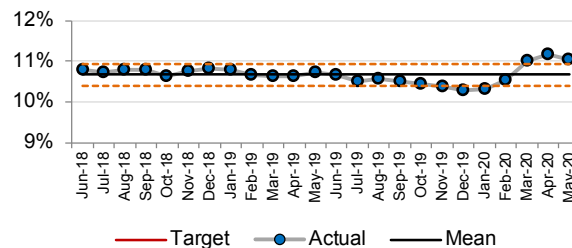


Effective

Patients Open to Trust In Settled Accommodation (M)

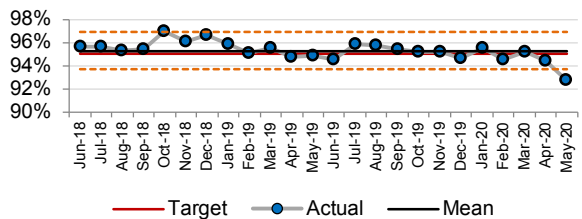


Patients Open to Trust In Employment (M)

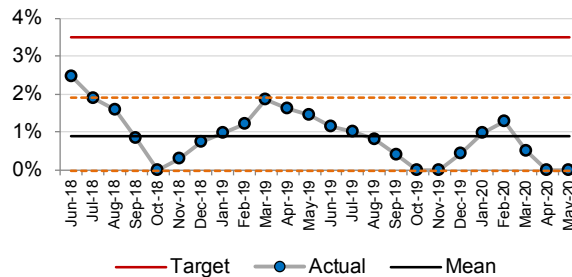


Responsive

% of patients who have had their care plan reviewed and have been on CPA > 12months



Delayed Transfers of Care (%)



Appendix 3 – Data Quality Kite Mark

Background

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

Approach



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

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

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

KPI Data Quality Reviews

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

NHS Staff Survey – update from 2019 results and plan for 2020

Purpose of Report

This paper is to provide the Board of Directors with information relating back to the 2019 NHS Staff Survey results and to provide assurance on the future plans for 2020.

Executive Summary

This paper was previously received by the People and Culture Committee on 23 June and is submitted to the Board for information and to provide assurance on future planning. Since the last paper with the planned proposal following the 2019 NHS Staff Survey results presented at the People and Culture Committee on 24 March, the world in which we operate is very different and lots has changed for the organisation, due to the COVID-19 pandemic.

Despite not progressing as planned with the action plan, this paper demonstrates there has been a lot of indirect work happening throughout the pandemic related to the themes, particularly Health and Wellbeing and Team Working, which in turn link to Leadership and Management, Staff Engagement and Morale.

This paper highlights proposed plans to start 'afresh' in 2020 and confirms that the National Staff Survey will go ahead as planned this year, launching in September 2020. The paper asserts the importance of gaining staff views and engaging with colleagues and that this will determine the action planning going forward. The paper recommends the Trust supports the plan not go ahead and produce an action plan for the next two next months, which may not be meaningful due to the current times we are living in. The paper proposes the way forward will be to develop a strong communications plan, linking all of the work indirectly related to the themes that have happened during the pandemic into a 'you said, we did' ahead of the 2020 launch. The Organisational Effectiveness Team plan to use the next two months to engage early with General Managers and Service Leads around their hierarchy structures in ESR. This is to ensure the reporting lines in the 2020 NHS Staff Survey are more meaningful this year with team groupings most appropriately linked.

The paper informs the organisation did not run a Pulse Check in Q1 due to the COVID-19 pandemic and also does not plan to in Q2, due to national guidance allowing postponements, as no information is needed to be recorded to NHS England on Staff FFT at this time. The Pulse Check will recommence in Q4 and run as planned in the next financial year 2021/22.

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

Just to remind you, from the 2019 NHS Staff Survey NHS England results we can see that:

- There has been an improvement in the scores in 9 out of the 11 themes compared to 2018.
- 7 out of the 11 themes are above average when benchmarking against the 31 other Combined Mental Health / Learning Disability and Community Trusts for the 2019 NHS Staff Survey
- No theme saw either a decline in results compared to 2018, or is classed as 'worst' in our benchmarking group.

A lot has changed since the last paper was presented to the People and Culture Committee on 24 March 2020 due to the COVID-19 pandemic. Whilst there has been no 'normal' planned progress against the themes, assurance should be given by the amount of indirect work happening as a result, which will support progression of the themes in 2020, for example with regards to staff wellbeing, communication, agile working and team working via Microsoft Teams.

Risks associated with the report are linked to the BAF as follows:

Strategic Objective 2. Engagement: 18_19 2a - There is a risk that if the Trust doesn't engage our workforce and create an environment where they experience the aims and values of the Trust, there will be a negative impact on the morale and health and wellbeing of staff which may affect the safety and quality of patient care.

Consultation

- The Picker report was shared with Executives by Amanda Rawlings in December 2019 and at the People and Culture Committee on 28 January 2020 and Trust Board on 4 February 2020.
- All information on our NHS Staff Survey results was shared via an email from Ifti, including a one page summary document, with appropriate stakeholders and governors when the embargo was been lifted on 18 February 2020.
- The NHS England results build on from the Picker results and are used to benchmark us nationally against all other NHS organisations which fit into our category in the NHS Staff Survey benchmarking of results. The NHS England results were also discussed at Board and the Council of Governors on

3 March 2020 and at the People and Culture Committee on 24 March 2020.

- Throughout March all colleagues were engaged with, initially through a Survey Monkey to gain staff views around their preferences of which focus area(s) we should be focussing on ahead of the 2020 survey. This was superseded by COVID-19; however the Health and Wellbeing theme scored the highest.
- This report was previously received by the People and Culture Committee on 23 June.

Governance or Legal Issues

- CQC analyse the NHS Staff Survey results
- Some of our results are linked to the Health and Wellbeing CQUIN
- Staff FFT questions are reported and benchmarked nationally.

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:

- All staff are given the opportunity to complete at least 1 Pulse Check and 1 NHS Staff Survey every year
- Our NHS Staff Survey results are broken down by protected characteristics and further analysis is done by the Head of Equality, Diversity and Inclusion in conjunction with all Staff Network Groups.

Recommendations

The Board of Directors is requested to:

- 1) Continue to support progress of the themes through the Trust's indirect work
- 2) Approve the proposed plan to spend the next two months preparing for the 2020 NHS Staff Survey – including structural work going to happen behind the scenes within ESR, establishing key contacts/champions in areas regarding paper distribution and developing a strong communications plan.

Report presented by: **Celestine Stafford**
Assistant Director People and Culture
Transformation

Report prepared by: **Laura Gee**
Organisational Effectiveness Advisor
Clair Sanders
Engagement and OD Lead

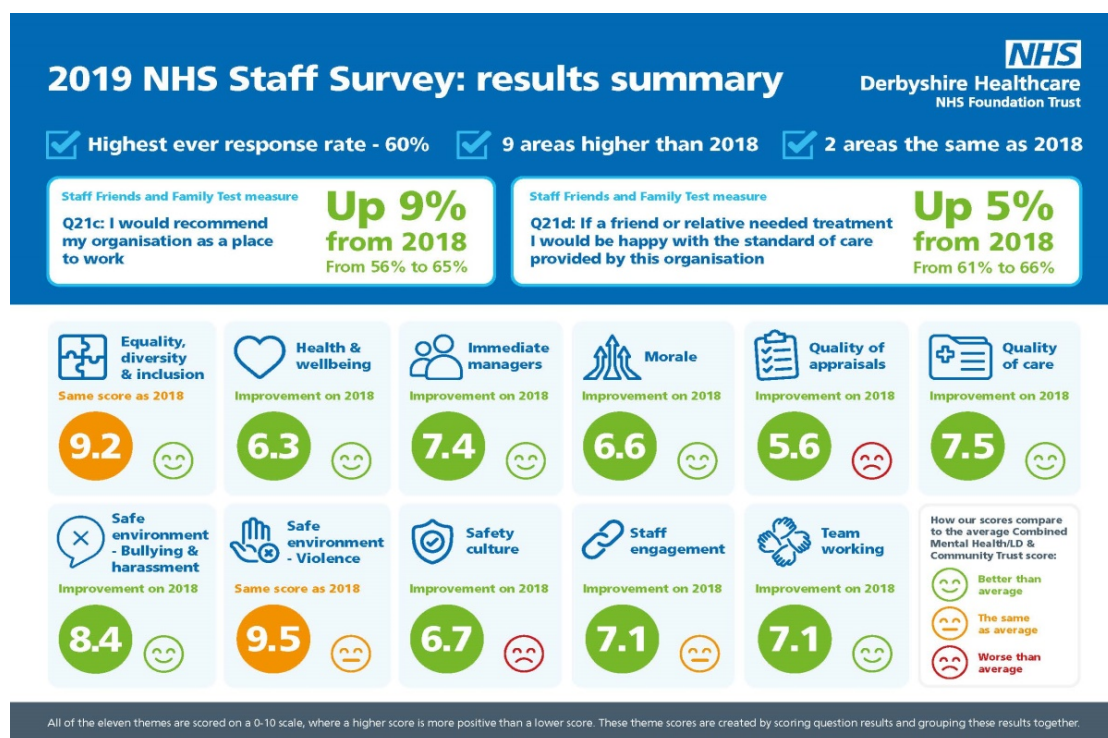
NHS Staff Survey – update from 2019 results and plan for 2020

Introduction

Similarly with all areas, since the last paper with our planned proposal following the 2019 NHS Staff Survey results presented at the People and Culture Committee on the 24 March, the world in which we operate is very different now and lots has changed for the organisation due to the COVID-19 pandemic.

As a reminder, please see figure one which shows how we scored last year against our 2018 NHS Staff Survey and demonstrates the huge progress we have made as an organisation.

Figure 1: 2019 NHS Staff Survey: results summary



In summary of the 11 themes, compared to the other 31 organisations we are benchmarked against, we were:

- **Best in 0**
- Above average in 7 (equality, diversity and inclusion) (health and wellbeing) (immediate managers) (morale) (quality of care) (safe environment – bullying and harassment) (team working)
- Average in 2 (safe environment – violence) (staff engagement)
- Below average in 2 (quality of appraisals) (safety culture)
- **Worst in 0**

Compared to 2018, we were:

- **Better than 2018 in 9 themes** (health and wellbeing) (immediate managers) (morale) (quality of appraisals) (quality of care) (safe environment – bullying and harassment) (safety culture) (staff engagement) (team working)
- **The same as 2018 in 2 themes** (equality, diversity and inclusion) (safe environment – violence)
- **Worse than 2018 in 0 themes**

Looking back

At the People and Culture Committee in March 2020 the paper gave the following recommendation:

*Based on the initial first look analysis of the results the suggested themes to be the main focus of improvement in 2020 are: **quality of appraisals, safe environment – violence and safety culture.***

Whilst smaller key focus area work streams should continue around ‘equality, diversity and inclusion’ and ‘bullying and harassment’ and further areas could be developed around ‘incident reporting’.

However, the next steps set out and approved in the paper shared that we were currently consulting with our Staff Forum and all of our Staff Network Groups via a Survey Monkey on the 11 themes, asking for their opinion on what they feel would make the most difference for us to focus on as Trust over the next 6 – 12 months. This survey was then extended to go out as part of Team Brief.

The original plan was that triangulation of this feedback against what the survey tells us and the comments received will help determine and finalise the 2 – 3 focus areas we will prioritise over the year ahead. These corporate areas of focus would then be tracked via an action plan and reported on bimonthly at the People and Culture Committee.

Since the meeting in March, the Trust has been impacted by the COVID-19 pandemic. A lot of the suggestions were made pre COVID-19 and as a result, some of these may not be relevant now or look very different in the current climate. The Survey Monkey was sent to staff as planned, however the timing of the survey clashed with the height of the COVID-19 pandemic and as such, there wasn't a large enough response rate to carry forward the suggestions, as representative of the whole staff workforce. It is however worth noting, the Health and Wellbeing theme scored the highest, in terms of colleagues wanting us to prioritise this over the year ahead.

With regards to the Pulse Check, the organisation did not run a Pulse Check in Q1 due to the COVID-19 pandemic and also does not plan to in Q2, due to national guidance allowing us to postpone these, as no information is needed to be recorded to NHS England on Staff FFT at this time.

Moving forwards

Despite not progressing as planned, it is worth highlighting that there has been a lot of indirect work happening throughout the pandemic related to the themes. The Incident Management Team's role in our response to COVID-19 has consequently articulated developments within most of the NHS Staff Survey themes - particularly Health and Wellbeing and Team Working. Which in turn link to Leadership and Management, Staff Engagement and Morale.

Some examples of how indirect work supports these themes are as follows: Divisional live engagement hour events have been running to give staff an opportunity to share views, comments or ask questions. Coaching calls are available to all staff to offer them a chance to discuss their own wellbeing, find solutions to current challenges, learn where to get further support and have a quality chat and feel connected. Wobble Boxes and Little Calm Kits have been delivered to various sites and those working remotely to support staff when they need a moment to refresh and recharge. A range of health and wellbeing apps have been offered to staff and support has been provided for redeployed staff and those who are residing away from their home because of the COVID-19 pandemic. The Trust has also moved to agile working and as such meetings have been via Microsoft Teams, with a positive impact on team working.

It is proposed the Trust supports plans to 'start afresh' in 2020. The National Staff Survey has been confirmed to go ahead as planned this year, launching in September 2020. It is more important now than ever to get staff views and engage with colleagues. This will determine our action planning going forward. It is recommended we do not go ahead and produce an action plan in haste for the next two next months, which may not be meaningful due to the current times we are living in.

Instead, the proposed plan is to develop a strong communications plan, linking all of the work indirectly related to the themes that have happened during the pandemic into a 'you said, we did' ahead of the 2020 launch. The Organisational Effectiveness Team plan to use the next 2 months to engage early with General Managers and Service Leads around their hierarchy structures in ESR. This will ensure the reporting lines in the 2020 NHS Staff Survey are more meaningful this year with team groupings most appropriately linked. Having listened to staff views following the feedback from the 2019 NHS Staff Survey, a number of colleagues (mainly from our acute inpatient wards), asked if we could make the survey more accessible and explore whether certain areas could revert back to paper. As such, we will be establishing key contacts/champions in areas regarding distribution ahead of the launch.

Finally, as agreed in Q4 2019/20, we will be moving from our current NHS Staff Survey and Staff FFT provider – Picker, to Quality Health this year.

Lastly to note, the Pulse Check will recommence in Q4 and run as planned in the next financial year 2021/22.

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 1 March to 29 May 2020.

The Quality and Safeguarding Committee previously accepted this Mortality Report on 9 June as assurance of the Trust's approach and agreed for the report to be considered by the Trust Board of Directors.

Executive Summary

Since the start of the COVID-19 pandemic, the learning from deaths process has continued but some changes have had to be made. As of 18 March 2020 all new deaths identified through the NHS Spine are reviewed and graded once a week (instead of daily) and Case note review meetings have been reduced to once a month instead of weekly.

In addition to continuing to review deaths which meet the current red flag criteria, all deaths directly relating to COVID-19 are either reviewed through the Learning from deaths procedure or the Untoward Incident reporting policy and procedure. A weekly COVID-19 death report is completed for the incident management team. This report includes but is not limited to patient demographics, patient conditions, diagnosis and vulnerabilities, allowing the team to draw comparisons to identify themes and trends.

- From 1 March to 29 May 2020, the Trust received 679 death notifications of patients who have been in contact with our service in the last six months
- Two patients died whilst an inpatient on our wards and six patients died following transfer to an acute hospital or in the community
- The Mortality Review Group reviewed eight deaths. These reviews were undertaken by a multi-disciplinary team and it was established that of the eight deaths reviewed, none were classed as due to problems in care.
- The Trust has reported one Learning Disability deaths from 1 March to 29 May 2020
- There is very little variation between male and female deaths; 349 male deaths were reported compared to 330 female
- 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.

All inpatient deaths are reviewed and quarterly reports received by the Executive Leadership Team (ELT) in addition to coroner's inquest updates. Medical availability for mortality reviews has improved and there will now be a focus on selecting cases where physical health care was a prominent feature of care.

Governance or Legal Issues

There are no legal issues arising from this Board report.

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

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

- From the 1 March to 29 May 2020 there is very little variation between male and female deaths; 349 male deaths were reported compared to 330 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: Mark Broadhurst
Deputy 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 1 March to 29 May 2020.

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.
- There are currently medic rotas for the north and south which did improve the number of case notes reviews completed initially but since the pandemic and the reduction of monthly case note reviews, the number of case note reviews have decreased. During this period only eight case note reviews have taken place this is due to cancellation of medics.
- Regular audits continue to be undertaken to ensure compliance with policy and procedure and any necessary changes made. This has included auditing complaint data against names of deceased patients to ensure this meets the National guidance.
- Due to the current circumstances surrounding COVID-19, the Mortality Review Group along with other departments has followed government guidance to allow staff to work remotely. As of 18 March 2020 the Trust's Mortality reviewer will grade all new deaths identified through the NHS Spine once a week (instead of daily) and case note review meetings will be reduced to once a month instead of weekly. In addition to continuing to review deaths which meet the current red flag criteria, all deaths directly relating to COVID-19 will be reviewed either through the Learning from deaths procedure or the Untoward Incident reporting policy and procedure. The mortality reviewer will also produce a weekly COVID-19 death report to be shared with the incident management team. This report will include but is not limited to patient demographics, patient conditions, diagnosis and vulnerabilities, allowing the team to draw comparisons to identify themes and trends.

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

3. Data Summary of all Deaths

Note that inpatients and LD are based upon whether the patient has an open inpatient or LD referral at time of death.

Month	March	April	May
1. Total Deaths Per Month	210	321	148
5. LD Referral Deaths	0	1	0

The table above shows information for 1 March to 29 May 2020.

Correct as at 29 May 2020

From 1 March to 29 May 2020, the Trust received 679 death notifications of patients who have been in contact with our service. There have been two patients who have died on our wards both of these patients were confirmed as having COVID-19 and four have died following transfer to an acute hospital for further medical treatment and two patients in the community. Of these eight deaths, three patients were confirmed as having COVID-19 and one was suspected. One male patient who had a learning disability died in April 2020.

4. Review of Deaths-

1 March to 29 May 2020

Total number of Deaths from 1 March 2020 to 31 May 2020 reported on Datix	88 (of which 78 are reported as “Unexpected deaths”; 10 as “Suspected deaths”; 0 as “Expected - end of life pathway”)
Number reviewed through the Serious Incident Group	84 (4 pending for a review).
Number investigated by the Serious Incident Group	11 (54 did not require an investigation; 19 underway and 4 pending for a review)
Number of Serious Incidents closed by the Serious Incident Group?	54 (19 currently opened to SI group and 4 pending for a review, as of 01/06/2020)

From 1 March to 29 May 202, the Trust has received 679 death notifications of patients who have been in contact with our service within the previous six months. 88 deaths were reported through our DATIX system of which 78 were recorded as unexpected deaths, 10 suspected deaths and 0 expected deaths (end of life).

Since 1 March to 29 May 2020 the Trust has recorded 2 patients who have died on our wards and 6 who have died either on transfer to an acute hospital for further treatment or in the community. Of these deaths 3 patients were confirmed as having COVID-19 and 1 one was suspected, these deaths have been reviewed under the *Untoward Incident Reporting and Investigation Policy and Procedure*.

During this period, a total of 43 deaths were reported through datix, of these deaths 35 patients had died in the community . Of the community patients, 15 patients had been tested positive for COVID-19, the rest of the patients were recorded has having suspected COVID-19. A review will be undertaken to look further into all of the community deaths during this period and this will reported when completed.

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 1 March to 29 May 2020, the Mortality Review Group reviewed 8 deaths. These reviews were undertaken by a multi-disciplinary team and it was established that of the 8 deaths reviewed, 0 have been classed as due to problems in care.

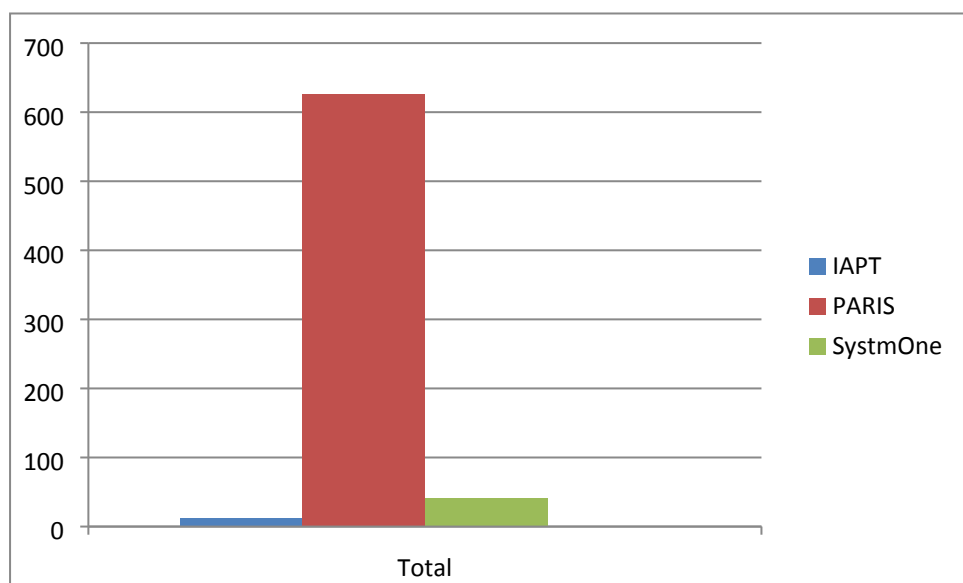
As of Wednesday 18 March 2020 the Trust's Mortality reviewer will grade all new deaths identified through the NHS Spine once a week (instead of daily) and Case note review meetings will be reduced to once a month instead of weekly. This way of working will remain in place until further guidance is issued.

The Mortality Group review the deaths of patients who fall under the following 'red flags' from 28 March 2019:

- Patient taking an anti-psychotic medication
- Patients whose care plan was not reviewed in the 6 months prior to their death
- Patient whose risk plan and or safety plan was not in place or updated as per policy, prior to death
- Death of a patient with a learning disability

6. Analysis of Data

6.1 Analysis of deaths per notification system since 1 March to 29 May 2020



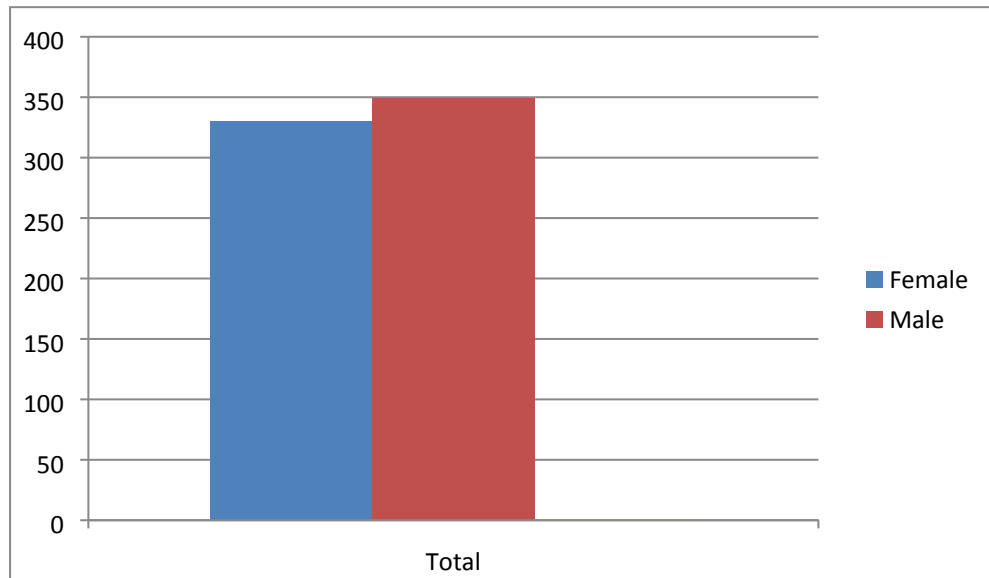
	IAPT	PARIS	SystemOne	Grand Total
Count of Source System	12	626	41	679

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. 41 death notifications were extracted from SystemOne and 12 death notifications were extracted from Improving Access to Psychological Therapies (IAPT).

6.2 Deaths by Gender since 1 March to 29 May 2020

The data below shows the total number of deaths by gender 1 March to 29 May 2020. There is very little variation between male and female deaths; 349 male deaths were reported compared to 330 female.

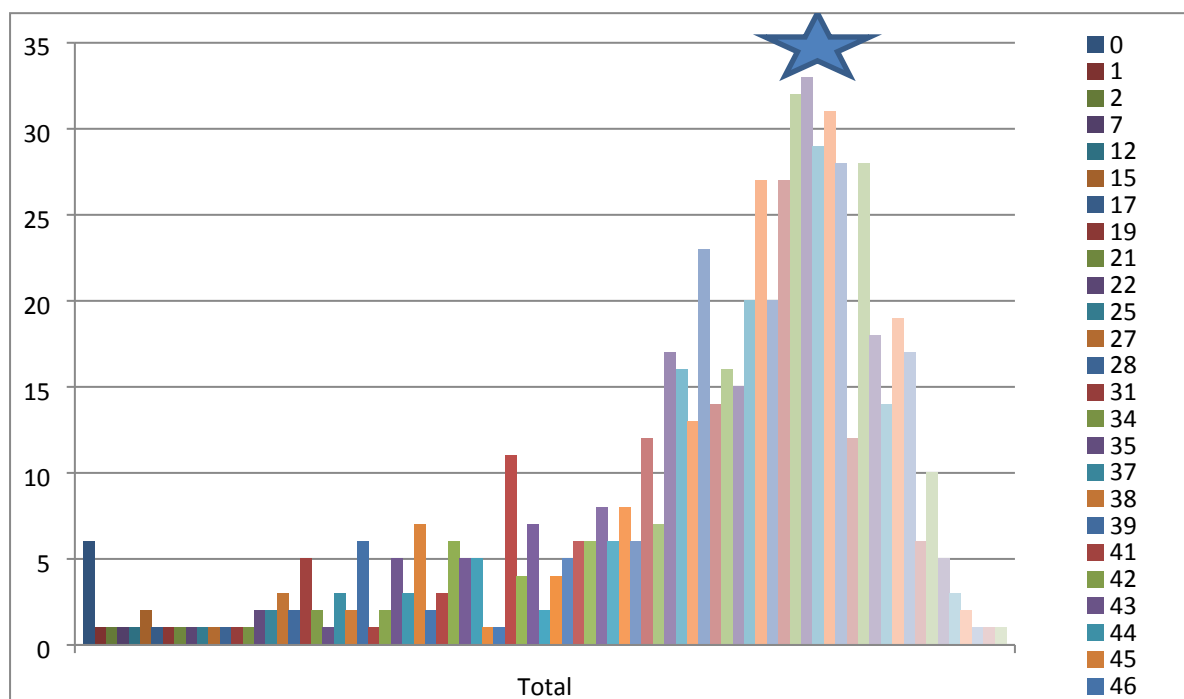
During this period of time 22 females and 21 males have died in our service with either suspected or confirmed COVID-19.



	Female	Male
Count of Gender	330	349

6.3 Death by Age Group since 1 March to 29 May 2020

The youngest age was classed as 0, and the oldest age was 103 years. Most deaths occur within the 80-90 age groups (indicated by the star).



6.4 Learning Disability Deaths since 1 March 2020 to 29 May 2020

	March 2020	April 2020	May 2020
LD Deaths	0	1	0

The Trust reviews all deaths relating to patients diagnosed with a Learning Disability. The Trust also currently sends all Learning Disability deaths that have been reported through the Datix system to the Learning Disabilities Mortality Review (LeDeR) programme. However, we are unable to ascertain how many of these deaths have been reviewed through the LeDeR process, as LeDeR only looks at an undisclosed sample of overall deaths. Currently the Lead Professional for Patient Safety and Experience is working closely with LeDeR so that the Trust can be involved moving forward in the review process. The Trust is continuing to share relevant information with LeDeR which is used in their reviews. Since 1 March 2020 to 29 May 2020, the Trust has recorded 1 Learning Disability death who had suspected/confirmed COVID-19.

The Trust now receives a quarterly update from LeDeR which highlights good practice and identified learning.

6.5 Death by Ethnicity since 1 March to 29 May 2020

White British is the highest recorded ethnicity group with 560 recorded deaths, 73 deaths had no recorded ethnicity assigned, and 5 people did not state their ethnicity. The chart below outlines all ethnicity groups.

Row Labels	Count of Ethnicity
Mixed - White and Black Caribbean	1
Mixed - White and Black African	1
Asian or Asian British - Any other Asian background	2
Pakistani	2
Caribbean	4
Indian	4
White - Irish	4
Asian or Asian British - Pakistani	4
Not stated	5
Other Ethnic Groups - Any other ethnic group	7
White - Any other White background	12
Not Known	73
White - British	560
Grand Total	679

Of the 43 patients who had suspected /confirmed COVID-19, 38 were from a white British background, 2 were recorded as Asian/Asian British–Pakistani, 3 did not have their ethnicity stated

6.6 Death by religion since 1 March to 29 May 2020

Christianity is the highest recorded religion group with 159 recorded deaths, 325 deaths had no recorded religion assigned and 18 people refused to state their religion. The chart below outlines all religion groups.

Row Labels	Count of Religion
Jehovah's Witness	1
Agnostic	1
Nonconformist	1
Atheist / Agnostic	1
Salvation Army Member	1
Baptist	1
Sikh	1
Muslim	2
Lutheran	2
Anglican	2
Patient Religion Unknown	2
Atheist	2
Religion (other Not Listed)	2
Hindu	2
None	3
Methodist	6
Roman Catholic	10
Not Given Patient Refused	18
Not Religious	51
Church Of England	86
Christian	159
(blank)	325
Grand Total	697

6.7 Death by sexual orientation since 1 March 2020 to 29 May 2020

Heterosexual or straight is the highest recorded sexual orientation group with 241 recorded deaths. The chart below outlines all sexual orientation groups.

Row Labels	Count of Sexual Orientation
Gay Or Lesbian	1
Person Asked And Does Not Know	1
Sexual orientation unknown	1
Not Appropriate To Ask	3
Unknown	6
Not Stated (declined)	7
Heterosexual Or Straight	241
(blank)	437
Grand Total	697

6.8 Death by disability since 1 March 2020 to 29 May 2020

Behavioural and emotional problems were the highest recorded disability group with 20 recorded deaths.

Top 6 (highest) recorded disabilities	Count of Disability
Learning Disability (dementia)	6
Mobility and gross motor	9
Progressive (LT) conditions	15
Learning Disability (dementia)	19
Behaviour and emotional	20
other	45
Grand Total	114

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.

- Service Manager to revisit with team the standards required when transferring care to another Community Mental Health Team (CMHT) or ward, ensuring clinical risk is managed, and requirements of Care Programme Approach are adhered to.
- Need for clearer guidelines regards the transferring of Care Co-ordinator role between CMHT and Wards during lengthy inpatient admissions.
- The Trust to review the management of patients who are aggressive / are carrying weapons / who pose a more serious threat to others and identify if there would be further discussions to be forged with the Police to support in such incidents as this.
- The Trust to provide bite-sized training and refresher courses regarding Community treatment Orders to ensure that practitioners are fully conversant with the legalities, use and administration requirements of them.
- Requests for inpatient admission should incorporate escalation actions to take place where patients may require detention under the Mental Health Act.
- All relevant providers must ensure that when external referrals for a mental health bed are made by prison healthcare psychiatrists, the process designed to achieve this should be locally agreed between the commissioners and providers.
- Any patient referred to DRP for alcohol misuse should be breathalysed on first meeting, half way through treatment and at the end of treatment. This could be used as a monitoring tool as well as part of self-care and support to the person
- Further investment in educating staff around the presentation and impact of disorders such as Huntington's Disease.

Guardian of Safe Working Quarterly Report

Purpose of Report

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

The Quality and Safeguarding Committee accepted this report from the Guardian of Safe Working on 9 June as assurance of the Trust's approach and agreed for the report to be considered by the Board of Directors.

Executive Summary

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

Strategic Considerations

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

Assurances

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

- The medical workforce is cosmopolitan. There are increasing numbers of doctors joining the GMC register from overseas, particularly South Asia. More doctors are beginning to come from Africa and the Middle East. Many doctors are now female. Equity issues are taken with utmost seriousness and doctors supported to speak up and report by exception.
- The Guardian of Safe Working ensures that any issues are identified and deal with effectively so that all doctors feel valued and treated fairly and have an acceptable work/life balance.

Recommendations

The Board of Directors is requested to:

- 1) Note that there are a few vacancies in trainee posts that reflect the national issue with recruitment in psychiatry.
- 2) Note that the trainees continue to be encouraged and supported with exception reporting. In the past all exception reports have been resolved in a timely fashion. There are no exception reports in the current period.
- 3) Note that the British Medical Association (BMA) Fatigue and Facilities Charter for junior doctors is being carefully considered and recent issue with space for juniors in the south has been successfully resolved.
- 4) During the COVID-19 period, the Junior Doctor's Forum will be conducted through Microsoft Teams.
- 5) The use of allocated funds for fatigue and facilities for junior doctors both, in the south and north has been discussed at Junior Doctor Forum meetings and advice taken from BMA on how to use this appropriately.
- 6) We hope to involve the Freedom to Speak Up Guardian at subsequent forum meetings so that juniors doctors can understand her role.
- 7) Note that on 9 June 2020 the Quality and Safeguarding Committee received significant assurance from the contents of the report.

Report presented by: **Dr Mark Broadhurst**
Deputy Medical Director

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

**GUARDIAN OF SAFE WORKING QUARTERLY REPORT (GOSW)
(December 2019 to April 2020)**

1. Trainee data

Information supplied from 31 December 2019 to 30 March 2020.

Number of posts for doctors in training

Grade	Number of posts for doctors in training (total)			
	NORTH		SOUTH	
CT1-3	8		11	
ST4-7	6		6	
4				
GP Trainees	4		7	
Foundation	5		9	

2. Exception reports (with regard to working hours) –

There were no reports during this period. No fines were levied.

Exception reports				
Location	No of exceptions carried over from last report	No of exceptions raised	No of exceptions closed	No of exceptions outstanding
North	0	0	0	0
South	0	0	0	0
Total	0	0	0	0

Exception reports by Grade				
Location	No of exceptions carried over from last report	No of exceptions raised	No of exceptions closed	No of exceptions outstanding
CT1-3	0	0	0	0
ST4-7	0	0	0	0
GPVTS	0	0	0	0
Foundation	0	0	0	0
Total	0	0	0	0

Exception reports by action				
	Payment	TOIL	Not agreed	No action required
North	0	0	0	0
South	0	0	0	0
Total	0	0	0	0

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

The exception report that was pending from last quarterly period has been closed by me manually as junior doctor has not closed it on Allocate, even though it has been resolved

3. Work schedule reviews

No formal work schedule reviews needed during this period.

4. Fines

No fines imposed.

5. Locum/Bank Bookings

North 40 shifts totalling £16,732.67

South 80 shifts totalling £36,318.01

6. Agency

Nil requirements. Once again during this period we have been able to utilise our own bank of junior doctors as well as current juniors who are willing to cover the gaps and it has not been necessary to utilise agency cover for the duration of this report.

7. Vacancies

	North Mar 2019 – Sept 2019	South Mar 2019 – Sept 2019
CT1-CT3	1	2
GP Trainees	0	1
Foundation	1	0

8. Qualitative information

The Junior Doctor Forum has recently met for the first quarterly meeting. Active representation sought with each changeover of new doctors in accordance to the Forum constitution. This was well attended by the juniors in the north. A representative from British Medical Association (BMA) was also present.

9. Issues arising

- **Compliance of Rota**

Some trainees have raised concerns prior to the meeting that the rest requirements for the on call rota were still not in line with the recent recommendations i.e. trainees to have 48 hours of rest after seven consecutive days of work.

The Medical Staffing Manager informed the group that she was aware of the above change in the junior doctor contract and she is looking at implementing these changes in readiness for August 2020 which is consistent with what our local counterparts doing currently. This is also my understanding through the discussions at various GOSW forums

Action(s) taken:

- **The BMA Rep will cross check this with BMA's advice and let us know ASAP**
- **In the event that this should have been implemented it was discussed and agreed that it would be implemented as soon as possible or trainees would be compensated with either an extra day off or by payment.**

- **Fatigue and Facilities**

Juniors have discussed this issue amongst themselves and have a list of general amenities that they wish for the money to be spent on. This includes amenities for the junior doctors' room such as reclining chairs, cushions, TV, Headphones, etc. The juniors would like a mess fund that is available for a more general spend on food items for the mess. There was a discussion around the delay in procurement of these items.

Also a similar list of items would be required for the trainees at Walton Hospital which is part of Derbyshire Community Healthcare Services NHS Foundation Trust (DCHS). Medical Staffing Manager informed us that Walton would not have received any money towards fatigue and facilities for the trainees, hence this will be supported by our Trust. It was emphasised that Walton usually has five to six trainees at a time, therefore will need to be included in all such planning.

Action taken:

- **An email from the JD Rep, GOSW, and the DME to Procurement maybe helpful towards purchase and availability of above items**
- **It was agreed that the trainees based at Walton will think about what they would like to be installed/purchased.**

- **The trainees were encouraged to consider exception reporting (ER) when appropriate**

Action taken:

- **The Medical Staffing Manager will resend the ER survey to the trainees some of who are coming to an end of their placements in April.**

During the COVID-19 period

Exception reports are encouraged as usual so we can highlight areas of increased demand and impact of response during this period. No face to face contact needed unless we identify a risk that would benefit from this. A telephone discussion with educational supervisor is mandatory with usual information to be submitted on ALLOCATE by the trainees and supervisors.

As usual we propose a timely resolution of ER with either Time off in Lieu or where time off in lieu is not possible an overtime payment will be arranged as usual at some point in future or as circumstances permit.

The timescales for taking action for junior doctors ER have been relaxed by NHS employers.

Action: Email sent to all trainees and supervisors

**Consultant Psychiatrist
Dr Smita Saxena
Guardian of Safe Working**

Medical appraisal and revalidation update

Purpose of Report

To update the Committee on the current status of medical appraisal and revalidation within DHCFT.

This report was previously received by the People and Culture Committee on 23 June and is submitted to the Board as an interim update prior to the reinstatement of medical appraisal processes.

Executive Summary

Due to the impact of COVID-19 medical appraisal is currently on hold within DHCFT. This is in keeping with regional and national guidance which is due for review this month. The GMC has announced postponement of revalidation dates for all doctors due to revalidate before 16 March 2021.

DHCFT has robust processes in place for the carrying out of and review of medical appraisal. It is anticipated that these processes will be reinstated as soon as guidance and clinical pressures allow.

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

DHCFT has robust processes in place around medical appraisal and will be able to reinstate these, post COVID-19, to ensure compliance with requirements from NHS England and the GMC.

Consultation

None

Governance or Legal Issues

Appraisal and revalidation are a statutory requirement for all doctors who are registered with the GMC and have a licence to practise.

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

The GMC “Fair to Refer” report (2019) found that doctors from BAME groups were less likely to receive constructive feedback and had reduced exposure to learning experiences, senior mentors or resources. They had difficulties accessing leadership teams and being heard. The suspension of appraisal and educational events may exacerbate these issues. Various “virtual” support groups have been formed and the Trust Medical Advisory Committee and Medical Staff Committee/Local Negotiating Committee are now meeting again.

Recommendations

The Board of Directors is requested to accept this report as an interim update prior to the reinstatement of medical appraisal processes.

**Report presented by: Dr Mark Broadhurst
Deputy Medical Director**

**Report prepared by: Dr Wendy Brown
Appraisal Lead**

Medical Appraisal and Revalidation within Derbyshire Healthcare NHS Foundation Trust

Current National Situation – impact of COVID -19

All non-training grade doctors are required to participate in annual appraisal. This appraisal process feeds into the five yearly revalidation cycle for doctors required by the General Medical Council.

On 19 March 2020 Dr Sykes and all Responsible Officers received correspondence from Dr Steven Powis, the National Medical Director. In this he strongly recommended the suspension of medical appraisals until further notice due to the emerging COVID-19 pandemic. It was advised that appraisals due during this period of time were to be recorded as “approved missed” and regarded as cancelled, not postponed. Doctors due to revalidate between 17 March and the end of September 2020 would have their revalidation date postponed for one year.

Correspondence was also received from the regional medical director confirming that this would be the approach to medical appraisal in the Midlands for at least 6 months.

An update from the revalidation support team was received in June 2020. This detailed that doctors with a revalidation date between 1 October 2020 and 16 March 2021 would also have their revalidation date postponed for one year.

Current situation within DHCFT

DHCFT is operating within the guidance from the revalidation support team as detailed above. Monthly data is submitted to the DHCFT workforce team to update on medical appraisal figures. The last set of data was submitted at the end of February 2020.

Data submission at the end of February 2020 showed that:

- There were 112 doctors worthy of appraisal presently in DHCFT
- **6** doctors have appropriate reasons to have appraisal deferred therefore **106** doctors presently eligible to participate in appraisal
- Of the 106, 94 have “up to date” appraisals = 89% (this is the “rolling figure”)
- With regard to the 2019/20 appraisal cycle, 44 doctors have completed their appraisal = **42%** (this is the “appraisal year to date” figure)

In March and early April 2020 a small number of appraisals (3) were completed and submitted to our DHCFT database. In these cases, the majority of the preparation, and in some cases the actual appraisal meeting, had been completed prior to the issue of the above guidance and so a pragmatic decision was taken to complete the appraisals. They are not included in the figures above.

The appraisal year runs from April to March. The majority of appraisals are carried out in February and March. Although the appraisal year to date is at 42% in February 2020 this would have been expected to increase significantly through March and April. There is usually a lag of a week or two between the appraisal meeting being carried out and the paperwork being completed and locked down for submission. Therefore the impact of the COVID-19 guidance has hit at a time of what would usually be high activity in the appraisal cycle and the year to date figure reflects this.

Future plan

DHCFT will continue to follow guidance from for appraisals and revalidation. The medical appraisal lead will ensure that the medical workforce is updated on any new guidance or developments. The medical appraisal lead will liaise with Dr Sykes to ensure a plan is in place to promptly reinstate the process of medical appraisals once national guidance and clinical pressures allow. Given the structures already in place for the carrying out of and the monitoring of medical appraisals within DHCFT it is not anticipated that there will be any significant challenges in doing this.

**Dr Wendy Brown, Medical Appraisal Lead
June 2020**

**Board Assurance Framework (BAF)
Second issue for 2020/21**

Purpose of Report

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

Executive Summary

The development of the first issue of the BAF for 2020/21 coincided with the outbreak of the COVID-19 virus and subsequent world-wide pandemic. As a result a 'COVID response' BAF was developed outlining the key risks, assurances, controls, gaps and actions in relation to the immediate pandemic response.

As the impact of the pandemic is now extending beyond this initial response phase, a Board development session was undertaken on 17 June to consider the strategic way forward. The Strategic Objectives of: providing GREAT care in all services; being a GREAT place to work; and making the BEST use of money remain, but it was acknowledged that the building blocks which support the Strategy will now require review as the Trust moves further into a restoration and recovery phase, and learning from the pandemic response is assessed and incorporated.

A further Board Development session will take place in mid-July 2020 focusing on the review of these building blocks. Following this session, and the identification of the risks to achievement of the Strategic Objectives, the further population of the BAF will be completed.

Note: Issue 1 of the BAF identified the inherent risks for SO1 and SO2 incorrectly, using legacy risk ratings associated with the 2019/20 BAF. These inherent risk ratings have therefore been corrected for this Issue 2.

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

Board Assurance Framework (COVID-19 response) 2020/21_ (Issue 2)

Ref	Principal risk	Director Lead	Current rating (Likelihood x Impact)	Responsible Committee
Strategic Objective 1. To provide <u>GREAT</u> care in all services				
20_21 SO1	There is a risk that the Trust will fail to provide essential standards for patient safety and effectiveness during the COVID-19 pandemic	Executive Director of Nursing/Medical Director, Overseen by Director of Business Improvement and Transformation.	HIGH (4x4)	Quality and Safeguarding Committee
Strategic Objective 2. To be a <u>GREAT</u> place to work				
20_21 SO2	There is a risk that the Trust will fail to maintain enough staff to deliver essential services during the COVID-19 pandemic, and that staff wellbeing and resilience is directly affected by the crisis response required	Assistant Director of People and Culture Transformation. Overseen by Chief Executive	EXTREME (4x5)	People and Culture Committee/ Board
Strategic Objective 3. To make <u>BEST</u> use of our money				
20_21 SO3	There is a risk that the Trust fails to deliver its financial obligations during the COVID- 19 pandemic	Executive Director of Finance	HIGH (3x5)	Finance and Performance Committee

Comment:

- Risk SO3 (finance) increased from moderate to high
- Updates from Issue 1 highlighted in blue

Board Assurance Framework (COVID-19 response) 2020/21_ (Issue 2)

Strategic Objective 1. To provide GREAT care in all services

Principal risk: There is a risk that the Trust fails to provide essential standards for patient safety and effectiveness during the COVID-19 pandemic and then during the potential surge in demand for unplanned mental health services due to the repercussions of COVID-19

Impact: May lead to increased 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:

- | | |
|--|--|
| <p>a) Global outbreak of COVID-19 virus leading to significant pressures on local and national healthcare systems</p> <p>b) National response to pandemic focused on maintaining essential services, resulting in closure or reduction of non-essential services and redeployment of staff</p> | <p>c) Impact of COVID-19 on workforce availability and supply</p> <p>d) Reduced access to full range of diagnostic and treatment services in relation to physical and mental health care needs</p> <p>e) Increased demand for mental health services linked to the COVID-19 pandemic</p> |
|--|--|

BAF ref: 20_21 SO 1	Director Lead: Executive Director of Nursing/Medical Director. Overseen by Director of Business Improvement and Transformation.	Responsible Committee: Quality and Safeguarding Committee
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Inherent risk rating:			Current risk rating:		
Rating HIGH	Likelihood 4	Impact 4	Rating HIGH	Likelihood 4	Impact 4

Key controls

- Trust Incident Management Team (IMT) established. Command and control of Trust response to local and national issues and risks and management of key Trust communications.
- ‘Light’ governance framework and committee structure ensuring key risks and impact on clinical quality are continuing to be identified and managed, including quality performance reporting as part of the Integrated Performance Report to the Board. Quality and Safeguarding Committee continuing to meet.
- Regular briefings from IMT to Executive Directors/Executive Leadership Team, includes risks and mitigations in relation to patient safety and effectiveness. Daily IMT briefings direct to CEO.
- IMT monitoring of key quality indicators in relation to COVID-19 response i.e. staffing levels; infection rates; PPE management; bed occupancy; infection control compliance; monitoring of patient deaths linked to COVID-19.
- Director led ‘Ethics Cell’ within the IMT considering ethical implications of incident related operational decisions and national guidance which may impact on patient care. Links to system wide Ethics Cell.
- Daily system escalation call for Derbyshire involving CEO and Incident Director. Regional and national escalation calls involving CEO.
- Continued incident and risk reporting (including modified serious incident investigation and mortality monitoring), modified response to complaints
- Timely changes to policies relating to COVID-19 response

Board Assurance Framework (COVID-19 response) 2020/21_ (Issue 2)

- Continued recruitment of staff, incident related essential training maintained. Redeployment and retraining of staff to support essential services.

Assurances on Controls

- Performance report, including key quality indicators
- Daily SITREP reports to NHSE/I
- Daily Action Logs formally recording actions required and taken in the Incident Management Team
- CQC Mental Health Act Visits continuing
- 'Freedom to Speak Up' processes and assurances continue to be evidenced

Key gaps in control:	Key actions to close gaps in control:	Impact on risk to be measured by:	Progress against action:	Action on track:
Clear plan for post incident recovery of services	Develop and implement plan for post incident recovery of services [ACTION OWNERS: COO/CEO]	Exit from incident response phase with quality of care and patient safety maintained.	Cell established as part of the IMT considering incident recovery. System wide incident recovery cell established. Demand and capacity plan in place for potential 'double impact' if a second wave of staff absence coincides with increased demand for mental health services. Status report on progress toward recovery of services to be considered by Board July 2020	
Adequate and appropriate PPE (Personal Protective Equipment) available to ensure staff and patient safety	Ensure close stock control of PPE within the trust. [ACTION OWNER: COO] Work with local and national partners to ensure adequate availability and appropriate use of PPE [ACTION OWNER: COO] Comply with National Infection Control procedures and document and review compliance [ACTION OWNER: DoN]	Minimise no of concerns raised by staff in relation to availability of PPE Minimise COVID-19 infections amongst patients and staff from contact in ward and home environments	Close control of distribution of stock. Daily monitoring reporting to IMT, daily regional SITREP that drives supply. Escalation to regional and national supply chain where shortages identified. Use of mutual aid process if supply can't be obtained nationally. New protocols / guidance are being rapidly implemented and standard operating procedures developed	

Board Assurance Framework (COVID-19 response) 2020/21_ (Issue 2)

Ability to identify patients with physical health care needs which results in their being vulnerable to COVID-19	Populate the Trust's EPR record with patients identified as specifically vulnerable to COVID-19, in line with national recommendations [ACTION OWNERS: COO]	Population of PARIS and other trust EPR's with alerts for patients vulnerable to COVID-19	List of patients identified as vulnerable received from CCG. Alert flag added to PARIS and other Trust EPR's to staff involved in the patients care are aware. Care is adapted to support this need and cohorting plans activated to ensure patient safety is in place.	
Yet to understand the impact the COVID-19 pandemic will have on the Trust's plans to develop and implement a revised Electronic Patient Record (EPR) - known as OnEPR	Continue to develop elements of the OnEPR programme within resources available, given focus on emergency response to the current pandemic [ACTION OWNER: DBI&T (temp)] Agree the conditions which would signal the need for a revised programme timescale and develop revised plan as required [ACTION OWNER: DBI&T (temp)]	Agreement of clear set of circumstances that would require revised plan to be formulated Achievement of revised milestones	Programme Board has been stood back up and taking place regularly Presentation to May 2020 Programme Board of consultation and engagement work to date and circumstances that would require an alteration to the programme	
Inability to complete all actions from the CQC comprehensive inspection in a timely manner due to the unprecedented response to the COVID-19 pandemic as part of level 4 emergency preparedness	The CQC actions are part of the activities to be reviewed under the Trust Restoration and Recovery plan currently under development [ACTION OWNER: DBI&T (temp)]	Recovery and Restoration plan detailing revised timescales around CQC action plan completion Completion of key actions, in particular those related to essential training	Improvement plan in place to significantly increase resuscitation training compliance within next month. Improvement plan to address gaps in positive and safe training taking into account H&S requirements in COVID 19	
Key gaps in assurance:	Key actions to close gaps in assurances:	Impact on risk to be measured by:	Progress against action:	Action on track:
Reduction in the mechanisms available for feedback and engagement with patients and cares, including reduced response to complaints investigation, ceasing of CQC and HealthWatch core visits	Develop alternative routes to ensure patient and carer feedback is maintained in relation to the response to the pandemic [ACTION OWNERS: DoN/DBI&T]	Feedback from patients as to how well they have been informed about service changes and new ways of accessing services when they need them.	HealthWatch approached to conduct qualitative work to identify the impact on individuals know to services. iPads available to patients in inpatient areas to ensure they are able to maintain contact with relatives and friends.	

Board Assurance Framework (COVID-19 response) 2020/21_ (Issue 2)

			EQUAL forum has recommenced in June 2020, to reactivate feedback, co-production and involvement.	
'Light' governance structures may result in less scrutiny on quality and effectiveness assurances. Use of remote technologies for committees impact on usual confirm and challenge interactions.	Commence enhancement of governance structures as as part of recovery and restoration work [ACTION OWNER: TS]	Assurances continuing to be reported for key area of risks. Regular feedback from committee members on effectiveness of meetings.	Business as usual updates part of weekly ELT meetings Highlight reports with assurance, metrics and outcomes have been developed and modelled for infection control and mortality in June 2020	
Decreasing demand for services such as IAPT and CAMHS and reduced GP referrals. No evidence of equivalent reduction in illness raising concern that people may not be accessing services they need	Implementation of national and local communication campaigns that the NHS is still open for business [ACTION OWNERS: CEO/MD/DoN]	Increase in demand for IAPT and CAMHS services. Increase in GP referrals.	Campaigns to commence over next 2-3 weeks.	

Board Assurance Framework (COVID-19 response) 2020/21_ (Issue 2)

Strategic Objective 2. To be a GREAT place to work

Principal risk: There is a risk that the Trust will fail to maintain enough staff to deliver essential services during the COVID-19 pandemic, and that staff wellbeing and resilience is directly affected by the crisis response required

Impact: May lead to: an inability to maintain essential services; increased staff sickness; delayed ability to ‘step up’ services once current pandemic response has reduced

Root causes:

- | | |
|--|--|
| <ul style="list-style-type: none"> a) Global outbreak of COV-19 virus leading to significant impact on morbidity and mortality impact across the general population b) Increased numbers of staff falling ill as a result of contracting the virus, with an increased risk to BAME staff c) Requirement for staff to self-isolate if they are in a vulnerable category or if they or family members display symptoms | <ul style="list-style-type: none"> d) National issues with supply of PPE and consistent guidance, resulting in potential risks to exposure e) Increased concern for staff’s own well-being and staff concerns for their patients, family and friends |
|--|--|

BAF ref: 20_21 SO 2	Director Lead: Assistant Director of People and Culture Transformation. Overseen by Chief Executive	Responsible Committee: Board on behalf of People and Culture Committee
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Inherent risk rating:			Current risk rating:		
Rating EXTREME	Likelihood 4	Impact 5	Rating EXTREME	Likelihood 4	Impact 5

Key controls

- Trust Incident Management Team (IMT) established. Command and control of Trust response to local and national issues and risks and management of key Trust communications.
- ‘Light’ governance framework and committee structure ensuring key risks and impact on people issues are continuing to be identified and managed, including people performance reporting as part of the Integrated Performance Report to the Board. Board are assuming the role of responsible committee for people related issues and assurances in response to the requirement for ‘light’ governance structures
- Nationally led initiatives to increase the number of staff available to support essential services i.e. return to work offers for those recently retired; early qualification of final year students; request for public volunteers
- System wide workforce group co-ordinating peoples related issues between organisations
- Regular, clear and focused communications with staff using a variety of methods including: all staff emails: podcasts; MS Teams; SMS texts
- Continued recruitment of staff, incident related essential training maintained. Redeployment and retraining of staff to support essential services.
- [Health risk assessments and BAME risk assessments to help protect and support colleagues](#)
- Extended well-being offer to staff including: availability of testing; self-care guidance; guidance on home working; free food for acute and community settings
- Strong relationship with staff side colleagues – key members of the Incident Management Team

Board Assurance Framework (COVID-19 response) 2020/21_ (Issue 2)

- Regular communication between the Chief Operating Officer and Assistant Director for People and Culture Transformation and CEO

Assurances on Controls

- Integrated Performance Report to Board including people performance report to Board
- Daily Action Logs formally recording actions required and taken in the Incident Management Team

Key gaps in control:	Key actions to close gaps in control:	Impact on risk to be measured by:	Progress against action:	Action on track:
High levels of staff sickness absence	<p>Continue to develop staff well-being offer and associated communications. [ACTION OWNER: AD P&CT]</p> <p>Ensure robust staff testing for COVID-19 is in place [ACTION OWNER: DoN]</p> <p>Ensuring reasonable adjustments are implemented in the work place to reduce health inequality and risks to our workforce. [ACTION OWNER: AD P&CT]</p>	Reduction in staff sickness absence rates	<p>Considering increasing offer available from First Care to include nurse support. Reviewed and not activated</p> <p>Workforce and staff cell within IMT to ensure increase in staff well-being offer</p> <p>Availability of staff testing across multiple sites now in place and communicated to staff</p> <p>Implementation of newly designed health risks assessment and support from Occupational Health has commenced in June 2020</p>	
Pace of recruitment to new and vacant posts	Develop methods using 'remote' working to ensure pace of recruitment continues [ACTION OWNER: AD P&CT]	Maintained or improved position in relation to vacancy rates	<p>Use of Microsoft Teams and Skype to support recruitment processes</p> <p>A new improvement plan is in design to ensure short term and medium term recruitment continues at pace</p>	
Along with the general public, staff may not be accessing health	Implementation of national and local communication campaigns that the NHS is still open for business	Reduction in staff sickness absence rates,	Campaigns to commence over next 2-3 weeks.	

Board Assurance Framework (COVID-19 response) 2020/21_ (Issue 2)

services they need and seeking support from their GP of specialist services	[ACTION OWNERS: CEO/MD/DoN]	including those related to long term conditions	Exploration of wellness clinic for staff- targeted for staff with asthma, diabetes and cardiac issues - to reduce health inequality and impact.	
Staff disconnect from their teams and patients due to remote working	Enable a range of communication tools to be available to support staff [ACTION OWNERS: COO]	Staff feedback	Purchase of laptops and mobile phones for staff working remotely. Implementation of MS teams, Skype, conference calling and video calling with patients Divisional engagement events with associated plans based upon the feedback Learning reviews- what's gone well and do we need to review. This survey has received over 1000 sets of feedback. Review has commenced and top themes identified. Learning will be implemented	
Increased cyber security risks due to higher numbers of staff relying on technology and remote working during COVID pandemic response	Assessment of patch compliance of all Trust desktops and laptops and targeted contact to ensure compliance Enhancement of communications to ensure exposure to cyber security is minimised [ACTION OWNERS: COO via Incident Management Team]	% of Trust laptops and desktops that comply with patch testing Cyber related incidents	Assessment of all Trust laptops and desktops completed. Action plan for managing compliance. Non-compliant devices taken 'offline' after 12weeks. All staff communications regarding security patching	
Key gaps in assurance:	Key actions to close gaps in assurances:	Impact on risk to be measured by:	Progress against action:	Action on track:
Maintenance of training compliance due to reduction in training limited to essential. Skills/knowledge gaps of staff who	Identify and formalise training requirements during the COVID-19 response period. [ACTION OWNER: AD P&CT]	Maintenance of training compliance in areas considered essential to the COVID-	Training requirements reviewed and minimised to essential training to support COVID-19 response. Training licences extended where	

Board Assurance Framework (COVID-19 response) 2020/21_ (Issue 2)

have been redeployed	Plan recovery and restoration phase [ACTION OWNER: AD P&CT]	19 response	possible. Clear process for step up to training as part of recovery process to be developed and agreed by ELT for implementation	
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Board Assurance Framework (COVID-19 response) 2020/21_ (Issue 2)

Strategic Objective 3. To make <u>BEST</u> use of our money						
Principal risk: There is a risk that the Trust fails to deliver its financial obligations during the COVID- 19 pandemic						
<i>Impact:</i> Trust becomes financially challenged during COVID-19 pandemic						
<i>Root causes:</i>						
<ul style="list-style-type: none"> a) Block and top up payments are insufficient to cover all Trust costs inclusive of Covid-specific costs (both capital and revenue) b) Cash flow is negatively affected by income and cost flows during the temporary financial regime c) Trust incurs financial loss due to theft or fraud 						
BAF ref: 20_21 SO3		Director Lead: Claire Wright, Executive Director of Finance		Responsible Committee: Board on behalf of Finance and Performance Committee		
Inherent risk rating:			Current risk rating:			
Rating EXTREME	Likelihood 4	Impact 5	Rating HIGH	Likelihood 3	Impact 5	
Key controls						
<ul style="list-style-type: none"> - Budget training, segregation of duties, mandatory counterfraud training and annual counterfraud work programme. Increased communications, scrutiny and awareness-raising in times of heightened fraud risk. Collation of Covid 19 specific costs to enable reimbursement. Compliance with temporary finance regime submissions requirements. Follow regulator guidance. - Audits (internal, external and in-house); Scrutiny of financial delivery, bank reconciliations; Local counterfraud scrutiny. Additional financial governance oversight by DoF and finance team spot checks during and after the pandemic - Standing financial instructions (including adjusted SFIs and operating protocols during pandemic) budget control, delegated limits, 'no-PO no pay' rules; Agency staff approval controls; Approval to appoint process - Corrective management action; Disaster recovery plan implementation; Risk mitigation activity and oversight by finance team. Recovery of losses from perpetrators 						
Assurances on Controls						
<ul style="list-style-type: none"> - Delivery of adjusted approach to financial planning, in-year and forecast reporting for overall Trust financial position - Delivery of Counterfraud and audit work programme with completed and embedded actions for all recommendations. - Counterfraud Self Review Tool assessed as green-rated - Independent assurance via internal auditors, external auditors and counterfraud specialist that the figures reported are valid and systems and processes for financial governance are adequate 						
Key gaps in control:		Key actions to close gaps in control:		Impact on risk to be	Progress against action:	Action on

Board Assurance Framework (COVID-19 response) 2020/21_ (Issue 2)

		measured by:		track:
There is suspension of normal financial and contracting regime in effect from April 1 2020 Month 5 – 7 expected to be same as Months 1-4. To be defined further for Month 8 onwards	Maintain good financial governance practices with enhanced arrangements in areas of heightened risk. (ACTION OWNER: DOF)	Ongoing reporting of actual costs and income received (also review business as usual costs with those expected at draft plan) Review 31/07/2020	Ongoing reporting of actuals and income both revenue and capital	
Management of revenue and capital cost implications associated with emergency decision making powers of the incident management team (IMT) and the move into future phases of the pandemic response meaning decisions will be increasingly made outside of IMT	Senior member of finance team is part of IMT and SFIs will be updated to reflect evolving picture and pre-Covid financial governance will be in place. (ACTION OWNER DOF)	All costs being appropriately reclaimed in time Review 31/07/2020	Revenue: As at month 2 £615k YTD retrospective top up required and assumed in reporting breakeven. Block values to be recalculated for payment from month 5 onwards Capital: April £1.3m Covid claim for laptops – not yet approved by NHSI. (But included in Trust capital plan submitted to NHSI as fall back)	
Key gaps in assurance:	Key actions to close gaps in assurances:	Impact on risk to be measured by:	Progress against action:	Action on track:
F&P Committee temporarily stood down Overpayments benchmarking report showed Trust as outlier for selected timeframe	Financial impact of IMT decisions reported to ELT and ARC in interim. (ACTION OWNER: DOF) F&P stood back up from June 2020 meeting with key focus areas agreed (ACTION OWNER: DOF) Additional reporting and oversight at ELT and Audit and Risk with associated action planning to improve performance (ACTION OWNER: DOF)	Levels of assurance by Board Reduced overpayments	Limited assurance currently Due to report in July to ELT then to Audit and Risk	

Risk Rating:

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

Board Assurance Framework (COVID-19 response) 2020/21_ (Issue 2)

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

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

Action progress:

The colour ratings are based on the following descriptors.

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

Action owners:

CEO	Chief Executive Officer	COO	Chief Operating Officer
DOF	Executive Director of Finance	DON	Executive Director of Nursing and Patient Experience
MD	Medical Director	AD P&CT	Assistant Director of People and Culture Transformation
DBI&T	Director of Business Improvement and Transformation	TS	Trust Secretary

Corporate Governance Overview

Purpose of Report

To assure the Board on the robustness of the Trust's Corporate Governance processes during COVID-19 and to give an outline of recovery plans. To seek approval of a number of Governance documents.

Executive Summary

The report sets out how the Trust has adapted its Corporate Governance processes during COVID-19 and gives an outline of any recovery plans.

There are also a number of Governance documents included in the report that require Board approval. These are:

- NHS Improvement Year-End Self-Certification
- Fit and Proper Person Declaration
- Modern Slavery Statement

Strategic Considerations

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

Assurances

The Trust has complied with national guidance and statutory duties.

Consultation

The adjustments to governance processes have been approved by the Board. The Modern Slavery Statement has been considered by the People and Culture Committee.

Governance or Legal Issues

The NHS Improvement Year-End Self-Certification is in compliance with the Trust's licence and the Modern Slavery Statement is mandated.

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

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

Recommendations

The Board of Directors is requested to:

1. note the summary contained within the Corporate Governance overview and confirm assurance that the Trust continues to have robust corporate governance processes in place
2. approve the NHS Improvement Year-end Self-Certification
3. receive full assurance from the Chair's Fit and Proper Person's Test declaration that that all Directors meet the fitness test and do not meet any of the 'unfit' criteria
4. approve the Modern Slavery Statement for 2019/20.

Report presented by: Justine Fitzjohn, Trust Secretary

Report prepared by: Justine Fitzjohn, Trust Secretary

1. Corporate Governance Overview

The Trust has taken a number of steps to adapt its Corporate Governance processes during COVID-19. How the Trust has been complying with key guidance has been recorded within Board minutes since March. Appendix 1 sets out how the Trust responded to the 'Reducing the Burden' letter from NHSI giving assurance that we have been responding to emerging best practice from various sources, including NHS England/Improvement, NHS Providers, the Good Governance Institute and the Healthcare Financial Management Association (HMFA). It also includes how corporate governance is being aligned with work being undertaken on Recovery and Restoration.

Recommendation:

The Board of Directors is asked note the summary and confirm assurance that the Trust continues to have robust corporate governance processes in place.

2. NHS Improvement Year-end Self-Certification

NHS Foundation Trusts are required to annually self-certify whether or not they have complied with the conditions of the NHS provider licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009, and the Health and Social Care Act 2012, and have regard to the NHS Constitution), have the required resources available if providing commissioner requested services, and have complied with governance requirements.

Providers need to self-certify after the financial year end that, in relation to their NHS provider licence conditions:

- The provider has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution; Condition G6(3)
- The provider has complied with required governance arrangements; Condition FT4(8)
- If providing commissioner requested services, the provider has a reasonable expectation that required resources will be available to deliver the designated service Condition CoS7(3)
- Publication of condition G6(3) self certification ; condition G6(4)

The proposed declaration is included as Appendix 2 for Board approval. The declaration highlights key evidence and narrative to support the declarations.

Recommendation:

The Board of Directors is asked to approve the NHS Improvement Year-end Self-Certification. The declarations will then be posted on the Trust's web-site

3. Fit and Proper Persons Test Chair's Declaration

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 3.

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 2019/20. 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 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.

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.

4. Modern Slavery Statement

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

Only very minor amendments were required to the Trust's statement when it was recently considered by the People and Culture Committee. The Committee was assured that the Trust has met the criteria for the 2019/20 financial year. The proposed statement for 2019/20 is attached at Appendix 4.

Recommendation:

The Board of Directors is requested to approve the Modern Slavery Statement for 2019/20, noting that once approved the statement will be uploaded to the Trust's website.

Appendix 1

Corporate Governance during COVID-19

The need to flex our governance structures to maintain a well-led organisation with robust governance in the context of wholly unprecedented challenges presented by COVID-19 is clear. This paper sets out for information the overall management of corporate governance within the Trust during COVID-19 which was approved by the Board at its meeting in confidential meeting in private on 7 April.

A key piece of national emergency guidance issued by NHSI at the end of March was the letter from Amanda Pritchard, NHSE/I Chief Operating Officer ‘Reducing burden and releasing capacity at NHS providers and commissioners to manage the COVID-19 pandemic’.

The letter set out a series of actions designed to support Trusts to free-up management capacity and resources so everyone could focus on doing what was necessary to manage the response to the COVID-19 pandemic. During the Covid-19 emergency response, the Trust needed to operate agilely to make decisions quickly.

We translated the guidance as follows:

Trust Board and Board Committees

Emergency Terms of Reference were adopted by the Board and its Committees; this gave flexibility on quorum and membership and re-focused agendas to the Trust’s response to COVID-19, including the safety of patients and the wellbeing of staff. Some aspects of ‘business as usual’ activity were kept but where items had to be deferred a process was put in place for scheduling necessary items back into forward plans. Meetings of the People and Culture Committee and the Finance and Performance Committee were temporarily cancelled with finance and people issues being reported directly into the Board. These two Committees have stepped back up from June 2020 and each Board Committee has devised a recovery plan and prioritised reporting.

In March the Chief Executive implemented a weekly briefing call to enable the CEO to keep all Non-Executives up to date on the rapidly emerging situation. The frequency of this meeting has now reduced in line with stepping the full Committee schedule back up. Board Development and Information sharing sessions have continued to be held but with a focused agenda and minimal paperwork.

Governors and Membership

In accordance with NHSI emergency guidance, no face to face meetings with governors have been held since March but meetings and briefings have continued virtually. The Trust has had some really good feedback from governors on how we are continuing to keep them updated on what is going on at the Trust during pandemic. Key communications with Governors have included regular briefs from the Chief Executive, virtual meetings with the Trust Chair, newsletters and emails. Governors have been able to transact ordinary business and the Trust sees continued engagement with Governors as an integral element of the Trust’s oversight and governance. Information is being sent electronically to Trust members via ‘Members News’. The Annual Members Meeting (AMM) planned for 10 September has been cancelled and for 2020 a virtual Council of Governors meeting will be extended to include a statutory AMM. The Governor Elections that were due to be undertaken in September have now been carried forward to early 2021, this will affect one two public seats and one staff seat. From July the Board will be livestreaming its Public Board meetings to maintain accountability and transparency.

Annual Report and Accounts (and Quality Report)

The deadline for the submission of the Annual Report and Accounts was extended. NHSI did not require a Quality Report to be published within the 2019/20 Annual Report and Accounts. The deadline for the Quality Account has been extended from 30 June to 31 December and plans are in place via the Quality and Safeguarding Committee to carry out the required consultation in advance of the new submission date.

Financial Governance

The Board approved changes to the Standing Financial Instruction (SFI) to enable the Incident Management Team (IMT) emergency powers of decision making both for revenue and capital accounting. The Audit and Risk Committee receives an oversight of IMT's financial decisions.

Board Assurance Framework (BAF)

The Board adopted a COVID-19 specific BAF in March and this has been monitored via the Board and its Committee. As part of the recovery phase the BAF is being revised to include additional business as usual risks as well as the impact of COVID. The first version of this revised BAF will be presented to the September Board meeting.

Condition G6

Condition G6(2) requires NHS foundation trusts to have processes and systems that:

- identify risks to compliance
- take reasonable mitigating actions to prevent those risks and a failure to comply from occurring

Providers must annually review whether these processes and systems are effective must publish their G6 self-certification within one month following the deadline for sign-off (as set out in Condition G6(4)).

Proposed declaration:

The Board declares that the Licensee continues to meet the criteria for holding a licence (Condition G6)

This declaration is supported by evidence as outlined in the Trust's Annual Governance Statement, Board Assurance Framework and through the work of the Board assurance Committees in ensuring management of risks and ongoing compliance. This has been supported through an internal audit carried out in year which provided significant assurance of our risk management processes and positive the CQC 'Good' rating from the 2020 Well Led inspection.

2. Continuation of Services Condition 7

Commissioner requested services (CRS) are services commissioners consider should continue to be provided locally even if a provider is at risk of failing financially and which will be subject to regulation by NHSI. Providers can be designated as providing CRS because:

- there is no alternative provider close enough
- removing the services would increase health inequalities
- removing the services would make other related services unviable.

Primary evidence is contained in the Going Concern assessment which has been considered by the Audit and Risk Committee. In addition the significantly improved liquidity and cash reserves evidences high short term financial resilience. Successful delivery of control total is managed through the ongoing contract management process and project management office arrangements, overseen by Finance and Performance Committee. This is described in full along with mitigating actions in the 2019/20 Board Assurance Framework.

Proposed Declaration:

The Board declares that the licensee has a reasonable expectation that the licensee will have the required resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.

3. Condition FT4 Declaration

NHS foundation trusts must self-certify under Condition FT4 (8) whether the governance systems achieve the objectives set out in the licence condition.

The Trust has during the year sustained, embedded and continuously improved upon work undertaken to improve governance areas. The Trust has effective Board and committee structures, reporting lines and performance and risk management systems. See attached Corporate Governance Statement for further information against each item.

Proposed declaration:

The Board confirms that it complies with all elements of the Corporate Governance Statement (condition FT4)

4. Certification on Training of governors

Providers must review whether their governors have received enough training and guidance to carry out their roles.

Governor training has been carried out on a regular basis throughout the year and includes sessions led by Trust Directors, senior staff, external parties and structured training programmes. This has been monitored, evaluated and reviewed by the Council of Governors. Governors have confirmed that they are satisfied with the training provided, through their governor effectiveness survey, and through their input to the on-going training and development programme via the governor Governance Committee.

Proposed declaration:

The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.

Corporate Governance Statement - 2019/20

1. The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Confirmed
Response	
Risks and Mitigating actions The Trust has sustained and embedded governance improvements. These are set out in the Annual Report and Annual Governance Statement. The Trust received a 'Good' rating in the CQC Well Led inspection in 2020. Board Committees continue to review effectiveness with yearend reviews undertaken by each Committee during February/March 2020 for onwards scrutiny and oversight by the Audit and Risk Committee and then Trust Board.	
2. The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed
Response	
Risks and Mitigating actions The Trust has continued to embed good practice developed through self-assessment the NHSI and CQC well-led framework. The Trust had several areas of positive feedback on corporate governance elements of well-led following the CQC comprehensive inspection report received.	
3. The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Confirmed
Response	
Risks and Mitigating actions The Trust corporate governance framework has been implemented successfully in terms of Board and Board Committee responsibilities, delegation and escalation. There is a process for review of all Board Committees to reflect on their effectiveness.	
4. The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically	

<p>and effectively;</p> <p>(b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations;</p> <p>(c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions;</p> <p>(d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);</p> <p>(e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;</p> <p>(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;</p> <p>(g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and</p> <p>(h) To ensure compliance with all applicable legal requirements.</p>	
Response	Confirmed
<p>Risks and Mitigating actions</p> <p>The Board, via its Committees where relevant, oversees the Trust duties as listed. Items are escalated to the Trust Board from Committees to ensure key risks are addressed.</p>	
<p>5. The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:</p> <p>(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</p> <p>(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;</p> <p>(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and</p> <p>(f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.</p>	
Response	Confirmed
<p>Risks and Mitigating actions</p> <p>Quality Leadership is overseen by the Trust Board and assurance on quality of care is provided through the Quality and Safeguarding Committee. Issues and risks are escalated to the Board as required. We have continued to progress and complete actions arising following the CQC inspection in 2020. Quality is led on the Trust Board jointly by the Medical Director and Director of Nursing and Patient Experience. We have continued to review and improve our integrated performance report to Trust Board to ensure robust oversight of operational performance, workforce, financial and quality issues.</p>	
<p>6. The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.</p>	
Response	Confirmed
<p>Risks and Mitigating actions</p> <p>The Remuneration and Appointments Committee consider the composition of the Board to ensure that this is appropriate in terms of skill mix and qualifications. An additional Non-Executive post was recruited to in 2019/20. The Fit and proper persons test policy has been fully implemented and is embedded. Wider workforce issues are considered by the People and Culture Committee with risks and issues escalated to the Board as required and routinely through assurance summaries.</p>	

Appendix 3

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 2020

MODERN SLAVERY STATEMENT – 2019/20

INTRODUCTION

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

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

AIM OF THIS STATEMENT

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

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

ABOUT THE ORGANISATION

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

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

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

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

OUR POLICIES ON SLAVERY AND HUMAN TRAFFICKING

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

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

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

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

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

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

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

Freedom to Speak Up Policy: We operate a Speak Up policy so that all employees know that they can raise concerns about how colleagues or people receiving our services are being treated, or about practices within our business or supply chain, without fear of reprisals.

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

WORKING WITH SUPPLIERS

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

1. Competitive OJEU (Official Journal of the European Union) procurements tendered in compliance with EU guidance which require suppliers to confirm they comply with the Modern slavery act. To support their response bidders are also required to state:
 - a. *the organisation's structure, its business and its supply chains;*
 - b. *its policies in relation to slavery and human trafficking;*
 - c. *its due diligence processes in relation to slavery and human trafficking in its business and supply chains;*
 - d. *the parts of its business and supply chains where there is a risk of slavery and human trafficking taking place, and the steps it has taken to assess and manage*

that risk;

- e. its effectiveness in ensuring that slavery and human trafficking is not taking place in its business or supply chains, measured against such performance indicators as it considers appropriate;*
- f. the training and capacity building about slavery and human trafficking available to its staff.*

2. Procurement through EU compliant national government frameworks.
3. All contracts and associated purchase orders are raised on the NHS Standard Terms and Conditions which suppliers are mandated to comply with. These conditions state:

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

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

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

TRAINING

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

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

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

OUR PERFORMANCE INDICATORS

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

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

BOARD OF DIRECTORS' APPROVAL

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

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

Signed on behalf of the Board of Directors:

Caroline Maley
Trust Chair

Ifti Majid
Chief Executive

Board Committee Assurance Summary Reports to Trust Board

Note: In line with 'Reducing the Burden' guidance verbal assurance and escalation updates from Board Committees have been recorded at Board meetings instead of the submission of these written reports March - May.

1. Quality and Safeguarding Committee

The last written assurance summary report was for the 11 February 2020 meeting and was considered at the Public Trust Board in March. Since that time the Committee has met on 10 March, 11 April and 9 June. Escalation issues from the March meeting were reported to the April Board and issues from the April meeting to the May Board. The report below therefore covers the 9 June meeting.

Key items discussed 9 June 2020

Summary of BAF Risks for Quality and Safeguarding Committee

The Committee debated whether the moderately rated COVID-19 risk rating was high enough and agreed that this will be addressed at the BAF Board Development Session on 17 June when the BAF will be assessed in detail and further updated.

COVID-19 Summary Update

Update on specific quality, clinical and safety aspects of care provision that have been core areas of the Incident Management Team (IMT) since it commenced on Monday 16 March 2020. The Committee received significant assurance with IMT's response to the pandemic level 4 incident and noted the forward view of potential risks and next steps.

Quality Position Statement – Infection Control

The Committee received significant assurance from the Trust's approach to infection control. The Trust has been COVID-19 free since Saturday 6 June and is a testament to the outstanding approach being taken by the teams.

Compliments And Complaints 2019-20 Briefing

This briefing provided an update of the compliments and concerns raised along with feedback concerning the services provided by the Trust. The Committee received significant assurance from this high level summary.

Clinical Audit Report

The report included Clinical Audit results, themes and consecutive actions with regard to quality of care of different services. The Committee endorsed the need to strengthen the structure in clinical audit and fully supported the new medicines management structure.

Report from the Guardian of Safe Working

This report provided significant assurance on the Trust's active involvement in supporting junior doctors.

Learning from Deaths / Mortality Report

The Committee was satisfied that the report provided evidence of close clinical scrutiny of all deaths and agreed for the report to be considered by the Trust Board of Directors and then published on the Trust's website as per national guidance.

Safeguarding Children

Significant assurance was mainly obtained from activity, systems and controls. Limited assurance was obtained due to (a) the partial mitigations that are in place that are impacting the response to resolving domestic violence involving children, and (b) the gaps in Safeguarding Children training which has ceased temporarily due to COVID-19. New options and solutions for training will be explored as part of the restoration phase.

Safeguarding Adults

The Committee shared the same concerns as mentioned above in Safeguarding Children regarding the emerging evidence of risks to adults and families through escalating domestic violence. Wider work with the lead agency on further risk mitigation in these areas is required for both Derby and Derbyshire. Limited assurance was received with regard to gaps in control in training, despite the work taking place to explore local authority training to support the required level of training.

Chief Pharmacist's Annual Report

The report outlined the progress made against the Trust's Medicines Optimisation Strategy 2018-21 and the Pharmacy Strategy 2018-21. The Committee discussed issues to be addressed as a result of the COVID-19 pandemic, and the plan to strengthen medicines management. The Committee recommended that the Finance and Performance Committee be made aware of risks associated with medicines expenditure due to the escalated costs in manufacture and supply. The Committee received significant assurance of further improvement in 2020-21 and the development of strategies for 2021-24.

Care of the Acutely Disturbed Pregnant Patient Policy and Procedures

The Acutely Disturbed Pregnant Patient Policy and Procedures had been adapted to reflect the changes to guidelines. The Policy was ratified.

Escalations to Board or other Committee

- Gaps in workforce planning to mitigate the expected surge in demand on services taking account of current workforce availability and supply to be raised at People and Culture Committee on 23 June.
- Gaps in Safeguarding Adult and Children training compliance to be raised at People and Culture Committee on 23 June.
- Finance and Performance Committee be made aware of risks associated with medicines expenditure due to the escalated costs in manufacture and supply.

Committee Chair: Margaret Gildea

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

2. Finance and Performance Committee

The last written assurance summary report was for the 21 January meeting and was considered at the Trust Board in February. The Committee met on 17 March and reported issues through to the April Board. The Committee did not meet in May but essential finance reporting was reported through to the Trust Board. The report below covers the 25 June meeting.

Key items discussed 25 June 2020

Assurance on Estates Strategy

Need to revisit in light of COVID and to align with outcomes and evolving guidance. The priority for Psychiatric Intensive Care Unit (PICU) and Dormitory eradication remains. Community facilities requirements need to align with redefined delivery model for community services e.g. digital expansion, homeworking as well as COVID specific issues like social distancing etc. Business cases for PICU and new-build wards are needed ASAP and there is now the opportunity to revisit corporate

estate given digital and homeworking. Will take on board feedback from staff and service users. Limited assurance received from the strategy.

Move to 'OnEPR' and Electronic Patient Record assurance

Good progress made on design and implementation planning to date with good use of MS Teams improving access to meetings. Have standardised 30 assessments on the system down to four. Work is taking place to define metrics by which to measure success. The 31 October go/no-go has moved to November. There is a need to decide on the reporting out of the new system across of range of stakeholders i.e. to operational teams, to the Board and its Committees as well as to Regulators and Commissioners. Benefits quantification is currently being worked up, given that it is a large programme and an evolving picture. Limited assurance received from 'OnEPR' programme delivery.

Operational Performance

Levels of activity during COVID have maintained reasonably well however waiting times are a concern. Committee considered the approach to waiting list management and risk mitigation taken by Incident Management Team. There is an increasing level of demand for services and the level of acuity and complexity is increasing. The work being undertaken by the Recovery Cell in Incident Management Team sets out the approach to service delivery for the recovery phase. The availability of inpatient beds and their configuration is very dependent on workforce availability.

Financial Governance

Consideration of the key drivers of financial position including financial impact of Incident Management Team decisions. Clarification provided on the source of the ledger plan figures and the NHSI template plan figures. Highlights from the system review meeting discussions on finance were noted, particularly the recovery phase requirements in terms of revenue and capital in 20/21 for the Derbyshire system. The approach to Mental Health Investment Standards investment and other investment priorities were noted. The various recent capital and revenue submissions were noted. The status of the Ward 1 consultation was noted. The Committee discussed the financial risk related to future changing guidance and the Trust's requirement for significant capital funds to deliver key priorities and requirements. -Significant assurance on financial governance being in operation. Limited assurance on funding availability particularly for capital.

Health and Safety compliance

The half-year report was noted but not discussed due to the fact that the full year report will come to next meeting. The Committee noted that some Health and safety work has been impacted on by COVID, however it created no significant concerns.

Emergency Preparedness, Resilience and Response (EPRR)

Consideration of assurance on delivery against core standards. Being as we are in the middle of a pandemic it has meant that our preparedness, resilience and response has been tested 'live' and has performed well. It was noted that the flood risk at Cardinal Square had been addressed. Committee expressed gratitude for high quality of response to COVID. Significant assurance received.

Review of 2020/21 Forward Plan

The Committee wishes to bring CIP/efficiency/continuous improvement into main agenda section of the forward plan from 'on hold' section for next meeting.

Key risks identified

- Increase in waiting times particularly in CAMHS
- Increasing demand for Mental Health services which is also increasing in severity, acuity and complexity.
- Current lack of visibility of equality objectives and benefits for the large programmes of work
- Financial risk related to unknown future payment arrangements beyond July
- Financial risk due to size of capital requirements compared to available funds.

<p>Decisions made</p> <ul style="list-style-type: none"> • Bring improvement out of the 'on hold' section of forward plan into main agenda for next meeting • Agreement to the request for an extension of review period of Emergency Incident Response Plan and Procedures to April 2021 (twelve month extension to allow for capture of good practice and learning from response to COVID) 	
<p>Escalations to Board or other committee</p> <p>Cross reference to Quality and Safeguarding Committee regarding waiting list concerns, potential for hidden harm, in CAMHS in particular.</p>	
<p>Committee Chair: Richard Wright</p>	<p>Executive Lead: Claire Wright, Deputy Chief Executive and Director of Finance</p>

3. Audit and Risk Committee

The last written assurance summary report was for the 16 January meeting and was considered by the Trust Board in March. Since that time the Committee has met on 19 March, 30 April, 27 May, 17 June, 24 June, primarily to review, scrutinise and sign off the 2019-20 Annual Report and Accounts and receive updates on counter fraud, internal audit and external audit progress. The meeting on 2 July focussed on the second issue of the Board Assurance Framework and review of the Waiver of Standing Financial Instructions Register.

<p>Key items discussed 19 March 2020</p> <p>Update on Production Of Annual Report and Accounts 2019/20 and draft Annual Governance Statement (AGS) Both on track for completion.</p> <p>Final issue of the BAF for 2019/20 The final issue was approved. Emerging clear risks associated with COVID-19 will be articulated in the BAF for 2019/20.</p> <p>Data Security and Protection Full Year Report 2019/20 The report provided significant assurance on the year-end position.</p> <p>Six month report on implementation of the Trust's Freedom to Speak Up Policy Framework Significant assurance received with the mechanisms and activities that have been implemented to encourage colleagues to speak up.</p> <p>Committee Year-End Effectiveness Report and Review of Terms of Reference The Committee was satisfied that the year-end report reflected the work it has carried out over the past year.</p> <p>External Audit Progress Significant assurance that external auditor's work was on track.</p> <p>Internal Audit Progress The Committee was satisfied with progress achieved in relation to delivery of the 2019/20 Internal Audit Plan. Received significant assurance with the implementation of audit actions.</p> <p>Counter Fraud, Bribery and Corruption Progress Report The Committee approved the Counter Fraud plan for 2020/21.</p>
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Key items discussed 30 April 2020

Issue 1 of the BAF for 2020/21

This initial issue of the BAF for 2020/21 was approved. It was agreed that the BAF is to be developed to include previous and current lessons learned with new ways of working in response to COVID-19.

Draft Annual Accounts 2019/20

The first draft was reviewed and on track for completion.

Annual Governance Statement (AGS)

The AGS on track for completion.

Non-Compliance Of Standing Financial Instructions (SFIs)

Alterations have been made to some financial processes to remove routine burden on staff delivering the COVID response. It is now articulated in the SFIs that the Incident Management Team (IMT) have emergency decision-making powers.

Going Concern Assessment

The Committee was fully assured that the 2019/20 accounts had been prepared on a going concern basis. It was agreed that the financial statements should be prepared on that basis.

Year-End Effectiveness Reports From Board Committees

The year-end reports from Board Committees were received with significant assurance and approved for presentation to the Trust Board.

External Audit Progress

External Auditors confirmed they had received the 2019/20 accounts within the required deadline.

Internal Audit Progress

The report identified progress made on the internal audit plan.

Key items discussed 27 May 2020

Final review of draft 2019/20 Annual Report and Accounts and Annual Governance Statement

The Committee was presented with an updated version of draft Annual Report (including the Annual Governance Statement) and the Annual Accounts 2019/20 for review prior to sign off at the next meeting on 17 June.

Conflicts of Interest Policy and Hospitality and Sponsorship report

The Committee approved the amendments to the Conflicts of Interest Policy. The action plan associated with policy will ensure improved monitoring of gifts received.

Assurance on IMT emergency decision making aligned with SFIs

The report covered the financial implications of decisions made by the Incident Management Team (IMT). This report updated the Committee on the 360 Assurance salary overpayments benchmarking report to provide further information on issues discussed, points raised and actions being taken.

Overpayments Report

The Committee noted the actions that will increase focus and reduce occurrence of overpayments and was satisfied that reporting will be increased to enhance oversight and awareness to reduce overpayments.

Clinical Audit annual report and summary of the impact of Clinical Audit

The report summarised the process, resourcing and effectiveness of Clinical Audit and highlighted the priorities of clinical audit. Oversight of these audits will be held by the Quality and Safeguarding Committee and the Mental Health Act Committee.

Benchmarking report for 2018/19 Annual Report

The Committee noted the benchmarking report on the Trust's 2018/19 Annual Report, Website and Social Media as at January 2020.

Internal Audit Progress

The Committee was briefed on specific COVID-19 governance arrangements for consideration.

Counter Fraud Annual Report 2019/20

The Committee received significant assurance that the Trust's counter fraud, bribery and corruption arrangements are embedded. There is a strong anti-fraud, bribery and corruption culture within the Trust and the counter fraud service delivered by 360 Assurance is efficient and effective.

Key items discussed 17 June 2020**Audit Findings Report and Proposed Opinion of the 2019/20 Accounts**

In order for external auditors to issue their opinion they asked to receive a resolution from the valuers and confirmation of the Trust's position on deferred income. It was agreed that this would be made available at an extraordinary meeting to be held on 24 June to enable sign off of the Annual Report and Accounts.

Review and Approval of Audited Annual Report and Accounts 2019/20 (Including Annual Governance Statement)

The Committee agreed to exercise emergency powers and meet on 24 June to achieve final sign off of the 2019/20 Annual Report and Accounts.

Head of Internal Audit Report and Associated Opinions and Internal Audit Annual Report

The internal audit annual reports gave a full update on service delivery by 360 Assurance. The 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 during the period under review.

Key items discussed 24 June 2020

The Committee Chair formally approved and adopted the Annual Accounts and Report for 2019-20 on behalf of the Trust Board. Electronic signatures for the Trust Chair, CEO and Director of Finance were used to sign the documentation.

Key items discussed 2 July 2020**Board Assurance Framework (BAF)**

The Committee approved this second issue of the 2020/21 BAF outlining the key risks, assurances, controls, gaps and actions in relation to the immediate pandemic response and gave its approval for consideration by the Board on 7 July.

Waiver of Standing Financial Instructions Register

The Committee received and reviewed the Waiver Log and received significant assurance on the process followed to approve and record waivers.

Internal Audit Progress

The 2020/21 Internal Audit Plan would be adjusted to accommodate some additional work needed within the Head of Internal Audit opinion around COVID-19 response.

Receive the External Auditor's Annual Audit Letter

Grant Thornton presented their Annual Audit Letter which summarises the key findings arising from the work they have carried out at the Trust for the year ended 31 March 2020. They have given an unqualified opinion on the Trust's financial statements and were satisfied that the Trust put in place proper arrangements to ensure economy, efficiency and effectiveness in its use of resources. They

will be presenting a report to the Council of Governors on 1 September.

Committee Chair: Geoff Lewins

Executive Lead: Justine Fitzjohn, Trust Secretary

4. People and Culture Committee

The last written assurance summary report was for the 28 January meeting and was considered at by the Trust Board in March. Since that time the Committee has met on 24 March and 23 June. The Committee did not meet in May but essential people services issues were reported through to the Trust Board. The report below covers the 23 June meeting.

Key items discussed 23 June 2020

People and Culture Committee BAF Risks

The BAF appropriately covers risks relating to the COVID-19 pandemic.

Workforce Performance Report

The report showed that staff turnover and retention are still within essential parameters. Sickness absence fell slightly in May by 1.5%. Confirmed cases of COVID-19 and clinically vulnerable staff who are shielding account for 11% of total absence. Health risk assessments are being carried out to ensure staff can safely return to work. It is difficult to recruit through this period. Virtual interviews have been held for inpatient area positions and a number of people have been shortlisted. The main focus over recent weeks has been in redeploying staff to essential services. Recruitment and training is being closely monitored by the Executive Leadership Team (ELT) and the Incident Management Team.

Staff Survey Update

Staff engaging in the survey has significantly increased. The Committee approve the proposed plan to prepare for the 2020 NHS Staff Survey and for the report to be taken to the Board in July.

Recruitment Report

Limited assurance was received on progress of recruitment throughout the pandemic period. The involvement of the Incident Management Team (IMT) in monitoring recruitment throughout the organisation was welcomed.

Annual Medical Appraisal prior to NHSE return sign off at Board in September

Due to the impact of COVID-19 medical appraisal is currently on hold within the Trust. The Board will receive a report at the July meeting clarifying that the process has been suspended and will be reinstated as soon as guidance and clinical pressures allow.

Strategic Workforce Report

This report provided an insight into national and local workforce issues and was received for information.

Modern Slavery Statement financial year-end report

The Committee supported the revisions to the content of the Trust's Annual Modern Slavery Statement for 2019/20 and recommend it for approval by the Trust Board in July.

Employee Relations Assurance Report

Report provided a high level oversight of current cases progressed as at May 2020. No cases have been suspended. Significant assurance was obtained from the robust management of the Employee Relations cases.

Training Compliance Delivery Plan

All non-critical face to face training Compliance has been suspended as per national

<p>recommendations from 23 March until the end of July. ELT have approved the restart of all training delivery with protective measures and risk assessments in place. Significant assurance obtained from the work being done to reinstate training with limited assurance while awaiting the outcome.</p> <p>Identified risks arising from the meeting for inclusion or updating in the BAF No additional risks were considered necessary.</p>	
<p>Escalations to Board or other committee The Board will be informed at the July meeting that the annual medical revalidation will be delayed.</p>	
<p>Committee Chair: Julia Tabreham</p>	<p>Executive Lead: Celestine Stafford, Assistant Director People and Culture Transformation</p>

5. Mental Health Act Committee

Quarterly meetings of the Committee were held on 6 March and 12 June.

<p>Key items discussed 6 March 2020</p> <p>Minutes of the Mental Health Act (MHA) Operational Group These were reviewed in detail. A review of incidents of seclusion will be held at the June meeting of the Mental Health Act Committee.</p> <p>Changes to the MHA and Mental Capacity Act (MCA) with regard to MHA and Liberty Protection Safeguards A working group has been convened to scope the likely clinical practice and resource implications of the amended Mental Capacity Act which will replace Deprivation of Liberty orders with Liberty Protection Safeguards.</p> <p>Mental Health Act Manager's Report Quarterly Report The report covered analysis and assessment of the last quarter of activity 2018-2019 and had been scrutinised by the MHA Operational Group. The report provided significant assurance that safeguards of the Mental Health Act are appropriately applied.</p> <p>Reducing Restrictive Practice, Restraint and Seclusion The number of seclusions and restraint incidents may be gradually reducing over a two year period. It was noted that strong clinical leadership at ward level was crucial to maintain this downwards trajectory as are adequate staffing levels.</p> <p>Training Compliance Report The Trust is compliant with above 80% completion at all levels.</p> <p>Verbal update from Associate Hospital Managers Included summary of recent hearings.</p> <p>Mental Health Act Committee Year-end effectiveness Report This provided the significant assurance.</p>
<p>Key items discussed 12 June 2020</p> <p>Minutes of the Mental Health Act (MHA) Operational Group These were reviewed in detail. It was noted that an increase in patients admitted with psychosis seems to be a factor of the COVID-19 pandemic and has increased pressure on community and inpatient units.</p>

Mental Health Act Manager's Report

Report provided the Committee with analysis and assessment based on a rolling 12 month update and covered the period from 1 April 2019 to 31 March 2020. The report had previously been scrutinised by the MHA Operational Group. Seclusion will be closely monitored to ensure that improvement levels are maintained. The report provided significant assurance that safeguards of the Mental Health Act are appropriately applied.

Emergency changes to the Mental Health Act during COVID-19 Crisis

The Committee noted the emergency legislation that will allow temporary changes to the Mental Health Act (MHA).

Seclusion Briefing

This briefing showed that the number of seclusions has increased slightly since the Coronavirus outbreak and outlined the demographic changes due to the people being admitted. A more detailed assurance report will be received at the next quarterly meeting in September.

Committee Chair:
Dr Sheila Newport

Executive Lead:
John Sykes, Medical Director

**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
C	
CAMHS	Child and Adolescent Mental Health Services
CASSH	Care & Support Specialised Housing
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Group
CCT	Community Care Team
CDMI	Clinical Digital Maturity Index
CE	Chief Executive
CEO	Chief Executive Officer
CGA	Comprehensive Geriatric Assessment
CIP	Cost Improvement Programme
CMDG	Contract Management Delivery Group
CMHT	Community Mental Health Team
CNST	Clinical Negligence Scheme for Trusts
COAT	Clinical Operational Assurance Team
COF	Commissioning Outcomes Framework
CoG	Council of Governors
CPA	Care Programme Approach
CPD	Continuing Professional Development
CPN	Community Psychiatric Nurse
CPR	Child Protection Register
CQC	Care Quality Commission
CQI	Clinical Quality Indicator
CQUIN	Commissioning for Quality and Innovation
CRB	Criminal Records Bureau

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

NHS Term / Abbreviation	Terms in Full
CRG	Clinical Reference Group
CRHT	Crisis Resolution and Home Treatment Teams
CRS	(NHS) Care Records Service
CRS	Commissioner Requested Services
CSF	Commissioner Sustainability Fund
CTO	Community Treatment Order
CTR	Care and Treatment Review
D	
DAT	Drug Action Team
DBS	Disclosure and Barring Service
DBT	Dialectical Behavioural Therapy
DfE	Department for Education
DCHS	Derbyshire Community Health Services NHS Foundation Trust
DHCFT	Derbyshire Healthcare NHS Foundation Trust
DIT	Dynamic Interpersonal Therapy
DNA	Did Not Attend
DH	Department of Health
DoLS	Deprivation of Liberty Safeguards
DNA	Did not attend
DPA	Data Protection Act
DRRT	Dementia Rapid Response Team
DTOC	Delayed Transfer of Care
DVA	Derbyshire Voluntary Action (formerly North Derbyshire Voluntary Action)
DWP	Department for Work and Pensions
E	
ECT	Enhanced Care Team
ECW	Enhanced Care Ward
ED	Emergency Department
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
FOI	Freedom of Information
FSR	Full Service Record
FT	Foundation Trust
FTE	Full-time Equivalent
FTN	Foundation Trust Network

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

NHS Term / Abbreviation	Terms in Full
FTSU	Freedom to Speak Up
FTSUG	Freedom to Speak Up Guardian
F&P	Finance and Performance
5YFV	Five Year Forward View
G	
GDPR	General Data Protection Regulation
GGI	Good Governance Institute
GMC	General Medical Council
GP	General Practitioner
GPFV	General Practice Forward View
H	
HCA	Healthcare Assistant
HEE	Health Education England
HES	Hospital Episode Statistics
HoNOS	Health of the Nation Outcome Scores
HSCIC	Health and Social Care Information Centre
HSE	Health and Safety Executive
HWB	Health and Wellbeing Board
I	
IAPT	Improving Access to Psychological Therapies
ICM	Insertable Cardiac Monitor
ICS	Integrated Care System (formerly ACS)
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IDVAs	Independent Domestic Violence Advisors
IG	Information Governance
ILS	Immediate Life Support (BLS – Basic Life Support)
IM&T	Information Management and Technology
OOA	Outside of Area
IPP	Imprisonment for Public Protection
IPR	Individual Performance Review
IPT	Interpersonal Psychotherapy
J	
JNCC	Joint Negotiating Consultative Committee
JTAI	Joint Targeted Area Inspections
JUCB	Joined Up Care Board
JUCD	Joined Up Care Derbyshire
K	
KPI	Key Performance Indicator
KSF	Knowledge and Skills Framework
L	
LA	Local Authority
LCFS	Local Counter Fraud Specialist
LD	Learning Disabilities
LHP	Local Health Plan
LHWB	Local Health and Wellbeing Board
LOS	Length of Stay
M	
MARS	Mutually Agreed Resignation Scheme

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

NHS Term / Abbreviation	Terms in Full
MAS	Memory Assessment Service
MAU	Medical Assessment Unit
MAS	Memory Assessment Service
MAPPA	Multi-agency Public Protection Arrangements
MARAC	Multi-agency Risk Assessment Conference (meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, probation, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors.
MASH	Multi-Agency Safeguarding Hub
MCA	Mental Capacity Act
MDA	Medical Device Alert
MDM	Multi-Disciplinary Meeting
MDT	Multi-Disciplinary Team
MFF	Market Forces Factor
MHA	Mental Health Act
MHIN	Mental Health Intelligence Network
MHIS	Mental Health Investment Standard
MHRT	Mental Health Review Tribunal
MSC	Medical Staff Committee
MSK	Musculoskeletal (conditions)
N	
NCRS	National Cancer Registration Service
NED	Non-Executive Director
NICE	National Institute for Health and Care Excellence
NHS	National Health Service
NHSE	National Health Service England
NHSI	National Health Service Improvement
NIHR	National Institute for Health Research
O	
OBC	Outline Business Case
ODG	Operational Delivery Group
OP	Out Patient
OSC	Overview and Scrutiny Committee
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

GLOSSARY OF NHS AND DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS

NHS Term / Abbreviation	Terms in Full
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
RCI	Reference Cost Index
REGARDS	Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
RTT	Referral to Treatment
S	
SAAF	Safeguarding Adults Assurance Framework
SBARD	Situation, Background, Assessment, Recommendation and Decision (SBARD) tool
SBS	Shared Business Services
SEND	Special Educational Needs and Disabilities
SI	Serious Incidents
SID	Senior Independent Director
SIRI	Serious Incident Requiring Investigation
SLA	Service Level Agreement
SLR	Service Line Reporting
SMI	Serious Mental Illness
SOC	Strategic Options Case
SOF	Single Operating Framework
SPOA	Single Point of Access
SPOE	Single Point of Entry
SPOR	Single Point of Referral
STEIS	Strategic Executive Information System
STF	Sustainability and Transformation Fund
STP	Sustainability and Transformation Partnership
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

**GLOSSARY OF NHS AND
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST ACRONYMS**

NHS Term / Abbreviation	Terms in Full
U	
UDBH	University Hospitals of Derby and Burton
V	
VO	Vertical Observatory
W	
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent
Y	
YTD	Year to Date

2020-21 Board Annual Forward Plan

Exec Lead	Item	5 May 20	7 Jul 20	1 Sep 20	3 Nov 20	13 Jan 21	2 Mar 21
	Paper deadline	27 Apr	29 Jun	24 Aug	28 Oct	4 Jan	22 Feb
Trust Sec	Declaration of Interests	X	X	X	X	X	X
CG	Patient Story	X	X	X	X	X	X
CM	Minutes/Matters arising/Action Matrix	X	X	X	X	X	X
CM	Board review of effectiveness of meeting	X	X	X	X	X	X
CM	Board Forward Plan (for information)	X	X	X	X	X	X
CM	Summary of Council of Governors meeting (for information)	X		X	X	X	X
CM	Chair's Update	X	X	X	X	X	X
IM	Chief Executive's Update	X	X	X	X	X	X
STRATEGIC PLANNING AND CORPORATE GOVERNANCE							
MP/CW	NHSI Annual Plan - timing to be confirmed				X		
CS	Staff Survey Results (summary in July)		X				
CS	Equality Delivery System2 (EDS2) update						X
CS	Annual Gender Pay Gap Report for approval						X
CS	Workforce Race Equality Standard (WRES)			X			
CS	Workforce Disability Equality Standard (WDES)			X			
CS	Flu Campaign (summary of 2019/20 due in May will now be a progress update on 2020/21 in Nov)	19/20 Summary			20/21 update		
CS	Workforce Plan		X				
Trust Sec	NHS Improvement Year-End Self-Certification	X					
Trust Sec	Year-End Governance Reporting from Board Committees and approval of ToRs	X					
Trust Sec	Corporate Governance Framework						X
Trust Sec	Review SOs, SFIs, SoD plus review/ratify SFI Policy (as Policy Review section below)		X				
Trust Sec	Trust Sealings (six monthly - for information - defer to November due to Covid-19)	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) - Audit & Risk, Finance & Performance, Mental Health Act, Quality & Safeguarding, People & Culture (due to Covid-19 Board Assurance Summaries are suspended)	X	X	X	X	X	X
MP	Annual Emergency Planning Report (EPPR)				X		
GH	Business Plan Monitoring close down of 2019/20 (May) Proposal for 2020/21 (Jul) 2020/21 Update (Nov)	X	X		X		
GH	Learning Disabilities Clinical Strategy	X					
GH	Trust Strategy Review	X			X		

2020-21 Board Annual Forward Plan

Exec Lead	Item	5 May 20	7 Jul 20	1 Sep 20	3 Nov 20	13 Jan 21	2 Mar 21
OPERATIONAL PERFORMANCE							
CG/CW/CS/MP	Integrated performance and activity report to include Finance, Workforce, performance and Quality Dashboard	X	X	X	X	X	X
CG/MP/CS	Workforce Standards Formal Submission/Safer Staffing (prior to going on website)						X
QUALITY GOVERNANCE							
Execs	Quality Position Statement Report - focus on CQC domains (Well Led CQC & NHSI (Trust Sec) as per schedule	Safety JS	Responsive MP	Well Led JF	Effective CG & CS	Use of Resources CW	Caring CG
JS	Learning from Deaths Mortality report (quarterly publication of information on death) (Jul/Nov/Jan/Mar)		X		X		
JS	Guardian of Safe Working Report	X	X		X		X
JS	NHSE Return on Medical Appraisals sign off			X			
CG	Control of Infection Report			A			
JS	Re-validation of Doctors		Update re delay				
CG	Receipt of Annual Reports: - Annual Looked After Children - Safeguarding Children and Adults at Risk				X		
CG	Outcome of Patient Stories				X		
POLICY REVIEW							
CW	Standing Finance Instructions Policy and Procedures		X				
JF	Engagement between the Board of Directors and CoG			X			

Key: Items deferred/cancelled to allow greater focus on the critical issues related to COVID-19

