

MEETING OF THE TRUST BOARD

TO BE HELD IN PUBLIC

**ON Thursday 25th April 2019, 10.00AM,
BOARDROOM, LAWTON HOUSE, BELLRINGER ROAD, TRENTAM, STOKE-ON-TRENT,
STAFFORDSHIRE, ST4 8HH**

AGENDA		
1.	APOLOGIES FOR ABSENCE <i>To NOTE any apologies for absence</i>	Note
2.	DECLARATIONS OF INTERESTS RELATING TO AGENDA ITEMS	Note
3.	MINUTES OF THE OPEN AGENDA – 28th March 2019 <i>To APPROVE the minutes of the meeting held on 28th March 2019</i>	Approve Enclosure 2
4.	ACTION MONITORING SCHEDULE & MATTERS ARISING FROM THE MINUTES <i>To CONSIDER any matters arising from the minutes</i>	Note Enclosure 3
5.	CHIEF EXECUTIVE'S REPORT <i>To RECEIVE a report from the Chief Executive</i>	Note Enclosure 4
6.	CHAIR'S REPORT <i>To RECEIVE a verbal report from the Chair</i>	Note
7.	STAFF RETIREMENTS <i>To EXPRESS our gratitude and recognise staff who are retiring. To be introduced by the Chief Executive and presented by the Chair.</i>	Verbal
8.	REACH RECOGNITION TEAM AWARD ON EXCELLENCE <i>To PRESENT the REACH Recognition Team Award to the Specialist Children's Short Break Service. To be introduced by the Chief Executive and presented by the Chair.</i>	Verbal Presentation

9	PATIENT STORY – JACKIE AND MATTHEWS STORY - ASSESSMENT AND TREATMENT UNIT <i>To RECEIVE a Patient Story to be introduced by Maria Nelligan, Executive Director of Nursing & Quality</i>	Verbal / Podcast
QUESTIONS FROM MEMBERS OF THE PUBLIC		
10	<i>To RECEIVE questions from members of the public</i>	Verbal
TO ENHANCE SERVICE USER AND CARER INVOLVEMENT		
11	SERVICE USER AND CARER COUNCIL <i>To RECEIVE an update from Sue Tams, Vice Chair of Service User and Carer Council</i>	Verbal
ENCOURAGE, INSPIRE AND IMPLEMENT RESEARCH AND INNOVATION AT ALL LEVELS		
12	DIGITAL TRANSFER REPORT <i>To RECEIVE the Digital Transfer Report from Chris Bird, Director of Partnerships and Strategy</i>	Assurance Enclosure 5
TO PROVIDE THE HIGHEST QUALITY SERVICES		
13	NURSE STAFFING MONTHLY REPORT (February 2019) <i>To RECEIVE the Nurse Staffing Monthly Report from Maria Nelligan, Executive Director of Nursing & Quality</i>	Assurance Enclosure 6
14	PERFORMANCE AND QUALITY MANAGEMENT FRAMEWORK ENHANCED REPORT (PQMF) – Month 11 <i>To RECEIVE the Month 11 Performance Report from Lorraine Hooper, Executive Director of Finance, Performance and Estates</i>	Approval Enclosure 7
CREATE A LEARNING CULTURE TO CONTINUALLY IMPROVE		
15	DATA SECURITY AND PROTECTION TOOLKIT ANNUAL DECLARATION <i>To RECEIVE the Data Security and Protection Toolkit Annual Declaration from Chris Bird, Director of Partnerships and Strategy</i>	Assurance Enclosure 8
MAXIMISE AND USE OUR RESOURCES INTELLIGENTLY AND EFFICIENTLY		

16	FINANCE REPORT – MONTH 11 (2018/19) <i>To RECEIVE for discussion the Month 11 Financial position from Lorraine Hooper, Executive Director of Finance, Performance and Estate</i>	Approval Enclosure 9
17	ASSURANCE REPORT FOR FINANCE, PERFORMANCE AND DIGITAL COMMITTEE <i>To RECEIVE the Finance, Performance and Digital Committee Assurance report from the meeting held on the 11th April 2019 from Tony Gadsby, Chair/Non-Executive Director</i>	Approval Enclosure 10
18	REGISTER OF BOARD MEMBERS DECLARATIONS <i>To RECEIVE the Register of Board Members Declarations from Laurie Wrench, Associate Director of Governance</i>	Assurance Enclosure 11
19	SELF CERTIFICATION G6 AND FT4 (PROVIDER LICENSE) <i>To RECEIVE the Self Certification G6 & FT4 from Laurie Wrench, Associate Director of Governance</i>	Assurance Enclosure 12 and 12a
20	ASSURANCE REPORT FOR BUSINESS DEVELOPMENT COMMITTEE <i>To RECEIVE the Business Development Committee Assurance report from the meeting held on the 11th April 2019 from Joan Walley, Chair/Non-Executive Director</i>	Assurance Enclosure 13
ATTRACT AND INSPIRE THE BEST PEOPLE TO WORK HERE		
21	2018 STAFF SURVEY UPDTE <i>To RECEIVE the 2018 Staff Survey update from Linda Holland, Director of Workforce, Organisational Development and Inclusion.</i>	Assurance Enclosure 14
CONTINUALLY IMPROVE OUR PARTNERSHIP WORKING		
22	OPERATIONAL PLAN 2019/20 <i>To RECEIVE the Operational Plan from Chris Bird, Director of Partnerships and Strategy</i>	Assurance Enclosure 15
CONSENT AGENDA ITEMS		
23	TOGETHER WE ARE BETTER – MARCH 2019 UPDATE <i>To RECEIVE for information the Together We're Better March 2019 Update from Peter Axon, Chief Executive Officer</i>	Information Enclosure 16
ANY OTHER BUSINESS		
	<i>The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday 23rd May 2019 at 10:00am.</i>	

	MOTION TO EXCLUDE THE PUBLIC <i>To APPROVE the resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest” (Section 1(2) Public Bodies (Admissions to Meetings) Act 1960)</i>	
THE REMAINDER OF THE MEETING WILL BE IN PRIVATE		
	DECLARATIONS OF INTEREST RELATING TO AGENDA ITEMS	Note
	SERIOUS INCIDENTS	Assurance
	PERFORMANCE	Approve
	ESTATES	Assurance
	WORKFORCE AND AGENCY	Assurance
	ANY OTHER BUSINESS	

TRUST BOARD

**Minutes of the Open Section of the North Staffordshire Combined
Healthcare NHS Trust Board meeting held on
Thursday 28th March 2019
At 09:00am in the Academic 1 & 2, Harplands Hospital , Off Hilton Road,
Harpfields, Stoke-on-Trent, Staffordshire, ST4 6TH**

Present:

Chairman:

David Rogers
Chair

Directors:

Dr Keith Tattum
GP Associate

Caroline Donovan
Chief Executive

Linda Holland
Director of Workforce, Organisational Development
and Inclusion

Maria Nelligan
Executive Director of Nursing and Quality

Lorraine Hooper
Director of Finance, Performance
and Estates

Patrick Sullivan
Non-Executive Director

Tony Gadsby,
Vice Chair / Non Executive

Gan Mahadea
Non-Executive Director

Dr Buki Adeyemo
Executive Medical Director

Janet Dawson
Non-Executive Director

Chris Bird
Director of Partnerships and
Strategy

Jonathan O'Brien
Director of Operations (attended from 11.00am)

In attendance:

Laurie Wrench
Associate Director of Governance

Sue Tams
Vice Chair Service User Carer
Council

Lisa Wilkinson
Corporate Governance Manager (minutes)

Members of the public:

Elaine Kidd
Grant Williams
Sue Boulton
Jayne Aaron
Terry Hooton
Carol Davies
Melanie Cavenor-Smith

Retirees

Hazel Hooton – Medical Secretary
Nichola Boulton –Community Mental
Health Nurse

The meeting commenced at 09:03am.

58/2019	<p>Apologies for Absence</p> <p>Wendy Dutton, Chair Service User Carer Council, Jenny Harvey, Unison Representative, Joe McCrea, Associate Director of Communications, Joan Walley, Non-Executive, Russell Andrews, Associate Non-Executive.</p> <p>It was acknowledged that this was Caroline Donovan, Chief Executive and Gan Mahadea, Non-Executive's final Board meeting. Both were thanked for their contribution to the Trust and Board and wished well for the future.</p>	Action
59/2019	<p>Declaration of Interest relating to agenda items</p> <p>No declarations of interest.</p>	
60/2019	<p>Minutes of the Open Agenda – 28th February 2019</p> <p>The minutes of the open session of the meeting held on 28th February 2019 were approved.</p>	
61/2019	<p>Matters arising</p> <p>The Board reviewed the action monitoring schedule and agreed the following:-</p> <p>259/2018 – PQMF Month 8 – Maria provided an update. Documentation has been updated which reflects the new guidance and strengthens the whole process. The next report for CIP will reflect the impact of this guidance. Action closed.</p> <p>14/2019 – Towards Smoke Free Progress Report – Actioned</p> <p>30/2019 – Minutes of the Open Agenda – 24th January 2019 – BiA Telephone Lines - This process was reviewed last year. The team have provided the pro's/con's that they discussed. The AMHP team have advised they would prefer to take referrals directly but that the resource required from an AMHP and admin perspective has historically been prohibitive. We have now made additional resource into the team which may mean that the option to take referrals directly would be achievable. The team are reviewing this with their Service Manager in the coming weeks and a further update will be fed through to the Board. Dr Adeyemo will look into this when the update will come back to Board.</p> <p>38/2019 – Service User Carer Council – As part of our BAF going forward this year we will pro-actively support clinical services around supporting clinical and carer groups, we are also taking forward the Triangle of Care. An action plan has been produced. We will see a formal report coming back to the Board in May 2019.</p> <p>43/2019 – Serious Incidents Quarter 3 Report – Report has</p>	<p>BA</p> <p>MN</p>

	<p><i>subsequently been amended.</i></p> <p>47/2019 – Being Open Quarterly Report – This was discussed at Quality Committee and agreed that we will use the QIA quarterly reports to highlight any aspects related to FTSU.</p> <p>49/2019 – Assurance Report from the Finance, Performance and Digital Committee – Paper to come to Trust Board 25th April 2019.</p> <p>50/2019 – Staff Survey Results – Action Plan to come to Trust Board 25th April 2019.</p> <p>247/2018 – Person Centredness Framework – Paper due back on the 23rd May 2019.</p>	<p>ZG</p> <p>MN</p>
62/2019	<p>Chief Executive’s Report</p> <p>This report updates the Board on activities undertaken since the last meeting and draws the Board’s attention to any other issues of significance or interest.</p> <p>OUTSTANDING COMBINED</p> <p>The Trust’s rating has been received from the CQC which is subject to factual accuracy. It is really fantastic news for the Trust. The publication of the results will be on 28th March 2019.</p> <p>The report is incredibly positive and a proud moment in the Trust’s history. Staff should be very proud of the feedback from the CQC, which recognises the excellent responsive services provided, as well as the personalised and compassionate way they support service users and carers day in and day out.</p> <p>Of course, there are some areas where there is more to do. An action plan will be developed to address these, working in partnership with frontline staff.</p> <p>We must not however become complacent and continue to focus on continually improving. We are building an even better future to be outstanding in all we do and how we do it.</p> <p>We are really keen that everybody has the opportunity to celebrate this great achievement either in person at the Harplands or by having their own mini-event in their own teams and services. We are encouraging as many people as possible to have some time with their teams, service users, carers and partners on the afternoon of 28 March 2019 to share some afternoon tea.</p> <p>The whole event will be broadcast live via our Facebook Page and we have sent celebration packs of support materials to teams to enable them</p>	

	<p>to hold their own event.</p> <p>THE TRUST CELEBRATES ITS NHS STAFF SURVEY</p> <p>The month got off to a positive start with the publication of the NHS staff survey results. Everyone across the Trust put in a particularly strong effort this year to give their views and it was great to see a 6% increase in response rate (58%) compared with last year.</p> <p>What was even more gratifying was what staff told us. This year the staff survey has been presented differently into 10 themes. Results show we are average or above on all 10 themes which is really positive.</p> <p>One of the 10 themes is “Safe environment – bullying & harassment”. We were the highest performing of all mental health Trusts in England for this which is a fantastic tribute to staff and managers.</p> <p>On individual questions we scored the highest mental health trust in the country for staff saying they felt well supported by their colleagues, again this is wonderful and demonstrates we are creating really supportive climates and valuing each other.</p> <p>The Trust was also scored the highest mental health trust in the country for service user feedback being collected within services; this is great recognition of all the work undertaken on collaborating and listening to service users and carers to continually improve.</p> <p>We have also made improvement with a reduction from 21% of BAME staff to 3% of BAME staff experiencing discrimination from manager/team leader/colleague. This is a great acknowledgement of the priority and investment we have put into making our Trust more inclusive and a really big thank-you to everyone who has supported this on-going improvement in our culture.</p> <p>BOARD DEVELOPMENT SESSION</p> <p>The Board held an all-day development session, to further develop plans and thinking for moving forward. The theme of the day was strengthening integrated working and considering the move from the current Alliance Board to an Integrated Care Partnership.</p> <p>The day involved sessions with Sir Neil McKay, Chair of the STP, Mike Pyrah, Chair of the Alliance Board, Councillor Ann James, leader of Stoke-on-Trent Council and Paul Edmondson-Jones, Director of Social Care and Wellbeing, also from the Council. The sessions were really positive and a very productive exchange of views on the opportunities and challenges we face as a system and how we can rise to them.</p> <p>TOWARDS OUTSTANDING MEDICAL LEADERSHIP</p> <p>Our Medical Leaders held a "Towards Outstanding Medical Leadership" event.</p> <p>The workshop was led by Dr Buki Adeyemo, Medical Director, the event received positive feedback. Medics have been working together in the last</p>	
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	<p>year or so to embrace the journey the Trust is on and play an important role as part of this.</p> <p>TRIPLE WHAMMY OF AWARDS</p> <p>The Trust is deeply proud of its track record in winning awards and securing nominations as we continue on our journey towards outstanding and this month has seen a series of fantastic announcements from healthcare and industry that demonstrates our commitment to continually improve.</p> <p>Details of our awards and nominations are below:</p> <p>Leading Healthcare – Winner – Healthcare Provider of the Year</p> <p>On 6th March, we won the accolade of Healthcare Provider of the Year in the Leading Healthcare awards. The Trust received the award for the fantastic success over the past year in delivering nationally leading transformation and improvement, alongside unparalleled financial performance and value.</p> <p>HSJ Value in Healthcare Awards – Shortlisted in three categories</p> <p>Also on the 6th March, we received the news that we were shortlisted in no less than three categories in the Health Service Journal Value in Healthcare Awards 2019.</p> <ul style="list-style-type: none"> • Diabetes Care Initiative of the Year – Healthy Minds Integrated Long Term Condition Service • Emergency, Urgent and Trauma Care Efficiency Initiative of the Year – All Age Mental Health Liaison Service • Improving Value in the Care of Older Patients Award – Rapid Falls Improvement <p>We were also delighted that the North Staffordshire GP Federation has been shortlisted in the category Primary Care Initiative of the Year for its Staffordshire Physician Associate Primary Care Internship of which we are one of the partners supporting this new role.</p> <p>Partnerships Awards – Shortlisted for Public Sector Team of the Year</p> <p>Now in its 21st year, the Partnerships Awards brings together key decision-makers from the public and private sectors to recognise and reward outstanding achievements in public-private partnerships. We were delighted to be shortlisted in 2 categories</p> <ul style="list-style-type: none"> • Public Sector Team of the Year • Best Operational Project – Harplands Hospital <p>LEADERSHIP ACADEMY FOCUSSES ON DIRECTORATE PLANNING</p> <p>The latest meeting of the Leadership Academy focused on the development of the Trust's Directorate Plans.</p> <p>Each Directorate presented their draft plans sharing ideas on how the plans could be further enhanced.</p>	
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	<p>The Directorate plans are part of the overall approach to developing the Trust's plans which is in turn part of the approach for developing the system plans. As an executive team, we have been very involved in work and discussions across Staffordshire for our collective plans for 2019 onwards.</p> <p>CELEBRATING APPRENTICESHIPS</p> <p>The Trust has made fantastic progress with apprenticeships tripling the numbers of apprenticeships in just 3 years, although we still have a little more to do to hit the overall public sector target.</p> <p>Interim Executive Director of Workforce, OD and Inclusion - Linda Holland - hosted the apprenticeships event at Longton Rugby Club.</p> <p>We held a drop-in session at Harplands Hospital Reception to support anyone interested in finding out more about apprenticeships.</p> <p>On Wednesday 6th March, the latest episode of our new Podcast – "Combinations" – was a National Apprenticeship week podcast special – featuring some of our apprentices and training providers talking about their success, what apprenticeships have delivered for them and where people can go to find out more.</p> <p>COMMUNICATIONS TEAM INVITED BY NHS IMPROVEMENT NATIONAL TEAM TO SHOWCASE OUR INNOVATION IN DIGITAL AND SOCIAL MEDIA</p> <p>The Trust is proud of its track record of innovation in digital and social communications and engagement and so we were delighted to be invited to showcase some of what we are doing to the national Communications and Engagement Team at NHS Improvement.</p> <p>Associate Director of Communications, Joe McCrea, demonstrated the Trust's use of a powerful social media tool Find SoMeone in Health to identify and plug gaps in followers on social media - particularly amongst Seldom Heard groups. This is a key priority for the Communications Team for the coming year.</p> <p>The Trust was also able to show NHS Improvement its highly innovative "Windows on the World". These bring together real time content produced by selected Twitter accounts, Facebook Pages and Instagram. They enable users to see and interact with what is being talked about right now on social media by different worlds of individuals, organisations and groups.</p> <p>A BIG THANK-YOU TO NATALIE LARVIN AND WELCOME TO NICKY GRIFFITHS</p>	
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	<p>The Trust is delighted that Natalie Larvin is moving into a new role as Consultant Nurse for Acute and Urgent Care Directorate and Clinical Lead for Adult Mental Health. A big thank-you Natalie for the dedication she has shown supporting the adult in-patient and subsequent acute and urgent care role.</p> <p>The Trust is also delighted to welcome Nicky Griffiths into her new role as Associate Director for Acute and Urgent Directorate working alongside Carol Sylvester, Clinical Director.</p> <p>Changes have also taken place in the Specialist Services Directorate this month, with Clinical Director Darren Perry moving on to pastures new and he is wished every success in his new role. Dr Hardeep Uppal is taking up the role of Clinical Director and officially starts on 1st April 2019.</p> <p>NATIONAL UPDATE</p> <p>LEADERSHIP ANNOUNCED OF NHS REGIONAL TEAMS</p> <p>NHS England and Improvement have announced new leadership arrangements. NHS England Chief Executive, Simon Stevens will assume leadership of both organisations, supported by a Chief Operating Officer.</p> <p>Simon Stevens becomes directly responsible for controlling the provider sector deficit as well as improving care through commissioning. NHSE and NHSI began a process of working closer together last year and now hold some joint Board meetings, with joint Directors now appointed at national and local level.</p> <p>NHS England and Improvement have identified the Directors who will work in their new joint regional teams. The changes are being made as part of the major restructure combining NHSE and NHSI's regional and local offices into seven combined regional teams. The new Midlands leadership team has been announced as below:-</p> <p>Midlands Leadership Team</p> <p>Dale Bywater – Regional Director Siobhan Reilly (Heafield) – Chief Nurse Finance Director – No appointment as yet Nigel Sturrock – Medical Director and Chief Clinical Information Officer Stephen Morrison – Director of Workforce and Organisational Development Jeffrey Worrall – Director of Performance and Improvement Director of Strategy and Transformation – No appointment as yet Alison Tonge – Director of Commissioning</p> <p><i>Received</i></p>	
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63/2019	<p>Chair's Report</p> <p>David Rogers updated the Board on recent financial budget negotiations. The NHS has started to look at long term planning and strategy which is positive.</p> <p>David also talked about the Trust's outstanding status and hopefully the impact this will have on recruiting and retaining staff. This is great news for the people of Staffordshire and has been recognised nationally.</p> <p>David noted that Brexit has been a distraction for Parliament recently therefore discussions around Health and legislation have reduced.</p> <p><i>Noted</i></p>	
64/2019	<p>Staff Retirements</p> <p>Nichola Boulton – Community Mental Health Nurse Nichola Boulton has been employed with the Trust since 1st of February 1999. Nichola is currently a Band 5 Community Mental Health Nurse, working at the Ashcombe Centre.</p> <p>Nichola commenced work with the Trust as a Health Care Support Worker where she worked at Edward Myers, the Neuro-Behavioural Unit, Wall Lane House, Elderly Wards and an Acute Admissions Ward.</p> <p>In 2004, she became a sponsored student and completed her training to qualify as a Mental Health Nurse in 2008. She was offered her first position as a Staff Nurse on Ward 7 and was transferred to the Bennett Centre in March 2010 where she worked as a Community Mental Health Nurse. Following the restructuring of the community mental health teams, Nichola moved to the Brandon and Ashcombe Centre in 2013, in her current role.</p> <p>Nicholas's passion is her horse named Storm and hopefully she can spend much more time with Storm during her retirement.</p> <p>Nichola is a valued and hardworking individual, always willing to go above and beyond. She also has a great sense of humour and never one to hold back on her thoughts!</p> <p>Nichola will be missed both as a dedicated nurse and as a friend by her colleagues and we hope that she keeps in touch and maybe return as a volunteer! We wish you a very happy retirement.</p> <p>Hazel Hooton – Medical Secretary Hazel started her time in the Trust in Oct 2000 working as the Personal Secretary to Karina Johnson, General Manager in the Learning Disabilities Directorate based at London House.</p>	

	<p>Since this time Hazel has had a variety of roles and responsibilities including being a Personal Assistant to a number of Modern Matrons, developing recruitment, purchase buying and finally Medical Secretary.</p> <p>In 2003 Hazel was promoted to a Management Assistant to the Service Manager in Learning Disability Services which she is extremely proud of. Hazel used her fantastic organisational skills and attitude of 'getting things done' when the team moved into new premises.</p> <p>More recently Hazel has spent her time supporting the Older Persons Directorate as Medical Secretary where again she has utilised her skills in supporting the admin team, memory clinics and community teams.</p> <p>Hazel has been an integral part of the Older Persons family and has always demonstrated a can do attitude with a no nonsense approach.</p> <p>Hazel had intended to retire in June on her 70th birthday but has taken the decision to retire slightly earlier with the intention of spending extra time with her family and her large brood of Shitzu's dogs. We wish you all the best in your retirement.</p> <p>Noted</p>	
65/2019	<p>QUESTIONS FROM MEMBERS OF THE PUBLIC</p> <p>Grant Williams attended today to say Thank You to Caroline Donovan and wish her all the best in her new position and thank her for everything she has done for the Trust.</p>	
66/2019	<p>SERVICE USER AND CARER COUNCIL</p> <p>Sue Tams, Vice Chair of the Service User Carer Council provided an update in the absence of Wendy Dutton.</p> <p>Members of the Service User and Carer Council have been involved in various interviews at all different levels of the Trust including heads of services, support service staff and clinical staff. Service users and carers feedback from these activities is that they are always made welcome and put at ease.</p> <p>The first tranche of Observe and Act training has been co-delivered to the Quality Assurance group members. Ward 7, Ward 5 and Ashcombe have been visited as part of their training. The feedback is that service users / carers add a dimension to those visits that enhance the quality of feedback gained. Maria wished to thank Sue Tams for her assistance with this.</p> <p>There have been three meetings for service users and carers interested in becoming volunteer peer mentors. There are 12 going forward to training which starts on 4th April 2019. There will be a presentation and celebration when they complete their training in June.</p>	

	<p>Update on carers groups:</p> <ol style="list-style-type: none"> 1) The Acute In-patient group have moved from Hanley Fire Station to ECT at the Harplands which has helped see an increase in attendance. This is co facilitated with a carer and staff from Ward 3. 2) There is a Carers group that meets at Burslem supported by the Trust carer's team. 3) There is an up to date list of carer's links across in-patient and community services. They have attended training to update on the principles of the Triangle of Care, there is a network meeting in April for services to look at the carers pathways. This will include carers as well. 4) The Trust will be working towards accreditation of the Triangle of Care with the Carers Trust over the next 12 months. 5) Service User Carer Council Business meeting is 27th March 2019. Expressions of interest will be asked for Vice Chair at the above meeting. <p>Received</p>	
67/2019	<p>CAMHS TRAILBLAZER BRIEFING</p> <p>Jonathan O'Brien, Director of Operations provided an update.</p> <p>The paper provided a briefing to the Trust Board on the development of the Trust's CAMHS Trailblazer Project and the recruitment to additional posts funded through the programme.</p> <p>The financial implications are outlined in the paper. The Trust will receive income of £97K 2018/19, £1,807K in 2019/20 and £2,214K in 2020/21.</p> <p>Recruitment to posts has taken place as quickly as possible, given the programme timescale and funding availability.</p> <p>A review of all pathways associated within the CYP service provision has commenced, designed to incorporate the 4 Week Wait requirements into the business of the CAMHS Hub and CMHTs. The new services must also be aligned to existing services and work is on-going in refining the new structures with the existing CAMHS teams. This transformation work will include the digital front door being developed through the Digital Exemplar.</p> <p>The service level agreements for NSCHTs current schools services are being reviewed to ensure that the pathways also link to the new service provision and must be able to continue to function as a fully costed service. One of the conditions of the Trailblazer investment and pilot funding is that schools do not disinvest in existing services.</p>	

	<p>A full co-produced launch event with NHS England, Universities, CCGs, Local Authorities and Combined Healthcare is scheduled for 2nd April 2018.</p> <p>Jonathan O'Brien wished to thank the Recruitment Team for their hard work with regards to recruiting as quickly as possible.</p> <p>The Trust Board was asked to receive this paper for information and assurance.</p> <p><i>Received</i></p>	
68/2019	<p>NURSE STAFFING MONTHLY REPORT (January 2019)</p> <p>Maria Nelligan, Executive Director of Quality and Nursing presented the report.</p> <p>The paper outlined the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during January 2019 in line with the National Quality Board requirements. The performance relating to fill rate (actual numbers of staff deployed vs numbers planned) during January 2019 was 83% for registered staff and 101% for care staff on day shifts and 82% and 110% respectively on night shifts. Overall a 95% fill rate was achieved. Where 100% fill rate was not achieved, safety was maintained on in-patient wards by use of additional hours, cross cover and Ward Managers supporting clinical duties. The data reflects that Ward Managers are staffing their wards to meet increasing patient needs as necessary.</p> <p>Challenges remain but are in line with national challenges. A second small cohort of Nursing Associates will commence this week.</p> <p>The Safer Staffing review is currently being produced which will come to the May Trust Board.</p> <p><i>Approved / Received</i></p>	MN
69/2019	<p>ENHANCED PERFORMANCE AND QUALITY MANAGEMENT FRAMEWORK REPORT (PQMF) – Month 10</p> <p>Lorraine Hooper, Director of Finance, Performance and Estates highlighted the following:</p> <p>IAPT - 10.8% at M10 from 10.6% at M9. 18 week waits - 90.8% at M10 from 92.5% at M9. CPA Review – 91.6% at M10 from 86.3% at M9.</p> <p>Patrick Sullivan queried the 18 week waits in the Crisis Service. Dr Adeyemo confirmed it has been clarified as a misinterpretation of what needs to be counted.</p>	

	<p>Lorraine Hooper confirmed this will be teased out and will be reflected in the next report.</p> <p>Dr Tattum asked if the first treatment received from IAPT services is via telephone or face to face. Dr Adeyemo confirmed there is a strict criteria for what counts as first treatment and second treatment.</p> <p>Caroline Donovan highlighted the need to challenge ourselves to get the target down to 0 as a stretch for first and second treatment.</p> <p><i>Approved / Received</i></p>	
70/2019	<p>GENDER PAY GAP REPORTING</p> <p>Linda Holland, Director of Workforce, Organisational Development and Inclusion presented the report.</p> <p>All NHS Trusts are legally required to carry out Gender Pay Reporting under the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017. This involves carrying out six calculations that show the difference between the average earnings of men and women in our organisation.</p> <p>We are required to publish the results on our own website and a government website. We will do this annually within one calendar year at 30th March. The publication of the data on our own website will be in the format of a communication piece with narrative to describe the data presented.</p> <p>The report detailed the Trust's position as at March 2017 and shows a slight improvement in 4 areas. A further detailed presentation and review will be presented at the PCD Committee in May 2019.</p> <p>The challenge within the organisation and across Great Britain is to eliminate any gender pay gap over the coming years. Data as at 31 March 2018 shows we are generally heading in the right direction, but still have further work to do.</p> <p>The Executive Directors are asked to approve the figures for publication.</p> <p>Janet Dawson highlighted that gender pay gap reporting is not a useful metric but just a reporting mechanism and it would be helpful to have an idea role by role where people are paid differently. A difference in pay cannot always be visible unless highlighted. Janet suggested going forward it would be useful to have a report that is meaningful which would be a vast improvement on having to report in this way.</p> <p><i>Approved / Received</i></p>	
71/2019	MONTH 10 FINANCE REPORT	

	<p>Lorraine Hooper, Director of Finance, Performance and Estates presented the report.</p> <p>The Board were asked to note:-</p> <ul style="list-style-type: none"> • The reported YTD surplus of £1,530k against a planned surplus of £1,381k. This is a favourable variance to plan of £149k. • The M10 CIP achievement: <ul style="list-style-type: none"> • YTD achievement of £1,159k (55%), an adverse variance of £966k • 2018/19 forecast CIP delivery of £1,497k (54%) based on schemes identified an adverse variance of £1,298k to plan. • The recurrent value of schemes transacted at £1,363k, 49% of target. • The cash position of the Trust as at 31st January 2019 with a balance of £9,801k; £2,278k better than plan. • Month 10 capital expenditure at £580k compared to planned capital expenditure of £1,631k. • Use of resource rating of 1 against a plan of 1. <p>The Board were asked to approve the month 10 position reported to NHSI.</p> <p>Patrick Sullivan wished to raise the following three items:</p> <ol style="list-style-type: none"> 1. CIP – this is a concern and will become a bigger problem in the future. Lorraine assured Patrick that schemes are progressing and the requirement is fully recognised in the plan. 2. Underperformance at the Darwin Centre and not filling beds – Patrick highlighted this issue has been on-going and the reasoning for this is difficult to understand. Assurance was given in terms of the new models of care for CAMHS services. Birmingham and Solihull are leading on the new model however we want to work faster than the timescale they have set out. The threshold is an issue but Jonathan O'Brien is undertaking a deep dive into this. The threshold is set by NHSE not the Trust. The length of stay has reduced which is positive in terms of care but negative in terms of finance in the way the contract is set up. 3. Residential placement budgets forecast overspend now is towards £500K and seems to be increasing. Lorraine assured Patrick good conversations have taken place with the Local Authority regarding how this is managed and we share the financial overspend. The overspend is less than the initial forecast. <p><i>Received / Approved</i></p>	
72/2019	ASSURANCE REPORT FROM THE FINANCE, PERFORMANCE & DIGITAL COMMITTEE	

	<p>Tony Gadsby, Non-Executive, presented the report for assurance from the meeting that took place on the 7th March 2019; highlighting the following:</p> <p>STP Financial Planning and System Control Total 2019/20 An update on the system proposals of allocating available income in an “Intelligent Fixed Payment System,” which is still under discussion.</p> <p>Agency Report – M10 Forecast Agency Expenditure is £11k under the planned agency ceiling of £1,987k for 2018/19. Assuming the same level of expenditure on Agency as in Month 10 2018/19; agency expenditure for the next financial year would exceed the ceiling, mainly due to medical locums, which have increased in both M9 and M10.</p> <p>The Committee supported the Director of Finance, who suggested a full review of individual locums with the Medical Director in order to provide assurance on levels of expenditure, to the next Committee.</p> <p>With regards to medical agency spend Dr Adeyemo confirmed the Trust has recruited to two posts this week which should hopefully help from August 2019.</p> <p>Cost Improvement Programme (CIP) The Committee received an update for Cost Improvement for M10 and were concerned that the total identified was significantly short of the target. CIP achievement in M10 was £1,159k, giving an adverse variance of £966k. The recurrent shortfall is forecast to be £981k, which has been ‘risk adjusted’ to reflect an element of uncertainty for schemes not yet worked up fully.</p> <p>The Committee were assured that there was sufficient focus being placed on Cost Improvement but are unable to give assurance around the ability to deliver the target for 2018/19. The Committee noted that the focus was on working up schemes to deliver the 2019/20 target, which will include a contribution to System Cost Improvement.</p> <p>PQMF Month 10 The Committee received the M10 performance report outlining performance exceptions against the Trust Key Performance Indicators. The Committee were assured that for areas where performance was falling short of the target, rectification plans were in place to improve within the next quarter.</p> <p>The Committee noted an improvement against the CPA review KPI, which have moved from Red to Amber rating against the target.</p> <p>Deep Dive – Breaches against 7 Day Follow Up KPI The Committee received an update as requested in Month 9, around</p>	
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	<p>breaches in 7 Day follow-up target, following challenge around quality of data.</p> <p>During month 9, the achievement against the target was 89.2%, constituting 11 breaches. Of the 11 breaches, 10 were due to diligence in following the Standard Operating Procedure and 1 was due a data quality issue. The Committee supported the next steps around agreement on what should be counted towards the target, through review of national standards. The Committee were assured that the target was achieved in Month 10.</p> <p>Digital Update</p> <p>The Committee received an update from the Chief Information Officer around key digital developments as at February 2019. Following concern raised by the Committee around timescales for delivery around “docman” electronic transfer project, a timetable was presented assuring the Committee that phase 1 could be delivered within the planned timescale. Phase 2 implementation has not yet been worked up and milestones will be agreed in 2019/20.</p> <p>Documents Under Seal – Section 75 Pension Liability Transfer</p> <p>Following the loss of the Section 75 Contract with Staffordshire CC and TUPE of employees, a deed has been raised to transfer any liabilities in relation to the defined benefit scheme back to Staffordshire County Council as at the date of transfer (30th September 2018).</p> <p>The fund relates to 5 active members and 26 deferred members, with a value as at 31st March 2018 of £695k. The Trust’s solicitors have reviewed the documentation and highlighted no risk to agreeing. The Committee supports the signing and sealing of the deed.</p> <p>Received</p>	
73/2019	<p>ASSURANCE REPORT FROM THE AUDIT COMMITTEE</p> <p>Gan Mahadea, Chair / Non-Executive Director presented the report for assurance from the meeting that took place on the 7th March 2019; highlighting the following:</p> <p>Freedom of Information Quarterly Report Q3</p> <p>A total of 89 FOI requests were received in Quarter 3; ten requests were not applicable to the Trust, 14 were requests made by the media but there were no common themes of these. Since the last Committee there had been an improvement in Q3 in the number of requests breaching the 20 days deadline with a further anticipated decrease in Q4. To address the breaches FOI reporting deadlines are now a standard agenda item on the Exec meetings. Freedom of information training was delivered by an external trainer and it was evident we can apply more exemptions than we do at present.</p>	

	<p>Board Assurance Framework The Committee was briefed on the BAF key achievements and challenges by key strategic objective. It was agreed going forward that an exception report would also be submitted at all other Committee meetings.</p> <p>Risk Register 12+ The register is now aligned to the new locality Directorates for risks sitting Trust wide at a 12+. The Committee had sight for the first time of the Primary Care Committee risks, of which there were three risks sitting at 12.</p> <p>KPMG – Internal Audit Progress Reports Financial Contracts: Significant assurance with minor improvements. CQC: Mental Health Act and Medicines Management: Partial assurance with improvement required:</p> <p>Ernst Young Audit Plan The Committee received the external audit plan for information and formally agreed to the statement of materiality and reporting thresholds.</p> <p>Progress Reports: Internal Audit Recommendations The Committee noted the progress made with regards to internal audit recommendations; 20 actions were implemented, 1 overdue and 16 not yet due. The overdue action was with regards to including reference to fraud and bribery in contracts of employment; however amendments to contracts are in progress and this needed to be addressed as part of a wider agenda for change contract re-fresh, therefore an extension to the timescale was requested until April 2019 and agreed. Assurance was given that actions would be complete by the March deadlines.</p> <p>Impact of IFRS Reporting The Committee noted the standards impacting on the accounts this year were:-</p> <ol style="list-style-type: none"> 1. FRS 9 Financial Instruments - We have reviewed the impact to our account which would mean we need to make a minor change. This would come to Committee in April. 2. IFRS 15 Revenue from Contracts with Customer – As we are on block contract this would not affect our standard at all. 3. IFRS 16 Leases (no impact until next year) – the new standard states all leases need recognising on the balance sheet; we would need to prepare a schedule of leases for Audit Committee to ratify. <p>Annual Accounts Plan Timetable 2018/19 It was agreed that an extraordinary Audit Committee will be arranged for 23rd April 2019 to authorise the draft accounts for submission on 24 April. The Committee request delegated authority from Trust Board to do this,</p>	
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	<p>with authority being sought to submit final accounts on behalf of Trust Board at the May Board. The Board agreed to the delegated authority.</p> <p><i>Received</i></p>	
74/2019	<p>ASSURANCE REPORT FROM PCD</p> <p>Patrick Sullivan, Chair / Non-Executive Director presented the report for assurance from the meeting that took place on the 11th March 2019; highlighting the following:</p> <p>Staff Story</p> <p>The Committee received a staff story centred on a Freedom to Speak Up concern that was raised from the Greenfields Centre. It was established that the Centre is geographically located in a deprived area, has a lack of partnership working with third sector organisations (although this is being investigated), and has a large amount of patients who walk-in on a daily basis with no appointment. The Centre also receives as many as 800 referrals in a 6 month period which is almost double the demand of other teams. The team had been struggling with increasingly excessive caseloads and Centre demands which it was felt had gone unmonitored and unheard. It reached a point where staff were concerned about their ability to provide care and professional standard expectations.</p> <p>Two staff members raised their issues with Zoe Grant the Trust's FTSU Guardian who immediately acknowledged the situation. Following the implementation of the new Locality working structure in October 2018, performance metrics were reviewed further and staff were asked about their concerns and caseload. In response to the situation active changes in reviewing caseloads were made with increased supervision; permission was given to cleanse caseloads with the required levels of assurance in place. Following a review by the management team, new in post, it was noted that staff have since seen a positive change. The new management style now means that the team feels supported, and leadership is no longer lacking. The amount of referrals and walk-in's remains the same, however the support and distribution of caseload is now managed. It was commented that there was learning to determine where else this may be happening in the Trust.</p> <p>Working from home after visits is now supported in order for staff to write up reports, whilst maintaining a safe level of staffing in the Centre. Their issue with access to laptops and dongles has been reviewed by Dr Adeyemo, and the team informed. Dr Adeyemo also accepted the offer for an Executive to shadow the Greenfields Centre on one of their busiest days (Monday or Friday) and then report back to Board.</p> <p>Maria Nelligan advised workshops have been undertaken with the staff at Greenfields Centre around Meridian and policy and introduced and strengthened standing operating procedures borne out of the CQC inspection and improvements put in across the teams. Jonathan O'Brien</p>	

	<p>will be leading on the transformation piece. Patrick Sullivan noted there have been some positive changes made in management. Dr Tattum and Dr Adeyemo will be visiting the team.</p> <p>Jonathan O'Brien reported that leadership has made a huge difference. There is a story of improvement coming out of the Directorates following the restructure and should be used to demonstrate what a good thing it was to engage in.</p> <p>Tony Gadsby noted the historical issue around the facility itself and asked if there is anything being done to try and improve the facility. Jonathan O'Brien advised we are aware there are issues at Greenfields previous work was undertaken with Brighter Futures it might be worth relooking at this as part of the whole locality strategy for Estates which Lorraine Hooper is currently looking at. Estates will feed into the Finance. Performance & Digital Committee and therefore this development can be monitored.</p> <p>Policies</p> <p>The following policies had been extended at the January meeting until the end of March, further extensions were approved on the following policies:</p> <ul style="list-style-type: none"> • 3.09 Freedom to Speak Up Policy - 3 months. • 3.32 Performance Development Review – 3 months. • 3.39 Medical Appraisal Policy – 3 months. • 1.76 Job Planning - 6 months. • 3.36 Supporting Staff Policy – Remove <p>Other Reports received for assurance were:</p> <ul style="list-style-type: none"> - Director of Workforce Update - Locality Working Administration Management of Change - Workforce and Organisational Development Risks - Performance - Workforce and STP Workforce Plan - Being Open - Diversity and Inclusion Strategy - Time to Hire - Medical Appraisal and Revalidation Report - Statutory and Mandatory Training Compliance Review - Guardian of Safe Working Report - Gender Pay Reporting - Agenda for Change Refresh and 2018 Pay Progression <p><i>Received / Ratified</i></p>	
75/2019	<p>ASSURANCE REPORT FROM QUALITY COMMITTEE</p> <p>Patrick Sullivan, Chair / Non-Executive Director presented the report for assurance from the meeting that took place on the 7th March 2019; highlighting the following:</p>	

	<p>Learning from Experience Report – November and December 2018 Summary Report on patient related incidents / events and action and learning. Of note was the continued reduction in the number of falls; there was an overall reductions in the number of self-harm attempts as per previous months, whilst the number of self-harm incidents in the community has increased. However, this is largely due to improved reporting within the community; violent incidents have shown an increase, with Ward 3 and A&T reporting the highest number of incidents, this reflects the complexity of needs of patients on these wards.</p> <p>Restraint Reduction 2018/2019 The Committee received information regarding the use of physical restraint and seclusion within the Trust. It was noted that there is new legislation in the Mental Health Units (Use of force) Bill 2018. This legislation has been created to better protect patients in mental health settings from the use of unnecessary and/or excessive force by those responsible for their care. The contents of the report were discussed and agreed that it would be further enhanced by mapping it against use of rapid tranquilisation.</p> <p>Policy Report The recommendations supported by the Committee for ratification of policies by the Trust Board for 3 years, or otherwise stated as follows:</p> <p>The following policies were all approved for 3 years;</p> <ul style="list-style-type: none"> • 1.84 Care Management Policy (including CPA) • 5.34 Water Systems Management Policy • 3.43 Serious Placement Issues Policy <p>Trust Risks to Quality Committee There are currently 11 residual risks with a score of 12+ on the Trust register for Quality Committee. Committee members considered these risks in detail and how they interrelate to Directorate risks.</p> <p>Other Reports received for assurance were:</p> <ul style="list-style-type: none"> - Safeguarding Report Quarter 3 - Board assurance Framework Quarter 3 - CCG, Healthwatch and Trust visits Quarter 3 - PQMF Month 10 - Quality Impact Assessment of Cost Improvement - Smoke Free Report Quarter 3 - Committee Effectiveness - Falls Report Quarter 3 - Clinical Effectiveness Report - Directorate Clinical Dashboard <p><i>Received / Ratified</i></p>	
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76/2019	<p>ASSURANCE REPORT FROM PRIMARY CARE COMMITTEE</p> <p>Tony Gadsby, Chair / Non-Executive Director presented the report for assurance from the meeting that took place on the 21st March 2019; highlighting the following:</p> <p>The Meeting received an update on the progress of the lease for Moorcroft and Moss Green Surgeries. Ian Lowe, Quantity Surveyor, had been appointed to represent the Trust in the case of Moss Green Surgery and, as regards the Moorcroft lease, the Trust's solicitors confirmed that a draft lease was expected imminently from the partners' solicitors.</p> <p>The Meeting noted that discussions were on-going in regard to establishing a clinical bank and a substantive update would be presented at the next meeting.</p> <p>New Clinical Model</p> <p>The Meeting received an update from the Clinical Director on his analysis of the Practices 360° Results for primary care services delivered over the period 2015/16 – 2017/18. It was noted that performance had experienced deterioration throughout the review period. The performance of the Practices varied in nature although there were some headline level similarities. The Committee received the report and noted that this analysis provided a baseline from which it would be able to develop service delivery metrics which will be included in a subsequent iteration of the Primary Care Performance Matrix.</p> <p>Finance Report</p> <p>The Committee received the Month 11 Finance Report which shows an adverse YTD position of £45k, forecast to increase to £65k at 31st March 2019. The main driver is an under-recovery of income forecast to outturn at £113k linked to an under-performance of QOF points which currently stand at 489 from a total of 545. However the Committee noted that these are traditionally 'back-ended' and the final income position will be determined by the number of QOF points achieved at 31st March 2019. The under-recovery of income was offset by an underspend on expenditure of £48k linked to staff vacancies and the subsequent cost of agency cover.</p> <p>The stock and asset transfer was paid to the partnership in February 2019 and the harmonisation process for financial systems is on track and should be complete by the end of March.</p> <p>Workforce</p> <p>The meeting received a report on workforce issues. It was noted 1 salaried GP position was advertised but the interview process did not identify a suitable candidate – the Practice requested the support of the Committee in recycling this funding to recruit a prescribing Paramedic.</p> <p>Performance</p>	
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	<p>The Committee received the first report of the Performance Framework and a detailed update on the nature of the performance metrics and performance against them. Work continues to standardise and harmonise reporting from the Practices into the Trust and the Committee noted that the performance framework will continue to evolve over the coming months.</p> <p>Partnership Working</p> <p>The Committee received an update on the publication of the new GP Contracts and the emergence of Primary Care Networks. This was consistent with the recent Board Development events. The Clinical Director advised that Moorcroft Medical Centre was reminded to enter into a PCN with a further three neighbouring GP Practices; Hanley, Bucknall and Bentilee.</p> <p>The Committee discussed the development of the NSCHT PCN support model and suggested this should be a vehicle to support the hosting of the Moorcroft PCN. The Committee received the report and agreed to propose that the NSCHT Trust Board ratify the Primary Care Network configuration.</p> <p>Trust Board were asked to:-</p> <ul style="list-style-type: none"> • Ratify the proposal that Moorcroft Medical Centre forms a Primary Care Network with Hanley, Bucknall and Bentilee and that NSCHT make a formal offer to host the PCN through its corporate structures. • Be assured that the process of integration of Moorcroft Medical Centre is continuing and remains positive. • The financial contribution is slightly below that expected but within acceptable limits. • There remain some issues surrounding recruitment but there is a plan for these to be addressed. <p><i>Received / Ratified</i></p>	
77/2019	<p>TOGETHER WE ARE BETTER – FEBRUARY 2019 UPDATE</p> <p>Caroline Donovan, Chief Executive circulated the report for information only.</p>	
78/2019	<p>Any Other Business</p> <p>There was no further business for discussion.</p>	
79/2019	<p>Date and time of next meeting</p> <p>The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday 25th April 2019 at 10.00am, in the Boardroom, Lawton House, Bellringer Road, Trentham, Stoke-on-Trent, Staffordshire, ST4 8HH</p>	

80/2019	* Motion to Exclude the Public The Board approved a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted.	
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The meeting closed at 10.50am

Signed: _____
Chairman

Date _____

Board Action Monitoring Schedule (Open Section)

Trust Board - Action monitoring schedule (Open)

Action	Meeting Date	Minute No	Action Description	Responsible Officer	Target Date	Progress / Comment
1	28-Feb-19	30/19	Minutes of the Open Agenda – 24th January 2019 Patrick Sullivan made reference to the 24th January 2019 minutes and asked if there had been any follow up regarding the Best Interest Assessors request for a designated phone line for referrals. The Board asked for assurance to come to the next meeting that this has been actioned. 28.03.19 - The AMHP team have advised they would prefer to take referrals directly but that the resource required from an AMHP and admin perspective has historically been prohibitive. We have now made additional resource into the team which may mean that the option to take referrals directly would be achievable. The team are reviewing this with their Service Manager.	Dr Buki Adeyemo	25-Apr-19	Actioned
2	28-Feb-19	49/19	Assurance Report from the Finance, Performance and Digital Committee - David Rogers asked for a paper to come to Trust Board around key digital developments.	Chris Bird	25-Apr-19	Agenda item
3	28-Feb-19	50/19	Staff Survey Results - Linda confirmed the pretext had not yet been received but will be looked at. Action plan to come back to Board in April 2019.	Linda Holland	25-Apr-19	Agenda item
4	28-Mar-19	69/19	Enhanced Performance and Quality Management Framework Month 10 - Caroline Donovan highlighted the need to be challenging ourselves to get the target down to 0 as a stretch target for first and second treatments. Lorraine to look at this.	Lorraine Hooper	25-Apr-19	Actioned
1	22-Nov-18	247/18	Person Centredness Framework Maria Nelligan will bring a progress report back to Board in 6 months.	Maria Nelligan	23-May-19	
2	28-Mar-19	68/19	Nurse Staffing Monthly Report January 2019 - We have commenced the review for the Safer Staffing review which will come to the May Board which will provide an updated position.	Maria Nelligan	23-May-19	

Board Action Monitoring Schedule (Open Section)

Action	Meeting Date	Minute No	Action Description	Responsible Officer	Target Date	Progress / Comment
3	28-Feb-19	38/19	Service User Carer Council - Stocktake required of different activities taking place on our wards. 28.03.19 - As part of our BAF gong forward this year we will proactively support clinical services around supporting clinical and carer groups we are also taking forward the Triangle of Care. An action plan has been produced. We will see a formal report coming back to the Board in May 2019.	Maria Nelligan	23-May-19	

REPORT TO TRUST BOARD

Enclosure No:4

Date of Meeting:	25 th April 2019		
Title of Report:	CEO Board Report		
Presented by:	Peter Axon		
Author:	Peter Axon		
Executive Lead Name:	Peter Axon	Approved by Exec	<input type="checkbox"/>

Executive Summary:		Purpose of report	
		Approval	<input type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs <input type="checkbox"/>	Document	
	Date:	Version No.	
Committee Approval / Review	<ul style="list-style-type: none"> Quality Committee <input type="checkbox"/> Finance & Performance Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> People & Culture Development Committee <input type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Business Development Committee <input type="checkbox"/> Primary Care Committee <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> To enhance service user and carer collaboration. <input checked="" type="checkbox"/> To provide the highest quality, safe and effective services <input checked="" type="checkbox"/> Inspire and implement innovation and research. <input checked="" type="checkbox"/> Embed an open and learning culture that enables continual improvement. <input checked="" type="checkbox"/> Attract, develop and retain the best people. <input checked="" type="checkbox"/> Maximise and use our resources effectively. <input checked="" type="checkbox"/> Take a lead role in partnership working and integration. <input checked="" type="checkbox"/> 		
Risk / legal implications: Risk Register Reference	None		
Resource Implications:	None		
Funding Source:			
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	Includes Inclusion Council update		
STP Alignment / Implications:	Includes system update and CAMHS Trailblazer		
Recommendations:	To receive		
Version	Name/group	Date issued	
1.	Peter Axon	19 th March 2019	

Chief Executive's Report to the Trust Board 25th March 2019

PURPOSE OF THE REPORT

This report updates the Board on activities undertaken since the last meeting and draws the Board's attention to any other issues of significance or interest.

LOCAL UPDATE

1. A WARM AND GENEROUS WELCOME

This is my first CEO Report to the Board and, as such, it is only fitting that I begin by recognising and express my sincere thanks to all my new colleagues at all levels of Combined Healthcare for the kind, warm and generous welcome they have given me.

When I applied to be Chief Executive, I spent some time researching how the Trust performed, the strengths of its people and its services. At my Stakeholder Panel and interview I was able to say how impressed I was with how truly outstanding Combined Healthcare appeared to be. But, I can honestly say, in just the short time I've managed to spend with the Trust - managers, frontline staff and partners - I have been amazed at the amount of energy, positivity and quality I have encountered.

The Trust journey over the last 5 years is truly inspirational and it is clear that our staff are proud to be part of this transformation.

I have also heard a clear message that there is more to be done to achieve the ambition of being outstanding in all that we do and how we do it.

As we enter this next phase of our development, it is important to reflect on the challenges that we will face, whether they be an increasing population or financial pressures.

However, I truly believe that the foundations set over recent years provide us with a fantastic opportunity to continue our improvement journey over coming months and years.

2. LOCAL SYSTEM UPDATE

Planning documents for 2019/20 at an organisation and system level were submitted to NHS Improvement in early April. We are progressing various programmes of work to achieve the operational, clinical and financial objectives described within these plans. Most notably for Combined Healthcare, is the launch of the CAMHS Trailblazer pilot mentioned later in this briefing. Our financial discussions with commissioners at the point of writing this paper remain ongoing for this financial year. We are committed to ensuring a sustainable final agreement for Mental Health and Learning Disability services whilst recognising and where possible influencing, the wider system financial challenges.

In addition to in year programmes of work, we are also eager to support the creation of the longer term direction for the STP, including the evolution of the North Staffordshire Alliance Board, utilising the principles of Integrated Care Partnerships as referenced within the NHS Long Term Plan.

3. LEADERSHIP ACADEMY LOOKS TO THE FUTURE

Having had the pleasure of delivering my first Team Brief, followed by the latest meeting of the Trust Leadership Academy, it's really clear to me just how determined everyone is to ensure that we look to the future and continue the Trust's fantastic journey of improvement.

The Leadership Academy brought together managers from across all our Directorates and the Executive Team to brainstorm how we can build on the Trust's transition to its new locality-based structure, the improvements in services secured in recent years and the energy and ideas of all of our staff.

I was able to give a brief initial explanation of some of the areas I am particularly interested in, for example, harnessing the clearly positive working and professional relationships that exist between our frontline teams with their colleagues across the whole of our local health and care system.

The OD Team will be taking away the outputs from the event and collating them into a summary that we can collectively consider as we begin the next phase of our journey.

4. INCLUSION COUNCIL

As I am well aware of the great work that the Trust's Inclusion Council has been doing since its inception last Autumn. So I was really pleased to be able to participate in its latest meeting - thanks to Linda Holland for her support.

There are a whole range of projects being taken forward by the Inclusion Council, from inclusive recruitment and micro aggression, to looking at how we adapt our zero tolerance approach to racist abuse towards our staff. We also had a fascinating in-depth discussion about how the Council has delivered in its first few months and how we can continue to build on its success.

5. LAUNCH OF CAMHS TRAILBLAZER PILOT

It was great to go to the launch of the CAMHS Trailblazer pilot.

As the Board will know, Combined Healthcare has been selected as a Wave 1 pilot site to receive almost £2 million a year from this April to invest in children's mental health services across Stoke-on-Trent and North Staffordshire.

The money is split into two parts. After a simply fabulous effort from our recruitment team, the first part has delivered over 30 new posts in CAMHS to form four educational mental health support teams of children's mental health specialists and trainees to work directly with schools. There are two teams in each of the locality Directorates of Stoke-on-Trent and North Staffordshire, serving between 10 and 20 schools per team.

The second element of the funding is being used to expand our existing three CAMHS community teams in order to provide additional staffing to each team, with the aim of reducing children's mental health waiting times to under four weeks.

This major development will benefit parents, children and schools across Stoke-on-Trent and North Staffordshire. Having attended the event, and witnessed the enthusiasm from our own staff, as well as partners from the wider STP, local government and local schools, I know everyone is simply thrilled to have been chosen to deliver this multi-million transformation for children's mental health and are raring to go.

6. STOKE HEATH PRISON CONTRACT GOES LIVE

Our new contract for the delivery of health services at Stoke Heath Prison went live from 1st April.

We are working alongside two partners – Shropshire Community Health Trust (SCHT) and the Forward Trust – in a partnership called Stoke Heath Integrated Care.

A five-year contract has been commissioned by NHS England, with the option to extend it for a further two years that would take us to 2026.

It was back in September last year that we were able to announce the successful awarding of this contract to our new partnership.

Since then, a lot of work has taken place to shape the new model of care that we have created together, and which we will be embedding from this week.

Shropcom will develop the primary care aspects of the contract, while NSCHT will deliver secondary mental health and clinical substance misuse services. The Forward Trust will provide psychosocial intervention and recovery planning for substance misuse.

7. NORTHERN ALLIANCE WORKSHOP FOCUSSES ON PLANNING

The Trust hosted an Northern Alliance Board (North Staffordshire and Stoke on Trent) workshop which brought together over twenty colleagues from a broad range of backgrounds including commissioners, provider colleagues, voluntary organisation representatives and clinicians to support a refresh of our strategic direction of travel as we build towards becoming an Integrated Care Partnership (ICP) over the next couple of years.

The workshop provided an opportunity to consider in detail, the Localities Manifesto which has been approved by the Health & Care Transformation Board and which sets a blueprint for how services will be redesigned to ensure they are responsive to local population needs and integrate care provision with the patient at the centre. The launch of our new Directorate model means North Staffs Combined are well placed to engage with partners in the development of ICPs.

The next steps will be the publication of an ICP Roadmap which will articulate our vision for the ICP, define the priorities for the next two years and set a delivery path including key milestones and assurance criteria.

8. ACHIEVING APPRENTICESHIPS TARGETS

2018/19 has been a successful year in terms of implementing new apprenticeship programmes and increasing our numbers of apprentices across the Trust from new people joining the Trust on apprenticeship contracts and existing staff taking up apprentice opportunities.

In 2016, the government introduced specific targets for public sector organisations to meet in relation to new apprentice starts with each organisation required to have the equivalent of 2.3% of its workforce as new apprentice starts annually. We're pleased that our numbers have been increasing year on year, with new starts having more than quadrupled since 2016, finishing this financial year with 33 new apprentice starts against a target of 34.

We have been delighted that we have been able to implement cohorts in relation to Residential Childcare, Nursing Associates and Associate Project Managers alongside individual starts for Business Administration, Adult Care Workers, Plumbing, Leadership and Management and Financial apprenticeships amongst others.

We have also increased the range of apprenticeships on offer and now have staff undertaking apprenticeships from a Level 2, which is the equivalent to GCSE's, to a Level 7, which is equivalent to a masters degree.

Apprenticeships are fast being seen as a route to enable staff to learn substantial new skills and develop within their careers, as well as supporting the diversification of our skill mix through the development of new roles.

9. IN-PLACE LEADERSHIP PROGRAMME BEGINS

We are delighted to announce the launch of the In-Place Leadership Programme for System Leaders in our organisation this month. The programme is a 14 month programme which is being delivered over 2 cohorts in partnership with AQuA (Advancing Quality Alliance).

It offers a range of challenging opportunities in which to explore and develop leadership and team skills in the context of work related scenarios. Adopting a collaborative approach, the programme has been co-designed with input from participants from the Leadership Academy. Recognising the importance of equipping our senior leaders with the skills that they need to continue to drive the organisation forward and support the transition to our new locality structure, this programme is a key enabler in our continuing journey to be Outstanding in ALL we do and HOW we do it.

10. MARIA NELLIGAN TO LEAVE COMBINED

It is with very mixed emotions that I announced that Maria Nelligan our Director of Nursing and Quality will be leaving the Trust to take up a new opportunity closer to home.

Maria has been appointed as Director of Nursing and Quality at Lancashire Care NHS Foundation Trust which provides Mental Health & Community services across Lancashire, Cumbria and Merseyside.

Whilst we are very sad to see Maria leave the Trust, we are extremely proud that she has been appointed to the role. This opportunity also allows Maria to continue working in the Mental Health sector of the NHS and support Lancashire Care NHS Foundation Trust with its improvement and transformation. This also removes the significant commute from Liverpool each day that she has been doing since 2015.

Maria has been an extremely highly valued member of the Trust Board and Executive Team and has made a significant contribution to obtaining our recent Outstanding rating from the CQC.

Although we will greatly miss her, we wish her every success in the future. We won't be losing her quite yet and I'll keep you updated with plans for her replacement in due course.

REPORT TO Trust Board

Enclosure No:5

Date of Meeting:	25.04.2019		
Title of Report:	Digital Developments		
Presented by:	Chris Bird, Director of Partnerships & Strategy		
Author:	David Hewitt, Chief Information Officer		
Executive Lead Name:	Chris Bird, Director of Partnerships & Strategy	Approved by Exec	<input type="checkbox"/>

Executive Summary:		Purpose of report	
<p>This paper provides an update on the key digital developments across the Trust including:</p> <ul style="list-style-type: none"> • Lorenzo Digital Exemplar • HIS Service Review • Electronic Document Transfer • Cyber Security • Lorenzo Roll-Out <p>The report includes an update on the actions to deliver each of the projects above which have all reached an advanced stage of maturity.</p> <p>This paper is a precursor to a refresh of the Digital Strategy which will follow in June 2019. This will reframe the strategic direction of travel for the Trust to strengthen alignment to the commitments in The NHS Long Term Plan.</p>		Approval	<input type="checkbox"/>
		Information	<input type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs <input type="checkbox"/> Date:	Document Version No.	
Committee Approval / Review	<ul style="list-style-type: none"> • Quality Committee <input type="checkbox"/> • Finance & Performance Committee <input type="checkbox"/> • Audit Committee <input type="checkbox"/> • People & Culture Development Committee <input type="checkbox"/> • Charitable Funds Committee <input type="checkbox"/> • Business Development Committee <input checked="" type="checkbox"/> • Primary Care Committee <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> 1. To enhance service user and carer collaboration. <input checked="" type="checkbox"/> 2. To provide the highest quality, safe and effective services <input checked="" type="checkbox"/> 3. Inspire and implement innovation and research. <input checked="" type="checkbox"/> 4. Embed an open and learning culture that enables continual improvement. <input checked="" type="checkbox"/> 5. Attract, develop and retain the best people. <input checked="" type="checkbox"/> 6. Maximise and use our resources effectively. <input checked="" type="checkbox"/> 7. Take a lead role in partnership working and integration. <input checked="" type="checkbox"/> 		
Risk / legal implications: Risk Register Reference	Quality & quantity of staff trained in use of Lorenzo, its continued business applicability and interoperability with other Trust systems 897, 1018, 1019, 1038, 1193, 1250		
Resource Implications:	N/a		

Funding Source:		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	N/a	
STP Alignment / Implications:	N/a	
Recommendations:	<p>The Board is asked to:</p> <ol style="list-style-type: none"> 1) Receive this paper for information and assurance 2) Agree to receive a refresh of the Digital Strategy in June 2019. 	
Version	Name/group	Date issued

Digital Developments 25 April 2019

1. Introduction

This paper provides an update on the key digital development as at March 2019 outlining the progress made and planned actions for the following period.

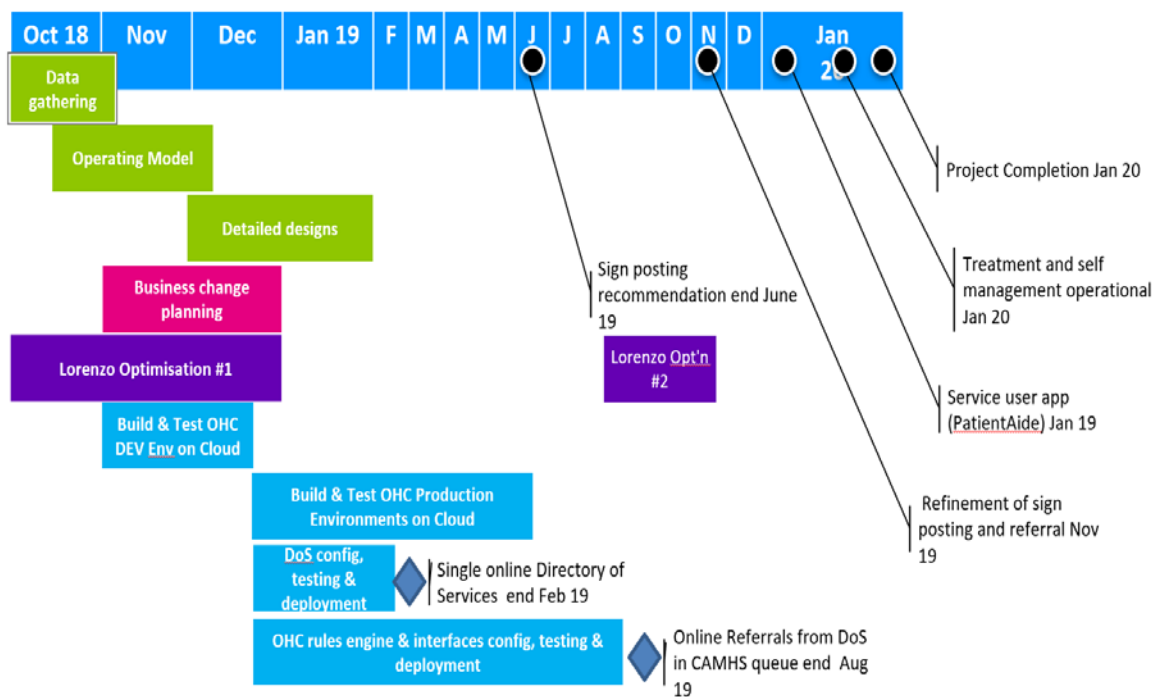
2. Programme Updates

2.1. Lorenzo Digital Exemplar

Overview

The Lorenzo Digital Exemplar (LDE) is a digital initiative for, and co designed with Children and Young People (CYP). It is an online portal which brings together information for clinicians, carers, schools and community services; fully integrating with our Electronic Patient Record (Lorenzo).

High Level Plan



Project Milestones

Project Milestone	Date Due	Responsible Person	Status	Comments
Project Initiation (Early Start workstream)	31-Jan-2019	David Hewitt	Complete	<p>Project Initiation Document (PID) complete and circulated for review.</p> <p>Approval of PID will be outside of Board cycle in February due to changes in Governance.</p> <p>Design for a unified User Interface look and feel – first session with potential end users held w/c 7th Jan</p> <p>Target Operating Model approved on 17th January</p>
Lorenzo Optimisation Round #1 (Lorenzo Optimisation)	31-Jan-2019	David Hewitt	Complete	<p>Optimisation Round 1 completed successfully. Some good quick wins already implemented with positive feedback and thanks received from Trust. Optimisation Plan agreed.</p>
Environments Set Up (Interoperability)	31-Jan-2019	David Hewitt	Complete	<p>OHC development environment available.</p> <p>Engagement Portal (DoS) set up and trust access provided.</p> <p>Collaborative design work underway with Trust and DXC</p>
Information Capability Live (Information)	31-Mar-2019	David Hewitt	Complete	<p>Engagement Portal static content for local mental health services available online, for CAMHS. Working Party meetings set up to agree content, first session scheduled for w/c 4th Feb. Will not be available to general public (e.g. schools) until project launch (Oct 19)</p>
Sign-Posting engine operational (Sign Posting 1 & 2)	30-Jun-2019	David Hewitt	Scheduled	<p>Business rules engine operational, generating recommendations based on data captured via the DoS. End to end Business Process Validation scheduled for July and August.</p>
Referral Capability Live (Referral)	31-Aug-2019	David Hewitt	Scheduled	<p>Enabling service users to self-refer (via the Engagement Portal / Rules Engine) and equipping GPs to make use of the EMIS referral templates. This will be via a controlled pilot and release in the first 3 weeks of Sept, potentially using Trailblazers (new NHS programme).</p>

Lorenzo Optimisation Round #2 (Lorenzo Optimisation)	31-Oct-2019	David Hewitt	Scheduled	To be started in parallel (Aug 19) with controlled pilot of Referral Capability live (work package NSC 07)
Refinement of sign posting and referral (Sign Posting, Interoperability, Referral)	30-Nov-2019	David Hewitt	Scheduled	Agile approach will be used to refine details and information once in live use.
Treatment and self-management operational (Self-Management / Treatment)	31-Jan-2020	David Hewitt	Linked to external project	This milestone is linked to delivery of Patient Aide which is being managed via the Innovation Fund
Project Complete	31-Jan-2020	David Hewitt	Due to linked project	The project can complete up to milestone 8 above, will review full programme completion in line with IF.

The initial assurance presentation has been given to the NHS Digital Oversight Board who have confirmed they are happy with the progress made in line with the project plan and the milestones achieved.

The project team are attending a collaboration event on the 5 March 2019 to share progress and learning to date to help the development of other LDE's, the progress so far positions the Trust as the most developed in line with the expected project objectives.

Recruitment is due to start for a Trust CAMHS Digital Team Leader to lead the business change process with the team and is likely to appoint a member of staff at risk within the CAMHS teams.

Initial engagement events have take place with young people to share ideas regarding the portal development and a follow-up event is being scheduled to take place in April.

Expansion of engagement workshop and activities to include the wider CAMHS teams.

Alignment with the CAMHS trailblazer has taken place as the 2 programmes complement one another.

2.2.HIS Service Review

Overview

A review took place in 2016 to provide an appraisal of the options available to the Trust for the future provision of Informatics Services, based on the risks below;

- Concerns were raised within the Trust and the wider Local Health Community about the quality of service provided by S&SHIS
- A number of partners had withdrawn from the partnership resulting in additional costs for those remaining
- The viability of remaining functions was called into questions following the departure of organisations from the agreement (e.g. data warehousing)

Action Plan

Action	Date Due	Responsible Person	Status	Comments
Discuss with partners regarding their plans for continued use of the S&SHIS service.	31-Dec-2018	David Hewitt	Complete	Discussions have taken place with MPFT & CCG regarding their continued use of the service and they

				currently envisage continuing their partnership with S&SHIS
Engagement has begun with BT regarding a specification for developing the review of services and a benchmarking exercise is being scheduled by MPFT, CCG, and the Trust to agree the scope.	31-Mar-2019	David Hewitt	Overdue	MPFT are undertaking an internal review of their Informatics functions which may impact any future direction. MPFT's position on this is still not clear. Revised date 30-Apr-2019
Development of a business case for data warehouse function and notice served to S&SHIS	31-Mar-2019	David Hewitt	Overdue	Insource have been commissioned to baseline current data warehouse services and do produce and options appraisal inline with the Trust's plans.
Initial meeting has taken place with DXC to discuss support options	26-Feb-2019	David Hewitt	Complete	

2.3. Electronic Document Transfer (Docman)

Overview

The Electronic Document Transfer project is tasked with delivering a secure transfer mechanism for documents between the Trusts EPR and the GP Systems for patient communications such as discharge letters.

The Trust implementation is working as part of the primary care transitioning to v10, the cloud-based solution version of Docman. The Lorenzo system was partially configured last year (2017) but have been unable to test due to the issues around access to the system current system. This issue is based around the current services is being provided by the CSU but isn't being supported by them so there is no process for adding on new users or even managing the current connections.

Action Plan

Action	Date Due	Responsible Person	Status	Comments
Review Docman specification	30-Sep-2018	Adrian Keeling	Complete	
Develop Mirth Channel to receive MDM messages from Lorenzo and send to Docman Web service.	31-Oct-2018	Adrian Keeling	Complete	Also convert incoming message into one string from multiple received from Lorenzo and store record of message sent in database.
Develop Mirth Channel to interrogate Docman Web service to get message status.	31-Oct-2018	Adrian Keeling	Complete	Also update database with status and send email to Admin/Clinical Systems Team when message rejected by practice.
Identify national requirements for Discharge Summary	29-Aug-2018	Adrian Keeling	Complete	
Identify commissioner requirements for Discharge Summary	07-Dec-2018	Adrian Keeling	Complete	
Develop discharge summary template in conjunction with	31-Jan-2018	Adrian Keeling/Jackie	Complete	

services		Nolan		
Update relevant templates in Lorenzo System Config to enable sending via HL7 messaging	31-Jan-2019	Adrian Keeling	Complete	
Ensure Mirth channels filter messages to allow documents to flow only to test GP sites.	31-Jan-2019	Adrian Keeling	Complete	
Test sending of documents end to end using test patient data	31-Jan-2019	Adrian Keeling	Complete	
Pilot discharge summary template	25-Feb-2019	Jackie Nolan	Closed	This work is now part of Natalie Larvin's review and sign off the discharge summaries.
Develop Web site to show status of documents sent	15- Feb - 2019	Adrian Keeling	Complete	Allows for notes to be added by Clinical systems team – e.g. sender notified of rejection etc.
Ensure Docman Status website is only accessible by Clinical systems team	15- Feb - 2019	Adrian Keeling	Complete	
To complete Docman pilot with identified practices and sign off test phase with the CCG / CSU.	28-Feb-2019	Adrian Keeling	Complete	
Get Sign-off for discharge summary template	31-Apr-2019	Natalie Larvin	Removed	
Prepare and send communication to relevant Trust users	30-Apr-2019	Clinical Systems Manager	Not started	
Agree and send communication to go to GP Community	30-Apr-2019	Dave Hewitt/ Sara Edgars	Not started	The Trust will use the existing communication mechanism in place from the CCG to distribute messages.
Go live of Phase 1 – sending Discharge Summaries Electronically	30-Apr-2019	Adrian Keeling	Not started	Need to remove filters in Mirth to allow sending to all GPs

A new template has been developed in line with national guidelines; this is currently being circulated to the inpatient wards before signed off, it has been agreed that this will be led by the Trusts Chief Clinical Information Officer.

It has been agreed at Clinical Records System Design Group that the development of the discharge summary will be detached from the technical implementation of the Docman solution.

Following completion of phase 1 there will be opportunity's available to transfer additional documents to primary care through the Docman platform. Phase 2 milestones to include;

- Identify additional documents to send
- Consider how best to identify to users that a document will be sent electronically
- Implement method agreed in step above
- Update relevant templates in Lorenzo System Config to enable sending via HL7 messaging
- Prepare and send communication to go to Trust users
- Prepare and send communication to go to GP Community

2.4. Cyber Security

Following the Wanna Cry incident Cyber Security has become increasingly important with a greater need to ensure that measures are actively in place to protect NHS assets and services.

We have commissioned an independent cyber essential plus audit which all Trust are required to have complete and actioned by 2021. The findings of the audit have been returned and will be reviewed and an action plan produced for any changes required.

2.5. Lorenzo Questionnaire and Lorenzo Action Plan

The updated Digital Action Plan is included in appendix 1.

3. Outstanding actions

Cyber - D Hewitt to present an Action Plan following feedback from the Audit taken place in January 2019	Dave Hewitt	11-Apr-19	Action transferred to Audit Committee
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4. Recommendation

The Board is asked to:

- 1) receive this paper for information and assurance

Appendix 1 Digital Action Plan (including Lorenzo)

Theme	Core Action	Detailed Actions	Date Due	Responsible Person	Status	Assurance
Lorenzo System Use	Lorenzo Self-Assessment Plan	Develop Lorenzo action plan	6th Nov 2018	DH	Complete	Included within wider Digital Action Plan
		Plan Team level self-assessment	12th Nov 2018	DH	Complete	Issued 17th November; due back 30th November 2018
		Collate and report results	15th December 2018	DH	Complete	Initial results collated and shared but not enough for a complete analysis and individual action plans. Questionnaires returned with a 78% completion rate.
		Response and follow up actions in person to Lymebrook/Maple House visit	30th November 2018	DH	Complete	Dongles, 4G, date for fibre optic installation March 2019
		Presentation to SLT on Lorenzo plan	11th December 2018	SR	Complete	Draft survey results and headline actions December SLT.
		Development of Final Survey findings	31st December 2018	DH	Complete	Updated results to SLT and FPD January 2019. Shared with all CDs and ADs. Presented to FPD for assurance in January
Data Protection and Security	Data Security	Independent report from Data Security Manager (once every 6 x months)	30 th November 2018	DH	Complete	November 2018 Board

	Cyber Resilience	Audit of cyber resilience	January 7th 2019	DH	Complete	Dionech commissioned. Audit undertaken week commencing 7th January 2019
	Cyber Control	Design a Gold Standard Cyber Control Framework	31st December 2018	DH	Complete	SLT and FPD and Trust Board in January 2019.
Digital Workforce	Accreditation for Super Users and Champions	Identify super users / champions	30th November 2018	DH	Complete	Initial champions identified
		Identify Champions	30th November 2018	DH	Complete	13 identified and confirmed. Call for more champions via Caroline's blog, Newsletter and Team Brief = 3 additional champions identified.
		Develop framework and training programme	8th February 2019	DH	Complete	Framework and training programme to be outlined and co-developed at the champion's workshop requirements for the next workshops are now identified
		Write to champions to outline the offer	30th November 2018	DH	Complete	Letter sent by Suzanne 12 th November 2018
		Workshop session for champions with QI	8th February 2019	DH	Complete	Date confirmed 17th December 2018 cancelled due to attendance, new session arranged 8th February 2019.
Innovation and Development	Voice Recognition (Crisis)	Purchase for 25 users	18th December 2018	DH	Complete	Order placed 18 th December 2018

		Engagement session for Home Treatment Team	11th January 2019	DH	Complete	Meeting to be arranged by 11th January 2018
		Evaluate the pilot at Access - criteria for evaluation	31 st March 2019	DH	Complete	Install scheduled to complete 31 March 2019 with 3-month pilot commencing 1 April 2019
		Roll out across the Trust	30 th September 2019	DH		Following evaluation. Needs to align to Admin review (LIA)
Infrastructure	Fridge Installation	Completion of HIS pre-work for fridge works which concludes December	30th November 2018	DH	Complete	Complete
	Strategy	Update of 5 Year Digital Strategy	28th November 2018	DH	Complete	Complete
	Laptops	Urgent call to issue laptops to community teams	30th November 2018	DH	Complete	Complete
	Laptops	Collate responses for laptops from directorates for capital order	31st January 2018	DH	Complete	Order raised
	Wi-Fi Connectivity Issues	PICU WIFI - Temporary AP install	20th December 2018	DH	Complete	Issues with the installed point being visited by HIS on 20th December 2018
		PICU - Installation of fixed points	25th January 2019	DH	Complete	Order raised and scheduled for install 18 th January
		A&T : WIFI not working	11th January 2019	DH	Complete	2nd access point to be installed 8 th January 2019
Engagement	Digital attendance at all Directorate meetings	Assign Digital team lead to each directorate	31 st January 2019	DH	Complete	

	Follow up team meetings	Arranging individual meetings with each team to discuss the development of individual action plans.	31 st March 2019	DH	Complete	Individual team meetings have been arranged with the first round of teams and meetings have already taken place with North Staffordshire Community
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REPORT TO TRUST BOARD

Enclosure No:6

Date of Meeting:	25 th April 2019		
Title of Report:	February 2019 Monthly Safer Staffing Report		
Presented by:	Maria Nelligan, Executive Director of Nursing & Quality		
Author:	Alastair Forrester, Head of Nursing & Professional Practice		
Executive Lead Name:	Maria Nelligan, Executive Director of Nursing & Quality	Approved by Exec	<input type="checkbox"/>

Executive Summary:		Purpose of report	
<p>This paper outlines the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during February 2019 in line with the National Quality Board requirements. The performance relating to fill rate (actual numbers of staff deployed vs numbers planned) during February 2019 was 79% for registered staff and 103% for care staff on day shifts and 74% and 112% respectively on night shifts. Overall a 94% fill rate was achieved. Where 100% fill rate was not achieved, safety was maintained on in-patient wards by use of additional hours, cross cover and Ward Managers supporting clinical duties. The data reflects that Ward Managers are staffing their wards to meet increasing patient needs as necessary.</p>		Approval	<input type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input checked="" type="checkbox"/> Execs <input type="checkbox"/> Date: 16 th April 2019	Document	
Committee Approval / Review	<ul style="list-style-type: none"> Quality Committee <input checked="" type="checkbox"/> Finance & Performance Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> People & Culture Development Committee <input type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Business Development Committee <input type="checkbox"/> Primary Care Committee <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> To enhance service user and carer collaboration. <input type="checkbox"/> To provide the highest quality, safe and effective services <input checked="" type="checkbox"/> Inspire and implement innovation and research. <input type="checkbox"/> Embed an open and learning culture that enables continual improvement. <input type="checkbox"/> Attract, develop and retain the best people. <input checked="" type="checkbox"/> Maximise and use our resources effectively. <input checked="" type="checkbox"/> Take a lead role in partnership working and integration. <input type="checkbox"/> 		
Risk / legal implications: Risk Register Reference	Delivery of safe nurse staffing levels is a key requirement to ensuring that the Trust complies with National Quality Board standards.		
Resource Implications:	Temporary staffing costs.		
Funding Source:	Budgeted establishment and temporary staffing spend.		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	None		
STP Alignment / Implications:	None		
Recommendations:	To receive the report for assurance and information		
Version	Name/group	Date issued	
	Executive Meeting	9 th April 2019	
	SLT	16 th April 2019	
	Quality Committee	March 2019 (virtually)	
	Trust Board	25 th April 2019	

1 Introduction

This report details the ward daily staffing levels during the month of February 2019 following the reporting of the planned and actual hours of both Registered Nurses (RN) and Health Care Support Workers (Care Staff) to NHS Digital. Additionally from April 2018 Care Hours per Patient Day (CHPPD) have also been required to be reported to NHS Digital. The CHPPD calculation is based on the cumulative total number of patients daily over the month divided by the total number of care hours (appendix 1).

2 Background

The monthly reporting of safer staffing levels is a requirement of NHS England and the National Quality Board in order to inform the Board and the public of staffing levels within in-patient units.

In addition to the monthly reporting requirements the Executive Director of Nursing & Quality is required to review ward staffing on a 6 monthly basis and report the outcome of the review to the Trust Board of Directors. A comprehensive annual report for 2017 was presented to April 2018 Board and the recommendations agreed. Additionally a mid-year review was reported to Board in November 2018. Recommendations relating to Safer Staffing Reviews are progressed and monitored through the Safer Staffing Group.

3 Trust Performance

During February 2019 the Trust achieved a staffing fill rate of 79% for registered staff and 103% for care staff on day shifts and 74% and 112% respectively on night shifts. Taking skill mix adjustments into account an overall fill-rate of 94% was achieved. This has remained unchanged from January 2019.

Where 100% fill rate was not achieved, staffing safety was maintained on in-patient wards by nurses working additional unplanned hours, cross cover, Ward Managers (WMs) and the multi-disciplinary team (MDT) supporting clinical duties and the prioritising of direct and non-direct care activities. Established, planned (clinically required) and actual hours alongside details of vacancies, bed occupancy and actions taken to maintain safer staffing are provided in Appendix 1. A summary from WMs of issues, patient safety, patient experience, staff experience and mitigating actions is set out below.

The Safer Staffing Group oversees the safer staffing work plan on a monthly basis; the plan sets out the actions and recommendations from staffing reviews.

4 Care Hours per Patient Day (CHPPD)

The Trust is required to report CHPPD on a monthly basis. The CHPPD calculation is based on the cumulative total number of patients daily over the month divided by the total number of care hours. The CHPPD metric has been developed by NHSI to provide a consistent way of recording and reporting deployment of staff providing care in inpatient units. The aim being to eliminate unwarranted variation in nursing and care staff distribution across and within the NHS provider sector by providing a single

means of consistently recording, reporting and monitoring staff deployment. The CHPPD:

- gives a single figure that represents both staffing levels and patient numbers, unlike actual hours alone
- allows for comparisons between wards/units as CHPPD has been divided by the number of patients, the value doesn't increase due to the size of the unit – allowing comparisons between different units of different sizes
- splits registered nurses from care staff (healthcare support workers /assistants) to ensure skill mix and care need is reflected
- is a descriptor of workforce deployment that can be used at ward, service or aggregated to trust level
- is most useful at a clinical ward level where service leaders can consider workforce deployment over time compared with similar wards within a trust or at other trusts as part of a review of staff productivity alongside clinical quality and safety outcomes measures

The Trust will use CHPPD to benchmark between specialities within the organisation and once the information is available through the model hospital national benchmarking will help inform safer staffing reviews.

5 Impact

WMs report the impact of unfilled shifts on a shift by shift basis. Staffing issues contributing to fill rates are summarised in Appendix 2.

5.1 Impact on Patient Safety

There were no incidents related to ward nurse staffing reported during February 2019.

5.2 Impact on Patient Experience

Staff prioritise patient experience and direct patient care. During February there were 3 occasions when patient activity had to be cancelled and could not be rescheduled and 5 occasions when patient activities were shortened; this amounted to 3 hours of total activity time being cancelled and had minimal impact on patient experience and direct patient care.

5.3 Impact on Staff Experience

In order to maintain safer staffing the following actions were taken by the Ward Manager during February 2019:

- 133 staff breaks were cancelled (equivalent to approximately 3% of breaks). Any time accrued due to missed breaks is taken back with agreement of the Ward Manager.

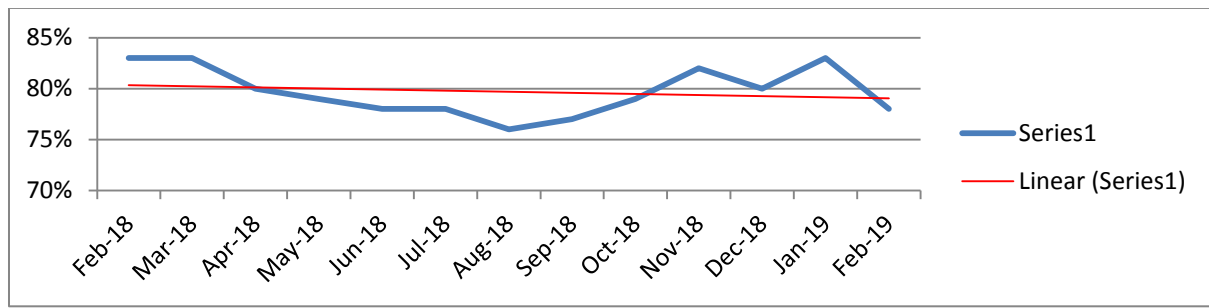
- There were 5 occasions reported during February when a staff supervision session had to be cancelled to support safe staffing levels.
- A total of two mandatory training sessions and one staff Performance Development Review (PDR) had to be cancelled to support safe staffing levels during February 2019.

5.4 Mitigating Actions

Ward Managers and members of the multi-disciplinary team have clinically supported day shifts to ensure safe patient care. There was also a total of 412 RN shifts were covered by HCSW where RN temporary staffing was unavailable. A total of 129 HCSW shifts were covered by RN staff where HCSW temporary staffing was unavailable. Additionally, as outlined in section 5.3, staff breaks have been shortened or not taken (time is given in lieu) and wards have cross covered to support safe staffing levels. There were 29 occasions (44 hours in total) when additional support was provided by members of the multi-disciplinary team to maintain safe staffing levels.

5.5 RN Staffing Recruitment

In line with the national picture, RN recruitment remains challenging. The RN 12 month fill-rate decreased slightly in February 2018 although overall this has increased for 5 of the last 7 months and with the exception of December 2018 and February 2019 it has maintained an upward trend during this time. The Trust is continuing to work proactively to recruit to these vacancies.



The Trust is participating in the NHSI Retention Support Programme and this has informed the Trust Recruitment and Retention Action Plan which details the actions that are being taken by the Trust to attract and retain registered nurses. This Action plan was previously reviewed by the Board in April 2018. These include recruitment incentives such as refer a friend, continued professional development offer, housing and flexible hours. These incentives are included in all RN job adverts.

Health Education England has recently identified funding to support Trusts with Return to Practice campaigns. These campaigns target former registered nurses who have left practice and allowed their nurse registration to lapse by providing academic and placement support to enable them to re-register with the NMC. The Head of Nursing & Professional Practice is working with the Trust Recruitment Lead and local Health Education Institutes to progress this campaign.

The newly qualified nurses who commenced with the Trust in September 2018 continue to be supported by a robust preceptorship programme; this programme has been refined and strengthened annually since 2016 and the Trust continues to maintain an excellent retention rate with the preceptorship cohorts.

The nursing career pathway has been strengthened and 4 Trainee Nursing Associates and a further 2 Trainee Advanced Nurse Practitioners commenced their training in September 2018. These are academic programmes which run alongside significant work based and placement learning. The Trust is currently in the process of recruiting a further 4 Trainee Nursing Associates for the March 2019 intake.

The education programme to support CPD and career progression for all RNs is also being strengthened. Additionally, a potential increase in Band 6 RNs is being considered. It is anticipated that career pathways will be further enriched as Directorates begin to finalise their workforce plans for 2019/20.

A recent advertising campaign for the recruitment of Registered Nurses has resulted in the recruitment of 24 newly qualified RN's who will be commencing with the Trust from September 2019 onwards.

6. Summary

Safe staffing reporting continued to highlight challenges in staffing wards during February 2018; the Trust did however experience an increase in its fill rate of registered nursing shifts during February 2018. We continue to see a significant number of RN vacancies being filled by newly qualified RNs and the Trust continues to employ a number of strategies with the support of the HR and communication teams to attract RNs during this national shortage.

The Trust is participating in the NHSI Retention Support Programme. A project team visit has been completed and learning shared, this has been incorporated into the Trust Recruitment and Retention Action Plan.

7. Recommendations

The Trust Board is asked to:

- Receive the report
- Note the challenges with recruitment and mitigations and action plan in place
- Note the challenge in filling shifts in February
- Be assured that safe staffing levels have been maintained.

Appendix 1 February 2018 Safer Staffing

	Registered Nurses						Care Staff						Registered Nurse		Care Staff		Total Nursing Staffing		
Date	Day Establishment Hours	Day Clinically Required	Day Actual	Night Establishment	Night Clinically Required	Night Actual	Day Establishment Hours	Day Clinically Required	Day Actual	Night Establishment	Night Clinically Required	Night Actual	Day Fill Rate (%)	Night Fill Rate (%)	Day Fill Rate (%)	Night Fill Rate (%)	Overall RN %	Overall Care Staff %	Overall Staffing
Ward 1	1200.00	1209.00	1173.46	310.80	310.80	355.20	1050.00	1050.00	605.77	621.60	932.40	876.90	97.1%	114.3%	57.7%	94.0%	100.6%	74.8%	86.0%
Ward 2	1200.00	1200.00	984.61	621.60	621.60	379.20	1386.00	1386.00	1309.33	932.40	932.40	1068.40	82.1%	61.0%	94.5%	114.6%	74.9%	102.6%	90.4%
Ward 3	1200.00	1200.00	975.17	599.40	599.40	370.80	1050.00	1050.00	1189.96	621.60	621.60	846.93	81.3%	61.9%	113.3%	136.3%	74.8%	121.9%	97.5%
Ward 4	1350.00	1350.00	1048.54	310.80	310.80	321.90	1050.00	1050.00	1412.44	932.40	932.40	918.60	77.7%	103.6%	134.5%	98.5%	82.5%	117.6%	101.6%
Ward 5	1200.00	1200.00	821.25	621.60	621.60	321.90	1050.00	1090.50	1416.34	621.60	654.90	938.55	68.4%	51.8%	129.9%	143.3%	62.8%	134.9%	98.1%
Ward 6	1200.00	1200.00	860.98	621.60	621.60	355.20	1218.00	1596.00	1638.61	621.60	932.40	1143.90	71.7%	57.1%	102.7%	122.7%	66.8%	110.1%	91.9%
Ward 7	1200.00	1200.00	853.71	310.80	310.80	312.70	1050.00	1185.00	1339.31	932.40	1043.40	938.10	71.1%	100.6%	113.0%	89.9%	77.2%	102.2%	92.1%
Assessment & Treatment	864.00	864.00	907.75	621.60	621.60	355.60	1386.00	2311.50	1888.25	621.60	1598.40	1862.45	105.1%	57.2%	81.7%	116.5%	85.0%	95.9%	92.9%
Darwin Centre	1200.00	1200.00	921.46	621.60	621.60	312.10	1050.00	1050.00	1277.98	621.60	621.60	921.30	76.8%	50.2%	121.7%	148.2%	67.7%	131.6%	98.3%
Edward Myers	864.00	864.00	723.21	310.80	310.80	310.80	714.00	714.00	680.00	621.60	621.60	621.60	83.7%	100.0%	95.2%	100.0%	88.0%	97.5%	93.0%
Florence House	510.00	510.00	500.75	300.16	300.16	300.16	840.00	840.00	563.75	300.16	300.16	300.16	98.2%	100.0%	67.1%	100.0%	98.9%	75.8%	85.4%
Summers View	840.00	840.00	439.48	300.16	300.16	306.41	840.00	840.00	968.09	600.32	600.32	589.60	52.3%	102.1%	115.2%	98.2%	65.4%	108.1%	89.3%
PICU	906.00	906.00	654.21	621.60	621.60	565.30	756.00	769.50	1154.77	621.60	621.60	684.60	72.2%	90.9%	150.1%	110.1%	79.8%	132.2%	104.8%
Totals	13734.00	13743.00	10864.58	6172.52	6172.52	4567.27	13440.00	14932.50	15444.60	8670.48	10413.18	11711.09	79.06%	73.99%	103.43%	112.46%	77.49%	107.14%	94.09%

Date Feb 18	Total Hours Per Day	Patients	CHPPD	Date	Safe staffing was maintained by	RN Vacancies	HCSW Vacancies	Bed occupancy	Movement
Ward 1	3281.33	327.00	10.03	Ward 1	Nurses working additional unplanned hours, altering skill mix.	-3.88	4.79	83%	↓
Ward 2	3966.04	383.00	10.36	Ward 2	Nurses working additional unplanned hours, altering skill mix.	2.94	4.09	56%	↓
Ward 3	3585.36	520.00	6.89	Ward 3	Nurses working additional unplanned hours.	2.02	2.50	84%	↑
Ward 4	4119.98	376.00	10.96	Ward 4	Nurses working additional unplanned hours, altering skill mix and the support of the wider MDT.	4.24	2.28	90%	↓
Ward 5	3975.71	392.00	10.14	Ward 5	Nurses working additional unplanned hours, altering skill mix.	5.29	1.81	99%	↑
Ward 6	4490.19	383.00	11.72	Ward 6	Nurses working additional unplanned hours, altering skill mix and the support of the wider MDT.	5.11	0.07	91%	↑
Ward 7	3968.32	530.00	7.49	Ward 7	Nurses working additional unplanned hours, altering skill mix and the support of the wider MDT.	2.25	6.08	101%	↑
Assessment & Treatment	5196.05	131.00	39.66	Assessment & Treatment	Nurses working additional unplanned hours, altering skill mix , support of the wider MDT and support from Community Services	2.96	-1.92	78%	↑
Darwin Centre	3956.34	213.00	18.57	Darwin Centre	Nurses working additional unplanned hours and changes in skill mix.	5.56	1.54	75%	↓
Edward Myers	2335.61	297.00	7.86	Edward Myers	Nurses working additional unplanned hours, altering skill mix.	3.08	2.02	88%	↑
Florence House	1830.32	185.00	9.89	Florence House	Nurses working additional unplanned hours, altering skill mix.	-0.28	-0.26	99%	↑
Summers View	2393.58	231.00	10.36	Summers View	Nurses working additional unplanned hours, altering skill mix and the support of the wider MDT.	2.99	2.20	108%	↑
PICU	3171.38	95.00	33.38	PICU	Nurses working additional unplanned hours, altering skill mix.	3.00	0.80	88%	↓
Totals	46270.21	4063.00	11.39	Totals		35.28	26.00		

Appendix 2 Staffing Issues

- At the end of February 2018, there were 35.28 WTE RN vacancies in in-patient areas. This is an increase of 3.80 WTE from the January position. A majority of these vacancies are within Wards 5 & 6 and the Darwin Centre. Our overall vacancy figure does continue to show a positive reduction throughout this financial year, demonstrating that we have not only been able to successfully recruit new Registered Nurses but, we have also retained a large proportion of these nurses. We continue to advertise for the remainder of the vacancies in a variety of part and whole time roles.
- At the end of February 2018, there were 26.00 WTE HCSW vacancies reported within in-patient wards. This is a decrease of 1.80 WTE from January 2019. A majority of these vacant posts are within wards 1, 2, & 7 and have also been created in November 2018 following the transaction of Safer Staffing establishment recommendations from the April 2018 Annual Safer Staffing report. We are continuing to actively recruit to these posts.
- RN day shift cover remained challenging during February 2018; the most significant increases being within the Assessment & Treatment Unit where an unexpected increase in acuity from mid-February onwards resulted in a 40% rise in the clinically required staffing level. The impact of this increase has been felt across all inpatient and some community areas.
- Ward teams continue to be supported by Quality Improvement Lead Nurses, Nurse Practitioners and a Site Manager who is further supported by an On-Call Manager out of hours.
- RN night shift cover remained challenging during February 2018. Predominantly within the Assessment and Treatment Unit where the night establishment was increased by 40% due to patient acuity.
- RN vacancies at Wards 5 & 6 and the Darwin Centre remain challenging, recruitment to these vacancies remains a priority and in the meantime staffing numbers have continued to be maintained through the use of HCSW's.
- 8 wards experienced an increase in occupancy and 4 wards had a decrease in occupancy during February 2018. Occupancy remained particularly high within the older persons and neuropsychiatry wards (Wards 4, 5, 6 and 7).

REPORT TO Trust Board

Enclosure No:7

Date of Meeting:	25 April 2019		
Title of Report:	Performance & Quality Management Framework Month 11		
Presented by:	Lorraine Hooper – Director of Finance, Performance and Estates		
Author:	Vicky Boswell, Associate Director of Performance		
Executive Lead Name:	Lorraine Hooper – Director of Finance, Performance and Estates	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:		Purpose of report	
<p>The report provides an overview of performance for February 2019 covering Contracted Key Performance Indicators (KPIs) and Reporting Requirements.</p> <p>In addition to the performance dashboards a full database (divisional drill-down) has been made available to Directorate Heads of Service and Clinical Directors to enable them to interrogate the supporting data and drive directorate improvement. This is summarised on the supporting PQMF dashboard.</p>		Approval	<input type="checkbox"/>
		Information	<input type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input type="checkbox"/>
Seen at:	SLT <input checked="" type="checkbox"/> Execs <input type="checkbox"/> Date:	Document Version No.	
Committee Approval / Review	<ul style="list-style-type: none"> Quality Committee <input type="checkbox"/> Finance & Performance Committee <input checked="" type="checkbox"/> Audit Committee <input type="checkbox"/> People & Culture Development Committee <input type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Business Development Committee <input type="checkbox"/> Primary Care Committee <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> To enhance service user and carer collaboration. <input type="checkbox"/> To provide the highest quality, safe and effective services <input checked="" type="checkbox"/> Inspire and implement innovation and research. <input type="checkbox"/> Embed an open and learning culture that enables continual improvement. <input type="checkbox"/> Attract, develop and retain the best people. <input checked="" type="checkbox"/> Maximise and use our resources effectively. <input checked="" type="checkbox"/> Take a lead role in partnership working and integration. <input type="checkbox"/> 		
Risk / legal implications: Risk Register Reference	<p>In Month 11 there are 1 targets related metric rated as Red and 1 metric rated as Amber; all other indicators are within expected tolerances.</p> <p>All areas of underperformance are separately risk assessed and a rectification plan is developed, overseen by the relevant sub-committee of the Trust Board.</p>		
Resource Implications: Funding Source:	<p>There are potential contractual penalties if the Trust is not able to meet reporting requirements or performance standards. A Data Quality Improvement Plan is agreed with commissioners to address data quality issues that may impact on performance.</p>		

Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	The PQMF includes monitoring of ethnicity as a key national requirement. The Trust is seeking to ensure that all Directorates are recording in a timely way the protected characteristics of all service users to enable monitoring of service access and utilisation by all groups in relation to the local population. A new diversity and inclusion report is being developed to monitor trust performance on closing service user and workforce equality data gaps.	
STP Alignment / Implications:	Reporting from Month 8 will reflect the Locality restructuring in support of STP alignment. This will include a breakdown of activity and performance according to North Staffs and Stoke localities.	
Recommendations:	The committee is asked to • Receive the report as outlined Note the Management action and committee oversight	
Version	Name/group	Date issued

PERFORMANCE & QUALITY MANAGEMENT FRAMEWORK REPORT TO TRUST BOARD

Date of meeting:	25 April 2019
Report title:	Performance & Quality Management Framework Performance Report – Month 11 2018/19
Executive Lead:	Lorraine Hooper, Director of Finance, Performance & Estates
Prepared by:	Vicky Boswell, Associate Director of Performance
Presented by:	Lorraine Hooper, Director of Finance, Performance & Estates

1 Introduction to Performance Management Report

The report provides an overview of performance for February 2019 covering Contracted Key Performance Indicators (KPIs) and Reporting Requirements.

In addition to the performance dashboards a full database (Divisional Drill-Down) has been made available to Directorate Heads of Service and Clinical Directors to enable them to interrogate the supporting data and drive directorate improvement. This is summarised in Appendix 1.

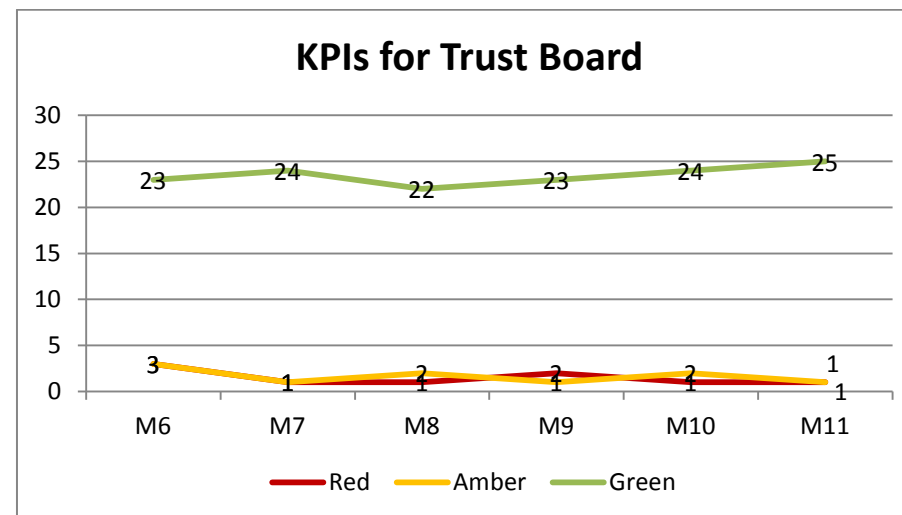
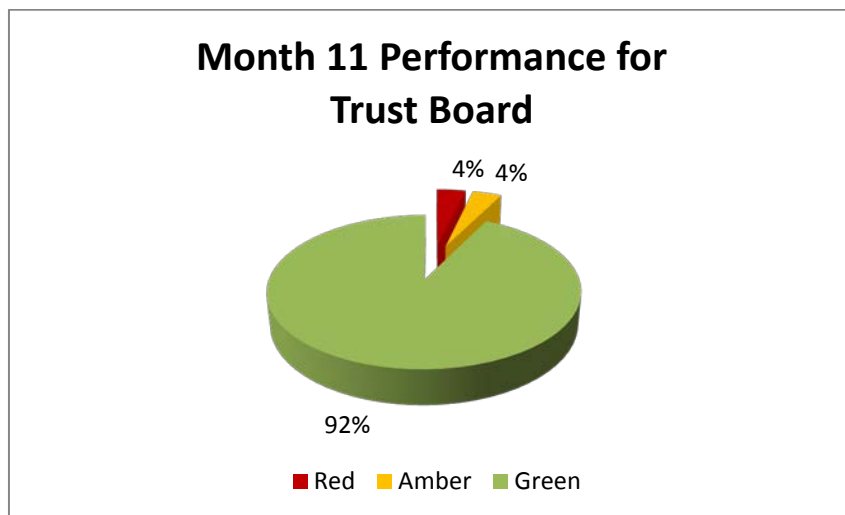
2 Executive Summary – Exception Reporting

The following performance highlights should be noted:

- 100% of Early Intervention service users have been treated within 2 weeks of referral (target 53%)
- 18 Week Waits (RTT) performance has improved to 95.2% in M11 from 90.8% in M10 (target 92%)
- 63.4% of IAPT service users are moving to recovery (target 50%).
- 98.8% of IAPT service users have been treated within 6 weeks and all service users (100%) have received treatment within 18 weeks (target 95%)
- 97.9% of all service users have received a follow up within 7 days of discharge (target 90%)

Month 11 Performance:

In Month 11 there is 1 target related metric rated as **Red** and 1 target related metric as **Amber**, all other indicators are within expected tolerances.

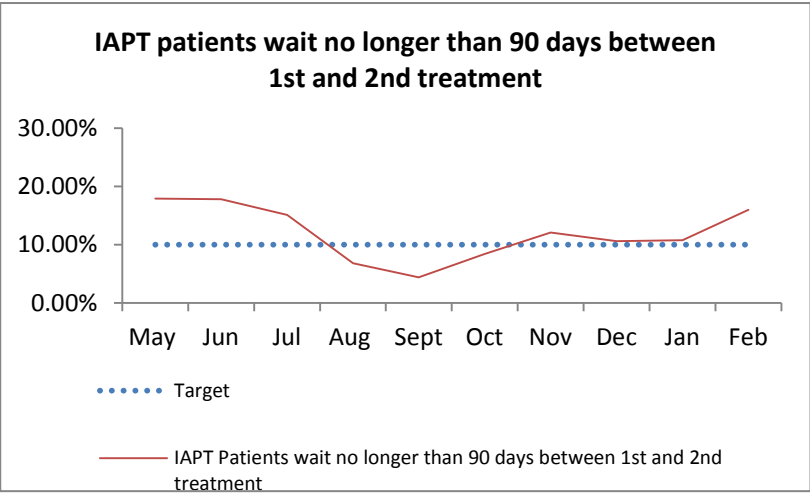


3 Updated metrics and targets

The following measures and targets have been updated for Month 11:

- PALS & Complaints figures for January confirmed, provisional data received for February 2019
- Sickness absence percentage figures for M11 are provisional. Year to date sickness absence figures have been refreshed to reflect the updated 12 months rolling position.
- Employment status reporting methodology has been updated year to date to adopt the Model Hospital definition

4 Exceptions - Month 11

KPI Classification	Metric	Exec/Op Lead	Target	M10	M11	Trend	Commentary
CCG	IAPT: Patients wait no longer than 90 days between 1st and 2nd treatment	Exec Dir of Ops	10%	RED 10.8%	RED 16.0%	↗	<p>16.0% at M11 from 10.8% at M10</p>  <p>There are a number of clients who choose not to commence therapy in line with national waiting standards or who DNA their treatment appointment and then request a further appointment. The Service Specification indicates a more engaging approach to client commencement to treatment which clinically the service adheres to.</p> <p>The service has a trajectory in place to meet the target by the end of Q4.</p>

KPI Classification	Metric	Exec/Op Lead	Target	M10	M11	Trend	Commentary
NHSI	CPA Review: The proportion of those on Care Programme Approach (CPA) for at least 12 months having formal review within 12 months	Exec Dir of Ops	95.0%	AMBER 91.6%	AMBER 93.6%	↗	93.6% at M11 from 91.6% at M10 <ul style="list-style-type: none"> Acute Services & Urgent Care – 75.0% at M11 from 14.3% at M10 3 out of 4 patients have had a 12 month review recorded North Staffordshire Community – 95.6% at M11 from 95.1% at M10 525 out of 549 patients have had a 12 month review recorded Specialist Care – 90.8% at M11 from 91.2% at M10 208 out of 229 have had a 12 month review recorded Teams underperforming include: Stoke Community – 93.0% at M11 from 89.8% at M10 531 out of 571 have had a 12 month review recorded Teams underperforming include: <p>The Trust has responded to commissioners following the issuing of a contract performance notice and provided an action plan with a trajectory to achieve the target Trustwide by end of March 2019. There is a key focus in the Stoke Locality and Specialist Services to ensure that the target is achieved in line with the trajectory.</p> <p>The performance team have developed a BI reporting tool which highlights to teams those patients whom are due a follow up, prior to the expiry date. There is a trajectory in place to meet the target by the end of Q4.</p>

5 Recommendations

The Trust Board is asked to:








- Receive the Trust reported performance, management action and committee oversight on the Month 11 position

Month: February
11
Key:-

PQMF Report



CCG	NHS Standard Contract Reporting
National	NHS Improvement metric
Trust Measure	Locally monitored metric

	Trend up (positive)		Trend down (negative)
	Trend Down (positive)		Trend Up (negative)
	No change		Trend Down (Neutral)
			Trend Up (Neutral)

	Metric		Frequency	Standard	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
NHSI	Early Intervention in Psychosis - A maximum of 2 week waits for referral to treatment (Target 17/18-50%, 18/19-53%, 19/20-57%, 20/21-60%)	Monthly	53%	75.0%	75.0%	100.0%	75.0%	90.0%	87.5%	80.0%	72.2%	100.0%	91.7%	100.0%		
	Early Intervention in Psychosis - A maximum of 2 week waits for referral to treatment (North Staffordshire CCG) (Target 17/18-50%, 18/19-53%, 19/20-57%, 20/21-60%)	Monthly	53%	100.0%	100.0%	100.0%	100.0%	100.0%	75.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
	Number of <u>completed</u> EIP pathways (North Staffordshire CCG)	Monthly	No Target	4.0	2.0	2.0	2.0	1.0	4.0	0.0	0.0	3.0	4.0	1.0		
	Number of <u>incomplete</u> EIP pathways (North Staffordshire CCG)	Monthly	No Target	1.0	2.0	0.0	1.0	0.0	1.0	5.0	0.0	0.0	1.0	1.0		
	Early Intervention in Psychosis - A maximum of 2 week waits for referral to treatment (Stoke-on-Trent CCG) (Target 17/18-50%, 18/19-53%, 19/20-57%, 20/21-60%)	Monthly	53%	50.0%	66.6%	100.0%	66.6%	88.8%	100.0%	80.0%	88.9%	100.0%	87.5%	100.0%		
	Number of <u>completed</u> EIP pathways (Stoke-on-Trent CCG)	Monthly	No Target	2.0	4.0	2.0	4.0	8.0	4.0	4.0	8.0	7.0	7.0	7.0		
	Number of <u>incomplete</u> EIP pathways (Stoke-on-Trent CCG)	Monthly	No Target	1.0	1.0	1.0	0.0	0.0	0.0	5.0	0.0	7.0	4.0	5.0		
NHSI	CAMHS - % of CYP with ED (Routine Cases) referred with a suspected ED that start treatment within 4 weeks of referral (North Staffs and Stoke CCG)	Monthly/Quarterly	95%			100.0%			100.0%			100.0%				
	CAMHS - % of CYP with ED (Routine Cases) referred with a suspected ED that start treatment within 4 weeks of referral (North Staffs CCG)	Monthly/Quarterly	95%			100.0%			100.0%			100.0%				
	CAMHS - % of CYP with ED (Routine Cases) referred with a suspected ED that start treatment within 4 weeks of referral (Stoke CCG)	Monthly/Quarterly	95%			100.0%			100.0%			100.0%				
NHSI	CAMHS - Number of CYP with ED (Urgent Cases) referred with a suspected ED that start treatment within 1 week of referral (North Staffs and Stoke CCG)	Monthly/Quarterly	95%			100.0%			100.0%			100.0%				
	CAMHS - Number of CYP with ED (Urgent Cases) referred with a suspected ED that start treatment within 1 week of referral (North Staffs CCG)	Monthly/Quarterly	95%			100.0%			100.0%			100.0%				
	CAMHS - Number of CYP with ED (Urgent Cases) referred with a suspected ED that start treatment within 1 week of referral (Stoke CCG)	Monthly/Quarterly	95%			100.0%			100.0%			100.0%				
CCG	Compliance with 18 week waits (Referral to Treatment or Intervention)	Monthly	92%	90.5%	86.8%	93.5%	93.9%	93.9%	91.7%	92.8%	90.1%	92.5%	90.8%	95.2%		
	Acute Services & Urgent Care									100.0%	100.0%	98.0%	99.5%	100.0%		
	North Staffordshire Community									89.2%	92.6%	94.9%	87.6%	95.3%		
	Specialist Care									84.5%	75.6%	88.7%	74.5%	86.3%		
	Stoke Community									89.2%	85.8%	87.6%	88.5%	92.3%		
CCG	Zero tolerance RTT waits over 52 weeks for incomplete pathways	Monthly	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0		
CCG	MH Liaison Team response to A&E referrals within 1 hour	Monthly	95%	94.8%	93.0%	98.0%	95.0%	97.9%	97.3%	96.7%	96.0%	95.0%	96.0%	95.0%		
CCG	Patients will be assessed within 12 weeks of referral to the Memory Assessment service	Monthly	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
CCG	Number of people seen for crisis assessment within 4 hours of referral	Monthly	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
National	Percentage of inpatient admissions that have been gatekept by crisis resolution/ home treatment team	Monthly	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
National/CCG	Overall safe staffing fill rate	Monthly	No Target	93.7%	93.4%	94.1%	93.7%	93.6%	93.4%	94.3%	94.2%	89.9%	92.8%	92.1%		
National	Mental health delayed transfers of care (target NHSI)	Monthly	7.5%	5.5%	9.1%	7.6%	7.8%	7.8%	5.9%	4.1%	2.1%	2.9%	3.5%	3.3%		
CCG	Emergency Readmission rate (30 days). Percentage of patients readmitted within 30 days of discharge.	Monthly	7.5%	6.0%	4.8%	4.8%	6.5%	7.5%	6.4%	6.4%	3.5%	6.3%	3.4%	5.2%		
NHSI	Total bed days patients have been Out of Area - In Month figures rather than Bed days for patients returning in month	Monthly	No target	10.0	0.0	28.0	4.0	64.0	3.0	2.0	3.0	17.0	33.0	57.0		
Trust Measure	Adult	Monthly	No target	10.0	0.0	28.0	4.0	64.0	3.0	2.0	3.0	17.0	33.0	57.0		
Trust Measure	Older Adult	Monthly	No target	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		

	Metric	Frequency	Standard	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
NHSI	Ratio of days Out of Area to baseline (Baseline set at M9 2017/18 figure of 150 bed days, as per SOF guidance, shown as 100%. The ratio of days each month to this baseline figure is then expressed as a percentage.)	Monthly	<100%	6.7%	0.0%	18.7%	2.7%	42.7%	2.0%	1.3%	2.0%	11.3%	22.0%	38.0%	
Trust Measure	Total patients Out of Area - In Month figures rather than Bed days for patients returning in month	Monthly	No target	3.0	0.0	6.0	2.0	5.0	2.0	2.0	1.0	1.0	2.0	3.0	
Trust Measure	Adult	Monthly	No target	3.0	0.0	6.0	2.0	5.0	2.0	2.0	1.0	1.0	2.0	3.0	
Trust Measure	Older Adult	Monthly	No target	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Trust Measure	Total bed days - PICU	Monthly	No target	227.0	268.0	263.0	316.0	285.0	184.0	209.0	156.0	133.0	86.0	121.0	
Trust Measure	Total patients - PICU	Monthly	No target	12.0	14.0	14.0	15.0	15.0	15.0	10.0	7.0	8.0	5.0	5.0	
SAFE															
CCG	Number of patients 16/17 years old admitted to Adult Psychiatric wards	Monthly	0.0	1.0	1.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
NHSI	Admission to adult facilities of U16s	Monthly	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
CCG	Bed Occupancy (incl home leave) - Trust	Monthly	85%	90.7%	89.0%	87.8%	85.4%	89.7%	89.7%	80.4%	86.5%	82.5%	81.7%	85.9%	
CCG	Bed Occupancy (incl home leave) - Acute Services & Urgent Care - Adult Inpatient	Monthly	90%	89.7%	77.8%	89.5%	91.1%	89.7%	86.4%	76.1%	86.5%	79.0%	71.3%	74.3%	
CCG	Bed Occupancy (Including Home Leave)-Trust excluding Adult Inpatient	Monthly	85%	90.6%	94.9%	85.9%	79.6%	88.0%	90.4%	86.9%	86.0%	83.8%	84.3%	92.4%	
CCG	LD & CAMHS Inpatient - LD	Monthly	85%	79.7%	83.6%	90.6%	81.7%	80.3%	81.9%	83.3%	83.3%	94.6%	67.2%	77.0%	
CCG	Neuro & Rehab - Neuro	Monthly	85%	88.2%	102.0%	91.8%	93.1%	96.5%	99.1%	89.9%	99.1%	87.5%	91.0%	98.8%	
CCG	Acute Services & Urgent Care - Older Adult Inpatient	Monthly	85%	91.5%	95.9%	83.4%	78.4%	88.2%	96.9%	94.4%	88.2%	88.9%	90.0%	97.8%	
CCG	LD & CAMHS Inpatient - C&YP	Monthly	85%	98.7%	95.1%	85.1%	68.3%	84.7%	66.6%	66.5%	73.1%	61.0%	80.0%	74.3%	
CCG	IAPT: The proportion of people who have depression and/or anxiety disorders who receive psychological therapies	Quarterly	19% per annum (4.75% per quarter)			4.8%			4.6%			4.7%			
NHSI / CCG	IAPT : The number of people who are moving to recovery. Divided by the number of people who have completed treatment minus the number of people who have completed treatment that were not at caseness at initial assessment	Monthly	50%	69.3%	71.7%	67.8%	70.3%	66.0%	60.3%	57.9%	66.7%	61.7%	64.8%	63.4%	
NHSI / CCG	Improving Access to Psychological Therapies (IAPT) Programme: the percentage of service users referred to an IAPT programme who are treated within 6 weeks of referral	Monthly	75%	100.0%	100.0%	100.0%	100.0%	100.0%	99.8%	100.0%	99.0%	98.6%	98.1%	98.8%	
NHSI / CCG	Improving Access to Psychological Therapies (IAPT) Programme: the percentage of service users referred to an IAPT programme who are treated within 18 weeks of referral	Monthly	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
CCG	IAPT: Patients wait no longer than 90 days between 1st and 2nd treatment	Monthly	<10%	26.1%	17.9%	17.8%	15.1%	6.8%	4.4%	8.4%	12.1%	10.6%	10.8%	16.0%	
CCG	Place of Safety Assessments	Monthly	No Target	22.0	24.0	22.0	25.0	27.0	26.0	18.0	29.0	14.0	15.0	19.0	
National	The proportion of those on Care Programme Approach (CPA) for at least 12mnths having formal review within 12mnths *NHSI*	Monthly	95%	95.3%	96.5%	97.1%	97.0%	93.8%	93.4%	85.7%	84.8%	86.3%	91.6%	93.6%	
NHSI	The proportion of those on Care Programme Approach (CPA) receiving follow-up contact within 7 days of discharge	Monthly	95%	100.0%	97.9%	98.7%	96.3%	96.4%	98.0%	97.1%	100.0%	96.2%	97.3%	97.1%	
Trust Measure/CCG	(ALL PATIENTS) The proportion of those receiving follow up within 7 days of discharge	Monthly	Internal-No Target CCG -90%	91.2%	85.2%	91.0%	80.2%	87.3%	83.5%	95.4%	88.8%	89.2%	96.1%	97.9%	
NHSI/CCG	Never Events	Monthly	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
National	Patient Safety Alerts not completed by deadline	Monthly	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
CCG	Mixed Sex Accommodation Breach	Monthly	0	0	0	0	0	0	0	0	0	0	0	0	
CARING															
National	Inpatient Scores from Friends and Family Test – % positive	Monthly	No Target	90.8%	84.9%	89.2%	89.8%	87.0%	77.0%	86.0%	87.0%	89.5%	79.8%	86.0%	
National	Staff Friends and Family Test - % recommended - care	Quarterly	No Target			73.0%			73.0%			N/A			
National	Percentage of complaints responded to in line with timescale agreed with complainant	Monthly	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
National	Written complaints rate	Quarterly	No Target			9.4%			10.0%			5.4%			
CCG	Duty of Candour Each failure to notify the Relevant Person of a suspected or actual Reportable Patient Safety Incident	Monthly	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
ORGANISATIONAL															
HEALTH															
National	% Year to Date Agency Spend compared to Year to Date Agency Ceiling	Monthly	0%	-45.0%	-39.0%	-23.0%	-12.9%	-2.0%	2.0%	1.0%	-3.0%	-7.0%	-4.0%	-3.0%	
National	Sickness Absence Percentage: Days lost	Monthly	4.95%	4.6%	4.4%	4.6%	4.6%	4.4%	4.3%	4.3%	4.5%	4.4%	4.3%	4.3%	
National	Staff Turnover (% FTE)	Monthly	>10%	0.6%	0.8%	0.5%	0.9%	1.2%	1.6%	0.5%	0.8%	1.2%	1.3%	0.8%	

REPORT TO Trust Board

Enclosure No:8

Date of Meeting:	25.04.2019		
Title of Report:	Data Security & Protection Toolkit Summary		
Presented by:	Chris Bird, Director of Partnerships & Strategy		
Author:	David Hewitt, Chief Information Officer		
Executive Lead Name:	Chris Bird, Director of Partnerships & Strategy	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:		Purpose of report	
<p>The Data Security and Protection Toolkit replaces the Information Toolkit and is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards.</p> <p>All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly.</p> <p>The Trust successfully completed its assessment in compliance with the national deadline of 31st March 2019 and submitted 100 pieces of evidence across 40 lines of enquiry over the 10 domains. In each instance, the Trust declared it had met the assurance threshold required.</p> <p>The IG Team will develop an IG Improvement Plan pending national feedback which will feed into the planned refresh of the Digital Strategy.</p>		Approval	<input type="checkbox"/>
		Information	<input type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs <input checked="" type="checkbox"/> Date: 09.04.19	Document Version No.	
Committee Approval / Review	<ul style="list-style-type: none"> Quality Committee <input type="checkbox"/> Finance & Performance Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> People & Culture Development Committee <input type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Business Development Committee <input type="checkbox"/> Primary Care Committee <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> To enhance service user and carer collaboration. <input type="checkbox"/> To provide the highest quality, safe and effective services <input checked="" type="checkbox"/> Inspire and implement innovation and research. <input type="checkbox"/> Embed an open and learning culture that enables continual improvement. <input checked="" type="checkbox"/> Attract, develop and retain the best people. <input type="checkbox"/> Maximise and use our resources effectively. <input checked="" type="checkbox"/> Take a lead role in partnership working and integration. <input type="checkbox"/> 		
Risk / legal implications: Risk Register Reference	N/a		
Resource Implications:	N/a		
Funding Source:			

Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	N/a	
STP Alignment / Implications:	N/a	
Recommendations:	The Board is asked to: <ol style="list-style-type: none"> 1) Note that the submission was made in accordance with national timelines 2) Receive this paper for information and assurance. 	
Version	Name/group	Date issued

Executive Meeting

Data Security and Protection Toolkit Summary

9 April 2019

1. Introduction

The Data Security and Protection Toolkit is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards.

All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly. The Toolkit provides;

- An Online data security self-assessment tool
- Replacement for the IG Toolkit
- Measurement for organisations against the NDG Data Security Standards
- Help for organisations with support to comply with GDPR

2. What has changed from the IG Toolkit to the Data Security and Protection Toolkit?

- There has been a move away from level 1,2,3 and towards 'mandatory' evidence items
- Removed duplication within the toolkit
- Aligned with NDG Standards and GDPR
- More concise requirements
- Documentary evidence only required where it adds value
- Exemptions for organisations which use NHS Mail or have in place a relevant standard (PSN IA or Cyber Essentials PLUS)
Provide greater intelligence to CQC for inspections.

3. Reporting timeline

Reporting for the Data Security and Protection Toolkit is in 2 stages an indicative assessment in October (31/10/2018) and a final assessment in March (31/03/2019) the Trust completed both assessments within these time windows.

4. Requirements of the Toolkit

The Trust completed the Toolkit self-assessment, by providing evidence and judging whether we meet the assertions and demonstrate that we were working towards or meeting the NDG standards. The toolkit was split into 10 standard area's;

- **Personal Confidential Data** - All staff ensure that personal confidential data is handled, stored and transmitted securely, whether in electronic or paper form. Personal confidential data is only shared for lawful and appropriate purposes.
- **Staff Responsibilities** - All staff understand their responsibilities under the National Data Guardian's Data Security Standards, including their obligation to handle information responsibly and their personal accountability for deliberate or avoidable breaches.

- **Training** - All staff complete appropriate annual data security training and pass a mandatory test, provided linked to the revised Information Governance Toolkit.
- **Managing Data Access** - Personal confidential data is only accessible to staff who need it for their current role and access is removed as soon as it is no longer required. All access to personal confidential data on IT systems can be attributed to individuals.
- **Process Reviews** - Processes are reviewed at least annually to identify and improve processes which have caused breaches or near misses, or which force staff to use workarounds which compromise data security.
- **Responding to Incidents** - Cyber-attacks against services are identified and resisted and CareCERT security advice is responded to. Action is taken immediately following a data breach or a near miss, with a report made to senior management within 12 hours of detection.
- **Continuity Planning** - A continuity plan is in place to respond to threats to data security, including significant data breaches or near misses, and it is tested once a year as a minimum, with a report to senior management.
- **Unsupported Systems** - No unsupported operating systems, software or internet browsers are used within the IT estate.
- **IT Protection** - A strategy is in place for protecting IT systems from cyber threats which is based on a proven cyber security framework such as Cyber Essentials. This is reviewed at least annually
- **Accountable Suppliers** - IT suppliers are held accountable via contracts for protecting the personal confidential data they process and meeting the National Data Guardian's Data Security Standards.

The Trust confirmed for each of these sections and underlying questions that they had met the standards required and supplied the appropriate evidence.

5. Outputs

The outputs of the assessment will be reviewed by NHS Digital and confirmation around specific items raised as required, it is not clear if these will be analysed to provide benchmark information available to Trusts as previously available from the IG Toolkit.

6. Next steps

As this was the first submission of the new toolkit there were a number of challenges in aligning previous evidence and processes into the new sections and also within the GDPR legislation. The Data Protection / IG Team led by Karen Armistead (Data Protection Officer) co-ordinated this across the Trust breaking activities into action plans for individual clinical and corporate areas. This work will enable much faster distribution of actions in completing the 2019 / 2020 toolkit.

Data protection cuts across all Trust activities and active involvement in meeting / workshops and action plans involved in completing the toolkit is essential from all clinical and corporate areas and this needs to continue into 2019 / 20.

As a Trust we need to maintain the standards we have met so will be reviewing the current assertions made to ensure we can comply with them moving forward.

2019 / 2020 also requires a Trustwide survey of staff regarding Data Security and Protection which will be managed through the Data Protection / IG Team.

7. Recommendation

The Board is asked to:

- 1) Note that the submission was made in accordance with national timelines
- 2) Receive this paper for information and assurance.

REPORT TO Trust Board

Enclosure No:9

Date of Meeting:	25 April 2019		
Title of Report:	Finance Position Month 11		
Presented by:	Lorraine Hooper – Director of Finance, Performance and Estates		
Author:	M Newton – Deputy Director of Finance		
Executive Lead Name:	Lorraine Hooper – Director of Finance, Performance and Estates	Approved by Exec	<input type="checkbox"/>

Executive Summary:		Purpose of report	
The report summarises the finance position at month 11 (January 2019)		Approval	<input type="checkbox"/>
		Information	<input type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs <input checked="" type="checkbox"/>	Document Version No.	
Committee Approval / Review	Date: _____ • Quality Committee <input type="checkbox"/> • Finance & Performance Committee <input checked="" type="checkbox"/> • Audit Committee <input type="checkbox"/> • People & Culture Development Committee <input type="checkbox"/> • Charitable Funds Committee <input type="checkbox"/> • Business Development Committee <input type="checkbox"/> • Primary Care Committee <input type="checkbox"/>		
Strategic Objectives (please indicate)	1. To enhance service user and carer collaboration. <input type="checkbox"/> 2. To provide the highest quality, safe and effective services <input type="checkbox"/> 3. Inspire and implement innovation and research. <input type="checkbox"/> 4. Embed an open and learning culture that enables continual improvement. <input type="checkbox"/> 5. Attract, develop and retain the best people. <input type="checkbox"/> 6. Maximise and use our resources effectively. <input checked="" type="checkbox"/> 7. Take a lead role in partnership working and integration. <input type="checkbox"/>		
Risk / legal implications: Risk Register Reference	Ref 1035: Trust top 3 risks around delivery of cost improvement target.		
Resource Implications:	None applicable		
Funding Source:			
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	There is no direct impact on the protected characteristics as part of the completion of this report;		
STP Alignment / Implications:	Part of the aggregate STP reported financial position		
Recommendations:	<u>The Trust Board are asked to:</u> <u>Note:</u> <ul style="list-style-type: none"> The reported YTD surplus of £1,850k against a planned 		

	surplus of £1,700k. This is a favourable variance to plan of £150k.	
	<ul style="list-style-type: none">The M11 CIP achievement:<ul style="list-style-type: none">YTD achievement of £1,269k (52%); an adverse variance of £1190k;2018/19 forecast CIP delivery of £1,497k (54%) based on schemes identified; an adverse variance of £1,298k to plan;The recurrent value of schemes transacted at £1,363k, 49% of target.The cash position of the Trust as at 28th February 2019 with a balance of £9,912k; £2,708k better than planMonth 11 capital expenditure at £771k compared to planned capital expenditure of £1,905k;Use of resource rating of 1 against a plan of 1.	
	<u>Approve:</u>	
	<ul style="list-style-type: none">The month 11 position reported to NHSI.	
	Version	Name/group

Financial Overview as at 28th February 2019

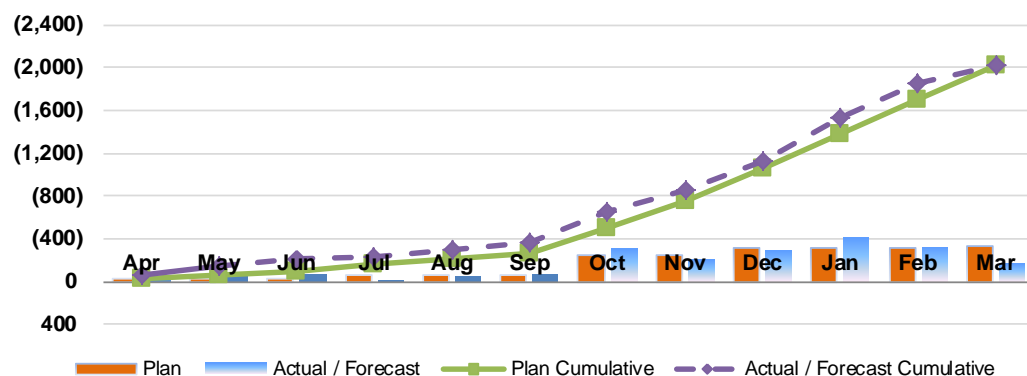
Income & Expenditure - Control Total (Surplus) / Deficit

£000	Plan	Actual	Var	%	RAG
YTD	(1,700)	(1,850)	(150)	(9)	G
FOT	(2,023)	(2,023)	(0)	(0)	G

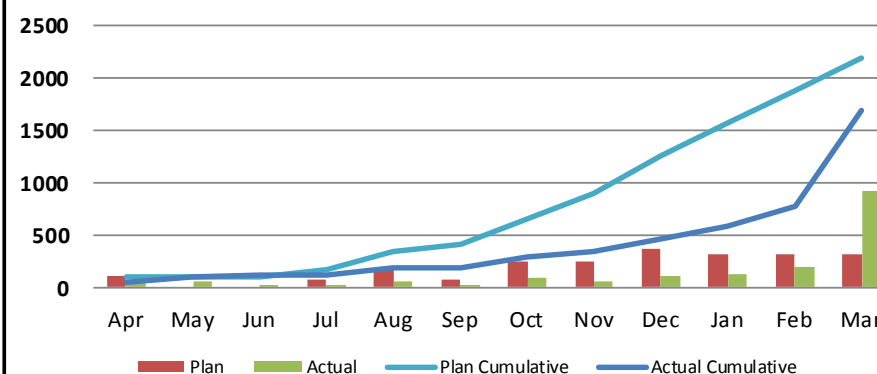
Charge to CRL

£000	Plan	Actual	Var	%	RAG
YTD	1,905	771	(1,134)	(60)	R
FOT	2,185	1,685	(500)	(23)	R

Retained (Surplus) / Deficit Run Rate 2018/19



Net Capital Expenditure - Plan / Forecast 2018/19



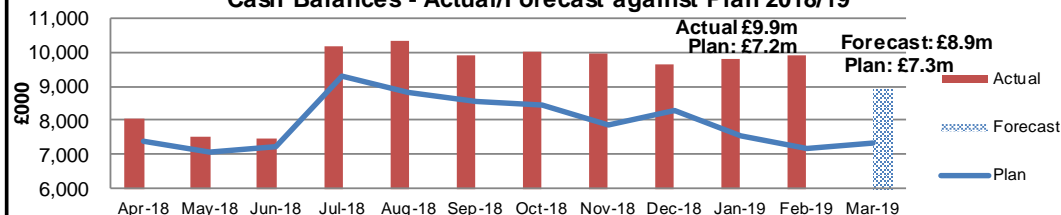
Cash Balances

£000	Plan	Actual	Var	%	RAG
YTD	7,204	9,912	2,708	38	G
FOT	7,339	8,897	1,558	21	G

Cost Improvement

£000	Plan	Actual	Var	%	Rec Var	RAG
Clinical	1,979	957	(1,022)	(52)	(894)	R
Corporate	480	311	(169)	(35)	(87)	R
Total	2,459	1,269	(1,190)	(48)	(981)	R

Cash Balances - Actual/Forecast against Plan 2018/19



Use of Resource

	Plan	Actual
Overall Risk Rating	1	1
Liquidity Ratio	1	1
Capital Servicing Capacity	3	2
I&E Margin	1	1
I&E Margin Variance to Plan	1	1
Agency Spend	1	1

1. Introduction:

The Trust's original 2018/19 financial plan is to deliver a trading position of £0.720m surplus. The trust accepted the Control Total from NHS Improvement (NHSI) of £1.423m surplus which includes £0.703m from the Provider Sustainability Funding (PSF).

2018/19 Agreed Improvement to Control

NSCHT Trust Board agreed to improve the 2018/19 forecast outturn position by £0.2m, increasing the trading surplus for 2018/19 to £0.920m. Trusts that agree to improve beyond the control surplus attract an incentive payment of £2 funding for every £1 additional surplus; and therefore earns an additional £0.4m PSF, to deliver an overall control surplus of £2.023m.

	2018/19 Plan Control £'000	Agreed Forecast Improve £'000	2018/19 Revised Control £'000
Trading Surplus	(720)	(200)	(920)
Provider Sustainability Funding	(703)	(400)	(1,103)
(Surplus)/Deficit	(1,423)	(600)	(2,023)

2. Income & Expenditure (I&E) Performance

Table 1 below summarises the Trust financial position in the Statement of Comprehensive Income (SOCl):

- During month 11, the trust had an in month trading position of £191k surplus against a plan of £190k surplus; **giving a favourable variance of £1k**. Provider Sustainability Funding (PSF) has been assumed at £129k for month 11, bringing the overall trust control total to a £320k surplus against plan of £319k; **giving a favourable variance of £1k**.
- Year to date, the trust has a trading position of £875k surplus against a plan of £725k surplus, **giving a favourable variance of £150k**. Provider Sustainability Funding (PSF) is assumed at £975k, bringing the overall year to date trust control total to £1,850k surplus, **giving a favourable variance of £150k**.

Table 1: Summary Performance	Annual Budget £'000	Month 11			Year to Date			Forecast		
		Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000
Income	(86,841)	(7,803)	(7,698)	106	(79,057)	(78,640)	417	(86,555)	(85,998)	557
Pay	63,735	5,394	5,170	(224)	58,334	55,991	(2,343)	63,726	61,302	(2,423)
Non Pay	19,422	1,985	2,119	134	17,468	19,261	1,793	19,145	21,077	1,932
EBITDA	(3,684)	(424)	(409)	15	(3,256)	(3,388)	(132)	(3,684)	(3,618)	66
Other Non-Op Costs	2,764	234	218	(16)	2,531	2,512	(18)	2,764	2,698	(66)
Trading Surplus	(920)	(190)	(191)	(1)	(725)	(875)	(150)	(920)	(920)	(0)
Provider Sustainability Funding	(1,103)	(129)	(129)	0	(975)	(975)	0	(1,103)	(1,103)	0
(Surplus)/Deficit for the year	(2,023)	(319)	(320)	(1)	(1,700)	(1,850)	(150)	(2,023)	(2,023)	(0)

* Note – the forecast does not include the impact of the 2018/19 local government pension scheme (LGPS) or any revaluations/impairments.

3. Income

Table 2 below shows the Trust income position by contract:

- The NHS Stoke-on-Trent CCG and NHS North Staffordshire CCG contracts are set on a block basis. Variance to plan to date relates to 2017/18 quarter 4 under performance of CQUIN, which confirmed in June 2018 and further CQUIN under performance in quarter 1 of 2018/19.
- Specialised Services are under performing year to date by £398k due to a reduction in activity at the Darwin Centre as a result of lower length of stay for service users.
- OATs income is over performing year to date by £89k due to out of area patients in A&T.

Table 2: Income	Annual Budget £'000	Month 11			Year to Date			Forecast		
		Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000
NHS Stoke-on-Trent CCG	(37,948)	(3,486)	(3,486)	(0)	(34,622)	(34,613)	9	(37,738)	(37,729)	9
NHS North Staffordshire CCG	(25,700)	(2,265)	(2,265)	0	(23,446)	(23,440)	6	(25,560)	(25,554)	6
Specialised Services	(3,282)	(297)	(224)	73	(2,986)	(2,588)	398	(3,282)	(2,850)	432
Stoke-on-Trent CC s75	(3,999)	(333)	(333)	(0)	(3,666)	(3,666)	(0)	(3,999)	(3,999)	(0)
Staffordshire CC s75	(527)	(0)	0	0	(527)	(528)	(1)	(527)	(528)	(1)
Stoke-on-Trent Public Health	(2,108)	(338)	(338)	0	(1,775)	(1,661)	114	(2,108)	(1,994)	114
Staffordshire Public Health	(613)	(51)	(51)	0	(562)	(562)	0	(613)	(613)	0
ADS/One Recovery	(1,461)	(122)	(122)	(0)	(1,339)	(1,339)	0	(1,461)	(1,461)	0
Associates	(666)	(55)	(53)	3	(610)	(604)	6	(666)	(659)	7
OATS	(1,017)	106	154	49	(851)	(940)	(89)	(1,017)	(1,043)	(26)
Department of Health	(827)	(70)	(70)	0	(770)	(770)	0	(840)	(840)	0
Private Patients	0	0	0	0	0	(10)	(10)	0	(10)	(10)
Total Clinical Income	(78,147)	(6,912)	(6,787)	125	(71,154)	(70,721)	433	(77,811)	(77,280)	531
Other Income	(8,694)	(891)	(910)	(19)	(7,904)	(7,919)	(16)	(8,743)	(8,718)	25
Total Income	(86,841)	(7,803)	(7,698)	106	(79,057)	(78,640)	417	(86,555)	(85,998)	557
Provider Sustainability Funding	(1,103)	(129)	(129)	0	(975)	(975)	0	(1,103)	(1,103)	0
Total Income Incl. PSF	(87,944)	(7,932)	(7,827)	106	(80,032)	(79,615)	417	(87,658)	(87,101)	557

4. Expenditure

Table 3 below shows the Trust's expenditure split between pay, non-pay and non-operating cost categories.

- Underspend of £2,343k at month 11 on pay is due to vacancies across the trust, partially covered by temporary staffing.
 - Agency costs at month 11 are £1,747k, **£63k below the M11 agency ceiling of £1,810k.**
- Non-Pay over spend at month 11 of £1,793k mainly due to residential payments and under achievement against the cost improvement programme for 2018/19.

Table 3: Expenditure	Annual Budget £'000	Month 11			Year to Date			Forecast		
		Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000
Medical	7,729	718	538	(180)	7,045	6,085	(960)	7,710	6,649	(1,061)
Nursing	30,340	2,608	2,444	(164)	27,793	26,479	(1,314)	30,380	28,996	(1,384)
Other Clinical	14,624	1,120	1,045	(76)	13,455	11,777	(1,677)	14,634	12,830	(1,803)
Non-Clinical	10,828	984	944	(40)	9,845	9,698	(147)	10,788	10,626	(162)
Apprenticeship Levy	214	18	19	1	196	204	8	214	223	9
Agency	0	(53)	181	234	0	1,747	1,747	0	1,978	1,978
Total Pay	63,735	5,394	5,170	(224)	58,334	55,991	(2,343)	63,726	61,302	(2,423)
Drugs & Clinical Supplies	2,426	247	254	6	2,179	2,383	204	2,426	2,656	230
Establishment Costs	909	77	64	(13)	832	764	(69)	909	838	(71)
Information Technology	717	64	63	(1)	658	716	59	717	819	102
Premises Costs	2,311	205	279	74	2,102	2,465	364	2,311	2,728	417
Private Finance Initiative	4,349	365	364	(0)	3,984	3,951	(33)	4,349	4,312	(36)
Services Received	4,667	515	513	(3)	4,161	4,132	(30)	4,669	4,656	(14)
Residential Payments	1,760	147	352	205	1,614	2,389	776	1,760	2,495	734
Consultancy & Prof Fees	168	33	28	(5)	159	405	246	168	437	269
External Audit Fees	65	5	5	(0)	60	57	(2)	65	62	(3)
Legal Fees	0	0	0	0	0	0	0	0	0	0
Unachieved CIP	(1,418)	(225)	0	225	(1,191)	0	1,191	(1,298)	0	1,298
Other	3,468	552	197	(355)	2,911	1,999	(912)	3,069	2,074	(995)
Total Non-Pay	19,422	1,985	2,119	134	17,468	19,261	1,793	19,145	21,077	1,932
Finance Costs	1,239	103	103	0	1,136	1,136	0	1,239	1,239	0
Local Government Pension Scheme	0	0	0	0	0	0	0	0	0	0
Unwinding of Discounts	0	0	0	0	0	0	0	0	0	0
Dividends Payable on PDC	592	53	39	(14)	540	553	13	592	546	(46)
Investment Revenue	(14)	(1)	(6)	(5)	(13)	(50)	(37)	(14)	(56)	(42)
Fixed Asset Impairment	0	0	0	0	0	0	0	0	0	0
Depreciation (excludes IFRIC 12)	947	79	82	3	868	874	5	947	969	22
Total Non-op. Costs	2,764	234	218	(16)	2,531	2,512	(18)	2,764	2,698	(66)
Total Expenditure	85,921	7,613	7,507	(107)	78,332	77,765	(568)	85,635	85,078	(557)

Agency Breakdown		
Agency Type	YTD (£000)	%
Medical	1,244	71%
Nursing	28	2%
Other Clinical	390	22%
Non Clinical	86	5%
Total	1,747	100%

Directorate Summary

Table 4 below summarises Pay, Non Pay and Income by Directorate:

Table 4: YTD Expenditure	Pay			Non Pay			Income			Total		
	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000
Acute Services & Urgent Care	13,007	12,857	(151)	626	631	6	(376)	(342)	34	13,257	13,146	(111)
North Staffordshire Community	8,459	7,798	(661)	694	1,011	317	(1,538)	(1,565)	(27)	7,615	7,244	(372)
Specialist Care	14,605	13,766	(840)	1,777	2,165	388	(2,043)	(1,903)	139	14,340	14,028	(312)
Stoke Community	11,401	10,489	(911)	3,143	4,219	1,076	(883)	(932)	(49)	13,661	13,776	115
Moorcroft Medical Practice	444	457	13	167	114	(53)	(611)	(526)	85	0	45	45
Corporate	10,222	10,421	199	11,061	11,121	60	(2,880)	(2,888)	(8)	18,403	18,654	251
Trustwide	196	204	8	2,531	2,512	(18)	(71,703)	(71,460)	243	(68,976)	(68,743)	233
Total	58,334	55,991	(2,343)	19,998	21,773	1,775	(80,032)	(79,615)	417	(1,700)	(1,850)	(150)

- The clinical directorates are underspent on pay due to vacancies partially offset with bank and agency.
- Adverse variances on non-pay are due to an under delivery of cost improvement against the target and overspends on residential payments (Stoke-on- Trent section 75).
- The residential placement budgets are forecast to overspend by £734k. The Trust and Stoke-on-Trent City Council are working closely to design a sustainable service model for 2019/20, and risk share arrangement which will be factored into the new contract.

5. Cost Improvement Programme

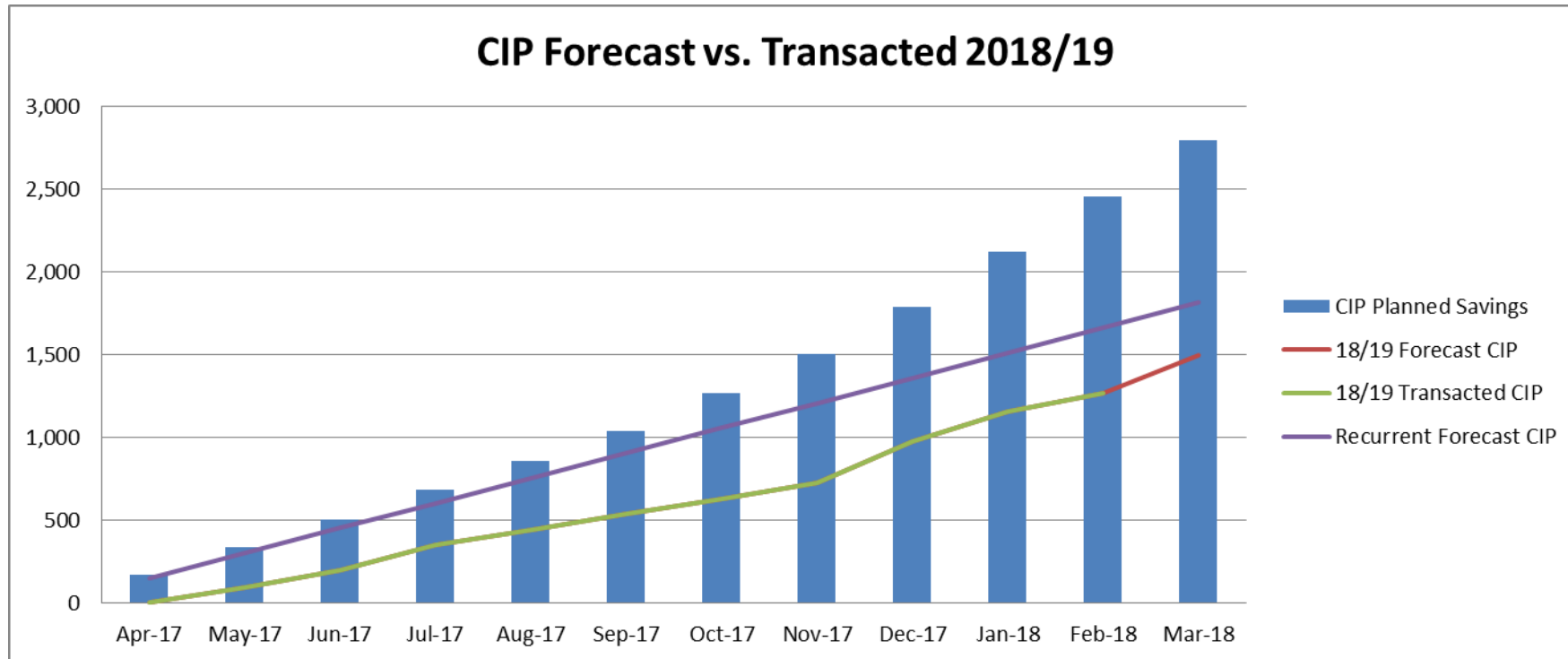
The Trust target for the year is £2,795k, as reported to NHSI. This takes into account the requirement to deliver a £2,023k control surplus for 2018/19. The table below shows the achievement by Directorate towards individual targets at M11. The Trust wide cost improvement achievement is 52% at M11 compared to plan.

		YTD M11			Forecast					
CIP Delivery	Annual CIP Target 2018/19	Plan	Transacted	(Under)/Over Achievement	Plan	Total Schemes	(Under)/Over Achievement	RAG	Recurrent Transacted	Recurrent Position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000		£'000	£'000
Clinical										
Acute Services & Urgent Care	538	478	463	(15)	538	508	(30)	94%	442	442
North Staffordshire Community	458	408	89	(319)	458	115	(343)	25%	127	150
Specialist Care	533	484	232	(252)	533	249	(284)	47%	214	393
Stoke Community	685	609	173	(436)	685	231	(454)	34%	240	334
Total Clinical	2,214	1,979	957	(1,022)	2,214	1,103	(1,111)	50%	1,023	1,320
Corporate										
CEO	15	14	14	0	15	15	0	100%	15	15
Finance, Performance & Digital	43	39	55	16	43	60	17	140%	60	60
MACE	9	9	12	4	9	14	4	144%	14	14
Operations	6	5	5	(0)	6	6	0	100%	6	6
Quality & Nursing	41	37	27	(10)	41	30	(10)	74%	42	42
Strategy	11	10	10	(0)	11	11	0	100%	11	11
Trustwide	384	299	133	(166)	384	199	(185)	52%	133	287
Workforce & OD	72	66	55	(12)	72	60	(13)	82%	60	60
Total Corporate	581	480	311	(169)	581	394	(187)	68%	340	494
Total	2,795	2,459	1,269	(1,190)	2,795	1,497	(1,298)	54%	1,363	1,814

Below 75%		Target	2,795
Below 90%		Variance	(981)

- The forecast position as at M11 for 2018/19 is £1,497k (54%), which represents an in year shortfall against the annual target of £1,298k.
- The recurrent risk adjusted forecast is £1,814k (65%); whereas schemes have been identified to the value of £2,034k (73%).

a. Cost Improvement Programme Forecast & Transacted 2018/19



6. Statement of Financial Position

Table 6 below shows the Statement Financial Position of the Trust.

Table 6: SOFP	31/03/2018 £'000	31/12/2018 £'000	31/01/2019 £'000	28/02/2019 £'000
Non-Current Assets				
Property, Plant and Equipment - PFI	16,185	16,241	16,203	16,177
Property, Plant and Equipment	14,841	14,589	14,633	14,775
Intangible Assets	277	220	256	250
NCA Trade and Other Receivables	608	0	0	0
Other Financial Assets	1,089	1,089	1,089	1,089
Total Non-Current Assets	33,000	32,139	32,181	32,291
Current Assets				
Inventories	79	98	71	105
Trade and Other Receivables	7,347	6,465	7,136	7,287
Cash and Cash Equivalents	6,633	9,658	9,801	9,912
Non-Current Assets Held For Sale	0	0	0	0
Total Current Assets	14,058	16,221	17,007	17,304
Current Liabilities				
Trade and Other Payables	(7,166)	(7,801)	(8,388)	(8,407)
Provisions	(621)	(503)	(482)	(602)
Borrowings	(633)	(635)	(635)	(635)
Total Current Liabilities	(8,420)	(8,938)	(9,504)	(9,644)
Net Current Assets / (Liabilities)	5,639	7,283	7,503	7,660
Total Assets less Current Liabilities	38,639	39,422	39,684	39,951
Non Current Liabilities				
Provisions	(458)	(458)	(458)	(458)
Borrowings	(11,557)	(11,079)	(11,027)	(10,974)
Total Non-Current Liabilities	(12,015)	(11,537)	(11,485)	(11,432)
Total Assets Employed	26,624	27,884	28,200	28,519
Financed by Taxpayers' Equity				
Public Dividend Capital	7,648	7,775	7,775	7,775
Retained Earnings reserve	7,943	9,077	9,392	9,712
Other Reserves (LGPS)	1,089	1,089	1,089	1,089
Revaluation Reserve	9,944	9,944	9,944	9,944
Total Taxpayers' Equity	26,624	27,884	28,200	28,520

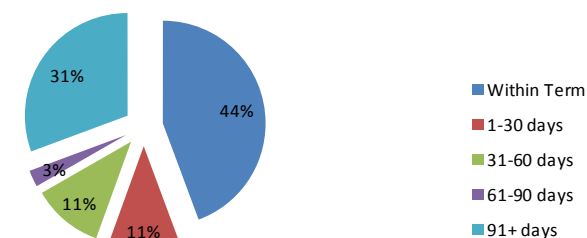
Current receivables are £7,287k, of which:

- £3,436k is based on accruals (not yet invoiced) and relates to income accruals for services invoiced retrospectively at the end of every quarter.
- £3,851k is trade receivables; based on invoices raised and awaiting payment of invoice. (£1,707k within terms),

£431k is overdue by 30 days or less. £1,713k is overdue by 31 days or more and therefore subject to routine credit control processes.

		Days Overdue				
Table 6.1 Aged Receivables/Payables	Within Term £'000	1-30 Days £'000	31-60 Days £'000	61-90 Days £'000	91+ Days £'000	Total £'000
Receivables Non NHS	1,228	214	73	(21)	335	1,829
Receivables NHS	479	217	358	122	846	2,022
Payables Non NHS	298	47	2	7	24	378
Payables NHS	187	109	95	(13)	21	399

Aged Receivables M11

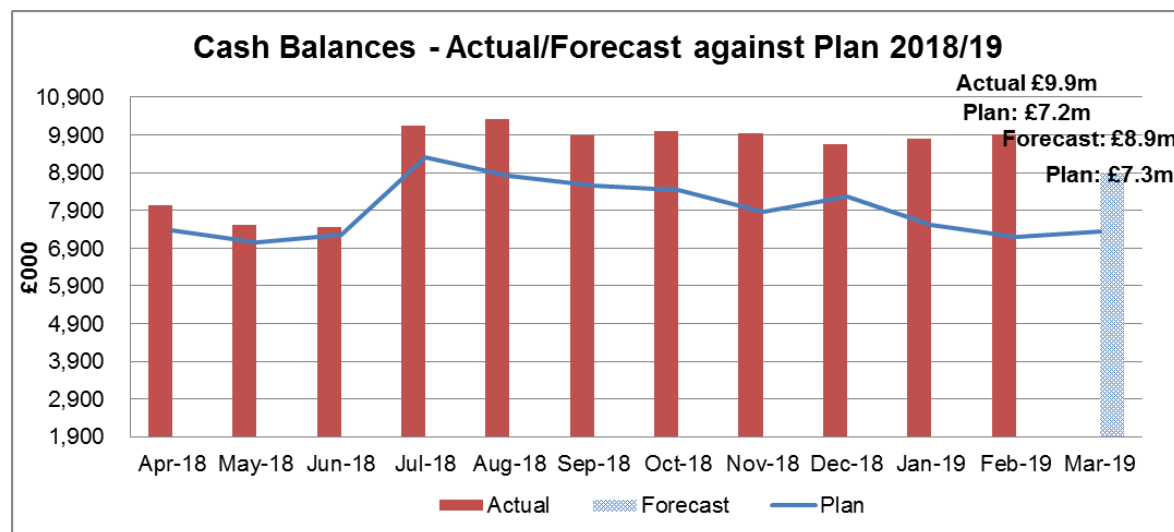


7. Cash Flow Statement

The Trust cash position at 28th February 2019 is £9,912k, **£2.708m higher than planned**. The cash forecast is being closely monitored and the Trust anticipates being £1,558k above plan by March 2019, mainly due to additional surplus and PSF agreed at M7 as well as slippage on the Capital Programme.

Table 7 below shows the Trust's cash flow for the financial year:

Table 7: Statement of Cash Flows	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Annual
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Net Inflows/(Outflow) from Operating Activities	928	(281)	159	2,909	408	(177)	392	206	(73)	468	491	80	5,510
Net Inflows/(Outflow) from Investing Activities	676	(60)	(8)	(6)	(54)	(6)	(87)	(54)	(105)	(118)	(185)	(920)	(929)
Net Inflows/(Outflow) from Financing Activities	(193)	(193)	(203)	(203)	(203)	(230)	(204)	(199)	(111)	(209)	(195)	(177)	(2,318)
Net Increase/(Decrease)	1,411	(533)	(52)	2,701	150	(413)	101	(47)	(289)	141	111	(1,017)	2,263
Opening Cash & Cash Equivalents	6,633	8,044	7,511	7,459	10,160	10,310	9,897	9,998	9,950	9,661	9,801	9,912	6,633
Closing Cash & Cash Equivalents	8,044	7,511	7,459	10,160	10,310	9,897	9,998	9,950	9,661	9,801	9,912	8,896	8,897
Plan	7,366	7,055	7,255	9,307	8,825	8,568	8,445	7,873	8,263	7,523	7,204	7,339	7,339
Variance	(678)	(456)	(204)	(853)	(1,485)	(1,329)	(1,553)	(2,077)	(1,398)	(2,278)	(2,708)	(1,557)	(1,558)



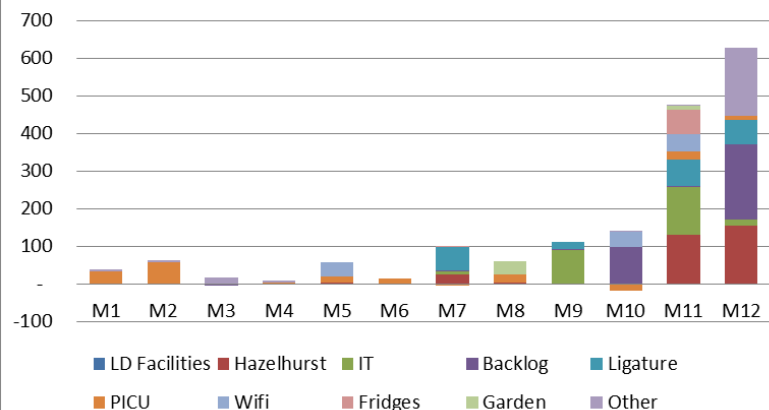
8. Capital Expenditure

The Trust's permitted capital expenditure agreed within the 2017/18 plan is £2,058k. Table 7 below shows the planned capital expenditure for 2018/19 as submitted to NHSI.

Capital Expenditure	NHSI Submitted Plan £'000	Revised Plan £'000	Year to Date			Forecast		
			Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Learning Disability Facilities	400	100	0	0	0	100	0	(100)
Mental Health Crisis Care Centre	1,000	827	689	33	(656)	827	319	(508)
Information Technology Replacement Programme	108	108	108	116	8	108	135	27
Backlog Maintenance	150	150	150	164	14	150	300	150
Reduced Ligature Risks	250	250	250	76	(174)	250	215	(35)
Equipment Replacement Programme	50	50	40	26	(14)	50	155	105
Psychiatric Intensive Care Unit	0	100	100	117	17	100	150	50
Darwin	0	0	0	(1)	(1)	0	0	0
Generator	0	0	0	33	33	0	33	33
Garden Redesign CYP Short Breaks	0	0	0	41	41	0	48	48
Pharmacy Temperature Monitoring System	0	0	0	29	29	0	65	65
ICT	0	0	0	0	0	106	106	0
Dragon Square CCTV	0	0	0	8	8	0	8	8
Lymebrook Lifts	0	0	0	0	0	0	12	12
A&T Swipe Access	0	0	0	0	0	0	9	9
Contingency	100	462	441	0	(441)	367	1	(366)
Sub Total Gross Capital Expenditure	2,058	2,047	1,778	641	(1,145)	2,058	1,556	(502)
Wifi	127	127	127	129	2	127	129	2
Total Gross Capital Expenditure	2,185	2,174	1,905	771	(1,142)	2,185	1,685	(500)

- Actual capital expenditure as at month 11 is **£771k** mainly relating to PICU, IT Replacement Programme, Backlog Maintenance and Reduced Ligature Risks.
- It has been agreed by the Business Development Committee and Trust Board to support the re-phasing of the MH Crisis Care Centre Project. This results in planned expenditure in 2018/19 reducing by £500k.
- A Business Case for essential equipment was approved by SLT in December. This is part of an ongoing programme that that in 2018/19 sees a more comprehensive replacement profile. The programme has been led by the Health & Safety Team.

Forecast Profile of Capital Expenditure



9. Use of Resource Metrics

The Framework covers 5 themes, quality of care, finance and use of resource, operational performance, strategic change, leadership and improvement capability. The metrics below will be used to assess the Trust's financial performance.

<i>Table 9: Use of Resource</i>	Year to Date Plan	Year to Date Actual	RAG Rating
Liquidity Ratio (days)			
Working Capital Balance (£000)		7,554	
Annual Operating Expenses (£000)		75,252	
Liquidity Ratio days		34	
Liquidity Ratio Metric	1	1	
Capital Servicing Capacity (times)			
Revenue Available for Debt Service (£000)		4,413	
Annual Debt Service (£000)		2,268	
Capital Servicing Capacity (times)		1.95	
Capital Servicing Capacity Metric	3	2	
I&E Margin			
Normalised Surplus/(Deficit) (£000)		1,850	
Total Income (£000)		79,615	
I&E Margin		2.3%	
I&E Margin Rating	1	1	
I&E Margin Variance from Plan			
I&E Margin Variance		0.1%	
I&E Margin Variance From Plan	1	1	
Agency Spend			
Providers Cap (£000)		1,811	
Agency Spend (£000)		1,747	
Agency %		(3%)	
Agency Spend Metric	1	1	
Use of Resource	1	1	

<i>Table 9.1: Use of Resource Framework Parameters</i>				
Rating	1	2	3	4
Liquidity Ratio (days)	0	(7)	(14)	<(14)
Capital Servicing Capacity (times)	2.50	1.75	1.25	<1.25
I&E Margin	1%	0%	✓(1%)	<=(1%)
I&E Margin Variance	0%	✓(1%)	✓(2%)	<=(2%)
Agency Spend	0	25	50	>50

10. Better Payment Practice Code

The Trust's target is to pay at least 95% of invoices in terms of number and value within 30 days for NHS and Non-NHS suppliers.

During month 11, the Trust has achieved above the 95% target in terms of the total number of invoices paid, but has under achieved against the 95% target for the total value of invoices paid. Table 10 below shows the Trust's BPPC performance split between NHS and non-NHS suppliers.

Table 10: Better Payment Practice Code	2017/18			2018/19 Month 11			2018/19 YTD		
	NHS	Non-NHS	Total	NHS	Non-NHS	Total	NHS	Non-NHS	Total
Number of Invoices									
Total Paid	659	10,933	11,592	57	975	1,032	564	9,893	10,457
Total Paid within Target	575	9,527	10,102	54	861	915	520	8,924	9,444
% Number of Invoices Paid	87%	87%	87%	95%	88%	89%	92%	90%	90%
% Target	95%	95%	95%	95%	95%	95%	95%	95%	95%
RAG Rating (Variance to Target)	-8%	-8%	-8%	0%	-7%	-6%	-3%	-5%	-5%
Value of Invoices									
Total Value Paid (£000s)	7,164	33,211	40,375	551	3,084	3,635	5,919	30,846	36,765
Total Value Paid within Target (£000s)	6,258	31,653	37,911	485	2,973	3,458	5,569	29,716	35,285
% Value of Invoices Paid	87%	95%	94%	88%	96%	95%	94%	96%	96%
% Target	95%	95%	95%	95%	95%	95%	95%	95%	95%
RAG Rating (Variance to Target)	-8%	0%	-1%	-7%	1%	0%	-1%	1%	1%

The majority of breaches in number of Non NHS invoices relates to the retrospective raising of purchase orders, or late authorisation. The finance team will continue to monitor the retrospective raising of Purchase Orders and also to review the reasons for late authorisation.

11. Recommendations

The Trust Board are asked to:

Note:

- The reported YTD surplus of £1,850k against a planned surplus of £1,700k. **This is a favourable variance to plan of £150k.**
- The M11 CIP achievement:
 - YTD achievement of £1,269k (52%); **an adverse variance of £1190k;**
 - 2018/19 forecast CIP delivery of £1,497k (54%) based on schemes identified; **an adverse variance of £1,298k to plan;**
 - The recurrent value of schemes transacted at £1,363k, **49% of target.**
- The cash position of the Trust as at 28th February 2019 with a **balance of £9,912k;** £2,708k better than plan
- Month 11 capital expenditure at £771k compared to planned capital expenditure of £1,905k;
- Use of resource rating of **1** against a plan of 1.

Approve:

- The month 11 position reported to NHSI.

REPORT TO Trust Board

Enclosure No:10

Date of Meeting:	25 April 2019		
Title of Report:	Finance, Performance and Estates Committee Assurance Report		
Presented by:	Tony Gadsby Non-Executive Director		
Author:	Mike Newton - Deputy Director of Finance		
Executive Lead Name:	Lorraine Hooper – Director of Finance, Performance and Estates	Approved by Exec	<input type="checkbox"/>

Executive Summary:		Purpose of report	
This paper details the issues discussed at the Finance, Performance and Digital Committee meeting on the 11 th April 2019. The meeting was quorate with minutes approved from the previous meeting on the 7 th March 2019. Progress was reviewed and actions confirmed from previous meetings.		Approval	<input type="checkbox"/>
		Information	<input type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs <input checked="" type="checkbox"/>	Document Version No.	
Committee Approval / Review	Date: _____ • Quality Committee <input type="checkbox"/> • Finance & Performance Committee <input checked="" type="checkbox"/> • Audit Committee <input type="checkbox"/> • People & Culture Development Committee <input type="checkbox"/> • Charitable Funds Committee <input type="checkbox"/> • Business Development Committee <input type="checkbox"/> • Primary Care Committee <input type="checkbox"/>		
Strategic Objectives (please indicate)	1. To enhance service user and carer collaboration. <input type="checkbox"/> 2. To provide the highest quality, safe and effective services <input type="checkbox"/> 3. Inspire and implement innovation and research. <input type="checkbox"/> 4. Embed an open and learning culture that enables continual improvement. <input type="checkbox"/> 5. Attract, develop and retain the best people. <input type="checkbox"/> 6. Maximise and use our resources effectively. <input checked="" type="checkbox"/> 7. Take a lead role in partnership working and integration. <input type="checkbox"/>		
Risk / legal implications: Risk Register Reference	Oversees the risk relevant to the Finance & Performance Committee		
Resource Implications:	None applicable directly from this report		
Funding Source:			
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	There are no direct impact of this report on the 10 protected characteristic of the Equality Act		
STP Alignment / Implications:	The Trust Financial performance feed into the overall STP Financial Position. The Digital priorities include support in delivery of STP Digital Programme; Integrated Care Record.		
Recommendations:	The Trust Board is asked to note the contents of this report and take assurance from the review and challenge evidenced in the Committee.		



Version	Name/group	Date issued

Assurance Report to the Trust Board 25th April 2019

Finance, Performance and Estates Committee Report to the Trust Board – 25th April 2019.

This paper details the issues discussed at the Finance, Performance and Estates Committee meeting on the 11th April 2019. The meeting was quorate with minutes approved from the previous meeting on the 7th March 2019. Progress was reviewed and actions confirmed from previous meetings.

Executive Director of Finance, Performance and Estates Update

The following updates were given by the Director of Finance, Performance and Estates;

- **2018/19 Financial Position** – An update on the 2018/19 draft financial position, which is subject to minor amendments. This showed an overall surplus of £2,051k against a plan of £2,023k, £28k ahead of plan. This includes the core Provider Sustainability Fund (PSF), but does not reflect any of the PSF incentives, which will be confirmed week commencing 15th April 2019.
- **Financial Plan 2019/20** – An update on the 2019/20 Operational Plan, submitted on 4th April 2019. The Trust plans to achieve a £338k surplus in line with the control total issued by NHSI.

There is an identified risk of £2.6m whereby the Trust requires income to deliver the service requirement in excess of what the CCG is currently offering. Discussions continue with CCG regarding specific service elements and funding flows to mitigate this risk. The committee discussed the options available.

The committee also recognised the ongoing discussions around the allocation of programme savings, of which £1m is notionally allocated to Combined within the System Financial Plan.

Finance

- **Monthly Finance Report – M11**

The Finance position was presented, showing £150k favourable variance to plan.

The Trust Capital position is forecast to underspend by £0.5m against an initial plan of £2.2m, mainly due to slippage in the MH Crisis Care Centre Scheme.

Use of resource rating is 1 against a plan of 1.

- **Cost Improvement Programme (CIP)**

The Committee received an update for Cost Improvement for M11 and were concerned that the total identified was significantly short of the target. CIP achievement to M11 was £1,269k, giving an adverse variance of £1,190k. The recurrent shortfall is forecast to be £981k, which has been 'risk adjusted' to reflect an element of uncertainty for schemes not yet worked up fully.

The Committee were assured that there was sufficient focus being placed on Cost Improvement but are unable to give assurance around the ability to deliver the target for 2018/19. The committee noted that the focus was on working up schemes to deliver the 2019/20 target.

Activity and Performance

- **PQMF Month 11**

The committee received the M11 performance report outlining performance exceptions against the Trust Key Performance Indicators. The Committee were assured that for areas where performance was falling short of the target, rectification plans were in place to improve within the next quarter.

The committee noted an improvement against the CPA review KPI, which has improved further in M11.

Estates Update

The Associate Director of Estates provided an update on key capital projects, allocated in the Capital plan for 2019/20. For the most part, the Committee were assured around the ability to deliver the Capital Programme, but requested further specific assurance around the ability to deliver the Assessment and Treatment Refurbishment within the year, as a business case has not yet been approved by Business Development Committee or Trust Board.

Other:

- **Terms of Reference:**

The Committee agreed the revised terms of reference for the Finance, Performance and Estates Committee. It was agreed that Business Development Committee should retain Investment Expenditure Limit approvals. The terms of reference are shown in appendix 1 for information.

- **Additional Assurance Reports:**

The Committee received additional assurance reports as follows:

- Agency Utilisation M11
- Activity Report M11
- Finance, Performance and Digital Risk Register 2018/19
- Digital Closure Report
- Cycle of Business 2019/20
- Finance, Performance and Estates Monitoring Schedule
- STP Project Initiation Documents (PIDs)

Recommendation

The Board is asked to receive the contents of this report and take assurance from the review and challenge evidenced in the Committee.

On Behalf of Tony Gadsby
Chair of Finance, Performance and Digital Committee

FINANCE, PERFORMANCE & ESTATES COMMITTEE

Terms of Reference

Membership	<ul style="list-style-type: none"> • Non-Executive Director (Chair) • Two other Non-Executive Directors • Director of Finance, Performance and Estates • Executive Director of Workforce, OD and Inclusion • Director of Operations • Associate Director of Performance • Deputy Director of Finance • Associate Director of Governance • Executive Director of Nursing and Quality
Quorum	<ul style="list-style-type: none"> • Three Board members (one of whom to be from Finance) including at least one Executive Director and one Non-Executive Director.
In Attendance / As Required / Invited	<ul style="list-style-type: none"> • PA to take minutes • Assistant Director of Finance - Costing and Contracts • Chief Executive • Assistant Director Finance - Financial Management • Deputy Director of Nursing & Quality • Associate Director of Estates • Medical Director
Frequency of Meetings	<ul style="list-style-type: none"> • Monthly
Accountability and Reporting	<ul style="list-style-type: none"> • Accountable to the Trust Board • Assurance Report to the Trust Board after each meeting • Minutes of meetings available to all Trust Board members on request • Full minutes to the Audit Committee

	<ul style="list-style-type: none"> Annual report to Trust Board on actions taken to comply with Terms of Reference
Date of Approval by Trust Board	25 th April 2019
Review Date	1 st April 2020

FINANCE, PERFORMANCE & ESTATES COMMITTEE

TERMS OF REFERENCE

1. Constitution

The Trust Board hereby resolves to establish a Committee of the Trust Board to be known as the Finance, Performance & Estates Committee (The Committee). Its principal aim is to provide advice and assurance to the Trust Board on performance, financial risk management, and the achievement of the Trust financial and Estates strategy.

The Committee has no executive powers other than those specifically delegated in these terms of reference.

2. Purpose of the Committee

The Committee is responsible for providing information and making recommendations to the Trust Board on financial, operational performance issues and Estates strategy and for providing assurance that these are being managed safely.

3. Membership

The Chairman and Non-Executive members of the Committee shall be appointed by the Trust Board and the Executive members by the CEO. The Trust Board should satisfy itself that at least one Non-Executive member of the Committee has recent and relevant financial experience.

In the absence of the Chair being appointed by the Trust Board, one of the Non-Executive directors will be elected by those present to Chair the meeting.

4. Quorum, Frequency of Meetings and Required Frequency of Attendance

No business shall be transacted unless three members of the Trust Board membership are present. This must include not less than one Non Executive Board Member and one Executive Director, and in the event that this is not the Executive Director of Finance, then one senior representative from the Finance Function.

The Committee will meet as monthly to review financial performance, cost improvement delivery including performance against the NHS Improvement Single Oversight Framework metrics and key national targets. In addition the committee will provide oversight of the Estates strategy.

Members of the committee are required to attend a minimum of 80% of the meetings held each financial year and not be absent for two consecutive meetings.

5. In attendance

In addition to the agreed membership, other Board members shall have the right to attend. Other directors and officers of the Trust may be asked to attend at the request of the Chairperson. Only the Committee Chairperson and relevant members are entitled to be present at a meeting of the Committee, but others may attend by invitation of the Chairperson.

6. Authority

The Committee is authorised by the Trust Board to investigate any activity within its terms of reference.

It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

The Committee is authorised by the Trust Board to request the Chief Executive or Director of Finance, Performance & Estates to obtain reasonable outside legal or other independent professional advice but it has no delegated financial authority.

7. Duties

Finance

- To monitor the Trust's performance and the achievement of its financial plans (including the Cost Improvement Programme) and ensure that the Trust's financial strategy is aligned with the Operational Plan and in line with changing NHS systems and financial performance requirements:
- To review and recommend to the Trust Board the annual financial plan / budget, including workforce, and the associated financial budget with targets set in terms of key performance indicators including Cost Improvement.
- To recommend to the Trust Board the Long Term Financial Plan included in the Five year Integrated Business Plan.
- To ensure the Trust Board is provided with regular reports on the financial performance of the Trust including forecast performance and associated risks and make recommendations to the Trust Board on remedial actions aimed at ensuring that the Trust's financial budget and plans are achieved.
- To receive and consider the annual medium term capital plan prior to

submission for approval to the Trust Board and to receive progress reports on the management of the capital programme from the Capital Investment Group (CIG) as reported within the monthly finance reporting suite along with copies of minutes of the CIG meetings.

- To keep under review issues such as reference costs and to benchmark activity and performance and to act on any learning or remedial action required.
- To monitor the development and implementation of Service Line Management and Reporting and the move towards patient level costing.

Performance

- Review the integrated performance of the Trust
- To receive and review regular updates on to ensure that effective action is taken to enable the Trust to achieve its key statutory and performance targets.
- To monitor performance against the NHSI compliance framework Board Assurance Framework (BAF) and key national targets to ensure indicators are on target.

Estates

- Oversight of the development and implementation of the estates strategy

The committee will be responsible for approving all relevant policies outlined in the Trust policy on policies.

8. Risk Management Function

- To review the Trust's exposure to financial risk of all natures which might affect resources and the achievement of strategic objectives, and to ensure that policy decisions are taken with a full awareness of risk and to the Trust's Senior Leadership Team (SLT) as appropriate.
- The SLT will receive information in relation to financial risk via the Executive Group.
- Will make recommendations on the mitigation or acceptance of identified financial, business development or related workforce risks and provide assurance on financial risk to the SLT. The SLT will provide assurance to the Audit Committee on the robustness of the Trust's risk management arrangements.
- Have oversight of the risk management of Financial, Operational Performance and Estates activities.

9. Accountability and Reporting Arrangements

The minutes of the Committee meetings shall be formally recorded by the PA to the Director of Finance, Performance and Estates. Copies of the minutes of Committee meetings shall be available to all Trust Board members on request.

The Director of Finance, Performance & Estates or delegate shall prepare a report, to be presented by the Chair of the Committee, to the Trust Board after each meeting of the Committee.

The Chair of the Committee shall draw to the attention of the Trust Board any issues that require disclosure to the full Trust Board, or require executive action whilst the Board are considering the information included within the monthly finance reporting suite and report back issues relating to financial risk to the Chair of the SLT.

10. Sub-Committees and Reporting Arrangements

The Committee shall have the power to establish sub-committees for the purpose of addressing specific tasks or areas of responsibility. In accordance with paragraph 4.5 of the Trust's Standing Orders, the Committee may not delegate powers to a sub-committee unless expressly authorised by the Trust Board.

The terms of reference, including the reporting procedures of any sub-committees must be approved by the Committee and regularly reviewed.

Those board reporting to Finance, Performance & Estates Include;

- Capital Investment Group (finance only)
- Senior Leadership Team (as appropriate)

11. Compliance and Effectiveness

The Committee must produce an annual report to the Trust Board on the actions taken by the Committee to comply with its terms of reference.

The annual report will include information about compliance with the requirement that members should attend regularly and should not be absent for more than two consecutive meetings. The annual report will also include information about the reporting arrangements into the Committee from any sub-committees.

12. Administration

The Committee shall be supported administratively by the PA to the Director of Finance, Performance & Estates whose duties in this respect will include:

- Agreement of the agenda with the Chairperson and attendees and collation of papers
- Taking and issuing the minutes and preparing action lists in a timely way
- Keeping a record of matters arising and issues to be carried forward.

13. Requirement for Review

The Terms of Reference will be reviewed at least annually and the next review must take place before April 2020.

REPORT TO Trust Board

Enclosure No:11

Date of Meeting:	25 th April 2019		
Title of Report:	Register of Board Members – Declarations of Interest		
Presented by:	Laurie Wrench, Associate Director of Governance		
Author:	Lisa Wilkinson, Acting Corporate Governance Manager		
Executive Lead Name:	Peter Axon, CEO	Approved by Exec	<input type="checkbox"/>

Executive Summary:		Purpose of report	
<p>The report provides an update of current Board members interests given the change in membership since the last report. It is the Trust Board's responsibility to ensure the Trust operates its services in an open and transparent way. In line with the Code of Conduct and Accountability for NHS Board members and the Trust's Standards of Business Conduct Policy this information is published on the website and available for public view.</p>		Approval	<input type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs <input type="checkbox"/>	Document	
	Date:	Version No.	
Committee Approval / Review	<ul style="list-style-type: none"> Quality Committee <input type="checkbox"/> Finance & Performance Committee <input type="checkbox"/> Audit Committee <input checked="" type="checkbox"/> People & Culture Development Committee <input type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Business Development Committee <input type="checkbox"/> Digital by Choice Board <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> To enhance service user and carer collaboration. <input type="checkbox"/> To provide the highest quality, safe and effective services <input checked="" type="checkbox"/> Inspire and implement innovation and research. <input type="checkbox"/> Embed an open and learning culture that enables continual improvement. <input checked="" type="checkbox"/> Attract, develop and retain the best people. <input checked="" type="checkbox"/> Maximise and use our resources effectively. <input type="checkbox"/> Take a lead role in partnership working and integration. <input type="checkbox"/> 		
Risk / legal implications: Risk Register Ref	The register is in line with current legislation		
Resource Implications:	N/A		
Funding Source:			
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	N/A		
STP Alignment / Implications:	N/A		
Recommendations:	To receive for assurance and information prior to ratification at Trust Board and uploading to the Trust external website.		

NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST

REGISTER OF DIRECTORS' DECLARED PRIVATE INTERESTS

<u>NAME OF DIRECTOR</u>	<u>INTEREST DECLARED</u>
D Rogers <u>Chairman</u>	Crystal Care Solutions Ltd Chairman Staffordshire Wildlife Trading Limited Director CQC Executive Reviewer GGI (Good Governance Institution) Non-Executive Director
Peter Axon <u>Chief Executive</u> From 1st April 2019	No interests declared
A Gadsby <u>Non-Executive Director</u>	MedicAlert Foundation, British Isles and Ireland Chairman of Trustee Board
P Sullivan <u>Non-Executive Director</u>	Health Education and Social Care Chamber Mental Health Specialist Lay Member First Tier Tribunal HMP/YOI Drake Hall Chair Independent Monitoring Board
J Walley <u>Non-Executive Director</u>	Burslem Regeneration Trust Honorary Chairman Carrick Court Freehold Company Director Aldersgate Group Honorary Chairman Electrical Commission Nominated Commissioner North Staffordshire Parkinson's Society Honorary Patron Deputy Lieutenant Staffordshire North Staffordshire Lads and Dads Honorary Patron
G Mahadea (Left the Trust 31st March 2019) <u>Non-Executive Director</u>	General and Medical Accountants Ltd Director and Shareholder

Suzanne Robinson (Left the Trust 27th January 2019) <u>Director of Finance, Performance and Digital</u>	HFMA MH Faculty Chair
K Tattum <u>GP Associate Director</u>	Baddeley Green Surgery Medical Limited Owner Baddley Green Surgery Senior Partner
C Donovan (Left the Trust 31st March 2019) <u>Chief Executive</u>	CQC Well Lead Inspector / Executive Reviewer Health and Care Transformation Board Member Stoke-on-Trent Health and Wellbeing Board Member HEE Midlands and East STP MH Network Chair STP Digital. Mental Health, SL/OD SRO
Dr B Adeyemo <u>Executive Medical Director</u>	Staffordshire University Honorary Lecturer WRES Strategic Advisory Group Membership University of Wolverhampton Independent Governor CQC Executive Reviewer
M Nelligan <u>Director of Nursing & Quality</u>	Hospice of the Good Shepherd Company Director University of Chester Honorary Senior Lecturer CQC Executive Reviewer National Mental Health Nurse Directors Forum Secretary
L Wrench (In attendance) <u>Associate Director of Governance</u>	Wrench Fine Jewellery (t/a Timecraft) Family Business

Jonathan O'Brien <u>Director of Operations</u>	No interests declared
J McCrea (In attendance) <u>Associate Director of Communications</u>	J B McCrea Ltd (Business Partner of Mood International Ltd) Managing Director (provides communication services to NHS) MOOD International Business Partner East Leicestershire and Rutland GP Federation Head of Communications Non-Voting Member of the Board
J Harvey (In attendance) <u>Staff Side Representative</u>	Awaiting declaration form
Chris Bird (From 25th March 2019) <u>Director of Partnerships and Strategy</u>	No interests declared
Linda Holland <u>Director of Workforce, Organisational Development and Inclusion</u>	Always About People Ltd Director and Owner
Lorraine Hooper (From 11th February 2019) <u>Executive Director of Finance, Performance and Estates</u>	No interests declared

Guidance issued by NHS England in February 2017 regarding NHS Conflicts of Interest outline the definition for a 'conflict of interest' and this may be *Actual* or *Potential*. Interests can arise in a number of different contexts and fall into the following 4 categories :

Financial interest	Non-financial professional interests	Non-financial personal interests	Indirect interests
Direct financial benefit from the consequences of a decision	Non-financial professional benefit	Personal benefit	Close association with someone who has an interest

7.1.2 Interests which are relevant and material (Standing Orders Policy 4.4)

(i) Interests which should be regarded as "relevant and material" are:

- any directorship of a company;
- any interest held by a director in any firm or company or business which, in connection with the matter, is trading with the Trust, or is likely to be considered as a potential trading partner with the Trust;
- any interest in an organisation providing health and social care services to the health service;

- d) a position of authority in a charity or voluntary organisation in the field of health and social care

REGISTER OF ACCEPTANCE OF THE CODE OF CONDUCT AND CODE OF ACCOUNTABILITY IN THE NHS

In November 2007, the Trust Board requested that a formal register of acceptance of the Code of Conduct and Code of Accountability in the NHS is established.

All Directors have provided a signed declaration of their acceptance of the Code of Conduct and Code of Accountability in the NHS to the Trust Secretary

REPORT TO Trust Board

Enclosure No:12

Date of Meeting:	25th April 2019		
Title of Report:	Trust Self Certification – Condition G6 – The provider has taken all precautions necessary to comply with the license, NHS Acts and NHS Constitution.		
Presented by:	Laurie Wrench		
Author:	Laurie Wrench		
Executive Lead Name:	Peter Axon	Approved by Exec	<input type="checkbox"/>

Executive Summary:		Purpose of report	
<p>Although NHS trusts are exempt from needing the provider licence, directions from the Secretary of State require the NHS Trust Development Authority to ensure that NHS trusts comply with conditions equivalent to the licence as it deems appropriate.</p> <p>The Single Oversight Framework (SOF) bases its oversight on the NHS provider licence. NHS trusts are therefore legally subject to the equivalent of certain provider licence conditions (including Condition G6 and Condition FT4) and must self-certify under these licence provisions.</p> <p>NHS trusts are required to self-certify that they can meet the obligations set out in 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 to have regard to the NHS Constitution) and that they have complied with governance requirements.</p> <p>Trust Board must self-certify and confirm compliance against condition G6 by 31st May 2019</p>		Approval	<input checked="" type="checkbox"/>
		Information	<input type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs <input type="checkbox"/> Date:	Document Version No.	1
Committee Approval / Review	<ul style="list-style-type: none"> Quality Committee <input type="checkbox"/> Finance & Performance Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> People & Culture Development Committee <input type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Business Development Committee <input type="checkbox"/> Digital by Choice Board <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> To enhance service user and carer collaboration. <input type="checkbox"/> To provide the highest quality, safe and effective services <input type="checkbox"/> Inspire and implement innovation and research. <input type="checkbox"/> Embed an open and learning culture that enables continual improvement. <input type="checkbox"/> Attract, develop and retain the best people. <input type="checkbox"/> Maximise and use our resources effectively. <input type="checkbox"/> Take a lead role in partnership working and integration. <input type="checkbox"/> <input type="checkbox"/> 		

Risk / legal implications: Risk Register Ref	The Single Oversight Framework (SOF) bases its oversight on the NHS provider licence. NHS trusts are therefore legally subject to the equivalent of certain provider licence conditions (including Condition G6 and Condition FT4) and must self-certify under these licence provisions
Resource Implications: Funding Source:	None
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	
Recommendations:	That the Board approve the G6 self-certification.

This template may be used by Foundation trusts and NHS trusts to record the self-certifications that must be made under their NHS Provider Licence.
You do not need to return your completed template to NHS Improvement unless it is requested for audit purposes.

Self-Certification Template - Conditions G6 and CoS7

Insert name of organisation



Foundation Trusts and NHS trusts are required to make the following self-certifications to NHS Improvement:

Systems or compliance with licence conditions - in accordance with General condition 6 of the NHS provider licence

Availability of resources and accompanying statement - in accordance with Continuity of Services condition 7 of the NHS provider licence (Foundation Trusts designated CRS providers only)

These self-certifications are set out in this template.

How to use this template

- 1) Save this file to your Local Network or Computer.
- 2) Enter responses and information into the yellow data-entry cells as appropriate.
- 3) Once the data has been entered, add signatures to the document.

Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

1 & 2 General condition 6 - Systems for compliance with licence conditions (FTs and NHS trusts)

- 1 Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.

Confirmed

OK

3 Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)

EITHER:

- 3a After making enquiries the Directors of the Licensee have 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.

OR

- 3b After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.

OR

- 3c In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.

Please Respond

Please Respond

Please Respond

Statement of main factors taken into account in making the above declaration

In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

[e.g. key risks to delivery of CRS, assets or subcontractors required to deliver CRS, etc.]

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature

Signature

Name David Rogers

Name Peter Axon

Capacity Chair

Capacity Chief Executive

Date 25th April 2019

Date 25th April 2019

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.

REPORT TO Trust Board

Enclosure No:12a

Date of Meeting:	25 th April 2019		
Title of Report:	Self-Certification – Condition FT4		
Presented by:	Laurie Wrench		
Author:	Laurie Wrench		
Executive Lead Name:	Peter Axon	Approved by Exec	<input type="checkbox"/>

Executive Summary:		Purpose of report	
<p>Although NHS trusts are exempt from needing the provider licence, directions from the Secretary of State require the NHS Trust Development Authority to ensure that NHS trusts comply with conditions equivalent to the licence as it deems appropriate.</p> <p>The Single Oversight Framework (SOF) bases its oversight on the NHS provider licence. NHS trusts are therefore legally subject to the equivalent of certain provider licence conditions (including Condition G6 and Condition FT4) and must self-certify under these licence provisions.</p> <p>NHS trusts are required to self-certify that they can meet the obligations set out in 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 to have regard to the NHS Constitution) and that they have complied with governance requirements.</p> <p>Trust Board must self-certify and confirm compliance against condition FT4 by 30th June 2019</p>		Approval	<input checked="" type="checkbox"/>
		Information	<input type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs <input checked="" type="checkbox"/>	Document Version No.	1
Committee Approval / Review	Date: _____ <ul style="list-style-type: none"> Quality Committee <input type="checkbox"/> Finance & Performance Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> People & Culture Development Committee <input type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Business Development Committee <input type="checkbox"/> Digital by Choice Board <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> To enhance service user and carer collaboration. <input type="checkbox"/> To provide the highest quality, safe and effective services <input type="checkbox"/> Inspire and implement innovation and research. <input type="checkbox"/> Embed an open and learning culture that enables continual improvement. <input type="checkbox"/> Attract, develop and retain the best people. <input type="checkbox"/> Maximise and use our resources effectively. <input type="checkbox"/> Take a lead role in partnership working and integration. <input type="checkbox"/> 		
Risk / legal implications:	The Single Oversight Framework (SOF) bases its oversight on the NHS		

Risk Register Ref	provider licence. NHS trusts are therefore legally subject to the equivalent of certain provider licence conditions (including Condition G6 and Condition FT4) and must self-certify under these licence provisions
Resource Implications:	N/A
Funding Source:	
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	N/A
Recommendations:	The Board approve the self-certification for condition FT4

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements, setting out any risks and mitigating actions planned for each one

1 Corporate Governance Statement

- 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.

Response

Controls and Assurances

Confirmed	<p>Risk is mitigated through the following mechanisms:</p> <ul style="list-style-type: none"> • Statement of Internal Audit Assurance within the Annual Governance Statement (AGS) • Regular review of the Board Assurance Framework (BAF) • Regular review of Committee and Board Effectiveness • Register of Declarations of Interest • Freedom of Information responses • Risk Management processes and reporting • Board Development • Fit and Proper Persons • CQC rating of 'good' for well led • Overall CQC rating of 'Outstanding' • Internal, external and counter fraud work programme • Affiliation with AQUA • Adherence to Standards of Business Conduct
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- 2 The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time

Confirmed	<p>Mitigation of Risk:</p> <ul style="list-style-type: none"> • Single Oversight Framework Category 1 • Affiliation with AQUA as recommended by NHSI
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		<ul style="list-style-type: none"> NHSI PRM Meetings Overall CQC rating of 'Outstanding'
3	<p>The Board is satisfied that the Licensee has established and implements:</p> <p>(a) Effective board and committee structures;</p> <p>(b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and</p> <p>(c) Clear reporting lines and accountabilities throughout its organisation.</p>	<p>Confirmed</p> <p>Risk is mitigated through:</p> <ul style="list-style-type: none"> A review of Board and Committee effectiveness undertaken including Committee Terms of Reference, frequency of meetings, membership of committees, ongoing Board development, sub group reporting arrangements Committee structure review including sub-committees Board Development Programme Leadership Academy

- 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 and effectively;
 - (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations;
 - (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;
 - (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);
 - (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;
 - (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;
 - (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
 - (h) To ensure compliance with all applicable legal requirements.

Confirmed

Risk is mitigated through:

- Financial balance
- Finance, Performance and Digital committee reporting to Board
- CQC rating of 'good'
- Robust Performance Management Framework and rectification plans
- Purchase order processes
- Investment policy
- Delegated authority limits
- 1, 2 and 5 year business plans
- CIP plans and QIA process

- 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:
- (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;
 - (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;
 - (c) The collection of accurate, comprehensive, timely and up to date information on quality of care;
 - (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;
 - (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
 - (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.

Confirmed	<p>Risk is mitigated through:</p> <ul style="list-style-type: none"> • Executive Director leadership for quality by Director of Nursing and Quality and Medical Director • Board developments topics in quality • Board to team unannounced quality assurance visits • Announced quality assurance visits with CCG, service users / carers and Healthwatch • Involvement of service user and carer council • QIA on CIP • Quality Account • Quality Committee reports to Board • Scrutiny of the Performance Management Framework at committee and Board • Rectification plans for metrics where target not achieved, including actions and trajectory for improvement • Quality priorities – Safe, Personalise, Accessible and Recovery Focussed (SPAR) • Strategic objectives relate to quality measured through the BAF • Overall CQC rating of 'Outstanding'
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- 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.

Confirmed	<ul style="list-style-type: none">• Declaration of good character• Fit and Proper Persons• Declarations of Interest• NHSI led process re appointment of Chair and Non-Executive Directors• DBS
------------------	--

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature

Signature

Name

David Rogers

Name

Peter Axon

REPORT TO Trust Board

Enclosure No:13

Date of Meeting:	25.04.2019		
Title of Report:	Assurance Report from Business Development Committee		
Presented by:	Joan Whalley, Chair – Business Development Committee		
Author:	Chris Bird, Director of Partnerships & Strategy		
Executive Lead Name:	Chris Bird, Director of Partnerships & Strategy	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:		Purpose of report	
To receive an update from the meeting of the Business Development Committee on 11 th April 2019		Approval	<input type="checkbox"/>
		Information	<input type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs <input type="checkbox"/> Date: N/a	Document Version No.	
Committee Approval / Review	<ul style="list-style-type: none"> Quality Committee <input type="checkbox"/> Finance & Performance Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> People & Culture Development Committee <input type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Business Development Committee <input checked="" type="checkbox"/> Primary Care Committee <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> To enhance service user and carer collaboration. <input type="checkbox"/> To provide the highest quality, safe and effective services <input checked="" type="checkbox"/> Inspire and implement innovation and research. <input checked="" type="checkbox"/> Embed an open and learning culture that enables continual improvement. <input checked="" type="checkbox"/> Attract, develop and retain the best people. <input type="checkbox"/> Maximise and use our resources effectively. <input checked="" type="checkbox"/> Take a lead role in partnership working and integration. <input checked="" type="checkbox"/> 		
Risk / legal implications: Risk Register Reference	N/a		
Resource Implications:	N/a		
Funding Source:	N/a		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	N/a		
STP Alignment / Implications:	N/a		
Recommendations:	<p>The Board is asked to:</p> <ol style="list-style-type: none"> 1) Ratify the changes to the Terms of Reference (Appendix 1) 2) Note the contents of this report 		



Version	Name/group	Date issued

Assurance Report to the Trust Board Business Development Committee 11th April 2019

Introduction

This paper details the issues discussed at the Business Development Committee on 11th April 2019. The meeting was quorate with minutes approved from the previous meeting on 7th February 2019. Progress was reviewed and actions confirmed from previous meeting.

Action Items

The meeting received updates against the several outstanding actions that had been carried forward from previous meetings and noted that all but one were now either completed or included on the agenda for the 11th April 2019 meeting.

There remains one item for action relating to a review of the Darwin Centre. The Director of Partnerships & Strategy explained that a regional meeting had been arranged via Birmingham & Solihull Mental Health Trust for 21st May 2019 and a report would be produced to the next meeting of the BDC.

Director of Partnerships & Strategy Update

The meeting received an update report from the Director of Partnerships & Strategy. This was in response to a request from Non-Executive Directors to enable a more general update for items not on the agenda and would strengthen alignment to the practice for other Committees.

The report included updates (not referenced elsewhere in this report) in relation to:

- Operational and system planning – including confirmation of the submission of the Trusts Operating Plan 2019/20 in accordance with national deadlines and the multi-partner collaboration on the development of the System Operating Plan Overview due for submission that day.
- Commercial updates – including the advent of a new Commercial Directors Network and launch of a new service at Stoke Heath Prison
- Partnership Working – the timeline for relaunch of the Trust's Partnership Strategy, meeting with key stakeholders and engagement with a new Mental Health & Community Safety Services Board coordinated through the Police & Crime Commissioner's Office

STP Delivery Sprints

The meeting received an update from the Director of Operations on the STP Delivery Sprint programme he is leading to support the transformation of mental health services across Staffordshire & Stoke-on-Trent.

The Sprint period has been extended to mid-May and includes within its scope; Out of Area service provision and opportunities for repatriation, support for High Volume Users of services and changes to the Alcohol Pathway including Crisis Detoxification.

This programme of work will be progressed throughout 2019/20 as part of the wider STP Delivery Sprint programmes which also include Urgent & Emergency Care, Enhancing Primary & Community Care and Planned Care. The meeting identified a requirement for the programmes to reflect differential levels of need across the Pan-Staffordshire footprint and the importance of access to robust data to enable evidence based decision-making.

Business Developments

The Committee received an update on the numerous business development opportunities that are currently being pursued. Confirmation was given that the Trust would be submitting proposals to provide Children & Young People's Emotional Wellbeing and Mental Health for Stoke-on-Trent as well as Drug & Alcohol Services for Staffordshire, this latter service would be delivered in partnership with Addaction and BAC O'Connor.

The Committee also welcomed the positive outcomes of recent bids including securing a place on two Detoxification Frameworks for patients outside of Staffordshire & Stoke-on-Trent together with recent success in supporting Stoke-on-Trent City Council secure external capital funding for Alcohol services. The Committee asked that such future endeavours accurately reflect the contribution made by NSCHT in supporting partner organisations.

Governance

The Committee approved proposed changes to the Terms of Reference to reflect the recent transfer of digital and estates functions between the Director of Partnerships & Strategy and Director of Finance respectively.

Capital Developments

The Meeting received a closing report on the progress made across a range of capital developments as part of changes to the Terms of Reference. Further updates on the delivery of the capital plan will be provided to Finance, Performance & Estates although BDC will retain the responsibility of capital expenditure approval (subject to an upper threshold set through the Standing Financial Instructions).

The DOF agreed to review the design of procurement criteria to incentivise local procurement where practicable.

Digital

The Committee considered an opening report on the range and progress of key digital programmes that are currently active across the Trust.

This report is also due for consideration on the Open Trust Board agenda at its meeting on 25th April 2019.

Progress with North Staffordshire and Stoke-on-Trent Alliance

The Committee received an update on the development of the Northern Alliance Board as it commences its planning to evolve into an Integrated Care Partnership (ICP) for Northern Staffordshire.

There are four key actions agreed through the Northern Alliance Board at its meeting on 17th April 2019:

- Development of formal agreements and processes that underpin the ICP
- A focus on one service priority - Integrated Care Teams - to demonstrate the value of integrated working
- The alignment of partner governance infrastructure with the Alliance Board, principally the CCG's Northern Divisional Committee
- Clarity across the STP in relation to the development of Integrated Care System & Integrated Care Partnerships using eight capabilities identified by Deloitte's as an organising principle

The Committee noted the need to ensure an expansive approach was taken to ICS/ICP development to include a wide range of partners including Trades Union representatives and Voluntary Organisations amongst others.

Operational Plan

The meeting ratified the Trust Operational Plan 2019/20 following the national deadline of 4th April 2019 noting that it had been updated to include NHSi feedback, revisions to the Financial Plan and Workforce Plan (linked to the discussion at Trust Board 28th March 2019) and local edits from Board members.

The Committee noted the inclusion of a commitment to work towards the Sustainability Development Goals had been included in the final version and this will be further developed in the 5 Year Strategy. The Committee suggested the Trust Board may benefit from a presentation from NHS Sustainability on how these goals can be embedded into practice.

Risks

The Committee approved the transfer of Digital risks from the Finance, Performance & Estates Committee to the Business Development Committee.

A further consideration of all risks on the Committee risk register did not propose any further changes.

Recommendation

The Board is asked to:

- 1) Ratify the changes to the Terms of Reference (Appendix 1)
- 2) Note the contents of this report

Chris Bird, Director of Partnerships & Strategy

On behalf of Joan Whalley, Chair

16th April 2019

Business Development Committee

TERMS OF REFERENCE

Membership	<ul style="list-style-type: none"> ▪ Non-Executive Director (Chair) ▪ One other Non-Executive Director ▪ Director of Partnerships and Strategy ▪ Director of Finance, Performance and Estates ▪ Director of Operations ▪ Medical Director
Quorum	<ul style="list-style-type: none"> ▪ Three members (One of whom to be from Programme Management Office) including at least one Executive Director and one Non-Executive Director
In Attendance	<ul style="list-style-type: none"> ▪ Directorate representatives/ Business Case Leads on request ▪ Two Clinical Directors ▪ Chief Information Officer ▪ Business Development Manager ▪ Associate Director of Governance
Frequency of Meetings	<ul style="list-style-type: none"> ▪ Bi-monthly
Accountability and Reporting	<ul style="list-style-type: none"> ▪ Accountable to the Trust Board ▪ Assurance Report to the Trust Board after each meeting ▪ Minutes of meetings available to all Trust Board members ▪ Full minutes to Audit Committee ▪ Annual Business planning report to Trust Board on actions taken to comply with Terms of Reference.
Date of Approval by Trust Board	<ul style="list-style-type: none"> ▪ 25th April 2019
Review Date	<ul style="list-style-type: none"> ▪ 1st April 2020

Business Development Committee

TERMS OF REFERENCE

1. Constitution

The Trust Board hereby resolves to establish a Committee of the Board to be known as the Business Development Committee. Its principal aim is to provide advice and assurance to the Trust Board on business development and investments and to exploit opportunities afforded by tenders or commissioning intentions. The Committee has no executive powers other than those specifically delegated in these terms of reference.

2. Purpose

The Business Development Committee on behalf of the board aligns the strategic intentions with business decisions for the organisation. The committee leads on responding to the external health and social care environment, and provides recommendations to the board on risks and opportunities. The Committee ensures the effective integration of services with health, social and 3rd sector partners, ensuring the organisation develops and maintains partnerships to deliver the integrated business plan.

3. Membership

The Chairperson and Non-Executive members of the Committee shall be appointed by the Trust Board and the Executive members by the Chief Executive Officer. The Trust Board should satisfy itself that at least one Non-Executive member of the Committee has recent and relevant business experience.

In the absence of the Chair being appointed by the Trust Board, one of the Non-executive Directors will be elected by those present to Chair the meeting.

4. Quorum, Frequency of Meetings and Required Frequency of Attendance

No business shall be transacted unless three members of the Committee are present. This must include not less than one Non-Executive Board Member and one Executive Director, and in the event that this is not the Executive Director of Partnerships and Strategy, then one representative from the Programme Management Office.

5. In Attendance

In addition to the agreed membership, other Board members shall have the right to attend. Other Directors and Officers of the Trust may be asked to attend at the request of the Chair. Only the Committee Chair and relevant members are entitled to be present at a meeting of the Committee, but others may attend by invitation of the Chair.

6. Authority

The Committee is authorised by the Trust Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

7. Duties

Specifically, its responsibilities will be:-

- To approve an Investment Policy and ensure that the policy is being adhered to and that delegated limits are not being exceeded (e.g., decisions taken by the Executive Team and /or Clinical Directorates).
- To monitor operational performance of capital schemes within the 5 year programme.
- To operate as the Trust's Investment Committee
- To approve the Trust's business case process and associated investment, appraisal, methodology
- To evaluate and assure all investments are in line with the scheme of delegation
- To be the approval body for capital expenditure items in accordance with the scheme of delegation for items from £250,000 up to £500,000.
- To be the approval body for revenue expenditure items in accordance with the scheme of delegation for items from £250,000 up to £500,000.
- Provide assurance to the Trust Board that all investment within the Committee's delegated limits are in line with the Trust 5 year plan.
- To receive a schedule of all investment decisions below £250,000 made by the Trust.
- To make recommendations on the approval of business cases (capital or revenue) over £500,000.
- To review and confirm the recommendations of the appropriate Executive Director for the prioritization of the five year capital strategy and to recommend to the Trust Board periodic updates to that strategy.
- To ensure that all 'high risk' investments (as defined by NHSI) are subjected to appropriate procedures and that appropriate recommendations are made to the Trust Board
- To approve investment decisions in line with their delegated authority and to undertake due diligence on investment proposals.
- To recommend cases for its approval by the Trust Board.

- To evaluate investment decisions undertaken over the following four stages:
 - Pre-approval
 - 3 months post implementation
 - Performance by exception as referred by the F&P Committee
 - 6 months prior to cessation
- To make recommendations to the Trust Board on schemes that do not meet the required rate of return on assets and/or result in a dilution of EBITDA
- To review the risk register for schemes and ensure that all are within the agreed risk profile of the Trust and that risks are being identified and managed appropriately.
- To commission independent professional advice where appropriate.
- To ensure development activities have appropriate governance structures.
- To monitor delivery of approved investments, ensuring delivery against time, cost and quality parameters.

Digital

- Oversight of the implementation of the Trust Digital Strategy
- Delivery of Benefits realisation from Digital technology
- Monitor the investment into digital technology, data security standards and cyber security
- Compliance with Digital Maturity Assessment

8. Accountability and Reporting Arrangements

The minutes of the Committee meetings shall be formally recorded by the PA to the Executive Director of Partnerships and Strategy. Copies of the minutes of Committee meetings shall be available to all Trust Board members on request.

The Executive Director of Partnerships and Strategy or delegate shall prepare a report, to be presented by the Chair of the Committee, to the Trust Board after each meeting of the Committee.

The Chair of the Committee shall draw to the attention of the Trust Board any issues that require disclosure to the full Trust Board, or require Executive action whilst the Board is considering the information included within the monthly business reporting suite.

9. Sub-Committees and Reporting Arrangements

The Committee shall have the power to establish sub-committees for the purpose of addressing specific tasks or areas of responsibility. In accordance with paragraph 4.5 of the Trust's Standing Orders, the Committee may not delegate powers to a sub-committee unless expressly authorized by the Trust Board.

The Capital Investment Group, Chaired by the Executive Director of Finance, Performance and Estates, will report to the Committee. The principal duties of the CIG are described in separate terms of reference but, in summary, the CIG will:

- Develop a proposal annual capital programme to line with the Trust's long term financial model.
- Approve business cases up to a value of £50,000.
- Monitor and report on delivery against the capital programme, reporting risk and variance to the Committee.
- Consider the implications to the Trust, from an estate perspective, of planned preventative maintenance programmes, elimination of backlog maintenance in line with NHS Plan requirements, DDA and Health and Safety legislation, etc.
- Liaise with the Estates Strategy Group on potential property disposals and make appropriate recommendations to the Finance and Activity Committee.
- Review revenue building schemes and report all significant issues as appropriate.
- Consider any other estates issues with a capital implication as required.

10. Compliance and Effectiveness

The Committee must produce an annual report the Trust Board on the actions taken by the Committee to comply with its terms of reference.

The annual report will include information about compliance with the requirement that members should attend regularly and should not be absent for more than two consecutive meetings. The annual report will also include information about the reporting arrangements into the Committee from any sub-committees.

11. Administration

The Committee shall be supported administratively by the PA to the Executive Director of Partnerships and Strategy whose duties in this respect will include:

- Agreement of the agenda with the Chair and attendees and collation of papers.
- Taking and issuing the minutes and preparing action lists in a timely way.
- Keeping a record of matters arising and issues to be carried forward.

12. Requirement for Review

The Terms of Reference will be reviewed at least annually and the next review must take place before 1st April 2020.

REPORT TO Trust Board

Enclosure No:14

Date of Meeting:	Trust Board		
Title of Report:	2018 Staff Survey		
Presented by:	Linda Holland – Director of Workforce, OD and Inclusion		
Author:	Michèle Wilcox – OD Practitioner		
Executive Lead Name:	Linda Holland	Approved by Exec	<input type="checkbox"/>

Executive Summary:		Purpose of report	
This paper provides a brief update on the 2018 Staff Survey. It includes a proposal for discussion to ensure key areas for action continue to be addressed and completed.		Approval	<input type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
		Discussion	<input checked="" type="checkbox"/>
		Assurance	<input type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs <input type="checkbox"/>	Document Version No.	
Committee Approval / Review	Date: _____ • Quality Committee <input type="checkbox"/> • Finance & Performance Committee <input type="checkbox"/> • Audit Committee <input type="checkbox"/> • People & Culture Development Committee <input checked="" type="checkbox"/> • Charitable Funds Committee <input type="checkbox"/> • Business Development Committee <input type="checkbox"/> • Primary Care Committee <input type="checkbox"/>		
Strategic Objectives (please indicate)	1. To enhance service user and carer collaboration. <input type="checkbox"/> 2. To provide the highest quality, safe and effective services <input checked="" type="checkbox"/> 3. Inspire and implement innovation and research. <input checked="" type="checkbox"/> 4. Embed an open and learning culture that enables continual improvement. <input checked="" type="checkbox"/> 5. Attract, develop and retain the best people. <input checked="" type="checkbox"/> 6. Maximise and use our resources effectively. <input checked="" type="checkbox"/> 7. Take a lead role in partnership working and integration. <input type="checkbox"/>		
Risk / legal implications: Risk Register Reference	Staff engagement, morale, staff safety, equality, diversity and inclusion, quality of care and health and well-being implications if 'low score' responses within each of these themes are not addressed.		
Resource Implications: Funding Source:	Potential increase in staff turnover. Potential increase in staff absence rates. Potential impact on the quality of patient care. Potential reduction in productivity. N/A		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	Equality, diversity and inclusion form one of the theme areas in the Staff Survey. Directorate action plans will need to address areas identified that require improvement.		
STP Alignment / Implications:	N/A		
Recommendations:	For review and approval		
Version	Name/group	Date issued	

2018 NHS Staff Survey Update

1.0 Background

We are delighted to report that the 2018 Staff Survey received our highest Trust response rate, to date, of 57.7% with 797 questionnaires returned. The survey was open for completion between 1st September and 30th November 2018. It is really encouraging that we saw this increased number of staff engage in completing the survey during a season of change for the organisation, as we moved towards and launched our new locality structure. It is, however, important to highlight that the restructure has meant that the results breakdown by Department and Directorate may not always fully reflect the newly established teams. Where anomalies are evident we continue to work with Directorates to ensure that the data is meaningful and informative for the new locality structures and team membership.

2.0 Key Themes

The Staff Survey responses this year have been grouped into 10 Themes:

1. Equality, Diversity and Inclusion
2. Health and Wellbeing
3. Immediate Managers
4. Morale
5. Quality of Appraisals
6. Quality of Care
7. Safe Environment – Bullying and Harassment
8. Safe Environment – Violence
9. Safety Culture
10. Staff Engagement

Please find the Summary Report attached for information. There are a number of key comparators for the results worthy of note:

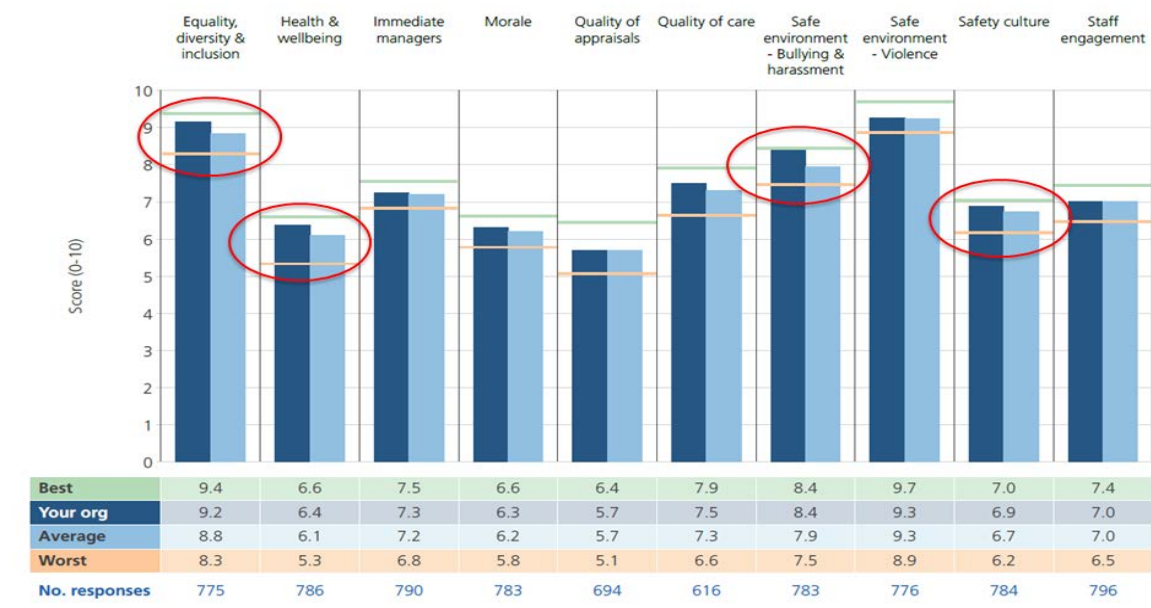
- Compared to 10 other organisations in our sector (within the Quality Health database) we scored significantly better (0.28) on the theme of *Safe Environment – Bullying and Harassment*.
- Compared to our 2017 results 10 (12%) of questions have seen significant improvements.
- Compared to our 2017 results 3 (4%) of questions have seen significant declines.

Internally the results have also been analysed by each of our four operational Directorates, comparing their results against the Trust average scores. Each Directorate has generated a high level action plan to address areas for improvement (please see Appendix 1). Corporate's plans will be circulated via paper copy at the meeting.

It will take more time to unpick the detailed reports that have very recently become available. The detailed nature of the new team reports mean that where there are less than 11 responses from a department, the scores are not shown to protect anonymity. This is especially the case when looking at some Corporate areas where departments contain less than 11 staff completing the questionnaire. In these instances we have to look at the overall themes, rather than specific questions, to identify areas to address.

The graph below shows our scores benchmarked against other similar Mental Health and Learning Disability Trusts. All of our scores are average or above average. We are particularly proud of the progress made over the last 12 months in the areas highlighted below.

Theme results



3.0 Next Steps and Recommendations

We recognise that the Staff Survey was this year conducted in the previous historic directorate footprint, and that staff are now organisationally placed in new locality footprints and teams. This clearly makes understanding the detailed analysis of the new footprint with teams more challenging. However our plan for 2019/20 is:

1. Through Staff Survey leads in each locality, a more intentionally detailed framework action plan will be produced owned and actioned
2. Identify and manage this through the naming of locality leads for staff survey
3. Establish a timeline of regular meetings and support to leads enabling them to share best practice
4. Enable dedicated time for directorates to have their Staff Survey plans to be heard and discussed at PCD
5. Strengthen Communications about Staff Survey "You said we did" now and throughout the year

We now have time to plan and debate the content of the Staff Survey and with leads from Directorates promote the longer term value and impact of Staff Survey.

The Staff Survey has always proven to be a key staff engagement tool for the Trust over previous years. But there is more we can do to make this meaningful, for example, last year the Trust established the Inclusion Council which demonstrated clear organisational commitment to

positively address the equality and diversity concerns raised by staff. To this end, in order to continue to address key areas the following plan is proposed:

Actions	Completion Date	Responsible
Directorates and Corporate areas to generate detailed action plans (with support from OD Team where required to ensure actions are meaningful and achievable).	10 th May 2019	Directorate and Corporate Leads
Nomination of Staff Survey Leads for each Directorate and Corporate area	10 th May 2019	Directorate and Corporate Leads
Establish Staff Survey working group to implement actions identified by the detailed plans (to meet on a monthly basis)	17 th May 2019	OD Team
Progress with actions plans be discussed and reviewed at SLT on a quarterly basis	June 2019 September 2019 December 2019	Directorate and Corporate Leads
Communications team to circulate 'You Said, We Did' actions from the Staff Survey via Newsround and other established channels to demonstrate impact.	May 2019 June 2019 September 2019 December 2019	Communications Team
2019 Staff Survey Opens	September 2019	N/A



It is recommended that the above proposed approach and timeframes are considered for discussion and approval in order to full utilise and act on the results of the Staff Survey.

END.

Appendix 1

Specialist Services Directorate Staff Survey Action Plan (2018 results)

No	Action(s) to be undertaken	Staff Survey Theme(s) covered	Progress lead	Planned completion date	On target (RAG)	Progress/Updates
1	LD & CAMHs	Quality of appraisals	J. Shenton	July 2019		Peer review being completed in March 2019
2	Neuro/Rehab	Safe environment – Bullying & harassment	F. Platt	April 2019		Audit of restraint being carried out in Rehab
3	Substance Misuse	Morale Quality of appraisals Quality of Care	D. Watts	July 2019		Sense check of low scores may reflect Medical staff discontent. Clinical Director being appointed who is Medic and need to involve Medics more in new Directorate processes and external tenders

North Staffordshire Directorate Staff Survey Action Plan (2018 results)

No	Action(s) to be undertaken	Staff Survey Theme(s) covered	Progress lead	Planned completion date	On target (RAG)	Progress/Updates
1	Work with HR/OD team to simplify the PDR paperwork with emphasis to be placed on the quality of conversation	Quality of Appraisals Morale Safety Culture Staff Engagement	Sam Mortimer / Kerry Smith	June 2019		Agreement at leadership Academy to streamline documentation and have a renewed focus in teams around the conversation with staff
2	Support the health and wellbeing of the directorate staff	Health & Wellbeing	Brigitte Hamlett / Kerrie Parton	July 2019		Develop a staff well being task and finish group to agree key actions across the directorate to include generating local wellbeing groups and activities such as team games , exercise classes
3	Staff Engagement and moral	Morale Staff Engagement	Sam Mortimer	July 2019		<ul style="list-style-type: none"> Second of planned directorate visioning sessions to be held in May , all staff invited to support team development and directorate planning Joint Quality forum in place across all community services , aimed to celebrate and share good practice, share diversity of skills and learn from each other

Acute and Urgent Care Directorate Staff Survey Action Plan (2018 results)

No	Action(s) to be undertaken	Staff Survey Theme(s) covered	Progress lead	Planned completion date	On target (RAG)	Progress/Updates
1	<ul style="list-style-type: none"> To liaise with HR to request support. RN Forum to be arranged to promote discussion to improve theme Identify H&W lead for each ward (B5/6) Review how psychological services could support in offering regular reflective practice sessions for teams. 	Health & Wellbeing	Melanie McNair, Dawn Burston, Josey Povey	May 2019		
2	<ul style="list-style-type: none"> Continue to offer 'open door' approach for staff Continue on-going support to staff Add Standing Agenda item 'what do we do well and what re we proud of' to share good news stories 	Morale	Josey Povey	May 2019		Review at Monthly Staff Meetings to monitor continued feedback
3	<ul style="list-style-type: none"> Ward Managers and deputies to attend PDR Training. All Managers PDR's to be completed in June 2019 to embed learning for cascade model. All staff appraisals to be completed for current staff. 	Quality of appraisals	Nicky Griffiths	Sept 2019		
4	<ul style="list-style-type: none"> Agenda item for HCSW – actions to be generated from there. Continue to monitor incident reporting. 	Safe environment – Bullying & harassment Safe environment – Violence	Melanie McNair, Dawn Burston, Josey Povey	1 July 2019		

Stoke Community Directorate Staff Survey Action Plan (2018 results)

No	Action(s) to be undertaken	Staff Survey Theme(s) covered	Progress lead	Planned completion date	On target (RAG)	Progress/Updates
1	Work with HR/OD team to simplify the PDR paperwork with emphasis to be placed on the quality of conversation	5,4,9,10	Jane Munton-Davies/Kerry Smith	June 2019		Agreement at leadership Academy to streamline documentation and have a renewed focus in teams around the conversation with staff
2	Support ongoing staff engagement throughout the year as part of Directorate Culture	10, 3	Jane Munton-Davies	April 2019		Directorate Conversation booked for April 2019. Engagement days for specialisms (Older peoples, Adults and CAMHS booked)
3	Recognition of professional staff groups within the new structure. <ul style="list-style-type: none"> Reciprocal training agreement for social workers Professional supervision aligned AHP and social work strategy development Role clarity within teams. 	4,6,10	Jane Munton-Davies	April 2019		Skills matrix established for social work staff. Peer review due in September 2019. Self – assessment completed in March 2019.

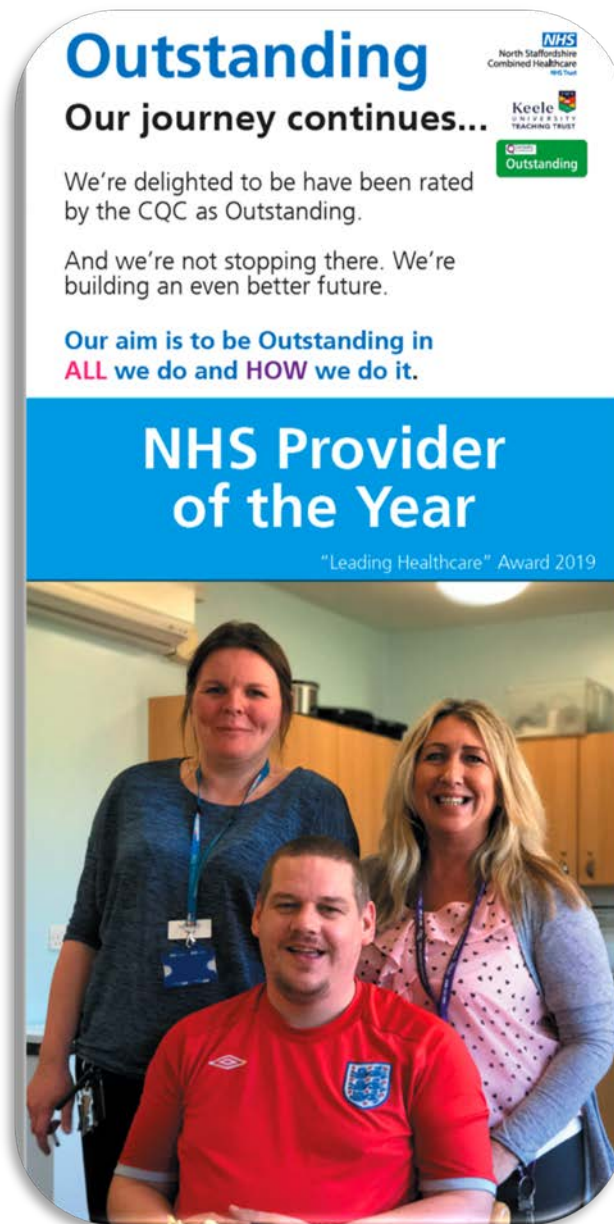
REPORT TO TRUST BOARD

Enclosure No.15

Date of Meeting:	25 th April 2019		
Title of Report:	Operational Plan 2019/20		
Presented by:	Chris Bird, Director of Partnerships and Strategy		
Author:	Executive Team		
Executive Lead Name:	Chris Bird, Director of Partnerships and Strategy	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:		Purpose of report	
<p>National guidance requires that all providers publish robust, integrated operational plans for 2019/20 that demonstrate delivery of safe, high quality services that meet NHS Constitutional Standards.</p> <p>The Operational Plan 2019/20 has been produced as a collective effort from across the Trust's Executive Team and outlines the approach to activity, quality, workforce and financial planning for 2019/20.</p> <p>This is the final version of the Operational Plan 2019/20 and is fully reflective of national guidance, regulator feedback of an initial submission in February 2019 and local comments from Trust Board.</p>		Approval	<input type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs <input checked="" type="checkbox"/> Date: 12 th February 2019	Document Version No.	13
Committee Approval / Review	<ul style="list-style-type: none"> Quality Committee <input type="checkbox"/> Finance & Performance Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> People & Culture Development Committee <input type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Business Development Committee <input checked="" type="checkbox"/> Primary Care Committee <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> To enhance service user and carer collaboration. <input checked="" type="checkbox"/> To provide the highest quality, safe and effective services <input checked="" type="checkbox"/> Inspire and implement innovation and research. <input checked="" type="checkbox"/> Embed an open and learning culture that enables continual improvement. <input checked="" type="checkbox"/> Attract, develop and retain the best people. <input checked="" type="checkbox"/> Maximise and use our resources effectively. <input checked="" type="checkbox"/> Take a lead role in partnership working and integration. <input checked="" type="checkbox"/> 		
Risk / legal implications:	None arising directly from this report		
Risk Register Reference			
Resource Implications:	None arising directly from this report		
Funding Source:			
Diversity & Inclusion Implications:	None arising directly from this report		

(Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance		
STP Alignment / Implications:	The Operational Plan includes detail of STP alignment in Chapter 6	
Recommendations:	To receive the Operational Plan 2019/20	
Version	Name/group	Date issued



Operating Plan

2019/20

Final Version V13 –
04.04.2019

Version Control

The following table details the document version changes:

Version	Date	Author	Description of Change
1	28.12.2018	KD	First initial draft 1 year operating plan 2019/20.
2	4.01.2019	KM	Changes and additions from Finance.
3	7.01.2019	KD	Added Estates update and Jonathan O'Brien Update of section 2 and updated from Julie Ann Murray.
4	15.01.2019	KD/KM	Updates various areas.
5	22.01.19	KD/KM	Updates from various areas.
6	28.01.19	Exec	Updates from review
7	31.01.19	Exec	Provided comments/updates.
8	01.02.19	Exec	Rewrite/Review Finance and Strategy.
9	07.02.2019	KD/KW	Updated workforce section.
10	11.02.19	KD	Final changes and amendments for submission
11	02.04.19	KD	Amendments including feedback from NHSI
12	03.04.19	LH/CB	Updated financial plan and alignment with STP
13	04.04.19	CB	New cover image

Document Distribution

The table below details the distribution of the Operating Plan:

Version	Date of Issue	Name	Notes
1	2.01.2019	Kimberli Mckinlay	First Draft for review.
2	4.01.2019	Karen Day	Make changes and additions.
3	11.01.2019	Director of Partnership and Strategy	First Draft review.
4	15.01.2019	Executive Team	First Draft review.
5	22.01.19	Executive Team	First Draft at Executive Team Meeting
6	28.01.19	Executive Team	Update version
7	31.01.19	Executive Team	Further draft based on Exec Reviews.
8	01.02.19	Executive Team	Review rewrites
8	06.02.19	BDC	Review
9	07.02.2019	BDC	Review and approve
10	11.02.19	NHSI Submission	Submitted on 12.2.19
11	02.04.19	Executive Team	Review final draft (NHSI feedback)
12	03.04.19	Internal review	Review ahead of submission on 04.04
13	04.04.19	Board	Final version

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1. Welcome

The publication of The NHS Long Term Plan in January 2019 has brought a sustained emphasis on the crucial role of mental health services. This is perhaps best characterised by the national commitment for investment in mental health to grow faster than the overall NHS budget to enable specific improvements in services such as; perinatal services, children and young people, learning disability and autism, plus adults and older adults mental health services.

At Combined, we embrace the challenge that faster growth must be accompanied by both accelerated delivery of quality and service improvements in parallel to the emergence of new system architecture. We believe this combination makes for exciting times for mental health services and through this plan we will both reflect on our achievements over the past twelve months and set out how they provide a platform for our ambitions over the year ahead.

We fully recognise that we operate within a challenged health and social care economy. Now, more than ever, we need to work collaboratively across the wider system to optimise our use of resources, raise quality standards and improve service delivery. Through our commitment to the Staffordshire & Stoke-on-Trent Sustainability Transformation Partnership (the STP) we remain a willing partner in deploying the skills and expertise of our workforce outside of our immediate organisational boundaries.

The Trust believes it is in a unique position to play a lead role in the design, development and delivery of the emergent Integrated Care Partnership model across North Staffordshire as we are the only Trust wholly geographically aligned within the footprint. However, we recognise we cannot and should not, do this alone and continue to see the Northern Alliance Board as the key catalyst for translating this vision to reality. The Trust will work collaboratively to strengthen the alignment of the Alliance Board and Alliance Executive to the STP as well as improving visibility on the tangible value added to system wide priorities.

2018/19 has been a significant year for the Trust in moving toward our shared ambition for locality working across North Staffordshire. We have fully restructured the clinical services that our Trust provides to align with the footprints of the four locality hubs across the North and will move quickly over the coming months to review which of our services can be provided within the ten localities across the emergent Integrated Care Partnership.

The Trust took the bold step to vertically integrate with two GP Practices in December 2018 and has a relentless focus on ensuring that the provision of primary care services becomes a major success. The creation of a new Primary Care Directorate has supported the expansion of our primary care offering to include a range of services which will be used to support resilience and sustainability of primary care services aligned to the new five-year GP contract.

2019/20 will see us open our flagship Mental Health Crisis Care Centre on the Harplands Hospital site. This will provide a hub for the Trust to further enhance our robust crisis services and support our acute provider partner at University Hospitals North Midlands, but will also provide a foundation on which we can support crisis support services across the four hubs and ten localities in the Northern Alliance, through the involvement of our community teams in these areas. This will allow us to ensure consistent and high quality crisis services are available across all levels ranging from the primary care level, through community teams up to secondary care. To complement this, we will remodel alcohol detoxification services following a successful bid for STP capital monies.

In terms of frail elderly services, we already provide outreach and older people's services across the North which will be enhanced further to support the future configuration of bed based community services, with the support of our inpatient older people's services based at Harplands Hospital.

We have major developments associated with our Children's and Young People's Mental Health services after being designated as a trailblazer for Wave 1 Mental Health Support Teams for schools across North Staffordshire and Stoke-on-Trent, aligned completely with the Northern Alliance footprint. In addition, our CAMHS community teams which also align with the footprint have been selected to receive significant additional investment to drive down waiting times in our community services. These initiatives need not to be seen in isolation, but part of our ambition to provide responsive services in our hubs and localities and we intend to progress these initiatives and investments in alignment with our support for the ICP.

Throughout December 2018 – January 2019 the Trust welcomed the Care Quality Commission (CQC) back to complete their scheduled 'well-led' review of our leadership, management and governance arrangements. The Trust is delighted and proud that the CQC have awarded the Trust an overall 'Outstanding' rating, the highest rating they can award. This recognises the excellent compassionate and responsive way the Trust supports service users and their carers.

2019/20 will also herald the start of new leadership at the Trust with the arrival of a new Chief Executive, Peter Axon. Peter joins the Trust from his role as Chief Finance Officer/Deputy Chief Executive at Birmingham Community Healthcare NHS Foundation Trust. Peter's arrival coincides with a number of other changes at Executive level including a new Director of Finance, Lorraine Hooper and Director of Partnerships & Strategy, Chris Bird. The new appointments join an established and experienced Executive Team who, together, will deliver the aspirations and ambitions of the Trust over the coming years.

It is right that we take an opportunity to reflect on the departing Chief Executive, Caroline Donovan, who has demonstrated exemplary leadership in delivering a major transformation in the reputation of the Trust over the past few years. Caroline has been superbly supported by a range of colleagues over that time including Suzanne Robinson and Andrew Hughes. We are hugely grateful for their dedication and commitment.

We would also like to thank the incredible contribution of our staff who continues to win collective and individual accolades and awards for their work in driving up standards of service delivery. They continually impress us with their passionate commitment to our service users and their carers.

As we publish our plan we commit to building on the following assets:

- Engaging with staff, service users, partners and carers.
- Continuing our quality improvement drive
- Leading with partners in the Sustainability and Transformation Programme, We're Better Together.
- Being amongst the very best in the country at developing and delivering services, with the ability to understand and communicate their impact.
- Focussing on the core skills and knowledge that we need to be the best at what we do.
- Making sure that we have the right resources in place so we can deliver on our promises.

The Trust will also seek to embed sustainability across the organisation by linking quality, workforce and financial decisions with place-based decision making. This will enable a model of working today which will deliver better outcomes tomorrow for the population and service users we serve.

We have set out in this plan our priorities for the year ahead and having set this direction we must ensure it is delivered. We will monitor delivery on a regular basis and report to open sessions of the Trust Board on the progress being made.

We thank you for your support and for your interest.



David Rogers
Chairman



Peter Axon
Chief Executive Officer

2. Activity Planning

Activity Planning Assumptions

National and local priorities

Planning assumptions take into account the priorities set out in the NHS Long Term Plan to improve access to mental health services for adults and children and to prevent dementia, and the Five Year Forward View (FYFV) requirements to increase capacity and maximise the benefits for service users. Activity planning also reflects the Commissioning Intentions letter issued by Stoke CCG and North Staffordshire CCG and the NHS England intentions for Specialist Services.

The Trust recognises the requirements of the FYFV to increase capacity in mental health services across a broad range of services, and that these are aligned with the Mental Health STP work stream across the local health economy. These specific developments are being discussed with Commissioners and will be reflected in the financial baseline to be agreed for 2019/20. To support the move to Integrated Locality Working, the Trust will be working with commissioners to move towards locality population based activity demand profiles in order to determine the resource required within each locality.

Activity Planning Assumptions

An activity plan will be agreed to support the new one year NHS Standard Contract as part of the main block contract with Stoke CCG and North Staffordshire CCG.

Service Developments have been factored into the plan based on local need and to support national transformation priorities. The contract for 2019/20 remains subject to final agreement and our plan has been based on the development of plans to achieve national standards and policy directives:

- PICU – 4 additional beds
- IAPT growth – increase due to prevalence and access
- Perinatal recurrent funding
- CAMHS Trailblazer pilot site
- EIP Level 3

The above developments total £2.6m which remain subject to agreement with Commissioners as referenced in the Financial Planning section.

AID tool

A new report has been developed to provide up-to-date activity information in a versatile and user friendly format for clinical services. It supports managers in understanding their reportable activity by aligning commissioner reportable activity to service activity.

It also creates a platform where services can identify data quality issues to improve the capture, reliability and accuracy of reportable activity. The tool is supporting a more rigorous review and confirmation of activity levels reported.

3. Quality Planning

Quality Planning & Governance

Our Quality Strategy is underpinned by our Quality Priorities and produced in collaboration with service users, carers and staff to ensure that it reflects the needs of the local population across North Staffordshire and Stoke-on-Trent.

Our four key quality priorities are SPAR:

- Our services will be consistently **Safe**
- Our care will be **Personalised** to the individual needs of our service users.
- Our processes and structures will guarantee **Access** for service users and their carers.
- Our focus will be on the **Recovery** needs of those with mental illness.

Our Quality Strategy is underpinned by our Quality Improvement Programme recognising that strong clinical leadership and engagement is essential in successfully delivering the strategy and achieving the desired changes in our quality and safety culture. Our Workforce Strategy supports this through initiatives such as staff engagement, clinical supervision, staffing and recruitment thus ensuring staff are supported and engaged to deliver high quality care. We have strengthened our approach to Quality Improvement (QI) and during 2018 were a pilot site for the new NHS Improvement board development programme for quality improvement. Furthermore training and project support in relation to QI has been delivered at a variety of levels within the trust and this will continue during 2019/20. As part of our restructure of our directorates we have strengthened QI by introducing Quality Improvement Leads in each Directorate who will lead QI projects.

We can demonstrate evidence that the assessment of risk helps to drive and shape our approach to quality governance by using reporting and trend analysis through identification of risks from Teams to Board.

Underpinning our approach to QI is the Board Assurance Framework (BAF). This identifies key strategic risks to the achievement of strategic objectives and captures the control measures in place and the assurances that such controls are effective. The BAF aligns the strategic objectives and risks to our SPAR quality priorities for which each has an Executive Lead and is overseen by a nominated sub-committee of the Board.

Our approach to Quality has been supported through the monthly Senior Leadership Team meeting (comprising the Executive Team and Clinical Directors) with a QI focus to the agenda. The monthly performance agenda based on quality, workforce, clinical effectiveness and finance with associated Key Performance Indicators ensures a focussed approach to continuous improvement.

Quality improvement is monitored through a number of methods overseen by the Quality Committee including:

- Delivery against our CQC Improvement Plans
- Performance Review and Quality Dashboard
- Listening into Action: Improving staff engagement and improving services
- The BAF containing a description of our quality goals
- Learning Lessons: Learning, sharing and taking action to provide safe and effective services through monthly publications and interactive learning events
- CQUIN initiatives: Identifying clear priorities on which to base the annual initiatives, national priorities
- A programme of quality assurance / improvement visits including:
 - External announced visits led by the CCG and Healthwatch
 - Internal unannounced assurance visits led by the Executive, service user and carer and Non-Executive Directors.
- Monthly director question and answer sessions
- The Commissioner led, Clinical Quality Review Meeting (CQRM)
- The annual Trust Quality Account
- CQC Well-Led inspection

We have further developed our capacity and capability to implement quality improvement and change through a review of services to ensure that we have the right resources in the right place at the right time to meet the needs of service users and carers. We did this by:

- Changing our directorate structure from specialities to localities to ensure that people receive services that are seamless and close to home
- Reviewing safer staffing across 24 hour services in line with National Quality Board standards
- Implementing the SafeCare module within e-Rostering to enable real time visibility of Trust wide in-patient staffing requirements
- Enabling a range of teams to undertake QI projects through training and project support from NHSI and AQuA

We will continue to develop and refine methods to demonstrate and evidence the impact of the investment in QI by use of national benchmarking data including:

- National NHS Benchmarking Data Annual Report Measures
- National Reporting and Learning System (NRLS) six monthly organisational report
- Friends and Family Test data
- NHS Choices
- Patient Led Care Assessments (PLACE)
- Mortality Surveillance
- National Safer Staffing requirements

Learning from the Gosport Review (*June 2018*) we have taken steps to review levels of assurance against the key areas of concern highlighted, in order to ensure that such events would be highly unlikely to occur within this organisation.

The following assurance processes are embedded:

- Incident reporting is robust with weekly incident monitoring and reporting via teams, through to directorates and executive committees.
- Complaints reporting and procedures; reporting through Trust reporting structures
- Freedom to speak up and 'Dear Peter'; reporting through Trust reporting structures
- Serious incident monitoring and Mortality review groups; reporting through Trust reporting structures
- Medicine Organisational Governance (MOG); reporting through Trust reporting structures.'

A fully developed action plan was approved in March 2019 and is being monitored through our Senior Leadership Team.

Summary of Quality Improvement Programme

Our Quality Priorities for 2019/20 were agreed with service users and carers at the Open Space event in January 2019. The Trust proposes that these will include:

Safe:

- Further development of system wide approach to Zero Suicide ambition
- Embed SPAR wards accreditation framework
- Continued investment in environmental ligature improvements
- Maintain Flu Vaccination uptake
- Introduce NEWS2 as the latest evidence based early warning systems
- Strengthen approach to supporting people with Dual Diagnosis

Personalised:

- Embed Person Centredness Framework including a range of person centred approaches and tools in collaboration with service users and carers
- Further embed of Trauma Informed Care across acute wards
- Further reduce restrictive practice through the Reducing Restrictive Practice Group in collaboration with service users and carers
- Identify quality priorities for 2020/21 in partnership with the SUCC who will collaborate in improvement initiatives
- Work with commissioners to develop a strategy/service for people with Autism
- Deliver a QI program to increase compliance with Mental Capacity Act and Mental Health Act

Accessible

- Improve access to services by achieving
 - 100% compliance for referral to assessment (1st contact) in 18 weeks in general and 4 weeks in CAMHS
 - 92% compliance for referral to treatment (2nd contact) in 18 weeks
- Use Service User feedback and FFT themes to influence Quality Improvement agenda in collaboration with the Service User & Carer Council (SUCC)
- Develop the protocol to give the patient control to access their own electronic patient record (year 2 of 3)
- Continue to work with health and social care commissioners to minimise use of out-of-area beds and reduce delays in transfers of care
- Achieve 100% compliance with 3 hour assessment target for service users entering the Place of Safety
- Continue to work in collaboration with Primary Care and the University Hospital of North Midlands (UHNM) to become more accessible to patients through the use of video consultation
- Further develop the use technology through the digital exemplar to improve access to CAMHS services and be more responsive
- No out of area admission to inpatient units

Recovery Focussed

- Continue to develop the wellbeing academy to provide people with education and learning experiences as a means of supporting personal and social recovery
- Embed and further develop peer mentoring, volunteering and employment opportunities for people with lived experience
- Undertake transformation of community pathways to promote person centredness, recovery and underpin integration with primary care
- Support people into employment

Summary of Quality Improvement Plan

Our quality improvement plans are driven by national, local priorities, with service users and carers and underpinned by our four key priorities, **Safe Personalised Accessible Recovery focussed**.

Our focus will be on using QI methodology in delivering our top priorities which are summarised below:

Safe

- Reducing suicide through implementing a zero suicide ambition.
- Improving physical health interventions in mental health

Personalised

- Embed person centred framework
- Deliver a QI programme to increase compliance with Mental Health Act and Mental Capacity Act by 10%

Accessible

- Improving access to service users from referral to treatment
- No out of area admissions to inpatient units

Recovery

- With service users embed recovery focussed practice
- Work with partners to support service users into employment
- Undertake transformation of our community services to underpin integration with health and social care

The top three strategic risks and associated high level mitigations are:

1. The Trust fails to collaborate with service user and carer involvement resulting in an inability to deliver responsive services

- Enhance Service User & Carer Collaboration - Focus on Service Users Recovery
- Embed Person Centredness Framework

2. The Trust fails to deliver safe and effective services, resulting poor care, reputational harm and regulatory restrictions

- CQC Rating of 'Outstanding' is maintained
- Continue work to strengthen approach to risk management
- Develop a Trust wide systematic approach to quality improvement
- A values based supervision model is implemented
- Development and implementation of a social work strategy
- Improved physical health monitoring for service users
- People with complex needs are supported
- Zero Suicide Ambition – 2019/20 is the third year of this collaborative journey with partners to reduce deaths by suicide as part of the county wide strategy
- Every patient can expect Mental Health Law compliance
- 100% achievement of CQUIN scheme
- Revise Pharmacy strategy to ensure delivery of integrated working within the community teams
- Services are responsive to the needs of service users
- Improve the accessibility of data across multiple providers - ICR Procurement
- Become a more digitally mature organisation - Align with action to review Digital Governance architecture

3. The Trust fails to exploit its potential in research and innovation, resulting in a loss of credibility and a failure to improve services

- Ensure delivery of the research strategy
- Implement a Trust wide innovation strategy to support widespread engagement and to celebrate the successes achieved
- Increase Digital profile as national exemplar improving access to services within CYP through the use of digital technology.
- Increased business acumen - Aligned to Integrated Care Partnership masterclass, publication of Directorate Plan, Digital Maturity and Lorenzo Global Digital Exemplar

Summary of Quality Impact Assessment (QIA) Process

We have a fully integrated governance approach to the QIA process. The Trust's overall strategy for the development and delivery of Cost Improvement Programme (CIP) is to implement changes that support the achievement of our strategic objectives including service redesign and modernisation, rationalisation of estate, review of back office and support functions, productivity gains, and workforce redesign.

Quality Impact is assessed for any scheme deemed to have potential impact on the quality of care for the likelihood and impact of risk across three domains:

- Impact on Patient Safety
- Impact on Clinical Effectiveness
- Impact on Patient Experience

A 5x5 risk assessment methodology is used for each domain, producing a gross risk figure for each category and a section for mitigation.

The overall responsibility and leadership of the QIA process of a CIP sits jointly with the Medical Director and the Executive Director of Nursing & Quality. They are required to approve the QIA prior to a scheme commencing delivery. The schemes are reviewed at Confirm and Challenge meetings and deliverability confidence scores are applied. Viable schemes are then quality assessed by the Medical Director and Executive Director of Nursing & Quality with regular oversight reporting to the Quality Committee and through to the Trust Board. The process going forward will be actioned by NHSI (2018) safeguarding staffing requirements.

4. Workforce Planning

With a rigorous approach to workforce planning, organisational plans are modelled on clinical pathways and integrated with quality, finance, performance and activity information in order to ensure that key organisational data is triangulated and services are efficient, effective and future-proofed.

Our robust workforce reporting and monitoring cycle provides core workforce metrics and workforce plans that are reported to the Trust Board and People, Culture and Development (PCD) Committee as part of an integrated balanced scorecard.

This ensures that our proposed workforce levels are affordable, high quality and sufficiently staffed and able to deliver safe, personalised, accessible and recovery focussed care. Any adverse deviations from these plans trigger a rectification plan which is open to challenge and debate. Workforce information is also routinely used to provide assurance on safer staffing levels and to justify the merits of future business development.

All workforce schemes, whether related to growth, skill mix, efficiency or service transformation are subject to approval through the Clinical Directorates, PCD and Trust Board, where we follow the principles of Health Education England's (HEE) modelling tools as part of our workforce planning cycle. Our future plans take into account the Mental Health Five Year Forward View and the NHS Long Term Plan, which recognise that substantial investment into mental health services is necessary.

As a committed partner of the STP, it is essential that we work collaboratively to meet our service needs both current and future. The Trust is fully engaged with system wide strategies and approaches that aim to address the unprecedented challenges facing our workforce demands with particular regard to demand and supply. Our priority is to focus on our Recruitment and Retention Strategy so that we attract, retain and develop a future fit for purpose workforce. Our strategy also acknowledges that productivity gains, workforce remodelling, embracing digital technology and flexible working are core to future delivery.

Workforce Challenges, Risks and Long Term Vacancies

Whilst the Mental Health Five Year Forward View and the NHS Long Term Plan suggest significant investment into our services, this presents a challenge in terms of the Trust being able to deliver the required rapid expansion of mental health services. The reality we face is an ongoing workforce supply challenge with particular reference to newly qualified Band 5 nurses and some Consultant Psychiatrist roles as a result of an ageing workforce and demand issues.

A summary of our current and future workforce challenges is below:

Workforce Challenge	Impact on Workforce	Initiatives in Place
Shortage of Band 5 RMNs	Difficulty in recruiting to establishment and therefore continued use of bank/agency staff	<ul style="list-style-type: none"> - Scoping Exercise - new roles/ways of working, including Nursing Associates, etc. - Improved flexible working proposition. - Enhanced CPD Offer. - Return to Practice Campaign. - STP Health and Social Care Graduate Scheme. - Participation in NHSI Retention Programme. - Succession plan and talent management approach.
Consultant Psychiatrists	Difficulty in recruiting to Consultant Psychiatrist posts, particularly in CAMHS	<ul style="list-style-type: none"> - Flexible Job Plans, including research opportunities. - Working in Partnership with local Universities. - Consideration of overseas recruitment campaign. - RRP. - Succession plan and talent management approach.

We are working closely with our STP partners, HEE and partner Universities to address supply issues and are reviewing the impact of changes to NHS bursaries. Consequently we are developing a number of alternative roles to support our current workforce as we focus on 'growing our own' and enhancing non-medical roles tailored to meet local needs. This will be achieved through the development of new roles such as the Social Care Graduate Scheme which is being developed across the STP. There will also be enhanced entry level recruitment and innovation, e.g. in Nursing Associates and Assistant Practitioners, leading to reduced pressure on patient flow and professional workloads through smarter take-up and development roles. During 2018/19 we increased our Physicians Associate pilot scheme and appointed to three new posts. Our plan is to further develop these roles, in partnership with other Trusts and recruit additional staff in the future should the pilot be successful.

As an active member of the system wide STP Workforce Programme, we regularly contribute to system wide task and finish groups to plan and deliver schemes to improve the recruitment and retention of staff, such as the development and delivery of rotational apprenticeships. We are particularly active in the work experience and apprenticeship task/finish groups and have contributed to the design of a system wide portal for work experience, a graduate scheme for school age students into nursing via the apprenticeship route and have actively participated in the programme of sharing our apprenticeship levy with the voluntary/independent sector.

We also support system wide schemes to reduce bank/agency spend by supporting the Staffordshire Collaborative Bank Feasibility study – this project will scope the potential savings in setting up a system wide bank for tier 2 shifts (those that have not been filled locally). We are part of a data sharing agreement with the STP to provide data in order to support system wide workforce planning and will work with the STP team to produce a database that all organisations can use to evaluate staffing trends. As a member of the Sustainability group, we work together to identify 'hotspot' areas for vacancies, and consider solutions of how to encourage colleagues to "retire and return" as Staffordshire has an ageing nursing workforce.

We regularly assess our workforce profile in order to prepare for the impact of matters such as Brexit and have engaged with all affected staff; we do not expect a significant impact on our workforce supply. We are however considering an overseas recruitment campaign for Consultant roles and will review the impact of the changes to immigration health surcharges accordingly. In addition, we are running a 'Return to Practice' campaign for nurses supported by HEE and in partnership with local Universities, where we will provide academic and placement support, as well as guaranteeing a permanent post for these individuals.

A summary of the Trust's current workforce risks and details of mitigation is as below:

Description of Workforce Risk	Impact of Risk	Risk Response Strategy	Timescales and Progress to Date
High turnover of nursing staff on inpatient wards	High	Bank staff cover gaps as a temporary solution E-rostering on inpatient wards Identify reasons for leaving through Exit Interviews and through focus groups as part of our Retention Strategy	<ul style="list-style-type: none"> - We have strengthened our Temporary Staffing function to allow a greater provision and flexible model, which is more adaptive to service needs, thus reducing the need for agency provision. - Successfully rolled out E-rostering to inpatient areas and targeted recruitment initiatives for our Bank staff, we have seen the use of agency staff to fulfil 'core' operations reduce to one of the lowest rates of any NHS Trust within the West Midlands. - Exit interview feedback analysed on a bi-annual basis and reviewed by the Trust's PCD Committee. Actions taken when required. - Enhanced flexible working offer. - Ongoing development of preceptorship programme. - Flexible bank roles.
Consultant Psychiatrist Vacancies	High	Use of Locums to cover gaps Identify reasons for leaving through Exit Interviews and through focus groups as part of our Retention Strategy	<ul style="list-style-type: none"> - Recruitment and Retention Incentive package developed for Consultant vacancies. - Internal development plan in place to support long term appointments where possible. - Supporting LFT roles.
Primary Care Integration, including development of new roles	Medium	Bespoke induction programme for TUPE transferred staff	<ul style="list-style-type: none"> - TUPE successfully transacted. - Organisational Development integration plan has commenced.

A summary of the Trust's current long-term vacancies is below:

Description of Long Term Vacancy	WTE Impact	Impact on Service Delivery	Initiatives in Place and Timescales
CAMHS Inpatient Consultant Psychiatrist June 2017	1.0	Unable to deliver service Failure to achieve four week waits	<ul style="list-style-type: none"> - Recruitment and Retention Incentive package developed for Consultant vacancies. - Internal development plan in place to support long term appointments where possible. - Flexible Job Plans including research opportunities. - Working in Partnership with local Universities. - Considering an overseas recruitment campaign
CAMHS Learning Disabilities Consultant Psychiatrist April 2016	1.0	Unable to deliver service Failure to achieve four week waits	<ul style="list-style-type: none"> - Recruitment and Retention Incentive package developed for Consultant vacancies. - Internal development plan in place to support long term appointments where possible. - Flexible Job Plans including research opportunities. - Working in Partnership with local Universities. - Considering an overseas recruitment campaign.
Band 5 Inpatient Nursing Vacancies Ongoing	31.88	Impact on Safer Staffing, Rostering and Patient Safety	<ul style="list-style-type: none"> - Comprehensive recruitment and retention action plan in operation. - Scoping Exercise - new roles/ways of working, including Nursing Associates. - Return to Practice Campaign. - STP Health and Social Care Graduate Scheme.

To support our workforce and attract newly registered professionals to join our journey, we will offer a range of both internal and external education programmes, covering numerous specialist areas including clinical education, leadership and research. All staff will be offered development opportunities through our person centred Performance Development Review (PDR) process, which cascades through all of our directorates. Through this process we identify the individual and collective development needs of our staff aligned to the business needs of our services going forward; this is in turn fed into our Training Needs Analysis (TNA) and developing Talent Management Scheme.

We also continue to offer an enhanced range of apprenticeships at different levels to upskill our workforce supporting talent management, gain maximum benefit from available funding and to further enhance the skills of our workforce, which also links to the development of new roles. Apprentice targets will be met by both recruiting new apprentices into the organisation and developing our current workforce and by working with partner organisations to maximise our buying potential with Approved Training Providers. We anticipate that 2019/20 target will be based on headcount (2.3% of the workforce) and a levy calculation of 0.5% of our pay bill.

We consider staff engagement to be critical to our success and use a range of supporting approaches through our Towards Outstanding Engagement programme. These include supporting and developing teams through engagement events, coaching and Action Learning Sets. We have also commissioned a development programme for leadership teams in our new structure to develop our leadership, current and future incorporating the Trust's values and behaviours. Additionally, we use feedback from the annual NHS staff survey and quarterly pulse checks to inform developments and indicate where efforts need to be placed for maximum impact on staff wellbeing and patient care.

Workforce Developments

During 2018/19 we delivered a Trust wide restructure of our clinical services in order to develop a locality focussed approach and reflect the locality structure of the STP. We opened our new Psychiatric Intensive Care Unit and further integrated our services with Primary Care, where we now oversee two GP Practices and TUPE transferred in approximately 50 members of staff. We also saw growth in a number of our services through the Mental Health Five Year Forward View funding, which included perinatal services, Individual Placement Support, IAPT, Children and Young People's services and Mental Health Liaison.

Developments planned for 2019/20 will consider the NHS Long Term and will include significant investment into Children's Mental Health services. The Trust has been selected as one of three Wave 1 pilot sites in a national 'trailblazer' programme. The scheme is split into two areas, where the first will deliver over 30 new posts in CAMHS to form four educational mental health support teams of children's mental health specialists and trainees to work directly with schools. The second element will be used to expand our existing three CAMHS community teams in order to provide additional staffing to each team, with the aim of reducing children's mental health waiting times to under four weeks. To further support Children and Young People, we hope to be able to expand our Children and Young People's Home Treatment Team.

Other developments will see some additional staffing directly linked to the repatriation of service users from out of area, working with commissioners to develop different models to deliver care closer to home and more cost effectively. We will be providing Mental Health services to Stoke Heath Prison from April 2019 in partnership with Shropshire Community Healthcare NHS Trust, which will see a small number of staff TUPE in to the Trust. We are on plan to open our Crisis Care Centre in Autumn 2019, which will support better access for people to service and avoid Emergency Department admissions within the Local Health Economy.

5. Financial Planning

Current Financial Performance

We have achieved a surplus for 19 consecutive years and are forecasting to deliver an overall **surplus in 2018/19 of £2.02m**, following an increase in the agreed control total by £0.6m. The £2.02m surplus is broken down between Trading Surplus and Provider Sustainability Fund as shown below.

2018/19 Financial Control	2018/19 Original Plan Control £m	M7 Agreed Control Improvement £m	2018/19 Revised Control £m
Trading Surplus	0.72	0.20	0.92
Provider Sustainability Fund (PSF)	0.70	0.40	1.10
Control Surplus	1.42	0.60	2.02

Cost improvement is forecast to recurrently deliver £1.8m worth of savings against the £2.8m target; a shortfall of £981k (65%).

In terms of financial risk, the Trust is currently ranked 1 on a scale of 1 to 4 in terms of its **Use of Resources**. This is the highest possible score an NHS Organisation can achieve and means the Trust has maximum autonomy of its affairs. This contributed to the Trust CQC overall rating of Outstanding, awarded in Quarter 4 of 2018/19.

2019/20 Planned Financial Performance

Summary

The planning guidance for 2019/20 puts more emphasis on Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICS) to oversee the completion of a coherent, system level operating plan, as well as developing five year implementation plans to deliver a system-wide break even position by 2023. The STP has proposed a model which apportions available income across system partners based on expenditure, resulting in the Trust moving to a deficit of £5.17m, after delivery of £1.00m programme savings.

Control Total Position	Trust 2018/19 Forecast £m	Trust Published Control 2019/20 £m	STP "IFP" Model Control 2019/20 £m
(Surplus) / Deficit	(0.92)	(0.34)	6.17
System Efficiencies	0	0	(1.00)
(Surplus) / Deficit	(0.92)	(0.34)	5.17
PSF	(1.10)	(0.70)	0
(Surplus) / Deficit	(2.02)	(1.04)	5.17

The Trust supports the STP in its ambition to deliver financial balance and will continue to be a key stakeholder, however the Trust Board does not support the deficit position proposed in the “IFP” model due to the implications for patient care and the liquidity position of the Trust.

The Trust has engaged in discussions with the system which indicate that costs can be reduced by £2.6m and so support the overall system financial position. However there remains a triangulation gap between the Trust and its Commissioners with regards to the remaining £2.6m where non-receipt of funding represents a material risk to delivery of national policy directives and key performance indicators set out in the FYFV. The Trust is continuing to seek confirmation from Commissioners as to their future intention. The Trust plan submitted assumes receipt of funding for these key investments and therefore the Trust delivers the control total of £0.338m, which allows access to £0.7m of PSF.

Planning Assumptions

In 2019/20 the Trust plans to achieve:

- A surplus of £1.04m. This includes £0.34m trading and £0.70m PSF
- Tariff inflation of 2.7% will be applied to all contracts (3.8% growth less 1.1% efficiency)
- Service developments of £4.75m have been assumed to be recurrently funded in 2019/20.
 - This is reduced non-recurrently through recognising timings on implementation of £1.61m.
 - A further £1.03m for PICU will be funded during 2019/20 through the STP Mental Health Programme Workstream and represents a reinvestment of some of the gross savings generated from repatriating out of area patients back within area.
- Efficiency will be set at 1.1% in line with national guidance plus 2018/19 cost improvement under delivery carried forward, known cost pressures and System Savings of £1.0m. This is currently set at £3.5m (4.1%) in 2019/20.
- Implement a capital resource programme that is within the Trust's Capital Resource Limit
- A score of 1 for the Single oversight Framework Finance Metrics by the end of the financial year.
- Continue to meet our statutory duty of staying within our Cash Resource Limit (CRL)
- The Better Payment Practice Code Target (BPPC)
- Agency expenditure is expected to be £2.187m (2018/19: £1.876m)
 - Core Agency £1.887m
 - £300k further Agency Ceiling for GP locums approved by NHSI.

Sources of Income and Applications of Expenditure

Baseline Financial Position	Income Plan (£000)	Expenditure Plan (£000)	2019/20 Plan (£000)
2019/20 Start Point (Surplus) / Deficit	(85,897)	86,710	813
Pay Inflation		2,001	2,001
Non Pay Inflation		423	423
STP System CIP (Delivered through MH Workstream)	1,000		1,000
Tariff Inflation	(1,821)		(1,821)
Service Developments	(4,317)	4,317	0
Cost Pressures (still to be agreed)		1,009	1,009
(Surplus) / Deficit before Cost Improvement	(91,035)	94,460	3,425
2019/20 Cost Improvement	(90)	(1,433)	(1,523)
2018/19 Cost Improvement Carry Forward		(982)	(982)
STP System CIP (Delivered through MH Workstream)	(1,000)	0	(1,000)
(Surplus) / Deficit	(92,125)	92,045	(80)
Risk to be mitigated in year		(258)	(258)
(Surplus) / Deficit (Excl. PSF)	(92,125)	91,787	(338)

2019/20 Summary Statement of Comprehensive Income

Summary Revenue Position	2018/19 FOT £'000	2019/20 Plan £'000
Income		
Revenue from Patient Care Activities	(77,971)	(82,466)
Other Operating Revenue	(8,265)	(9,661)
Total income	(86,236)	(92,127)
Expenditure		
Gross Employee Benefits	61,298	66,880
Other Operating Costs	23,241	24,134
EBITDA	(1,697)	(1,113)
Non-Operating Costs:		
Finance Costs	1,239	1,172
Dividends	549	637
Depreciation	(955)	(980)
Investment Revenue	(56)	(54)
Trading (Surplus) / Deficit	(920)	(338)
PSF Income:		
PSF	(1,103)	(700)
(Surplus) / Deficit Control	(2,023)	(1,038)

Investments and Developments

The table below shows the current £2.6m of investments under negotiation with the CCG and the STP within the construct of the IFP model. A number of these represent specific flows of money as part of national projects or as part of the mental health FYFV and for which expenditure has been committed following confirmation of national funding flows.

Service Developments - CCG Block Contract	Funding	2019/20 (£000)
CAMHS Trailblazer	National	1,185
Perinatal	5YFV	526
IAPT prevalence rates	MHIS	250
EIP Level 2 to Level 3	5YFV	150
PICU current beds spot purchased	OOA	501
Total Service Developments		2,612

Expenditure Budgets

Non-clinical income budgets have been set based upon Service Level Agreements (SLAs) and relevant agreements for Education, Training and Research.

Planned expenditure for 2019/20 takes into account the impact of:

- Known cost pressures;
- Investments and service developments;
- Cost improvement programmes to delivery efficiency savings.

Statement of Financial Position

The Statement of Financial Position is based upon the income and expenditure plans and capital expenditure plans detailed in the relevant sections. While the Trust is planning to spend £2.67m in capital during 2019/20 we are still planning to maintain a healthy cash balance of £6.49m by the end of the 2019/20 financial year. Non-current liabilities reflect the obligation regarding the PFI scheme.

Statement of Financial Position	2018/19 FOT £m	2019/20 Plan £m
Assets:		
Non-Current Assets	32.4	33.6
Current Assets	15.0	13.7
Total Assets	47.5	47.4
Liabilities:		
Total Current Liabilities	(8.1)	(7.5)
Total Non-Current Liabilities	(11.4)	(10.8)
Total Liabilities	(19.5)	(18.3)
Total Assets Employed	28.0	29.0
TAXPAYERS EQUITY:		
Total Taxpayers Equity	28.0	29.0

Capital Planning

Our Capital Programme has been developed to enable investment in projects that will improve the quality and range of our services and tie in with our aim to increase the portfolio of services we provide:

- Strategic developments including Mental Health Crisis Care Centre and LD Facilities.
- Operational
 - Backlog maintenance – based on risk categories of significant, high, medium and low
 - Lifecycle replacement – for items such as PCs, vans, lifts, plant etc.
 - Energy Efficiency Programme – Reducing the Trusts Carbon Footprint
- Digital
 - Investment in Business Intelligence
 - ICT Modernisation

The Trust has secured bids on behalf of the STP for additional Public Dividend Capital Funding of £1.6m for enhancement to Detoxification Suites and Crisis Cafés. The Trust has underpinned this investment with £500k of its own cash reserves.

The Capital Programme for 2019/20 is shown below.

Capital Scheme	Year 1 2019/20 Plan £000s	Year 2 2020/21 Plan £000s	Year 3 2021/22 Plan £000s	Year 4 2022/23 Plan £000s	Year 5 2023/24 Plan £000s	Total Year 1-5 £000s
Strategic Schemes						
Learning Disabilities Facilities	400	300				700
Mental Health Crisis Care Centre (Building work commenced in 2018/19)	766					766
Detoxification Suites and Crisis Café	200	300				500
Strategic Schemes			500	500	500	1,500
Operational Schemes						
Environmental Improvements (Backlog Maintenance)	120	120	120	120	120	600
Environmental Improvements (Incl. Reduced Ligature Risk)	400	400	400	400	400	2,000
Energy Efficiency Programme	90	75	75	75	75	390
Equipment and Other Schemes	200	50	50	50	50	400
Digital						
IT	200	200	200	200	200	1,000
Digital Innovations	50	50	50	50	50	250
Business Intelligence	150	150				300
Contingency and Other						
Contingency	100	100	100	100	100	500
Trust Funded Capital Expenditure	2,676	1,745	1,495	1,495	1,495	7,411
Public Dividend Capital (PDC)						
Detoxification Suites and Crisis Café (Agreed)		1,600				1,600
Total Capital Expenditure	2,676	3,345	1,495	1,495	1,495	9,011
Capital Receipts						
Sale of Ashcombe Centre (to be agreed)	(500)					(500)
Total Capital Receipts	(500)	0	0	0	0	(500)
Net Capital Expenditure	2,176	3,345	1,495	1,495	1,495	8,511

Cost Improvement

We have a plan in place for realising efficiency savings in order to achieve its control total trading surplus. The Trust has a robust process in place to ensure that CIP schemes are subject to a QIA prior to the scheme being implemented.

For 2019/20, efficiency will be set at 1.1% in line with national guidance plus 2018/19 cost improvement under delivery carried forward and any known cost pressures. The Cost Improvement Target is currently set at £3.5m, which includes £1m of STP System Savings delivered through the Mental Health workstream. It should be noted that the system

allocation of programme savings is currently provisional and reallocations including investments required to support savings will be undertaken as implementation takes place. This will include full QIA assurance process for any system schemes by the Trust.

The Trust will only agree to delivery of programme savings and their associated risk for those projects which sit within the direct span of control of the Trust.

The themes that directorates are pursuing are explored in further detail within individual directorate one year plans.

Split by Area	Identified	Pipeline	To identify	Grand Total
	£'000	£'000	£'000	£'000
Benchmarking Review	-	125	-	125
Corporate Functions	-	-	113	113
Estates Rationalisation	25	-	-	25
Local Schemes	350	-	-	350
Medicines	-	-	73	73
New Models of Care (Pathway Development)	183	231	-	414
Darwin	-	90	-	90
Non Pay	-	-	60	60
OOA Repatriation	400	-	-	400
To be Identified	-	-	855	855
Grand Total	958	446	1101	2,505
STP System CIP - Delivered through MH Workstream	1,000			1,000
	1,958	446	1,101	3,505

Single Oversight Framework Finance Metrics

We are forecasting to achieve a score of 1 against the finance metrics for the Single Oversight Framework in 2018/19 and planning to deliver this level of performance by the end of 2019/20.

Use of Resource Risk Ratings	Actual	FOT	Plan
	2017/18	2018/19	2019/20
Capital Service Cover Rating	1	3	3
Liquidity Ratio (days)	1	1	1
I&E Margin	1	1	1
Variance from control total	1	1	1
Agency Spend	3	1	1
Overall Risk Rating	1	1	1

Agency

We have implemented a number controls during 2018/19 in order to ensure agency spend is at an absolute minimum going forward including Executive Director approval for all agency spend and have delivered in line with the ceiling in 2018/19. The agency ceiling for 2019/20 is £2.27m which includes an uplift following the Primary Care Integration. The Trust will maintain the controls in place to ensure that it delivers below the agency ceiling in year.

6. Link to the local Sustainability and Transformation Plan

The Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership is a key strategic partner for the Trust and we take a proactive approach to ensuring we play a prominent role in STP work streams.

Put simply, the drivers of the financial challenge across the STP geography is inextricably linked to the higher than average number of unplanned and emergency admissions to hospital for patients who can be better served through primary and community care services. The twin pressures of resilience in primary care and an absence of a coherent and coordinated out of hospital model have served to create an overly medicalised secondary care supply-led model of care

The STP has recently commenced system-wide planning for the development of an Integrated Care System (ICS) to support the transition to a Staffordshire & Stoke-on-Trent ICS by 2021. The Trust is committed to working across the STP to actively contribute to the development of this new model architecture and in parallel, will work with its Northern Alliance Board partners to agree a roadmap for the creation of a Northern Staffordshire Integrated Care Partnership.

Combined Healthcare is the only Trust wholly situated within the Northern Alliance footprint and strongly believes it can play a lead role, aligned to the STP, in the design and development of new system architecture. To do this the Trust will work in concert with system partners, including the new and emergent Primary Care Networks to build a consensus-based transition to an Integrated Care Partnership.

The Trust is fully supportive of the shared system priorities and is fully engaged in an accelerated and cross-organisational transformation programme which have recently been strengthened to bring an immediate focus on nine delivery areas or 'sprints':

- Urgent and Emergency Care & Enhanced Primary and Community Care
 - Integrated Urgent Care
 - Care Homes
 - Long Term Conditions
 - Frailty
- Planned Care
 - Speciality reviews (MSK / Gastro)
 - Outpatient Follow-Ups
- Mental Health
 - Out of Area placements
 - Crisis care and Detoxification
 - High Volume / Intensity Users

Other examples of how the Trust is actively engaged with the STP include:

- Organisational Development is an enabling work stream for the whole of the STP. We currently are focusing on three key programmes of work:

1. The **Stepping Up Programme**, a development programme for staff from a BAME (Black Asian Minority Ethnic) background.

29 locally employed people from across health social care and the public sector, have undertaken and successfully completed the programme over two cohorts.

The third cohort commences on 26th March 2019 and will be supporting 41 participants on their leadership development journey.

2. We were successful in being selected as an early adopter site for the National leadership Academy High Potential Scheme (HPS)

The long-term goal of the project is to deliver a ready and more diverse cohort of 40 aspirant leaders who will progress into senior executive roles – going ‘furthest fastest’. Our pilot sites nationally will be going live with a cohort of 20 participants in June 2019

3. The STP Organisational Development Programme Board will be supporting the Staffordshire and Stoke-on-Trent ‘Academy’, based on the vision set out in the Staffordshire manifesto based on the development of localities within Primary Care Networks bringing to life the recommendations of the Localities Review.

- Digital – the Trust will be continuing its journey to become a national leader in the use of digital technology to revolutionise care and drive efficiencies, improvements and experience. As a manifestation of the Trusts commitment in this area, the Chief Executive has served as Senior Responsible Officer for the STP Digital Programme. A key priority is the procurement of an Integrated Care Record (ICR) which will provide a real-time and consolidated clinical record to clinicians across all system partners before expanding to give patients control over their own health records. The ICR is a strategic enabler to a range of STP work streams which rely on the success of the solution to eliminate non-value adding clinical interventions.

Taking a broader lens perspective, the Trust believes that an emphasis on Partnerships more generally is crucial in the development of the new models of care outlined in the STP Plans for North Staffordshire. We also recognise the value partners bring to the delivery of existing services and new business.

Our Partnership Strategy defines partnerships into 3 categories:

1. Partners with whom we have contractual arrangements for service delivery
2. Partners who are crucial to the delivery of our business but are not contractually aligned
3. Partners who have mutual interests and deliver service that benefit the whole mental health and social care sector

All directorates will ensure that there is a wider the understanding of the role and value of partners to the successful development of services and during 2019/20 we will define which partners are crucial to us and which we would want to engage in any new business opportunities.



**Working with you to make Staffordshire and Stoke-on-Trent
the healthiest places to live and work**

March 2019

Introduction

Welcome to the latest newsletter from the Together We're Better health and care partnership.

As we embark on the new 2019/20 financial year, the importance of the next 12 months cannot be underestimated.

The pace has continued to build during 2018/19 and we've been pleased with the progress made as a health and care partnership over this time.



It is in 2019/20, however that the work to deliver tangible transformational change properly gets underway with the launch of our 12-week period of public, workforce and stakeholder involvement taking place across Staffordshire and Stoke-on-Trent following the local elections, which will take place on 2 May this year.

This will be a very busy period that will see us talking with and listening to people across both Staffordshire and Stoke-on-Trent – with the feedback helping to shape the development of any proposals going forwards. More information on our involvement plans can be found below.

Alongside this, 2019/20 will see the publication of our Five Year Plan for Staffordshire and Stoke-on-Trent that responds to the priorities and challenges set out in the NHS Long Term Plan.

We are working towards developing a Five Year Plan that is ambitious, but realistic and provides a 'single line of sight' for how we will develop into a fully integrated health and care system. We will need your input to help develop and shape this to ensure that it truly reflects our local system and the challenges that

we collectively face.

We also need to get a firmer grip on the serious financial challenges that are facing the area. It's no secret that the financial situation in Staffordshire and Stoke-on-Trent is far from where we would wish it to be. This is clearly not acceptable and needs to be addressed more decisively in 2019/20. The reality of the position in which we find ourselves is fully accepted across all partners and the onus collectively falls on us to tackle this challenge head on. It is important to stress though that this is not just about 'chasing the money'. We need to make decisions that are clinically sound and in the best interests of local people. Delivering high quality, efficient and effective health care is frequently also the most cost effective.

That does not mean, however that our ambitions should be limited. The work being carried out by our clinically-led programmes to deliver transformational change within the system will continue to play an essential role in the development of our Five Year Plan and achieving our vision of 'Working with you to make Staffordshire and Stoke-on-Trent the healthiest places to live and work'.

It's crucial that we continue working together to get this right – it is no less than the people of Staffordshire and Stoke-on-Trent deserve.

Simon Whitehouse, Director

Our journey towards involvement

Ahead of the launch of our 12-week period of public, workforce and stakeholder involvement following the local elections this spring, we are continuing to raise awareness of our work.

A workshop event was held in Stoke-on-Trent on 12 March involving about 20 representatives from Healthwatch, the local voluntary and community sector, patient groups and local government, who provided feedback on our plans for public involvement, also known as pre-consultation.



This pre-consultation will be clinically led and focus on the following areas:

1. Developing a new vision for health and care across Staffordshire and Stoke-on-Trent
2. Simplifying urgent and emergency care
3. Reviewing Community Hospitals in South Staffordshire
4. Identifying additional priorities that will deliver clinical and financial stability.

Our NHS and local government partners are continuing to hold conversations with staff using a workforce involvement toolkit that supports consistent messages and

helps staff to give early feedback.

A total of 11 face-to-face public involvement events are to be held, with one each in the boroughs and districts of Staffordshire and three in Stoke-on-Trent to take account of its population size. Public roadshows will also be held across the county in areas of high footfall, such as shopping centres and supermarkets.

Alongside this, roadshows will take place in key buildings for health and care staff and focus groups held with community and voluntary sector groups and organisations. We will also be actively meeting with a range of voluntary/community sector organisations, patient networks and protected characteristics groups, while people will be able to share their views by completing a survey (both online and hard copy).

We are working on updating our Case for Change document, first published in March 2016 while a public facing Issues Paper is being developed to support pre-consultation and provide further detail and background information. In addition, we are continuing discussions with NHS England about the assurance process to make sure we are following national guidance and best practice.

In preparation for the launch of our pre-consultation engagement, we have been running a series of workshops for our programme leads to help develop new models of care. These stress test workshops were designed to identify any interdependencies between the programmes and support a system-wide approach to transformation.

You can find out more information about our involvement plans on our website www.twbstaffsandstoke.org.uk.

Valuable feedback at latest Local Representatives workshop

Our Local Representatives continued to provide a strong independent voice at the latest face-to-face workshop session.

As well as discussing the role of Local Representatives over the next 12 months, the workshop also featured a session to help shape the conversations we will be having with the public, workforce and stakeholders on simplifying access to urgent and emergency care in Staffordshire and Stoke-on-Trent.

The views, experiences and other feedback provided on the day by members was extremely valuable and will help the Urgent and Emergency programme with their preparations for the public involvement due to commence following the local elections this spring.

Local Representatives come from all walks of life, including existing Patient Participation Groups, Healthwatch members, local community advocates and school governors. They are passionate about delivering real change and



improving health and care services for local people and are a vital conduit between local groups/organisations and communities and Together We're Better – feeding back on the views, comments and ideas they receive.

For more information about Local Representatives, including how to get involved, please visit www.twbstaffsandstoke.org.uk/get-involved/local-representatives.

News

Combined Healthcare is rated as "Outstanding" by Care Quality Commission

North Staffordshire Combined Healthcare NHS Trust is delighted and proud to announce that the Care Quality Commission have awarded the Trust an overall "Outstanding" rating - the highest overall rating they can award.

The news means that Combined Healthcare is 1 of only 2 specialist mental health Trusts in England with an overall 'Outstanding' rating.

The CQC rated Combined Healthcare as Outstanding in Caring and Responsive domains. It was rated Good in Safe, Effective and Well-led domains.

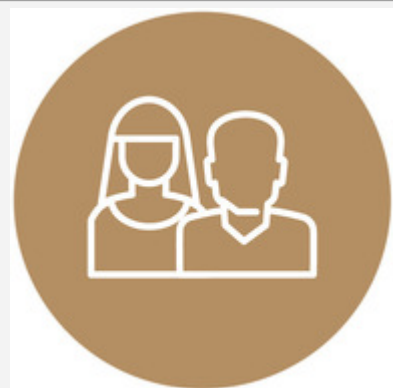
[Read More >](#)

Focus on our clinically-led programmes

Enhanced Primary and Community Care programme

From Steve Grange, Programme Director

We've been working particularly closely with the Urgent and Emergency Care programme over the past few weeks on a number of high impact initiatives centred around integrated urgent care and reducing urgent activity and attendance at A&E relating to care home residents, frail elderly patients and patients with more than one long term



condition. We're also working in tandem with the Planned Care and Cancer and Mental Health programmes, particularly around bridging the gap between physical and mental health.

A steering group has been established to monitor progress on the delivery and formation of Primary Care Networks (PCNs) within Staffordshire and Stoke-on-Trent. The delivery of PCNs – networks of GP practices – is one of the priorities set down in the NHS Long Term Plan and the steering group will also be overseeing the development of our primary care strategy.

[Read More >](#)

Planned Care and Cancer programme

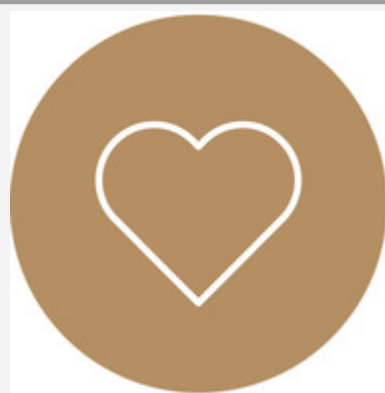
From Duncan Bedford, Programme Director

We've been focussed over the past couple of months on refreshing both our governance structure and priorities going forwards. Alongside this, we have identified a number of high impact initiatives where change can be delivered quickly, including achieving a reduction in unnecessary outpatient appointments first and follow ups at local NHS service providers.

We're working on developing alternatives to pre-assessment outpatient appointments to avoid patients having to unnecessarily come in to hospital for tests – for example, blood tests, ECGs, lung function tests – where this is clinically appropriate. We're also seeking alternative out of hospital services to meet the needs of new and follow up patients and are working on developing new pathways for priority specialties to determine when, where and how often we will have contact with patients.

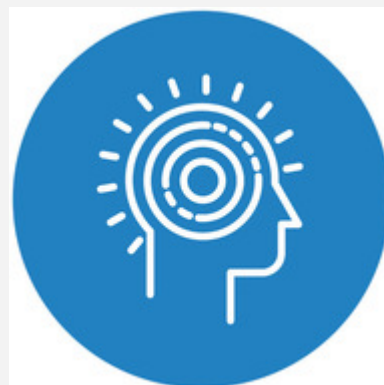
By working in a smarter and more efficient way, this will lead to a reduction in the number of hospital visits for patients, release more capacity in the system and help to improve waiting times.

[Read More >](#)



Mental Health programme

From Jonathan O'Brien, Programme Director



We are currently looking at how we can deliver better services for the most vulnerable people who use services in our main hospitals when their need is for mental health support or help with alcohol addiction. We're aiming to work with community services to provide joined up care for people who have attended Accident & Emergency several times over a short period. People will be supported by a team of skilled staff who will give treatment and advice to enable them to manage their health and improve quality of life. This expands on the successful High Volume and High Intensity User services which are already delivered across parts of the system. We are also planning to provide a better link from A&E to specialist alcohol services so that people can be supported at an earlier stage and begin their recovery journey in a more planned way.

Specialist Learning Disability services are undertaking a review of how people can be discharged quickly from hospital and return home. The Children and Young People's Trailblazer project is progressing well and has started to make progress connecting to schools across North Staffordshire and Stoke-on-Trent. We've recruited 30 trainees and nearly 20 support staff, who will be able to support pupils experiencing difficulties with their mental health.

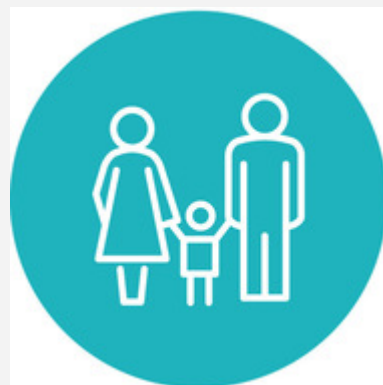
Local people can now receive urgent and intensive mental health care without the need to go outside of Staffordshire for bed-based care. North Staffordshire Combined Healthcare NHS Trust and Midlands Partnership NHS Foundation Trust are working together to make out of area treatment unnecessary so links with family and loved ones can be maintained and access to recovery services made easier.

Finally, the programme is changing its leadership due to the current Chief Executive of Combined Healthcare, Caroline Donovan, leaving to take up her new post as CEO of Lancashire Care NHS Foundation Trust. Peter Axon, Combined Healthcare's new Chief Executive will take the programme forward from April as Senior Responsible Officer.

[Read More >](#)

Maternity, Children and Young People programme

Maternity update from Heather Johnstone, Programme Director for the Maternity Transformation Programme



I'm delighted that the Staffordshire and Stoke-on-Trent Maternity Transformation Programme has launched a campaign aimed at raising awareness and destigmatising perinatal mental health issues. Increasing the provision of perinatal mental health services is a key part of the programme, and this campaign will go some way in helping signpost people to the services that can help them.

Alongside the great work that is being carried out locally by mental health service providers, we're working to increase the level of support available and raise awareness of what is an important issue in Staffordshire and Stoke-on-Trent. More information about perinatal mental health, the support available locally and the wider campaign is available on Together We're Better's perinatal mental health web page [here](#).

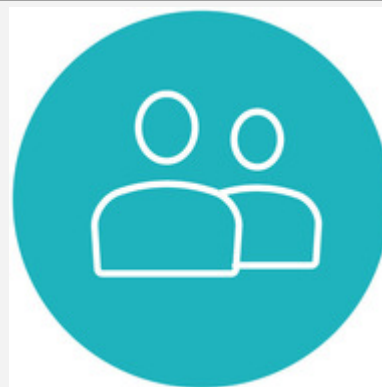
[Read More >](#)

Focus on our enabling programmes

Workforce programme

From Greg Moores, Programme Director

Staffordshire and Stoke-on-Trent has been leading the way nationally with the pioneering Staffordshire Physician Associate (PA) Internship, the first initiative of its kind to offer placements for groups of PAs within primary and secondary care along with a structured teaching programme. Led by the North Staffordshire GP Federation in partnership with local NHS provider trusts and a number of GP practices, we're delighted the programme has been shortlisted in the 'Primary Care Initiative of the Year' category in the national HSJ Value Awards. The Federation is holding a Physician Associates in Primary Care Conference on Thursday 13 June at Keele Hall, Keele University. The conference will explore the current climate, showcase the role of PAs and the opportunities for them within



primary care.

In other news, we've been working to develop a framework for the retention of health and care staff alongside a toolkit to include best practice and case studies from partner organisations. The Staffordshire and Stoke-on-Trent Talent Academy will soon be going live on Together We're Better's website, including an STP careers advice and support service – the New Horizons Careers Hub – which is being developed with partners to retain and attract existing and future workforces within Staffordshire and Stoke-on-Trent.

Finally, we're really pleased a Health and Care Graduate pathway has been developed with our partners to improve the entry of young people into health and social care careers, with the plan to have first cohort in place by September 2019.

[Read More >](#)

Together We're Better is the transformation partnership for health and social care across Staffordshire and Stoke-on-Trent.

To contact us email togetherwe'rebetter@staffordshire.gov.uk

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