

MEETING OF THE TRUST BOARD

TO BE HELD IN PUBLIC
ON Wednesday 18th April 2018, 10:00AM,
BOARDROOM, LAWTON HOUSE, TRUST HEADQUARTERS,
BELLRINGER ROAD, TRENTAM LAKES SOUTH,
STOKE ON TRENT, 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 – 22ND MARCH 2018 <i>To APPROVE the minutes of the meeting held on 22nd March 2018</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 recognize staff who are retiring</i> <i>To be introduced by the Chief Executive and presented by the Chair</i>	Verbal
8.	REACH RECOGNITION INDIVIDUAL AWARD ON EXCELLENCE <i>To PRESENT the REACH Recognition Individual Award to Julie Richardson, Hillcrest Recovery and Resettlement Team</i> <i>To be introduced by the Chief Executive and presented by the Chair</i>	Verbal

9.	PATIENT STORY – SIMON VOIELS AND VERONICA EMLYN <i>To RECEIVE a Patient Story from Simon Voiels, Service User and Veronica Emlyn, Patient Experience Facilitator to be introduced by the Executive Director of Nursing, Maria Nelligan</i>	Verbal / Presentation
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, Tess Tainton, Vice Chair of the Service User and Carer Council</i>	Assurance Enclosure 5
ENCOURAGE, INSPIRE AND IMPLEMENT RESEARCH AND INNOVATION AT ALL LEVELS		
12.	RESEARCH AND DEVELOPMENT STRATEGIC ENGAGEMENT WITH KEELE UNIVERSITY <i>To RECEIVE the Research and Development Report on strategic Engagement with Keele University from Dr Buki Adeyemo, Executive Medical Director</i>	Assurance Enclosure 6
TO PROVIDE THE HIGHEST QUALITY SERVICES		
13.	NURSE STAFFING MONTHLY REPORT - FEBRUARY 2018 <i>To RECEIVE the Nurse Staffing Monthly Report from Maria Nelligan, Executive Director of Nursing & Quality</i>	Assurance Enclosure 7
14.	ANNUAL SAFER STAFFING REPORT <i>To RECEIVE the Annual Safer Staffing Report from Maria Nelligan, Executive Director of Nursing & Quality</i>	Assurance Enclosure 8 Presentation
15.	PERFORMANCE AND QUALITY MANAGEMENT FRAMEWORK REPORT (PQMF) – Month 11 <i>To RECEIVE the Month 11 Performance Report from Suzanne Robinson, Director of Finance, Performance and Digital</i>	Approval Enclosure 9
16	NHS PROVIDERS - REVIEW OF CHILDREN AND YOUNG PEOPLES MENTAL HEALTH SERVICES <i>To RECEIVE AN UPDATE FROM Laurie Wrench, Associate Director of Governance</i>	Assurance Enclosure 10

17	ANNOUNCED AND UNANNOUNCED ASSURANCE VISITS Q3 REPORT <i>To RECEIVE the Announced and Unannounced Assurance Visits Report from Maria Nelligan, Executive Director of Nursing & Quality</i>	Assurance Enclosure 11
CREATE A LEARNING CULTURE TO CONTINUALLY IMPROVE		
18.	No items received	
MAXIMISE AND USE OUR RESOURCES INTELLIGENTLY AND EFFICIENTLY		
19.	FINANCE REPORT – MONTH 11 (2017/18) <i>To RECEIVE for discussion the Month 11 Financial position from Suzanne Robinson, Director of Finance, Performance and Digital</i>	Approval Enclosure 12
20.	ASSURANCE REPORT FROM THE FINANCE, PERFORMANCE & DIGITAL COMMITTEE <i>To RECEIVE the Finance, Performance & Digital Committee Assurance report from the meetings held 5th April 2018 from Tony Gadsby, Chair/Non-Executive Director</i>	Assurance Enclosure 13
ATTRACT AND INSPIRE THE BEST PEOPLE TO WORK HERE		
21	ASSURANCE REPORT FROM THE QUALITY COMMITTEE <i>To RECEIVE the Quality Committee Assurance report from the meeting held 5th April 2018 from Patrick Sullivan, Non-Executive Director</i>	Assurance Enclosure 14
22	COMBINED CONNECTED - COMMUNICATIONS STRATEGIC PLAN 2018 -2020 <i>To RECEIVE the Communications Strategic Plan 2018 - 2020 from Joe McCrea, Associate Director of Workforce, Organisational Development & Communications</i>	Assurance Enclosure 15
23	STAFF SURVEY RESULTS (DIRECTORATE ACTION PLANS) <i>To RECEIVE the Staff Survey Results from Alex Brett, Director of Workforce, Organisational development and Communications</i>	Assurance Enclosure 16
CONTINUALLY IMPROVE OUR PARTNERSHIP WORKING		
24	<i>To RECEIVE a verbal update on progress from Mr A Hughes, Joint Director of Strategy, Development and Estates (NSCHT/GP Federation)</i>	Assurance
ANY OTHER BUSINESS		

	<i>The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday 24th May 2018 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	Note
	DECLARATIONS OF ANY OTHER BUSINESS	Note
	SERIOUS INCIDENTS	Assurance
	BUSINESS PLAN UPDATE	Approve
	LEADERSHIP & WORKFORCE REPORT AND SERVICE REVIEW	Assurance
	ANY OTHER BUSINESS	

TRUST BOARD

**Minutes of the open section of the North Staffordshire Combined
Healthcare NHS Trust Board meeting held on Thursday, 22nd March 2018
At 10:00am in the Boardroom, Trust Headquarters, Lawton House
Bellringer Road, Trentham, Stoke on Trent, ST4 8HH**

Present:

Chairman:

David Rogers
Chairman

Directors:

Caroline Donovan
Chief Executive

Dr Buki Adeyemo
Medical Director

Maria Nelligan
Executive Director of Nursing and
Quality

Andrew Hughes
Joint Director of Strategy and Development

Joan Walley
Non-Executive Director

Suzanne Robinson
Director of Finance, Performance
and Digital

Ganeshan Mahadea
Non-Executive Director

Alex Brett
Executive Director of Workforce, Organisational
Development and Communications

Dr Keith Tattum
GP Associate

Patrick Sullivan
Non-Executive Director

Carol Sylvester
Acting Director of Operations

In attendance:

Laurie Wrench
Associate Director of Governance

Lisa Wilkinson
Acting Corporate Governance
Manager (minutes)

Jenny Harvey
Staff Side Representative

Tess Tainton
Vice Chair of Service User and Carer Council

Joe McCrea
Associate Director of
Communications

Members of the public:

Pat Smith – Executive PA
Janette Charlton – Executive PA
Alison Duffell – Caseload Manager
Dr George El-Nimr – Consultant Psychiatrist
Gavin Morris – O2
John Ashworth – Shadow Secretary of State for
Health MP [part]
Lee Baron – Dying to Work Campaign Representative
[part]
Steve Jones – Unison [part]

Retirees

Judith Donlon – Nurse Practitioner
Dora Deaville – Medical Secretary
Kath Clark – Head of Clinical
Service Development

REACH Team Recognition Award

Substance Misuse Services

Dr Derrett Watts - Clinical Director

Ian Rhodes – Service User

Jackie Richards – Medical Secretary

Craig Heffernan-Stone – Clinical Service

Manager

Andrea Meaden (ADS) – Adult Mental

Health Practitioner

Debbie Moores (ADS) - Adult Mental Health

Practitioner

REACH Special Team Recognition Award –

Rehabilitation Services

Natalie Larvin – Head of Directorate

Jeannette Adams (Nursing) Acting Ward Manager

Sarah Tucker – Occupational Therapist

Lillian Machin - Healthcare Support Worker

The meeting commenced at 10:02am.

52/2018	Apologies for Absence Lorien Barber, Non-Executive Director , Tony Gadsby, Non-Executive Director, Wendy Dutton, Chair Service User Carer Council	Action
53/2018	Declaration of Interest relating to agenda items There were no declarations of interest relating to agenda items.	
54/2018	Declarations of interest relating to any other business There were no declarations of interest relating to any other business. Mr Rogers asked for this section to be removed from future agendas.	
55/2018	Minutes of the Open Agenda – 22nd February 2018 The minutes of the open session of the meeting held on 22 nd February 2018 were approved.	
56/2018	Matters arising The Board reviewed the action monitoring schedule and agreed the following:- <i>830/2017 – Safer Staffing Nursing Report – Finance information to be included. Deferred to April 2018</i> <i>865/2017 – PCD Assurance Report Communications Strategy – Agenda item deferred to April 2018</i> <i>12/2018 – R & D Partnership with Keele – A report will come to April</i>	

	<p><i>Board</i></p> <p>13/2018 – Nurse Staffing Monthly Report November 2018 (Mapping Exercise) – Agenda item for Closed Trust Board</p> <p>14/2018 – PQMF M8 (Medical Workforce Plan) – A report will come to April Board</p> <p>20/2018 – Declarations of Interest – Agenda item today</p> <p>42/2018 – Nurse Staffing Monthly Report – December 2017 – Agenda item today</p> <p>44/2018 – Single Oversight Framework – Suzanne advised the current target is 90% this will align to the CQUIN as we progress.</p> <p>48/2018 – Verbal Update of Progress from Joint Director of Strategy – Agenda item for Closed Trust Board</p>	
57/2018	<p>Chief Executive's Report</p> <p>Caroline Donovan, Chief Executive, presented this report which provides an update on the activities undertaken since the last meeting and draws the Board's attention to any other issues of significance or interest.</p> <p>COMBINED HEALTHCARE'S JOURNEY OF IMPROVEMENT FEATURED AS AN EXEMPLAR IN NEW CQC REPORT</p> <p>The Trust is delighted to have been among just a handful of organisations to feature in a new CQC report showcasing how mental health trusts have led by example in raising standards.</p> <p>The CQC's 'Driving Improvement' report focusses on a select few mental health trusts that, like North Staffordshire Combined Healthcare, have achieved significant improvement in their CQC ratings.</p> <p>Combined's ongoing journey of improvement has seen the Trust transform itself in the past two years – from being rated as 'Requires Improvement' in September 2015 to 'Good' in 2017; with every service being rated as 'Good' or 'Outstanding' – which gives confidence that all our services are at a good standard for our service users and carers.</p> <p>The report states that “the trusts featured in this publication show how good leadership can drive significant improvements, in some cases in a relatively short time. We want to encourage others to look at and learn from these case studies to help them in their own improvement work”.</p> <p>Driving Improvement chronicles the story of how Combined Healthcare has transformed itself, starting with the development of the SPAR quality priorities of Safe, Personalised, Accessible and Recovery-focussed care and Proud to CARE values of a Compassionate, Approachable,</p>	

	<p>Responsible and Excellent workforce.</p> <p>NHS STAFF SURVEY – OUR JOURNEY OF IMPROVEMENT CONTINUES</p> <p>The results are in and they confirm that our journey of improvement Towards Outstanding continues. Coming hot on the heels of the CQC rating every one of our services as ‘Good’ or ‘Outstanding’, it’s welcome further evidence that our journey of improvement is also being felt and recognised by our staff.</p> <p>The survey helps the Trust to gauge how our staff are feeling, what they think about working in the Trust and the services and care we provide to our local communities. It also allows us to compare ourselves against other NHS trusts.</p> <p>It’s particularly encouraging to see an improved score in “a place you would recommend to work or receive treatment” in comparison to other trusts. That’s great news and a sign our staff recognise positive change in our Trust.</p> <p>Other areas of improvement include:</p> <ul style="list-style-type: none"> • 21 out of 28 categories we were average or better than average, with 10 categories ranking better than average. • 91% of staff believe the organisation provides equal opportunities for career progression or promotion • Scoring highly on staff believing that we act on service user feedback effectively • A low percentage of staff said they experienced bullying, harassment or abuse in the last 12 months, supplemented by a higher than average score for supporting staff health and wellbeing. <p>There are no significant reductions in scores compared with last year. Areas that the Trust continues to work on improving include:</p> <ul style="list-style-type: none"> • Staff being able to contribute toward improvements at work • Staff agreeing that their role makes a difference to service users and staff feeling confident in reporting unsafe clinical practice • Improving the experience of our Black, Asian and Minority Ethnic (BAME) staff. <p>A particular priority will be creating real and lasting change in workforce race equality and supporting a culture of continual improvement that all staff can engage in. The Trust is also implementing a Towards Outstanding Engagement programme which aims to improve the skills within teams – in particular, helping improve staff engagement and effective team working.</p> <p>COMBINED SERVICES AND INITIATIVES SHORTLISTED FOR HSJ VALUE AWARDS</p>	
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	<p>The Trust is delighted that four of our services and programmes have been selected as finalist in the 2018 HSJ Value Awards.</p> <p>The innovative Valuemakers programme has been shortlisted in the Improving Value through Innovative Financial Management or Procurement category.</p> <p>In the Mental Health category the CAMHS in Schools team has been shortlisted, as has the Meir Partnership Care Hub service provided with Stoke-on-Trent City Council and a number of other partners.</p> <p>The Trust has also been shortlisted in the Pharmacy and Medicine's Optimisation for Medication Reduction in a Learning Disability Service.</p> <p>The award ceremony will be on Thursday 7 June 2018 in Manchester.</p> <p>CONTINUING TO ENGAGE AS WE MOVE TOWARDS LOCALITY WORKING</p> <p>The Trusts plans to introduce new integrated locality-based structures within Combined Healthcare continue at pace. The Trust has held a series of engagement forums with staff groups and our stakeholders, while members of the Executive team have been out and about meeting Trust teams to seek their views on the proposals.</p> <p>The driving principle of this new way of working is to strengthen how the wider community teams work across primary care, social care and community services.</p> <p>The plan is to have a two-phased approach, moving to four directorates (Stoke, North Staffordshire, Specialist Services and Urgent Care & Acute Services). Phase 1 is due to go live on 1 July and will implement the leadership structure and include the current team configurations under the new leadership structure, while phase 2 will go live on 1 October and will involve the reconfiguration of clinical teams to account for demography and activity.</p> <p>These new proposals will enable the Trust to be even more responsive and effective in delivering compassionate care to our local service users, their carers and families.</p> <p>Further engagement forums will be held over the course of the next six-eight weeks and will continue to involve frontline staff and teams across the Trust.</p> <p>STOKE-ON-TRENT CQC LOCAL SYSTEM REVIEW WORKSHOP</p> <p>During September 2017, the Care Quality Commission (CQC) undertook a Local System Review of the Stoke-on-Trent health and care system. The Review considered system performance along a number of 'pressure points' on a typical pathway of care with a focus on older people aged over 65.</p>	
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	<p>At a local summit in November senior leaders from the five organisations – Combined Healthcare, Stoke-on-Trent City Council, Stoke-on-Trent Clinical Commissioning Group, University Hospitals of North Midlands NHS Trust and Staffordshire and Stoke-on-Trent Partnership NHS Trust – committed to work together to develop an Improvement Plan in response to the Review Report.</p> <p>A half day workshop has taken place to further progress the Local System Improvement Plan and we will be joined on the day by Ed Moses, Deputy Director, Social Care Oversight, Department of Health and Social Care.</p> <p>The workshop was an opportunity to share the Improvement Plan more widely, including with operational and clinical staff and identify approaches that will help strengthen the actions identified within the plan.</p> <p>NOMINATIONS OPEN FOR REACH AWARDS ON 26 MARCH</p> <p>The Recognising Excellence and Achievement in Combined Healthcare (REACH) Awards are an annual celebration of our staff and teams who go above and beyond in delivering excellent services. To mark the NHS 70 celebrations, this year's REACH will take place on Thursday 5 July at the Stoke-on-Trent Moat House. Nominations will open on Monday 26 March and the Trust is hoping to beat last year's record-breaking total of 290 nominations. This year's awards will recognise outstanding achievements in the following categories:</p> <ol style="list-style-type: none"> 1. Leading with Compassion Award 2. Rising Star Award 3. Volunteer/Service User Representative of the Year Award 4. Innovation Award 5. Valuemaker Award 6. Developing People Award 7. Partnership Award 8. Service User and Carer Council Award (decided by the Service User and Carer Council) 9. Unsung Hero Award 10. Proud to CARE Award 11. Team of the Year Award 12. Chairman's Award (decided by the Chair) <p>RESEARCH RECRUITMENT BOOSTER</p> <p>One of the Trust's key strategic objectives is to 'Encourage, inspire and implement research and innovation at all levels'. The Research Team have been working hard with staff and teams to boost research throughout the Trust and have launched a new campaign in the lead up to Easter to increase the number of patients, staff and carers participating in the mental health and dementia research studies we are involved with.</p> <p>Teams have been increasing the exposure of research studies by displaying</p>	
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	<p>literature and speaking to their service users to see if they would be interested in taking part.</p> <p>PLANNING</p> <p>The Trust has completed a refresh of our One and Two Year Plans. They demonstrate the additional investment the Trust has received from commissioners to underpin our new Psychiatric Intensive Care Unit, liaison psychiatry and outreach services.</p> <p>Each directorate has developed its own One Year Operating Plan, which feed in to the overarching Trust Plan and describe the continuing journey towards outstanding at a service level.</p> <p>CARILLION UPDATE</p> <p>The Trust has now agreed with Town Hospitals Ltd, the provider of the Harlands PFI, that Serco will take over responsibility for delivery of Facilities Management services from Carillion. A transition plan has been developed that assumes a start date of 1 May 2018. The Trust remains incredibly grateful for the care and professionalism that staff have continued to show during this time of uncertainty.</p> <p>CONTRACT AGREEMENT</p> <p>The Trust is one of the first providers in the STP to agree its 2018/19 contract with lead commissioners – this took place on 1 March 2018. The 2018/19 contract includes a 4.3% increase for new services against the mental health investment standard of 2.82%. This secures additional investment into a number of key services including IAPT and RAID, as well as the new Psychiatric Intensive Care Unit (PICU) and allows the Trust to develop some of the outreach services which supported Royal Stoke University Hospital during the winter period on an ongoing basis. This is a really important step in ensuring the Trusts service users receive services out of hospital and closer to home.</p> <p>STAFF OVERCOME ‘BEAST FROM THE EAST’ TO CONTINUE DELIVERING GREAT SERVICES</p> <p>The Trust is hugely proud of the way staff once again rose to the challenge as they overcame the snow, blizzards and severe cold weather brought about by the so-called ‘Beast from the East’. Teams made sure that patients got the care and support they need by coming in to do extra shifts or changing their working patterns to support each other, with some colleagues even coming in on their day off, staying with colleagues to enable them to get to work or walking in to work if they couldn't drive. Other people also helped transport staff to work. The Trust would like to thank each and every one who went the extra mile.</p> <p>MEDICAL WORKFORCE WORKSHOP</p>	
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	<p>The first of a series of events to engage with medical staff on key issues and ensure they are at the forefront of leading and developing the Trust as the Trust continues to move forward was hosted by the Medical Director Dr Buki Adeyemo. Chairman David Rogers held a question and answer session and Consultant Psychiatrist Dr Chris Link presented a service improvement project that had positively benefited patients on Ward 3 at Harplands. The afternoon focussed on developing the Medical Strategy.</p> <p>SYSTEM TRANSFORMATION PLAN</p> <p>The Chairman and Caroline Donovan met with all Chairs and CEOs with the Staffordshire and Stoke-on-Trent STP independent Chair Sir Neil McKay and Director Simon Whitehouse this month. The focus of the discussion was how the Trust could work together across our respective organisations even better. The Alliance Boards are a key enabler of this. Increasingly, the Trust will see the three Alliance Boards being a key integrator of organisations working together to deliver innovation and improved services for the communities we serve.</p> <p>NATIONAL UPDATE</p> <p>NHS TO LAUNCH NATIONAL SCHEME TO TREAT VETERANS' MENTAL HEALTH</p> <p>The Veterans' Mental Health Complex Treatment Service was designed after former military personnel and their families across England were asked by the NHS how services could be improved. The new service, backed by £3.2m of funding, will help those who have the most complex needs, including substance misuse and trauma.</p> <p>The initiative would also aim to help veterans access services closer to home, rather than requiring them to travel, as well as helping them access information about employment, accommodation, finances and relationships. However, some veterans have raised concerns that the money will take funds away from existing charity schemes and have a developed business case for commissioners to support future funding opportunities.</p> <p>With regards to BAME, Jenny Harvey commented there has been real commitment from the trade unions and a high profile from the Trust around this topic.</p> <p>Jenny Harvey wished to highlight the trust has been Shortlisted for HPMA Award in terms of Partnership Working and Inclusivity.</p> <p>Received</p>	
58/2018	<p>Chair's Report</p> <p>David Rogers, Chairman provided an update.</p>	

	<p>With regards to STP's things are improving with the appointment of the new chairman Sir Neil MacKay. The Trust has managed to lift the STP into something which is more open to view and inclusive which is pleasing. We are very much involved as a Trust in those future ideas.</p> <p>Pay negotiations – Jenny Harvey advised there is no removal of the annual leave day. What is significant is not the 6% increase over three years but more the restructure of the agenda for change pay scale. It is fully funded centrally and should help with recruitment. It is still subject to consultation with members and we should not anticipate a formal agreement before May 2018.</p> <p>Joan Walley asked how new proposals will affect salary increments. Jenny Harvey advised currently some bands have seven increments the new framework will have two or three increments in each band but may take a few years to move through bands therefore will be more closely linked to appraisals and competency. It will also end the overlap for people being promoted.</p> <p>Alex Brett commented that appraisal will become more robust in terms of how we have that conversation with individuals around performance and development. This will in essence remove pay band 1 there will be a minimum wage set that takes into account minimum wage which is positive.</p> <p><i>Noted</i></p>	
59/2018	<p>Staff Retirements</p> <p>Kath Clark – Head of Clinical Service Development / Out of Area and Primary Care</p> <p>After a long and varied career, Kath Clark has decided to retire and we wish her well. Kath trained as a Student Mental Health Nurse at Wolverhampton School of Nursing, becoming a RGN in 1983 and moving to Shropshire in 1985.</p> <p>Kath joined Combined Healthcare in 2005 as Joint Head of Mental Health Services for Stoke-on-Trent subsequently becoming Business Manager Community Services (Stoke on Trent), Operational Manager - Acute Services, Service Line Manager NOAP, Head of Directorate CAMHs and Head of Clinical Service Development. Throughout her career she has built strong relationships with staff, patients and commissioners, breaking down barriers and striving for the best outcomes for service users.</p> <p>Kath's experience will be a loss to this organisation and to the NHS as a whole. Her bright personality, laughter and warmth will be missed by everyone. With some more spare time we hope she is able to enjoy her travels and love of holidays.</p> <p>The Trust wishes her well in retirement which, given her plans, means she will be busier than ever and hope she stays in touch.</p>	

Kath was also presented with a Nursing Badge.

Judith Donlon - Nurse Practitioner

Judith qualified as a RMN in 1986 after completing her training at Lawson School of Nursing, St Augustine's Hospital, Canterbury, Kent. On applying for a post at St Edwards Hospital she was given exemplary references from her former tutors and employers. One referee commented '...performance has been exemplary since commencing student nurse training, she is sensitive and caring towards patients in her care... she is undoubtedly leadership material.'

Judith has held various roles throughout her employment. She started off as a Staff Nurse at St Edwards Hospital, on Menzies House, then moving to a number of community roles before in 1995 holding an acting 'G' grade position at the Sutherland resource Centre and in 1996 held a 'Team Leader' position at Bursley House Community Mental Health Unit.

It is evident that Judith has worked most of her career in community settings and in 2006 she accepted a Nurse Practitioner post at the Bennett Centre, and has remained in this role since. Judith is well liked by her patients and colleagues alike and will be missed by all.

Everyone that knows Judith will agree that she is a dedicated nurse and always strives to provide a high standard of care delivery. Her colleagues will miss her good humour, willingness to listen to us - especially when the team are facing some real obstacles but most of all miss your good work. Judith plans to continue running and will be undertaking the London Marathon for the second time on the 22nd April aiming for another sub-4!! Judith previously ran this in aid of the Donna Louise Trust but this year is doing it to raise funds for a project in India that helps children escape bonded labour, give them the access to education and the opportunity for a better life.

Judith plans on returning part-time but hopes that this will give her more time to pursue other interests such as dog walking, gardening, cooking and reading.

The Trust would like to thank Judith for all her hard work and commitment.

Judith was also presented with nursing badge

Dora Deaville – Medical Secretary

Dora joined the NHS in 1974 and has worked as a medical secretary within a variety of specialities throughout her career.

Her service has only been broken by well-deserved time out to raise her family. Following her return to work in 1983, Dora undertook relief medical secretary work and was involved in the training of newly appointed medical

	<p>secretaries, before becoming a substantive medical secretary.</p> <p>Dora joined the Neuropsychiatry team in 2012, following the retirement of Professor Peter Crome, whom she worked alongside for eight years.</p> <p>The team have been fortunate to benefit from Dora's wealth of expertise and knowledge, as well as her warm and friendly manner, always showing care and compassion for clients and colleagues alike. Dora has embraced the demands of a new and busy speciality with her usual sense of calm. Outside of her working life, Dora has a number of hobbies and interests, including her passion for walking, thinking nothing of completing in excess of 25 miles on a regular basis, whilst working up to regular endurance challenges on 100 miles. A measure of Dora is her modesty around her achievements and being unfazed by the team's admirations for her exploits. Dora will be greatly missed by her friends and colleagues, both in North Staffordshire Combined and the wider hospital community.</p> <p>The following comments from Dr El-Nimr, capture our thoughts and sentiments for Dora:</p> <p>'I have had the good fortune of working with Dora for a number of years. She came to us highly recommended by the nationally renowned professor, Professor Crome, for whom she worked previously, and of course we have held her in equally high regard! Dora is such a positive and delightful person; a walking reminder of values that are more cherished now than ever before. Her relaxed and polite attitude within such a busy job will always be remembered. She will certainly be greatly missed, along with her stories about her very long distance walking that weren't particularly good for our egos in the office!! No doubt there'll be things she'll miss too – like the 6am tyranny of her alarm clock and the increasingly aggressive demands of our digital world – but I expect she'll learn to live with it! I would like to say a big thank you to Dora for everything she has done, for being a great colleague and friend, and wish her all the very best for a long and happy retirement.'</p> <p>On behalf of the Trust, we wish Dora a happy retirement.</p> <p><i>Received</i></p>	
60/2018	<p>REACH Team Recognition Award March 2018</p> <p>One Recovery Team – Substance Misuse Service</p> <p>Formed in 2014, One Recovery is a partnership of Combined Healthcare and ADS that addresses the clinical needs of a patient during their journey of recovery from addiction, including physical and mental health assessment.</p> <p>In 2017, budget cuts of almost 60% by Staffordshire County Council significantly impacted the service, leading to a large re-structuring process.</p> <p>One Recovery was selected for this award for continuing to provide an</p>	

	<p>excellent service in spite of the devastating cuts. Despite the personal stress and anxieties from all the staff who make up the team, they have continued to deliver a first class service. They maintain a patient centred approach that focuses on safety – supporting over 1,370 people within their clinical treatment to move towards abstinence and meet their recovery goals.</p> <p>One Recovery Staffordshire is Proud to Care and demonstrates this on an ongoing basis in the clinical work they deliver. They provide compassionate care to a service user group who are challenging given the nature of substance misuse dependency. They are approachable – demonstrated through the low number of complaints the service receives and the number of compliments about the quality of the service. They take responsibility in delivering a high performing service that learns and evolves; and they continue to deliver an excellent service that regularly receives fantastic feedback.</p> <p>Dr Derrett Watts, Clinical Director introduced the presentation which Craig Heffeman-Stone presented which looked at the progression, challenges and successes of One Recovery over the last nine months.</p> <p>Service User Ian Rhodes talked about his experience accessing One Recovery Services.</p> <p>‘I was a client for a number of years. Following a relapse I visited the community hub and joined a group and detox programme. Groups and one to ones would be held in the hub which enabled you to meet people in the same situation, it’s like a family. If it was not for the hub people would relapse. We are all painting a large Muriel in the hub. It’s all about trust as an addict you don’t trust people and at the hub you can trust staff’.</p> <p>Derrett asked Ian if he was involved in his own care, Ian said, ‘ Yes you can talk to anyone they’ve always got time for you’.</p> <p>Craig advised that due to cuts the six provisions have drastically been reduced. the Service has only been able to retain one of the hubs in the North.</p> <p>Joan Walley thanked Ian for his story and asked why there is not outrage at the cuts. Strategically we a Trust we need to raise awareness about the importance of reinstating some of these cuts and also how this can be better integrated in the STP going forward. Derrett advised the service has expressed outrage and continue to so. There is also n online petition. The service is facing further cuts; this coming financial year we could potentially lose up to another £500K if there is anything the Trust can do to help we would be happy to be part of the challenge.</p> <p>Ian felt that the cuts to save money is costing more, people will be committing crime, using hospital services etc. Since the cuts 6 of Ian’s friends have passed away.</p>	
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	<p>Caroline thanked Ian for the presentation, explaining that the Trust were not aware of the potential £500K cuts planned for 18/19. Andrew Meaden explained it is very difficult to plan anything long term with such uncertainty when staff leave it is difficult to manage as people do not want to take fixed term contracts.</p> <p>Caroline explained there is a national issue with Substance Misuse funding since this was moved across to Local Authorities. It is worrying that Stoke Council might be thinking of reducing the budget as well. Suzanne Robinson and Caroline met with Sir Neil MacKay recently where it was agreed Substance Misuse Services would be more prominent in the STP programme. We are still in a difficult position as it is the local authorities making decisions. Primary care have a role to play as this affects them also, it is hidden and hard to measure. Suzanne advised the discussion with STP has been helpful as we can draw evidence from other areas. The Trust needs to show the financial implications from these cuts.</p> <p>Patrick Sullivan asked what are you doing on a day to day basis is there anything the board can do to help to improve that. Craig felt there could be greater partnership working on wards to support early discharges, get involved in recovery at an early age and building pathways. There was a meeting yesterday to look at mental health pathways with SSSFT there is a great desire to look at dual diagnosis and push forward as an agenda item. Raising the profile to support the staff to prevent further cuts. We are open to work with any providers and provide any evidence we can to support maintaining the financial envelope. Commitment to raise the profile is much appreciated.</p> <p>Joan Walley asked Derrett if the extra money secured re: consultations with police commissioner would be carried forward? Derrett advised potentially but not without caveat and further discussion. Most NHS Trusts do not have Substance Misuse Services anymore and we are getting closer to this.</p> <p>The Team were thanked for their time and providing the presentation.</p> <p>Received</p>	
61/2018	<p>CQC CELEBRATION ITEM – ADULT REHABILITATION SERVICES</p> <p>Special Team Award - March 2018</p> <p>Adult Rehabilitation services, Summers View and Florence House, Adult Mental Health Inpatient Directorate</p> <p>A major highlight of our recent CQC report was the achievement of our specialised adult Rehabilitation services based at Summers View and Florence House, whose 'Outstanding' rating we celebrate today with this special REACH Team Award.</p> <p>Staff work with service users with long-term complex mental health problems and structure the service to offer an extended period of engagement to help people to maximise their potential.</p>	

	<p>During their unannounced inspection, the CQC found the team showed a high level of care and support to patients, which continued after patients had been discharged when they would be invited to events and for meals on the wards.</p> <p>Staff knew patients extremely well and had extensive knowledge of their care needs on both wards. The team worked in a way that was very person-centred and were encouraging and highly motivational in the support they provided.</p> <p>The CQC also found that staff organised informal family and carer events in a way that encouraged greater attendance and involvement – including barbecues and afternoon tea events.</p> <p>Inspectors said they saw examples of patient feedback being taken seriously and acted upon, with patients being involved in care planning in a holistic and recovery focussed way. They were also treated with dignity and respect and, in return, patients showed the same level of respect to staff.</p> <p>In addition, the team was praised for supporting patients to access their personal, social, cultural and spiritual needs.</p> <p>Congratulations to the staff at both Summers View and Florence House, who fully deserve this award for their outstanding service.</p>	
62/2018	<p>QUESTIONS FROM MEMBERS OF THE PUBLIC</p> <p>There were no questions / comments from the public.</p>	
63/2018	<p>SERVICE USER AND CARER COUNCIL</p> <p>Tess Tainton, Vice Chair of the Service User Carer Council provided an update.</p> <p>A presentation was received around Acute Care Pathway from Dr Chris Link, Consultant Psychiatrist and Laura Jones, Ward Manager.</p> <p>Dr Adeyemo advised we welcome suggestions regarding communications re: acute care pathway when rolled out we need to ensure community teams are aware to ensure the path keeps flowing.</p> <p>Gan Mahadea queried the concept of 72 hours assessment. Carol Sylvester explained there is a very distinct difference between 72 hour assessment and a 72 hour admission assessment is early in the admission to ensure there is a focus to the admission.</p> <p><i>Received</i></p>	
64/2018	<p>NURSE STAFFING MONTHLY REPORT – JANUARY 2018</p>	

	<p>Maria Nelligan, Executive Director of Nursing & Quality presented the report and highlighted the following:</p> <p>This paper outlines the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during January 2018 in line with the National Quality Board requirements. The performance relating to fill rate (actual numbers of staff deployed vs numbers planned) during 2018 was 85% for registered staff and 100% or care staff on day shifts and 87% and 105% 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 manager supporting clinical duties. The data reflects that Ward Managers are staffing their wards to meet increasing patient needs as necessary.</p> <p>Maria explained that teams are encouraged to submit an incident form with anything that relates to staffing. There will be shifts where we have not reached a fill rate as we are encouraging people to record this.</p> <p>The Trust is implementing the safe care model as part of e-roster to enable us to check three times a day acuity and staff on the wards in real time</p> <p>We are working hard with colleagues in Human Resources around recruitment. There has been a 25% drop in application of registered nurse training this year. This is a national issue.</p> <p>The report sets out where the Trust is in terms of recruitment and noted there will be challenges with the opening of PICU.</p> <p>The highest vacancies are currently on Ward 4 and Ward 2. There are a number of staff in the recruitment process but this is still challenging. Conditional offers have gone to students completing their training.</p> <p>The shift patterns have changed and in the next report we will see the impact that has on the fill rates.</p> <p>Gan commented that the focus on maintaining safer staffing and recruitment is good but we need to see a paper regarding retention by directorate. Alex explained there is a paper in Closed Section of today's board and a further paper due in April 2018.</p> <p>The Board were asked to receive the report, noting the challenges with recruitment and mitigations /actions in place, note the challenges in filling shifts and be assured that safe staffing levels are maintained.</p> <p><i>Received</i></p>	
65/2018	<p>DIRECTOR OF INFECTION PREVENTION AND CONTROL (DIPC) Q3 OCTOBER – DECEMBER 2018</p> <p>Maria Nelligan, Executive Director of Nursing & Quality presented the report and highlighted the following:</p>	

	<p>The report is in line with the requirements set out in Winning Ways (DH, 2003) and the Health Act (2006) for the Director of Infection Prevention and Control (DIPC) to appraise the Board on a quarterly basis on the arrangements and activity within Infection, Prevention and Control (IPC).</p> <p>During the Q3 period there were no HCAs within the Trust, including incidents of MRSA Bacteraemia or C-difficile.</p> <p>Nationally influenza activity peaked between weeks 50 and 52 (December 2017) and continues into 2018. Influenza like Illness (ILI) visits to GPs and A&E departments have increased significantly and continue into 2018. Inpatients at Combined have been symptomatic and those with ILI have been reported to the medical and IPC team, and those patients were reviewed and treated as required. The immunisation programme for 2017/18 commenced late September 2017, and to the end of December 2017, our peer vaccinators have vaccinated nearly 900 staff. The denominator for this year has increased to over 1200 frontline staff, as a result vaccinators have had to vaccinate more staff to meet overall compliance.</p> <p>Following identification of ILI in some patients on wards 4, 6 and 7, viral swabbing took place. Following this we had two confirmed Respiratory Syncytial Virus (RSV) on wards 4 and 6. One of the cases also had confirmed Haemophilus influenza bacteria detected, sometimes confused with Influenza. Both patients have recovered well. No cases of cross infection were observed or confirmed. Staff worked diligently and followed all IPC precautions and advice.</p> <p>In addition we had four confirmed Influenza B viral swabs from patients on ward 6. These patients were symptomatic of ILI with high NEWS score. The ward was closed to admissions and the Outbreak Standard Operating Procedures followed for Respiratory outbreaks. All patients were commenced on Anti-viral medication (Tamiflu), and nursed on the ward to full recovery.</p> <p>The SEPSIS action plan continues and is imbedded in the Infection Control and Prevention Strategy.</p> <p>Dr Tattum asked if the trust was taking any steps to ensure the most effective vaccine is used for members of staff at high risk. As vaccines issued to the Trust were Trivalent and not Quadrivalent therefore people have still got flu. If we have a programme going forward we need to ensure the most effective vaccine issued for 18/19. Maria will look into ensuring the Quadrivalent vaccines are available for the next vaccine campaign.</p> <p>Received</p>	MN
66/2018	PERFORMANCE AND QUALITY MANAGEMENT FRAMEWORK REPORT (PQMF) – Month 10	

	<p>Suzanne Robinson, Executive Director of Finance, Performance and Digital, presented the report highlighting key points.</p> <p>Performance highlights:</p> <ul style="list-style-type: none"> • 98% of service users referred to IAPT services were treated within six weeks of referral (against a 75% target) and 67.2% of people accessing IAPT services moved to recovery (against a 50% target) • 97.5% of all service users on CPA for at least 12 months (NHSI measure) received their review within 12 months (against a 95% target) <p>Two additional metrics have been included in the PQMF dashboard in month:</p> <ul style="list-style-type: none"> • Percentage of inpatient admissions that have been gate kept by crisis resolution/ home treatment team – in line with the updated Single Oversight Framework (SOF) guidance. • Patient Safety Alerts not completed by deadline – in line with the updated SOF guidance. <p>Exceptions:</p> <ul style="list-style-type: none"> • Delayed Transfers of Care 10.2% at M9 to 7.8% at M10. This is positive. • Bed Occupancy AMH inpatient 91.0% at M10 from 96.0% at M9. All other wards 93.8% add the rest • National agency spend 28.8% at M10 from 29.7% at M9. <p>Caroline highlighted that delayed transfers of care is reducing but delays are going up for patients and family choice which is concerning. Caroline asked for more focus on this going forward. Carol highlighted on a positive note whilst we have delays the length of stay is reducing this is down to the focus from the Heads of Directorate. We have been assertive working with colleagues to ensure we have a multiagency policy we are working to.</p> <p><i>Received / Approved</i></p>	
67/2018	<p>STAFF SURVEY RESULTS</p> <p>Alex Brett, Director of Workforce, Organisational Development and Communications presented the report and highlighted the following.</p> <p>Alex confirmed a more detailed report will be received at Board in April with Directorate actions and comparison data.</p> <p>WRES – Work and commitment is ongoing around this area and we are seeing some trends. A moving story was received from a member of staff who attended People and Culture Committee this time which we will bring back to a future Board.</p> <p>There are a number of high level actions included in the report. Actions will</p>	AB

	<p>be developed which will be articulated in a Trust-wide and directorate action plan. This will be monitored through PCD.</p> <p>Directorates are currently working on their staff survey data with the HR Business Partners. Directorates will be producing action plans which will be presented at SLT Performance for assurance.</p> <p>Professional Leads will be further analysing the data to draw out actions required for Professional Groups. Work has already commenced with the Medical Workforce.</p> <p>The Director of Workforce, OD and Communications will be analysing with the Executive team the comments from staff and clustering these by theme to inform the Organisational Development Approach for the coming year. This will be presented and fed in to the Board Development session in May.</p> <p>A report will come to the next Board as previously agreed.</p> <p>Trust Board members are asked to:-</p> <ol style="list-style-type: none"> 1. Discuss the findings of the staff survey and actions to take forward to enhance staff engagement 2. Consider the Board's role in supporting the improvements in the WRES data 3. Consider entirely electronic staff survey for 2018, reflective our commitment to becoming a digital exemplar <p>Trust Board agreed a mixed approach of paper and electronic staff survey.</p> <p>Maria stated that she was pleased to see positive results in relation to Occupational Therapists and Allied Health Professionals.</p> <p><i>Received</i></p>	
68/2018	<p>FINANCE REPORT – MONTH 10 (2017/18)</p> <p>Suzanne Robinson, Executive Director of Finance, Performance and Digital, presented the report:</p> <ul style="list-style-type: none"> • YTD surplus of £1,148k against a planned surplus of £982k. This is a favourable variance to plan of £166k. • The M10 CIP achievement: <ul style="list-style-type: none"> ○ YTD achievement of £1,662k (68%); an adverse variance of £799k; ○ 2017/18 forecast CIP delivery of £2,588k (81%) based on schemes identified so far; an adverse variance of £609k to plan; ○ The recurrent forecast delivery at month 10 of £2,951k 	

	<p>representing a recurrent variance to plan of £246k.</p> <ul style="list-style-type: none"> ○ A risk adjusted recurrent forecast delivery of £2,475 (77%) • The cash position of the Trust as at 31st January 2018 with a balance of £5,932k; £502k better than plan. This is positive. • Agency YTD spend currently £514k above ceiling (£2,068k) • Year to date Capital receipts for 2017/18 is £1,260k compared to a net planned capital expenditure of £1,726k; <ul style="list-style-type: none"> ○ The original operating plan submitted to NHSI in December 2016 planned net capital expenditure of £2,979k by Month 10. ○ Based on the NHSi plan the forecast underspend would be £708k. • Use of resource rating of 2 against a plan of 2. <p>The Board were asked to approve:</p> <ul style="list-style-type: none"> • The month 10 position reported to NHSI. • Approve the forecast Agency Ceiling breach of £461k. <p><i>Received / Approved</i></p>	
69/2018	<p>ASSURANCE REPORT FROM THE FINANCE, PERFORMANCE & DIGITAL COMMITTEE</p> <p>Gan Mahadea Non-Executive Director presented the report in the absence of Tony Gadsby, Chair of the Finance, Performance and Digital Committee for assurance from the meeting that took place on 8th March 2018.</p> <p>The following updates were given by the Executive Director of Finance, Performance and Digital to the Committee:</p> <ul style="list-style-type: none"> • A presentation updating on the Budget and Financial Plan for 2018/19, supplemented with a detailed paper which detailed the Key Financial Statements, Cost Improvement, Use of Resources and 5 year Capital plan. • The NHS Standard Contract was agreed on 1st March 2018 with the North Staffs and Stoke CCG totalling, broadly achieving the mental health investment standard of 2.82%. The increase in contract value included national investments, CCG local investments and 2017/18 investments made recurrent. • The Cost Improvement Target for 2018/19 has been refreshed to reflect changes since the two year operational plan submitted in December 2016. The risk assessed forecast under delivery of recurrent Cost Improvement in 2017/18, offsets any favourable movement in planning assumptions and therefore the 2018/19 CIP remains unchanged at £2.795m. 	

	<ul style="list-style-type: none"> The trust is planning to operate within the Agency ceiling of £1.887m and achieve an overall use of resources of 1; the highest possible level. The Q3 update from NHS Providers outlining the finance and operational performance figures for the provider sector. Uncommitted STF funding is approximately double the amount reported during the same period last year. <p>There has been an improvement in the PBR report, particularly for admitted cluster days as a direct result of the impact of data quality improvements made to date. Cluster 99 continues to be over reported due to data quality issues and the committee noted concern that the trend had still not reduced.</p> <p>Whilst improvements have clearly been made around data quality, the Committee is still not able to give any assurance around the activity reported due to issues with the quality of recording by operational staff.</p> <p>A Data Quality Task and Finish Group chaired by Suzanne is in the process of being set up.</p> <p><i>Ratified /Received</i></p>	
70/2018	<p>DECLARATION OF INTERESTS – FEBRUARY 2017</p> <p>Laurie Wrench, Associate Director of Governance presented the report.</p> <p>The report provides an update as at the 31st January 2018 of current Board members interests given the change in membership since the last report of the 31st December 2017. 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> <p>Laurie advised following advice from the Trusts Auditors it is best practice to declare all interests for transparency purposes therefore CQC Reviewers and STP responsibilities included.</p> <p><i>Received</i></p>	
71/2018	<p>RELOCATION OF NSCHT SERVICES BRANDON CENTRE</p> <p>Carol Sylvester, Acting Director of Operations provided an update as detailed below:</p> <p>This report provides the detail upon the steps taken to ensure that quality care is delivered to the residents of Cheadle with the closure of the Brandon centre. The report identifies actions taken, collaboration with service users and partners, key risks and challenges</p>	

	<p>A total of 222 service users were identified in the scope. To date, 1 service user and 1 carer/family member (on behalf of a service user) has contacted the local team to express concern as regards the relocation of services. Both concerns have been discussed and individual's issues resolved through the teams managers and individual care co-ordinators.</p> <p>Wider public involvement /engagement with the project would have been preferable. The service manager looked to attend the local Moorlands Information Group however it is our understanding that this meeting was cancelled and we are working with the Trust Patient Experience Lead as regards the future of the meeting or alternative opportunities for the team to engage with the wider public.</p> <p>Moving forward we will work collaboratively with our local GP community to evolve mental health services into a provision more aligned with the local and national direction providing local services centred on a natural community footprint, in partnership and collaboration.</p> <p>Joan Walley commented that it is good we have good an alternative base but do we differentiate between the independence of the service we provide and branding of the premises from which it is operated. Carol advised we need to look at this we continue to scope but absolutely acknowledge further work is required. Joan highlighted the Estates Policy is an issue now in terms of changes in strategy right across Norths Staffs and Stoke perhaps this needs to be an issue in terms of where alternative provision is looked at strategically plus implications re: transport there is a huge amount of withdrawal of services we need to look at in totality with the CCG and STP. Access to medical services is really important we need to look at from a holistic approach with transport providers.</p> <p>Caroline confirmed there is an STP Estates Work Stream and as part of the Alliance approach we are planning to rationalise and wherever possible get shared accommodation. The Trust is looking at its own buildings currently as part of its new locality structure and how we can partner with other organisations.</p> <p>Andrew highlighted transport trying to change commercial entities thinking around routes is difficult but altering thinking around existing routes is rational.</p> <p>Suzanne highlighted from an STP point of view the estates work stream is focussing on the cost of estate across Staffordshire this is important as a new submission required for July and this is a route of how new funding and investment will come through our patch. Andrew confirmed it does not include all local authority buildings therefore Geoff Neild, Associate Director of Estates is working on this.</p> <p><i>Received</i></p>	
72/2018	ASSURANCE REPORT FROM THE PEOPLE AND CULTURE COMMITTEE	

	<p>Patrick Sullivan, Non-Executive Director presented the report in the absence of Lorien Barber, Chair of the People and Culture Committee for assurance from the meeting that took place on 12th March 2018.</p> <p>The Committee received a very moving staff story from a BAME staff nurse with an obvious passion to care working within the NOAP directorate. The story raised issues about how our BAME colleagues are supported as they work with patients and staff. The staff member felt there were not equal opportunities for development and training; unsupported by some colleagues and felt she had been ostracised during mealtimes. When asked if there were sufficient opportunities for BAME bank staff to join the Trust permanently, it was felt that their experiences were often discouraging them from doing so. When the staff nurse was asked what would help, the main area to address that would support a drive to change the culture was the recruitment and retention of permanent staff. Awareness training is also a valuable tool to enable staff to start to confront the issues and work together for the same purpose.</p> <p>The staff member was assured that the Committee and Trust is prioritising this area of work, and would work with teams to educate them as part of the Staff Survey action plan and WRES findings.</p> <p>The Committee's review is on hold pending a meeting to review the committee with the CEO and Chair of the Committee. Following this meeting on April 17th which will review the findings of the AQUA Well Led Development review, the business focus, Terms of Reference and Cycle of Business will be refreshed.</p> <p>The Committee also considered and agreed the request to reduce the metric compliance rate for PDR and Supervision to 85%, this will ensure the Trust is in line with other organisations.</p> <p>The following policies were approved by the Committee and the Trust Board are requested to ratify:</p> <ul style="list-style-type: none"> • Supporting Attendance at Work • Induction Policy • Roster Management Policy <p>The following policies were agreed by the Chair electronically and will be submitted in full to the Committee in May 2018:</p> <ul style="list-style-type: none"> • Learning & Development Policy (agreed extension until the end of April 2018) • Smoking Policy (agreed extension until May 14th 2018) <p><i>Ratified / Received</i></p>	
73/2018	ASSURANCE REPORT FROM AUDIT COMMITTEE	

	<p>Gan Mahadea Non-Executive Director presented the report for assurance from the meeting that took place on 8th March 2018.</p> <p>The committee received the Risk Assurance report which provided information and assurance regarding the systems and processes used within the Trust to manage risk. The committee noted positive feedback within the inspection report relating to risk management and the Board Assurance Framework. Additionally, RSM recently completed a review of the risk management framework across the organisations and awarded a statement of substantial assurance with no further recommendations.</p> <p>RSM Internal Audit presented a report which included the agreed action plans in respect of the finalised reports since the last Audit Committee meeting.</p> <p>The committee received the new audit plan and LCFS plan from KPMG for 2018/19 and were advised that the final plan would be presented at April's Audit Committee. The committee noted that the plan spanned three years and were advised that the plan is flexible in terms of changing priorities.</p> <p>Members noted the report and that there were five waivers issued in Q3 and noted the low number of waivers received.</p> <p>The following policy was approved for 3 years:</p> <ul style="list-style-type: none"> • Policy for the development and management of Trust-wide procedural / approved documents <p>The committee ask for final ratification by the Board</p> <p><i>Ratified / Received</i></p>	
74/2018	<p>CQC ACTION PLANS & CQC DRIVING IMPROVEMENT PUBLICATION</p> <p>Caroline Donovan, Chief Executive presented the report.</p> <p>The action plans in relation to the most recent CQC inspection were shared with the CQC 9th March 2018. The action plans address the 'must' and 'should' do requirements as highlighted by CQC. The action plans demonstrate considerable progress made in addressing the issues raised.</p> <p>CQC Driving Improvement Report On 15th March, the CQC published a report that explores how seven NHS mental health trusts have been able to make significant improvements in the quality of care and improve their CQC rating. NSCHT was one of the seven trusts featured in the publication.</p> <p>CQC noted there were common themes that drove improvement across the featured trusts. "Strong, visible and listening leadership is vital, and good leaders engage and empower staff. Good leadership and good governance go hand in hand, and the report found that most of the trusts had made</p>	

	<p>changes to their systems and processes to drive improvement.” Further reference was made to this report within the Chief Executives Report.</p> <p><i>Received</i></p>	
75/2018	<p>MEIR LOCALITY PARTNERSHIP</p> <p>Andrew Hughes, Joint Director of Strategy and Development presented the report</p> <p>The attached Report, produced by the Co-operative Working Team hosted by Stoke-on-Trent City Council, describes the significant progress that has been made through the hub. In addition to the reports/evaluation included work has been completed on reviewing the data and the impact of the Meir Partnership Model for the Trust.</p> <p>The data collected from May 2017 to November 2017 indicates that the model has had significant impact on referrals from the locality both to the Access Team and in relation to referrals into the Sutherland CMHT.</p> <p>During this period the CPN, based at Meir for three days per week, was involved in 44 individual cases. All of these cases would have previously been referred to Access. The Access Team received 375 cases from the whole of the Meir Locality GP population, 184 of which were referred on to the CMHT (54%). The Meir CPN is therefore taking 12% of all referrals from Meir but only had to refer 6 people of the 44 onto secondary care (14%). These figures are based on the 3 days per week input and if this was increased to a full time post based upon current workloads the CPN could have taken 73 cases (19.5%). These figures exclude all Acute/Emergency referrals to Access from Meir over the same period which were 44.</p> <p>Further analysis is required to confirm the current indicated impact however there is clear evidence that the new model in Meir works positively in avoiding the need for secondary care and is potentially more efficient for service users and the Access service. The model also supports the development of an emergency/acute access service with all non-urgent referrals being taken within the localities.</p> <p>Additionally, anecdotal evidence from both staff and service users indicates improved outcomes from the partnership approach and greater service user satisfaction. This evidence is being collected as part of the evaluation being undertaken by Sheffield Halam University.</p> <p>It should also be noted that in addition to the Meir Locality Partnership winning the 2017 Positive Practice in Mental Health Award for partnership with social care the project has been shortlisted for the 2018 Health Service Journal (HSJ) Value Award. The final three shortlisted for this category will be judged in early April with the award being announced at the end of April.</p> <p>Andrew highlighted in the plans there is a specific section on partnership working that looks at partnerships that are local we are involved with and</p>	

	<p>how we are resourcing them. There is a clear plan for Stoke and a strategy for North Staffs.</p> <p>Received</p>	
76/2018	<p>SIGN UP TO THE TUC DYING TO WORK CAMPAIGN</p> <p>John Ashworth, Shadow Secretary of State for Health, Lee Baron, Dying to Work Campaign Representative and Steve Jones, Unison joined the Trust Board meeting to witness the Trust signing up to the Dying to Work Campaign. The campaign helps staff who have a terminal illness and supports the Trust to support them through difficult situations.</p> <p>David Rogers welcomed all to the meeting.</p> <p>Lee talked to the Board and thanked the Trust for signing up to the charter, North Staffordshire Combined Healthcare is the first mental health trust to sign up. There are now 600,000 employees covered by this charter.</p> <p>Alex talked about the organisations commitment. As a Board we have talked about this for a number of months we are very committed and have revised our attendance at work policy to encompass the changes made by signing up to this charter. We are honoured to be signing and committing to it going forward.</p> <p>Caroline added for the last three years we have radically improved our services. This has been achieved through the staff and changing our culture in partnership with Service Users and Carers. We are not complacent in any way we have improved our partnerships and if we do not value our staff we will not make improvements. If someone has a terminal illness we should be supporting staff.</p> <p>John thanked the Board for inviting him and advised he was thrilled that this is the first mental health trust in the country signing up to the charter. John believes the NHS should be the best and most caring employer in the country as this is about being a caring employer valuing the people you employ it is an important step in the right direction. John advised the Trust has a very good reputation and good relationship with staff side which sadly is not the case across the country and something the Trust should be proud of.</p> <p>John congratulated the Trust on its CQC report adding it is very encouraging as we know sadly mental health services are struggling in many parts of the country. Having talked to service users across the country investment is a priority as it has not happened in recent years under various governments. Parity of esteem is important and we now need to deliver. Labour is committed to more investment in the NHS across the Board and prioritising mental health.</p> <p>Jenny Harvey took the opportunity to highlight the presentation that was received earlier today from One Recovery a real story of how local</p>	

	<p>government is impacting on the service the Trust is managing to attain good and outstanding even with significant cuts in Staffordshire, the service is ongoing but still at risk. All recovery focus services were cut by 60%.</p> <p>Joan Walley advised it's about the shift in legislation when Health and Wellbeing Boards were created. It's a failure of government investing in local authorities. One of the other issues that runs through everything is staff retention how difficult it is to recruit given the uncertainty with future funding its difficult to offer staff contracts. The whole aspect of mental health funding needs to be placed in the wider economy funding.</p> <p>John Ashworth felt the way public health have been given back to authorities means that services like One Recovery have been cut quite severely, passed around the system and no one is taking responsibility. The cutting of some of these services is a false economy people with severe drinking problems are turning up at A & E etc. Suggestions and ideas are welcomed and open for discussion.</p> <p>Caroline advised the strong focus on mental health has been welcomed. We need to try and stop thinking of mental health services in a separate way and develop services in an integrated way . The Trust looks forward to taking up John's invitation to respond with a set of ideas that might be helpful.</p> <p>The charter was signed.</p>	
77/2018	<p>ASSURANCE REPORT FROM THE QUALITY COMMITTEE (VIRUTAL REPORT)</p> <p>Patrick Sullivan Non-Executive Director presented the report for assurance from the meeting that took place on 22nd March 2018.</p> <p>During the month of March 2018, the Quality Committee were asked to consider a number of policies, some of which were undertaken by virtual review in the absence of a meeting. The purpose of this report is to notify the Trust Board of the outcome of this work and to recommend ratification of policies and procedures as follows:</p> <p>The recommendations were supported by agreed Chair`s actions, virtual circulation to the Committee and ratification of the following policies by the Trust Board for 3 years or otherwise stated as follows:</p> <ul style="list-style-type: none"> • 1.80 - Resuscitation Policy - Existing Policy - Reviewed and Updated - Approve for 3 years • Towards Smoke Free - New Policy - Approve for 3 years. <p><i>Approved / Ratified</i></p>	

78/2018	Date and time of next meeting The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Wednesday 18 th April 2018 at 10:00am, in the Boardroom, Lawton House, Trust HQ.	
79/2018	* 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.	

The meeting closed at 1.10pm

Signed: _____
Chairman

Date _____

Board Action Monitoring Schedule (Open Section)

Trust Board - Action monitoring schedule (Open)					
Meeting Date	Minute No	Action Description	Responsible Officer	Target Date	Progress / Comment
05-Oct-17	830/2017	Safer Staffing Nursing Report 25.01.18 : The 6 monthly report was put on hold due to the management of change of the shift patterns being consulted upon - the next 6 monthly report is now due therefore an annual report is being produced which will come to Trust Board 22nd March 2018. 22.03.18 - Finance information to be included. Deferred to April 2018	Maria Nelligan	18-Apr-18	Agenda item
09-Nov-17	865/2017	Updated Communications Strategic Plan (PCD Assurance Report) will be presented to PCD and Trust Board in January 2018. 25.01.18 - Some changes to be made to be approved at PCD and presented at March Trust Board. 22.03.18 - Agenda item deferred to April 2018	Joe McCrea	18-Apr-18	Agenda item
25-Jan-18	12/2018	R & D Partnership with Keele - Update on Strategic Engagement to come to April Trust Board.	Dr Adeyemo	18-Apr-18	Agenda item
22-Mar-18	65/2018	Director of Infection Prevention and Control (DIPC) Q3 October - December 2018 Maria Nelligan to look into Dr Tattums query re: the types of flu vaccine we are administering to staff (Trivalent or Quadrivalent) and what will be available for the next round of vaccines.	Maria Nelligan	18-Apr-18	Maria has e-mailed
22-Mar-18	67/2018	BAME Story - Staff Survey Results A moving story was received from a member of staff who attended People and Culture Committee this time which we will bring back to a future Board.	Alex Brett	24-May-18	

REPORT TO TRUST BOARD

Enclosure No:4

Date of Meeting:	18 April 2018		
Title of Report:	CEO Board Report		
Presented by:	Caroline Donovan, Chief Executive		
Author:	Caroline Donovan, Chief Executive		
Executive Lead Name:	Caroline Donovan, Chief Executive	Approved by Exec	<input type="checkbox"/>

Executive Summary:		Purpose of 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.		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"/> 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 type="checkbox"/> • Digital by Choice Board <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> 1. To enhance service user and carer involvement. <input checked="" type="checkbox"/> 2. To provide the highest quality services <input checked="" type="checkbox"/> 3. Create a learning culture to continually improve. <input checked="" type="checkbox"/> 4. Encourage, inspire and implement research & innovation at all levels. <input checked="" type="checkbox"/> 5. Maximise and use our resources intelligently and efficiently. <input checked="" type="checkbox"/> 6. Attract and inspire the best people to work here. <input checked="" type="checkbox"/> 7. Continually improve our partnership working. <input checked="" type="checkbox"/> 		
Risk / legal implications: Risk Register Ref	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)	N/A		
Recommendations:	1. To receive the report and note the update		

Chief Executive's Report to the Trust Board 18 April 2018

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. OUR JOURNEY OF IMPROVEMENT FEATURES IN NEW CQC REPORT

I am delighted to share that we are among just a handful of organisations to feature in a new CQC report showcasing how mental health trusts have led by example in raising standards.

The CQC's 'Driving Improvement' report focusses on a select few mental health trusts that, like Combined, have achieved significant improvement in their CQC ratings.

The report states that "the trusts featured in this publication show how good leadership can drive significant improvements, in some cases in a relatively short time. We want to encourage others to look at and learn from these case studies to help them in their own improvement work".

In order to produce the report, the CQC interviewed people throughout the Trust, including our Chair David Rogers, myself, other Executives, managers and frontline staff. They also spoke with a number of partners and stakeholders about how they are working with Combined to improve services.

Driving Improvement chronicles the story of how we have transformed ourselves, starting with the development of our SPAR quality priorities and Proud to CARE values. The developing culture of the organisation, with an emphasis on supporting staff and enabling clinicians to lead has been highlighted by the CQC, as has our improved governance. Our Raising our Service Excellence (ROSE) electronic patient record and Valuemakers initiative were both featured in the report as examples of real improvement.

In addition, the CQC praised our excellent partnership working supporting the coordination and integration of its services across the local health and care system – highlighting the ongoing partnership between Combined and the North Staffordshire GP Federation.

2. HSJ VALUE AWARDS

Congratulations to the Combined Healthcare services and initiatives that have been shortlisted in the 2018 HSJ Value Awards. The Trust has been chosen as a finalist in no less than four awards for the prestigious national awards. Our innovative Valuemakers programme will be representing Combined in the Improving Value through Innovative Financial Management or Procurement category.

In the Mental Health category our fantastic CAMHS in Schools team has been shortlisted, as has the Meir Partnership Care Hub service we provide with Stoke-on-Trent City Council and a number of other partners. We have also been nominated in the Pharmacy and Medicine's Optimisation category for medication reduction in a learning disability inpatient service.

Each of the teams will now have to go and present to a panel of judges before finding out if they are the national winners at the award ceremony on Thursday 7 June when the awards are held in Manchester.

3. COMBINED SERVICES SHORTLISTED FOR PATIENT SAFETY AWARDS

We are delighted that our High Volume User Service and Learning Disability Service, following an announcement last week that they have been shortlisted in the 2018 Patient Safety Awards.

Now in its 10th year, the Patient Safety Awards recognise and reward outstanding practice within the NHS and independent healthcare organisations. Both services will be representing Combined in the Mental Health and Learning Disabilities Category. Our High Volume User Service has been commended for "working to reduce A & E attendance" and our Learning Disability Service, for "medication reduction. We will be keeping our fingers crossed on Monday 9 July when the awards are held in Manchester

4. COMBINED HEALTHCARE THE FIRST MENTAL HEALTH TRUST TO SIGN THE DYING TO WORK CHARTER

We welcomed Shadow Secretary of State for Health and Social Care, Jon Ashworth MP, to witness the signing of the TUC Dying to Work Charter in March's Board meeting. We are proud to have become the first mental health trust in the country to sign up to the Charter, which sets out the following commitment for how our staff will be supported, protected and guided throughout their employment, following a terminal diagnosis.

As well as being present for the signing, Jon also discussed with us his own approach to mental health policy and delivery and went on to visit the fabulous Growthpoint service and was really impressed by what he saw.

5. CONTINUING TO ENGAGE AS WE MOVE TOWARDS LOCALITY WORKING

Our plans to introduce new integrated locality-based structures within Combined Healthcare continue apace.

Our newly launched website – <http://localities.wpengine.com/> - provides more information on the project, which aims to bring together all age community services by geography, provide better services to our local communities, brings together all specialist services (wider than the North Staffs catchment), and urgent care pathways to align with inpatient wards, create a Primary Care directorate to support developments between the Trust and primary care, develop a robust and integrated professional structure, and strengthen clinical leadership at a pathway level.

We are also continuing to hold engagement forums with staff groups and stakeholders to share details of the project and welcome feedback. Please visit the site to discover more about this exciting new way of working and let us have your contributions. We really want to ensure that everyone is involved and kept informed about the exciting times ahead for our services and our staff.

6. NOMINATIONS NOW OPEN FOR REACH AWARDS

The Recognising Excellence and Achievement in Combined Healthcare (REACH) Awards are an annual celebration of our staff and teams who go above and beyond in delivering excellent services. To mark the NHS 70 celebrations, this year's REACH will take place on Thursday 5 July at the Stoke-on-Trent Moat House. Nominations will open on Monday 26 March and we are hoping to beat last year's record-breaking total of 290 nominations. This year's awards will recognise outstanding achievements in the following categories:

1. Leading with Compassion Award
2. Rising Star Award
3. Volunteer/Service User Representative of the Year Award
4. Innovation Award
5. Valuemaker Award
6. Developing People Award
7. Partnership Award
8. Service User and Carer Council Award (decided by the Service User and Carer Council)
9. Unsung Hero Award
10. Proud to CARE Award
11. Team of the Year Award
12. Chairman's Award (decided by the Chair)

For more information about the awards, including how to nominate, please visit our REACH website www.reachawards.org/nscht.

7. RESEARCH RECRUITMENT BOOSTER

One of our key strategic objectives is to 'Encourage, inspire and implement research and innovation at all levels'. Our Research Team have been working hard with our staff and teams to boost research throughout the Trust and have launched a new campaign in the lead up to Easter to increase the number of patients, staff and carers participating in the mental health and dementia research studies we are involved with.

Teams have been increasing the exposure of our research studies by displaying literature and speaking to their service users to see if they would be interested in taking part.

To find out more about our research studies, and to take part, you can contact the Research Team via email at R&D@combined.nhs.uk or by calling 01782 441773.

8. ALLIANCE OUTCOME FRAMEWORK DEVELOPED

This exciting development follows our work with the Alliance Board on 21 March, led by AQUA, where we identified our skills and experiences and breadth of skills. Our Alliance Outcome Framework focuses on how we can ensure our teams are motivated and working to their full potential and will allow us to truly work collaboratively across organisations. To learn more about the Alliance, you can go to the dedicated website at <https://nssotalliance.org/>

9. STP LEADERS HOLD KEY MILESTONE EVENT

Leaders and clinicians from organisations representing the Together We're Better partnership met at the end of March to focus on the work that has taken place over the previous 12 months as well as using the opportunity to share their emerging thinking on future plans.

Simon Whitehouse, Together We're Better Director, reflected on the progress that has been made in across a number of key areas including:

- the prevention agenda,
- improving local primary and community care,
- increasing the effectiveness and efficiency of planned care,
- work to develop a simplified urgent and emergency care system,
- further improving local mental health services, and
- improving children, young peoples' and maternity services.

He also highlighted the work that has taken place to strengthen leadership and accountability within the partnership. He went on to stress the importance of continued collaboration and recognised that there remained a significant amount of work still to do.

Dr Paul Roberts, Director of North Staffs GP Federation spoke about the progress in developing local, community based primary care – including the successful Meir Partnership Care Hub that has seen NHS, local authority, independent and primary care colleagues work more closely together to improve health and care services for the local community.

Together We're Better's Independent Chairman, Sir Neil McKay, shared some of the emerging thinking taking place within the partnership, including an ambition for swift progress to be delivered in a number of areas.

These include implementing a greater number of integrated care teams across the area. These would build on the work being done in places like Meir to bring together a range of physical and mental health services alongside social care professionals and the voluntary and community sector to enable a coordinated approach to improving population health. Teams will provide care that:

- help more people lead healthy, active lives,
- enable more people to remain independent for longer,
- reduce the need to attend or stay in hospital,
- reduce the length of time people spend in hospital,
- predict personal needs and plans care to prevent problems before they arise,
- make greater use of technology and home adaptations, and support families and carers in their role.

10. CGS ENTER PRE-CONSULTATION PHASE TO REDESIGN LOCAL HEALTH SERVICES IN STOKE-ON-TRENT AND NORTH STAFFORDSHIRE

An update has been provided from Stoke-on-Trent and North Staffordshire CCGs about the work to design future local health services in Stoke-on-Trent and North Staffordshire.

The CCGs are in the process of gathering the views of local people in the design of high quality, accessible and affordable local health services that meet your needs in and around the Community Hospitals. They are in the process of working with local stakeholders to develop a pre-consultation business case with viable scenarios for each location on which will have formal consultation later in the year.

11. DAVID ROGERS WRITES BLOG ON “THE ROLE OF THE NHS CHAIR”

Our Chair, David Rogers, has written a fascinating blog on the PWC website on the changing role of an NHS Chair during times of transformation. In his blog, David says “In the new age, transformation is the only way to sustainability. And the currency of transformation is trust. Trust between collaborating organisations to best serve a local population. Trust does not just happen – it has to be generated by contact, by respect and by understanding. Chairs are central to this process”

To read David's blog, go to http://pwc.blogs.com/health_matters/2018/04/delivering-strategic-transformation.html

NATIONAL UPDATE

1. KIRKUP REVIEW INTO LIVERPOOL COMMUNITY HEALTH

The independent review was commissioned by NHS Improvement (NHSI) following concerns raised about care delivered at Liverpool Community Health NHS Trust (LCH) during November 2010 to December 2014. The trust experienced significant failings in care quality, including an inexperienced management and director team. The Trust was also seen to be overly focussed on its pursuit of Foundation Trust (FT) status and achieving very significant cost savings required by its commissioners. In addition, organisational structures were seen to change radically and responsibilities moved to new organisations.

View the full report at <http://nhsproviders.org/media/4390/nhs-providers-otdb-kirkup-review.pdf>

2. CQC PUBLISHES MONITORING THE MENTAL HEALTH ACT IN 2016/17 REPORT

The CQC publishes its Monitoring the Mental Health Act in 2016/17 report, which concludes that not enough is being done to consistently ensure patient rights are respected against the Mental Health Act.

Although the report found examples of good practice, it concludes that mental health services are not doing enough to ensure that people whose liberty has been restricted under the Mental Health Act are able to exercise their rights; and that this situation is not improving. The report comes as an independent review of the Mental Health Act is underway, led by Professor Sir Simon Wessely.

View the report at <http://www.cqc.org.uk/publications/major-report/monitoring-mental-health-act-report>.

Combined Mental Health Act compliance visit action plans are monitored through various forums; on a monthly basis through the Exec led Performance Review meetings and bimonthly at the Quality Committee.

3. NHS ENGLAND WRITE TO CCGS TO BOOST MENTAL HEALTH FUNDS

The Guardian reports that NHS England has written to all 207 CCGs to warn that they must deliver on a key NHS-wide funding pledge in order to meet the rising demand for mental health services. In the letter, Claire Murdoch, NHS England's national mental health director, has advised and encouraged CCGs to ensure they boost spending on mental health by more than the size of their overall annual budget increase. She also states that all CCGs must meet the mental health investment standard (MHIS) during the new NHS financial year.

https://www.theguardian.com/society/2018/apr/04/nhs-england-mental-health-provision-boost-spending-or-face-sanctions?CMP=share_btn_tw

4. NHS STAFF ON AGENDA FOR CHANGE CONTRACT RECEIVE PAY RISE OF AT LEAST 6.5% OVER THREE YEARS

Ministers and unions have agreed a pay deal that will see all staff on an Agenda for Change contract expect a pay rise of at least 6.5% over three years. The pay rises will be worth between 29% and 6% for NHS staff, with the highest rises going to those on the lowest rates of pay. The health and social care secretary, Jeremy Hunt, announced that the NHS starting salary will go up from around £15,000 to more than £18,000. The proposal, currently being consulted on, does not include any changes to annual leave entitlements or unsocial hours payments. The proposed deal will be fully funded by the Treasury.

<https://www.theguardian.com/society/2018/mar/08/nhs-staff-set-to-win-65-pay-rise-but-must-forfeit-days-holiday-in-return>

5. NHS ENGLAND AND NHS IMPROVEMENT ANNOUNCE INTENTION FOR CLOSER JOINT WORKING

On 27th March, NHS England and NHS Improvement announced plans for “working closer together”. The two organisations jointly said

“We have one NHS: commissioners and providers in each part of the country are serving the same people, and we need to use the resources that Parliament gives the NHS to greater benefit for local patients. This requires a much stronger focus on collaboration and joint working nationally as well as in local health systems. Subject to our boards’ approval of more detailed proposals, we will begin to establish the following working arrangements from September 2018:

- increased integration and alignment of national programmes and activities – one team where possible
- integration of NHS England and NHS Improvement regional teams, to be led in each case by one regional director working for both organisations, and a move to seven regional teams to underpin this new approach.

A more joined-up approach across NHS England and NHS Improvement will enable us to:

- **work much more effectively with** commissioners and providers in **local health systems** to break down traditional boundaries between different parts of the NHS and between health and social care
- **speak with one voice**, setting clear, consistent expectations for providers, commissioners and local health systems
- **use NHS England and NHS Improvement’s collective resources** more effectively and efficiently to support local health systems and the patients they serve
- **remove unnecessary duplication and improve the impact** from our work, delivering more for the NHS together than we do by working separately.

NHS England and NHS Improvement still have distinctive statutory responsibilities and accountabilities and nothing we are proposing cuts across these. The legislation also means that a formal merger between our organisations is not possible, instead they propose to combine forces for those functions where we can better work as one.

REPORT TO: OPEN TRUST BOARD

Enclosure No: 5

Date of Meeting:	19 April 2018
Title of Report:	Service User & Carer Council Report
Presented by:	Wendy Dutton, Chair, Service User & Carer Council
Author:	Tess Tainton, Vice Chair, Service User & Carer Council
Executive Lead Name:	Maria Nelligan, Executive Director of Nursing & Quality
Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:		Purpose of report	
This report has been prepared to provide an update of the Service User & Carer Council since the last meeting.		Approval	<input type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input type="checkbox"/>	Date:	
	Execs <input type="checkbox"/>	Date:	
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 involvement. <input type="checkbox"/> To provide the highest quality services. <input checked="" type="checkbox"/> Create a learning culture to continually improve. <input type="checkbox"/> Encourage, inspire and implement research & innovation at all levels. <input type="checkbox"/> Maximise and use our resources intelligently and efficiently. <input type="checkbox"/> Attract and inspire the best people to work here. <input type="checkbox"/> Continually improve our partnership working. <input checked="" type="checkbox"/> 		
Risk / legal implications: Risk Register Ref	None identified		
Resource Implications:	None identified		
Funding Source:			
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	<p>The Service User & Carer Council supported the principle of increasing representation across the Protected Characteristics when reviewing the Diversity and Inclusion Strategy.</p> <p>They also committed to supporting inclusive services and workforce in their review of the Strategy.</p>		
Recommendations:	The Trust Board receives the update for information and assurance.		
Version	Name/group	Date issued	

**SERVICE USER AND CARER COUNCIL UPDATE
FOR TRUST BOARD ON 26th April 2018**

1. Integrated Locality Working Presentation by Julie Anne Murray

The SUCC responded favourably to the proposed new way of working however concerns were expressed regarding services for those with rare conditions where there may be only one or two service users per locality - will these patients still have to travel or will localised services be available? There were also concerns that for these conditions the support provided would be the top of the list for removal due to funding restraints in the future.

2 Quality Priorities 2018

Julie Anne Murray discussed the proposed quality priorities for 2018 and the SUCC were in agreement with them.

3 Citizens Jury Update

The contents of the report were discussed and it was agreed that the report should be circulated to the SUCC for further comment.

4 SUCC Workshops

It was agreed that a change of time and venue should be trialed for the workshop meetings of the SUCC. As of April the workshops will be held on the same date from 5pm - 7pm at the Harplands to try to allow those who work or study to attend meetings at a more accessible location. This will be reviewed by the SUCC to measure the success and whether to implement the change more permanently. The business meetings will remain the same.

REPORT TO TRUST BOARD

Enclosure No:7

Date of Meeting:	17 April 2018		
Title of Report:	February 2018 Monthly Safer Staffing Report		
Presented by:	Maria Nelligan, Executive Director of Nursing & Quality		
Author:	Julie Anne Murray, Deputy Director of Nursing, AHP & Quality		
Executive Lead Name:	Maria Nelligan, Executive Director of Nursing & Quality	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:	Purpose of report	
This paper outlines the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during February 2018 in line with the National Quality Board requirements. The performance relating to fill rate (actual numbers of staff deployed vs numbers planned) during 2018 was 83% for registered staff and 96% or care staff on day shifts and 84% and 104% respectively on night shifts. Overall a 92% 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 manager supporting clinical duties. The data reflects that Ward Managers are staffing their wards to meet increasing patient needs as necessary.	Approval	<input type="checkbox"/>
	Information	<input checked="" type="checkbox"/>
	Discussion	<input type="checkbox"/>
	Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input type="checkbox"/>	Date:
	Execs <input checked="" type="checkbox"/>	Date:
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"> 1. To enhance service user and carer involvement. <input type="checkbox"/> 2. To provide the highest quality services. <input checked="" type="checkbox"/> 3. Create a learning culture to continually improve. <input type="checkbox"/> 4. Encourage, inspire and implement research & innovation at all levels. <input type="checkbox"/> 5. Maximise and use our resources intelligently and efficiently. <input checked="" type="checkbox"/> 6. Attract and inspire the best people to work here. <input type="checkbox"/> 7. Continually improve our partnership working. <input type="checkbox"/> 	
Risk / legal implications: Risk Register Ref	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)	None	
Recommendations:	To receive the report for assurance and information	
Version	Name/group	Date issued
1	SLT	10 April 2018

1 Introduction

This report details the ward daily staffing levels during the month of February 2018 following the reporting of the planned and actual hours of both Registered Nurses (RN) and Health Care Support Workers (Care Staff) to Unify. Appendix 1 details the establishment hours in comparison to planned and actual hours.

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. The 6 monthly review covering January to June 2017 was originally planned to be reported to November Board. However, due to the management of change (MoC) relating to shift patterns, it was agreed at October 2017 Quality Committee to delay the report in order to capture the outcome of the MoC. Due to the timeline of the MoC, the 2 six monthly reports (January-June and July-December 2017) will be amalgamated into a comprehensive annual report for 2017. This will be presented to April 2018 Board.

3 Trust Performance

During February 2018 the Trust achieved a staffing fill rate of 83% for registered staff and 96% for care staff on day shifts and 84% and 104% respectively on night shifts. Taking skill mix adjustments into account an overall fill-rate of 92% fill was achieved. 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 2. 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 which sets out the actions and recommendations from staffing reviews.

4 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.

4.1 Impact on Patient Safety

There were no incidents reported by in-patient wards during February 2018 relating to patient safety and nurse staffing issues.

4.2 Impact on Patient Experience

Staff prioritise patient experience and direct patient care. During February 2018 it was reported that 28 activities were cancelled or shortened (and not rearranged) due to nurse staffing levels. Twenty of these cancellations were on Darwin where staffing levels have been challenging.

4.3 Impact on Staff Experience

In order to maintain safer staffing the following actions were taken by the Ward Manager during February 2018:

- 117 staff breaks were cancelled (equivalent to approximately 2.6% of breaks)
- 19 staff breaks were shortened equivalent to approximately >1% of breaks)
- 245 hrs of ward cross cover (nursing staff were reallocated to cover shortfall within other clinical areas).

4.4 Mitigating Actions

Ward Managers and members of the multi-disciplinary team have clinically supported day shifts to ensure safe patient care. Skill mix has been altered to backfill shortfalls. A total of 256 RN shifts were covered by HCSW where RN temporary staffing was unavailable. A total of 17 HCSW shifts were covered by RN staff where HCSW temporary staffing was unavailable. Additionally, as outlined in section 4.3, staff breaks have been shortened or not taken (time is given in lieu) and wards have cross covered to support safe staffing levels.

4.5 RN Staffing Trend

The RN fill-rate 12 month trendline is demonstrating a slight increasing trend:

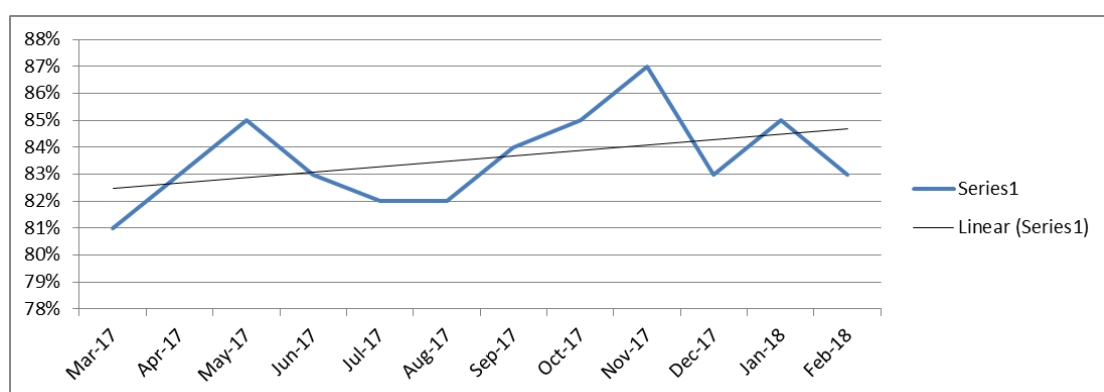


Figure 1 Twelve month RN fill rate trend line

This increasing trend is continuing to be built upon and the following actions have been taken to strengthen RN staffing:

- Twenty six third year Keele nursing students have accepted a conditional offer to commence with Trust in Oct 2018

- Shift patterns have been altered in response to staff feedback
- Recruitment opportunities for RNs continue to be advertised (including bank)
- Increased the presence of Duty Senior Nurses (DSN), Nurse Practitioners and WM on wards
- The Trust has joined the NHSI MH recruitment and retention programme
- Recruitment campaign launched for PICU

5. Summary

Safe staffing reporting indicated challenges in staffing wards during February 2018. A significant number of RN vacancies have been filled by newly qualified RNs during October 2017; these nurses are coming to the end of their period of preceptorship. The Board should note the further challenges associated with the temporary increase of beds on Ward 4 in the response to the winter pressure in the health economy. During 2018 it is anticipated that challenges will also be experienced with the planned opening of PICU, therefore the 2017 annual nurse staffing review will make recommendations in relation to this. The Trust continues to employ alternate strategies with the support of the HR and communication teams to attract RNs during this national shortage.

The trust have joined the NHSI Retention Support Programme. A project team is being identified to deliver this programme and a visit from NHSI is being arranged.

6. Recommendations

The Trust Board is asked to:-

- Receive the report
- Note the challenges with recruitment and mitigations/action in place
- Note the challenge in filling shifts
- Be assured that safe staffing levels are maintained

2018
February

DAY

2018 February																								
Ward name	DAY						NIGHT						DAY		NIGHT		Ovreal RN	Overall HCSW	Overall	Safe staffing was maintained by:	RN Vacancies	HCSW Vacancies	Bed occupancy	Movement
	Registered nurses			Care staff			Registered nurses			Care staff			Average fill rate - registered nurses (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses (%)	Average fill rate - care staff (%)								
	Establish ment Hours	Clinically required Hours	Total monthly actual hours	Establish ment Hours	Clinically required	Total monthly actual hours	Establish ment Hours	Clinically required	Total monthly actual hours	Establish ment Hours	Clinically required	Total monthly actual staff hours												
Ward 1	1410	1050	1037	1260	1065	1097	600	622	347	600	644	946	99%	103%	56%	147%	83%	120%	101%	Nurses working additional unplanned hours, altering skill mix. Cross cover also provided to other wards.	2.40	2.41	91% ↓	
Ward 2	1358	1232	954	1260	1249	1240	581	622	399	600	810	844	77%	99%	64%	104%	73%	101%	88%	Altering skill mix	6.20	1.21	99% ↔	
Ward 3	1410	1284	929	1260	1134	1288	600	622	341	600	644	927	72%	114%	55%	144%	67%	125%	95%	Nurses working additional unplanned hours, altering skill mix. Cross cover also provided to other wards.	1.80	1.44	80% ↓	
Ward 4	1410	1410	1211	1260	1680	1486	311	622	650	311	932	880	86%	88%	105%	94%	92%	91%	91%	Nurses working additional unplanned hours, MDT supporting the nursing team.	4.90	4.00	94% ↑	
Ward 5	991	1299	864	840	1328	1532	262	294	308	787	924	887	66%	115%	105%	96%	74%	107%	93%	Altering skill mix	1.50	-0.20	99% ↓	
Ward 6	983	990	868	1680	2355	1889	263	311	331	788	1465	1357	88%	80%	106%	93%	92%	85%	87%	Nurses working additional unplanned hours, altering skill mix, MDT supporting the nursing time.	2.40	2.55	92% ↓	
Ward 7	990	987	906	1260	1404	1301	262	311	333	525	1088	988	92%	93%	107%	91%	95%	92%	93%	Nurses working additional unplanned hours, altering skill mix.	1.80	0.00	96% ↓	
A&T	838	830	843	1260	1144	1075	622	622	477	622	788	921	102%	94%	77%	117%	91%	103%	98%	Altering skill mix	2.63	4.31	71% ↓	
Edward Myers	975	899	804	840	756	671	263	311	324	525	622	586	89%	89%	104%	94%	93%	91%	92%	Nurses working additional unplanned hours	1.94	1.14	81% ↓	
Darwin Centre	1200	1200	814	1050	1260	1193	311	311	311	622	655	655	68%	95%	100%	100%	74%	97%	87%	Nurses working additional unplanned hours, altering skill mix, MDT supporting the nursing team, cancelling non-direct care activities and some patient activities.	1.85	0.20	98% ↑	
Summers View	915	916	732	840	730	730	300	300	292	600	589	568	80%	100%	97%	96%	84%	98%	92%	MDT supporting the nursing team	-0.20	0.00	95% ↑	
Florence House	495	495	495	840	840	840	300	300	300	300	300	300	100%	100%	100%	100%	100%	100%	100%	MDT supporting the nursing team	0.00	1.53	100% ↑	
Trust total	12974	12591	10456	13650	14944	14342	4675	5246	4413	6880	9461	9860	83%	96%	84%	104%	83%	99%	92%		27.22	18.59		

Appendix 2 Staffing Issues

- There have been challenges and limited success in recruiting band 5 adult RNs to Ward 4 therefore the team are seeking to recruit RNs from other fields who have physical health experience, this will be supported by an education programme. An Advanced Nurse Practitioner has been recruited and will commence in April 2018.
- There are currently 41.5 WTE RN vacancies reported within in-patient wards, including 14.5 RN for PICU. Of the 27 WTE vacancies in current in-patient wards (ie excluding PICU), 16.6 WTE are in the recruitment process. We continue to advertise for the remainder.
- There are currently 19 WTE HCSW vacancies reported within in-patient wards. Of these, 16.8 WTE are in the recruitment process.
- Ward 2 and 4 have the highest RN vacancies of 6.2 and 4.9 WTE respectively; 6 WTE of these have been recruited to. The remaining posts have been advertised externally and have been included within the recruitment events with limited success. Therefore we are reviewing skill mix and shift patterns.
- Ward teams are supported by Modern Matrons and a Duty Senior Nurse who are further supported by an on-call manager out of hours. These staff are not included in the safer staffing returns and are based on wards as opposed to Nursing Office from September.
- RN night shift cover remains challenging. This is a result of increasing night cover to 2 RNs on the acute wards (1, 2 and 3) however the number of vacancies on these wards has made this challenging to achieve consistently.
- High occupancy and increased acuity have also contributed to shortfalls, in the fill rate.

REPORT TO TRUST BOARD

Enclosure No: 8

Date of Meeting:	10 April 2018		
Title of Report:	Safer Staffing 2017 Annual Strategic Review		
Presented by:	Maria Nelligan, Executive Director of Nursing & Quality		
Author:	Julie Anne Murray, Deputy Director of Nursing, AHP & Quality Mike Newton, Deputy Director of Finance		
Executive Lead Name:	Maria Nelligan, Executive Director of Nursing & Quality	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:		Purpose of report	
<i>A full executive summary is detailed within the first page of this report which will summarise the recommendations of the review. In addition the case to resource the recommendations within the current financial envelope are set out in this report.</i>		Approval	<input checked="" type="checkbox"/>
		Information	<input type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input type="checkbox"/>	Date:	
	Execs <input checked="" type="checkbox"/>	Date:	
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"/> Digital by Choice Board <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> To enhance service user and carer involvement. <input type="checkbox"/> To provide the highest quality services. <input checked="" type="checkbox"/> Create a learning culture to continually improve. <input type="checkbox"/> Encourage, inspire and implement research & innovation at all levels. <input type="checkbox"/> Maximise and use our resources intelligently and efficiently. <input checked="" type="checkbox"/> Attract and inspire the best people to work here. <input checked="" type="checkbox"/> Continually improve our partnership working. <input type="checkbox"/> 		
Risk / legal implications: Risk Register Ref	Trust Boards have an obligation to ensure that in-patient wards are safely staffed.		
Resource Implications: Funding Source:	<p>Due to the Management of Change regarding shift patterns, the suggested safe staffing budgeted establishments can potentially be met within current resources using a staged approach.</p> <p>Implementation of a Nursing Associate pilot would provide an 'invest to save' model.</p>		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected	No diversity & inclusion issues identified.		

characteristics' and other equality groups)		
Recommendations:	SLT are asked to approve that the report is forwarded to the Board. The Board will be asked to note the report and approve, in principle, the recommendations which will be taken forward by the Safer Staffing Group.	
Version	Name/group	Date issued
Version 1	Maria Nelligan	02 February 2018
Version 2	Safer Staffing Group	20 February 2018
Version 4	Execs	03 April 2018
Version 5	SLT	10 April 2018
Version 6	Maria Nelligan	10 April 2018

1. Executive Summary

1.1 Introduction

Since 2014 the Trust has been required to monitor nurse staffing within in-patient wards to ensure that safe staffing levels are maintained. This monitoring comprises of monthly reporting to the Board and NHS England and an annual strategic staffing review; followed 6 months later by a comprehensive review focused on safer staffing workforce plans. The NQB Guidance (2016) advises that *'there should be individual and collective responsibility as an NHS provider board for deploying staff in ways that ensure safe, sustainable and productive services'*.

To enable the Board to meet this requirement this review has:

- Identified the progress made since the previous safer staffing review in January 2017
- Examined current staffing levels
- Reviewed the MDT and skill mix; exploring new roles and training requirements
- Benchmarked with other MH trusts using Care Hours per Patient Day (CHPPD) data
- Considered the impact of the management of change in relation to shift patterns
- Highlighted areas of best practice and quality improvement undertaken by wards to ensure efficient and effective use of resources
- Reviewed safe staffing within Access & Home Treatment
- Provided recommendations that include practice, workforce and establishments

Following this review work has taken place with the finance team to look at how the recommendations may be resourced within existing budget.

1.2 Background to safer staffing

In the previous 3 reviews, safer staffing levels were recommended above budgeted establishment for Summers View, Ward 5, Ward 6 and Ward 7. Currently Ward Managers staff to what is clinically required, using these establishments as a baseline, through the use of temporary staff (bank and agency). This is to ensure that safe staffing is maintained. However the funding has not been identified to include the uplift within budgeted establishment.

In line with the NQB requirements the Director of Nursing & Quality has provided the Board with assurance in relation to safer staffing over the past 12 months. This has been via monthly reports setting out the monthly fill-rates, the impact of fill-rates on

service user and staff experience and the mitigations that are in place to maintain safer staffing within the in-patient wards.

The staffing review discussions were held through the WM T&F group and where potential staffing establishment changes were identified further 1:1 meetings were undertaken with ward representatives, the Deputy Director of Nursing, AHP and Quality and the Consultant Nurse (IPC and Physical Health). The remaining wards did not identify the need to alter their current establishments (Ward 3, Ward 4, EMU and A&T).

1.3 Safer Staffing Establishment Recommendations

Where this review has recommended to uplift ward establishments, it has been identified that the resources released from the change to shift patterns, can be realigned to fund safer staffing recommendations within the current financial envelope.

In addition to recommendations from previous safer staffing reviews, this review identified further uplifts required for Ward 2, Ward 6, Ward 7 and Darwin. Funding these within the budgeted establishment enables safer staffing levels to be consistently maintained. Currently, temporary staffing backfills shortfalls in safer staffing requirements within the in-patient wards.

There is no new investment required to deliver safer staffing as set out in this report. Following approval by the Board, to enable implementation there two key actions that need to be completed to enable the proposed realignment:

- Changing Ward 5 shift patterns from short shifts to mixed shift
- The opening of the PICU in June 2018 (Ward 1 staffing levels should be reduced once PICU opens and the transition to generic Adult Mental Health (AMH) acute ward is complete)

The rationale for each of these adjustments are explored in detail within the report and include increase in acuity and dependency, benchmarking and additional pressures on wards.

1.4 Financial Summary

The cost of implementing recommendations of safer staffing review is £122k. In order to implement the safer staffing recommendations as outlined in the report, the 2 key actions identified above will need to be realised. The table overleaf identifies the movement in terms of WTE and associated funding.

Directorate	WTE	£'000
AMH Inpatient	(5.42)	(281)
NOAP	16.46	500
LD	(2.40)	(103)
Childrens	3.20	5
Net Movement	11.84	122
Mitigations Required		
Ward 5	(3.46)	(111)
Other mitigations to be identified		(11)
Net Movement	8.38	0

There are 2 potential risks that need to be considered and these include:

- 1) The financial implications of the A4C pay review, have not been finalised
- 2) The change of shift patterns which were implemented in January 2018 will be reviewed, as agreed, in January 2019 and any changes will be have to be managed within existing resource

Directorates who have a net reduction in budget resource will be able to recognise this as delivered CIP. CIP targets will be realigned as part of the upcoming Trust restructure.

1.5 Recommendations to the Board

The Board is asked to:

- Note the progress in implementing safer staffing
- Note further recommendations detailed in Section 13 of the report
- Approve the recommendations to realign budgets in line with the findings of the safer staffing review from 1st July 2018. This will be dependent on:
 - Ward 5 changing shift patterns from short shifts to mixed shifts
 - The opening of PICU
- Note the principals set out regarding CIP

2. Introduction

This report details the findings of the annual strategic review of ward nursing staffing establishment commissioned and overseen by the Executive Director of Nursing & Quality and completed in January 2018 in line with NHS England and National Quality Board (NQB) requirements. The review considers the NICE standards for in-patient mental health care (appendix 1) and therapy (appendix 2).

2.1 Background

In June 2014, the first North Staffordshire Combined NHS Trust (NSCHT) in-patient nurse staffing establishment review was undertaken by the then Deputy Director of Nursing. A summary report with recommendations was presented to the Board in 2014. Further reviews and summary reports were undertaken in January and July 2015 and presented to the Board accordingly. During this time the staffing on adult acute wards were increased in response to the findings from the reports.

Following the current Executive Director of Nursing joining the Trust, in-depth reviews of ward staffing levels were undertaken in January 2016, July 2016 and January 2017 led by the Executive Director of Nursing & Quality and Deputy Director of Nursing. The areas covered within the reviews included both qualitative and quantitative data and the review methodology followed the Telford Model which is a recognised consultative approach based on professional judgement. To ensure the robustness of this approach and to prevent bias quantitative data from a number of sources (such as current establishment, rosters, bank use, sickness) were used to aid triangulation.

In order to comply with NHS England and NQB requirements, monthly safer staffing reports are reviewed by the Board and are then published on the Trust and NHS Choices websites.

The NQB published further guidance in July 2016 altering the requirement for 6 monthly in-depth reviews to an annual strategic staffing review to be undertaken using a triangulated approach and to be aligned with financial plans; followed by a 6 monthly staffing report to ensure workforce plans are still appropriate.

2.2 National Context to Safer Staffing Levels

The National Quality Board (2013) published guidance sets out the expectations for all Trust Boards to *“take full responsibility for the quality of care provided to patients and as a key to quality take a full and collaborative responsibility for nursing and care staffing, care and capabilities”*. The NQB requirements arose from the considerable discussion that has taken place regarding the impact nursing staffing levels have on the quality of patient care. Francis (2013), Berwick (2013) and Keogh (2013)

highlight the negative impact on patient outcomes where staffing levels are not sufficient. This has been highlighted in recent high profile patient safety inquiries including the Mid-Staffordshire NHS Foundation Trust and University Hospitals of Morecambe Bay NHS Foundation Trust. Furthermore in 2005 Lankshear published a systematic review of international research that looked at the relationship between nurse staffing and patient outcomes and found that *'higher nurse staffing and richer skill mix (especially of registered nurses) are associated with improved patient outcomes'*. The recent House of Commons Health Committee Report (2018) on the Nursing Workforce heard evidence that *'nursing shortages are now having a negative impact on the quality and safety of patient care'* and a number of recommendations are made by the committee in relation to working conditions, pay, continued professional development, flexible career pathways, routes into nursing and flexible working.

It is recognised that staff shortages have an impact on patients and staff and potentially compromise care directly and indirectly. Recurrent shortages of staff impact on the well-being of staff, leading to higher sickness and greater dependency on bank staff, reducing continuity of care and impacting on substantive workload. Rafferty (2007) found that poorer nurse staffing levels resulted in higher burn-out rates and job dissatisfaction amongst nurses. This has an impact on the quality of care delivered to patients and ability to provide care within the current resources.

Patients have a right to be cared for by the appropriately qualified and experienced staff in a safe environment. The NQB guidance (2016) requires the Director of Nursing to oversee Safe Staffing and keep Boards apprised of progress. Additionally Boards are required to ensure that the following 3 expectations are fulfilled; these are detailed in section 5 of this report.

In terms of the Safer Staffing figures reported to Board, UNIFY and the public, these relate specifically to rostered nursing staff who provide 24 hour care for patients. Whilst the wider multi-disciplinary team (MDT) are considered within this report they are not counted within the UNIFY return unless they are within the safe staffing shift requirements.

The above 3 expectations will be considered within the report and the report will be set out in these headings. Additionally, the progress made since the last Board report and other factors impacting upon safe staffing.

3. Progress since last Board report

The previous safer staffing annual report was presented to Trust Board in June 2017. It has been challenging during 2017, in terms of maintaining safer staffing, due to the national shortage of registered nurses (RNs) and demands within the local health economy. Considerable effort has gone into recruitment campaigns and

initiatives being supported by ward and corporate teams with limited success. Despite this, safe staffing has been maintained with staff prioritising patient care.

Progress achieved includes:

- Recruitment of 18 newly qualified RNs
- Introduction a new Preceptorship Programme to support the provision of a robust preceptorship programme for newly qualified RNs, including
 - 2 week face to face programme
 - Masterclasses and action learning sets
 - Revised policy including new handbook based on Department of Health standards
- Implementation of e-Rostering system to support Ward Managers in rostering effectively
- Centralised Temporary Staffing, strengthening governance and improving co-ordination of bank and agency requirements
- All in-patient wards were rated as Good or Outstanding by the CQC during 2017
- Registered nurses (RNs) were funded to access a variety of degree and masters level academic modules
- Wards engaged in formal Quality Improvement Programmes

The above areas are explored further within the report.

3.1 Nurse staffing levels performance Jan – Dec 2017

Nurse staffing levels (registered and non-registered) were demonstrating an upward trend from July- Dec 2016 (figure 1). However in the past 12 months (Jan – Dec 2017) there has been a decreasing trend (figure 2). This coincides with the opening of Ward 4 in November 2016 and demonstrates the impact this has had on nurse staffing levels across wards. This is due to 3 factors:

- Shortage of registered nurses locally and nationally has hindered recruitment to RN posts to meet the Trusts demand.
- Movement of substantive staff from NOAP wards to provide an element of staffing continuity within ward 4
- Demand on the temporary staffing bank overall, reducing the capacity to backfill other wards.

Within this paper altering skill mix is considered in order to address this issue.

Figure 1 Overall nurse staffing fill-rate (RN and HCSW) Jul-Dec 2016

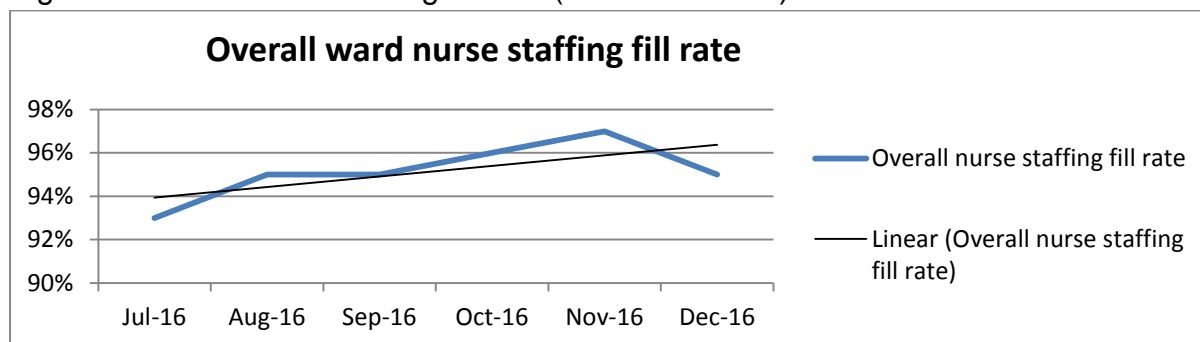
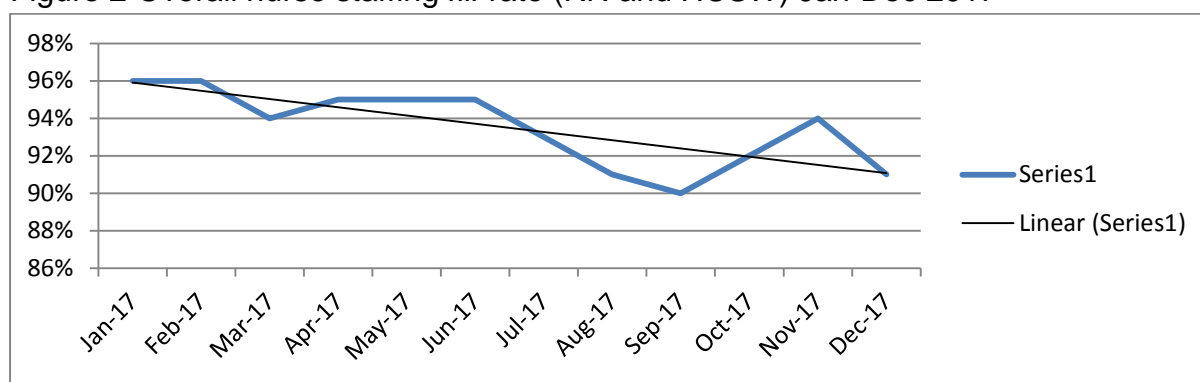
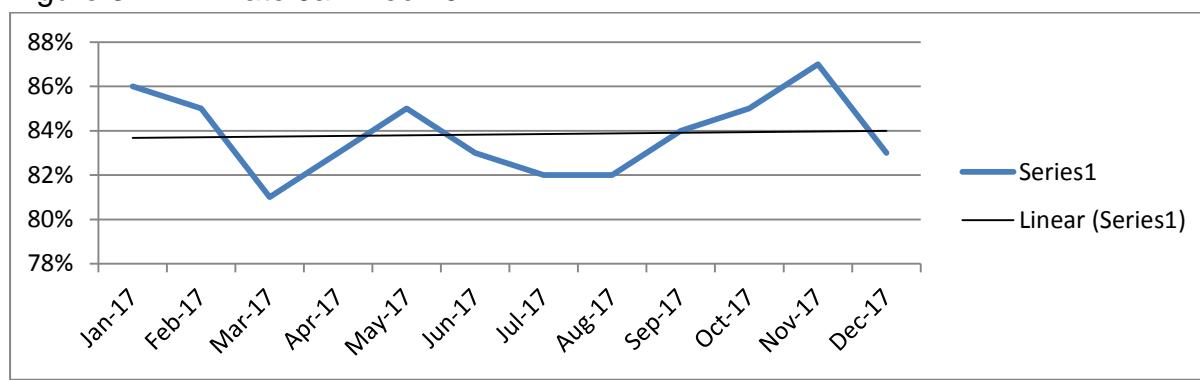


Figure 2 Overall nurse staffing fill-rate (RN and HCSW) Jan-Dec 2017



Alternatively the RN fill rate during 2017 shows a stable trend line despite there being peaks and troughs (figure 3).

Figure 3 RN fill-rate Jan-Dec 2017



The RN fill rate peaked at 90% in November 2016. If ward 4 had not opened in November 2016 the higher fill-rate of 90% would have been expected to be sustained. The prospective opening of a Psychiatric Intensive Care Unit (PICU) within the Trust during 2018 will require a further 14.5 RNs. This is important to note as the current registered nurse shortage has resulted in a sustained challenge in recruiting RNs to safely staff the existing wards in the past 12 months.

4. Quality assurance of services

4.1 External inspections during 2017

In-patient areas have been subject to a number of external inspections over the past 12 months. During 2017 the 3 acute in-patient wards, 3 NOAP wards, 2 rehabilitation wards and one LD ward received inspections from the CQC under the new inspection regime. The Trust has received an overall rating of 'Good' from the 2017 CQC inspection. In-patient rehabilitation services received an overall rating of Outstanding. Alongside the overall rating of Good, this is a positive outcome in terms of building on previous improvements. The exceptions to this progress are the 'Requires Improvement' rating for the safe domain for adult and older people wards. The Trust vision is 'To be outstanding' and action plans are in place for all areas to continue on the journey Towards Outstanding.

CQC Mental Health Act inspections have been carried out on all wards during 2017, with the exception of Edward Myers and Darwin. Across wards the majority of feedback was positive; where issues have been identified action plans have been implemented and progressed by each ward following the outcome of their inspections. These action plans are monitored by Performance supported by the Trust Governance team. Moving forward they will also be monitored through Directorate Performance meetings.

4.2 External accreditation

Wards 1, 2, 3, 6 and 7 have also been inspected for Royal College of Psychiatry AIMS accreditation. The AIMS process is an opportunity for services to determine that the level of care provided to service users and carers is of the highest quality. Wards 1 and 3 have received the accreditation and wards 2, 6 and 7 are currently awaiting the outcome of their AIMS inspections.

4.3 Internal reviews

Internal scrutiny during 2017 included the following:

- Weekly safer staffing huddles led by the DoN and Deputy Director of Nursing
- Monthly safer staffing reporting to Trust Board
- Unannounced internal assurance visits to all wards with the exception of rehabilitation units
- Appreciative inquiry on Ward 1
- Monthly Inpatient Safety Matrix (peer audits)

This range of scrutiny provides the Trust Board with assurance that whilst staffing has been challenging patient safety has been prioritised, safe staffing maintained and quality improvement has been enhanced.

5. NQB Safer Staffing Expectations

The NQB Guidance published in 2016 set out three expectations in relation to the monitoring safe staffing. They are:

- Right staff
 - Evidence-based workforce planning
 - Professional judgement
 - Compare staffing with peers
- Right skills
 - Mandatory training, development and education
 - Working as a multi-professional team
 - Recruitment and retention
- Right place and time
 - Productive working and eliminating waste
 - Efficient deployment and flexibility
 - Efficient employment and minimising agency

Each of these expectations is explored within the following sections of this report.

6 NQB expectation 1 - Right staff

6.1 Evidence-based workforce planning and professional judgement

The NQB expects Trusts to use evidence based tools and also professional judgement. The Trust used the Hurst Tool and Telford Model in the previous nurse staffing reviews. These tools are evidence based and incorporate professional judgement; the recommendations arising from the 2 approaches resulted in similar recommendations.

The final e-Rostering module SafeCare, which is currently in implementation phase, will incorporate the Hurst Tool and comprise of a census 3 times per day in relation to patient dependency and acuity; this will result in a calculation of required staffing levels to support patients on a shift by shift basis. This will support the DoN in their role in providing assurance to the Board in relation to safer staffing. A neighbouring NHS Trust have been using SafeCare for almost a year and have shared their experience with the Trust. From this it is evident that following a 'bedding-in' period (of a few months) where staff become familiarised with the product and process, more robust and reliable evidence is available on staffing levels in response to acuity and dependency. Their Trust are now in a position to utilise this evidence within their Annual Strategic Safer Staffing Review and moving forward this will be the approach taken by NSCHT. This also aligns with the latest NHS Improvement (NHSI) requirement that Trusts utilise and are able to evidence the use of evidence based tools when setting safer staffing levels for nursing.

The Royal College of Nursing (RCN, 2010) recommends a registered to non-RN ratio of 60:40 alternatively the Safe Staffing Alliance (2013), a group of senior nurses, believes RN-to-patient levels should never fall below 1:8 during the day. As in previous reviews, the majority of recommendations made within this review continue to be based on a 50:50 RN to HCSW split which meets the required 1:8 RN to patient ratio on days.

The current review has been undertaken using the Telford Model of professional judgement triangulated with a number of quantitative measures including rosters, bank use, incident reporting and care hours per patient day.

The staffing review discussions were held through the WM T&F group and where potential staffing establishment changes were identified further 1:1 meetings were undertaken with ward representatives, the Deputy Director of Nursing, AHP and Quality and the Consultant Nurse (IPC and Physical Health). These took place with Ward 6, Ward 7 and Darwin. Additionally, discussions took place with WMs and Head of Directorates for Ward 1 and 2 and Summers View. The remaining wards did not identify the need to alter their current establishments. The outcome of the review, in relation to specific wards, is detailed below:

6.1.1 Ward 1

Ward 1 has 14 beds and is currently transitioning from a High Dependency Unit to Acute Adult Mental Health (AMH) Ward. This transition will be complete once the Psychiatric Intensive Care Unit (PICU) is opened. The work towards this is currently underway with a strengthened protocol in relation to accessing out-of-area PICU beds. Once Ward 1 has transitioned to a general acute AMH ward it is recommended that the daily staffing numbers are reduced from 6-6-4 to 5-5-3.

6.1.2 Ward 2

Ward 2 has 22 beds and will have the temporary Place of Safety (PoS) as part of the alterations arising from the PICU build. Due to the workload related to the PoS HCSW staffing on Ward 2 should be increased from 3 to 4 on days and from 2 to 3 at nights; this would give staffing of 7/7/5. Although the PoS is not in use 24/7 the use of the suite arises at short notice and this occurs at any point in time. The Policing and Crime Act (2017) asserts that from mid Dec 2017 police stations can only be used as a place of safety in specific “exceptional” circumstances for adults. These exceptional circumstances must meet three conditions described overleaf:

- The person's behaviour presents an imminent risk of serious injury or death to them or others;
- As a result, no other place of safety can reasonably be expected to detain them; and

- The person will - so far as is reasonably practicable - have access to a healthcare professional throughout the period in which they are detained at the police station.

Therefore there is a potential increase in the use of PoS which the directorate is monitoring closely. Current usage indicates that the PoS was used on 291 occasions during 2017 and a further 82 occasions the person had to be redirected to an alternative PoS due to the Trust PoS being occupied. Consequently the PoS was required on 373 occasions during 2017 therefore, on average, it is used daily. Table 1 below demonstrates that there has been an increase in use of the PoS in 2017 in comparison to 2016.

Year	Harplands PoS utilised	Redirections to out of area PoS	Total demand for PoS
2016	247	72	319
2017	291	82	373
Increase in demand	54	10	64

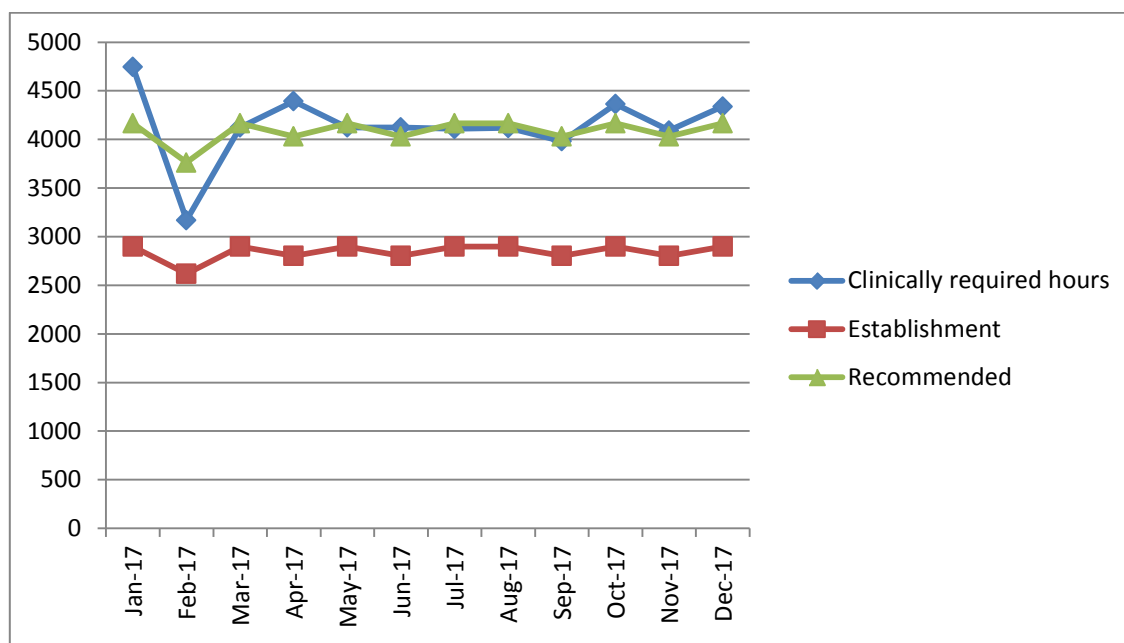
Table 1 PoS demand

Taking current usage into consideration alongside the acuity and number of patients cared for within Ward 2, the additional HCSW is required to respond immediately to the PoS being used. When the PoS is not in use the HCSW will be utilised to cover any short notice shortfalls that have been unable to be backfilled across the Harplands site.

6.1.3 Ward 5

A shortfall in staffing establishment in relation to safer staffing has been identified for Ward 5 in previous reviews. This continues to be the case and therefore the staffing on ward 5 is recommended to be uplifted in line with these previous recommendations. Current staffing establishment allows for 5-4-3 on weekdays and 4-4-3 at weekends however safer staffing recommendation continues to be for daily staffing of 6-6-4. The comparison of establishment, clinically required and recommended is demonstrated in the graph overleaf:

Graph 1 Ward 5 Staffing Comparison Jan-Dec 2017



The gap between the establishment and clinically required is evident as being sustained across the year.

6.1.4 Ward 6

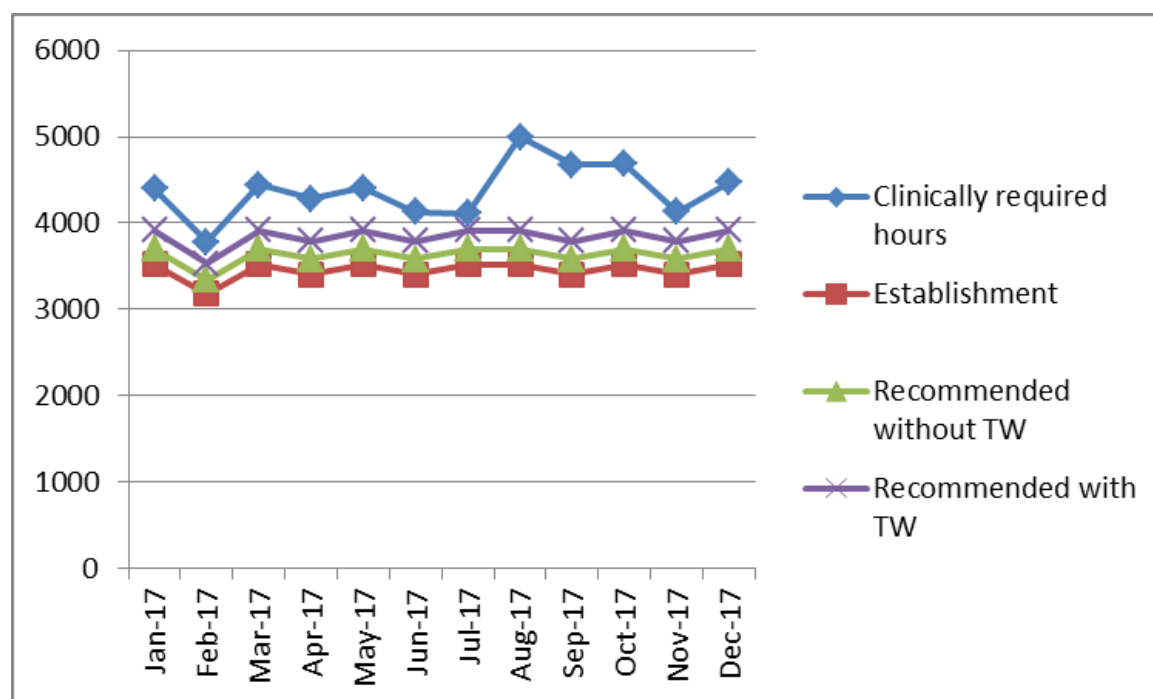
Ward 6 has experienced an increase in acuity and dependency over the past 12 months. Occupancy for Jan-Dec 2017 was 99% which is above our contracted obligations which are based on 85% occupancy.

The comparison of establishment, clinically required and recommended is demonstrated in the graph overleaf. The gap between the establishment and clinically required is evident as being sustained across the year however, on discussion with the directorate it has been identified that this is partially due to acuity. This increased level of acuity is not consistent throughout the year and fluctuates dependent on the cohort of patients with enhanced complex needs. The case for staffing to meet the needs of individuals will be discussed with commissioners accordingly.

A shortfall in headroom for Ward 6 was identified in previous reviews and the previous recommendation stands alongside an additional recommendation that a twilight shift is introduced due to the sustained increased demand in relation to patient dependency and acuity alongside increased occupancy. Current staffing establishment allows for 6-5-4 on weekdays and 4-4-4 on weekends. This review identified the safe staffing establishment of 6-6-4 plus a twilight. The differentiation between the recommended with and without a twilight has been included due to the inability to fund the additional twilight within current plans. Where clinically required

this will need to be sourced via temporary staffing and will be monitored and evaluated at the next review.

Graph 2 Ward 6 Staffing Comparison Jan-Dec 2017



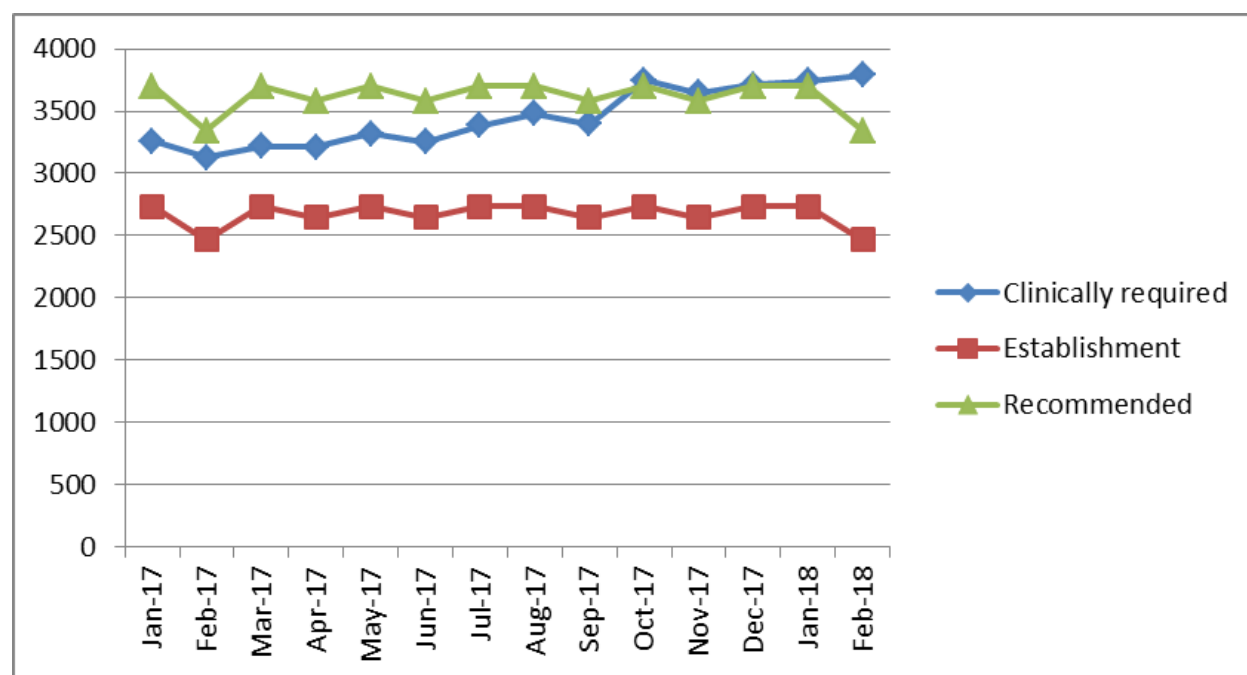
6.1.5 Ward 7

An uplift in staffing on Ward 7, to meet a minimum of 5/5/3, has been recommended in the 3 previous reviews. Currently Ward 7 establishment supports staffing of 4/4/3. Additionally, the profile of the patients being cared for within Ward 7 has altered over the past 12 months with approximately 50% of patients now having a diagnosis of dementia. Previously Ward 7 cared only for older people with a functional mental health illness. Given the complex needs of people with dementia a higher staff to patient ratio is required to effectively provide safe care and support for this patient group compared to people with functional illnesses. This is supported by the Care Hours per Patient Day (CHPPD) data discussed in section 7 of this report. The CHPPD data demonstrated that Ward 7 were the 3rd lowest in the country in terms of CHPPD for older people wards. Therefore this will require a discussion with commissioners to ensure that there is adequate funding to meet the increased demand in relation to caring for people with dementia. The DoN and the Medical Director are taking this forward with commissioners.

Furthermore, the occupancy for Ward 7 from Jan-Dec 2017 was 98% which is above our contracted obligations which are based on 85% occupancy.

The graph overleaf demonstrates that from October 2017 – Feb 2018 there has been sustained increased demand on Ward 7. This was post the CHPPD data collection and also corresponds with a change in management within the ward. The higher clinically required hours, if staffed, would increase the CHPPD.

Graph 3 Ward 7 Staffing Comparison Jan 2017-Feb 2018



6.1.6 Darwin

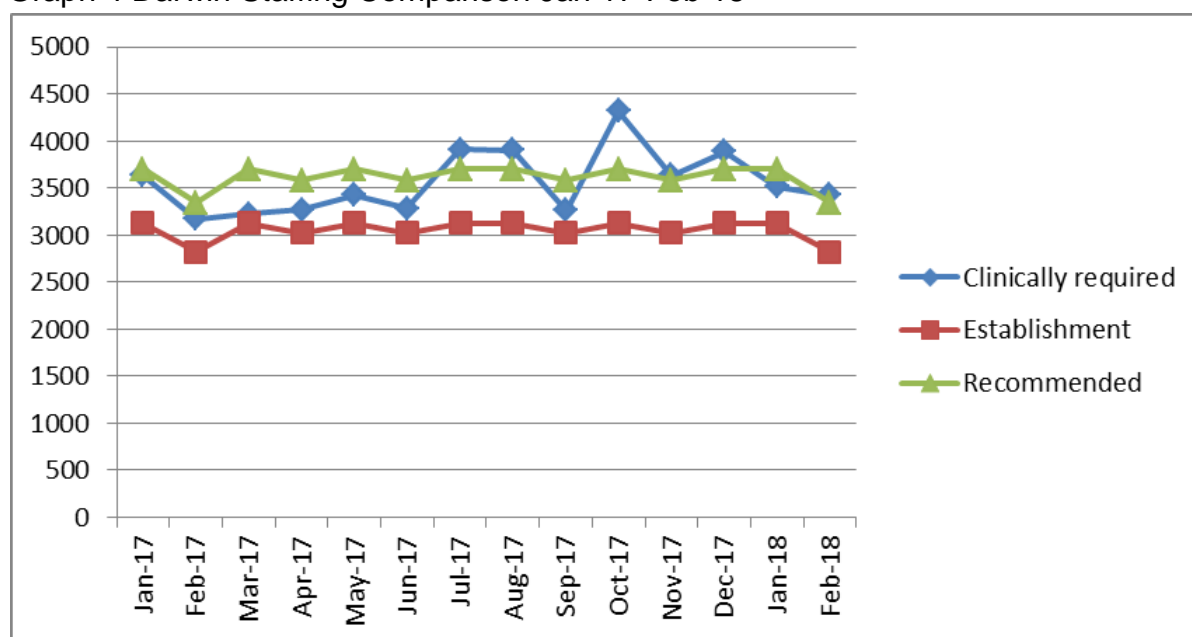
Darwin staffing has not been recommended for an increase in previous staffing reviews and it should be noted that during the 2016 review there was a temporary reduction in beds (to 10) whilst it was recommended that the staffing levels remained at the budgeted establishment at this time. The young people cared for within this Tier 4 service have a wide spectrum of complex needs; additionally the service has extended from 12 beds in 2007 to 15 beds currently. This included offering beds for young people with an eating disorder assessed as blue or green via the Management of Really Sick Patients with Anorexia Nervosa (MARSIPAN) guidelines. It is reported by the team that this increase in beds was not accompanied by an increase in staffing. Furthermore, the nature of caring for a person with an eating disorder involves periods where 1:1 care (or above) is required to provide interventions, although this may not involve a formal increase in clinical observation level. This specialist area involves a high level of risk; this risk could be managed by developing an Advanced Nurse Practitioner post, specialising in Eating Disorders, as this would strengthen the model of caring for young people with an eating disorder. Additionally introducing an ANP to the MDT will ensure that the trust continually moves forward in line with best practice. The ward team also reported an increase in the acuity and dependency of the young people under general CAMHS in-patient

care over the past 12 months. The recent CQC MHA review, in January 2018, reported that whilst young people had described staff as caring and kind they had raised staffing as an issue. This would concur with this review and the Care Hours per Patient Day (CHPPD) findings detailed in section 7 of this report.

There is provision for schooling provided alongside the in-patient unit. There is generally a maximum of 6 young people at an appropriate stage in their recovery to attend school. School is provided for 4.5 hours per day (09:30-12:00 and 13:00-15:00) for 38 weeks per year. Whilst the young people who are able to attend school are off the ward, this gives the opportunity for group and 1:1 work to be carried out with the remaining young people. The Ward staff may also be required to support young people within the school if clinically required.

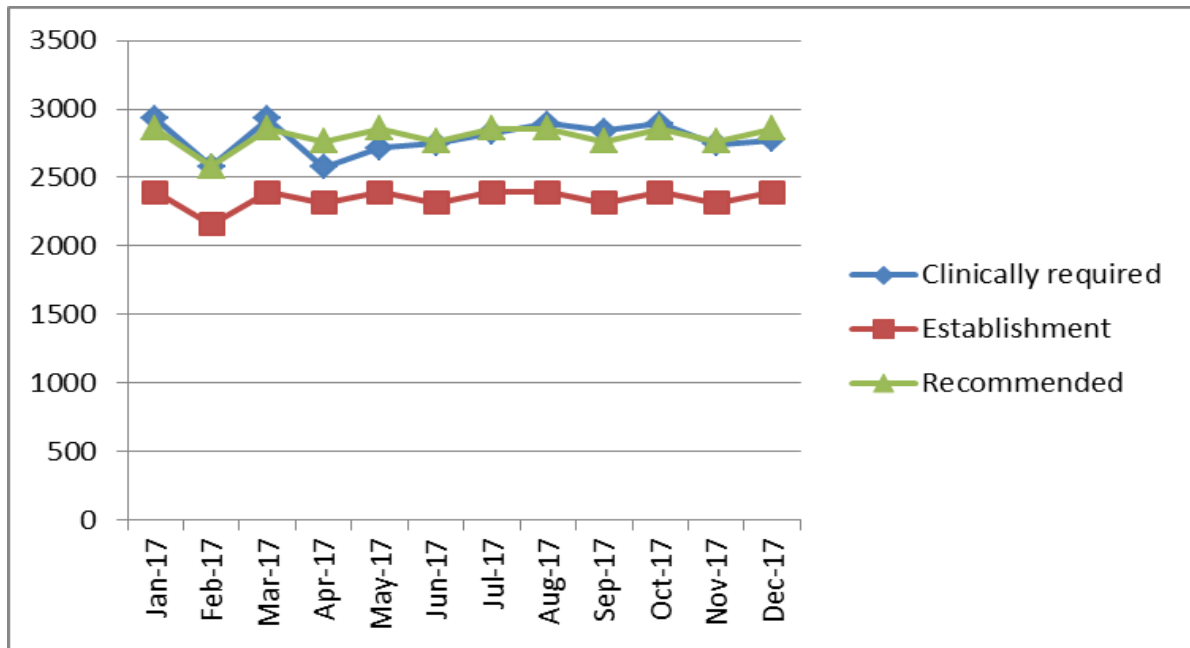
Darwin occupancy for Jan-Dec 2017 was 91% which is above the contracted obligations which are based on 85% occupancy. The comparison of establishment, clinically required and recommended is demonstrated in the graph overleaf. The gap between the establishment and clinically required is evident as being sustained from July 2017 onwards.

Graph 4 Darwin Staffing Comparison Jan 17-Feb 18



6.1.7 Summers View

Previous staffing reviews identified a short-fall in headroom on Summers View. Due to this, the current budgeted establishment allows for staffing of 3-3-3 however the centre requires 4-4-3. This has been consistently identified in previous staffing reviews. The occupancy for Summers View from Jan-Dec 2017 was 91%. The graph below demonstrates the comparison between establishment, clinically required and recommended staffing hours:



The gap between the establishment and clinically required is evident as being sustained across the year.

7. Compare staffing with peers - Care hours per patient day (CHPPD)

The publication of Lord Carter's review, 'Operational productivity and performance in English acute hospitals: Unwarranted variations', in February 2016 highlighted the importance of ensuring that efficiency and quality are embedded across the whole NHS health economy. One of the obstacles identified to eliminating unwarranted variation in clinical staff distribution across and within the NHS provider sector has been the absence of a single means of consistently recording, reporting and monitoring staff deployment.

In order to provide this consistent way of recording and reporting deployment of staff providing care on inpatient wards, the Care Hours per Patient Day (CHPPD) metric was developed. Initially for Acute hospitals, the CHPPD metric has been tested and adapted for use in Mental Health and Community inpatient wards. From 04 September – 01 October 2017 all mental health in-patient wards in England were required to capture data to help inform the CHPPD tool with a view to CHPPD being captured via the Safer Staffing monthly UNIFY return at some point (yet to be determined by NHSI) during 2018.

The data captured included planned staffing, actual staffing, number of beds, speciality and number of patients at 23:59 each day. This information was then used to determine the CHPPD for each ward. NHS Improvement (NHSI) subsequently established the national average across all trusts for each speciality in order to provide benchmarking.

Table 2 below shows a summary of the NSCHT wards in comparison to the national average:

Ward	Care Hours Per Patient Day						Bank use - %				Agency use - %			
	RN actual	RN national	HCSW actual	HCSW national	Total actual	Total national	RN actual	RN national	HCSW actual	HCSW national	RN actual	RN national	HCSW actual	HCSW national
AMH														
Ward 1	3.52	4.25	7.27	5.73	10.79	9.98	9	17	72	31	0	n/a	0	n/a
Ward 2	1.95	4.25	3.79	5.73	5.74	9.98	22	17	48	31	0	n/a	0	n/a
Ward 3	2.69	4.25	4.02	5.73	6.71	9.98	35	17	25	31	0	n/a	0	n/a
NOAP														
Ward 4	2.76	3.33	4.55	6.73	7.31	10.06	12	14	87	30	38	6	3	6
Ward 6	3.1	3.33	6.11	6.73	9.21	10.06	3	14	51	30	0	n/a	5	6
Ward 7	2.03	3.33	3.23	6.73	5.26	10.06	8	14	32	30	19	6	3	6
CYP														
Darwin	3.92	6.53	5.86	11.67	9.78	18.2	1	11	19	27	0	n/a	0	n/a
LD														
A&T	10.27	7.81	16.83	21.27	27.1	29.08	31	14	54	31	0	n/a	1	5
Rehabilitation														
SV	4.82	6.92	5.98	6.82	10.8	13.74	1	16	4	23	0	n/a	0	n/a
FH	4.12	6.92	4.05	6.82	8.17	13.74	6	16	7	23	1	2	0	n/a
Other														
EMU	3.95	9.79	4.58	9.31	8.53	19.1	10	12	12	24	0	n/a	0	n/a
Ward 5	2.51	9.79	5.1	9.31	7.61	19.1	20	12	56	24	0	n/a	0	n/a
Red = below national average														
Green = above national average														
White = significantly lower than national average														

Table 2 CHPPD September 2017

This demonstrates the following:

- on the majority of occasions NSCHT wards are below the national average - this was most significant for Darwin, Ward 2 and Ward 7
- services deemed as 'other' (Ward 5 and EMU) were also below the national average however EMU did not identify the need for any adjustment to establishment
- Ward 1 is above the national average however, as they care for the most acutely unwell patients this is to be expected until the PICU is opened
- A&T are higher than average for registered nurses but had an overall lower than average staffing total when including non-registered staff - potentially this could be due to the national shortage of registered learning disability nurses (RNLDs) whereas RNLD recruitment and retention is relatively strong locally; it is evident from the data pack that a large number of trusts had lower levels of RNLDs
- bank was higher than national average for HCSW for Ward 1, RN and HCSW for Ward 2 and RN for Ward 3; it was higher than national average for HCSW on all OP wards and A&T
- agency use is low on wards compared to the national average (the majority of wards did not have any agency with the exception of RNs on Wards 4 and 7)

Additionally the following was identified from the CHPPD benchmarking data:

- although below the CHPPD national average the majority of NSCHT wards sat around the median for their speciality
- exceptions to this were Darwin and Ward 7 who were at the lowest end of the scale for their specialities
- Wards 2 and 3 also sat within the lower half of the scale however the significant vacancies in acute wards are impacting on this
- bank usage on the acute wards (Wards 1, 2, 3) is above the national average and is mainly in relation to high RN vacancies being backfilled by HCSW
- bank usage on the NOAP wards was below the national average for RN but significantly above the national average for HCSW – again vacancies have a significant impact on bank usage
- bank usage on A&T is above the national average for both RN and HCSW – this is due to the additional acuity and complexity of the patients they were caring for requiring additional resources (which were agreed with commissioners)
- ward 5 bank usage is high and evidences the gap between establishment and safer staffing recommendations alongside vacancies
- there are only 2 wards where agency use was significant – ward 4 and ward 7 – ward 4 is still in recruitment for substantive staff and ward 7 (already on the lowest end of the establishment scale for staffing) required agency RNs to backfill RN sickness and vacancies

The Deputy Director of Nursing, AHP & Quality has worked with NHSI on the analysis of the NSCHT data. This established that the majority of wards are rostering effectively with low rates of agency usage. However potential areas for improvement include reducing bank usage through effective annual leave management and decreasing vacancies.

The biggest areas for concern are the staffing levels on Ward 7 and Darwin as these are significantly below the national average, sitting at the lowest level, in terms of Care Hours per Patient Day. However it should be noted that there have been no incidents of reported harm to patients in relation to staffing levels. Discussions were held with WMs and MMs in relation to the above as part of this review and the following conclusions arose:

- Increase staffing on Ward 7 from 4/4/3 to 6/6/4 to meet sustained current patient dependency and occupancy. Assuming 100% occupancy this will improve the CHPPD from 2.03 to 3.30 hrs for RN (compared to national average of 3.33 hrs) and from 3.23 to 3.25 hours for HCSW (compared to national average of 6.73 hrs)
- Increase staffing establishment on Darwin from 5/5/3 to 6/6/4 to meet sustained current patient demand and reflect the historical increase in beds. Assuming 100% occupancy this will improve the planned CHPPD to from 3.92

to 4.11hrs for RN (compared to national average of 6.53 hrs) and from 3.98 to 5.86 hours for HCSW (compared to national average of 11.67 hrs).

8. NQB expectation 2 - Right skills

8.1 Mandatory training, development and education

Compliance with mandatory training is monitored through monthly Performance Meetings with Directorate leads. Compliance has been increasing over the past 12 months as ward managers and their teams have dedicated effort in working towards achieving full compliance. Wards are on a strong trajectory towards achieving the Trust target of above 85% compliance.

In addition to mandatory training it is essential that nurses have access to Continued Professional Development (CPD) in order to develop knowledge and skills; keeping abreast of evidence based practice and contemporary practice. However in the past 2 years the Health Education England budget for nurses' Continued Professional Development (CPD) has fallen by 40% from £205 million to £84 million. The House of Commons Health Committee (2018) has recently recommended that this funding be re-instated and that it is ring-fenced for nursing CPD. If this recommendation is realised it would support the Trust in uplifting the academic qualifications of the nursing work-force.

The modules/programmes that nursing staff undertake, as CPD, support the delivery of high quality care, career progression and retention. They also support nurses to work towards undergraduate and post graduate degrees. Due to developments within registered nurse training, the current nursing workforce consists of RNs whose pre-registration training was either certificate, diploma or degree level. Since 2013 all pre-registration nursing students' have been educated to degree level. However the Director of Nursing & Quality (DoN) has identified that there are a large proportion of NSCHT RNs who are not educated beyond diploma level. Educating nurses to degree level brings advanced critical analysis and decision making skills which are essential in meeting the challenges of the transforming health and social care landscape. Additionally graduate RNs have been shown to improve patient safety. The DoN is a strong advocate of higher level nurse education and increasing the number of graduate nurses within the Trust is incorporated in the Nursing Strategy, however funding is needed in order to support post-registration RNs accessing degree and masters level programmes.

The Trust has supported nurses in undertaking the following academic modules/programmes during 2017:

- Non-Medical Prescribing x3
- Physical Health x5
- Holistic Health Assessment x2
- Nurse Mentorship x20

- Infection Control x1
- Diagnosis and Assessment ADHD x2
- Child Focused Systemic Therapy x 1
- BSc (degree pathway) x 7 modules
- MSc (Health and Social Care – first year) x 4 modules
- Advanced Clinical Practitioner MSc - 5 staff currently on this (1 in the 3rd year, 2 in their second year and 2 in their first year)

There are currently 469 RNs working within the Trust therefore approximately 11% of nurses are accessing academic CPD, in addition to mandatory and in-service learning.

8.1.1 Rotation of staff within speciality to prevent burnout and support positive culture

The nature for healthcare work means that there is a risk of burn-out occurring due to the constant exposure to emotionally challenging circumstances (Awa, Plaumann and Walter, 2010). Therefore there is a need to proactively support staff to prevent burn-out occurring. Additionally to support positive ward cultures it can be helpful to rotate staff to give exposure to other areas and a wider understanding of the Trust. Within in-patient areas the turnover of registered nurses is greater than the turnover of HCSWs. Therefore a rolling programme of rotation for Health Care Support Workers should be implemented alongside the opportunity for RNs to rotate on request.

Further development and education opportunities and recommendations are discussed in section 8.2.4.

8.2 Working as a multi-disciplinary team

8.2.1 Junior doctor shortfalls and the role of the Advanced Nurse Practitioner

In November 2017 the medical director presented a report to People & Culture Development (PCD) Committee regarding the shortfall in junior doctors. This is noted nationally across NHS trusts and is impacting locally. In response the junior doctor rota has been altered resulting in an improved junior doctor rota. However given the national shortfalls this needs to continue to be monitored; when the junior doctor cover is challenging within the in-patient wards it impacts on junior doctors who are in post as the demands on them are greater and it also affects nursing and the wards in general. In order to ensure high quality safe patient care alongside supporting the multi-disciplinary team in the development of further Advanced Clinical Practice practitioners should be considered. Advanced practitioners are experienced non-medical healthcare professionals who have extended their role through the completion of an MSc in Advanced Clinical Practice. The development of these roles within the trust would strengthen the multi-disciplinary team ensuring consistency in

a time when junior doctor numbers are low; this would support the delivery of high quality care and also the existing staff teams.

For the past 3 years Health Education West Midlands (HEWM) has supported Advanced Clinical Practice training and the trust has successfully utilised 2 places each year however these have been within the community settings. This is a 3 year course (although in other areas of the country this can be completed in 2 years) with practitioners spending 2 days per week in training. The apprenticeship framework for advanced clinical practice has recently been ratified and therefore the training can be funded through the apprenticeship levy from September 2018. Directorates should include the development of Advanced Clinical Practitioners within their workforce plans in order to strengthen the MDT. The DoN and the Medical Director will be working together on developing new roles within in-patient wards.

8.2.2 Nursing associate role

The current workforce issues relate to the shortage of registered nurses (RNs) particularly since the opening of Ward 4 in November 2016. It is well documented that there is a national shortage of RNs and therefore creative responses are needed to respond locally to this workforce challenge both in the short and long term. Nursing associate and pre-registration nursing apprenticeships are reported as receiving the greatest number of 'hits' on the skills for health website demonstrating a potential workforce which the trust needs to 'tap into' for future sustainability. However, nationally there has been a 25% decrease in application to pre-registration nursing through the self-funded route.

In 2017 Health Education England piloted a new nursing role which sits between non-registered support workers and the graduate registered nurse. This new role, the nursing associate, is educated to foundation degree level and supports registered nurses in delivering patient care; from 2019 the role will be regulated by the NMC. However the nursing associate is not a registered nurse and will be required to work under the supervision of a registered nurse at all times. Nationally there is a drive to increase the number of trainee nursing associates by 5000 in 2018 and 7500 in 2019.

The nursing associate training costs are funded via the apprenticeship levy. In terms of pay costs, following national guidance, during training the trainee nursing associate is paid at Band 3 and a qualified nursing associate is paid at band 4. The nursing associate role is a role within its own right but will also provide a pathway into shortened pre-reg nursing courses.

The model for the nursing associate training is 2 days per week supernumerary (1 day and university and 1 day spoke placement) and 3 days per week hub placement counted 'in the numbers'. To strengthen the versatility of the role the trust is working

with UHNM to propose a robust placement circuit across mental health and physical health. This means trainee nursing associates will receive placements between the 2 organisations resulting in a NA who has strong fundamental knowledge and skills across both mental health and physical health.

This role will support the Trust in 'growing our own' workforce by supporting committed non-registered staff to develop within the organisation. This promotes career development. Ensuring the role is developed with clarity on the functions and skills that can be brought to safe patient care means the Nursing Associate role strengthens the MDT. Therefore it is recommended that the Trust pilots a cohort of Trainee Nursing Associates, to work across in-patients and the community. This would be funded through the apprenticeship levy (for training element) and use of existing hard-to-fill RN vacancies and funding from NHS England (for pay element). An investment of circa £5.8k per trainee per annum would be required over the 2 year period to release future savings of £6.2k per annum per qualified nursing associate.

8.2.3 Physicians associates

Physician associates (PA) work under the supervision of a doctor and are trained to perform a number of tasks including taking medical histories from patients, performing examinations and diagnosing illnesses. The role was introduced in the UK in 2003 however in recent years Health Education England has increasingly promoted the development of PAs. This has primarily been within acute and primary care however the role of the PA within mental health is now being explored. The Trust will be hosting physician associate trainees in March 2018 and the role will be evaluated in relation to safer staffing in the next annual review.

8.2.4 Multi-disciplinary team development

In addition to developing advanced clinical practice and trainee nursing associate roles there are other roles that can be developed to strengthen the MH workforce. Due to the current shortage of RNs there is a greater reliance on non-registered Health Care Support Workers (HCSWs) in delivering frontline care. Therefore strengthening their knowledge base is imperative in ensuring the high quality care is delivered to patients. Consequently a programme of development is required for both registered and non-registered staff. Table 3 overleaf outlines current qualifications, potential development opportunities and outcomes in relation to the ward MDT.

Table 3 MDT development

Role	Qualifications	Future development opportunities	Outcome
Peer Support Workers (PSW)	Care certificate PSW course	-Voluntary role providing route into paid employment	Strengthened pathway into employment
Ward Clerk		-Level 2 and 3 apprenticeships -Bespoke development programme focussing on MH paperwork etc	Strengthened administrative support within ward teams with a focus on supporting WMs with workforce KPIs and mental health act administration
Health Care Support Workers	Care certificate	-NVQ 3 -Connect 5 mental health & well-being -Observation and meaningful engagement -Trainee nursing associate apprenticeship	Robust, skilled and knowledgeable non-registered workforce with a strong values base Nursing associate workforce
Activity workers	Care certificate	-NVQ 3 -Connect 5 mental health & well-being -Observation and meaningful engagement -Model of Creative Ability course -Trainee nursing associate apprenticeship	Robust, skilled and knowledgeable non-registered workforce with a strong values base Strengthened activity provision on wards Nursing associate workforce
Registered Nurses	RN registration Diploma or degree in nursing	-Comprehensive mental state assessment -Connect 5 mental health & well-being -Clinical leadership programmes -Suicide prevention -Annual conference -Academic modules funded through -LBR -Degree in nursing -Masters (advanced clinical practice or other nursing related subject)	Strengthened MDT Strengthened career pathway for nursing Strengthened clinical leadership at all levels Improved retention Increased graduate nursing workforce

Occupational therapists		-Model of Creative Ability course	Increased meaningful engagement
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Medical colleagues already have a well-embedded and structured weekly CPD programme to meet their development needs. Psychology colleagues have a monthly internal CPD programme and an annual CPD event. Additionally, similar to nursing, specific courses are identified in PDPs and accessed through team budgets or Learning Beyond Registration (LBR) funds.

Improving the Trusts offer of CPD to RNs is essential to maintain quality and is crucial for retention.

In terms of the wider MDT, currently physiotherapists sit outside of the ward team structure. The MDT would be strengthened by physiotherapists being full members of the ward team, line managed by the WM and fully integrated within the ward MDT. This is currently being taken forward by the Directorates.

Additionally an Occupational Therapy Band 7 clinical lead within in-patient services would strengthen professional and clinical supervision. Currently the highest banding of OTs within in-patients is a Band 6, this is being explored by the HoD and AHP Trust Lead as part of the skill mix review.

Activity workers are well embedded into each of the wards' MDTs. The Activity Workers facilitate meaningful activities for service users and this role is highly valued by service users and carers. However the majority of wards only have cover over 5 days; patient care and experience would be improved if activities were provided across 7 days.

Ward clerk roles are not standardised across in-patient wards therefore the role should be reviewed with the aim of addressing this. Furthermore the ward clerk role should be strengthened to provide increased support to WMs in administration tasks in relation to workforce KPIs and mental health act paperwork. Similarly housekeeper roles also have disparate bandings and these should be harmonised.

8.3 Recruitment and retention

8.3.1 Recruitment

In line with the national RN shortages there have been challenges in recruiting to RN posts locally. Towards the latter end of 2016 the trust had filled the majority of RN vacancies however the opening of ward 4 in November 2016, to support the local health economy, resulted in additional vacancies. This impacted on NOAP wards who seconded RNs and HCSWs into Ward 4 to provide an element of stable staffing. This also impacted on all other wards as temporary staffing demand significantly increased reducing the fill rate across all wards.

A targeted recruitment campaign 'Discover your Future', radio advertising and the use of social media had some success in attracting RNs to the trust. Additionally the early conditional offer of RN posts to 3rd year nursing students from Keele University has brought new RNs into the organisation with 18 newly qualified professionals (17 RNs and 1 OT) currently going through preceptorship.

There are currently 23 RN vacancies (Dec 2017) in in-patient wards and once PICU vacancies are added this figure rises to 37.5 RN vacancies. Of the 23 RN vacancies (Dec 2017) are within the current in-patient wards, of these 16.6 WTE are appointed to and going through the recruitment process. However it is acknowledged that some of these appointments will be internal and therefore create RN vacancies in other Trust teams. Wards 2 and 4 have the highest number of RN vacancies at 5.2 and 6.6 respectively. The aim for ward 4 was to employ a 50:50 split between Adult RNs and MH RNs, in order to reflect the 'dual care' nature of this ward, however it has been challenging to recruit adult nurses to these posts. Therefore these posts are now open to adult or MH RNs however there have been challenges in recruiting this number of RNs to the ward. This needs to be considered in relation to the planned opening of the PICU as the current in-patient wards have no scope to release RNs due to their sustained vacancy challenges.

Despite a high profile recruitment campaign RN recruitment remains challenging. Therefore extended nursing roles through Nursing Associates and Advanced Nurse Practitioners, as discussed previously, should be considered to support retention and recruitment.

The implementation of the new TRAC recruitment system is reducing the end to end recruitment time. This has been welcomed by WMs and benefits being realised with new vacancies. There are however challenges with the volume of recruitment in relation to the resources available within the recruitment team. This is currently being reviewed by the Director of Workforce and Organisational Development.

Preceptorship is a statutory requirement for all newly qualified nurses and is offered to registered staff new to the Trust. Preceptorship is led by the Clinical Education Team and to strengthen recruitment and retention the team have:

- delivered a revised and robust Preceptorship Programme during 2017 including a 2-week taught programme followed by quarterly action learning sets
- refreshed the Trust Preceptorship Policy to reflect updated Department of Health guidance
- developed a new Preceptorship Handbook
- extended preceptorship beyond nursing to include the multidisciplinary team
- delivered Preceptor Training sessions in order to fully prepare preceptors for their role in developing newly qualified practitioners

- supported preceptors and preceptees in enabling successful completion of the preceptorship programme
- offered rotation and 1:1 support

Following discussions with the DoN and the Staffordshire University (SU) Dean the team are also working with to increase student placements from SU in order to attract a wider pool of newly qualified nurses in the future.

8.3.2 Retention

8.3.2.1 Leaver - mental health officer status

Retention of RNs is also challenging particularly with the age profile of our staff. Currently RNs with mental health officer (MHO) status can retire at 55. On examination of ESR it has been identified that within in-patient services:

- 3 WTE RNs have retired under the age of 65 during 2016/17
- 12 WTE RNs over the age of 55 are currently employed (6 are part-time and potentially retire and returns) of whom 4.8 WTE turn 65 in the next 5 years
- 2 WTE RNs will turn 55 in the next 5 years

Historically the trust is reported to have held the position that flexi-retirement was not an option. Therefore the ability to flexi retire is being promoted within the trust and this will be backed by a dedicated campaign during 2018 highlighting the options available to RNs in terms of flexi retirement.

8.3.2.2 Leavers - general

NHS Improvement (NHSI) launched a 'recruitment and retention' programme in November 2017 open to all mental health trusts. The trust is participating in this, the first phase of which will be a year-long programme, to ensure that we are doing all that we can to attract and retain registered nurses.

There is limited information available from leaver interviews with regards to the reasons for RNs leaving and this is being addressed by the Director of Workforce and Organisational Development. However there was anecdotal evidence during 2017 that a number of RNs left due to the shift pattern which was 5 short days for full time workers. This was also raised by current staff with adult MH in-patient head of directorate. The majority of MH providers within the local health economy offer the option to do long days therefore a management of change was undertaken as detailed in section 8.3.2.3.

8.3.2.3 Management of change (MoC) shift patterns

As previously stated, during 2017, the trust became aware that the short shift pattern was having a negative impact on retention and on the work-life balance of existing employees. Therefore a management of change consultation, led by the Deputy Director of Nursing, AHP and Quality, was undertaken, commencing in October 2017. This included all in-patient wards with the exception of Summers View and Florence House, where the WTE establishments are lower and therefore it is not viable to reduce further. This consultation took into account available evidence on shift lengths from the RCN, Kings Fund and the Health and Safety Executive and resulted in 'mixed shift pattern' options being put forward to staff. The mixed pattern reduces the number of shifts for staff but, importantly, ensures that there is still some afternoon handover time built into ward rosters to enable staff meetings, training, supervision etc.

From this consultation shift times have been aligned across inpatient services (previously there were different shift times in each of the directorates) and staff are now given the option to work a mixed shift pattern (2 long days and 2 short days) or continue with the 5 short shifts. This is an extremely responsive and flexible way of working resulting in bespoke roster templates being developed on each ward to reflect the individual preference of each staff member. The new shift pattern was implemented on 08 January 2018 and will be reviewed in ward team meetings and the outcome fed into the Safer Staffing Group.

The benefits arising from the change of shift patterns include:

- Listening and responding to staff feedback to promote retention and staff well-being
- Reduction in WTEs required to meet safer staffing recommendations
- Potential reduction in temporary staff (bank and agency) demand

The Deputy Director of Nursing has worked with finance in exploring ways in which these cost savings, from the change in shift pattern, can meet safer staffing recommendations within the current financial envelope.

The costings by finance provided were considered in relation to actual staff-in-post and costing vacancies at mid-point and are detailed in section 13 of this report. This work has identified that, the safer staffing recommendations are currently unaffordable as a whole with a £211k cost pressure. However considering in-patient units as a whole and through additional mitigations this cost pressure could be reduced to £11k. There are risks in relation to this financial modelling and these are detailed in section 13 of the report.

There is also a potential further reduction in cost pressures that arise from the use of temporary staffing (bank and agency) to backfill shortfalls as reducing vacancies will

stabilise the workforce. This reduction in vacancies reduces temporary staffing usage arising from the impact of reduced substantive staffing on wards eg sickness.

9. NQB expectation 3 - Right place and time

9.1 Productive working and eliminating waste

9.1.1 Productive wards

Through the Ward Managers Task & Finish (WM T&F) Group Ward Managers and Modern Matrons are re-invigorating the productive wards lean principles within their units. This programme ran within the Trust a number of years ago and therefore the group have mapped legacies from the previous programme and existing good practice against the Productive Ward framework. This identified evidence of embedding of the principles in a number of areas such as:

- Use of outcome measures
- Ward environment
- 'Patient status at a glance' boards

This work has also identified the potential for further improvements in a number of areas. Leading from this initial work, work streams have been identified and include improving clinic rooms in line with the productive ward methodology and improving meals for people with special dietary requirements. These work streams are being taken forward by named ward managers and progress will be monitored via the WM T&F group.

9.1.2 Red 2 Green

The "Red to Green" programme was introduced to assist the identification of wasted time in a patient's journey and is used to reduce both internal and external delays. The programme is based on the work of NHS Improvement from the Emergency Care Improvement Programme and is part of the SAFER patient flow bundle. Although designed and introduced within physical healthcare settings the principles have been used and adopted for Older Persons Mental Health wards.

At the centre of the system is the person receiving the care and or carer whose experience should be that of involvement and understanding of expectations and what will be happening. The following are considered by staff when red to green status is reviewed each day:

- Does the patient/carer know what is wrong and the reason for admission to the ward? (From assessment and discussion prior to admission)
- What is going to happen to progress towards discharge from the ward? (Diagnostic tests, assessments, therapeutic interventions)
- What needs to be achieved to get home/discharged? (Clear purpose of admission and expected outcomes and “clinical criteria for discharge”)
- If there are no unnecessary delays when is discharge expected? (Estimated discharge date)

Wards report every day on the latest status of each patient with detailed explanations around what the patient is waiting for and what needs to happen next. It assigns clear accountability for actions and a rapid escalation protocol sits behind it to ensure delays are escalated to the correct agency in a timely manner.

9.1.3 Acute care pathway

The acute care pathway is a model of care where patients are supported in the least restrictive environment; this includes using home treatment to enable the person to remain in their own home. If admission is required the patient is admitted for the minimum period of time possible. This model increases productivity and ensures that occupied bed days are at a minimum. To support this, the red and green initiative has been adapted for adult acute. This also enhances productivity by ensuring that every inpatient day is a day that adds value to the patient.

The acute care pathway approach was piloted on ward 3 to test out the change. The AMH in-patient directorate is now planning to take the learning from the new model and make changes to ward 1 and ward 2 to implement the change across these wards. This will then ensure that there is one consistent model across the directorate so that all wards are working in the most efficient and productive way possible.

The acute care pathway has resulted in higher turnover of admissions and discharges. Whilst the impact on ensuring that people are in hospital for only as long as they need to be the result is that workload is increased for ward staff in relation to increased admission and discharges.

9.2 Efficient deployment and flexibility

The e-Rostering system enables WMs and MMs to ensure that rosters that are efficient and effective. A rolling programme of implementation across wards and Access & Home Treatment teams has taken place over the past 12 months. This is an intensive piece of work and all wards, Access and Home Treatment are now live with rostering and in various stages of embedding good rostering practice. Clear KPIs (eg annual leave management) have been agreed through the steering group; these are being monitored and monthly reporting will follow to highlight roster

performance. The e-Rostering project manager is supporting ward and team managers to continually improve rostering practices in order to utilise staffing resources as effectively as possible. The benefits realisation targets from the business case are being monitored and the targets have been achieved. This will form a basis of a progress report which will be submitted to Senior Leadership Team and Quality Committee in April 2018. Additionally monthly performance reporting against KPIs relating to effective and efficient use of resources including management of annual leave, use of contracted hours, unused hours and additional hours will commence from April 2018 rosters.

The final module of the project, SafeCare, is currently being piloted on 3 wards with full roll out planned for March 2018. This module involves the evidence based Hurst tool being utilised, within the software, to inform staffing levels in relation to acuity and dependency on a shift by shift basis. The use of SafeCare requires a census to be carried out 3 times a day, by ward staff, following clinical assessment of each patient's dependency/acuity. The resulting information highlights areas of risk in terms of safer staffing allowing managers to react in real time to ensure safe staffing levels are maintained. Similar to the e-Rostering implementation SafeCare will take some time to 'bed-in' to ensure that the acuity and dependency levels accurately reflect the needs of the patients. The project manager is working closely with ward teams to ensure that they are supported in developing their working knowledge of the tool. It has to be acknowledged that in the last 12 months the implementation of e-Rostering and the electronic bank system during 2017 has impacted on ward staff workload. The implementation phase requires additional input from ward staff and subsequently there is a 'bedding-in' phase whilst users become familiarised with the software. Coupled with Lorenzo implementation this has been challenging for wards to respond to in addition to 'business as usual' workload however WMs and their staff have approached this with positivity and resilience.

It should be noted that the ability to report on CHPPD would have been challenging and time-consuming had the Trust not been on e-Rostering. As this will become a monthly requirement for Mental Health Trusts in the near future (NHSI yet to confirm date) the need for e-Rostering is essential.

An internal audit of the governance relating to escalation in staffing is planned for quarter 4; this will provide assurance on the effectiveness and efficiency of both e-rostering and temporary staffing systems.

9.3.3 Efficient employment and minimising agency

In early 2017 the Trust commenced implementation of a new e-rostering system which included an electronic bank module. The E-Rostering & Temporary Staffing Service was commissioned to provide a nurse bank to in-patient areas. The temporary staffing element of the e-rostering system went live in April 2017. Since then the governance of temporary staffing has significantly improved in line with the

Department of Health Temporary Staffing standards (2007). The service has been extremely busy since going live. Due to vacancies, acuity and the opening of an additional ward the temporary staffing service has been supplying, on average, 88 WTE nursing staff every week across the in-patient areas. Achievements of the team to date are:

- All temporary staffing shifts go through the correct authorisation process
- Timesheets are signed off electronically and sent directly to pay-roll
- Bank training is monitored and compliance is on an upward trajectory
- Agency checks are fully completed
- Approximately 90% of filled shifts are filled by bank as opposed to agency
- A rolling recruitment programme is in place to maximise the number of bank available

The success of the centralised bank system has supported the trust in achieving one of the lowest nursing agency rates in the country (1.8% of the total nursing pay bill, Nov 2017).

Furthermore the data requests for CQC in relation to bank and agency use is streamlined and able to be provided promptly with the new electronic system. Previously this was extremely time-consuming therefore the new system has a positive impact on reporting effectively and promptly.

10. Additional factors

10.1 Duty Senior Nurse (DSN) review

The DSN roster ensures that a Band 6 or 7 Registered Nurse (RN) is on duty as a senior nurse and site manager over the 24/7 period. In order to strengthen Ward Manager's autonomy the DSN role has been under review as the DSN role overlaps with other senior nursing roles including Ward Managers and Modern Matron's. This impacts on the autonomy of WMs and MMs in managing their teams. It also potentially hinders the development of RNs in general, with routine tasks (eg accepting section papers) being undertaken by the DSN.

There are two Lead DSNs who permanently staff the DSN roster and the remaining shifts are backfilled by Ward Managers and their deputies. Therefore the backfill of the DSN roster impacts on the safer staffing establishments of wards.

The DSN review is being led by Modern Matrons and Ward Managers supported by the AMH Head of Directorate and the Deputy Director of Nursing & Quality. Work has commenced in transferring relevant functions of the role to Ward Teams in order to increase WM and MM autonomy and to aid development of RNs. The final outcome of the review is expected by the end of March 2018.

10.2 Lorenzo electronic patient record

Ward Managers (WMs) have highlighted the impact of Lorenzo in relation to staff productivity and time. The Lorenzo system went live on 12 May 2017 and therefore it is acknowledged that the trust is still reasonably early in post implementation phase. However WMs reported the significant impact the system is having on the time staff are spending utilising Lorenzo; in terms of inputting and accessing information, this was anticipated as part of the implementation plan. The Lorenzo team continue to attend the WM Task & Finish (T&F) group on a quarterly basis to discuss issues and problem solve. Whilst improvements in embedding the system are being made the expectation is that moving forward the system will be more intuitive and streamlined. The current reality is that nursing staff are spending more clinical admin time recording and accessing patient data.

10.3 Management of Mental Health Act (MHA)

The compliance with the MHA is monitored via the monthly Inpatient Safety Matrix (ISM) WMs monthly audit and a MH law quarterly audit. The ISM returns have shown steady increase in relation to MH act compliance since implementation.

Additionally, the Mental Health Act assurance audit is carried out quarterly by the Trust Quality Assurance and Improvement Manager. Through both these audits there is evidence of improvements in terms of MHA paperwork monitoring. WMs have been asked to consider how ward clerks can support this administrative activity and to explore ways to strengthen collaboration with the MDT, to further improve compliance.

As stated previously the majority of wards also received a CQC MHA inspection during 2017; areas of good practice were noted and action plans implemented and completed in relation to any areas for improvement highlighted.

10.4 Incidents

The highest incident reporting categories within in-patient units are violence, self-harm and slips, trips and falls.

10.4.1 Falls

An increase in falls on wards 4 and 6 was noted during 2017 and responded to by the Executive Director of Nursing & Quality convening a Falls Rapid Improvement Group. This group met weekly and looked at policy, practice and training. This resulted in a refreshed falls policy being implemented in order to strengthen practice across in-patient areas in relation to minimising the risk of falls. Bespoke training has also been delivered. Furthermore both Ward 4 and 6, with the support of the Head of Patient and Organisational Safety, are undertaking a quality improvement project in relation to falls focussing on a person-centred approach.

10.4.2 Self harm

A self-harm group has been set up to take forward the development of a harm reduction strategy. The group will consider the scope of the work required with the aim of having the strategy in place by the end of quarter 1. There was significant work undertaken previously in relation to self-harm and currently there are individual pieces of work proceeding within directorates. The group will bring these together alongside contemporary best practice to ensure that the Trust has a robust self-harm strategy.

10.4.3 Violence and aggression

The Trust continues to deliver the Management of Actual or Potential Aggression (MAPA) training to all clinical in-patient staff. This model is person centred and proactive; it focusses on primary and secondary preventative strategies to promote minimising the likelihood of violence arising. Where restraint is required the model promotes the least restrictive response for the minimum length of time. In line with best practice service users and staff are offered a post-incident debrief following any incident of restraint. Furthermore MAPA training is co-delivered with a service user. Additionally the Trust has a restraint reduction strategy which is evidence based; this strategy will be taken forward by the Restraint Reduction Group during 2018. The Trust is also undertaking a quality improvement project in relation to restraint reduction which is detailed in section 4.4.

10.5 Quality improvement (QI)

A number of wards are undertaking QI initiatives as part of the overarching Trust's QI plan. Wards 2 and 3 have been taking forward the NHS Improvement (NHSI) Mental Health Observations and Engagement Collaborative QI project. This project has highlighted the significant work already achieved by the wards in the previous 12 months to reduce observations. Therefore the project team concentrated on improving the quality of observations and engagement through increased review to minimise length of time on increased observations and observation training to improve meaningful engagement. The project has not only improved patient and staff experience, there has also been a financial benefit resulting from the prompt reduction of higher levels of observations when clinically appropriate which subsequently negates the need for additional staffing.

The Trust is also a member of the Advancing Quality Alliance (AQuA) and a number of wards are undertaking QI initiatives through the Patient Safety Leaders and Restraint Reduction Programmes as detailed below:

- Wards 4 and 6 are undertaking the Advancing Quality Alliance (AQuA) Patient Safety Leaders Programme and are undertaking falls reduction projects which align to the Falls Rapid Improvement Group.

- Ward 1, Darwin and A&T are undertaking the AQuA REsTRAIN Yourself restraint reduction programme. This evidence based programme aligns with the trusts restraint reduction strategy and aims to minimise the use of restraint on in-patient wards.
- Access and CAMHS Hub are undertaking the AQuA Access and Waiting times programme which aims to improve access and waiting times in line with the NHS Sustainability tool.

10.6 Notable practice

A number of areas of notable practice arose within the review. These included, but are not limited to, the following:

- Nomination of learning disability services, by Ben Briggs (Senior Clinical Advisor in Learning Disability to NHS Improvement), for recognition by the Department of Health and the Secretary of State for Health as being a 'progressive' trust
- Visit and positive feedback received by NOAP wards from Tommy Whitelaw, national dementia carer campaigner
- Implementation of pledge trees across wards
- Psychology being well embedded members of the MDT within AMH, NOAP, CAMHS and LD in-patient wards
- Significant reduction in number and timely review of enhanced observations within AMH wards
- Significant reduction in incidents of restraint on Ward 1
- The appointment of an experienced Advanced Nurse Practitioner to Ward 4
- Rotation offered to RNs to support professional development
- Permanent rotational Band 5 development post within RAID
- Introduction of an additional Band 6 Clinical Lead post to strengthen leadership in NOAP wards
- Sustained reduction in admissions to NOAP wards due to the input of the NOAP Outreach Team

11. Access and home treatment safer staffing review

Access and home treatment safer staffing was reviewed as part of this strategic staffing review. The Deputy Director of Nursing met with the team manager and service manager to undertake the review, following review of the data.

There is a team manager (band 7) across both Access and Home Treatment (HT) functions, supported by 2 clinical leads (band 7) one for Access and one for HT. There are a further 8 band 7 practitioners (4 on HT and 4 on Access).

These Band 7 practitioners act as duty leads on the majority of their shifts and five are also on the AMHP rota (2 HT and 3 Access). Band 6 practitioners also undertake the duty lead role but on a less frequent basis than the band 7 practitioners. One band 6 is also undertaking AMHP training and will remain a band 6 once qualified. There are other band 6 practitioners undertaking AMHP duties within the trust.

The review recommends that an in-depth examination of the Band 7 practitioner role within the teams is undertaken to clarify expectations of the role and consider how this contributes to the skill mix needed.

Within access a call-handler role (band 3 admin) was introduced during 2016. This has been a successful role initially covered by 2 admin workers 9-5 and out of hours covered by STR workers (band 4). Both admin workers have now left so this function is currently carried out by STR workers. Additionally a registered clinician provides a second level of triage cover from 0900-1700 over seven days.

Within HT in-reach is provided to the acute wards (3 days per week) and Hillcrest, step-down beds (7 days per week).

Across the teams medical cover has altered recently from a clinic based approach to a more responsive crisis intervention work. Non-medical prescribing is being further developed to increase this responsiveness.

The current demands within the service were discussed during the review alongside the skill mix and staffing levels required to meet demand. Finance has provided draft costings of the required staffing levels. Considering the costings at top-point, due to the high number of team members being long-standing, this indicated that Access appear to be funded appropriately however Home Treatment have a significant shortfall. This will need to be considered alongside the review of the Band 7 practitioner role.

A number of areas of good practice were identified within the review including:

- Monthly band 6 and band 7 development meetings
- Multi-disciplinary leadership meeting with service user involvement
- Fluid approach across the 2 functions of the team

The provision of a permanent rotational development post within Access and Home Treatment, similar to RAID, would support the development of RNs and also promote cross departmental working.

12. Financial case for safer staffing

The cost of implementing the recommendations of this safer staffing review is £122k. However, the safer staffing recommendations can be implemented, providing the shift patterns on Ward 5 are changed to mixed shifts. This would release approximately £111k, which materially bridges the shortfall. A summary of the financial impact is shown below:

	Proposal		18/19 Recurrent Pay Budget		Variance	
	WTE	£	WTE	£	WTE	£
Ward 1	23.03	722,879	30.41	1,005,237	(7.38)	(282,358)
Ward 2	33.24	1,047,899	30.41	989,658	2.83	58,241
Ward 3	28.88	929,530	30.41	1,000,143	(1.53)	(70,613)
Ward 4	29.00	879,623	29.42	928,081	(0.42)	(48,458)
Ward 5	31.10	1,006,008	23.00	776,545	7.10	229,463
Ward 6	29.00	982,055	26.65	891,078	1.35	90,977
Ward 7	28.63	917,951	20.20	689,553	8.43	228,398
Summers View	21.32	719,863	20.20	686,746	1.12	33,117
Florence House	15.37	520,614	15.83	539,439	(0.46)	(18,825)
Darwin	29.00	997,833	25.80	993,196	3.20	4,637
A&T	28.75	984,565	31.15	1,087,199	(2.40)	(102,634)
Total	297.32	9,708,821	283.48	9,586,875	11.84	121,946
Mitigations:						
					Ward 5 Shift change	(3.46) (111,000)
					Other mitigations to be identified	(10,946)
						<hr/> 8.38 0 <hr/>

Some existing recurrent budgets include separate elements specifically for enhancements which have no WTE assigned. Enhancements have been applied consistently across the proposal as part of the funded posts.

There are 2 considerations that need to be factored into this proposal which include:

- 1) the financial implications of the A4C pay have not been finalised nationally.
- 2) as part of the change to shift patterns, a commitment has been given to review this in January 2019. Any changes to the shift patterns and the associated costs will need to be managed within existing resources.

The WTE and financial movement for directorates is shown below:

Directorate	WTE	£'000
AMH Inpatient	(5.42)	(281)
NOAP	16.46	500
LD	(2.40)	(103)
Childrens	3.20	5
Net Movement	11.84	122
Mitigations Required		
Ward 5	(3.46)	(111)
Other mitigations to be identified		(11)
Net Movement	8.38	0

Directorates who have a reduction in budgeted resource will be able to recognise this as delivered CIP. CIP targets will be realigned as part of the upcoming Trust restructure.

13. Safer Staffing Recommendations

Recommendation 1: Reduce the staffing on Ward 1 from 6/6/4 to 5/5/3 once the PICU is opened and the function of the ward is fully transitioned from High Dependency Unit to general Adult Acute Ward.

Recommendation 2: Due to the acuity and number of patients cared for within Ward 2 an additional HCSW is required to respond immediately to the PoS being used. When the PoS is not in use the person will be utilised to backfill any short notice shortfalls that have been unable to be backfilled across the Harplands site.

Recommendation 3: The patient acuity and dependency continues to be high on Ward 5. The Ward has been working to Safer Staffing recommendations of a 6/6/4 staffing model. The establishment should be increased to allow this staffing model.

Recommendation 4: Increase establishment on Ward 6 to allow for a 6/6/4 staffing model and an additional twilight due to the sustained increase in acuity and occupancy.

Recommendation 5: Increase staffing on Ward 7 to 6/6/4 to meet sustained current patient dependency and occupancy.

Recommendation 6: Discussions should be held with commissioners regarding the increasing number of patients with dementia requiring admission to Ward 6; in relation to the increased complexity and dependency of these patients and the impact of being on wards 5 and 7.

Recommendation 7: Previous staffing reviews identified a short-fall in headroom on Summers View. Due to this, the current budgeted establishment allows for staffing of 3-3-3 however the centre requires 4-4-3.

Recommendation 8: Introduce an Advanced Nurse Practitioner post to specialising in Eating Disorders (ED) to Darwin. This would address the risk associated with providing care for people with an ED by strengthening the model of care. Additionally introducing an ANP to the MDT will ensure that the trust continually moves forward in line with best practice, offering assurance to the Board that high quality care is being provided to this vulnerable group.

Recommendation 9: Increase staffing establishment on Darwin from 5/5/3 to 6/6/4 to meet sustained current patient demand and reflect the historical increase in beds.

Recommendation 10: Introduce Band 2 apprenticeship roles within in-patient wards to provide a start to the potential nursing career pathway and to educate non-registered staff to a level where they are in a position to apply for trainee nursing associate or pre-reg nursing training.

Recommendation 11: Improve patient care and experience, in relation to meaningful engagement, by extending Activity Worker cover across 7 days.

Recommendation 12: A cohort of 12 trainee nursing associates should commence in 2018. This would be funded through the apprenticeship levy (for training element) and use of existing hard-to-fill RN vacancies and funding from NHS England (for pay element). An investment of circa £5.8k per trainee per annum would be required over the 2 year period to release future savings of £6.2k per annum per qualified nursing associate.

Recommendation 13: Workforce plans for in-patient wards should include the development of trainee advanced clinical practitioners through the apprenticeship framework to strengthen the MDT.

Recommendations 14: Ward Clerks and Housekeepers job descriptions should be standardised and remuneration harmonised for each role.

Recommendation 15: The role of the Ward Clerk should be reviewed with a view to increasing support for Ward Managers in relation to workforce KPIs and administrative requirements of the MHS paperwork.

Recommendation 16: Integrate physiotherapists within ward teams to strengthen MDT working.

Recommendation 17: Strengthen the education and training programme for in-patient staff across the MDT.

Recommendation 18: Review skill mix within Access and HT in terms of the role of band 7 practitioners within the team.

Recommendation 19: The provision of a permanent rotational development post within Access and Home Treatment, similar to RAID, would support the development of RNs and also promote cross departmental working.

Recommendation 20: A rolling programme of rotation for Health Care Support Workers should be implemented alongside the opportunity for RNs to rotate on request.

Recommendation 21: Continue to strengthen rostering practices, including effective annual leave management, through increased focus on KPIs and monitor this through monthly performance reporting

Recommendation 22: Strengthen professional and clinical supervision within Occupational Therapy by introducing a Band 7 professional lead within in-patient services

Recommendation 23: Support the funding arrangements set out in this report to enhance safer staffing.

14. Conclusion

In light of the current national shortage of registered nurses and the increasing dependency and acuity of service users it has been challenging to maintain safe staffing levels during 2017. However, Modern Matrons, Ward Managers and their teams have continued to deliver safe care and also demonstrate areas of notable practice and are commended for their achievement in doing so.

The management of change in relation to shift patterns provides the opportunity to realign the budgeted establishments of in-patient wards to meet safer staffing recommendations. Additionally the potential cohort of trainee Nursing Associates is an 'invest to save' model which would strengthen stability of staffing within wards and offer career progression for non-registered staff; enabling the Trust to 'grow our own' workforce. The safer staffing group will develop a business case to take this forward.

15. Recommendations

The Board is asked to:

- Note the progress in implementing safer staffing
- Note further recommendations detailed in Section 13 of the report
- Approve the recommendations to realign budgets in line with the findings of the safer staffing review from 1st July 2018. This will be dependent on:
 - Ward 5 changing shift patterns from short shifts to mixed shifts
 - The opening of PICU
- Note the principals set out regarding CIP

16. References

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17. Appendices

17.1 Appendix 1 Standards required for inpatient care

The standards for inpatient care were reviewed and the key fundamental standards were provided to Ward Managers prior to the review for their consideration. These standards set out below were used to benchmark NSCHT wards.

- People using mental health services, and their families or carers, feel they are treated with empathy, dignity and respect (NICE 2011)
- People using mental health services, and their families or carers, feel optimistic that care will be effective (NICE 2011)
- People using mental health services understand the assessment process, their diagnosis and treatment options, and receive emotional support for any sensitive issues (NICE 2011)
- People using mental health services jointly develop a care plan with mental health and social care professionals, and are given a copy with an agreed date to review it (NICE 2011)
- People in hospital for mental health care, including service users formally detained under the Mental Health Act, are routinely involved in shared decision-making (NICE 2011)
- People in hospital for mental health care have daily one-to-one contact with mental healthcare professionals known to the service user and regularly see other members of the multidisciplinary mental healthcare team (NICE 2011)
- Evidence of local arrangements to ensure that service users in hospital can see a mental healthcare professional known to the service user on a one-to-one basis every day for at least 1 hour (NICE 2011)
- Evidence of local arrangements to ensure that service users in hospital can see their Consultant on a one-to-one basis at least once a week for at least 20 minutes (NICE 2011)
- Evidence of local arrangements to ensure that service users in hospital are given an opportunity to meet a specialist mental health pharmacist (NICE 2011)
- People in hospital for mental health care are confident that control and restraint, and compulsory treatment including rapid tranquillisation, will be used competently, safely and only as a last resort with minimum force (NICE 2011)
- People in hospital for mental health care can access meaningful and culturally appropriate activities (NICE 2011)
- Evidence of local arrangements to ensure that service users in hospital have access to meaningful and culturally appropriate activities 7 days a week, not restricted to 9am to 5pm (NICE 2011)

17.2 Appendix 2 Standards regarding therapy

Patients with a diagnosis of Mental Health whilst being an inpatient should have access to therapy including CBT, Family Therapy, Art Therapy (NICE 2009).

NICE (2009) recommends Cognitive Behavioural Therapy (CBT) – to include

- Up to 8 sessions for anxiety and depression
- 16 sessions for psychosis
- 1:1 sessions up to 1 hour and include:
- Comprehensive assessment and engagement for people with a diagnosis of schizophrenia
- Provide manual based cognitive behavioural therapy

Family Therapy should be offered to all patients with a diagnosis of psychosis –

- Include the service user if practical
- Include at least 10 planned sessions over a period of 3 months to 1 year, 1:1 or group with choice
- Includes education on the illness, problem solving and communication modules

Art therapy should be provided by a Health Professions Council registered arts therapist with experience of working with people with schizophrenia and help people to:

- Experience themselves differently and develop new ways of relating to others
- Express themselves and organise their experiences into a satisfying aesthetic form
- Accept and understand feelings that may have emerged during the creative process at their own pace
- Have a group focus

REPORT TO TRUST BOARD

Enclosure No: 9

Date of Meeting:	19 April 2017		
Title of Report:	Performance & Quality Management Framework Month 11		
Presented by:	Suzanne Robinson, Director of Finance, Performance & Digital		
Author:	Vicky Boswell, Associate Director of Performance		
Executive Lead Name:	Suzanne Robinson, Director of Finance, Performance & Digital	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:		Purpose of report	
<p>The report provides an overview of performance for February 2018 covering Contracted Key Performance Indicators (KPIs) and Reporting Requirements.</p> <p>In Month 10 there are 3 target related metrics rated as Red and 2 target related metric as Amber; all other indicators are within expected tolerances.</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 in the supporting PQMF dashboard.</p>		Approval	<input checked="" 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"/> Date:	Document Version No.	
Committee Approval / Review	<ul style="list-style-type: none"> Quality Committee <input checked="" type="checkbox"/> Finance & Performance Committee <input checked="" 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"/> Digital by Choice Board <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> To enhance service user and carer involvement. <input type="checkbox"/> To provide the highest quality services <input checked="" type="checkbox"/> Create a learning culture to continually improve. <input type="checkbox"/> Encourage, inspire and implement research & innovation at all levels. <input type="checkbox"/> Maximise and use our resources intelligently and efficiently. <input checked="" type="checkbox"/> Attract and inspire the best people to work here. <input checked="" type="checkbox"/> Continually improve our partnership working. <input type="checkbox"/> 		
Risk / legal implications: Risk Register Ref	All areas of underperformance are separately risk assessed and a rectification plan is developed, overseen by the relevant sub-committee of the Trust Board.		
Resource Implications: Funding Source:	There are potential contractual penalties if the Trust is not able to meet reporting requirements or performance standards. There have been significant improvements in data completeness and data quality following Lorenzo implementation which have mitigated the risk in year. There are plans to address remaining issues and to support further developments in the Data Quality Improvement Plan agreed with commissioners.		

<p>Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)</p>	<p>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.</p>
<p>Recommendations:</p>	<p>The committee is asked to</p> <ul style="list-style-type: none"> • Receive the Trust reported performance, management action and committee oversight on the Month 11 position.

PERFORMANCE & QUALITY MANAGEMENT FRAMEWORK REPORT TO TRUST BOARD

Date of meeting:	19 April 2017
Report title:	Performance & Quality Management Framework Performance Report – Month 11 2017/18
Executive Lead:	Suzanne Robinson, Director of Finance, Performance & Digital
Prepared by:	Vicky Boswell, Associate Director of Performance
Presented by:	Suzanne Robinson, Director of Finance, Performance & Digital

1 Introduction to Performance Management Report

The report provides an overview of performance for February 2018 covering Contracted Key Performance Indicators (KPIs) and Reporting Requirements.

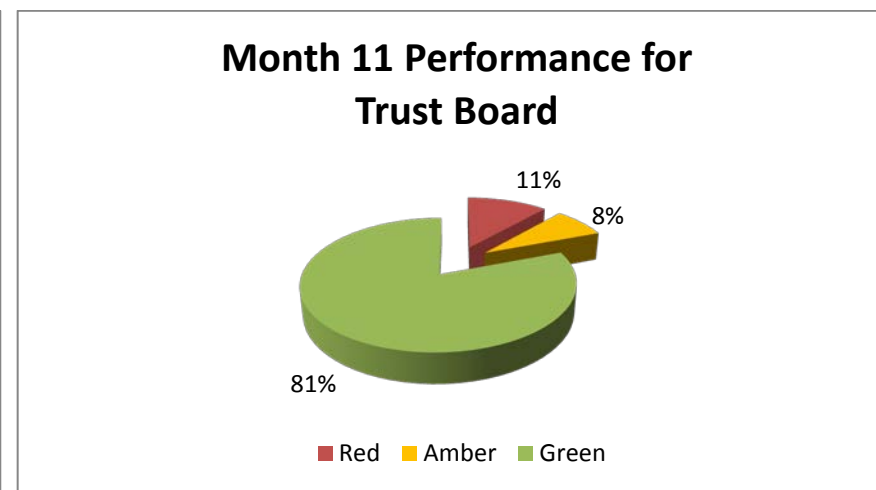
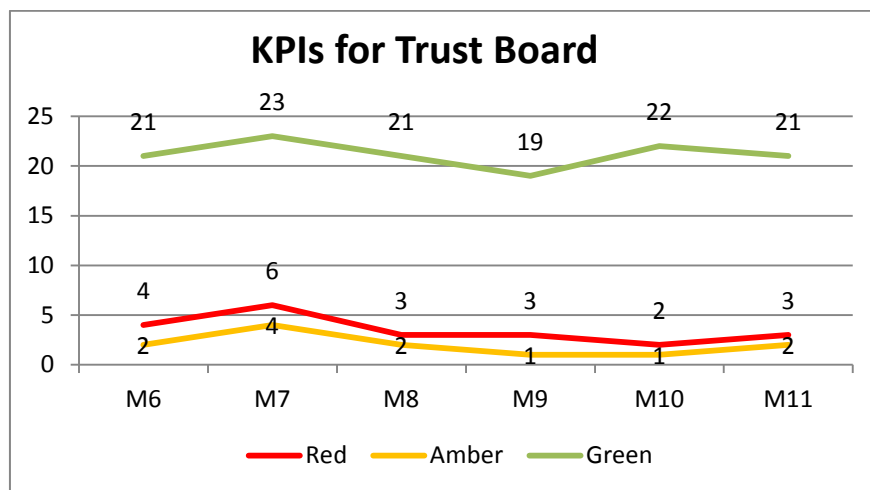
In addition to the performance dashboards a full database (Divisional Drill-Down) has been made available to Directorate Heads of Service and Clinical Directors to enable them to interrogate the supporting data and drive directorate improvement. This is summarised in Appendix 1.

2 Executive Summary – Exception Reporting

The following performance highlights should be noted;

- Delayed Transfers of Care has significantly reduced; this is due to appropriate recording and exclusion of detained patients under the mental health act, which were previously included (2.9% in M11 compared to 7.8% in M10).
- Emergency readmissions continue to improve to 4.5% (target 7.5%).
- 98.0% of service users referred to IAPT services are treated within 6 weeks of referral (target 75%) and 65.6% of people accessing IAPT services moved to recovery (again a 50% target).
- Performance continues to improve for service users on a Care Programme Approach for at least 12 months (NHSI metric) who has received a review (98% against a target of 95%).

In Month 11 there are **3** targets related metrics rated as **Red** and **2** targets related metrics rated 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:

- Sickness Absence percentage figures for November confirmed, provisional data received for December, January and February 2018.

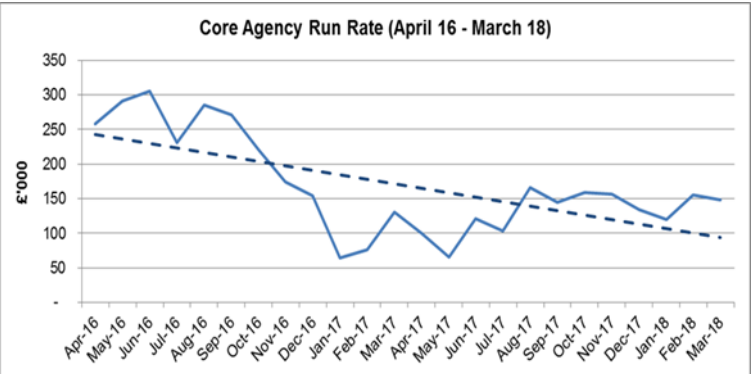
4 Additional metric

An additional metric has been included to the PQMF dashboard in month:

- Patient Safety Alerts (previously rated as “White”)

5 Exceptions - Month 11

KPI Classification	Metric	Exec/Op Lead	Target	M10	M11	Trend	Commentary
NHSI	Care Programme Approach (CPA): The proportion of those on CPA receiving follow up contact with 7 days of discharge	Dir of Ops	95.0%	GREEN 95.7%	AMBER 93.9%	↘	93.9% at M11 from 95.7% at M10 2 patients (out of 33 in total) were not followed up within the timescale. AMH Community <ul style="list-style-type: none"> - 1 patient did not attend their follow up appointment and was not seen at all. They refused to engage despite numerous attempts to follow up - 1 patient was discharged to residential care and the breach was associated with communication issues between the ward and community team Both patients were subsequently followed up and there were no clinical issues arising from the delays. Wards and teams have been reminded of the requirements of the SOP.
NSHI	Agency Spend: % year to date agency spend compared to year to date agency ceiling	Dir of Workforce and Leadership	0.0%	RED 28.8%	RED 28.5%	↘	28.5% at M11 from 28.8% at M10 Ward 4 – 7.1% at M11 from 6.5% at M10 Core – 14.8% at M11 from 15.3% at M10 Rose – 7% at M11 from 7.1% at M10 The main drivers of the negative variances are: <ul style="list-style-type: none"> • ROSE: £143k: The Trust extended the use of additional agency staff as part of the implementation of the ROSE project to ensure a safe transition. The use of agency has now ceased on this project. • Medical Locums - £339k: This reflects the national shortage of medics. The Trust is exploring a number of ways to attract and retain medical staff.

KPI Classification	Metric	Exec/Op Lead	Target	M10	M11	Trend	Commentary
							<p>The trust is forecasting that the agency ceiling will not be achieved in 2017/18. However, excluding agency expenditure on Lorenzo, the trust expects to deliver the 2018/19 ceiling.</p> 
CCG	<p>Waiting Times:</p> <p>Compliance with 18 week waits (Referral to Treatment or Intervention)</p>	Dir of Ops	92.0%	GREEN 92.1%	AMBER 91.3%	↘	<p>91.3% at M11 from 92.1% at M10</p> <p>AMH Community – 87.8% at M11 from 89.5% at M10 Substance Misuse – 100.0% at M11 the same as at M10 LD – 94.7% at M11 from 92.1% at M10 NOAP – 96.2% at M11 from 95.7% at M10 C&YP – 80.2% at M11 from 85.7% at M10</p> <p>There has been a slight dip in performance Trust-wide associated with the increased numbers of breaches in AMH Community and CYP. There has been an improvement in performance LD and NOAP.</p> <p>All directorates have identified issues, are reviewing demand and capacity plans and ensuring that recording reflects actual performance</p>

KPI Classification	Metric	Exec/Op Lead	Target	M10	M11	Trend	Commentary																																																																								
							levels. Recovery Plan will be reported through Performance Review meetings.																																																																								
CCG	Admissions: Number of patients 16-17 years old admitted to Adult Psychiatric wards	Dir of Ops	Zero	GREEN 0.0	RED 1.0	↗	1.0 at M11 from 0.0 at M10 A 17 year old female was admitted on a S136 and transferred to Ward 3 out of hours. It was assessed as the most appropriate placement for the young person at the time of admission. Commissioners and CQC were informed and NHSE who commissions CAMHS beds nationally identified a suitable alternative the following day. This is the first 16-17 year old admission into an Adult Acute bed in 2017/18. In such cases the decision to admit is approved by the Executive Nursing Director in hours and Executive Director on call out of hours.																																																																								
CCG	Bed Occupancy: Bed Occupancy (including home leave) All wards (excl. AMH IP)	Dir of Ops	85.0%	RED 93.8%	RED 91.6%	↘	Trust excl. AMH IP – 91.6% at M11 from 93.8% at M10 There has been a decrease in bed occupancy in Month 11, most noticeably in adult inpatient beds (under 90% target level). <div><div>Bed Occupancy (including Home Leave)</div><table><thead><tr><th>Month</th><th>LD</th><th>Neuro</th><th>Old Age Psychiatry</th><th>C&YP</th><th>Target</th></tr></thead><tbody><tr><td>Apr</td><td>95.0</td><td>100.0</td><td>90.0</td><td>95.0</td><td>85.0</td></tr><tr><td>May</td><td>85.0</td><td>105.0</td><td>90.0</td><td>90.0</td><td>85.0</td></tr><tr><td>Jun</td><td>75.0</td><td>110.0</td><td>90.0</td><td>95.0</td><td>85.0</td></tr><tr><td>Jul</td><td>70.0</td><td>115.0</td><td>90.0</td><td>90.0</td><td>85.0</td></tr><tr><td>Aug</td><td>75.0</td><td>110.0</td><td>90.0</td><td>85.0</td><td>85.0</td></tr><tr><td>Sept</td><td>80.0</td><td>105.0</td><td>90.0</td><td>80.0</td><td>85.0</td></tr><tr><td>Oct</td><td>90.0</td><td>100.0</td><td>95.0</td><td>95.0</td><td>85.0</td></tr><tr><td>Nov</td><td>75.0</td><td>105.0</td><td>95.0</td><td>90.0</td><td>85.0</td></tr><tr><td>Dec</td><td>75.0</td><td>105.0</td><td>95.0</td><td>85.0</td><td>85.0</td></tr><tr><td>Jan</td><td>70.0</td><td>105.0</td><td>95.0</td><td>90.0</td><td>85.0</td></tr><tr><td>Feb</td><td>75.0</td><td>100.0</td><td>90.0</td><td>95.0</td><td>85.0</td></tr></tbody></table></div>	Month	LD	Neuro	Old Age Psychiatry	C&YP	Target	Apr	95.0	100.0	90.0	95.0	85.0	May	85.0	105.0	90.0	90.0	85.0	Jun	75.0	110.0	90.0	95.0	85.0	Jul	70.0	115.0	90.0	90.0	85.0	Aug	75.0	110.0	90.0	85.0	85.0	Sept	80.0	105.0	90.0	80.0	85.0	Oct	90.0	100.0	95.0	95.0	85.0	Nov	75.0	105.0	95.0	90.0	85.0	Dec	75.0	105.0	95.0	85.0	85.0	Jan	70.0	105.0	95.0	90.0	85.0	Feb	75.0	100.0	90.0	95.0	85.0
Month	LD	Neuro	Old Age Psychiatry	C&YP	Target																																																																										
Apr	95.0	100.0	90.0	95.0	85.0																																																																										
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Nov	75.0	105.0	95.0	90.0	85.0																																																																										
Dec	75.0	105.0	95.0	85.0	85.0																																																																										
Jan	70.0	105.0	95.0	90.0	85.0																																																																										
Feb	75.0	100.0	90.0	95.0	85.0																																																																										

6 Recommendations

The Trust Board is asked to;

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

Month: February 2017/18
11
Key:-

PQMF Report to Trust Board



CCG	NHS Standard Contract Reporting
National	NHS Improvement metric (Unify)
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	Target (2016/17) Red- 17/18 target	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
EFFECTIVE															
NHSI	Early Intervention in Psychosis - A maximum of 2 week waits for referral to treatment (Target-17/18-50%, 18/19-53%)	Monthly	50%	76.9%	81.8%	63.6%	100.0%	70.0%	50.0%	62.5%	61.5%	72.7%	70.0%	75.0%	
CCG	Compliance with 18 week waits (Referral to Treatment or Intervention)	Monthly	92%	93.5%		82.4%	94.3%	95.1%	94.9%	92.5%	93.6%	94.2%	92.1%	91.3%	
CCG	AMH IP	Monthly	92%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
CCG	AMH Community	Monthly	92%	89.0%		77.5%	91.9%	94.9%	95.9%	95.6%	91.6%	93.5%	89.5%	87.8%	
CCG	Substance Misuse	Monthly	92%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
CCG	LD	Monthly	92%	100.0%		85.2%	100.0%	94.1%	92.3%	91.9%	90.0%	92.3%	92.1%	94.7%	
CCG	NOAP	Monthly	92%	97.4%		82.3%	94.3%	94.9%	95.4%	90.5%	95.3%	95.4%	95.7%	96.2%	
CCG	C&YP	Monthly	92%	100.0%		93.7%	100.0%	95.4%	90.3%	93.1%	92.2%	93.0%	85.7%	80.2%	
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	0.0	0.0	0.0	
CCG	MH Liaison Team response to A&E referrals within 1 hour	Monthly	95%	94.0%	94.0%	97.0%	96.0%	98.0%	97.0%	96.0%	95.0%	97.0%	96.0%	97.0%	
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%	98.5%	95.9%	97.2%	97.8%	98.6%	97.5%	100.0%	100.0%	100.0%	100.0%	
National/CCG	Overall safe staffing fill rate	Monthly	No Target	95.2%	95.3%	94.8%	93.4%	91.2%	90.4%	91.8%	94.3%	91.0%	94.9%	92.5%	
National	Mental health delayed transfers of care (target NHSI) (M1-4.7%, M2-4.5%, M3-4.2%, M4-4.0%, M5-3.7%, M6-3.5%) Target revised to 7.0% in M3	Monthly	7.5%	11.0%	8.4%	13.0%	12.7%	10.8%	8.8%	13.5%	12.5%	10.2%	7.8%	2.9%	
CCG	Emergency Readmission rate (30 days). Percentage of patients readmitted within 30 days of discharge.	Monthly	7.5%	15.0%	5.2%	5.1%	5.0%	4.7%	3.0%	6.9%	4.1%	3.9%	6.6%	4.5%	
NHSI	Total bed days patients have been Out of Area	Monthly	No target	0.0	0.0	160.0	295.0	259.0	22.0	1.0	28.0	150.0	68.0	149.0	
Trust Measure	Adult	Monthly	No target	0.0	0.0	160.0	295.0	259.0	22.0	1.0	16.0	118.0	43.0	149.0	
Trust Measure	Older Adult	Monthly	No target								12.0	32.0	68.0	0.0	
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%									100.0%	45.3%	99.3%	
Trust Measure	Total patients Out of Area	Monthly	No target	4.0	1.0	12.0	16.0	9.0	2.0	1.0	4.0	14.0	7.0	13.0	
Trust Measure	Adult	Monthly	No target	4.0	1.0	12.0	16.0	9.0	2.0	1.0	2.0	12.0	5.0	13.0	
Trust Measure	Older Adult	Monthly	No target								2.0	2.0	2.0	0.0	
Trust Measure	Total bed days - PICU	Monthly	No target	21.0	65.0	73.0	176.0	125.0	121.0	104.0	99.0	94.0	213.0	112.0	
Trust Measure	Total patients - PICU	Monthly	No target	4.0	2.0	3.0	8.0	1.0	2.0	3.0	2.0	3.0	7.0	2.0	
SAFE															
CCG	Number of patients 16/17 years old admitted to Adult Psychiatric wards	Monthly	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	
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 (Including Home Leave)	Monthly	85%	93.6%	89.4%	92.9%	92.6%	92.3%	90.0%	93.1%	93.3%	94.9%	93.8%	92.5%	
CCG	AMH IP	Monthly	90%	94.0%	89.0%	97.0%	93.0%	96.0%	89.0%	86.0%	89.0%	96.0%	91.0%	90.0%	
CCG	LD	Monthly	85%	100.0%	79.0%	71.0%	68.0%	76.0%	79.0%	88.0%	74.0%	76.0%	72.0%	75.0%	
CCG	Neuro	Monthly	85%	90.6%	91.3%	107.7%	113.7%	108.4%	103.1%	102.3%	108.0%	105.0%	106.0%	99.0%	
CCG	Old Age Psychiatry	Monthly	85%	95.0%	92.0%	90.0%	92.0%	93.0%	98.0%	98.0%	99.0%	99.0%	97.0%	94.0%	
CCG	C&YP	Monthly	85%	94.2%	88.6%	98.0%	93.9%	77.2%	73.1%	97.2%	96.6%	84.1%	94.2%	98.3%	
CCG	IAPT: The proportion of people who have depression and/or anxiety disorders who receive psychological therapies (Target: 3.75% per quarter, 1.25% p/month)	Monthly	3.75% quarterly (1.25% monthly)	1.05%	1.28%	1.21%	1.29%	1.30%	1.25%	1.5%	1.3%	0.9%	1.3%	1.3%	
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%	67.1%	68.5%	65.1%	65.9%	69.5%	64.9%	60.8%	66.3%	60.8%	67.2%	65.6%	
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%	99.7%	99.3%	100.0%	100.0%	100.0%	99.7%	100.0%	99.0%	100.0%	98.0%	98.0%	

	Metric	Frequency	Target (2016/17) Ratios 17/18 target	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
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%	99.0%	100.0%	
CCG	S136 (Place of Safety) Assessments	Monthly	No Target	23.0	33.0	35.0	43.0	22.0	20.0	28.0	21.0	12.0	16.0	15.0	
National	The proportion of those on Care Programme Approach (CPA) for at least 12mnths having formal review within 12mnths *NHSI*	Monthly	95%	94.3%	93.9%	91.5%	91.8%	94.5%	92.2%	90.3%	94.1%	95.9%	97.5%	98.0%	
NHSI	The proportion of those on Care Programme Approach (CPA) receiving follow-up contact within 7 days of discharge	Monthly	95%	100.0%	96.9%	94.1%	93.1%	86.7%	97.4%	92.9%	97.4%	90.9%	95.7%	93.9%	
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	0.0	0.0	0.0	0.0	0.0	0.0	
CARING															
National	Inpatient Scores from Friends and Family Test – % positive	Monthly	No Target	89.0%	88.0%	83.0%	83.0%	85.9%	85.9%	93.8%	93.6%	85.9%	93.9%		
National	Staff Friends and Family Test - % recommended - care	Quarterly	No Target			60.2%			66.7%			61.0%			
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			2.4%			9.4%			9.3%			
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%		7.0%	20.0%	10.0%	26.0%	24.0%	28.0%	30.0%	29.7%	28.8%	28.5%	
National	Sickness Absence Percentage: Days lost	Monthly	4.95%	4.20%	3.95%	3.95%	4.20%	4.90%	4.88%	4.85%	4.71%	4.97%	4.94%	3.11%	
National	Staff Turnover (% FTE)	Monthly	>10%	0.9%	1.1%	0.6%	0.6%	1.5%	1.4%	0.7%	0.3%	1.0%	0.6%	0.8%	

REPORT TO Trust Board

Enclosure No: 10

Date of Meeting:	18.04.18		
Title of Report:	CQC's review of CAMHS services - 'Are we listening?'		
Presented by:	Laurie Wrench		
Author:	Laurie Wrench		
Executive Lead Name:	Caroline Donovan	Approved by Exec	<input type="checkbox"/>

Executive Summary:		Purpose of report	
On 8 th March 2018, NHS providers issued a briefing of the CQC's review of CAMHS services. The CQC report titled 'Are we listening?' builds on phase 1 of their review. This briefing provides an overview of phase 1 highlights and outlines the key findings and recommendations from phase 2 of the review. The briefing also provides details of recent CQC findings with regards to the trust's community CAMHS services.		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"/> 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 involvement. <input type="checkbox"/> To provide the highest quality services <input checked="" type="checkbox"/> Create a learning culture to continually improve. <input type="checkbox"/> Encourage, inspire and implement research & innovation at all levels. <input type="checkbox"/> Maximise and use our resources intelligently and efficiently <input type="checkbox"/> Attract and inspire the best people to work here. <input type="checkbox"/> Continually improve our partnership working. <input type="checkbox"/> 		
Risk / legal implications: Risk Register Ref	The Trust is legally required to be registered with the CQC.		
Resource Implications:	None		
Funding Source:			
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	Diversity and Inclusion is a significant consideration for the CQC when assessing the quality of services		
Recommendations:	That the Board receive the report for information.		

REPORT TO Trust Board

Enclosure No: 16

Date of Meeting:	18.04.18		
Title of Report:	CQC's review of CAMHS services - 'Are we listening?		
Presented by:	Laurie Wrench		
Author:	Laurie Wrench		
Executive Lead Name:	Caroline Donovan	Approved by Exec	<input type="checkbox"/>

Executive Summary:		Purpose of report	
On 8 th March 2018, NHS providers issued a briefing of the CQC's review of CAMHS services. The CQC report titled 'Are we listening?' builds on phase 1 of their review. This briefing provides an overview of phase 1 highlights and outlines the key findings and recommendations from phase 2 of the review. The briefing also provides details of recent CQC findings with regards to the trust's community CAMHS services.		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"/> 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 involvement. <input type="checkbox"/> To provide the highest quality services <input checked="" type="checkbox"/> Create a learning culture to continually improve. <input type="checkbox"/> Encourage, inspire and implement research & innovation at all levels. <input type="checkbox"/> Maximise and use our resources intelligently and efficiently <input type="checkbox"/> Attract and inspire the best people to work here. <input type="checkbox"/> Continually improve our partnership working. <input type="checkbox"/> 		
Risk / legal implications: Risk Register Ref	The Trust is legally required to be registered with the CQC.		
Resource Implications:	None		
Funding Source:			
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	Diversity and Inclusion is a significant consideration for the CQC when assessing the quality of services		
Recommendations:	That the Board receive the report for information.		

CQC - Review of CAMHS services (8th March 18)

NHS Providers – Briefing summery

1. Introduction

On 8th March 2018, NHS providers issued a briefing of the CQC's review of CAMHS services.

The CQC report titled 'Are we listening?' builds on phase 1 of their review. This briefing provides an overview of phase 1 highlights and outlines the key findings and recommendations from phase 2 of the review. The briefing also provides details of recent CQC findings with regards to the trust's community CAMHS services.

2. Phase 1

Key focus area: partnership working across ten local areas.

2.1 Key points identified by CQC:

- Variation in the quality and accessibility of care remained evident
- Significant gaps in services for children and young people with lower level mental health needs.
- Concerns remained evident regarding the impact of funding and eligibility criteria's.
- It was recommended that Sustainability and Transformation Partnerships (STP's), along with Integrated Care Systems (ICS's) could serve as vehicles and local structural change should be portrayed as integral to tackling the challenges.
- Shared objectives across local agencies with directly involving children and young people and their families were recognised as areas of good practice.

3. Phase 2

Key focus areas: Children and young people within particular groups such as black and minority ethnic, with a learning disability, or neurodevelopmental disorder, or those who identify as LGBT.

3.1 Key points identified by CQC:

3.1.1. Person centred care: children and young people's experience of care

- Children young people and their families should be involved in decisions about their care
- Having a single 'key worker' coordinating input from different teams and services enables trust and rapport as well as ensuring that care is joined up.
- Experience is improved when services stay in touch to bridge the gap whilst waiting for treatment.

- Information sharing between services makes it easier for young people to make transition from children's to adult services.

What the CQC said about our services February 2018:

- ✓ *Parents of young people told us they felt involved in their care and the staff they worked with had a good understanding of the young people's needs.*
- ✓ *There were processes in place to ensure each young person open to the service could be tracked through their pathway and deterioration in their mental health could be responded to quickly.*

3.1.2. Person centred access: providing timely access to appropriate care

- Excessively restricted eligibility criteria can create unintended adverse consequences
- Good practice was noted in some areas that focused on increased availability of services for children and young people with lower level mental health problems
- More flexible models of care, such as online counselling, are helping to expand access to support for children and young people.

What the CQC said about our services February 2018:

- ✓ *There were no long waiting lists for all children and young people open to the service. There had been a significant improvement in the reduction of waiting lists since the last inspection. There were no children and young people waiting longer than the national target of 18 weeks to be seen.*
- ✓ *There was a good range of evidence based psychological therapies offered by a range of staff disciplines and routine outcome measures were used to monitor the effectiveness of treatment*
- ✓ *There was a clear criterion for which young people would be offered a service and the service worked closely with other organisations to understand their criterion so young people could be signposted to the most appropriate service to meet their needs.*

3.1.3. Person centred services: working together to deliver high quality care

- Putting the person at the centre makes it easier for services to work in collaboration, overcome different professional and organisation cultures, systems and processes.
- Monitoring the quality of care by proactively gathering and listening to feedback is essential to service improvement.
- Holding Joint meetings, co-locating teams, spending time building relationships with staff in other teams are simple steps to take to promote positive collaborative working
- Investing in staff training and supporting their wellbeing, improves their capability and quality of care delivered.

What the CQC said about our services February 2018:

- ✓ *Staff completed comprehensive, holistic mental health assessments and developed care plans that were person centred and recovery orientated.*
- ✓ *There were weekly multidisciplinary team meetings and evidence of joint working with external organisations*
- ✓ *The service recently launched a new mental health and wellbeing strategy in schools across Stoke on Trent.*
- ✓ *There was good participation of young people in service delivery and development.*
- ✓ *All staff spoke positively about their managers and service director. They felt valued and supported by senior staff and all staff were proud to have been nominated for the recognising excellence and achievement in combined healthcare awards.*

4. NHS Providers summary of local recommendations

- Local systems must have more power and responsibility to plan, publish and deliver a shared 'local offer' that sets out how each part of the system will make their individual contribution and ensures the system as a whole can collectively meet the needs of all children and young people in their area.
- Commissioners and providers across education, the NHS and local authorities to work with NHS digital to drive cross sector improvement in the quality and availability of data, information and intelligence
- Commissioners, providers and staff must draw on evidence and good practice to drive local improvement, such as:
 - Joint commissioning, pooling resources as necessary, and encompassing transitions to adult services
 - Clear referral pathways and eligibility criteria overseen by HWBs as part of 'local offer'

- Care Co-ordination by a single individual in each service when multiple teams are involved in care
- More proactive engagement with service users and their families in planning and delivering care
- Close partnership working on a day-to-day basis across local agencies
- Better use of technology to plan and deliver mental health support services, including in schools
- Improved support and organisational cultures that empower staff.

5. Current Trust Position:

The Community CAMHS team has made significant improvements originally receiving a rating of 'inadequate' from the CQC in 2015 to receiving 'good' for all domains in 2017. This follows investment from commissioners in recognition of growing demand and under resourcing in addition to improving the quality of care plans, risk assessment and waiting list management.

The directorate are part of a digital exemplar programme to improve access to services and continue to strengthen partnerships, streamline clinical pathways and enhance service user and carer involvement.

REPORT TO: TRUST BOARD

Enclosure No: 11

Date of Meeting:	18TH April 2018		
Title of Report:	Trust Unannounced Visit and Exec Engagement sessions		
Presented by:	Zoe Grant, Quality Assurance and Improvement Manager		
Author:	Zoe Grant, Quality Assurance and Improvement Manager		
Executive Lead Name:	Maria Nelligan – Executive Director of Nursing and Quality	Approved by Exec	<input type="checkbox"/>

Executive Summary:		Purpose of report	
<p>The paper summarises the Trusts Unannounced visits plans to strengthen the action plan assurance and the plans to roll 2018/19 visits out into the Community services. The paper also provides the annual schedule for both the Trusts Unannounced and Exec engagement sessions. Seeking approval from executive meeting to go to the Quality Committee 5th April 2018.</p>		Approval	<input checked="" type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT & Execs to exec's 3 rd April 2018	Document Version No.	
Committee Approval / Review	<p>Date:</p> <ul style="list-style-type: none"> Quality Committee ✓ Finance & Performance Committee Audit Committee People & Culture Development Committee Charitable Funds Committee Business Development Committee Digital by Choice Board 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> To enhance service user and carer involvement. To provide the highest quality services. ✓ Create a learning culture to continually improve. ✓ Encourage, inspire and implement research & innovation at all levels. ✓ Maximise and use our resources intelligently and efficiently. Attract and inspire the best people to work here. ✓ Continually improve our partnership working. ✓ 		
Risk / legal implications: Risk Register Ref	Not directly as a result of this report		
Resource Implications: Funding Source:	Not directly as a result of this report		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	Not directly as a result of this report		
Recommendations:	For assurance		

Trust Unannounced Assurance and Engagement Visits

Inpatient assurance, Community roll out 2018/19 & schedule.

Introduction:

In October 2016 the Trust introduced Unannounced Assurance visit's in the inpatients settings. The visits are led by an Executive member of the Trust Board; with a Non-Executive member of the Trust Board, a Service User/Carer representative, Peer Manager and a member of the Trust's Governance Team supporting the visit.

The visits involve the teams being reviewed in line with the CQC's Key Lines of Enquiry (KLOES) and the Institute for Innovation and Improvement 15 steps challenge which was designed from a service users perspective and helps organisations to improve service users experiences in Mental Health In-patient settings, with particular reference to the 'first impressions' on entering a ward/service.

The Trust has successfully carried out unannounced visits into all inpatient settings, each team have been issued an action plan which has been progressed with support from the Trusts governance team.

This paper will:

- describe amendments made to the action plan 'sign off '
- Describe the roll out process into the community services.
- Provide the schedule for Trust unannounced and Executive engagement sessions for 2018/19.

Inpatient action plan:

Each inpatient service has an agreed set of actions in response to the unannounced visit. The actions are aligned to the CQC KLOES and are aimed to drive forward service improvement.

All actions are expected to be achieved within 4 weeks of receiving the action plan and exceptions will be reported through to Senior Operating Team meeting with the view of any potential blocks being addressed and supported.

Community Service Roll out:

We are now in a position to roll the programme out into community settings, the process will be identical to the inpatients settings with the exception of the Team lead being given 72hrs working day notice of the visit to ensure that availability of relevant staff and to arrange for service users / carers to have an opportunity to meet the trust unannounced team.

(Protocol attached in appendix 1)

Visit schedule for 2018/19:

Trust unannounced visit schedule:				Trust Exec Engagement sessions:		
Date	Exec	Non Exec	Service area/ team	Date	Exec & Non exec	Service area/ team
27.4.18 1pm – 5pm	Alex Brett	Lorien Barber	All visits are confirmed 1 week in advance based on risk concerns via Trust intelligence	4.4.18	Alex Brett & Patrick Sullivan	EMU
					Maria Nelligan	Ward 3
					Suzanne Robinson	Coms/ HR/ OD
					Andrew Hughes	Estates
					Buki Adeyemo	Management admin
					Jonathan O'Brien & Gan Mahadea	Ward 2
					Caroline Donovan	Pharmacy
23.5.18 2pm – 5pm	Caroline Donovan	Patrick Sullivan		2.5.18	Andrew Hughes	IP C/ MH Law/ Pt safety / Pt ex
					Suzanne Robinson	Reception / safeguarding
					Jonathan O'Brien & Tony Gadsby	Carillion
					Maria Nelligan & Lorien Barber	Ward 4
					Caroline Donovan	Ward 5
					Buki Adeyemo	NOAP Community
13.6.18 9am – 11am	Andrew Hughes	Gan Mahadea		2.6.18	Maria Nelligan	Ward 6
					Alex Brett & Joan Walley	Ward 7
					Caroline Donovan & Gan Mahadea	Lymebrook
					Buki Adeyemo & Tony Gadsby	Sustain Team
18.7.18 9am – 12md	Jonathan O'Brien	Patrick Sullivan		4.7.18	Alex Brett	Staff support & counselling
					Maria Nelligan & Tony Gadsby	MH Liaison
6.8.18 11am – 2pm	Maria Nelligan	Davis Rogers		1.8.18	Maria Nelligan	One Recovery
26.9.18 9am – 12md	Suzanne Robinson	Tony Gadsby		Sept	TBC	
19.10.18 1pm – 4pm	Buki Adeyemo	Lorien Barber		Oct	TBC	
9.11.18 2pm – 4pm	Andrew Hughes	TBC		7.11.18	Jonathan O'Brien & Gan Mahadea	Ashcombe centre
14.12.18 9am – 12md	Alex Brett	Gan Mahadea		5.12.18	Alex Brett & Tony Gadsby	Ward 4
Jan 2019 10am – 1pm	Maria Nelligan	Patrick Sullivan		Jan	TBC	
Feb 2019 9am – 12md	Jonathan O'Brien	Gan Mahadea		Feb	TBC	
Mar 2019 10am – 1pm	Maria Nelligan	Patrick Sullivan		Mar	TBC	

REPORT TO Public Trust Board

Enclosure No:13

Date of Meeting:	18 th April 2018		
Title of Report:	Finance, Performance and Digital Committee Assurance Report		
Presented by:	Chair of Finance, Performance and Digital Committee		
Author:	Mike Newton - Deputy Director of Finance		
Executive Lead Name:	Suzanne Robinson – Executive Director of Finance, Performance and Digital	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:		Purpose of report	
This paper details the issues discussed at the Finance, Performance and Digital Committee meeting on the 5 th April 2018. The meeting was quorate with minutes approved from the previous meeting on the 8 th March 2018. Progress was reviewed and actions confirmed from previous meetings.		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 X	Document	
	Date:	Version No.	
Committee Approval / Review	<ul style="list-style-type: none"> Quality Committee <input type="checkbox"/> Finance & Performance Committee X 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 involvement. <input type="checkbox"/> To provide the highest quality services X <input type="checkbox"/> Create a learning culture to continually improve. <input type="checkbox"/> Encourage, inspire and implement research & innovation at all levels. <input type="checkbox"/> Maximise and use our resources intelligently and efficiently. X Attract and inspire the best people to work here. <input type="checkbox"/> Continually improve our partnership working. <input type="checkbox"/> 		
Risk / legal implications: Risk Register Ref	Oversees the risk relevant to the Finance & Performance Committee		
Resource Implications: Funding Source:	None applicable directly from this report		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	There are no direct impact of this report on the 10 protected characteristic of the Equality Act		
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.		

Financial Overview as at 28th February 2018

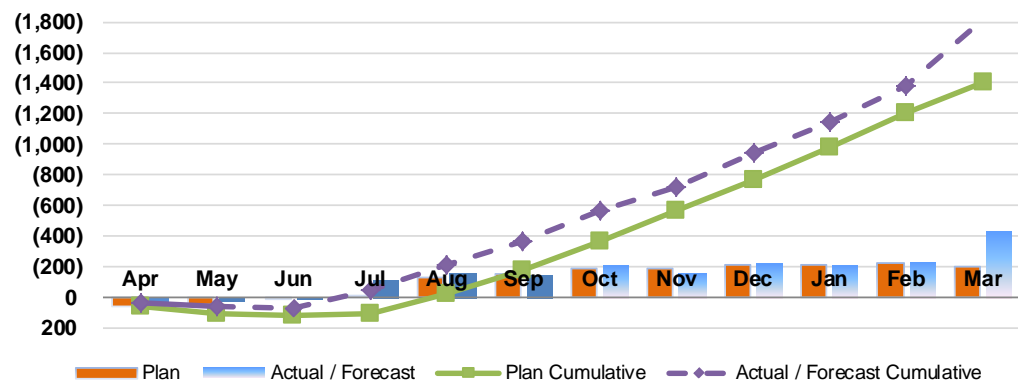
Income & Expenditure - Control Total (Surplus) / Deficit

£000	Plan	Actual	Var	%	RAG
YTD	(1,203)	(1,385)	(182)	(15)	G
FOT	(1,400)	(1,800)	(400)	29	G

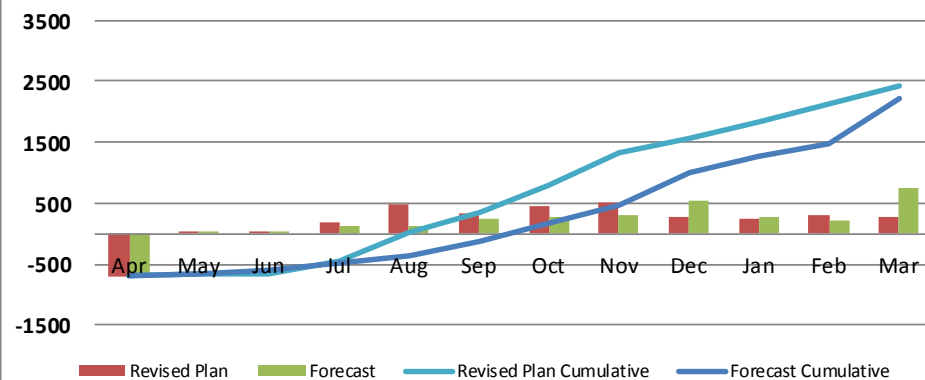
Charge to CRL

£000	Plan	Actual	Var	%	RAG
YTD	2,025	1,519	(506)	75	A
FOT	2,312	2,252	(60)	97	G

Retained (Surplus) / Deficit Run Rate 2017/18



Net Capital Expenditure - Plan / Forecast 2017/18



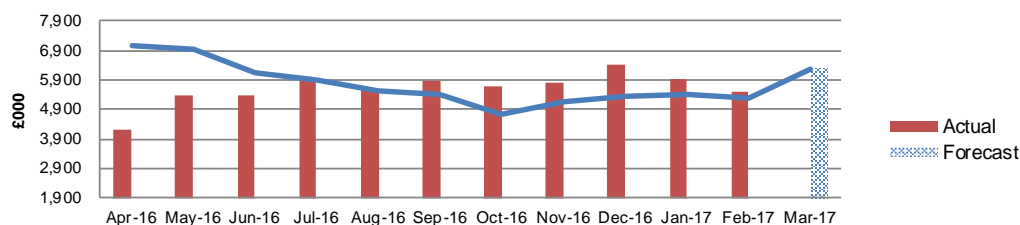
Cash Balances

£000	Plan	Actual	Var	%	RAG
YTD	5,261	5,524	263	5	G

Cost Improvement

£000	Plan	Actual	Var	%	Rec Var	RAG
Clinical	2,249	1,700	(549)	(24)	(542)	R
Corporate	574	163	(411)	(72)	(242)	R
Total	2,823	1,863	(960)	(34)	(784)	R

Cash Balances - Actual/Forecast against Plan 2017/18



Use of Resource

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

1. Introduction:

The Trust's 2017/18 financial plan is to deliver a trading position of £0.9m surplus. The Trust has accepted the Control Total from NHS Improvement (NHSI) of £1.4m surplus which includes £0.5m from the Sustainability & Transformation Fund.

1.1 2017/18 Forecast Improvement

In Month 10, NSCHT Trust Board agreed to improve the 2017/18 forecast outturn position by £0.2m, increasing the trading surplus for 2017/18 to £1.1m. This would allow the Trust to attract an additional £0.2m STF funding, to deliver an overall surplus of £1.8m for 2017/18:

- Trusts that agree to improve beyond the control surplus attract at least a pound for pound additional incentive payment
- Trusts that overachieve against control will also get a share of any remaining national STF funding at the end of the financial year. In 2016/17 NSCHT received £600k for a final outturn £47k higher than the control. This is not included in the £1.8m overall forecast surplus noted below.

	2017/18 Plan Control (£m)	Agreed Improvement (£m)	2017/18 Forecast Outturn (£m)
Trading Surplus	0.9	0.2	1.1
Sustainability and Transformation funding	0.5	0.2	0.7
Surplus / (Deficit)	1.4	0.4	1.8

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 £179k surplus against a plan of £163k surplus; **showing favourable variance to plan of £16k**. Sustainability and Transformation funding has been assumed at £58k for month 11, bringing the overall Trust control to a £237k surplus against plan of £221k; **showing £16k surplus to plan**.
- The Trust has a year to date trading position of £944k surplus against a plan of £762k surplus; **a favourable variance to plan of £182k**. After Sustainability and transformation funding (£441k), the Trust has a Control Total surplus of £1,385k against a planned surplus of £1,203k; **a favourable variance to plan of £182k**.

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	(82,377)	(6,443)	(6,357)	86	(75,553)	(75,658)	(105)	(82,350)	(82,522)	(171)
Pay	62,375	5,174	4,205	(969)	57,239	54,231	(3,008)	62,400	59,154	(3,245)
Non Pay	16,438	889	1,749	860	15,105	18,006	2,900	16,387	19,566	3,179
EBITDA	(3,564)	(379)	(403)	(24)	(3,209)	(3,421)	(212)	(3,563)	(3,801)	(238)
Other Non-Op Costs	2,664	216	224	8	2,447	2,477	30	2,664	2,701	38
Trading Surplus	(900)	(163)	(179)	(16)	(762)	(944)	(182)	(900)	(1,100)	(200)
Sustainability & Transformational Funding	(500)	(58)	(58)	0	(441)	(441)	0	(500)	(700)	(200)
Control Total	(1,400)	(221)	(237)	(16)	(1,203)	(1,385)	(182)	(1,400)	(1,800)	(400)

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.
- £98k under recovery on Out of Area Treatments (OATs) due mainly to the underperformance of the sale of substance misuse beds;
- STF is earned quarterly for Trusts operating within their agreed control totals. The total for 2017/18 was originally £500k and is phased 15% for Q1, 20% for Q2, 30% for Q3 and for 35% Q4 plus a further £200k based on matching the increase in the forecast outturn of £1.6m (originally £1.4m). **£441k is reflected at month 11.**

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	(35,495)	(2,722)	(2,722)	0	(32,539)	(32,539)	(0)	(35,512)	(35,532)	(20)
NHS North Staffordshire CCG	(24,165)	(1,858)	(1,858)	0	(22,151)	(22,151)	(0)	(24,178)	(24,178)	(0)
Specialised Services	(3,311)	(333)	(341)	(8)	(2,977)	(3,055)	(78)	(3,311)	(3,395)	(85)
Stoke-on-Trent CC s75	(3,947)	(329)	(329)	0	(3,618)	(3,619)	(0)	(3,947)	(3,948)	(0)
Staffordshire CC s75	(1,056)	(88)	(88)	0	(968)	(968)	0	(1,056)	(1,056)	0
Stoke-on-Trent Public Health	(1,392)	(134)	(133)	1	(1,259)	(1,246)	12	(1,241)	(1,227)	14
Staffordshire Public Health	(613)	(51)	(51)	0	(562)	(562)	0	(613)	(613)	0
ADS/One Recovery	(1,467)	(122)	(122)	0	(1,344)	(1,344)	0	(1,467)	(1,467)	0
Associates	(764)	(72)	(76)	(4)	(701)	(615)	87	(779)	(686)	93
OATS	(760)	(63)	(59)	4	(697)	(599)	98	(760)	(686)	74
Total Clinical Income	(72,970)	(5,772)	(5,779)	(6)	(66,816)	(66,697)	119	(72,864)	(72,787)	77
Other Income	(9,407)	(670)	(578)	92	(8,737)	(8,961)	(224)	(9,487)	(9,735)	(248)
Total Income	(82,377)	(6,443)	(6,357)	86	(75,553)	(75,658)	(105)	(82,350)	(82,522)	(172)
Sustainability Transformation Funding	(500)	(58)	(58)	0	(441)	(441)	0	(500)	(700)	(200)
Total Income Incl. STF	(82,877)	(6,501)	(6,415)	86	(75,994)	(76,099)	(105)	(82,850)	(83,222)	(372)

4. Expenditure

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

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	7,516	619	495	(124)	6,897	6,005	(892)	7,516	6,502	(1,015)
Nursing	28,101	2,394	1,822	(572)	25,733	24,574	(1,160)	27,900	26,893	(1,007)
Other Clinical	14,741	1,240	958	(281)	13,514	11,791	(1,723)	14,488	12,864	(1,624)
Non-Clinical	10,944	898	734	(164)	10,045	9,190	(855)	10,924	10,037	(887)
Apprenticeship Levy	214	18	18	(0)	196	195	(0)	214	213	(0)
Non-NHS	858	5	177	172	853	2,476	1,623	858	2,645	1,787
Total Pay	62,375	5,174	4,205	(969)	57,239	54,231	(3,008)	62,400	59,154	(3,245)
Drugs & Clinical Supplies	2,299	193	157	(37)	2,106	2,000	(106)	2,148	2,135	(13)
Establishment Costs	1,689	141	141	0	1,548	1,385	(163)	1,653	1,522	(130)
Information Technology	582	37	(22)	(59)	545	678	133	582	750	167
Premises Costs	2,102	170	202	31	1,931	2,054	123	2,097	2,300	204
Private Finance Initiative	4,087	341	353	13	3,746	3,890	144	4,087	4,243	156
Services Received	3,288	270	380	110	3,018	3,249	230	3,283	3,507	224
Residential Payments	1,708	142	181	39	1,566	1,826	260	1,708	2,266	558
Consultancy & Prof Fees	505	28	77	50	478	626	148	505	684	178
Unacheived CIP	(1,203)	(166)	0	166	(960)	0	960	(915)	0	915
Other	1,380	(267)	280	548	1,126	2,297	1,171	1,238	2,159	920
Total Non-Pay	16,438	889	1,749	860	15,105	18,006	2,900	16,387	19,566	3,179
Finance Costs	1,293	108	108	0	1,185	1,185	0	1,293	1,293	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	561	47	49	2	514	533	18	561	581	20
Investment Revenue	(14)	(1)	(3)	(1)	(13)	(13)	(0)	(14)	(15)	(1)
Fixed Asset Impairment	0	0	0	0	0	0	0	0	0	0
Depreciation (excludes IFRIC 12)	824	63	70	7	761	772	12	824	843	19
Total Non-op. Costs	2,664	216	224	8	2,447	2,477	30	2,664	2,701	38
Total Expenditure	81,477	6,280	6,178	(102)	74,791	74,714	(77)	81,450	81,422	(29)

Pay

- There is a net underspend on pay of £3,008k year to date mainly due to vacancies across the Trust, particularly Other Clinical (£1,723k), Nursing (£1,160k) and Medical (£892k) being backfilled with agency, bank and overtime where appropriate.
- Agency expenditure is £2,476k year to date, with £790k being attributable to implementation of ROSE (32%), which is non-recurrent. Excluding ROSE, the trust would be within the Agency Ceiling of £2,068k.

Non Pay

- Residential payments are overspent by £260k year to date and forecast £558k based on information received from the resettlement and review. NSCHT are in discussions with the Stoke City Council to resolve funding shortfalls in 2017/18 and rebase the contractual conditions 2018/19 contract.
- Consultancy and Professional Fees are overspent by £148k year to date on Trust Board, Strategy and Clinical systems. This is mainly for Consultancy Services around ROSE (£34k – funded by external recharges to NHS Digital), £38k for the Integrated Care Record, £27k on Trust Board for Aqua and £20k for Meridian.

4. 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
AMH Community	15,847	14,679	(1,169)	4,063	4,363	300	(1,974)	(1,931)	44	17,936	17,111	(825)
AMH Inpatients	5,930	5,993	63	58	350	291	(147)	(133)	14	5,842	6,210	368
Children's Services	5,834	5,255	(579)	557	704	147	(582)	(577)	5	5,809	5,382	(427)
Substance Misuse	2,643	2,535	(108)	879	762	(117)	(454)	(366)	87	3,068	2,931	(138)
Learning Disabilities	4,838	4,393	(444)	289	307	18	(51)	(39)	12	5,076	4,661	(414)
Neuro & Old Age Psychiatry	10,360	10,120	(240)	691	617	(74)	(917)	(965)	(49)	10,135	9,773	(362)
Corporate	11,786	11,256	(529)	11,016	13,380	2,364	(71,871)	(72,089)	(218)	(49,069)	(47,453)	1,616
Total	57,239	54,231	(3,008)	17,553	20,483	2,930	(75,994)	(76,099)	(105)	(1,203)	(1,385)	(182)

- AMH Community is underspent on pay due to a vacancies not fully covered by Agency and Bank. The adverse variance on Non Pay results from under delivery of CIP against the target and overspends against residential payments.
- AMH Inpatient is overspent on pay mainly due to vacancies on medics being covered by Agency at a premium cost. Overspends on Non Pay are driven by under achievement of CIP against the plan.
- Other Directorates are underspent, mainly due to the level of Trust vacancies.

5. Cost Improvement Programme

The Trust target for the year is £3.2m, as reported to NHSI. This takes into account the requirement to deliver a £1.4m control surplus for 2017/18. The table below shows the achievement by Directorate towards individual targets at M11. The Trust wide CIP achievement is 66% at M11 compared to plan.

CIP Delivery	Annual CIP Target 2017/18	YTD M11			Forecast				Recurrent Transacted	Recurrent Forecast
		Plan	Transacted	(Under)/Over Achievement	Plan	Total Schemes	(Under)/Over Achievement	RAG		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000		
Clinical										
AMH Community	1,084	957	765	(193)	1,084	916	(168)	84%	803	873
AMH Inpatients	379	335	37	(297)	379	41	(338)	11%	49	69
Children's Services	333	294	266	(28)	333	293	(40)	88%	333	333
Learning Disabilities	256	226	229	3	256	258	2	101%	260	260
NOAP	495	437	404	(33)	495	495	(0)	100%	470	470
Total Clinical	2,547	2,249	1,700	(549)	2,547	2,003	(544)	79%	1,915	2,005
Corporate										
CEO	26	23	7	(15)	26	8	(18)	31%	8	23
Finance, Performance & Digital	61	54	63	9	61	69	8	112%	71	71
MACE	62	55	19	(36)	62	20	(42)	33%	91	91
Operations	29	26	31	5	29	34	5	116%	35	35
Quality & Nursing	13	11	12	1	13	14	1	107%	14	14
Strategy (Core)	10	9	15	6	10	17	7	168%	20	20
Trustwide	388	343	1	(342)	388	81	(307)	21%	1	113
Workforce & OD	61	54	15	(39)	61	37	(24)	61%	21	41
Total Corporate	650	574	163	(411)	650	279	(371)	43%	261	408
Total	3,197	2,823	1,863	(960)	3,197	2,282	(915)	71%	2,176	2,413
									Below 75%	
									Below 90%	
									Target	3,197
									Variance	(784)

- The recurrent forecast as at M11 is £2.413m (75%), which represents a recurrent shortfall against the target of £784k (25%). This assumes **£237k to be recurrently** transacted before the 31st March 2018.
- The risk adjusted recurrent forecast, considering schemes not yet transacted, **is £2,288k or 72% against the £3.2m target**
- It has been agreed that in month 12 Cost Improvement will be transacted non recurrently to bridge the shortfall following a review of budgets.

6. Statement of Financial Position

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

Table 6: SOFP	31/03/2017 £'000	31/12/2017 £'000	31/01/2018 £'000	28/02/2018 £'000
Non-Current Assets				
Property, Plant and Equipment	28,037	29,185	29,371	29,558
Intangible Assets	222	258	263	264
NCA Trade and Other Receivables	1,426	608	608	608
Other Financial Assets	897	897	897	897
Total Non-Current Assets	30,581	30,947	31,139	31,327
Current Assets				
Inventories	88	84	84	76
Trade and Other Receivables	5,146	7,286	7,122	7,235
Cash and Cash Equivalents	6,964	6,432	5,932	5,525
Non-Current Assets Held For Sale	0	0	0	0
Total Current Assets	12,198	13,802	13,138	12,837
Total Assets	42,780	44,750	44,277	44,164
Current Liabilities				
Trade and Other Payables	(7,472)	(8,933)	(8,305)	(7,995)
Provisions	(333)	(241)	(228)	(226)
Borrowings	(457)	(633)	(633)	(633)
Total Current Liabilities	(8,262)	(9,807)	(9,166)	(8,854)
Net Current Assets / (Liabilities)	3,937	3,995	3,972	3,982
Total Assets less Current Liabilities	34,518	34,943	35,110	35,309
Non Current Liabilities				
Provisions	(474)	(474)	(474)	(474)
Borrowings	(12,189)	(11,670)	(11,632)	(11,594)
Total Non-Current Liabilities	(12,663)	(12,144)	(12,106)	(12,068)
Total Assets Employed	21,855	22,799	23,004	23,241
Financed by Taxpayers' Equity				
Public Dividend Capital	7,648	7,648	7,648	7,648
Retained Earnings reserve	3,987	4,930	5,136	5,373
Revaluation Reserve	9,323	9,323	9,323	9,323
Other Reserves	897	897	897	897
Total Taxpayers' Equity	21,855	22,799	23,004	23,241

Current receivables are £7,235k, of which:

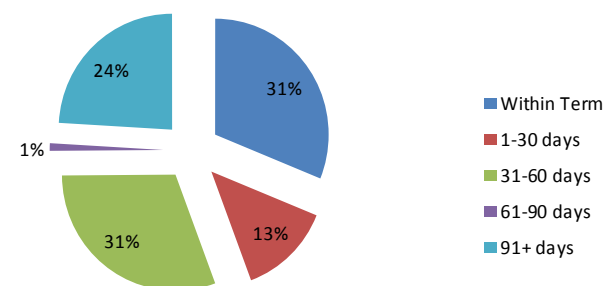
- £4,495k is based on accruals (not yet invoiced) and relates to income accruals for services invoiced retrospectively at the end of every quarter.
- £2,740k in awaiting payment of invoice. (£854k within terms)

£1,526k is overdue by 31 Days or more and therefore subject to routine credit control processes;

- £3k has been escalated to management /solicitors;
- £1,523k has not been formally disputed and full payment is anticipated.

Table 6.1 Aged Receivables/Payables	Days Overdue					Total £'000
	Within Term £'000	1-30 Days £'000	31-60 Days £'000	61-90 Days £'000	91+ Days £'000	
Receivables Non NHS	422	103	598	6	163	1,292
Receivables NHS	432	257	240	23	496	1,448
Payables Non NHS	641	93	20	8	45	807
Payables NHS	546	28	2	3	6	585

Aged Receivables M11

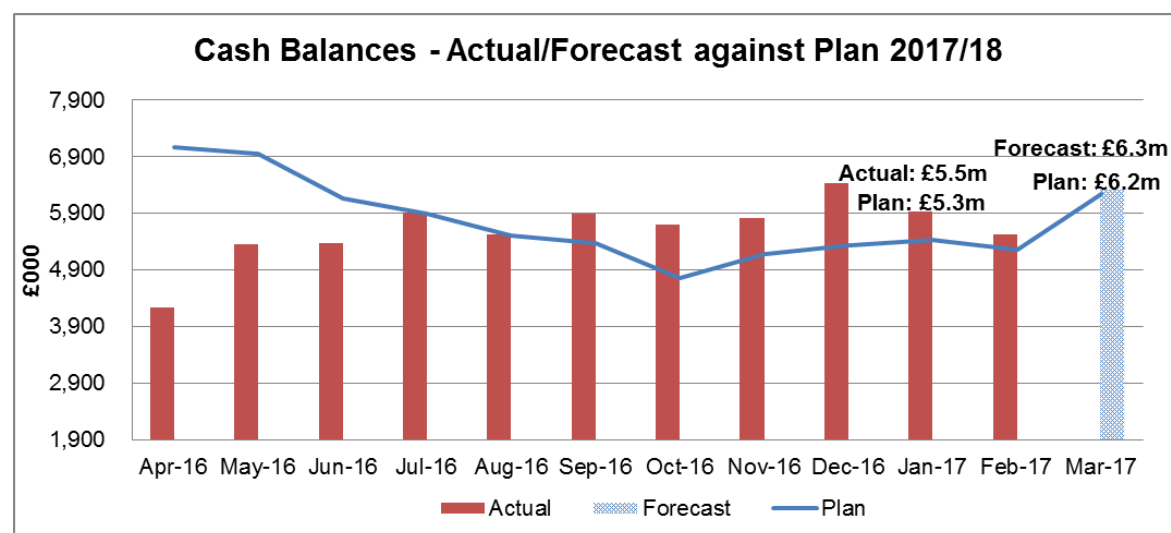


7. Cash Flow Statement

The cash balance at 28th February 2018 has decreased by £0.4m to **£5.524m** due to an increase in non NHS and local authority debtors, which are expected to be received in March. The Trust cash position at 28th February 2018 is **£0.3m higher than planned** due to slippage in overall capital expenditure. The Trust anticipates that the cash position will be above plan by 31st March 2018.

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

Table 7: Statement of Cash Flows	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Annual
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Net Inflows/(Outflow) from Operating Activities	(2,674)	1,184	116	702	(221)	635	121	479	1,201	(128)	(111)	1,523	2,827
Net Inflows/(Outflow) from Investing Activities	(21)	(31)	(45)	(120)	(134)	(237)	(279)	(311)	(554)	(334)	(259)	(691)	(3,016)
Net Inflows/(Outflow) from Financing Activities	(38)	(38)	(38)	(38)	(38)	(38)	(38)	(38)	(39)	(38)	(38)	(38)	(457)
Net Increase/(Decrease)	(2,732)	1,115	32	544	(393)	360	(196)	130	608	(500)	(408)	794	(646)
Opening Cash & Cash Equivalents	6,964	4,232	5,346	5,379	5,923	5,530	5,890	5,694	5,824	6,432	5,932	5,524	
Closing Cash & Cash Equivalents	4,232	5,346	5,379	5,923	5,530	5,890	5,694	5,824	6,432	5,932	5,524	6,318	
Plan	7,064	6,964	6,164	5,889	5,517	5,381	4,756	5,185	5,331	5,430	5,261	6,243	
Variance	2,832	1,618	785	(34)	(13)	(509)	(938)	(639)	(1,101)	(502)	(263)	(75)	



8. Capital Expenditure

The Trust's permitted capital expenditure agreed within the 2017/18 plan is £3,130k. Table 8 below shows the planned capital expenditure for 2017/18 as submitted to NHSI.

Capital Expenditure	Original Plan £'000	Year to Date M11			Affordability Plan £'000	Forecast	
		Plan £'000	Actual £'000	Variance £'000		Actual £'000	Variance £'000
A&T Refurbishment	400	0	0	0	0	0	0
Hazelhurst Unit Development	325	0	0	0	0	0	0
Substance Misuse Additional Beds	125	0	0	0	0	0	0
Place of Safety	0	50	10	(40)	100	9	(91)
Temporary Place of Safety	0	83	7	(76)	94	113	19
Psychiatric Intensive Care Unit	2,120	1,983	1,610	(373)	2,153	1,861	(292)
E-rostering	102	102	117	15	102	121	19
Information Technology	50	235	248	13	235	248	13
Environmental Improvements (backlog)	120	90	112	22	120	120	0
Reduced Ligature Risks	300	200	7	(193)	200	7	(193)
Equipment	50	0	0	0	0	0	0
Darwin	0	0	83	83	26	84	58
Ward 4	0	30	0	(30)	30	30	0
Lymebrook MHRC	0	43	33	(10)	43	43	0
NOAP Airlock	0	27	0	(27)	27	0	(27)
VAT Recovery on 2016/17 Schemes	0	0	(1)	(1)	0	(1)	(1)
Dementia Pods	0	0	12	12	0	20	20
BitJam	0	0	0	0	0	0	0
Contingency	100	0	0	0	0	0	0
Fire Alarm System	0	0	0	0	0	34	34
A&T Unit BMS	0	0	0	0	0	13	13
Trust HQ BMS	0	0	0	0	0	12	12
Generator	0	0	2	2	0	30	30
Defibrillators	0	0	0	0	0	36	36
Estates Software System	0	0	0	0	0	40	40
ECT Maintenance	0	0	40	40	0	39	39
LD Beds	0	0	0	0	0	10	10
Upgrade Greenfields Reception	0	0	0	0	0	26	26
AMH Community Vehicle	0	0	24	24	0	24	24
Building Improvement Broom Street	0	0	0	0	0	0	0
Ward 4 Beds	0	0	32	32	0	32	32
ICT	0	0	0	0	0	119	119
Total Gross Capital Expenditure	3,692	2,843	2,337	(506)	3,130	3,070	(60)
Bucknall Hospital (Part)	(713)	(818)	(818)	0	(818)	(818)	0
Total Capital Receipts	(713)	(818)	(818)	0	(818)	(818)	0
Total Charge Against CRL	2,979	2,025	1,519	(506)	2,312	2,252	(60)

- The **Operating Plan** as reported to NHSI forecast that there would be a total charge against the CRL of £2,979k by month 11, including (£713k) Capital Receipts for the sale of Bucknall Hospital and £3,692k Capital Expenditure.
- **Actual Capital Expenditure** as at month 11 is £2,337k against an updated Capital Expenditure plan of £2,843k
- Contingency schemes have been identified to utilise the forecast shortfall in the capital expenditure in 2017/18.

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)		3,906	
Annual Operating Expenses (£000)		72,237	
Liquidity Ratio days		18	
Liquidity Ratio Metric	1	1	
Capital Servicing Capacity (times)			
Revenue Available for Debt Service (£000)		3,876	
Annual Debt Service (£000)		2,137	
Capital Servicing Capacity (times)		2	
Capital Servicing Capacity Metric	2	2	
I&E Margin			
Normalised Surplus/(Deficit) (£000)		1,385	
Total Income (£000)		76,099	
I&E Margin		1.82%	
I&E Margin Rating	1	1	
I&E Margin Variance from Plan			
I&E Margin Variance		0.18%	
I&E Margin Variance From Plan	1	1	
Agency Spend			
Providers Cap (£000)		1,949	
Agency Spend (£000)		2,476	
Agency %		27	
Agency Spend Metric	1	3	
Use of Resource	2	2	

<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.

At month 11, the Trust has under-performed against this target for the number of invoices, having paid 87% of the total number of invoices, and paid 89% based on the value of invoices

Table 10 below shows the Trust's BPPC performance split between NHS and non-NHS suppliers.

Table 10: Better Payment Practice Code	2016/17			2017/18 Month 11			2017/18 YTD		
	NHS	Non-NHS	Total	NHS	Non-NHS	Total	NHS	Non-NHS	Total
Number of Invoices									
Total Paid	508	13,183	13,691	54	1,024	1,078	604	9,888	10,492
Total Paid within Target	459	11,610	12,069	48	885	933	521	8,689	9,210
% Number of Invoices Paid	90%	88%	88%	89%	86%	87%	86%	88%	88%
% Target	95%	95%	95%	95%	95%	95%	95%	95%	95%
RAG Rating (Variance to Target)	-4.6%	-6.9%	-6.8%	-6.1%	-8.6%	-8.5%	-8.7%	-7.1%	-7.2%
Value of Invoices									
Total Value Paid (£000s)	6,860	29,380	36,240	637	2,550	3,187	6,510	29,929	36,439
Total Value Paid within Target (£000s)	6,385	27,914	34,299	446	2,406	2,852	5,604	28,502	34,106
% Value of Invoices Paid	93%	95%	95%	70%	94%	89%	86%	95%	94%
% Target	95%	95%	95%	95%	95%	95%	95%	95%	95%
RAG Rating (Variance to Target)	-1.9%	0.0%	-0.4%	-25.0%	-0.6%	-5.5%	-8.9%	0.2%	-1.4%

- There is performance of 70% at month 11 on value on NHS invoices. This relates to 2 pharmacy invoices with UHNM and totalling £189k. Excluding these 2 invoices the percentage would be 99.6%.
- Under performance on a number of invoices for Non NHS in month 11 is as a result of winter pressures where agency was booked through other companies outside the master vendor agreement leading to a delay in processing.

11. Recommendations

Trust Board are asked to:

Note:

- The reported YTD surplus of **£1,385k against a planned surplus of £1,203k**. This is a favourable variance to plan of £182k.
- The M11 CIP achievement:
 - YTD achievement of £1,863k (66%); **an adverse variance of £960k**;
 - 2017/18 forecast CIP delivery of £2,282k (71%) based on schemes identified so far; an adverse variance of £915k to plan;
 - The recurrent forecast delivery at month 11 of £2,413k representing a **recurrent variance to plan of £784k**.
 - A risk adjusted recurrent forecast delivery of £2,288k (72%)
- The cash position of the Trust as at 28th February 2018 with a **balance of £5,524k**; £263k better than plan
- Agency forecast is currently £577k above ceiling (£2,068k)
- Year to date Capital receipts for 2017/18 is £1,519k compared to a net planned capital expenditure of £2,025k;
 - The original operating plan submitted to NHSI in December 2016 planned net capital expenditure of £2,979k by Month 11.
 - Based on the NHSi plan the forecast underspend would be £727k.
- Use of resource rating of **2** against a plan of 2.

Approve:

- The month 11 position reported to NHSI.
- Approve the forecast Agency Ceiling breach of £577k.

REPORT TO Trust Board

Enclosure No: 12

Date of Meeting:	18/04/2018		
Title of Report:	Finance Position Month 11		
Presented by:	Suzanne Robinson - Executive Director of Finance, Performance and Digital		
Author:	M Newton - Deputy Director of Finance, Performance & Digital		
Executive Lead Name:	Suzanne Robinson - Executive Director of Finance, Performance and Digital	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:		Purpose of report	
The report summarises the finance position at month 11 (February 2018)		Approval	<input checked="" type="checkbox"/>
		Information	<input type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs x	Document	
	Date:	Version No.	
Committee Approval / Review	<ul style="list-style-type: none"> Quality Committee <input type="checkbox"/> Finance & Performance Committee X 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 involvement. <input type="checkbox"/> To provide the highest quality services <input type="checkbox"/> Create a learning culture to continually improve. <input type="checkbox"/> Encourage, inspire and implement research & innovation at all levels. <input type="checkbox"/> Maximise and use our resources intelligently and efficiently. X Attract and inspire the best people to work here. <input type="checkbox"/> Continually improve our partnership working. <input type="checkbox"/> 		
Risk / legal implications: Risk Register Ref	None applicable		
Resource Implications:	None directly from the report		
Funding Source:	None applicable		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	There is no direct impact on the protected characteristics as part of the completion of this report.		
Recommendations:	Trust Board is asked to: Note: Note: The reported YTD surplus of £1,385k against a planned surplus of £1,203k.		

	<p>This is a favourable variance to plan of £182k.</p> <p>The M11 CIP achievement:</p> <ul style="list-style-type: none"> o YTD achievement of £1,863k (66%); an adverse variance of £960k; o 2017/18 forecast CIP delivery of £2,282k (71%) based on schemes identified so far; an adverse variance of £915k to plan; o The recurrent forecast delivery at month 11 of £2,413k representing a recurrent variance to plan of £784k. o A risk adjusted recurrent forecast delivery of £2,288 (72%) <p>The cash position of the Trust as at 28th February 2018 with a balance of £5,524k; £263k better than plan</p> <p>Agency forecast is currently £577k above ceiling (£2,068k)</p> <p>Year to date Capital receipts for 2017/18 is £1,519k compared to a net planned capital expenditure of £2,025k;</p> <ul style="list-style-type: none"> o The original operating plan submitted to NHSI in December 2016 planned net capital expenditure of £2,979k by Month 11. o Based on the NHSi plan the forecast underspend would be £727k. <p>Use of resource rating of 2 against a plan of 2.</p> <p>Approve: The month 11 position reported to NHSI.</p> <p>Approve the forecast Agency Ceiling breach of £577k.</p>

Assurance Report to the Trust Board Wednesday, 18th April 2018

Finance, Performance and Digital Committee Report to the Trust Board – 18th April 2018.

This paper details the issues discussed at the Finance, Performance and Digital Committee meeting on the 5th April 2018. The meeting was quorate with minutes approved from the previous meeting on the 8th March 2018. Progress was reviewed and actions confirmed from previous meetings.

Executive Director of Finance, Performance and Digital Update

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

- The FPD team have been working in conjunction with 'AOB Financial Solutions Ltd' to develop a web based software solution to track specialist Out of Area Placements across the STP. Given the transferability to similar projects across the UK, the FPD team have recognised the commercial potential and are working to agree terms around royalty payments for Intellectual Property, in the event of external sales.
- An expression of interest (EOI) has been submitted for 'NHS Digital Test Beds' which if successful, provides national funding to support collaboration between public and private partners to address digital solutions. The trust is working with BT on a proof of concept to develop a framework which will support digital change and transformation across the alliance footprint. The EOI has been successful and the trust has moved to the next stage.
- An update around North Staffordshire Combined 2018/19 contribution to the STP. Given the level of resource in kind put forward to work on STP work streams; it will result in a net repayment to the trust.
- An update around the financial risk associated with the Estates Agency Contract with SSOTP and planned mitigations. The contract ceased on 1 April 2018.

Finance

Monthly Finance Report – Month 11

The Finance position was presented showing a position that is £182k better than plan. This is supported non-recurrently through benefits associated with ROSE implementation.

The trust is on track to achieve a trading surplus of £1.1m, which will allow the trust to attract an additional £200k STF funding in 2017/18. This increases the overall surplus from £1.4m to £1.8m but does not include any share of remaining national STF funding, which will be agreed in M12 2017/18.

- **Cost Improvement Programme (CIP)**

The Committee received an update for Cost Improvement for month 11 and were concerned that the total identified was still significantly short of the target. £2.413m is currently forecast to be recurrently delivered against the £3.197m target. This is a recurrent shortfall of £784k.

A risk adjusted forecast was presented, considering any schemes that are included in the forecast position but not transacted, which highlighted a c£0.125m risk in the forecast CIP position.

The Committee were assured that there was sufficient focus being placed on Cost Improvement but given the shortfall forecast for 2017/18, noted concern around delivery of the 2018/19 target. This is enforced by the fact CIP plans were not yet fully worked up for 2018/19.

- **Agency Report**

The M11 Agency report showed a forecast breach in the Agency ceiling of £550k, mainly due to Medical Locums and Lorenzo Agency. The committee noted that given the outturn for 2017/18, it is likely the trust will deliver within its £1.9m agency ceiling for 2018/19 in absence of Lorenzo.

The committee expressed concern around the long term nature of medical locums and financial risk associated with the national shortfall, however were assured that the trust were placing an appropriate level of focus on attracting substantive medical consultants.

Performance:

- **Activity Report**

The report detailed M11 activity against plan using traditional reporting methods and care clustering. The SLA and PbR activity reports are within contract tolerances.

There has been an improvement in the cluster 99 data which has reduced from 57% to 55.1%, however the committee expressed concern around the pace of the improvement. A task and finish group, chaired by the Executive Director of Finance, Performance and Digital, meets monthly to provide a targeted approach to address issues around data quality and recording with clinical colleagues.

The Committee is still not able to give assurance around the quality of activity reported.

- **Performance Report (PQMF)**

The report provides the Committee with a summary of performance to the end of Month 11 (February 2018)

The trust has introduced a new Access and Waiting time policy which requires 95% service

users to receive an assessment within four weeks. The trust has not achieved this target; however the performance is expected to improve as the new standard is embedded.

The committee noted particular concern around the deterioration in performance of CAMHS 18 week waits and have requested that monthly monitoring of CAMHS waiting times is resumed from M12.

Other Reports and Updates

The Committee received additional assurance reports as follows:

- Finance, Performance and Digital Risk Register 2017/18
- Draft Board Assurance Framework Objectives 2018/19
- FPD Monitoring Schedule (for information)
- Cycle of Business 2017/18 and 2018/19 (for information)

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 Gan Mahadea,
Chair (Acting) of Finance, Performance and Digital Committee

REPORT TO: Trust Board

Enclosure No: 14

Date of Meeting:	18 th April 2018		
Title of Report:	Assurance Report from the Quality Committee		
Presented by:	Patrick Sullivan Non-Executive Director and Chair of Quality Committee		
Author:			
Executive Lead Name:	Dr Buki Adeyemo, Executive Medical Director	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:		Purpose of report	
This report provides a high level summary of the work of the committee during February/March 2018 and request for the Trust Board to ratify policies and endorse recommendations in the report.		Approval	<input type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
Seen at:	Approved by Chair of Quality Committee and Executive Lead	Document Version No.	
Committee Approval / Review			
Strategic Objectives (please Indicate)	<ol style="list-style-type: none"> 1. To enhance service user and carer involvement. 2. To provide the highest quality services 3. Create a learning culture to continually improve. 4. Encourage, inspire and implement research & innovation at all levels. 5. Maximise and use our resources intelligently and efficiently. 6. Attract and inspire the best people to work here. 7. Continually improve our partnership working. <p>The business of the Quality Committee is applicable to all strategic objectives.</p>		
Risk / legal implications: Risk Register Ref	None identified		
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)	None identified		
Recommendations:	To note policy approval		



**Key points from the Quality Committee meeting held on 5th April 2018
for the Trust Board meeting on 18th April 2018**

1. Introduction

This is the regular report to the Trust Board that has been produced following the last meeting of the Quality Committee with items aligned to the Trust's SPAR objectives.

2. Safer Staffing Monthly Reports



The Committee received the latest safer staffing report. Reporting of Registered Nurse (R/N) and non-registered nurse staffing levels is a key requirement to ensure the Trust complies with National Quality Board standards.

The performance relating to fill rate (actual numbers of staff deployed vs numbers planned) during January 2018 was 85% for registered staff and 100% for care staff on day shifts and 87% and 105% 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 manager supporting clinical duties.

3. Performance & Quality Management Framework Month 11 2017/18



Committee members discussed performance by exception and the rectification plans in place. Month 11 was noted to have 7 targets rated as red and 2 as amber, with all other indicators within expected tolerances. The following performance highlights were noted as follows:

- Delayed Transfers of Care has significantly reduced, this is due to appropriate recording and exclusion of detained patients under the mental health act, which were previously included in line with the new SOP (2.9% in M11 from 7.8% in M10)
- Emergency readmissions continues to improve to 4.5% (target 7.5%)
- 98% of service users referred to IAPT services were treated within 6 weeks of referral (target 75%) and 65.6% of people accessing IAPT services moved to recovery (against a 50% target)

The following targets rated as red with mitigation plans for improvement noted:

- Waiting Times
- Admissions
- S136
- Care Plans
- Complaints
- Vacancy Rate
- Risk Assessment

4. Reports received for Assurance



4a Reports received for review, information and/or approval

- ✓ **Data Quality Forum Update.** The Committee received minutes from the 26th February 2018 Data Quality Forum, providing information on the business discussed by the group.
- ✓ **Clinical Effectiveness Report.** Noting outputs of the work of Mental Health Law Governance Group, Medicines Optimisation, Clinical Records and System Design Group, Research and Innovation Steering Group and the Clinical Effectiveness Group.
- ✓ **CQC MHA Provider Action Statement (Darwin Centre).** The Committee reviewed the Trust's actions to the findings
- ✓ **MHA CQC Annual Report.** This was received by the committee for information/assurance and discussed the Trusts responses to the findings.
- ✓ **National Confidential Inquiry into Suicide and Homicide by People with Mental Illness.** A summary of the report was provided for Safer Care for People with Personality Disorder

6b Policy Report - the recommendations supported by the Committee for ratification of policies by the Trust Board (approval for 3 years otherwise stated) as follows:-

- ✓ Policy for Searching Patients and their Property
- ✓ Resuscitation
- ✓ Towards Smoke Free
- ✓ MHA02 Allocating a responsible Clinician and Selecting Second Professionals

7. Directorate Performance Reports



Each Directorate presented in detail their performance as part of the new reporting arrangements to the Committee. Committee members continue to feel that this new style of reporting, capturing information from performance reviews enables a much more focussed discussion around cross cutting issues. The focus of the discussion centred on good practice and achievements, new developments and innovations, current and potential challenges.

8. Trust Risks to Quality Committee



Committee members considered the report for quality risks and how they interrelate to Directorate risks. Risk treatment plans and actions being taken were noted.

9. Next meeting:

Thursday 7th June 2018 at 2pm

On behalf of the Committee Chair, Mr Patrick Sullivan, Non-Executive Director
Dr Buki Adeyemo, Executive Medical Director
11th April 2018

REPORT TO Trust Board

Enclosure No: 15

Date of Meeting:	18 th April 2018		
Title of Report:	Combined Connected – Communications Delivery Plan		
Presented by:	Alex Brett		
Author:	Joe McCrea , Associate Director of Communications		
Executive Lead Name:	Alex Brett Alex.Brett@combined.nhs.uk	Approved by Exec	<input type="checkbox"/>

Executive Summary:		Purpose of report	
This document contains a Communications Delivery Plan 2018-20 for North Staffordshire Combined Healthcare NHS Trust. The Delivery Plan sets out how we will continue implementation of the Communications Strategy and Communications Objectives agreed by the Trust Board in May 2016 and building on implementation progressed during 2017 and actioned into 2018.		Approval	<input type="checkbox"/>
		Information	<input 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 checked="" 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 involvement. <input type="checkbox"/> To provide the highest quality services <input type="checkbox"/> Create a learning culture to continually improve. <input type="checkbox"/> Encourage, inspire and implement research & innovation at all levels. <input type="checkbox"/> Maximise and use our resources intelligently and efficiently. <input type="checkbox"/> Attract and inspire the best people to work here. <input type="checkbox"/> Continually improve our partnership working. <input type="checkbox"/> 		
Risk / legal implications: Risk Register Ref	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)	The Communications Plan will continue to: <ul style="list-style-type: none"> Widen the range of voices and perspectives heard introducing Listening and Engagement Active Partnerships Introduce an Annual Communications Satisfaction survey involving both a wide range of internal and external audiences Introduction of Listening and Engagement Active Partnership with Healthwatch, VAST, SUCC, Youth Council and other service user organisations. 		
Recommendations:	The Trust Board approves the Communications Delivery Plan		

Towards Outstanding

Our journey continues...



North Staffordshire
Combined Healthcare
NHS Trust

Combined Connected

Communications Delivery Plan 2018-20

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Combined Connected - an overview

This document contains a Communications Delivery Plan 2018-20 for North Staffordshire Combined Healthcare NHS Trust. The Delivery Plan sets out how we will continue implementation of the Communications Strategy and Communications Objectives agreed by the Trust Board in May 2016 and building on implementation progressed during 2017.

The 2016 strategy put in place the fundamental building blocks of a modern and imaginative capacity for listening and engagement. In particular, by:

- using a SWOT analysis to prioritise areas for improvement;
- analysing the Trust's audiences using Mendelow's power-interest matrix;
- setting out our communication objectives for 2016 -17; and
- recommending an enhanced in-house capability (now achieved).

The 2018-20 Delivery Plan builds on the work done to date and now includes:

- service-user orientated outcomes aligned to our organisational SPAR Quality Priorities;
- infrastructure and tools to build our capacity, quality and effectiveness; and
- roles and partnerships to build our reach and profile.

The Delivery Plan reflects clear and consistent feedback obtained from a range of the Trust's communications and engagement activities and structures, including:

- views expressed by our Service User and Carer Council;
- feedback from events such as our 2017 Open Space event;
- feedback from staff through liaison with our Communications Team;
- conversations and experience gleaned through joint working with stakeholders throughout 2016-17; and
- comments and interaction on social media.

These showed:

- the goals set out in the 2016-17 Strategy remain fit for purpose and appropriate;
- the fundamental approach of our existing communications and engagement activity is sound;

- there are areas of particular strength that are valued by our stakeholders and partners, in particular further support and promotion for the role of the Service User and Carer Council and the Youth Council;
- the improvements made in 2016 -17 are welcomed, in particular our improved public website, introduction of e-newsletters and greater use in-house of video and social media;
- some aspects of our communications infrastructure is in need of urgent attention, in particular a need for a new Intranet;
- a greater emphasis on demonstrating specific feedback and responses to what we had heard would be particularly welcomed and valued.

The Delivery Plan contains:

- outcomes to continue implementation of the 2016-17 Strategy;
- Updated SWOT analysis
- Detailed breakdown of objectives, barriers to success, weaknesses and threats identified in the 2016-17 Strategy, progress made during 2017 and how this plan further addresses them;
- Alignment of The Delivery Plan outcomes with the Trust's Key Risks, SPAR Quality Priorities, Proud to CARE Values and Trust Objectives
- Detailed explanation of each main strand of approach of the Delivery Plan:
 - Active Listening and Communications;
 - "We come to you";
 - 'Best of breed' tools, infrastructure and capabilities;
 - Increasing our reach;
 - Patient Stories;
 - "Combined Connect";
 - Increasing the quality of our communications;
 - Increasing the quality and efficiency of the digital estate;
 - The very best at NHS Social Media;
 - Increase the proportion of our communications activity related to providing advice, signposts and support;
 - Increase proactivity and effectiveness in stakeholder management and public affairs; and
 - Contribute to effective mitigation of key Trust risks.

The North Staffordshire Combined Healthcare Communications Strategy Objectives

In October 2015 the Trust Board decided to review existing communications and engagement activity and develop a robust new strategy that would meet the needs of the organisation, then and in the future. The Trust Communications Strategy was agreed by the Board in May 2016 and is reaffirmed in this Delivery Plan.

It recognised that effective two-way communication is crucial to every successful healthcare organisation. When applied effectively, it can cement working relationships with internal and external stakeholders, augment a reputation for delivering high-quality care, and set the tone for an entire organisation.

Evidence also shows that good engagement improves quality of care and patient outcomes. Research by the Kings Fund in 2012 found that the more positive the experiences of staff within an NHS trust, the better the outcomes for that trust with links to patient satisfaction, patient mortality and infection rates. Engagement is also regarded as a key driver to ensure staff understand, feel motivated and are able to contribute to the direction of the Trust.

Reflecting detailed feedback from the Board and colleagues across the Trust, the strategy aimed to strengthen the communications and engagement function, aligned to the Trust's strategic direction, while applying core communications principles and best practice from across the NHS.

The following Communication Objectives formed the agreed 2016 Strategy and remain the Trust's agreed communications objectives:

Outstanding organisation with high quality services

1. Raise the quality of communication and engagement channels to match the Trust's ambitions set out in its vision and objectives – thereby raising its reputation, aiding staff retention and attracting the best staff.
2. Build and promote a strong profile of the Trust locally and nationally through a new distinctive design style within the NHS brand and compelling narrative to create greater awareness, confidence and relationship with stakeholders particularly people who need the Trust's services.
3. Improve the reputation of the organisation locally, regionally and nationally.
4. Support the Trust to become a national leader in digital technology and for all the stakeholders to understand the benefits and be engaged.

Partnership working and integrated care

5. Strengthen relationships with partners (particularly primary care) and collaborate on promotion of joint developments in integrated care.

Prevention agenda

6. Raise awareness of the Trust's services and how to improve wellbeing across online and offline channels with increasing use of digital media.

Internal communications

7. Involve and inform Trust staff in the vision and the direction of the organisation enabling them to contribute and understand how their roles support the success of the Trust and the impact on our patients.
8. Aim to raise the Trust's staff engagement score year on year by ensuring their views are heard, seeking their feedback, listening, empowering, and responding to make a difference to their working life.

Greater involvement with carers and users of our services

9. Ensure users of our services are involved in the design and development of external communications

Evaluation

10. Evaluate and measure communication performance.

The Trust's communications team have been leading the pursuit of these agreed objectives since the strategy was agreed. The table on page 6 sets out each Communications Objective, what progress we have made during 2017 to deliver the objective and how the Communications Delivery Plan 2018-20 builds on 2017 progress.

How the Communications Delivery Plan 2018-20 helps deliver our Trust Vision, Aims and Values

Our vision and values

In 2017, we produced a refined statement of our vision which is "To be Outstanding" - in all we do and how we do it. We are on a journey towards that vision that we call "Towards Outstanding".

Our vision is underpinned by our SPAR quality priorities - to provide services that are safe, personalised, accessible and recovery-focused. These guide all we do and are the benchmark against which we judge how we perform.

In delivering those services - as well as in all of our working relationships with service users, carers, families, stakeholders and each other, we are guided by our Proud to CARE values - to be compassionate, approachable, responsible and excellent.

Our seven key objectives

We look to deliver our strategic aims and realise our vision by achieving seven key objectives:

1. Provide the highest quality services
2. Create a learning culture to continually improve
3. Encourage, inspire and implement research and innovation at all levels
4. Maximise and use our resources intelligently and efficiently
5. Attract and inspire the best people to work here
6. Continually improve our partnership working
7. Enhance service user and carer involvement.

We cannot achieve our overall vision to be outstanding unless we deliver truly outstanding communications. This is what the Trust Communications Strategy 2016 set out to achieve, and which this Delivery Plan is designed to deliver, through:

- best of breed tools and infrastructure;
- an in-house team with the necessary specialist skills and experience to harness these tools and infrastructure; and
- Plan outcomes aligned with our SPAR Quality Priorities, Proud to Care Values and key Objectives.

Plan Approach

The Communications Delivery Plan 2018-20 provides an integrated approach which continues the implementation of the 2016 Strategy to support delivery of the Trust's strategic communications objectives.

The first part of this approach is called "[Active Listening](#)". This means having a continual awareness that we don't just listen and communicate for the sake of it or as an end in itself, but in order to deliver - and be seen to deliver - concrete outcomes and improvements in our strategies and the recovery-focused services we seek to deliver for local people, incorporating their views, insights and preferences. It also includes providing advice and information, signposts and support to enable people to look after their own health and well-being and that of the people they care for.

The second part of this approach is called "[We come to you](#)". This means that we do not expect any of our service users or stakeholders to have to make specific effort to come to our websites or online presences or attend one of our events to find out what is going on and/or whether something is happening or available that may be of interest in importance to them. Instead, we will create free subscription services, e-newsletters, podcasts and social media to deliver content direct to people in their own hands, increasingly via their mobile device or e-mail, also working with colleagues and partners to complement these channels with offline activities to ensure that our approach does not cause digital exclusion.

The third part of this approach is a conscious planned effort to [go beyond our traditional audiences and the NHS 'family'](#) to reach out to wider voices, perspectives and opinions. We do this by increasing both the depth and the width of our engagement reach. In particular, we have two aims:

- increase the number of people with whom we engage within those organisations with whom we are already engaged; and
- increase the range of organisations and individuals with whom we engage, going beyond the normal NHS 'family' to engage people in their wider lives and activities.

The fourth part of this approach is a determination to deliver the [highest quality and most modern communications](#) possible. We do this by deploying best of breed' tools, infrastructure and capabilities, by introducing new surveys and focus groups to test our delivery and performance, by increasing the quality and efficiency of our digital estate and setting ourselves an ambitious goal of becoming the very best at NHS social media.

The fifth part of this approach is a greater emphasis and activity in [stakeholder management and public affairs](#). We do this by developing a Stakeholder Map and Listening Landscape and then delivering a public affairs strategy to support our strategic aims.

Updated SWOT Analysis

The agreed Trust Communications Strategy 2016 identified 5 barriers to success, 9 weaknesses and 5 threats.

We have updated the SWOT analysis to reflect our position at the start of 2018. The updated analysis is set out below:

Strengths	Weaknesses	Opportunities	Threats
<p>Good relationships with local media and respond well to media enquiries</p> <p>Some well-received publications, including CEO blog and Newsround</p> <p>Positive local sentiment towards North Staffs Combined Health</p> <p>In house team with specialist skills recruited</p> <p>Industry standard Adobe Creative Cloud licensed and all design assets brought in house</p> <p>Key Annual deliverables (e.g. Annual Report, Quality Account, REACH Awards) brought in house delivering improved quality at lower cost</p> <p>Significant improvement in relationships and reputation with Comms teams in central STP, NHS region and senior leadership in national NHS England</p> <p>Strong relationships built with Stoke City Council comms team and BBC Radio Stoke</p> <p>Comms role within Northern Alliance confirmed</p> <p>Internal recognition building Comms support available to teams, projects and directorates</p>	<p>Public Affairs aspect of communications and engagement needs strengthening and more senior time devoted to it</p> <p>Capacity to deliver fully populated, modern Intranet is stretched</p> <p>Capacity to generate content for increasing range of channels and platforms is stretched</p> <p>Procurements for new web front end, Intranet and data management back-end have taken longer than anticipated, impacting on capabilities of comms operations and outputs</p>	<p>Further utilise and deepen tools introduced in 2017 as well as new front-end and back-end infrastructure and tools to facilitate two-way communication to generate valuable feedback for stakeholders</p> <p>Utilise digital marketing tools to improve the quality of information for service users and reduce costs</p> <p>Potential to sell Comms services and products to other clients and organisations</p> <p>Potential to build support offerings for internal teams</p> <p>New web front end will enable us to deliver websites for teams across the Trust</p> <p>New back-end infrastructure will enable us to build business mapping, analysis and reporting tools for teams across the Trust</p> <p>New Podcast will build our public profile across social media</p> <p>Potential to train teams and clients to become self-sufficient and proficient in creating online and social content.</p> <p>New CQC ratings will offer opportunity to refine overall Trust branding</p>	<p>Increased level of demand from Trust projects and teams for Comms support could outstrip Comms Team's capacity to deliver</p>

Building on the 2016 Communications Strategy and 2017 progress

The Communications Delivery Plan 2018-20 builds on the foundations laid in our original Communications Strategy 2016 and our activity during 2017 to deliver that strategy. It continues the overall direction and provides a step-change in the scale of our ambition and the quality of our delivery.

The following table sets out each agreed 2016 Trust Strategy Communications Objective, what progress we have made during 2017 to implement the objective and how the Communications Delivery Plan 2018-20 continues implementation and builds on 2017 progress.

2016 Strategy Communications Objective	Implementation during 2017	Continued implementation through 2018-20 Plan Outcomes
1. Raise the quality of communications and engagement channels to match the Trust's ambitions set out in its vision and objectives - thereby raising its reputation, aiding staff retention and attracting the best staff	<ul style="list-style-type: none"> ✓ Significantly improved website ✓ Implemented Adobe Creative Cloud to bring our design and print quality up to industry standard. ✓ Migrated core comms outputs from e-mail to modern industry-standard e-newsletter capability via Campaign ✓ Monitor - including CEO Blog, all-staff e-mails, Newsround, ROSE newsletter, CQC Update, Combined Catch-Up, ✓ Recruited modern skills to the in-house team to be able to harness improved tools, and deliver higher quality content and outputs ✓ Introduced new improved formats for Quality Account and Annual Report. 	<ul style="list-style-type: none"> • Expand range and capabilities of e-newsletters by building their audience, embedding greater use of video and integrating Campaign Monitor with web and social media • Introduce new Podcast channel. • Introduce new Adobe Interactive audio and video versions of Quality Account and Annual Report • Introduce new, free subscriber services via new integrated website, Intranet and associated presences • Create videos of each service area, showing service users what we do and what to expect • Provide particular focus on video and social media activity to support recruitment and retention
2. Build and promote a strong profile of the Trust locally and nationally through a new distinctive design style within the NHS brand and compelling narrative to create greater awareness, confidence and relationship with stakeholders particularly people who need the Trust's services	<ul style="list-style-type: none"> ✓ Updated corporate branding to remain compliant with updated 2017 NHS branding guideline – whilst retaining SPAR colour palette across website, social media and physical estate to reflect revised "Towards Outstanding" vision. ✓ Created and deployed Quality Account, Annual Report, posters, pop-ups, banners, videos, social media and external display reflecting new brand and core supportive text 	<ul style="list-style-type: none"> • Increase our public profile and reputation with regional and national organisations and opinion formers by building a Stakeholder Landscape and integrating it into a stakeholder CRM facility • Introduce Listening and Engagement Active Partnerships with the communications teams in key national organisations in areas relevant to our services and service users • Maintain an up to date set of posters with key messages and achievements displayed across the Trust and

		<p>promoted via website and social media</p> <ul style="list-style-type: none"> • Produce annual Christmas message
3. Improve the reputation of the organisation locally, regionally and nationally	<ul style="list-style-type: none"> ✓ Significantly increased coverage across social media and significantly improved website ✓ Improved relationships and partnership with BBC Radio Stoke ✓ Lead communications roles in STP workstreams and as part of STP Comms network ✓ Comms support of the NSGP Federation and North Staffs and Stoke on Trent Alliance ✓ Comms support for STP OD Accelerated Design Events, Neuropsychiatry Conference, Symphony of Hidden Voices, AHP Conference, Service User Open Spaces Event, Stoke Pride, Leading with Compassion Scheme ✓ Developed partnerships and co-operative working with Stoke City Council on Meir Hub, MCP and recruitment activity 	<ul style="list-style-type: none"> • Increase the number of organisations and people with whom we communicate by at least 25% from a baseline confirmed at start of plan • Widen the range of voices and perspectives which we hear, by introducing Listening and Engagement Active Partnerships • Increase by 25% the number of high quality entries the Trust makes to national and regional Awards from a baseline confirmed at start of plan and a coordinated approach for submission throughout the year • Protect and promote the Trust's external reputation and strategic effectiveness in influencing - through increased proactivity and effectiveness in stakeholder management and public affairs • Contribute to effective mitigation of key Trust risks- for example in recruitment and retention, through active liaison with the Trust risk management personnel, senior leadership team and Executive Directors • Fulfill comms support role for Staffordshire and Stoke-on-Trent STP, including workstream support if and as requested by central team • Support conferences to spread and raise profile of good practice
4. Support the Trust to become a national leader in digital technology and for all the stakeholders to understand the benefits and be engaged	<ul style="list-style-type: none"> ✓ Significantly improved website ✓ Comms support for introduction of ROSE electronic patient record 	<ul style="list-style-type: none"> • Introduce new Podcast channel. • Introduce new, free subscriber services via website • Introduce Easy Read and multi- language versions of our website • Increase the quality and efficiency of the digital estate through the implementation of a new combined Internet,

		<p>Intranet and other web presences</p> <ul style="list-style-type: none"> • Make our social media the best in the NHS through benchmarking and Social Media Optimisation Plan • Support key aspects of Trust operations - including finance, performance, governance and digital teams - through introduction of new data management, analysis and reporting tools
5. Strengthen relationships with partners (particularly primary care) and collaborate on promotion of joint developments in integrated care.	<ul style="list-style-type: none"> ✓ Comms support for the NSGP Federation and North Staffs and Stoke on Trent Alliance ✓ Developed partnerships and co-operative working with Stoke City Council on Meir Hub, MCP and recruitment activity ✓ Recruited Band 6 post to the Comms Team with specific remit to build partnerships and relationships 	<ul style="list-style-type: none"> • Produce regular podcasts on items of interest plus material produced by our stakeholders and broadcast by us • Make our social media the best in the NHS through benchmarking and Social Media Optimisation Plan • Increase our public profile and reputation with regional and national organisations and opinion formers - through the introduction of Listening and Engagement Active Partnerships with the communications teams in key national organisations in areas relevant to our services and service users • External stakeholder bi-monthly newsletter
6. Raise awareness of the Trust's services and how to improve wellbeing across online and offline channels with increasing use of digital media	<ul style="list-style-type: none"> ✓ Promotion of new mental health wellbeing strategy launched as part of partnership between North Staffordshire Combined Healthcare NHS Trust and schools across Stoke-on-Trent ✓ Comms support for Recovery Conference at Port Vale Football Club, delivered in partnership with local voluntary sector organisations and service users and carers and open to service users, carers, volunteers trust staff and the public - including Twitter support during the day and YouTube film 	<ul style="list-style-type: none"> • Increase the proportion of our communications activity related to providing advice, signposts and support - including support for wellbeing advice and services • Create and maintain directory of services • Develop a Stakeholder Map or Listening Landscape. For each stakeholder organisations, identify whether the stakeholder has a Twitter account and, if so, whether our main Twitter account follows them and/or they follow us. • (Fully integrate our stakeholders into our Twitter strategy using Tweetdeck.) • Identify any crucial gaps in our Twitter followers and close our gaps. • Use "Windows on the World" to view and engage with

		<p>content and conversations happening right now across social media in our own particular context</p> <ul style="list-style-type: none"> • Support the Trust's organisational and business development strategies - by mapping new organisational structures and activities against business development goals and developing bespoke communications and marketing materials and strategies for each area of activity – delivered through new Trust Comms tools for business mapping and strategy tracking
7. Involve and inform staff in the vision and direction of the organisation enabling them to contribute to and understand how their roles support the success of the Trust and the impact on our patients	<p>✓ 2016 NHS Staff Survey showed significant improvement in over 20% of indicators with none in significant decline. Above average scores against comparator NHS organisations in a third of areas.</p> <p>✓ Full comms support for Towards Outstanding Engagement, Behaviours Framework, Leadership Academy, Team Brief sessions, NHS Staff Survey, Newsround. BAME Network, Diversity and Inclusion initiatives, Fab Change Week, Flu campaign.</p> <p>✓ Weekly CEO Blog distributed via Campaign Monitor and on physical display stands in reception at Lawton House, Harplands Hospital and Dragon Square.</p> <p>✓ Towards Outstanding branding - including Annual Report and Quality Account - putting frontline staff at centre of messaging and promotion across video, posters and pop-ups.</p> <p>✓ Much greater use of social media to celebrate staff involvement and achievements.</p> <p>✓ Open Space event held at Port Vale, inviting staff and service users to contribute to deciding service priorities, and questionnaire issued inviting staff and service users to be involved in engagement activities.</p> <p>✓ Discussion of draft Comms Strategy with SLT.</p>	<ul style="list-style-type: none"> • Introduction of Annual Communications Satisfaction survey and insights from focus groups involving both a wide range internal and external audiences. • Promote new Podcast with all staff including producing material with frontline staff and teams for inclusion in episodes. • Increase the immediacy and impact of our direct communications to staff - through the introduction of new capabilities to centrally manage and disseminate key messages via screensavers and desktop wallpaper to staff devices. • Implementation of new combined Internet, Intranet and other web presences, including web presences for frontline teams. • Introduce Social Media training and support
8. Aim to raise the Trust's staff engagement score year on year by ensuring their views are heard, seeking their feedback, listening, empowering and responding to make a difference to their working life	<p>✓ 2016 NHS Staff Survey showed significant improvement in over 20% of indicators with none in significant decline. Above average scores against comparator NHS organisations in a third of areas.</p>	<ul style="list-style-type: none"> • Provide full Comms Support for Listening into Action programme • Introduction of Annual Communications Satisfaction survey and insights from focus groups involving both a

		wide range of internal and external audiences. <ul style="list-style-type: none"> • REACH Awards monthly and annually
9. Ensure users of our services are involved in the design and development of external communications	<ul style="list-style-type: none"> ✓ Open Space event held at Port Vale, inviting staff and service users to contribute to deciding service priorities, and questionnaire issued inviting staff and service users to be involved in engagement activities. ✓ Discussion of draft Comms Strategy with SLT. ✓ Close working with Diversity and Inclusion and Veronica Emlyn and team in designing and delivering events and outputs. 	<ul style="list-style-type: none"> • Widen the range of voices and perspectives which we hear • Introduction of Annual Communications Satisfaction survey and insights from focus groups involving both a wide range of internal and external audiences. • Make our social media the best in the NHS through benchmarking and Social Media Optimisation Plan • Introduction of Listening and Engagement Active Partnership with Healthwatch, VAST, SUCC, Youth Council and other service user organisations – working with Director of Nursing and Quality
10. Evaluate and measure communication performance	<ul style="list-style-type: none"> ✓ BAF measures included on Intranet delivery and social media 	<ul style="list-style-type: none"> • Introduction of an Annual Communications Satisfaction survey and insights from focus groups involving both a wide range of internal and external audiences

REPORT TO Trust Board

Enclosure No: 16

Date of Meeting:	18 th March 2018		
Title of Report:	2017 NHS Staff Survey Results		
Presented by:	Alex Brett, Director of Workforce, OD and Communications		
Author:	Jane Rook, Neil Clarke		
Executive Lead Name:	Alex Brett, Director of Workforce, OD and Communications	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:		Purpose of report	
The paper highlights the results from the 2017 staff survey, including positive results and areas for improvement concluding with actions to further enhance our results in 2018.		Approval	<input checked="" type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
		Discussion	<input checked="" type="checkbox"/>
		Assurance	<input type="checkbox"/>
Seen at:	SLT <input checked="" type="checkbox"/> Execs <input checked="" type="checkbox"/> Date: Discussed at Execs on 3/4/18 and SLT on 10/4/18	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 checked="" 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 involvement. <input type="checkbox"/> To provide the highest quality services <input checked="" type="checkbox"/> Create a learning culture to continually improve. <input checked="" type="checkbox"/> Encourage, inspire and implement research & innovation at all levels. <input type="checkbox"/> Maximise and use our resources intelligently and efficiently. <input type="checkbox"/> Attract and inspire the best people to work here. <input checked="" type="checkbox"/> Continually improve our partnership working. <input type="checkbox"/> 		
Risk / legal implications: Risk Register Ref	NHS staff survey results are publicly available. A considered response to continually improve and share our journey is required.		
Resource Implications:	Engagement is critical to delivery of high quality, safe, effective and efficient services.		
Funding Source:	The Trust has over recent years and is continuing in to the future, investing in areas such as Listening into Action, Leadership development (through Aston and others) and more recently implemented Towards Outstanding Engagement. This remains part of the costed plans for the future.		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	The paper outlines the results highlighting areas for improvement and actions relating to the WRES.		
Recommendations:	The Trust Board is asked to: <ul style="list-style-type: none"> Receive this report Note the priority areas for improvement Approve the proposed actions 		

STAFF SURVEY RESULTS AND ACTION PLAN

Report to Trust Board on the 2017 NHS Staff Survey

1. Background

The NHS Staff Survey gives us an opportunity to understand the views of our staff and their experiences throughout their employment with us. This paper summarises the key findings for North Staffordshire Combined NHS Trust in the 2017 national staff survey, and the action plan being implemented as a result. The results of the 2017 annual NHS staff survey were published on the 16th March 2018 and benchmarked data against other mental health trusts, confirms the journey of North Staffordshire Combined Healthcare NHS Trust on our improvement towards outstanding.

This paper highlights some of our positive results and areas for improvement, concluding with an action plan to further enhance our results in 2018. To aid your interpretation of the data, scores for some indicators appear as straight percentages, for example the percentage of respondents who witnessed incidents. The scores for others are composites, expressed as a score out of 5, such as staff job satisfaction.

2. Introduction

The 2017 staff survey results position North Staffordshire Combined Healthcare Trust in 11th place in the national league tables for mental health trusts. Given the context in which our staff are working, maintaining stability in our scores is to be commended.

In 2017 we have worked hard to improve areas highlighted by our staff survey report in 2016. Whilst the 2017 staff survey results indicate no statistically significant changes in our Trust scores from last year, we have managed to maintain consistency during a period of significant challenge at national, regional and within our local health economy, culminating in an increase in financial and staffing pressures and increased service user demand. Additionally, the Trust has undergone CQC inspections and has made huge strides of improvement resulting in all services now rated as good or outstanding and recognition from the CQC that we are one of the top performing mental health trusts.

3. Summary of results for 2017

3.1 An increased response rate

All of our staff were surveyed and a total of 706 staff responded. The response rate was higher than last year when 689 responded, increasing our response rate from 51% in 2016 to 52% in 2017.

- The national average for all NHS Trusts was 45% in 2017
- The national average for mental health trusts was 54%
- Combined response rate for 2017 is 52%, an increase from 51% in 2016

This year the Trust distributed the staff survey in paper copy alone. In our move towards becoming a digital exemplar trust, the board may wish to consider moving to an entirely electronic staff survey distribution in forthcoming years.

The following table shows response rates by directorate;

Table 1 - Response rate by Directorate

Directorate	Response (No.)	Useable sample	Response (%age)
Substance Misuse	42	63	67%
Corporate	143	270	53%
Neuropsychiatry and old age	137	266	52%
Children and Young People	69	139	50%
Learning Disabilities	56	125	45%
AMH Community	169	412	41%
AMH In-patients	64	162	40%
TOTAL	638	1374	

Table 2 shows that from 2016 to 2017 there was no significant improvement or deterioration in scores.

Table 2 – North Staff Combined comparison year on year

2017 vs 2016 (32 key findings)			2016 vs 2015 (27 key findings)		
Improved	0	0%	Improved	6	22%
Deteriorated	0	0%	Deteriorated	0	0%

Table 3 shows that in comparison against the national average for mental health trusts, we have improved the number of our 'above average' and 'average' scores in the 2017 staff survey

Table 3 – Combined 'Above average' and 'Average' score comparison 2017 to 2016

2017 (32 key findings)			2016 (27 key findings)		
Above average	10	31%	Above average	9	33%
Average	15	47%	Average	10	44%

3.2 Comparison with national mental health trust averages

For 2017, Combined was nationally, one of only 7 mental health trusts that showed improvements over their comparative position compared to the national average score. Improvements at Combined were across 10 key findings (KF's) and showed a decrease in 7 key findings.

Table 4 – North Staffs Combined score comparison against national average for mental health trusts

Improvements against national average	No change against the national average	Decrease in score against the national average
<ul style="list-style-type: none"> KF11. Percentage of staff appraised in last 12 months KF20. Percentage of staff experiencing discrimination at work in the last 12 months KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion KF28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month 	<ul style="list-style-type: none"> KF18 % attending work in last 3 mths despite feeling unwell because they felt pressure KF15 % satisfied with the opportunities for flexible working patterns KF16 % working extra hours KF6 % reporting good communication between senior management and staff KF23 % experiencing physical violence from staff in last 12 mths 	<ul style="list-style-type: none"> KF29 % reporting errors, near misses or incidents witnessed in last mth KF7 % able to contribute towards improvements at work KF3 % agreeing that their role makes a difference to patients / service users KF22 % experiencing physical violence from patients, relatives or the public in last 12 mths KF27 % reporting most recent

<ul style="list-style-type: none"> • KF17. Percentage of staff feeling unwell due to work related stress in the last 12 months • KF26. % experiencing harassment, bullying or abuse from staff in last 12 months • KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents • KF19. Organisation and management interest in and action on health and wellbeing • KF14. Staff satisfaction with resourcing and support • KF32. Effective use of patient / service user feedback 	<ul style="list-style-type: none"> • KF24 % reporting most recent experience of violence • KF25 % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths • KF12 Quality of appraisals • KF1 Staff recommendation of the organisation as a place to work or receive treatment • KF4 Staff motivation at work • KF8 Staff satisfaction with level of responsibility and involvement • KF9 Effective team working • KF5 Recognition and value of staff by managers and the organisation • KF10 Support from immediate managers • KF2 Staff satisfaction with the quality of work and care they are able to deliver 	<ul style="list-style-type: none"> • experience of harassment, bullying or abuse • KF13 Quality of non-mandatory training, learning or development • KF31 Staff confidence and security in reporting unsafe clinical practice
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The scatter graph on the following page has been developed by ‘Optimise’ (LiA) as part of Listening into Action (LiA) and benchmarks the Trust against all other comparable mental health trusts.

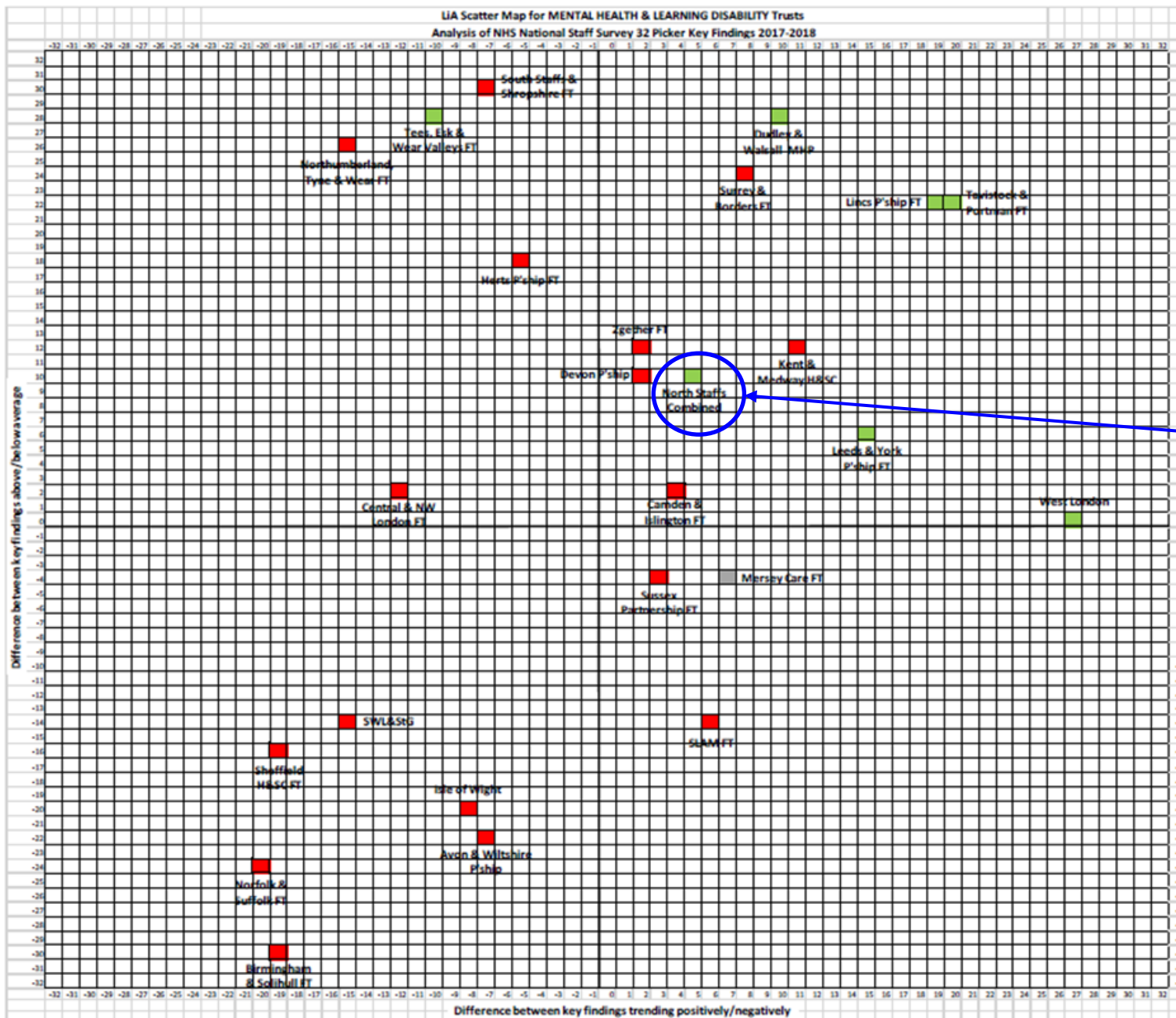
The scatter graph shows us that:

- We have further improved our scores from 2016 to 2017 (green)
- We are in in the top right quadrant – which represents above average performance against peers and a more positive trend year on year (The higher and further right you are the better).

‘Optimise’ (LiA) have recognised the progress North Staffordshire Combined have made in their LiA Scatter Maps and associated league tables. In their commentary, they state North Staff Combined have “made good improvements”.

Whilst we recognise these positive comments, we are not complacent and we our redoubling our efforts to improve team effectiveness and staff engagement through the introduction and further development of our Toward Outstanding Engagement programme.

Graph 1 - LiA scatter graph – Benchmark against other mental health Trusts (Performance against peers vs Trend)



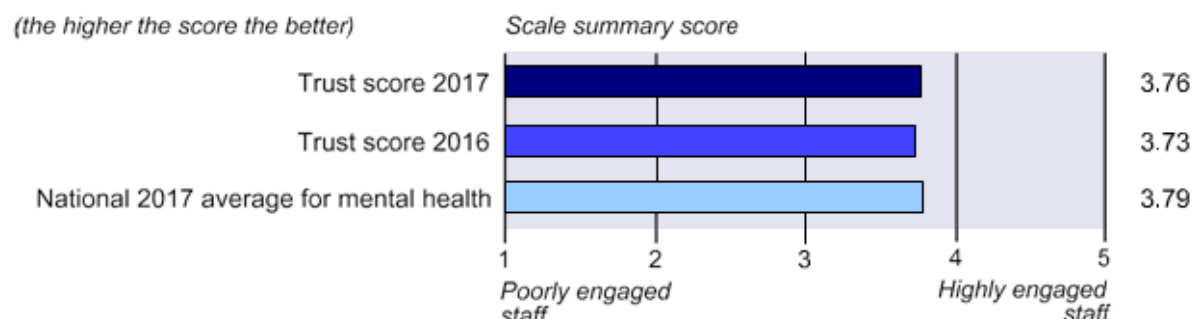
North Staffordshire Combined position

- The higher up you are, the better your Trust is performing against your peers in the eyes of your staff
- The further to the right you are, the more positive your trend, year-on-year
- The red and green boxes reflect whether an individual Trust's results are better or worse than last year: red for worse, green for better.

3.3 Staff Engagement scores have marginally improved

One of the key measures in the staff survey is a measure of staff engagement, for which we see a marginal improvement from our score from 2016 (Figure One):

Figure 1 – Staff Engagement score comparison



Despite improvement we still remain marginally below our peer average. Closer enquiry reveals that we need to improve on K7 – Staff ability to contribute towards improvements at work during 2018, see table 4 below.

3.4 North Staffs Combined as a place to work and receive treatment






It is great to recognise marginal improvements in our overall staff perception score of the Trust, however, we recognise that staff engagement is critical in the success of our organisation and in the ability to deliver quality care received by service users. We know increasing staff engagement improves quality outcomes and strengthens the culture we are striving to achieve. It is vital we retain and recruit sufficient staff to deliver high quality care. We know engaging with our staff at team level will make our trust an attractive place to work and receive care.

Table 6 – Breakdown of actual questions that make up the engagement score

	Change since 2016 survey	Ranking, compared with all mental health
OVERALL STAFF ENGAGEMENT	• No change	• Average
KF1. Staff recommendation of the trust as a place to work or receive treatment <i>(the extent to which staff think care of patients/service users is the trust's top priority, would recommend their trust to others as a place to work, and would be happy with the standard of care provided by the trust if a friend or relative needed treatment.)</i>	• No change	• Average
KF4. Staff motivation at work <i>(the extent to which they look forward to going to work, and are enthusiastic about and absorbed in their jobs.)</i>	• No change	• Average
KF7. Staff ability to contribute towards improvements at work <i>(the extent to which staff are able to make suggestions to improve the work of their team, have frequent opportunities to show initiative in their role, and are able to make improvements at work.)</i>	• No change	! Below (worse than) average

Two of the indicators have remained consistent, with an improvement to our 'Recommend my organisation as a place to work' score, balanced with a slight dip in our 'Acting on concerns raised by patients/service users' score.

Table 7 - Breakdown of actual survey questions which enquire on perceptions of the trust

		Your Trust in 2017	Average (median) for mental health	Your Trust in 2016
Q21a	"Care of patients / service users is my organisation's top priority"	70% 	73%	70%
Q21b	"My organisation acts on concerns raised by patients / service users"	74% 	75%	77%
Q21c	"I would recommend my organisation as a place to work"	53% 	57%	50%
Q21d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	61% 	61%	61%
KF1.	Staff recommendation of the organisation as a place to work or receive treatment (Q21a, 21c-d)	3.62 	3.67	3.56

4. What have we done since our 2016 survey results?

We are pleased to see improvements to our 'Staff recommendation of the organisation as a place to work or receive treatment' scores.

As a result of the action plans developed to address the themes from the 2016 staff survey, a paper was presented to the board and actions plans developed to address our areas requiring improvement.

The following table shows the organisational level action plan created, along with an action-by-action update

Action Area	Description	Priority area for implementation	Timescale	Actions completed
1. Towards Outstanding Engagement	Developing a culture of continuous improvement towards engagement through adoption of Go Engage. Go Engage gives data at team level to highlight areas of local cultural improvement. It also equips team in a toolkit to respond to their data and improve under their own direction. This bespoke approach is evidenced as 3 times more effective than improving culture at a trust wide level	Inpatient adults, estates, CYP, corporate, LD, NOAP	12 teams to commence development in June, with a further 12 in December	<ul style="list-style-type: none"> 16 teams completed cohort 1 (equating to a third of our Trust's teams) 100% completion rate Results from teams progressing through the cohort were positive and are making an impact on staff engagement at team level. The findings from cohort 1 can be found in appendix 1 Cohort 1 teams will continue to be supported Cohort 2 will start following our structural changes to align our directorates to locality based working
2. Reducing stress at work	Use of the Go Engage measure to pinpoint services experiencing high stress in order to provide interventions	Inpatient adults, Substance misuse	From first data sets in June 2017 and quarterly thereafter	<ul style="list-style-type: none"> Health and wellbeing strategy has been developed and interventions offered to all staff and all teams. Weekly Pilates sessions are provided for staff Monthly Feel good Friday events -

				<p>health and wellbeing topics are promoted through our monthly</p> <ul style="list-style-type: none"> • Staff support and counselling service have further strengthened their offers within the organisation and have recently being nominated for national HSJ and HPMA awards
3. Staff satisfaction in the quality of care delivered	Listening event to be held to understand how staff can enhance the level of service they are able to provide	Adult community	June 2017	<ul style="list-style-type: none"> • Listening events have taken place. • The director of nursing has also delivering a service improvement strategy with the support of AqUA on our journey towards outstanding
4. Opportunities for career progression and promotion	Within workforce plans for 2017 a review of career pathway across acute services, to enhance and make explicit opportunities for career growth and development	Adult community	August 2017	<ul style="list-style-type: none"> • Apprenticeships in Healthcare have been introduced and promoted enabling staff to develop their careers from healthcare support worker to move onto an apprenticeship as a nursing associate and pre-registration nurse. • A nursing associate pilot has been developed in partnership with UHNM, which will go live in Sept 2018.
5. Improving recognition	A detailed 12 month plan for both CYP and estates to ensure positive stories and improvement they are proud of gets appropriate exposure internal and external to the Trust in the interests of staff morale	CYP and estates	April 2017	<ul style="list-style-type: none"> • The estates team and various CYP teams were part of the Towards Outstanding Engagement programme. All teams in these directorates saw significant improvements in their staff engagement scores through targeted team level interventions. • There have been significant improvements in our CAMHs CQC results and numerous national award nominations • Despite our estates team going through a management of change re-structure and TUPE, they have had some major achievements and have raised their profile internally in the Trust and started developing external business
6. Enhance PDR quality and responses rates	The PDR documentation will be enhanced further in order to focus staff on a quality conversation with their manager, Compliance rates in LD and estates will also be an area of focus	LD, estates	April 2017 for quality October for response rate	<ul style="list-style-type: none"> • Targeted appraisal training sessions were delivered. • These aimed to increase managers and team leaders understanding of the importance of quality appraisals and to provide them with the skills to do so. • Completion rates have increased
7. Service Improvement	The trust to develop an internal service improvement programme building upon the AqUA board development session in March 2017	Trust wide	August 2017	<ul style="list-style-type: none"> • The director of nursing is leading targeted work in the Trust with the support of AqUA. • A number of teams have been through a programme of support, implementing service improvement

				<p>methodology and principles to improve the quality of care they are providing, including person centredness.</p> <ul style="list-style-type: none"> Improvement unannounced visits led by an exec and non-exec and conducted in line with CQC KLOE's. Service user/carer involvement
8. Reporting on unsafe clinical incidents	Listening event to be held to understand how staff can enhance the level of reporting for unsafe incidents	Trust wide	June 2017	<ul style="list-style-type: none"> Directorates have continued to highlight the importance of reporting clinical incidents within directorate meetings and supporting staff to attend lesson learnt events.
9. Friends and family test	Use of the Go Engage tool to analyse how we can improve our staff friends and family scores	Trust wide	June 2017	<ul style="list-style-type: none"> Pulse checks are being used to inform action plans

The key link to all of the above improvements is increasing staff engagement.

The actions from the above were all taken and focussed on during the Towards Outstanding Engagement 26 week development programme. 16 teams have completed cohort 1 of our Towards Outstanding Engagement programme, and of these 12 have seen an increase in their engagement scores; showing an average increase of 5.7%. A full report is available following the sharing of these results with the teams, which is underway. Cohort 1 represents a third of the workforce and will continue to be supported going forward, whilst following cohorts will expand the reach of the programme to the rest of the workforce later in the year.

5. 2017 Staff Survey Results

5.1 Our top ranking scores

The figures below highlight the 5 key findings for which the trust compares most favourably with other mental health trusts in England.

Three of our top 5 scores in 2017 also featured in our top 5 for 2016, demonstrating high consistency

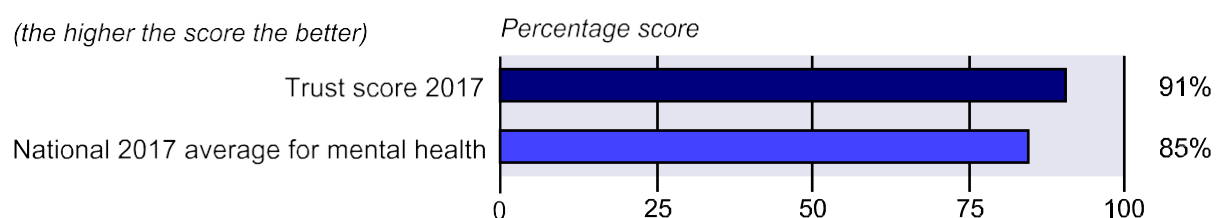
- KF30 "Fairness and effectiveness of procedures for reporting errors, near misses and incidents"
- KF26 "Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months"
- KF28 "Percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month"

Two new areas of strength have been identified:

- KF21 "Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion"
- KF32 "Effective use of patient/service user feedback".

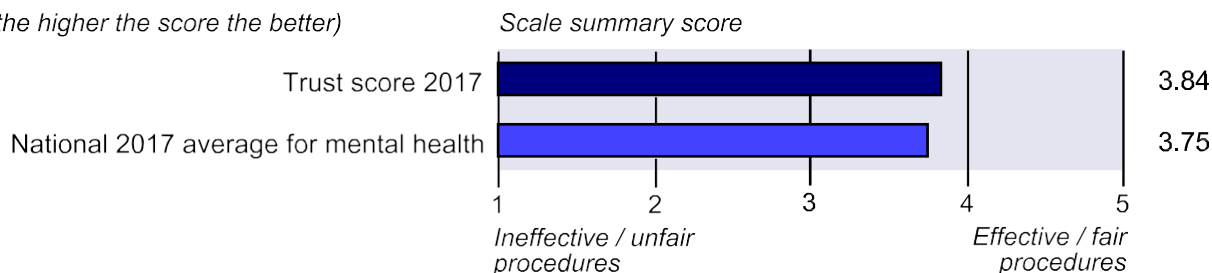
✓ **KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion**

(the higher the score the better)



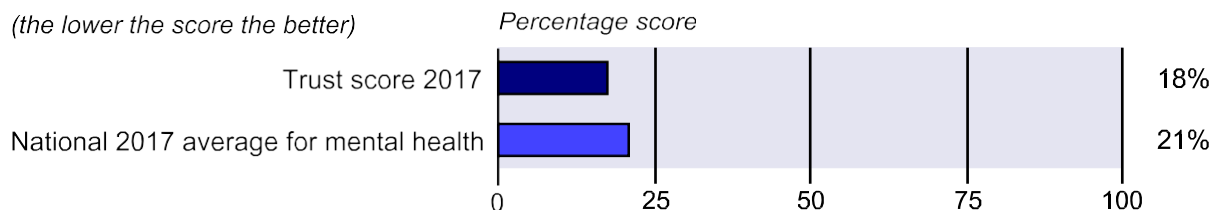
✓ **KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents**

(the higher the score the better)



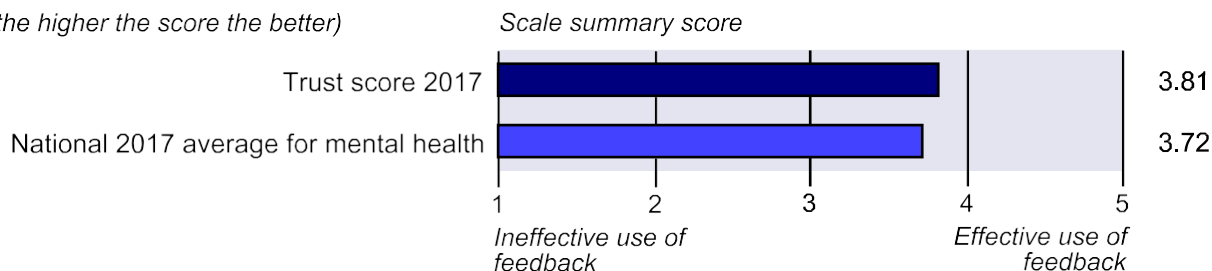
✓ **KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months**

(the lower the score the better)



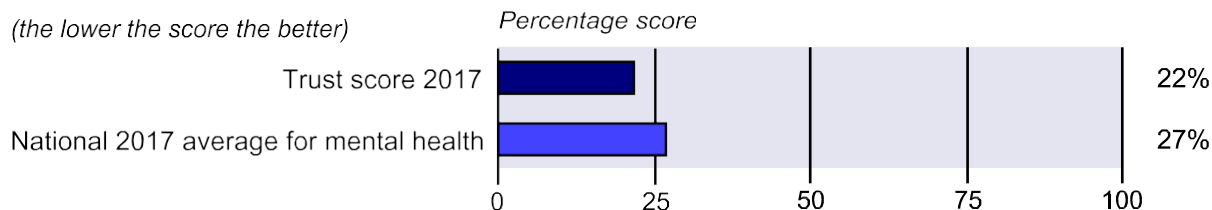
✓ **KF32. Effective use of patient / service user feedback**

(the higher the score the better)



✓ **KF28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month**

(the lower the score the better)



5.2 Notable and stubborn areas requiring improvement

The figures below highlight the 5 key findings for which the trust compares least favourably with other mental health trusts in England.

Two of our bottom 5 scores in 2017 also featured in our bottom 5 for 2016

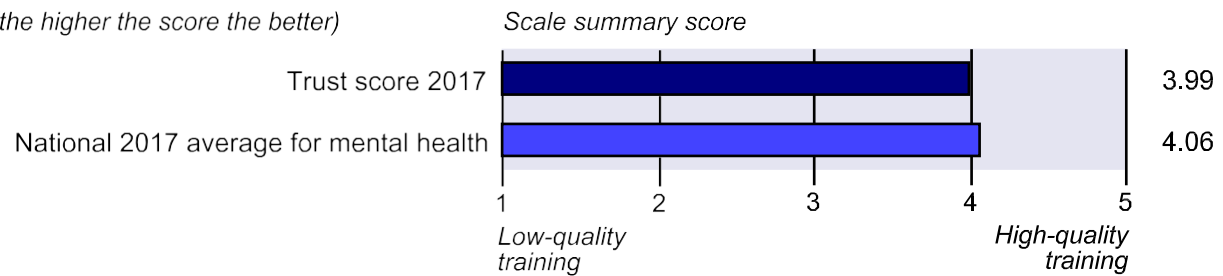
- KF7 "Percentage of staff able to contribute towards improvements at work"
- KF31 "Staff confidence and security in reporting unsafe clinical practice"

Three new areas where improvements can be made:

- KF13 “Quality of non-mandatory training, learning or development”
- KF3 “Percentage of staff agreeing that their role makes a difference to patients/service users”
- KF27 “Percentage of staff/colleagues reporting most recent experience of bullying, harassment or abuse”

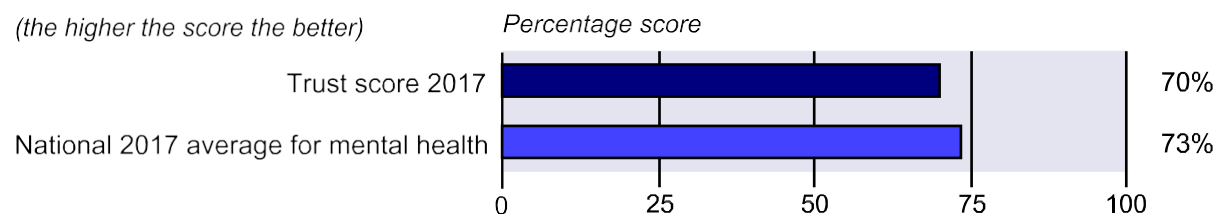
! KF13. Quality of non-mandatory training, learning or development

(the higher the score the better)



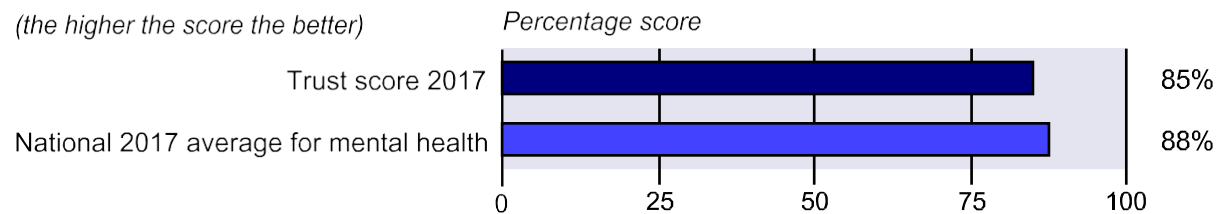
! KF7. Percentage of staff able to contribute towards improvements at work

(the higher the score the better)



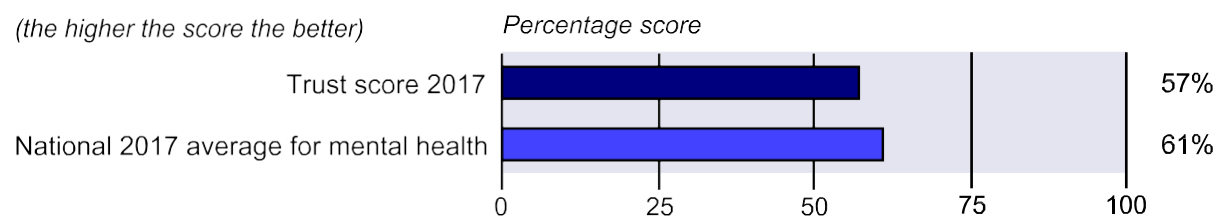
! KF3. Percentage of staff agreeing that their role makes a difference to patients / service users

(the higher the score the better)



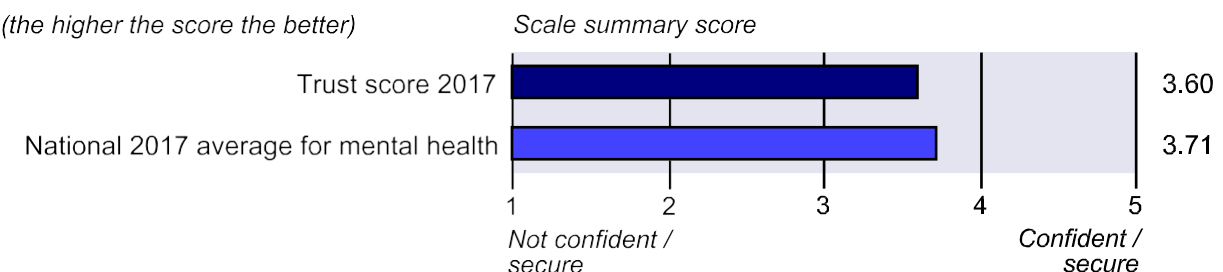
! KF27. Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse

(the higher the score the better)



! KF31. Staff confidence and security in reporting unsafe clinical practice

(the higher the score the better)



5.3 Workforce Race Equality Standard (WRES) Results

A new addition to the staff survey in 2016, was the inclusion of a WRES section. This means in 2017, we now have a baseline to compare our progress. The WRES provides a further breakdown comparing results from staff with a white and staff with a BAME (Black, Asian and Minority Ethnicity) background.

As can be seen in the WRES data charts (overleaf), looking at the findings from KF25, KF26, KF21 and Q17b, our scores have remained fairly consistent. When looking at the breakdown of white staff in comparison to BAME staff, there are a number of areas of focus for us to consider, regarding staff from a white background in comparison to reports from staff from a BAME background.

Our work to date demonstrates the Trust has delivered against its core responsibilities in relation to the Equality Act 2010 and the associated Public Sector Equality Duty (PSED), the Workforce Race Equality Scheme (WRES), the Equality Delivery System (EDS2) and the Accessible Information Standard.

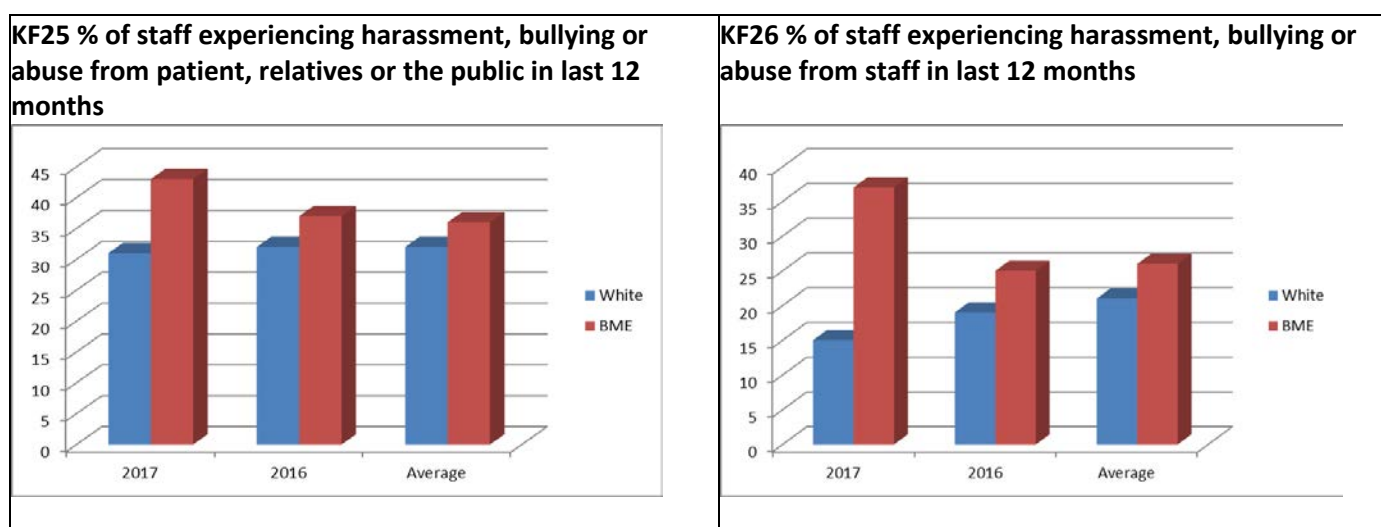
The Trust has been supported by NHS Employers and partner Trusts as a 'D&I Partner' organisation throughout 2017-18 and key areas of progress over 2017-18 have been:

- Raising the profile of race (in) equality, including launching plans to commence a Black, Asian and Minority Ethnic (BAME) Leadership Programme, led by the Trust on behalf of the Staffordshire Strategic Transformation Partnership (STP).
- Launched BAME Staff Network in November 2017
- Held 'BAME Staff big conversation' sessions with the Director of Nursing
- Embedding D&I into Trust Committee processes and Directorate decisions

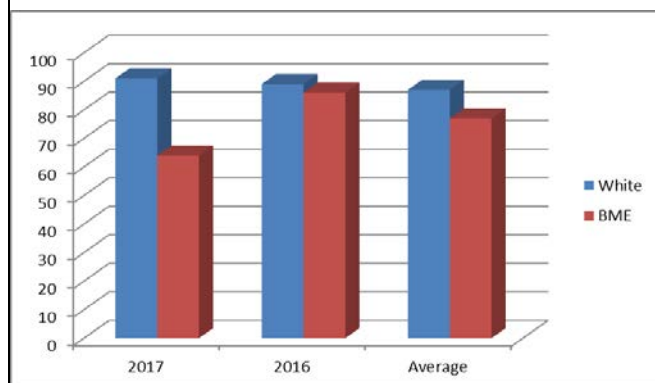
We are raising expectations and awareness of Diversity and Inclusion (D&I) principles through this programme of work on Diversity and Inclusion to date but clearly we have more to do and will be a key focus for us during 18/19.

We have undertaken some activity to redress this balance however; we remain disappointed with what our BAME staff are telling us regarding their perceptions and experiences. There is a CEO-led internal and county wide focus on developing BAME leadership and the experiences of BAME staff at work. Hearing perspectives and seeking opportunities to feedback real lived experiences in an open culture within the workplace.

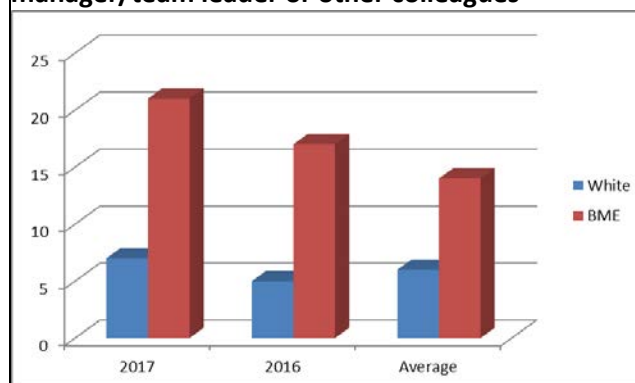
Chart 2 - WRES staff survey data presented as charts (Comparing white to BAME staff experience)



KF21 % of staff believing that the organisation provides equal opportunities for career progression or promotion



Q17b In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues



6. Action plans for improvement following our 2017 results

The areas of concern/focus identified from the 2017 staff survey results have informed a number of action plans contained in the following section.

- A corporate action plan has been developed to address trust-wide issues focussing on our lowest scoring 2017 staff survey results and will form the focus of our action plan for 2018/19 as follows:
 1. WRES data –Differences in responses between white and BAME staff
 2. Harassment, bullying or abuse – It is happening and not being reported (either patients, relatives, public or colleagues)
 3. Staff ability to contribute towards improvements at work
 4. Staff agreeing their role makes a difference to patients / service users
 5. Staff confidence and security in reporting unsafe clinical practice
- In addition, 4 professional groups with the lowest scores, scored considerably lower than the Trust average of 3.76. A professional group specific action plan has also been developed in response to this
- Each directorate has also developed their own detailed local action plans

6.1 2018/19 - Trust Staff Survey Action Plan

Staff survey priority area	Outcome	Action	Timescales
1. WRES data	The Trust Diversity and Inclusion approach focusses specifically in improved experience for our BAME staff, as demonstrated through improved WRES and staff survey scores	<ul style="list-style-type: none"> Development and refresh of a Diversity and Inclusion action plan with a section dedicated to BAME activity Creation of a group specifically targeting improvement in Workforce Race Equality CEO-led BAME listening in to action Big Conversation and implement identified actions Secondment of a BAME staff member to help support the approach and also support mentorship 	Quarter 1 Quarter 2 Quarter 1
2. Harassment, bullying and abuse from patients, relatives, the public or staff	Appropriate values and behaviours demonstrated within our people	<ul style="list-style-type: none"> Further embedding of the Values and Behaviour Framework Assurance to be obtained via further embedding the values via the following mechanisms: <ul style="list-style-type: none"> - Values Based Recruitment - Leadership Development and Training Courses - HR Policies and Procedures (including contracts of employment) - Development of a Trust 360 feedback tool - Enhanced Coaching approach to leadership support and development 	Quarter 3
3. Contributing to improvements at work	More staff contributing ideas about how we can improve performance and get involved in making this real	<ul style="list-style-type: none"> Service Improvement methodology introduced across the Trust, building on the AqUA and Towards Outstanding Engagement work, linking with leadership and cultural development Continuing and building on developing capability and culture to support our continued journey towards outstanding Introduction of Schwartz rounds 	Quarter 2 On-going
4. Trust Engagement Score; <ul style="list-style-type: none"> Staff recommending Combined as a place to work/receive treatment Staff motivation at work Staff ability to contribute to improvements at work 	There is an improvement in key areas of the staff survey to improve the Trust as a place to work Staff will be more able to contribute towards improvements at work and will agree their role makes a difference to patients/service users	<ul style="list-style-type: none"> Continued support for teams completing cohort 1 of the Towards Outstanding Engagement programme. Roll out of cohort 2 following structural changes and move to locality based working Listening into Action big conversations targeting specific professional groups that have scored lower than the Trust average – See following professional group action plan 	On-going Quarter 4 Quarter 2
5. Confidence in reporting unsafe clinical practice	Increased reporting of unsafe clinical incidents	<ul style="list-style-type: none"> Directorate managers continuing to highlight the importance of reporting clinical incidents at directorate meetings. Highlight the need to report clinical incidents via internal communications and social media Promotion of completing incident reports on the safeguarding system (Ulysis), attending monthly lesson learnt events, contacting freedom to speak up guardian and also use Dear Caroline Work with CQC national programme to strengthen 'Freedom to speak up' guardian work including strengthening of internal provision and directorate 'Freedom to Speak Up' champions Listening event to understand how staff can enhance the level of reporting for unsafe incidents 	On-going

6.2 2018/19 – Professional group specific action plan

All staff survey questions are broken down by directorate and also professional staff groups. Through triangulation of this data, we have identified the following 4 professional key groups that require additional support whose engagement scores were below the Trust average of 3.76.

Professional Group	Lead	Engagement Score	Action to Date	Actions 2018/19	Timescales
1. Estates staff	Associate Director of Estates	3.57	<ul style="list-style-type: none"> Completed cohort 1 of the Towards Outstanding Engagement programme Moved from one of the lowest scoring teams for engagement to improving their score to just below the Trust average Away day Regular staff communication meetings 	<ul style="list-style-type: none"> Visiting a HEfMA award nominated estates function Introducing electronic job card system Team away day – Generating ideas and gaining input into new strategy 	Quarter 1
2. Medical	Medical Director	3.63	<ul style="list-style-type: none"> Refreshed SMT meetings Listening into Action events Away days Event with Chairman 	<ul style="list-style-type: none"> Development of a medical strategy Consultant development programme 	Quarter 2 Quarter 3
3. Admin/Clerical	TBC	3.65	<ul style="list-style-type: none"> Listening event – Date to be confirmed 	<ul style="list-style-type: none"> To be determined from LiA listening event 	Quarter 1
4. Nursing/Healthcare Assistants	Deputy Director of Nursing, AHP's and Quality	3.67	<ul style="list-style-type: none"> Listening event – Date to be confirmed 	<ul style="list-style-type: none"> To be determined from LiA listening event 	Quarter 1

6.4 Directorate Focus

Each directorate is using themes (see following table) from their directorate specific feedback to develop further intelligence and contextualisation through engaging with staff. These will inform detailed action plans which will be monitored and updated through the following year.

Table 8 – Directorate specific themes to focus on in 2018/19 (Action plans under development)

Directorate	Themes at local level (In addition to Trust level work)
Adult Mental Health Inpatient Directorate	<ul style="list-style-type: none">• Addition WRES activity at a local level• Bullying and harassment• Reporting unsafe clinical practice
CYP Directorate	<ul style="list-style-type: none">• Quality of appraisals• Health and wellbeing (Work related stress)• Harassment, bullying and Staff experience
LD Directorate	<ul style="list-style-type: none">• Staff satisfaction with resourcing/support/opportunities and quality of training• Lack of flexible working opportunities• Quality of PDR's
Adult Mental Health Community Directorate	<ul style="list-style-type: none">• Additional WRES activity at a local level• Quality of PDR's and reviewing development opportunities• Staff satisfaction with the quality of the work and care that they are able to deliver
Corporate Directorate	<ul style="list-style-type: none">• Bullying and harassment• Recognition• Connection to frontline care
Substance Misuse Directorate	<ul style="list-style-type: none">• Bullying and harassment• Meeting conflicting demands• Identifying learning and development needs
NOAP Directorate	<ul style="list-style-type: none">• Access to appropriate development, education, learning and training• Addressing work related stress• Quality of PDR's

7. Conclusion

The 2017 Staff Survey Results show no statistically significant changes in our Trust scores from 2016, however, when compared against the national mental trust average, we have 10 significant improvements due to the national average declining and 7 reductions in scores when compared to a national trend of improvement.

This is commendable considered the pressures at national, regional and within the local health economy, along with numerous CQC visits.

Our cohort 1 of the Towards Outstanding Engagement programme has been successful and will provide a foundation for continued staff engagement activity.

The report has provided a basis on which to develop an action plan to help address our areas of improvement and recognise our areas of success.

8. Recommendation

The Board are asked to:

- **Receive** this report
- **Note** the priority areas for improvement
- **Approve** the proposed actions.