North Staffordshire Combined Healthcare NHS
NHS Trust

MEETING OF THE TRUST BOARD

TO BE HELD IN PUBLIC
ON THURSDAY, 6 APRIL 2017, 10:00AM,
BOARDROOM, LAWTON HOUSE, TRUST HEADQUARTERS, BELLRINGER ROAD, TRENTHAM LAKES SOUTH, STOKE ON TRENT, ST4 8HH

	AGENDA	
1.	**APOLOGIES FOR ABSENCE** *To NOTE any apologies for absence*	Note
2.	**DECLARATION OF INTERESTS RELATING TO AGENDA ITEMS**	Note
3.	**DECLARATIONS OF INTERESTS RELATING TO ANY OTHER BUSINESS**	Note
4.	**MINUTES OF THE OPEN AGENDA – 9 March 2017** *To APPROVE the minutes of the meeting held on 9 March 2017*	Approve Enclosure 2
5.	**ACTION MONITORING SCHEDULE & MATTERS ARISING FROM THE MINUTES** *To CONSIDER any matters arising from the minutes*	Note Enclosure 3
6.	**CHAIR'S REPORT** *To RECEIVE a verbal report from the Chair*	Note
7.	**CHIEF EXECUTIVE'S REPORT** *To RECEIVE a report from the Chief Executive*	Note Enclosure 4
	QUESTIONS FROM MEMBERS OF THE PUBLIC	
8	*To RECEIVE questions from members of the public*	Verbal
	TO PROVIDE THE HIGHEST QUALITY SERVICES	
9.	**STAFF RETIREMENTS** *To EXPRESS our gratitude and recognize staff who are retiring* *To be introduced and presented by the Chair*	Verbal
10.	**REACH RECOGNITION AWARD ON EXCELLENCE** *To PRESENT the ;* • *Special REACH Recognition Award - Older People's Community Service* • *REACH Team Recognition Award – Growthpoint* To be introduced by the Chief Executive and presented by the Chair	Verbal

11.	**NURSE STAFFING MONTHLY REPORT - February 2017** *To RECEIVE the assurance report on the planned versus actual staff variances from Ms M Nelligan, Executive Director of Nursing & Quality*	Assurance Enclosure 5
12.	**PERFORMANCE AND QUALITY MANAGEMENT FRAMEWORK REPORT (PQMF) – Month 11** *To RECEIVE the Month 11 Performance Report from Miss S Robinson, Director of Finance and Performance*	Assurance Enclosure 6
13.	**RAISING OUR SERVICE EXCELLENCE (ROSE) UPDATE** *To RECEIVE an update for Raising Our Service Excellence (ROSE) Update from Mr G Thomas, Digital Strategic Lead to be in attendance for this item.*	Assurance Enclosure 7
14.	**BOARD ASSURANCE FRAMEWORK 2017/18** *To RECEIVE an update on the Board Assurance Framework from Laurie Wrench, Associate Director of Governance*	To follow
	TO ENHANCE SERVICE USER AND CARER INVOLVEMENT	
15.	**SERVICE USER AND CARER COUNCIL** *To RECEIVE an update from, Ms W Dutton, Vice Chair of the Service User and Carer Council*	Verbal
	CREATE A LEARNING CULTURE TO CONTINUALLY IMPROVE	
16.	**DEVELOPING PEOPLE IMPROVING CARE** *To RECEIVE the Developing People Improving Care Report from Mr P Draycott , Executive Director of Leadership and Workforce*	Assurance Enclosure 8
	ENCOURAGE, INSPIRE AND IMPLEMENT RESEARCH AND INNOVATION AT ALL LEVELS	
17.	*To RECEIVE a verbal update on progress from Dr B Adeyemo, Medical Director*	Verbal
	MAXIMISE AND USE OUR RESOURCES INTELLIGENTLY AND EFFICIENTLY	
18.	**FINANCE REPORT – MONTH 11 (2016/17)** *To RECEIVE for discussion the Month 11 financial position from Miss S Robinson, Director of Finance and Performance*	Assurance Enclosure 9

19.	**ASSURANCE REPORT FROM THE FINANCE & PERFORMANCE COMMITTEE** *To RECEIVE the Finance & Performance Committee Assurance report from the meeting held 30 March 2017 from Mr T Gadsby, Chair/Non-Executive Director*	Assurance Enclosure 10
20.	**ASSURANCE REPORT FROM THE CHARITABLE FUNDS COMMITTEE** *To RECEIVE the Charitable Funds Committee Assurance report from the meeting held 21 March 2017 from Miss S Robinson, Director of Finance and Performance*	Assurance Enclosure 11
21.	**ASSURANCE REPORT FROM THE AUDIT COMMITTEE** *To RECEIVE the Audit Committee Assurance report from the meeting held 30 March 2017 from Mrs B Johnson, Chair/Non-Executive Director*	Assurance Enclosure 12
	ATTRACT AND INSPIRE THE BEST PEOPLE TO WORK HERE	
22.	**STAFF SURVEY RESULTS** *To RECEIVE the Staff Survey Results from Mr P Draycott , Executive Director of Leadership and Workforce*	Assurance Enclosure 13
23.	**WORKFORCE EU REPORT** *To RECEIVE the Workforce EU Report from Mr P Draycott , Executive Director of Leadership and Workforce*	Assurance Enclosure 14
	CONTINUALLY IMPROVE OUR PARTNERSHIP WORKING	
24.	*To RECEIVE a verbal update on progress from Mr A Hughes, Joint Director Strategy and Development (NSCHT/GP Federation)*	Verbal
	DATE AND TIME OF THE NEXT MEETING	
25.	*The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday, 11 May 2017 at 10:00am.*	
26.	**MOTION TO EXCLUDE THE PUBLIC** *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)*	
	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	

Enclosure

North Staffordshire Combined Healthcare NHS Trust

TRUST BOARD

Minutes of the open section of the North Staffordshire Combined Healthcare NHS Trust Board meeting held on Thursday, 9 March 2017 At 10:00am in the Boardroom, Trust Headquarters, Lawton House Bellringer Road, Trentham, Stoke on Trent, ST4 8HH

Present:

Chairman:

Mr T Gadsby
Acting Chairman

Directors:

Mrs C Donovan
Chief Executive

Dr B Adeyemo
Medical Director

Mr P Sullivan
Non-Executive Director

Mr A Rogers
Director of Operations

Miss S Robinson
Director of Finance and Performance

Ms J Walley
Non-Executive Director

Mrs B Johnson
Non-Executive Director

Mr T Thornber
Director of Strategy and Development

Dr K Tattum
GP Associate Director

Ms W Dutton
Vice Chair – Service User and Carer Council

Ms J Harvey
UNISON Lead

Mrs C Sylvester
Deputy Director of Nursing

Mr R Cragg
Deputy Director of People and Strategy

In attendance:

Mrs L Wrench
Associate Director of Governance

Mrs J Scotcher
Executive PA

Mr J McCrea
Interim Associate Director of Communications

Individual spotlight
Dr J Sorensen
Dr Fazal-Short

Team Spotlight:
Kirsty Booth
Jayme Smith
Helen McMahon
CYP Youth Council

Members of the public:
Phil Leese - Healthwatch
Hilda Johnson - North Staffs Voice
Mrs E McCoy
Mrs M McCoy

Staff Retirements
Don Walsh
Karen Flannigan
Julie Farrar

The meeting commenced at 10:00am.

614/2017	**Apologies for Absence** Apologies were received from; Mr D Rogers, Chairman Ms Barber, Non-Executive Director, Mr Draycott, Executive Director of Leadership and Workforce Ms Nelligan, Director of Nursing and Quality.	**Action**

	Mr Gadsby, Non-Executive Director, agreed to chair the meeting on behalf of Mr D Rogers.	
615/2017	**Declaration of Interest relating to agenda items** There were no declarations of interest relating to agenda items.	
616/2017	**Declarations of interest relating to any other business** There were no declarations of interest.	
617/2017	**Minutes of the Open Agenda –9 February 2017** The minutes of the open session of the meeting held on 9 February 2017 were approved.	
618/2017	**Matters arising** The Board reviewed the action monitoring schedule and agreed the following:- ***446/16 - Briefing on Staffordshire Budget Reductions in response to Better Care Fund shortfall*** - The Board continue to pursue these matters with support from our Clinical Care Commissioning Groups and will be kept informed of progress. ***A meeting has recently been held with the Trust and the Police Commissioner, facilitated by Joan Walley. There has been some progress with an offer of £160k funding. A proposal is being drawn up and will be discussed at the next Trust Board.*** ***Ms Walley commented that this was a positive meeting and the Trust must keep the momentum going. Concerningly, Addiction Services are not featuring in the STP and this area needs to be seen as a valid part of Mental Health. She further noted that it is important that the Secretary of State when visiting North Staffordshire includes the Trust in this visit. Ms Harvey also echoed these concerns and had recently attended the Stoke Central Bi-election Question time to express these concerns.*** ***Mr A Rogers confirmed this service has been through the Management of Change process. Both Mrs Donovan and Mr Rogers had met with all staff to support them through this process on 8 March 2017.***	**Mrs Donovan**

	Mr Gadsby thanked the Board for the update and recognised the challenges facing staff. This will remain on the schedule. ***538/17 – Safer Staffing Report – December 2016*** – Ms Nelligan noted that the issues around staff breaks will be incorporated into the Six Month Safer Staffing Report which is being finalised and will be submitted to the next Trust Board ***This is due to come to the April Board meeting.*** ***Serious Incidents Q3 2016/17*** – It has been noted that there is an increase in the number of falls and there is ongoing work within the directorate to investigate. This will be reflected as part of the themes and trends in the next quarterly report. ***This is due to come to the May Board meeting.***	
619/2017	**Chair's Report** Mr Gadsby remarked that all matters will be covered within the Chief Executive's Report. ***Received***	
620/2017	**Chief Executive's Report** Mrs Donovan, Chief Executive, presented this report which provides an update on the activities undertaken since the last meeting in February 2017and draws the Board's attention to any other issues of significance or interest. **Trust Achieves 'Good' Care Quality Commission (CQC) Rating** The Care Quality Commission (CQC) has awarded the Trust an overall rating of 'Good' following its comprehensive inspection of our services in September 2016. It was noted that Community CAMHS waiting times remain a concern, although significant progress has been made in this area. The Trust is now discussing a suitable date with the CQC for our Quality Summit; whereby all our regulators and partners will be invited. Major thanks to all our staff. **Trust wins at health Education West Midlands Regional Leadership Recognition Awards – 28 February 2017** The Trust had seven individuals/teams shortlisted as finalists in the Health Education West Midlands Regional Leadership Recognition Awards and have won in two categories as follows;	

1. Healthy Minds Improving Access to Psychological Therapies (IAPT) Stoke-on-Trent team winning the Team Outstanding Achievement: Clinical award.

2. Healthy Minds Team Manager Stephanie Woodall won the Leading for Service Improvement and Innovation Award.

This is a fantastic achievement for our Stoke IAPT service, recognising the excellent quality of services delivered to our local community. Congratulations to our other finalists.

Successful Conferences hosted by Trust
The Trust has hosted the following events as part of our Quality Strategy;

- Recovery & Wellness Conference, held at Port Vale Football Club on 27 February.

- Allied Health Professionals (AHP) Conference on 16 February at Port Vale.

Both events were well attended and provided meaningful engagement with our service users and partners.

Innovation through Technology
The Trust is developing the Be-Able app, a digital assistant for people living with mild cognitive impairment and those in the early stages of dementia to help manage their daily lives.

Discover your future Recruitment Campaign
The Trust has recently held two Recruitment Campaigns with one-stop events at Harplands Hospital on Saturday, 4 March and Wednesday, 8 March 2017. It was noted that the Trust is in the best position it has ever been, in respect of vacancies.

Raising our Service Excellence (ROSE)
The Trust is launching ROSE electronic patient record (EPR) on 13 May 2017. Staff have been completing e-learning and attending face-to-face training sessions in readiness for the launch.

Launch of Leadership Academy
The Trust has launched the Leadership Academy which replaces our monthly Plenary sessions and is aimed at all team and senior leaders, both clinical and managerial.

NHS Staff Survey
Our latest NHS Staff Survey results have recently been published on 7 March 2017. Overall there is a significant improvement, but still some areas to improve. A formal report will be discussed at the April board for wider discussion.

	Investment in Mental Health The Trust has recently made a joint response with our CCGs to the National Mental Health Director, NHS England in respect of greater levels of assurance around the Mental Health Investment Standard. While the numbers provided by CCGs outlined an overall increase in mental health funding from 2017-18 to 2018-19, they identified a decrease in investment for our Trust. Therefore, as part of the sign off process we were only able to validate the element relating to our own Trust. The response highlighted there is still further work needed to ensure the right level of investment is made to deliver the Five Year Forward View, which needs to be a key priory for Sustainability and Transformational Plans. Ms Walley commented that a response should also include the local authority and public health. Mrs Donovan welcomed this approach and agreed to write to Clare Murdock to take forward. **Staffordshire and Stoke-on-Trent Sustainability and Transformation Plan (STP)** Disappointingly there have been no appointments made following the recent recruitment process for a new Chair to support the STP. It was noted that the Programme Director post has also been out to advert. Board members expressed their concerns regarding the lack of appointments made for the STP leadership. Mrs Donovan noted that nationally there is a focus on strengthening the governance of STPs and this may bring a new leadership model **Tom Thornber stepping down as Director Strategy and Development** Tom Thornber, Director of Strategy and Development, will be leaving the Trust on 31 March 2017 and this will be his final Trust Board meeting. Tom has been a highly valued member of the Trust Board and the Executive Team and has made a significant contribution to our journey of improvement **Public Accounts Committee publishes report into 'Financial Sustainability of the NHS'** The Public Accounts Committee published its Report into the Financial Sustainability of the NHS on 27 February 2017. The committee has noted that the financial performance of NHS bodies has worsened considerably—a trend which it believes is not sustainable.	

	National Audit Office advises caution on Better Care Fund The National Audit Office published its Report into "***Health and Social Care Integration***" warning that progress with integration of health and social care has, to date, been slower and less successful than envisaged and has not delivered all of the expected benefits for patients, the NHS or local authorities. **Ward 4** Mr A Rogers highlighted that Ward 4 has been reopened to support the local health economy. Commissioners have requested to extend this period beyond 31 March 2017. Mr Sullivan commented that commissioners need to establish the right model and continuity for this ward to remain open. Mr A Rogers confirmed further conversations are ongoing around the model and context of this ward, as there are still some outstanding issues. ***Received***	
621/2017	**Questions from the public** A member of the public, Mrs McCoy, introduced herself to the Board and told her story. She expressed her concerns regarding the lack of provision for mental health services for young people. Having experienced many problems from her child's perspective with inconsistencies with appointments, health professionals and the lack of a plan going forward, she asked the Board for their support. She also volunteered to support services and made some suggestions which could be considered such as meditation classes. Mrs Donovan thanked Mrs McCoy for attending the Board and telling her very emotional story and reassured her that the Board would do all they can to help her. She further noted that the Trust has had significant funding issues within the CAMHS Directorate. However, following negotiations further funding of £1.5m has been agreed with commissioners and the Trust is now on a journey including recruiting more staff, which has been recognised by the Trust. The Board also empathised with her story and Dr Tattum in particular, noted his experiences as a GP. A discussion took place and it was agreed that Mrs McMahon, Head of Directorate, CAMHS, would meet with Mrs McCoy after the Trust Board. Ms Walley thanked Mrs McCoy and promised that the Board would follow-up on this engagement and report back to the next meeting. Mr Gadsby thanked Mrs McCoy for sharing her experiences publicly and acknowledged how important it was to learn from this and to ensure the right measures are put in place for the future	**Mr A Rogers**

622/2017	**Staff Retirements** Mrs Donovan recognised those staff who are retiring this month as follows, **Don Walsh – Rehabilitation Service Manager** Don has always been an extremely valuable member of staff since he began working for the Trust in 1987, as an Occupational Therapy Technician at Stallington Hospital. He then became a qualified Occupational Therapist in 1998, obtaining a role in the Community Adult Mental Health Directorate in 1999. Thereafter, Don worked within the community rehabilitation services and has always been highly respected by patients and staff. More recently Don has worked in a senior role at the Trust as Professional Lead for Allied Health Professionals and managing the Rehabilitation Service. Don is a valued member of the management team where he has been able to motivate, inspire, listen and support others. All staff that Don has managed throughout his career have found him to be extremely approachable, friendly and dedicated to excellent patient care. Don will be hugely missed but we wish him all the best in his retirement. **Karen Flannigan – Community Psychiatric Nurse (Wellbeing)** Karen qualified in 1989, initially working in the inpatient areas and thereafter began working in community mental health settings, both in secondary and primary services and has achieved qualifications in Behavioural Family Therapy. For the last few years, Karen has worked as a Community Nurse Therapist in the Well Being Service. Her experience and knowledge have been of great support to her clients and colleagues alike. She is always available to help and guide people and is well-liked and respected by all her colleagues, who will miss her greatly. Karen now hopes to have time for her hobbies and plans to travel widely and see more of her friends and family. We wish her well for her retirement.	

	Julie Farrar – Team Leader – RAID Julie started her career in 1992 at St Edwards Hospital on the Acute Admission Wards. During this time, she very quickly developed an interest in Liaison Psychiatry and became part of the Liaison Team, when it was just developing. Julie has remained with the team ever since and played a significant part as team leader in the development of the RAID service. Throughout her time, she has always had her own caseload of patients requiring liaison psychiatry services and is an extremely highly regarded practitioner to her patients and her team. We wish her well for her retirement. Other staff retiring but unable to attend; • Lewis Chingono – Team Manager, Autism Spectrum Assessment Service • Reginald Lawson – Health Records Administrator • Sue Laird – Specialist Nurse – Learning Disabilities • Lynette Mills – Health Care Support Worker, Ward 5, Harplands • Karen Cooper – Community Psychiatric Nurse Wellbeing • Deborah Hall – Senior Practitioner – Access and Home Treatment ***Received***	
623/2017	**Individual Spotlight** **Dr John Sorensen, Lead for Psychological Services, Adult Mental Health Inpatient and Community Directorates** John has been instrumental in leading the change that has taken place within our clinical directorates to improve psychological interventions. This has included embedding psychologists and therapists in multi-disciplinary teams, working more flexibly, and supporting staff to move towards new ways of working. He has been involved in developing the strategic vision and supporting staff and clinical directors to implement it. This work has been difficult and challenging at times, but John has continued provide energy and vision to get this completed. This has led to the development of a number of highly effective programmes offering high intensity psychological interventions and enabling patients to move towards recovery as they transfer from our inpatient to community services. These include the Recovery from Depression programme, designed for people with recurrent and severe depression, and Dialectical Behavioural	

	Therapy which supports those with life-threatening self-harming behaviours. John represents all of the Trust values but the value that John best represents is Excellent as he uses evidence based approaches to ensure the best possible outcomes for our service users. ***Received***	
624/2017	**Team Spotlight Award** **North Staffordshire Children and Young People's Improving Access to Psychological Therapies (IAPT) Youth Council Children and Young People Directorate** Since forming in 2014, the Youth Council have been instrumental in giving young people more of a voice in determining the way our Child and Adolescent Mental Health Services are designed, delivered and monitored. The council have been innovative in generating new ideas to get young people more involved, including sharing useful materials via social media, developing a series of positive peer-to-peer messages and producing a mental health myth busting presentation which has helped to improve health and wellbeing and has encouraged more young people to engage in CAMHS services. They have also developed the CAMHS pages on the Trust's website to make them more accessible to young people, and continue to play an important role in all stages of recruitment across CAMHS services. A video outlining the council's work is available on the Trust's UTube page. The council's role will continue to grow as our CAMHS service transforms itself to ensure children, young people and families are central to everything we do and continues on its journey towards outstanding. The value that best represents the council is Excellent because they have continually supported the CAMHS service on its journey of improvement and continue to do so with enthusiasm and dedication. Both Kirsty Booth and Jayme Smith delivered their presentation to the Board. Mr Gadsby thanked them and noted that this was a very confident and inspiring story. Ms Walley queried what funding did the council receive and was this enough?	

	Mr A Rogers clarified this was £10k. Kirsty commented that the Council are limited with funding, but try to make the best of what they have. Mr Sullivan commented that perhaps there should be more communication in CAMHS to help others understand what is available and what could the Board do to help? Kirsty noted that peer support in CAMHS is vital, as discharges can lead to relapse. She noted that both herself and Jayme 'stumbled' across the CHANGES route and there needs to be more of a link when discharges are made with better communication. Dr Tattum also commented on the communication for GPs and the signposting people through services needs to be clearer, so that we can reinforce this to patients. Mrs McCoy thanked Kirsty and Jayme, she commented that they should be very proud of themselves. She suggested a travelling roadshow could be a possible way of improving communication on GP surgery car parks. Mrs Donovan thanked the Youth Council and clarified that the Trust is embarking on a journey of peer support through the model of transformation being embedded by Mrs H McMahon. Helen to also work with Mr McCrea to improve the website. ***Received***	
625/2017	**Quality Committee Summary held on 28 February 2017** Mr Gadsby Interim Chair of the Quality Committee/Non-Executive Director, presented the summary of the Quality Committee held on 28 February 2017 for assurance purposes. The following policies were approved for 3 years or otherwise stated as follows: • 1.02 - Professional Registration • 1.17 - Admission, Discharge and Transfer Policy • 1.75 - Domestic Abuse Policy • Business Continuity Policy • Policy on Voting Rights • 1.71 - Duty to co-operate with MAPPA • 4.01a - Preventing Harm to Children ***Ratified*** The Committee gave support to a request to extend a suite of Infection, Prevention & Control Policies whilst under review until 30th April 2017 as follows:	

	• IC4a Hand Hygiene • IC4B Personal Protective Equipment • IC5 Isolation • IC7 Inoculation • IC8 Cleaning • IC11 MRSA • IC12 Outbreak • IC13 Linen & Laundry • IC17 Specimen Management Mr Gadsby highlighted the following: ***Data Quality Forum Terms of Reference*** – The Committee were satisfied these were appropriate. ***Quality Account 2016/17***– This is an annual standing item and the Committee has the delegated oversight and responsibility on behalf of the Trust Board. In terms of assurances, the Quality Committee received the following: ***Nurse Staffing Performance monthly report*** – On today's agenda. ***Serious Incident Thematic review*** – The Committee were assured by the report and will receive actions. ***Risks*** – Current risks remain the same, there are two new risks which have been added. Mr Sullivan thanked Mr Gadsby for chairing the meeting and for his contribution to the Committee. ***Received***	
626/2017	**Safe Staffing Monthly report – January 2017** Ms Sylvester, Deputy Director of Nursing, presented the assurance report. This paper outlines the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during January 2017 in line with the National Quality Board The performance relating to fill rate (actual numbers of staff deployed vs numbers planned) during January 2017 was 86% for registered staff and 102% for care staff on day shifts and 87% and 105% respectively on night shifts Where 100% fill rate was not achieved, safety was maintained on in-patient wards by use of additional hours, cross cover and Ward Managers supporting clinical duties.	

	The position reflects that Ward Managers are effectively deploying additional staff to meet increasing patient needs as necessary. The Trust has some vacancies on Wards 1, 2 and 3, which have been advertised, but not yet appointed to. As stated previously, Recruitment events are being held. Staff continue to feel confident to submit incident forms when necessary and there were 7 completed by inpatient wards during January 2017 relating to staffing issues. No harm arose from these incidents. As stated previously, Ward 4 has opened temporarily to support the local health economy. Ward 5 registered nurse fill rate on days is 68%. One registered nurse is seconded to Ward 4 and 1 registered nurse seconded to the RAID Team, which is having an impact. These secondments are due to end by March 2017. It was also noted that the wider multi-disciplinary team (MDT) are not counted in staffing numbers and where we have had registered nurse shortfall, this may be through backfill of Health Care Support Worker (HCSW) posts. In respect of sickness levels, Wards 1 and 6 are higher due to long and short term sickness. There have been 10 activities shortened, which is a reduction from December 2016 reporting. Ms Dutton noted that the recent recruitment events have not been as well attended this time. Mr McCrea to review and compare to previous events. ***Received***	**Mr McCrea**
627/2017	**Director of Infection Prevention and Control (DIPC) Q3 – October – December 2016** Miss Sylvester, Deputy Director of Nursing, presented the Director of Infection Prevention and Control (DIPC) Q3. The report consists of IPC activity and any associated risks for assurance to the Board. There have been no incidents of infection risks or outbreaks of infection, therefore there is nothing to report by exception to our commissioners. From 1 December 2016, the IPC service has been provided in-	

	house by our own staff and the previous Service Level Agreement (SLA) with UHNM has ceased. This has been possible due to the appointment of our Consultant Nurse for Physical Health who will also take up the role of the Deputy DIPC. The service will further be supported by two nurses who will commence in May 2017. The Trust is currently developing an Infection Prevention Strategy and all IPC policies are being revised. Infection Prevention Audits are continuing with all inpatient areas and the majority of the community being assessed with any agreed actions taken forward. The Trust has achieved the nationally set target at Q3, which is also a CQUIN, this is reassuring and protection for our patients. Mr Gadsby noted the good progress and this is credit to all staff involved. ***Received***	
628/2017	**Board Assurance Framework** Mrs L Wrench, Associate Director of Governance, presented the Board Assurance Framework, which provides an update and RAG rating for those actions due during quarter 3. The Board Assurance Framework (BAF) aligns the Trust strategic objectives to our quality priorities and key risks including the Board's level of risk appetite. The Board noted the following: ***Objective 1 – To provide the highest quality services*** There has been good progress made and the majority of actions are green. There is some slippage with the medicines optimisation training. ***Objective 2 – Encourage, inspire and implement research and innovation at all levels*** All areas are Green apart from the Research bid. ***Objective 3 – To create a learning culture to continually improve*** – Most actions due for delivery at Q4 ***Objective 4 – Attract and inspire the best people to work here*** – Most actions due for delivery for Q4. ***Objective 5 – Maximise and use our resources intelligently and efficiently –*** Some Amber, these are in respect of the Estates Review and will be carried forward into 2017. ***Objective 6 – To continually improve our partnership***	

	working- Some of these risks are reliant on our partners and currently at risk of delivery. ***Objective 7 – To enhance service user and carer involvement*** – Good progress all controls will be Green by Q4. Mrs B Johnson asked for clarity regarding the term '*priority has changed'*. Mrs Wrench commented that this means it is outside the control of the organisation. Mrs H Johnson remarked on the Trust becoming 'Smoke free' from 2018 and that service users will need support in this area. Dr Adeyemo commented that the Consultant Nurse for Physical Health will be leading on this project. There will be full engagement and support with our service users. ***Received***	
629/2017	**Performance and Quality Management Framework Report (PQMF) Month 10** Miss Robinson, Director of Finance and Performance, presented this report. The report provides the Board with a more detailed level of summary of performance to the end of Month 10. The following performance highlights should be noted; • 100% of patients referred to IAPT have been treated within 6 weeks of referral • 95.7% of patients referred for treatment or intervention have been seen within 18 weeks • 100% of patients have been assessed within 12 weeks of referral to the Memory Assessment Service • 95.1% of patients on a Care Programme Approach (CPA) for at least 12 months have received a HONOS assessment within the last 12 months In Month 10, there are 2 targets rated as Red and 2 as Amber; all other indicators are within expected tolerances. The Board reviewed the KPIs as follows: ***Delayed Transfers of Care*** – These have increased at Month 10 to 9%, the numbers are relatively low, however the Trust is reviewing and working across the economy to understand the reasons for the increase. ***Safety Thermometer*** –The Trust has fallen below 95% this month and the report details the two wards which this relates to; Ward 6 (Falls) being monitored and Ward 7 (UTI and pressure ulcers) Ms Sylvester noted that root cause analysis has been undertaken in respect of the pressure ulcers and it has been concluded to be unavoidable. There is also learning from this and it is anticipated in February 2017 that reporting will be back up to 98%.	

	Agency Spend – Reported at Month 10, 7% overall. The Board have previously been alerted to the areas this concerns: Core Agency ROSE Agency Ward 4. This is regularly scrutinised at the Finance and Performance and People and Culture Development Committees. ***Readmissions*** – at Month 10, 7.6%. All readmissions continue to be validated by the directorates. A new consultant is actively managing discharges and wards are working with the Community and Home Treatment Team to ensure appropriate support is in place. ***Received***	
630/2017	**Raising our Service Excellence** Mr Thornber, Director of Strategy and Development presented the ROSE update for assurance purposes. Mr Thomas, Digital Strategic Lead was also present for this item and will be attending the Trust Board in future. The report provides evidence and assurance that the project is being planned and delivered effectively. The Board were assured as follows; • A joint Stocktake review of ROSE project planning with NHS Digital, CSC and 3 NHS Trusts was held in January 2017, feedback was positive and the action plan from this is on track. • The Executive Team have held 2 deep dive sessions with all Clinical Directorates reporting on their state of readiness. • Of the 11 work-streams within the project; 6 are progressing, 4 are experiencing some manageable difficulties but 1 has required Executive escalation to resolve. Escalation was required to progress the integration work with UHNM on managing results from investigations (e.g. Pathology) in the EPR. • A defect in the E prescribing system has been found which unresolved would mean staff could not reliably administer Depot injections in the community. Subsequently, the Trust will limit role out of E prescribing to inpatient wards in May with full system roll out to follow. CSC have committed to remedy the prescribing	

	system issue by November 2017. • The project is forecast to underspend by £100k, most of which is agency staff The Trust has 8 weeks to the 'Go Live' date of 13 May 2017. The Trust has 1297 staff to train and todate 79.2% have undertaken e-training, with a further 92.9% to attend face to face training (20% completed). A DNA score of 0.8%. The Trust is currently ahead of target with training. The next stage for the Trust is during the first week in April 2017 we will have a 'dress' rehearsal. Mr Thomas stated that in essence the Trust is on track, however we must not be complacent and that we need to be mindful of any issues emerging and that the Trust must pay attention to contingency planning. In addition and from lessons learnt with other Trusts there may be a drop in our performance reporting, which is mainly due to the nature in changing behaviours, this will be the topic for the next deep dive session. Miss Robinson confirmed that she had spoken with commissioners regarding this possibility. ***Received***	
631/2017	**Partnership working – GP Federation** Mr Thornber, Director of Strategy and Development, gave a verbal update and confirmed that the Clinical Partnership Board had taken place on 23 February 2017, between GP Federation representatives and the Trust. The meeting was very positive, with the group proposing to align 10 localities. The next stages are to work with the Communications team to agree how we work together in the future and how this collaboration message is conveyed. There will be a monthly meeting going forward, working closely with UHNM. The Trust Board will receive monthly reports. In addition, a North Staffordshire Alliance Board has been established with all health, social care, voluntary sectors and patient representation, to progress an out of hospital partnership in the delivery of an MCP. ***Received***	

632/2017	**Service User and Carer Council** Ms Dutton, Interim Chair of the Service User and Carer Council, gave a verbal update to inform the Board of the work of the Council. At the last meeting there were some pro-active discussions in respect of how we increase the depth and breadth of service users to the Council to help further strengthen their work. The Recovery Event held on 27 February 2017 had been very successful and well represented. A further Open Space Event is due to take place on 29 March 2017 at Port Vale Football Club and all Board members will be invited. Some discussion held regarding the capacity of this venue and whether for future events, the Trust looks to book a larger venue. It was further noted that during April the Council propose to re-elect a new Chair. The Council have now developed their first leaflet and this will be circulated accordingly including to GP surgeries. ***Received***	**Mr McCrea**
633/2017	**People and Culture Development Assurance Report – 27 February 2017** Mr Sullivan, Interim Chair/Non-Executive Director of the People and Culture Development Committee, presented the assurance report to the Trust Board from the meetings held on 27 February 2017. The following policies were approved: • Stress at Work • Recognition Agreement • New Starter's Relocation • Resolution of Grievance and Dispute Policy In terms of assurance the committee received: ***Rectification plans*** – Received for a number of areas including Supervision, Mandatory Training and Personal Development Review rates. ***Board Assurance Framework Q3*** – On today's agenda ***Health and Wellbeing CQUIN*** – Great progress was evident. It is noted with regard to the nutrition aspect that Carillion, our PFI partners, have entered into a new contract from 6 February 2017 with the existing supplier to supply stock and manage the vending services, ensuring all stock	

	within the vending machines meets the national CQUIN standards. ***Freedom to Speak Up*** – Update received ***NHS Protect Violence against staff annual figures*** – The annual figures are consistently reducing this may be due to some service changes In terms of scrutiny the committee reviewed: ***Workforce OD risks –*** Received ***Workforce Service Line Performance and Incident information –*** Received ***Behaviours Proposal –*** Fully supported ***Towards Outstanding Engagement*** – Due to launch 'Go Engage on 1 March 2017 Miss Barber will now formally take on the Chair of the group. Mr Cragg and Mr Gadsby thanked Mr Sullivan for his support and contribution as Chair. ***Received***	
634/2017	**Research and Innovation** Dr Adeyemo gave a verbal update. As part of the Trust's journey 'Towards Outstanding', the Trust is due to appoint to the Research and Development Director post.	
635/2017	**Monthly Finance Reporting Suite – Month 10** Miss Robinson, Director of Finance and Performance, presented this report which contains the financial position at Month 10. Board members noted the following: • At Month 10 the Trust reported a surplus of £1,096k against a plan of £1,030k surplus; • CIP achievement in month 10 is 60% with an adverse variance of £786k from plan, with a recurrent transacted CIP of £1,607k (62%); • The adverse cash position of the Trust as at 31 January 2017 with a balance of £3,983k; • Capital receipts in month 10 are £2,031k compared to planned capital receipts of £1,777k; • Use of resource rating of 3 – excluding the ROSE Agency and Ward 4, the Trust is 25% above the provider's cap, which would give the Trust an overall metric of 2.	

	The cash position at 31 January 2017 has decreased to £3.983m due to an increase in the value of receivables. The main debtor is NHS Digital. The Finance Team are pursuing this area to improve the position. The Capital position is overspent £167k due to the completion of a number of schemes. The actual forecast is £305k underspent and is linked to the Hazelhurst development which has been paused until the outcome of the CCG tender for A&E front of hours is known. Board members gave their approval for the following; • The month 10 position reported to NHSI • The reported forecast outturn of £1.4m as per agreed Control total ***Approved***	
636/2017	**Finance and Performance Committee Assurance Report –2 March 2017** Mr Gadsby, Chair of the Finance and Performance Committee/Non-Executive Director, presented the assurance report to the Trust Board from the Finance and Performance Committee held on 2 March 2017. The Finance and Performance Committee scrutinised: ***Financial overview –*** Assured in respect of the forecast outturn of £1.4 m ***CIP Programme –*** Received ***Financial Recovery Plan*** – Received ***Performance report metrics*** – Assured with mitigated actions ***Financial risks*** – Remain unchanged The Trust's cash position is a concern to the Committee and they were assured this is being monitored. ***Received***	
637/2016	**Values and Behaviours Presentation** Mr Cragg, Deputy Director of People and Strategy presented the Values and Behaviours Presentation. This has been completed by Neil Clarke, Programme Manager, through 2 LiA waves utilising feedback through engagement with several hundred members of staff, services users and carers. The Behaviours Framework provides a more detailed layer of clarification of what this means to staff and how we behave and live our values; Proud to Care (Compassionate, Approachable, Responsible and Excellent) .	

	For the next steps, a number of embedding activities will take place as follows; • Roll out of a Communications Strategy, • Creating a manager/team toolkit • Building a behaviours section into the PDR/Appraisal process, • Including a section into corporate induction for new staff entering the Trust, • Reviewing HR policies to ensure values and behaviours are aligned and referenced • Staff recognition 'REACH' awards category dedicated to staff living our values ad being recognised for such • Including values-based interviewing into our recruitment process The proposed Behaviour Framework has been created following an in-depth and fully inclusive process and will provide a solid base to enact positive changes in culture and performance towards our new vision. Board members welcomed the Behaviours Framework and gave approval. Mrs H Johnson requested that NSUG be involved as this had not been communicated previously. Mr Cragg to pick up with Mr Clarke. ***Received***	**Mr Cragg/Mr Draycott**
638/2017	**Any other business** Mrs Johnson highlighted the excellent work of the Patient Experience Team with service users and staff, helping them to understand their processes. She suggested that it may be beneficial to standardise this as mandatory for staff. Ms Sylvester noted that there has been real progress, consistency and stability within the team. The customer care training has been built into the Trust Induction days and further discussions regarding mandatory training will need to take place. However, she would take this on board as a suggestion and take forward.	**Ms Sylvester /Ms Nelligan**
639/2017	**Date and time of next meeting** The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday, 6 April 2017 day, at 10:00am, in the Boardroom, Lawton House, Trust HQ.	
640/2017	*** 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 1.45pm

Signed: _____ Date_____

Chairman

Board Action Monitoring Schedule (Open Section)

Trust Board - Action monitoring schedule (Open)

Meeting Date	Minute No	Action Description	Responsible Officer	Target Date	Progress / Comment
14-Jul-16	446/16	**Briefing on Staffordshire Budget Reductions in response to Better Care Fund shortfall -** The Board continue to pursue these matters with support from our Clinical Commissioning Groups and will be kept informed of progress	Mr A Rogers/Mrs Donovan	06-Apr-17	A meeting has recently been held with the Trust and the Police Commissioner, facilitated by Joan Walley. There has been some progress with an offer of £160k funding. A proposal is being drawn up and will be discussed at the next Trust Board.
09-Feb-17	583/17	**Safer Staffing Report - December 2016** - Ms Nelligan noted that the issues around staff breaks will be incorporated into the Six month Safer Staffing Report which is being finalised and will be submitted to the next Trust Board.	Ms Nelligan	06-Apr-17	This is due to come to the April Board meeting.
09-Feb-17	584/17	**Serious Incidents Q3 2016/17**- It has been noted that there is an increase in the number of falls and there is ongoing work within the directorate to investigate. This will be reported in the next quarterly report.	Dr Adeyemo	11-May-17	This is due to come to the May Quarterly report.
09-Mar-17	621/2017	**Questions from the public** - The Board also empathised with her story and Dr Tattum in particular, noted his experiences as a GP. A discussion took place and it was agreed that Mrs McMahon, Head of Directorate, CAMHS, would meet with Mrs M after the Trust Board. Ms Walley thanked Mrs M and promised that the Board would follow-up on this engagement and report back to the next meeting.	Mr A Rogers	06-Apr-17	
09-Mar-17	626/2017	**Safe Staffing - January 2017** - Ms Dutton noted that the recent Recruitment events have not been as well attended this time. Mr McCrea to review and compare to previous events.	Mr McCrea	06-Apr-17	
09-Mar-17	632/2017	**Service User and Carer Council -** A further Open Space Event is due to take place on 29 March 2017 at Port Vale Football Club and all Board members will be invited. Some discussion held regarding the capacity of this venue and whether for future events, the Trust looks to book a larger venue.	Mr McCrea	06-Apr-17	
09-Mar-17	637/2017	**Values and Behaviours Framework -** Board members welcomed the Behaviours Framework and approved for sign off. Mrs H Johnson requested that NSUG be involved as this had not been communicated previously. Mr Cragg to pick up with Mr Clarke.	Mr Draycott	06-Apr-17	

Board Action Monitoring Schedule (Open Section)

Meeting Date	Minute No	Action Description	Responsible Officer	Target Date	Progress / Comment
09-Mar-17	638/2017	**Any other business** - Mrs H Johnson highlighted the excellent work of the Patient Experience Team with service users and staff, helping them to understand their processes. She suggested that it may be beneficial to standardise this as mandatory for staff. Ms Sylvester noted that there has been real progress, consistency and stability within the team. The customer care training has been built into the Trust Induction days and further discussions regarding mandatory training will need to take place. However, she would take this on board as a suggestion and take forward.	Mr Draycott	06-Apr-17	

North Staffordshire Combined Healthcare NHS Trust

Enclosure 3

REPORT TO Trust Board

Date of Meeting:	Thursday 6 April 2017
Title of Report:	Chief Executive's Report to the Trust Board
Presented by:	Mrs Caroline Donovan
Author of Report: Name: Date: Email:	Caroline Donovan, Chief Executive Caroline Donovan Thursday 6 April 2017 caroline.donovan@northstaffs.nhs.uk
Committee Approval/Received prior to Trust Board:	
Purpose / Intent of Report:	For information
Executive Summary:	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.
Which Strategy Priority does this relate to: How does this impact on patients or the public?	• Quality Strategy • Digital Strategy • Governance Strategy • Innovation Strategy • Workforce Strategy • Financial Strategy
Relationship with Annual Objectives:	n/a
Risk / Legal Implications:	n/a
Resource Implications:	n/a
Equality and Diversity Implications:	n/a
Relationship with the Board Assurance Framework	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
Recommendations:	To receive this report for information

Chief Executive's Report to the Trust Board
6 April 2017

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. NHS STAFF SURVEY RESULTS SHOW TRUST CONTINUES TO IMPROVE

The results of the 2016 annual NHS Staff Survey have been published and confirm the journey we are making Towards Outstanding:

- Over 20% of the survey's 27 indicators demonstrate significant improvement, with none in statistically significant decline.
- Comparing like for like figures with 2015 we see that over 70% of indicators have an improved score in 2016.
- We have achieved above average scores against comparative NHS organisations in a third of areas.
- The strongest areas of performance are in reporting of errors and near misses, plus the percentage of staff experiencing harassment, bullying, discrimination or abuse at work.

The results also show that staff engagement levels have increased and staff's perceptions of the Trust continue to improve. Our strongest areas of improvement over the last 12 months are:

- Staff confidence and security in reporting unsafe clinical practice.
- Organisation and management interest in and action on health and wellbeing.
- Fairness and effectiveness of procedures for reporting errors, near misses and incidents.
- The percentage of staff receiving an appraisal.
- Staff satisfaction with resourcing and support.
- The percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month.

The results show areas where we can focus on in the coming year, including the percentage of staff attending work in the last three months despite feeling unwell, because they felt pressure from their manager, colleagues or themselves and staff recommendation of Combined as a place to work or receive treatment – whilst this has improved there is more to do. They confirm that staff recognise and are witnessing the improvements we have made over the past year as an organisation. It's particularly welcome that our staff have improved confidence in reporting unsafe clinical practice and that the percentage of them witnessing potential harmful errors has declined, but despite improvement there is no room for complacency. Coming on the back of our recently announced improved rating of 'Good' by the Care Quality Commission, we will now study the results of the survey in detail and embed any lessons learned in our overall improvement journey Towards Outstanding.

2. FLU TEAM HIGHLY COMMENDED AT NATIONAL FLU FIGHTER AWARDS

Congratulations to our flu team, who were highly commended in the Team of the Year category at the 2017 Flu Fighter Awards on 27 March. The team were shortlisted in recognition of our hugely successful flu campaign which led Combined to become the highest performing mental health trust in the country with a total of 79.7% of frontline staff being vaccinated between September-December 2016. This meant we achieved the national 75% target that forms part of the Healthy Workplaces initiative with financial incentives to improve the health and wellbeing of NHS staff. By reaching our target we were able to secure the full £140,000 income available. Thank you to our team of roving vaccinators, led by Deputy Director of Nursing Carol Sylvester and Josie Sage in the Infection Prevention and Control team, who worked tirelessly to ensure staff could easily receive the jab. Thank you also to each and every member of staff who became a flu fighter by receiving the jab and, in doing so, not only protected themselves against the flu virus, but also their patients, friends and family.

3. SERVICE USERS AND CARERS HELP TO DETERMINE QUALITY PRIORITIES AT OPEN SPACE EVENT

We welcomed service users and carers to our first Open Space Event on 29 March. Held at Port Vale Football Club, staff were on hand to engage with attendees and listen to their ideas and suggestions on how we can improve the quality of our services and more effectively involve them and their families. The morning was given over to presentations on our improvement journey Towards Outstanding and what quality means at Combined and those present were asked to vote for the priorities they felt were most important. This was a really useful exercise and we received some excellent feedback which will help us to continue to develop our quality strategy. The afternoon session was led by Wendy Dutton, Vice Chair of our Service User & Carer Council, who spoke about the role of the council and how it is improving engagement, while North Staffordshire Children and Young People's IAPT Youth Council explained how they are helping to share CAMHS services. A number of workshops were also held which discussed how well Combined engages with people and what improvements can be made. Thank you to everyone who attended the event, which also included a range of stalls from our partners alongside Trust teams.

4. DEVELOPING OUR PATIENT SAFETY CULTURE

The Trust Board came together recently for important learning and discussion sessions on how we can build an even stronger patient safety culture. We were very fortunate to have David Fillingham and his team leading our sessions. As well as being the former Chief Executive of both North Staffordshire NHS Trust and Royal Bolton Hospital, David also led the national Modernisation Agency, is a fellow of the Kings Fund and is now chief Executive of the Advancing Quality Alliance (AQUA) – a membership organisation that supports improvement. The Academic Health Science Network has commissioned AQUA to strengthen patient safety across organisations and we were lucky enough to participate in the programme. We spent time reviewing the evidence and thinking through in detail how we could improve reliability across all our services to build the safest mental health and learning disability culture across our organisation.

5. NEW ALLIANCE LAUNCHED TO TRANSFORM LOCAL HEALTH AND CARE IN NORTH STAFFORDSHIRE AND STOKE-ON-TRENT

A new alliance of health and care providers to lead and transform NHS and council-led care services in North Staffordshire and Stoke-on-Trent has begun its work. The new body, called the 'North Staffordshire and Stoke-on-Trent MCP Alliance' is a bold initiative bringing together leaders of General Practices, NHS providers, community services, local government, voluntary sector and patient representatives to bring about radical improvements and new partnerships and deliver the best possible services to patients and their families. The Board will align the activities of health and care in North Staffordshire so they deliver services in the most effective and efficient ways possible. Its first priority will be to increase and partnership working between local providers and reduce the complexity which currently exists within the local health and care systems.

6. ANDREW HUGHES APPOINTED AS JOINT DIRECTOR OF STRATEGY AND DEVELOPMENT

Andrew Hughes has been appointed by the Trust and North Staffordshire GP Federation as Joint Director of Strategy and Development. Andrew has previously worked for the Trust and has been appointed into a fixed term post running until the end of the year. This joint appointment is a demonstration of the partnership being developed between the Federation and Combined as part of a wider strategy to transform and develop integrated and partnership working between providers of primary care, community and hospital services – from GP practices and staff working in the community to clinicians on hospital wards – throughout North Staffordshire and Stoke-on-Trent.

7. SUBSTANCE MISUSE SERVICE CUTS

The Trust, working with our partners and other key agencies, has been doing all it can to minimise the impact of major cuts to our substance misuse services in 2017/18 by Staffordshire County Council. We received news of the potential for a small amount of funding through the Staffordshire Police and Crime Commissioner's (PCC) Office and partners to be able to provide some extra services which is welcome though still leaves a significant reduction in funding.

With invaluable assistance and advice from Joan Walley, our Chair David Rogers has written to Dr Sarah Wollaston MP, Chair of the House of Commons Health Select Committee, to bring to her attention the impact of funding cuts from local government on our substance misuse services, but putting our specific case in the context of a more widespread structural problem in the funding and oversight arrangements for health and care-related funding via local authorities. In his letter, David argues the cuts will create "immediate and substantial new pressures on the wider NHS, including A&E and GP surgeries" and asks for guidance on the best way forward in terms of feeding evidence of our frontline experience into the Select Committee's future work programme.

8. FEEL GOOD FRIDAY INITIATIVE AND LEADING WITH COMPASSION SCHEME SHORTLISTED AT HPMA AWARDS

I am delighted that we have been shortlisted in two categories in the Healthcare People Management Association (HPMA) 2017 Awards. Our Feel Good Friday health and wellbeing initiative has been chosen as a finalist in the Social Partnership Forum Award for partnership working between employers and trade unions. Feel

Good Friday was set up in October 2016 to enable staff to receive information and advice on a range of things aimed at enhancing health and wellbeing. The other nomination comes in the Academy Wales Award for Excellence in Organisational Development for the Leading with Compassion scheme where staff, patients and carers are able to recognise someone who they believe has demonstrated compassion. The scheme was launched at Combined and has been rolled out across a number of NHS organisations in the region. To date, more than 450 Trust staff have been recognised in this way and received a personalised badge and card. The awards take place in London on 22 June so we will be keeping our fingers crossed!

9. LONG SERVICE AWARDS

We were delighted to welcome staff to our latest Long Service Awards, held in the Boardroom at Lawton House. Chair David Rogers and myself presented certificates to staff from across the Trust who have given 20, 25, 30 and 35 years dedicated service to the NHS. A tea party was held to celebrate and thank each and every member of staff whose loyal service both to Combined and the NHS in general is a real source of inspiration. The event was recorded and can be viewed via our YouTube page **here**.

10. NEW BEGINNINGS OPEN MORNING

The independent New Beginnings group will be holding their latest open morning on Thursday 4 May when they will share the work they have been doing to help our substance misuse services in supporting people with drug and/or alcohol dependence, as well as their ambitions going forwards. These are always very moving and inspirational events at which people talk about their journeys of recovery. The event takes place from 9.15-11.15am in the Edward Myers Unit on the Harplands Hospital site in Hilton Road, Stoke-on-Trent, ST4 6TH. All are welcome and to book your place please call 01782 441716 or email **kerrie.merriman@northstaffs.nhs.uk**.

11. SHOPPERS URGED TO USE THEIR VOTE TO SUPPORT ONE RECOVERY

The One Recovery drug and alcohol support service has been selected by the Leek branch of Waitrose as one of three good causes it will be supporting in April. Each month, the supermarket in Portland Street, Leek, ST13 6AH provides shoppers with a green token which they can then use to vote for the good cause they wish to support. At the end of the month Waitrose will divide £1,000 between the three options on a pro-rata basis dependent on the number of tokens they receive. The money received will be used to make the old ‘top office’ at One Recovery’s Leek branch into a more comfortable workshop room with a fresh coat of paint and new flooring – dependent on how much they receive. Please encourage as many colleagues, friends and family members as possible in the Leek area to vote by placing their token in the One Recovery box. Thank you.

12. RAISING OUR SERVICE EXCELLENCE (ROSE)

Our countdown to the launch of ROSE, our new electronic patient record (EPR), is drawing ever nearer, with just five weeks to go until we go live on 13 May. Staff who will be using ROSE have been issued with a ROSE Boarding Pass providing them with a handy checklist of the things they need to have done and have in place in time for the launch. Our staff continue to complete e-learning and attend face-to-face training sessions to ensure they are fully prepared for what promises to be an exciting new chapter in our journey Towards Outstanding. Our dedicated ROSE

website – **www.digitalbychoice.info/rose/** - provides more information about our new EPR, while our **@CombinedROSE** Twitter account features all the latest news. ROSE is an integral part of our ambition to become a 'digital by choice' organisation with a national reputation as a leader in the use of digital technology. It will enable us to deliver excellent care services, support people to recover, aid colleagues across the organisation to work effectively and lead to innovation in our healthcare services.

13. NUTRITION AND HYDRATION WEEK CELEBRATED BY STAFF AND TEAMS

Our staff and teams held events to promote the important messages of Nutrition and Hydration Week (13-19 March). Ward 7 at Harplands and Florence House held tea parties, while the ECT suite hosted a 'pop up' café offering free hot drinks or a bottle of water to promote the importance of staying hydrated. There was also the opportunity to enter a healthy eating quiz and our dietitians answered queries on diet and nutrition. A healthy bingo session was held on Ward 5, while a taste testing of the Harplands Hospital menu took place outside Level One café. In addition, Summers View hosted a 'Come Dine with Me'-style lunch for service users, and Ward 6 staff also got involved by serving fruit smoothies were served for patients.

14. NEW HEALTH AND WELLBEING PORTAL LAUNCHED ON TRUST'S STAFF INTRANET

A new Health and Wellbeing portal has been added to the Trust's staff intranet, bringing together a host of health and wellbeing-related topics and websites. These include cycling, Pilates sessions taking place at Lawton House, the monthly Feel Good Friday events at Harplands Hospital, the Harplands walk and list of health and wellbeing apps. In addition, the portal also includes information about our Staff Counselling and Support service.

15. LEADERSHIP IN THE MEDICAL PROFESSION

Our Medical Director, Dr Buki Adeyemo has been invited to be a key speaker for the British Medical Journal's 2017 Leaders in Healthcare Conference in Liverpool later this year. Buki will be leading a session on 'Culture change and Improvement Fundamental shift - this is the way we do things around here'. It is further proof of our growing reputation for being a Trust that is providing great leadership across our staff and senior team.

16. STAFFORDSHIRE AND STOKE-ON-TRENT SUSTAINABILITY AND TRANSFORMATION PLAN (STP)

More than 70 leaders, staff and influencers across Staffordshire and Stoke-on-Trent came together for the Accelerated Design Event at Stoke City Football City's Bet365 Stadium on 23 March. The event was delivered by Helen Bevan, Chief Transformation Officer with NHS Horizons as part of the System Leadership/ Organisation Development workstream led by myself on behalf of the Staffordshire and Stoke Sustainability and Transformation Plan (STP). The purpose was to review how we work together, but also the climate within which we operate and how our structures and decision-making culture can hinder us from achieving everything we need and want to do. It was a busy but extremely productive day, with the outputs of the event being written up into a report and a STP task and finish group charged with implementing those commitments that do not easily fit within the existing STP workstreams. As the leaders of the workstreams for mental health and for digital as well as System Leadership/ Organisation Development, the energy and ideas generated in the event will feed into our existing work.

NATIONAL UPDATE

The state of NHS finances and the ability of STPs to rise to the challenge of local integration and delivery have dominated the national debate in the past month, with a range of reports and analyses from key national bodies.

17. NHS MANDATE FOR 2017-18 PUBLISHED

On 20 March, the Government published its **mandate to the NHS for 2017-18**. The mandate confirms the seven high level objectives for the NHS:

- to improve local and national health outcomes, and reduce health inequalities, through better commissioning;
- to help create the safest, highest quality health and care service;
- to balance the NHS budget and improve efficiency and productivity;
- to lead a step change in the NHS in preventing ill health and supporting people to live healthier lives;
- to improve and maintain performance against core standards;
- to improve out-of-hospital care; and
- to support research, innovation and growth.

The mandate reinforces the Government's goal of enabling one million more people with mental health conditions accessing services by 2020. It highlights the new access and waiting times standards for talking therapies, eating disorders and early intervention in psychosis and the implementation of a five year improvement plan for crisis and acute care.

NHS England will shortly be summarising the progress it has made on delivering the Five Year Forward View and setting out its plan for future delivery. This includes the next stage of development for STP footprints and progress towards establishing Accountable Care Organisations.

18. FIVE YEAR FORWARD VIEW UPDATE

On 31 March, NHS England (NHSE) published '**Next Steps on the Five Year Forward View**'. In relation to mental health, it has announced funding to provide a further 150-180 new beds to ensure children and young people don't have to travel far from home for mental health care. The beds will be located in under-served parts of the country and will be dependent on need and focussed on those who are most unwell.

The number of children and young people receiving treatment has increased by 20,000 over the last three years. A programme of work to address this is underway which is expected to see an increase of 35,000 treated through community services next year compared with 2014/15, with an extra 49,000 in two years. Alongside this there are 67 newly established community eating disorders services being developed – meaning at least 3,350 children and young people a year will receive swift, effective eating disorder treatment in the community.

NHSE has also published its **Five Year Forward View for Mental Health: One Year On** report which outlines achievements across the seven programmes of mental health delivery, as well as the challenges that have led to delays in progress against particular ambitions, and how these will be tackled. NHSE will independently

scrutinise resources allocated by CCGs locally to ensure this reflects the planning guidance. Key points include:

- **Whilst the Investment Standard is reported to be met across England as a whole, small subsets of CCGs have not met, or are not yet planning to meet this expectation. To ensure that local spending plans for mental health services are sufficiently robust to deliver the programme, NHS England will, by April 2017, compare commissioner plans with project allocations and the expectations of local providers.**
- **The mental health workforce development strategy will be published by Health Education England in April 2017.**
- **NHS England and NHS Improvement will work closely with STPs in 2017/18 to harness the changes needed in STP delivery and ensure that opportunities are maximised through collaborative working across health and care organisations.**

As part of the Five Year Forward View, a new **Mental Health Dashboard** was launched in October 2016 to provide unprecedented transparency of performance against key indicators. Actual spending at CCG level will be published and monitored through the Mental Health Dashboard to support transparency; and all CCGs are expected to make sufficient investment over the course of the programme to deliver the commitments for outcomes and expansion in access. In addition to the planned investment in CCGs of £149 million, NHS England allocated an additional £25 million during the year to support targeted activity to improve waiting times and reduce backlogs.

19. CQC REPORT – THE STATE OF CARE IN NHS ACUTE HOSPITALS 2014-16

The CQC's report takes stock of the key findings, themes and trends emerging from its programme of comprehensive hospital inspections, which began in September 2013. It acknowledges the considerable challenges trusts face in terms of rising demand, often compounded by challenges in the wider system such as lack of capacity within community and social care services and by financial constraints. It also highlights variation in standards of care that exists within and between trusts.

The report acknowledges the scale of the challenge and the demand that hospitals are now facing is "unprecedented" and, against this backdrop, it argues that finding the resources and energy to deliver change while providing safe patient care "can seem near impossible". Safety remains the biggest concern, with four out of five trusts needing to improve in this domain, while Caring is the most highly rated of the domains in acute non-specialist hospitals. In addition, high-quality leadership is fundamental to the quality of care a trust provides and it recognises there is a correlation between CQC ratings and trust deficits.

North Staffordshire Combined Healthcare NHS
NHS Trust

REPORT TO: Trust Board

Date of Meeting:	6th April 2017
Title of Report:	Safer Staffing Monthly Report for February 2017
Presented by:	Maria Nelligan, Executive Director of Nursing and Quality
Author of Report:	Julie Anne Murray, Head of Nursing & Professional Practice
Purpose / Intent of Report:	For assurance
Executive Summary:	This paper outlines the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during February 2017 in line with the National Quality Board expectation that: The Board: • Receives an update containing details and summary of planned and actual staffing on a shift-by-shift basis. • Is advised about those wards where staffing falls short of what is required to provide quality care, the reasons for the gap, the impact and the actions being taken to address the gap. • Evaluates risks associated with staffing issues. • Seeks assurances regarding contingency planning, mitigating actions and incident reporting. • Ensures that the Executive Team is supported to take decisive action to protect patient safety and experience. • Publishes the report in a form accessible to patients and the public on their Trust website (which could be supplemented by a dedicated patient friendly `safe staffing` area on a Trust website). The performance relating to fill rate (actual numbers of staff deployed vs numbers planned) during February 2017 was 84% for registered staff and 107% for care staff on day shifts and 87% and 102% respectively on night shifts. 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 position reflects that Ward Manages are effectively

	deploying additional staff to meet increasing patient needs as necessary.
Seen at SLT or **Exec** Meeting & date	SLT/EXEC: See by Exec Lead: Maria Nelligan Document Version number: 1
Committee Approval / Review	• Quality Committee ✓ • Finance and Performance Committee • Audit Committee • People and Culture Development Committee • Charitable Funds Committee • Business Development Committee
Relationship with: *Board Assurance Framework* *Strategic Objectives*	1. To provide the highest quality services ✓ 2. Create a learning culture to continually improve. 3. Encourage, inspire and implement research 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. To enhance service user and carer involvement. **Comments:**
Risk / Legal Implications: (Add Risk Register Ref [if applicable])	Delivery of safe nurse staffing levels is a key requirement to ensuring that the Trust complies with National Quality Board standards.
Resource Implications: Funding source:	Temporary staffing costs. Budgeted establishment and temporary staffing spend.
Equality & Diversity Implications:	None
Recommendations:	To receive the report for assurance and information.

1 Introduction

This report details the ward daily staffing levels during the month of February 2017 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 also 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 next 6 month review covering the period July 2016 – December 2016 is currently being carried out and will be reported to SLT and Board of Directors in March 2017.

3 Trust Performance

During February 2017 the Trust achieved staffing levels of 84% for registered staff and 107% for care staff on day shifts and 87% and 102% respectively on night shifts. Where 100% fill rate was not achieved, safety was maintained on in-patient wards by nurses working additional unplanned hours, cross cover, ward managers and the multi-disciplinary team 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 in Appendix 1. A summary from WMs of issues, patient safety, patient experience, staff experience and mitigating actions is set out below.

4 Issues arising

WMs report the impact of unfilled shifts on a shift by shift basis. Themes and mitigating actions are summarised below:

4.1 Staffing Issues

- Several recruitment ‘one stop shops’ and the early offer of posts to newly qualified Keele University students during 2016 resulted in the majority of RN vacancies being filled by October 2016. However Ward 4 opening temporarily, to support the local health economy, has impacted on staffing levels. There are 2 reasons for this; firstly, the use of temporary staffing to staff the majority of ward 4 shifts has resulted in other wards having difficulty in sourcing temporary staff when needed. Secondly, wards 5, 6 and 7 released 1 WTE RN each to provide Ward 4 with stable RN leadership, additionally the acting ward 4 manager was seconded from Ward 7. This has led to the depletion of RNs on existing wards. Ward 4 was initially commissioned until the end of March 2017 but continues to accept admissions. There has also been staff turnover across wards and further vacancies have arisen since October 2016. These have been difficult to fill and despite several adverts there are currently 14 WTE RN vacancies across in-patient wards. This is in line with the national picture where nursing shortages are being experienced across sectors. To proactively attract new

nurses to the trust twenty two student nurses, due to qualify in Oct 2017, have been offered posts.

- The highest RN vacancies are across the Acute AMH wards with wards 1, 2 and 3 currently having B5 vacancies of 1, 4.6 and 2.8 WTE respectively; these posts have been advertised externally however only 2 B5 positions have been appointed to. The two 'one stop shop' recruitment events that took place in March 2017 had limited success. Return to practice (RTP) nurses were also be encouraged to apply with a view to attracting experienced nurses back to the profession however there were no RTP applicants.

- There is a further potential staffing issue due to the acting WM and 2 substantive staff nurses, currently allocated to Ward 4, having secured other posts within the trust. This will result in the ward having only 1 substantive RN. Whilst there is some degree of flexibility with start dates due to posts being internal these cannot be held indefinitely.

- Unfortunately the ward 5 RN fill rate on days was 57% during Feb 2017. The previous 2 six monthly safe staffing reviews have recommended that ward 5 require an additional 4.26 RNs, additionally Ward 5 have 1 RN seconded to Ward 4 and 1 RN seconded to RAID. These factors are impacting on the RN fill rate. In terms of day shifts the ward are attempting to staff to the uplift in staffing recommended in the safer staffing, that is 3 RNs on the early shift and 3 on the late shift. Currently the ward establishment will only allow for staffing of 2 RNs on the early and late shifts therefore they can only achieve 72% fill rate within their current establishment. The impact of the Ward 4 and RAID secondments and the difficulty of sourcing temporary staff due to the needs of ward 4 have resulted in even the 72% fill rate not being achieved. Within February 2017 there was also 97.5 hours of RN lost to jury service and 37.5 hours to sickness. Furthermore the 2 secondees from ward 5 have secured permanent posts in RAID and NOAP community services therefore there is no scope in returning them to the ward. This situation has been raised with the Modern Matron and Head of Directorate who are reviewing this operationally.

- 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.

- In June 2016 the planned RN night shift cover was increased from 1 to 2 RNs on the acute wards (1, 2 and 3); has led to a temporary decreased RN nightshift fill rate on these wards. Whilst the additional RN posts, to meet this demand, have been recruited some of these nurses are currently on preceptorship. As discussed previously staff turnover has resulted in further vacancies arising and recruitment has been challenging. As a result it has been difficult to consistently achieve planned RN staffing. Temporary staff have backfilled a number of RN shifts and skill mix has been altered to backfill with health care support workers (HCSWs) where gaps have remained.

- High occupancy, increased acuity have also contributed to shortfalls, in the fill rate.

4.2 Impact on Patient Safety

There were 9 incident forms completed by in-patient wards during February 2017 relating to nurse staffing issues. No harm arose from these incidents. Breakdown by ward is summarised as follows:

Ward	Incident
A&T	Two occasions where staffing levels were reduced due to short notice sickness.
Darwin	One occasion where there was a reduced level of staff and a reliance on temporary staffing which was perceived to impact individualised patient programmes.
Edward Myers	Six occasions where staff were moved to other wards to support staffing shortages. The length of time staff were moved for ranged from 2 hours to full shifts.

4.3 Impact on Patient Experience

Staff prioritise patient experience and direct patient care, however during February 2017 it was reported that one activity was shortened due to nurse staffing levels.

4.4 Impact on Staff Experience

In order to maintain safe staffing the following actions were taken by the Ward Manager during February 2017:

- 69 staff breaks were cancelled (equivalent to approximately 1.5% of breaks)
- 6 staff breaks were shortened (equivalent to approximately 0.1% of breaks)
- 245 hrs of ward cross cover (nursing staff were reallocated to cover shortfall within other clinical areas)

4.5 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 70 RN shifts were covered by HCSW where RN temporary staffing was unavailable. A total of 32 HCSW shifts were covered by RN staff where HCSW temporary staffing was unavailable. Additionally, as outlined in section 4.4, staff breaks have been shortened (time is given in lieu) or not taken and wards have cross covered to support safe staffing levels.

5. Summary

Safe staffing level reporting indicated challenges in staffing wards during February 2017. Vacancies across acute AMH wards in particular and the opening of ward 4 have contributed to this. The allocation of RNs from wards 5, 6 and 7 to ward 4 has reduced RN staffing on those wards. Additionally the use of temporary staffing to support ward 4 has reduced the availability of temporary staff to backfill other wards. Recruitment to RN vacancies has had limited success therefore alternate strategies will be investigated within the 6 monthly safer staffing review.

Appendix 1 February 2017 Safer Staffing

Februray 2017	DAY						NIGHT						DAY		NIGHT						
Ward name	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 (%)	Overall fill rate- days nights RNs care staff	Safe staffing was maintained by:	Vacancies	Bed occupancy	Movement	Provisional sickness data
	Establishment Hours	Clinically required Hours	Total monthly actual hours	Establishment Hours	Clinically required	Total monthly actual hours	Establishment Hours	Clinically required	Total monthly actual hours	Establishment Hours	Clinically required	Total monthly actual staff hours										
Ward 1	1355	1406	1023	1260	1260	1688	600	600	492	600	900	1069	73%	134%	82%	119%	103%	Nurses working additional unplanned hours, the support of the MDT and altering skill mix.	1 B5, 1 B3	96%	↑	7%
Ward 2	1268	1268	1032	1260	1260	1325	600	600	450	600	600	713	81%	105%	75%	119%	94%	Nurses working additional unplanned hours, rescheduling non direct clinical care and altering skill mix.	4.6 B5, 2 B2	92%	↓	3%
Ward 3	1410	1410	1199	1260	1260	1399	600	600	300	600	976	974	85%	111%	50%	100%	91%	Altering skill mix, cross cover was provided to other wards.	2.8 B5, 1.6 B2	82%	↓	3%
Ward 5	990	1410	808	840	1680	1782	262	262	294	787	787	749	57%	106%	112%	95%	88%	Rescheduling non direct clinical care and altering skill mix, also cross cover was provided to other wards.	0	101%	↓	0%
Ward 6	990	1050	1050	1680	1680	1575	263	263	263	788	788	806	100%	94%	100%	102%	98%	Nurses working additional unplanned hours and altering skill mix.	0	102%	↑	2%
Ward 7	938	840	722	1260	1350	1467	262	262	272	525	675	675	86%	109%	104%	100%	100%	Nurses working additional unplanned hours and altering skill mix.	1 B5	94%	↓	0%
A&T	1412	1230	972	1260	1153	1345	301	301	301	903	1269	1247	79%	117%	100%	98%	98%	Altering skill mix.	2.09 B5	77%	↓	15%
Edward Myers	1026	1011	1033	840	838	763	263	263	264	525	525	477	102%	91%	100%	91%	96%	Altering skill mix, also cross cover was provided to other wards.	1 B3	80%	↓	12%
Darwin Centre	990	1071	1071	1260	906	871	301	301	301	602	892	860	100%	96%	100%	96%	98%	*	1 B5, 1 B3	90%	↓	11%
Summers View	840	840	673	840	840	879	300	300	300	600	600	600	80%	105%	100%	100%	95%	MDT team supporting nursing.	0.8 B5, 0.8 B3	95%	↑	10%
Florence House	420	420	412	840	630	604	300	300	300	300	300	300	98%	96%	100%	100%	98%	*	0.8 B5, 0.5 B3	100%		2%
Trust total	**11637**	**11955**	**9994**	**12600**	**12856**	**13697**	**4053**	**4053**	**3537**	**6831**	**8312**	**8470**	**84%**	**107%**	**87%**	**102%**	**96%**					

Enclosure 5

REPORT TO Trust Board

Date of Meeting:	6 April 2017
Title of Report:	Performance Report - Month11 2016/17
Presented by:	Suzanne Robinson, Director of Finance and Performance
Author of Report:	Performance Team
Purpose / Intent of Report:	Performance Monitoring
Executive Summary:	This report provides the Board with a summary of performance to the end of Month 11 (February 2017). Performance against NHSI metrics and key National Targets is included within the report. At Month 11 there are 2 metrics rated as Red and 1 as Amber.
Seen at SLT or **Exec** Meeting & date	SLT / EXEC (and date): Seen by Exec Lead : Director of Finance and Performance Document Version number:
Committee Approval / Review	• Quality Committee ☐ • Finance and Performance Committee ☒ • Audit Committee ☐ • People and Culture Development Committee ☐ • Charitable Funds Committee ☐ • Business Development Committee ☐
Relationship with: *Board Assurance Framework* *Strategic Objectives*	1. To provide the highest quality services ☒ 2. Create a learning culture to continually improve.☒ 3. Encourage, inspire and implement research 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. To enhance service user and carer involvement.☐ **Comments:**
Risk / Legal Implications: (Add Risk Register Ref [if applicable])	All areas of underperformance are separately risk assessed and added to the risk register dependent on the outcome of the risk assessments.
Resource Implications: Funding source:	Not directly
Equality & Diversity Implications:	Not directly
Recommendations:	The Board is asked to

	• Note the performance reported • Review areas of underperformance as summarised in this report and identify further action required

North Staffordshire Combined Healthcare NHS
NHS Trust

PERFORMANCE MANAGEMENT REPORT TO TRUST BOARD

Date of meeting:	
Report title:	**Performance & Quality Management Framework** **Performance Report – Month 11** **2016/17**
Executive Lead:	Director of Finance & Performance
Prepared by:	Performance & Information Team
Presented by:	Director of Finance & Performance

1 Introduction to Performance Management Report

The report provides an overview of performance for February 2017 covering Contracted Key Performance Indicators (KPIs) and Reporting Requirements.

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

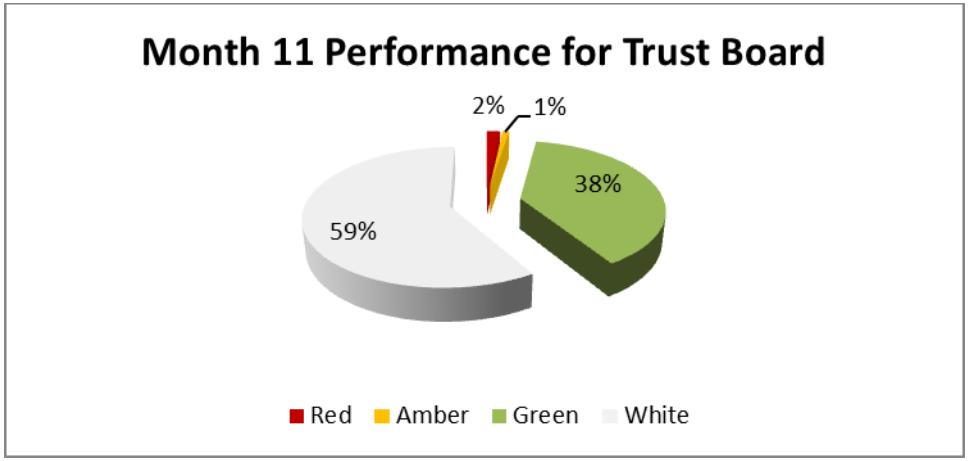
2 Executive Summary – Exception Reporting

The following performance highlights should be noted;

- 100% of patients have been assessed within 12 weeks of referral to the Memory Service Assessment
- 78.6% of S136 assessments are carried out within 3 hours (where clinically appropriate) (Target M11 – 70%)
- The readmission rate within 28 days of discharge has significantly reduced to 3.8%
- 100% of complaints are responded to within agreed timescales
- 100% of patients referred to IAPT service are treated within 6 weeks of referral

In Month 11 there are 2 targets related metric rated as Red and 1 as Amber; all other indicators are within expected tolerances. White KPIs are those where targets are yet to be agreed or where the requirement is to report absolute numbers rather than % performance.

Contracted (National/Local CCG) & NHSI KPIs					
Metric	Red	Amber	Green	White	TOTAL
Exceptions-Month 9	1	1	45	63	110
Exceptions – Month 10	2	2	43	67	114
Exceptions – Month 11	2	1	44	67	114



3 Rectification Plans

Rectification plans are produced for any KPI classed as RED/AMBER, OR where an individual directorate is classed as RED/AMBER, for a consecutive 2 month period. These offer a more detailed recovery position, focused actions and improvement trajectory and are scrutinised by Board Sub-Committees.

4 Exceptions - Month 11

<table>
<tr><th>KPI Classification</th><th>Metric</th><th>Exec/Op Lead</th><th>Target</th><th>M10</th><th>M11</th><th>Trend</th><th>Commentary</th></tr>
<tr><td>NHSI</td><td>Delayed Transfers of Care:

Delayed Transfers of Care (DTOC)</td><td>Dir of Ops</td><td>M11
5.2%</td><td>RED
9.0%</td><td>RED
11.6%</td><td>↗</td><td>11.6% at M11 from 9.0% at M10

The delays relate predominately to health and patient choice of long term care. The figures are volatile depending on discharges in month and of there are individuals discharged with long delays.

AMH Inpatients – 5.4% at M11 from 12.1% at M10
Learning Disabilities – 24.6% at M11 from 26.5% at M10
NOAP – 29.9% at M11 from 13.7% at M10

<table>
<tr><th>Ward</th><th>Adult Mental Health</th><th>Learning Disabilities</th><th>NOAP</th><th>(blank)</th></tr>
<tr><td>2</td><td>4</td><td></td><td></td><td></td></tr>
<tr><td>3</td><td>2</td><td></td><td></td><td></td></tr>
<tr><td>5</td><td></td><td></td><td>7</td><td>1</td></tr>
<tr><td>6</td><td></td><td></td><td>9</td><td></td></tr>
<tr><td>7</td><td></td><td></td><td>10</td><td></td></tr>
<tr><td>A&T</td><td></td><td>2</td><td></td><td></td></tr>
<tr><td>FH</td><td>1</td><td></td><td></td><td></td></tr>
<tr><td>Grand Total</td><td>7</td><td>2</td><td>26</td><td>1</td></tr>
</table>

A rectification plan will be required.</td></tr>
<tr><td>NHSI</td><td>Agency Spend:

Core Agency Spend</td><td>Dir of Workforce</td><td>M11
2.7%

</td><td>RED
7.0%

1.3%</td><td>RED
6.9%

1.6%</td><td>↘

↗</td><td>6.9% at M11 from 7.0% at M10. The agency spend us broken down unto 3 main areas as summarised below:

Core Agency – 1.6% at M11 from 1.3% at M10
This is agency spend incurred as part of normal Trust operations.</td></tr>
</table>

KPI Classification	Metric	Exec/Op Lead	Target	M10	M11	Trend	Commentary
	ROSE Agency Spend			**5.0%**	**4.8%**	↘	**ROSE – 4.8% at M11 from 5.0% at M10** Agency spends on ROSE remains below the planned trajectory. Year to date spend is £1,230k compared to planned expenditure of £1,319k.
	Ward 4 (EMI) Nurse Agency Spend			**0.8%**	**0.5%**	↘	**Ward 4 (EMI) - 0.5% at M11 from 0.8% at M10** Agency spend on Ward 4 (EMI) was approximately £39k in M11 the same as at M10. A detailed agency plan has previously been submitted to the Trust Board. A rectification plan has been submitted to Finance & Performance Committee and People & Cultural Development.
National Operational	**Care Programme Approach:** The proportion of those on Care Programme Approach (CPA) receiving follow-up contact within 7 days of discharge	Dir of Ops	**95%**	**GREEN** **95.8%**	**AMBER** **92.5%**	↘	**92.5% at M11 from 95.8% at M10** The drop in M11 relates to four patients; 3 in AMH Community and 1 in NOAP. The directorates have been supplied with the patient names to ensure a follow up is completed.

5 Recommendations

The Trust Board is asked to note the contents of this report.

Trust Dashboard
Month: **Feb-17**

11
Key:-

North Staffordshire Combined Healthcare NHS
NHS Trust

National Operational	NHS Standard Contract Schedule 4 Quality Requirements : Operational Standards
National Quality	NHS Standard Contract Schedule 4 Quality Requirements : National Quality Requirements
Local Quality	NHS Standard Contract Schedule 4 Quality Requirements : Local Quality Requirements (CCG Commissioners)
National Reporting	NHS Standard Contract Schedule 6 Reporting & Information Requirements : National Requirements
Local Reporting	NHS Standard Contract Schedule 6 Reporting & Information Requirements : Local Commissioner Requirements
NHSI	NHS Improvement metric
Trust Measure	Locally monitored metric

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

				2016-17												
	Metric	**Frequency**	**Target**	**April**	**May**	**Jun**	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Trend Rate**
NHSI Domain - Responsive																
National Quality	Early Intervention in Psychosis programmes: % of service users experiencing a first episode of psychosis who commenced a NICE concordant package of care within 2 weeks	Monthly	50%	63.6%	75.0%	73.0%	75.0%	87.5%	73.3%	53.8%	75.0%	85.7%	90.0%	100.0%		↗
National Quality	IAPT % of service users referred treated within 6 weeks of referral	Monthly	75%	99.0%	99.4%	98.5%	98.4%	100.0%	98.4%	99.1%	100.0%	100.0%	100.0%	100.0%		↔
National Quality	IAPT % of service users referred treated within 18 weeks of referral	Monthly	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		↔
National Quality	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	0.0		↔
Local Quality	Compliance with 18 week waits (Referral to Treatment or Intervention) (Excluding ASD)	Monthly	92%	86.4%	87.2%	83.3%	87.4%	88.6%	90.4%	92.1%	92.0%	95.9%	95.7%	93.8%		↘
Local Quality	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%		↔
Local Quality	AMH Community	Monthly	92%	95.8%	91.7%	89.9%	92.9%	95.1%	96.0%	95.9%	92.8%	95.5%	93.1%	89.9%		↘
Local Quality	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%		↔
Local Quality	LD	Monthly	92%	96.8%	93.1%	100.0%	96.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		↔
Local Quality	Neuro and Old Age Psychiatry	Monthly	92%	93.6%	90.9%	94.0%	90.1%	95.0%	99.4%	98.2%	99.3%	98.9%	98.9%	100.0%		↗
Local Quality	C&YP	Monthly	92%	77.6%	82.6%	74.6%	81.8%	77.7%	79.5%	82.8%	84.8%	93.2%	97.9%	98.3%		↗
Local Quality	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%		↔
Local Quality	Percentage of adults who have received secondary mental health services who were on a Care Programme Approach who have had at least one formal review in the last 12 months ***CCG Monitoring***	Monthly	95%	95.7%	95.0%	95.1%	94.9%	94.5%	93.6%	94.6%	95.9%	95.6%	96.5%	96.3%		↘
Local Quality	RAID response to A&E referrals within 1 hour	Monthly	95%	83.0%	91.0%	90.0%	91.0%	89.0%	80.0%	93.0%	97.0%	100.0%	96.0%	98.0%		↗
Local Quality	RAID: Referrals in FEAU, other portals and urgent wards seen within 4 hours	Monthly	90%	92.0%	94.0%	97.0%	96.0%	95.0%	100.0%	94.0%	94.0%	100.0%	100.0%	93.0%		↘
Local Quality	RAID : All other referrals seen on same day or within 24 hours	Monthly	90%	83.0%	84.0%	94.0%	90.0%	93.0%	91.0%	91.0%	95.0%	99.0%	96.0%	90.0%		↘
Local Quality	Percentage of inpatient admissions that have been gatekept by crisis resolution/ home treatment team	Monthly	95%	100.0%	100.0%	96.6%	100.0%	100.0%	98.4%	92.3%	97.7%	100.0%	100.0%	100.0%		↔
Local Quality	Patients seen within 7 days of discharge from hospital	Monthly	90%	97.5%	96.8%	96.9%	100.0%	96.2%	97.4%	100.0%	92.3%	97.5%	95.8%	92.5%		↘
Local Quality	IAPT : All Service Users contacted within 3 working days of referral	Monthly	95%	98.0%	98.0%	98.8%	98.9%	100.0%	98.8%	98.4%	98.6%	97.6%	99.5%	99.0%		↘
Local Quality	IAPT : Service Users are assessed within 14 days of referral	Monthly	95%	99.7%	99.0%	99.4%	99.1%	97.0%	99.4%	99.2%	99.5%	98.6%	100.0%	98.8%		↘
Local Quality	IAPT : The number of active referrals who have waited more than 28 days from referral to first treatment/first therapeutic session	Monthly	5%	1.1%	0.9%	0.8%	0.9%	0.9%	0.8%	0.7%	0.7%	0.9%	0.7%	0.7%		↘
Local Reporting	S136 (Place of Safety) Assessments	Monthly	No Target	16.0	18.0	26.0	18.0	19.0	17.0	28.0	15.0	24.0	24.0	14.0		↘
Local Reporting	- Formal Admissions	Monthly	No Target	4.0	2.0	4.0	5.0	4.0	2.0	4.0	0.0	6.0	5.0	3.0		↘
Local Reporting	- Informal Admissions	Monthly	No Target	0.0	4.0	7.0	2.0	5.0	3.0	4.0	4.0	7.0	7.0	3.0		↘
Local Reporting	- Under 18 Yrs Old	Monthly	No Target	0.0	2.0	0.0	2.0	1.0	0.0	1.0	1.0	0.0	0.0	0.0		↔
NHSI	The proportion of those on Care Programme Approach (CPA) for at least 12mths having a (HONOS) assessment within the last 12mths	Monthly	90%	95.1%	95.1%	94.2%	97.1%	94.1%	93.7%	95.7%	95.3%	95.8%	95.1%	93.6%		↘
NHSI	AMH Community	Monthly	90%	96.6%	96.0%	95.5%	98.4%	95.4%	95.1%	95.7%	95.4%	95.9%	95.1%	93.8%		↘
NHSI	Neuro and Old Age Psychiatry	Monthly	90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	92.9%	71.4%	83.3%	85.7%	82.8%		↘
NHSI	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%		↔
NHSI	The proportion of those on Care Programme Approach (CPA) for at least 12mnths having formal review within 12mnths *CCG Monitoring*	Monthly	95%	94.1%	92.4%	92.1%	92.0%	91.8%	91.4%	91.2%	89.4%	98.3%	95.8%	95.5%		↘

	Metric	Frequency	Target	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Trend Rate
NHSI	AMH Community	Monthly	95%	94.3%	92.4%	92.2%	92.1%	91.9%	91.5%	91.4%	89.8%	98.7%	95.6%	95.6%		⇔
NHSI	LD	Monthly	95%	95.7%	95.7%	100.0%	100.0%	100.0%	100.0%	96.0%	83.3%	83.3%	92.3%	100.0%		↗
NHSI	Neuro and Old Age Psychiatry	Monthly	95%	100.0%	100.0%	76.9%	72.7%	72.7%	63.6%	50.0%	50.0%	75.0%	76.9%	76.9%		⇔
NHSI	C&YP	Monthly	95%								100.0%	100.0%	100.0%	100.0%		⇔
NHSI	Mental health delayed transfers of care (target NHSI) (M9-5.7%, M10-5.4%, M11-5.2%, M12-4.9%)	Monthly	5.2%	6.2%	11.4%	10.3%	10.4%	9.7%	6.1%	5.6%	5.8%	6.6%	9.0%	11.6%		↗
NHSI	AMH IP	Monthly	5.2%	7.0%	8.4%	5.4%	8.6%	8.0%	7.7%	6.0%	5.6%	9.2%	12.1%	5.4%		↘
NHSI	LD	Monthly	5.2%	16.7%	10.8%	0.0%	0.0%	0.0%	4.2%	0.0%	8.0%	15.6%	26.5%	24.6%		↘
NHSI	Neuro and Old Age Psychiatry	Monthly	5.2%	5.3%	17.8%	21.1%	16.9%	16.2%	11.4%	15.7%	9.5%	8.8%	13.7%	29.9%		↗
Trust Measure	Early Intervention Services Total Caseload	Monthly	149	182.0	184.0	196.0	193.0	187.0	201.0	199.0	191.0	180.0	188.0	174.0		↘
NHSI Domain - Effective																
National Operational	The proportion of those on Care Programme Approach(CPA) receiving follow-up contact within 7 days of discharge	Monthly	95%	97.5%	96.8%	96.9%	100.0%	96.2%	97.4%	100.0%	92.3%	97.5%	95.8%	92.5%		↘
Local Quality	Readmission rate (28 days). Percentage of patients readmitted within 28 days of discharge.	Monthly	7.5%	2.9%	2.4%	6.0%	2.5%	3.7%	8.3%	4.4%	1.6%	7.6%	9.3%	3.8%		↘
Local Quality	Adult IP	Monthly	7.5%	10.1%	10.0%	9.4%	3.7%	5.1%	9.8%	5.9%	1.1%	10.3%	11.3%	4.6%		↘
Local Quality	OA IP	Monthly	7.5%	0.0%	5.3%	0.0%	0.0%	0.0%	3.3%	0.0%	4.3%	0.0%	0.0%	1.8%		↗
Local Quality	Neuro Rehab	Monthly	7.5%	0.0%	0.0%	0.0%	0.0%	0.0%	8.3%	0.0%	0.0%	0.0%	0.0%	0.0%		⇔
Local Quality	LD	Monthly	7.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		⇔
Local Quality	MH Rehab	Monthly	7.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		⇔
Local Quality	All Service Users to have a care plan in line with their needs % on CPA with a Care Plan	Monthly	95%	98.1%	97.5%	96.9%	97.5%	97.6%	97.2%	97.9%	98.2%	96.0%	96.1%	95.8%		↘
Local Quality	AMH Community	Monthly	95%	98.6%	98.2%	97.9%	98.1%	97.6%	97.4%	98.2%	98.3%	96.4%	96.5%	96.4%		↘
Local Quality	LD	Monthly	95%	100.0%	94.2%	96.1%	100.0%	100.0%	100.0%	98.2%	98.2%	98.2%	98.2%	98.2%		⇔
Local Quality	Neuro and Old Age Psychiatry	Monthly	95%	69.2%	70.6%	50.0%	69.2%	81.8%	73.3%	70.8%	71.4%	71.8%	73.0%	78.9%		↗
Local Quality	C&YP	Monthly	95%	100.0%	100.0%	100.0%	100.0%	83.3%	69.2%	100.0%	90.9%	100.0%	76.9%	56.3%		↘
Local Quality	IAPT: Service User Satisfaction Local. To include questions on: • Access/referral arrangements • Treatment Options • Communication / Contact • Overall service provided (From a minimum sample of 30% of Service Users less than 15%	Monthly (questionnaire to be agreed with commissioners)	15%	N/A	N/A	0.0%	N/A	N/A	0.0%	N/A	N/A	2.0%	N/A	N/A		
Local Quality	IAPT: Referrer Satisfaction Local. To include questions on: • Response to referrals • Contact / Communication • Treatment Outcomes • Overall Service provision (<15% expressing dissatisfaction)	Methodology to be agreed by September 2014. Application of methodology Q3.	15%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Local Quality	IAPT: Local Work & Social Adjustment Scale (W&SAS) – more than 75% of Service Users showing improvement against Work & Social Adjustment Scale (W&SAS) after treatment.	Monthly	75%						0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
Local Quality	IAPT: Local. Service Users are supported to access appropriate benefits and financial advice (75% of those identified as requiring support)	Quarterly	75%	N/A	N/A		N/A	N/A	0.0%	N/A	N/A	0.0%	N/A	N/A		
Local Quality	IAPT : Local. Service Users who are referred to employment support services (90% of suitable referrals)	Quarterly	90%	N/A	N/A		N/A	N/A	100.0%	N/A	N/A	100.0%	N/A	N/A		
Local Quality	IAPT : Local. Routine: Service User records and associated letters/reports completed and sent to GP within 5 working days of assessment/outcome measures undertaken as part of treatment/discharge (Qtr2 & Qtr 4 90% (sample of minimum 150 patients)	Half-yearly	90%	N/A	N/A	N/A	N/A	N/A	82.0%	N/A	N/A	N/A	N/A	N/A		
Local Quality	IAPT: Local. The number of staff who have accessed clinical supervision Requirement is for minimum of 1 hour per week for all IAPT staff, - target % of staff in receipt of required level. (No threshold but there should be a framework in place that the Provider is working to ensure that all staff are appropporaitely supervised)	Quarterly	No Target	N/A	N/A	100.0%	N/A	N/A	100.0%	N/A	N/A	100.0%	N/A	N/A		
NHSI	% of clients in settled accommodation	Monthly	No Target	93.2%	93.3%	94.0%	92.8%	91.2%	86.6%	90.4%	85.7%	89.3%	89.3%	89.3%		⇔
NHSI Domain - Caring																
National Operational	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		⇔
NHSI	Staff FFT Percentage Recommended – Care	Quarterly	61.5%	N/A	N/A	69.1%	N/A	N/A	82.0%	N/A	N/A	N/A	N/A	61.0%		
NHSI	Inpatient Scores from Friends and Family Test – % positive	Monthly	No Target	87.0%	70.0%	94.0%	82.0%	92.0%	87.0%	90.0%	94.0%	78.0%	94.0%	86.0%		↘
NHSI Domain - Safe																

	Metric	Frequency	Target	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Trend Rate
National Quality	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		⇔
Local Quality	People with LD/ Autistic Spectrum condition or long term mental illness should receive appropriate physical healthcare	Annual	95%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Local Quality	All service users who have been in hospital/long term inpatient health care for more than one year should have a physical health check	Quarterly	95%	N/A	N/A	100%	N/A	N/A	100.0%	N/A	N/A	100.0%	N/A	N/A		
Local Quality	Preventing Category 3 and 4 Avoidable Pressure Ulcer	Monthly	0	0.0	0.0	0.0	0.0	0.00	0.0	0.0	0.0	0.0	0.0	0.0		⇔
Local Quality	MRSA Screening (% of patients screened on admission)	Monthly	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		⇔
National Reporting	Cases of C Diff	Monthly	No Target	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		⇔
National Reporting	Cases of MRSA	Monthly	No Target	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		⇔
National Reporting	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 Reporting	Number of Reported Serious Incidents	Monthly	No Target	3.0	4.0	4.0	7.0	9.0	9.0	2.0	3.0	9.0	6.0	2.0		↘
National Reporting	Total Incidents	Monthly	No Target	380.0	372.0	366.0	437.0	319.0	338.0	411.0	454.0	382.0	375.0	390.0		↗
National Reporting	Incidents leading to Moderate/Severe harm/death	Monthly	No Target	11.0	13.0	8.0	14.0	18.0	17.0	8.0	20.0	24.0	26.0	19.0		↘
Local Reporting	Cases of MSSA	Monthly	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		⇔
Local Reporting	Cases of E Coli	Monthly	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		⇔
Local Reporting	Medication Errors Total	Monthly	No Target	13.0	9.0	9.0	16.0	8.0	7.0	14.0	14.0	5.0	15.0	10.0		↘
Local Reporting	Medication Errors leading to Moderate/Severe harm/death	Monthly	No Target	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		⇔
Local Reporting	Mental health Absconds/AWOL – rate	Monthly	No Target	2.0	3.0	2.0	13.0	6.0	7.0	6.0	5.0	3.0	6.0	2.0		↘
Local Reporting	Safety Thermometer - Percentage Harm Free Care	Monthly	No Target	95%	95%	98%	96%	98%	100%	96%	98%	100%	94.1%	98.0%		↗
Local Reporting	Safety Thermometer - Percentage New Harm	Monthly	No Target	5.1%	1.7%	0.0%	2.0%	2.4%	0.0%	4.1%	2.0%	0.0%	3.9%	2.0%		↘
Local Reporting	Preventing Future Deaths Regulation 28	Monthly	No Target	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		⇔
Local Reporting	Proportion of patients who had recorded incidents of physical assault to them	Monthly	No Target	12.0	7.0	15.0	23.0	11.0	22.0	13.0	20.0	12.0	15.0	15.0		⇔
Local Reporting	Proportion of patients who had recorded incidents of physical assault to them leading to Moderate/Severe harm/death	Monthly	No Target	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.00	0.0	0.0		⇔
Local Reporting	Suspected Suicides	Monthly	No Target	2.0	4.0	1.0	3.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		⇔
Local Reporting	Inpatient	Monthly	No Target	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		⇔
Local Reporting	Inpatient on home leave	Monthly	No Target	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		⇔
Local Reporting	Community Patient (in receipt)	Monthly	No Target	2.0	4.0	1.0	3.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0		↘
Local Reporting	Community patient (in receipt) within 3 months of discharge from service	Monthly	No Target	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		⇔
Local Reporting	Community patient who had an inpatient stay in last 3 months prior to death	Monthly	No Target	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		⇔
Local Reporting	Unexpected Deaths	Monthly	No Target	3.0	4.0	1.0	7.0	5.0	3.0	2.0	3.0	3.0	4.0	2.0		↘
Local Reporting	Inpatient	Monthly	No Target	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		⇔
Local Reporting	Inpatient on home leave	Monthly	No Target	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		⇔
Local Reporting	Community Patient (in receipt)	Monthly	No Target	3.0	4.0	1.0	7.0	5.0	3.0	3.0	3.0	3.0	4.0	2.0		↘
Local Reporting	Community patient (in receipt) within 3 months of discharge from service	Monthly	No Target	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		⇔
Local Reporting	Community patient who had an inpatient stay in last 3 months prior to death	Monthly	No Target	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		⇔
Local Reporting	Use of Restraint: Number of patient restraints-prone	Monthly	No Target	3.0	1.0	5.0	5.0	0.0	3.0	0.0	1.0	0.0	2.0	2.0		⇔
Local Reporting	Slips Trips & Falls	Monthly	No Target	59.0	36.0	34.0	30.0	51.0	29.0	32.0	33.0	33.0	55.0	50.0		↘
Local Reporting	Slips Trips & Falls leading to Moderate/Severe harm/death	Monthly	No Target	0.0	1.0	1.0	1.0	1.0	0.0	1.0	2.0	1.0	4.0	0.0		↘
Local Reporting	Self Harm Events: Inpatient	Monthly	No Target	64.0	61.0	80.0	98.0	57.0	51.0	120.0	167.0	94.0	71.0	64.0		↘
Local Reporting	Self Harm Events: Community	Monthly	No Target	3.0	8.0	9.0	12.0	9.0	13.0	7.0	14.0	9.0	15.0	34.0		↗
Local Reporting	Self-Harm Events leading to Moderate/Severe harm/death:Inpatient	Monthly	No Target	4.0	1.0	2.0	8.0	1.0	1.0	1.0	2.0	3.0	3.0	1.0		↘
Local Reporting	Self-Harm Events leading to Moderate/Severe harm/death: Community	Monthly	No Target	2.0	3.0	2.0	6.0	5.0	5.0	1.0	5.0	3.0	4.0	6.0		↗
Local Reporting	DNA Rate Analysis by Directorate	Monthly	8.5%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.1%	6.0%		↘
Local Reporting	AMH IP	Monthly	6.8%	7.0%	6.0%	6.0%	8.0%	6.0%	6.0%	6.0%	6.0%	6.0%	1.1%	6.0%		↗

	Metric	Frequency	Target	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Trend Rate
Local Reporting	AMH Community	Monthly	8.3%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	6.1%	7.0%		↗
Local Reporting	LD	Monthly	4.5%	2.0%	2.0%	2.0%	3.0%	2.0%	2.0%	2.0%	2.0%	3.0%	2.4%	2.0%		↘
Local Reporting	NOAP	Monthly	5.9%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	5.0%	5.0%	5.0%	6.5%	5.0%		↘
Local Reporting	C&YP	Monthly	8%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.9%	8.0%		↘
Local Reporting	Average Length of Stay: North Staffs CCG	Monthly	No Target	27.1	31.5	36.3	24.9	26.9	28.4	23.9	51.1	42.1	29.5	33.0		↗
Local Reporting	Adult IP	Monthly	No Target	27.6	24.1	18.4	45.1	34.1	31.2	16.9	84.3	52.9	14.9	34.9		↗
Local Reporting	CYP	Monthly	No Target	5.1	44.3	4.3	10.9	14.6	11.4	5.6	10.2	22.1	0.0	15.8		↗
Local Reporting	NOAP	Monthly	No Target	50.8	38.3	43.1	33.7	62.4	47.9	68.3	113.5	65.3	73.8	61.6		↘
Local Reporting	Substance Misuse	Monthly	No Target	8.7	9.3	10.8	9.7	10.3	9.8	11.5	10.4	12.7	8.3	10.2		↗
Local Reporting	LD	Monthly	No Target	0.0	0.0	752.0	0.0	0.0	245.1	225.0	0.0	0.0	371.5	349.4		↘
Local Reporting	Average Length of Stay: Stoke CCG	Monthly	No Target	25.1	30.0	37.6	25.7	29.2	26.3	27.7	28.4	29.9	59.5	32.0		↘
Local Reporting	Adult IP	Monthly	No Target	27.0	23.0	39.6	27.4	46.0	26.6	32.5	34.7	36.2	82.0	37.8		↘
Local Reporting	CYP	Monthly	No Target	9.1	10.0	10.0	4.3	5.7	8.2	7.1	3.5	36.6	47.9	8.9		↘
Local Reporting	NOAP	Monthly	No Target	56.2	55.2	59.0	79.5	67.3	54.2	68.5	63.8	84.4	54.8	65.9		↗
Local Reporting	Substance Misuse	Monthly	No Target	9.5	11.3	11.2	7.9	9.7	9.0	9.3	15.0	6.0	7.9	9.9		↗
Local Reporting	LD	Monthly	No Target	0.0	760.0	704.0	0.0	0.0	560.3	32.0	0.0	0.0	2.7	498.7		↗
NHSI	Never Events Incidence Rate	Monthly	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		↔
NHSI	Proportion of reported patient safety incidents that are harmful	Monthly	2.97%	3.6%	2.7%	1.5%	3.4%	4.0%	0.0%	0.8%	0.5%	1.6%	1.7%	1.6%		↘
NHSI	CAS alerts outstanding	Monthly	0	0	0	0	0	0	0	0	0	0	0	0		↔
NHSI	Safety Thermometer - Percentage of Harm Free Care	Monthly	95%	94.9%	94.8%	98.1%	96.1%	97.6%	100.0%	95.9%	98.0%	100.0%	94.1%	98.0%		↗
NHSI	Safety Thermometer - Percentage of new harms	Monthly	No Target	5.1%	1.7%	0.0%	2.0%	2.4%	0%	4.1%	2.0%	0.0%	3.9%	2.0%		↘
NHSI	Admissions to adult facilities of patients who are under 16 years of age	Monthly	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		↔
NHSI Domain - Well Led																
National Quality	Completion of Mental Health Services Data Set ethnicity coding for all Service Users	Monthly	90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		↔
National Quality	Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS	Monthly	99%	100.0%	100.0%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%		↔
National Quality	Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users	Monthly	90%	95.0%	95.0%	95.0%	95.0%	95.0%	96.0%	92.0%	96.0%	Published Mar 2017				↔
NHSI	Agency Spend (of total paybill) (M9-2.9%, M10-2.8%, M11-2.7%, M12-2.6%)	Monthly	2.7%	5.2%	6.0%	6.1%	4.8%	6.0%	6.4%	7.7%	7.4%	8.4%	7.0%	6.9%		↘
NHSI	Nursing Agency Spend	Quarterly	£270k	N/A	N/A	309k	N/A	N/A	267K	N/A	N/A	186K	N/A	N/A		
NHSI	Locum Agency Spend	Quarterly	£225k	N/A	N/A	350k	N/A	N/A	361k	N/A	N/A	222K	N/A	N/A		
NHSI	Total Agency Spend	Quarterly	£687k	N/A	N/A	855k	N/A	N/A	940K	N/A	N/A	1,167K	N/A	N/A		
NHSI	Sickness Absence Percentage: Days lost	Monthly	5.1%	5.3%	5.4%	4.9%	5.1%	2.9%	2.7%	2.8%	4.3%	4.5%	3.3%	3.4%		↗
NHSI	Corporate	Monthly	5.1%	4.1%	4.5%	3.4%	3.1%	2.1%	2.1%	2.2%	1.9%	1.9%	0.7%	0.8%		↗
NHSI	AMH Community	Monthly	5.1%	5.9%	6.4%	5.5%	6.4%	3.6%	3.6%	3.1%	4.6%	5.1%	3.7%	4.0%		↗
NHSI	AMH IP	Monthly	5.1%	7.4%	9.2%	8.8%	8.6%	3.4%	3.0%	3.2%	5.0%	4.9%	3.5%	4.2%		↗
NHSI	C&YP	Monthly	5.1%	4.3%	2.9%	4.3%	2.7%	2.3%	1.7%	2.3%	5.1%	3.2%	1.9%	3.9%		↗
NHSI	LD	Monthly	5.1%	4.1%	4.5%	4.9%	4.1%	3.8%	1.9%	2.1%	3.3%	3.3%	3.9%	4.9%		↗
NHSI	Neuro and Old Age Psychiatry	Monthly	5.1%	4.8%	4.0%	3.1%	4.7%	2.3%	2.7%	3.6%	4.8%	6.8%	4.7%	2.8%		↘
NHSI	Substance Misuse	Monthly	5.1%	6.6%	5.3%	4.9%	4.4%	2.6%	1.7%	1.9%	5.6%	5.5%	5.6%	5.6%		↘
NHSI	Staff Turnover (FTE)	Monthly	No Target	0.7	0.7	0.8	1.1	1.5	1.9	0.6	0.9	1.4	1.2	0.8		↘
NHSI	Corporate	Monthly	No Target	0.0	0.5	0.4	0.9	4.4	3.2	0.2	1.7	0.7	1.4	0.9		↘
NHSI	AMH Community	Monthly	No Target	1.6	0.8	1.3	1.3	1.0	1.7	0.7	0.5	0.7	0.9	0.9		↘
NHSI	AMH IP	Monthly	No Target	0.0	0.4	0.7	1.4	0.6	0.7	0.7	0.7	0.6	1.0	1.3		↗
NHSI	C&YP	Monthly	No Target	0.0	0.0	1.5	0.7	0.7	1.4	0.0	1.6	0.0	3.0	0.4		↘
NHSI	LD	Monthly	No Target	0.0	0.0	1.0	1.0	0.0	1.0	0.0	1.1	2.2	1.7	0.0		↘
NHSI	Neuro and Old Age Psychiatry	Monthly	No Target	0.0	2.0	0.3	1.6	0.8	2.4	1.0	0.9	0.8	0.4	0.8		↗
NHSI	Substance Misuse	Monthly	No Target	0.2	0.0	0.0	0.0	3.3	3.1	1.8	0.0	0.0	1.8	1.9		↗
NHSI	MH FFT response rate	Monthly	No Target	38.0	20.0	16.0	28.0	17.7	23.0	20.0	22.0	12.0	45.0	106.0		↗
NHSI	Staff FFT response rate	Quarterly	No Target	N/A	N/A	72.0%	N/A	N/A	97.0%	N/A	N/A	N/A	N/A	51.0%		
NHSI	Staff FFT Percentage Recommended – Work	Quarterly	No Target	N/A	N/A	46.0%	N/A	N/A	63.0%	N/A	N/A	N/A	N/A	50%		
NHSI	Overall safe staffing fill rate	Monthly	No Target	99.0%	97.0%	93.3%	92.6%	94.8%	95.1%	95.8%	103.3%	105.3%	104.2%	104.1%		↘
Local Reporting	Percentage compliance with data completeness identifiers for patients on CPA: In "employment" SHA measure >10% is performing	Monthly	10%	12.8%	12.2%	12.0%	12.0%	11.6%	11.0%	11.2%	10.8%	11.8%	11.9%	11.5%		↘
Local Reporting	Percentage compliance with data completeness identifiers for patients on CPA; In "settled accommodation" - Monitor measure	Monthly	No Target	93.2%	93.3%	94.0%	92.8%	91.2%	86.6%	87.1%	85.7%	86.6%	86.7%	86.3%		↘
Local Reporting	Percentage compliance with data completeness identifiers for patients on CPA; who have had a HONOS assessment in the last 12 months - Monitor measure	Monthly	No Target	95.1%	95.1%	95.5%	98.4%	95.4%	95.1%	95.5%	95.6%	95.9%	95.5%	93.7%		↘

	Metric	Frequency	Target	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Trend Rate
Local Reporting	Percentage compliance with data completeness identifiers for patients on CPA; Who have had a diagnosis assessment in the last 12 months	Monthly	No Target	98.1%	95.5%	100.0%	100.0%	97.3%	100.0%	100.0%	94.1%	90.1%	89.7%	91.4%		↗
Other Indicators																
Local Quality	IAPT : number people referred for psychological therapies (Target tbc)	Monthly	0	462.0	443.0	471.0	444.0	431.0	442.0	434.0	496.0	332.0	458.0	398.0		↘
Local Quality	IAPT : Balance of Service Users mapped against the local population in terms of : Age	Monthly	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		↔
Local Quality	IAPT : Balance of Service Users mapped against the local population in terms of : Ethnicity	Monthly	95%	100.0%	100.0%	100.0%	100.0%	93.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		↔
Local Quality	IAPT : Balance of Service Users mapped against the local population in terms of : Gender	Monthly	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		↔
Local Quality	IAPT : Balance of Service Users from across the geographical Contract Area	Monthly	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		↔
Local Quality	IAPT : The proportion of people who have depression and/or anxiety disorders who receive psychological therapies (Target 3.75% per quarter)	Monthly	3.75%	1.31%	1.22%	1.37%	1.27%	1.30%	1.24%	1.32%	1.37%	1.05%	1.3%	1.11%		↘
Local Quality	IAPT :The number of people who have entered (i.e. received) psychological therapies during the reporting quarter (Target 1,057 per quarter)	Monthly	1057	369.0	343.0	385.0	359.0	366.0	349.0	372.0	385.0	296.0	358.0	313.0		↘
Local Quality	IAPT: The number of people who have completed treatment during the reporting quarter broken down by age	Monthly	No Target	219.0	178.0	209.0	192.0	216.0	190.0	211.0	220.0	172.0	168.0	171.0		↗
Local Quality	IAPT: The number of people who have completed treatment during the reporting quarter broken down by sex	Monthly	No Target	219.0	178.0	209.0	192.0	216.0	190.0	211.0	220.0	172.0	168.0	171.0		↗
Local Quality	IAPT : The number of people who are "moving to recovery" of those who have completed treatment, in the reporting quarter (Target Qtr 1 to 3 - 224, Qtr 4 - 227)	Monthly	227	116.0	95.0	124.0	104.0	114.0	110.0	123.0	139.0	103.0	107.0	123.0		↗
Local Quality	IAPT : The number of people who have completed treatment not at clinical caseness at treatment commencement	Monthly	No Target	15.0	9.0	6.0	12.0	12.0	6.0	10.0	6.0	9.0	7.0	10.0		↗
Local Quality	IAPT : The number of people moving off sick pay or ill-health related benefit	Monthly	No Target	44.0	22.0	25.0	23.0	30.0	26.0	24.0	26.0	20.0	28.0	19.0		↘
Local Quality	IAPT : The number of people who have completed treatment minus the number of people who have completed treatment not at clinical caseness at initial assessment (Target: !tr 1 to 3 - 447, Qtr 4 - 448)	Monthly	448	204.0	169.0	203.0	180.0	204.0	184.0	201.0	214.0	163.0	161.0	162.0		↗
Local Quality	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%	56.9%	56.2%	61.1%	57.8%	55.9%	59.8%	61.2%	65.0%	63.2%	66.5%	75.9%		↗
Local Reporting	Bed Occupancy (Including Home Leave)	Monthly	No Target	92.0%	92.0%	93.0%	88.0%	97.0%	95.0%	99.0%	96.0%	93.2%	94.4%	91.8%		↘
Local Reporting	AMH IP	Monthly	No Target	106.0%	103.0%	100.0%	100.0%	104.0%	103.0%	107.0%	102.0%	95.9%	93.7%	81.8%		↘
Local Reporting	Substance Misuse	Monthly	No Target	86.0%	91.0%	92.0%	90.0%	83.0%	90.0%	91.0%	83.0%	76.6%	86.6%	79.8%		↘
Local Reporting	LD	Monthly	No Target	64.0%	104.0%	90.0%	84.0%	80.0%	92.0%	80.0%	97.0%	100.0%	91.4%	77.4%		↘
Local Reporting	Neuro	Monthly	No Target	99.0%	95.0%	99.0%	98.0%	99.0%	96.0%	109.0%	105.0%	96.1%	104.1%	101.0%		↘
Local Reporting	Old Age Psychiatry	Monthly	No Target	94.0%	87.0%	82.0%	71.0%	93.0%	98.0%	100.0%	99.0%	97.0%	99.0%	102.4%		↗
Local Reporting	C&YP	Monthly	No Target	63.0%	60.0%	69.0%	70.0%	79.0%	61.0%	60.0%	62.0%	51.0%	104.2%	90.2%		↘
Local Reporting	Bed Occupancy (Excluding Home Leave)	Monthly	No Target	86.0%	85.0%	88.0%	84.0%	92.0%	89.0%	94.0%	93.0%	92.7%	90.8%	86.4%		↘
Local Reporting	AMH IP	Monthly	No Target	98.0%	96.0%	97.0%	99.0%	102.0%	101.0%	101.0%	100.0%	92.0%	90.0%	80.4%		↘
Local Reporting	Substance Misuse	Monthly	No Target	85.0%	87.0%	84.0%	86.0%	79.0%	73.0%	86.0%	79.0%	75.5%	84.4%	76.8%		↘
Local Reporting	LD	Monthly	No Target	60.0%	103.0%	89.0%	84.0%	80.0%	92.0%	78.0%	96.0%	95.7%	91.4%	77.4%		↘
Local Reporting	Neuro	Monthly	No Target	98.0%	89.0%	96.0%	88.0%	89.0%	70.0%	105.0%	98.0%	89.5%	101.9%	94.8%		↘
Local Reporting	Old Age Psychiatry	Monthly	No Target	90.0%	82.0%	79.0%	69.0%	93.0%	94.0%	99.0%	98.0%	96.0%	96.0%	91.7%		↘
Local Reporting	C&YP	Monthly	No Target	47.0%	42.0%	69.0%	70.0%	79.0%	61.0%	66.0%	62.0%	51.1%	77.7%	64.0%		↘
Trust Measure	North Staffs Wellbeing Service (IAPT) - % of people treated within 6 weeks of referral	Monthly	75%	95.0%	97.0%	97.0%	95.0%	97.0%	95.0%	96.0%	99.0%	94.0%	96.0%	95.0%		↘
Trust Measure	North Staffs Wellbeing Service (IAPT) - % of people treated within 18 weeks of referral	Monthly	95%	100.0%	99.0%	100.0%	96.0%	99.0%	99.0%	100.0%	99.0%	99.0%	100.0%	100.0%		↔
Trust Measure	CAMHS (Excl. ASD) - Referral to Assessment within 18 weeks	Monthly	92%	77.6%	82.6%	74.6%	81.8%	77.7%	79.5%	82.8%	84.8%	93.2%	97.9%	98.4%		↗
Trust Measure	CAMHS ASD - Referral to Assessment within 18 weeks (number) (Target M9 - 150, M10 - 125, M11 - 90, M12 - 45)	Monthly	90	N/A	N/A	N/A	N/A	N/A	N/A	230.0	217.0	166.0	154.0	139.0		↘
Trust Measure	CAMHS - Referral to Assessment within 4 weeks (M9 - 68%, M10-75%, M11 - 82%, M12 - 90%)	Monthly	82%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Trust Measure	CAMHS - Referral to Treatment (or 2nd contact) within 14 weeks of assessment (Target: M9 - 68%, M10 - 75%, M11-82%, M12-90%)	Monthly	82%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Trust Measure	CAMHS - Referral to Treatment (or 2nd contact) within 18 weeks (Target: M9-68%, M10-75%, M11-82%, M12-90%)	Monthly	82%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		

REPORT TO Trust Board

Enclosure 6

Date of Meeting:	6 April 2017
Title of Report:	Raising Our Service Excellence (ROSE) Update
Presented by:	Mr Gwyn Thomas, Digital Strategic Lead
Author of Report:	Mr Ben Boyd, Associate Director of Transformation/EPR Programme Manager
Purpose / Intent of Report:	Assurance
Executive Summary:	A joint Stocktake review of ROSE project planning with NHS Digital, CSC and 3 NHS Trusts was held in January 2017, feedback was positive and the action plan from this is on track. The Executive Team have held 3 deep dive sessions with all Clinical Directorates reporting on their state of readiness. Of the 11 work-streams within the project; 6 are progressing, 3 are experiencing some manageable difficulties but 2 have required Executive escalation to resolve. Escalation was required to progress the integration work with UHNM on managing results from investigations (e.g. Pathology) in the EPR. A defect in the E prescribing system has been found which unresolved would mean staff could not reliably prescribe for patients going on leave from hospital. Subsequently, the Trust will limit role out of E prescribing to 1 inpatient ward in May with full system roll out to follow. The project is forecast to be delivered on budget. Recommend Trust continues with plans to Go Live on 13th May.
Seen at SLT or Exec Meeting & date	SLT / EXEC (and date): Seen by Exec Lead : 30/03/2017 Document Version number:
Committee Approval / Review	• Quality Committee ☐ • Finance and Performance Committee ☐ • Audit Committee ☐ • People and Culture Development Committee ☐ • Charitable Funds Committee ☐ • Business Development Committee ☐
Relationship with: *Board Assurance Framework* *Strategic Objectives*	1. To provide the highest quality services ☒ 2. Create a learning culture to continually improve. ☐ 3. Encourage, inspire and implement research & 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. To enhance service user and carer involvement.☒ Comments:
Risk / Legal Implications: (Add Risk Register Ref [if applicable])	Corporate risk 747
Resource Implications: Funding source:	NHS Digital funding
Equality & Diversity Implications:	None
Recommendations:	Continue plans for Lorenzo Go Live on 13th May 2017

27/05/16 13:27 Form emailed to all SLT/Execs/PAs

North Staffordshire Combined Healthcare NHS
NHS Trust

ROSE EPR Implementation

April 2017

Gwyn Thomas – Digital Strategy Leader

safe • personalised • accessible • recovery focused
spar

our vision
To be a **high quality** health and social care provider that continuously improves **patient experience** and deploys its **resources** intelligently and efficiently

our values
valuing people as **individuals**
providing high quality **innovative care**
working together for better lives
openness and **honesty**
exceeding expectations

INVESTORS IN PEOPLE

Contents

1. Executive Summary

Background

Following the Trust decision to become a "Digital by Choice" organisation we have been successful in applying for national funding to procure a new EPR via NHS Digital.

The majority of Trust services will use this new system called Lorenzo; the implementation has been named the Raising Our Service Excellence or ROSE Project to reflect that this is more of a fundamental business change rather than an IT project.

This paper details evidence to assure Trust Board that the project is being planned and delivered effectively.

Joint Stocktake

A joint Stocktake review of ROSE project planning with NHS Digital, CSC and 3 NHS Trusts was held in January 2017, feedback was positive and the action plan from this is on track.

Directorate Deep Dive

The Executive Team have held 3 deep dive sessions with all Clinical Directorates reporting on their state of readiness.

At the most recent session on the 29th March, it was noted that Learning Disability were performing especially well, NOAP were also working well.

For AMH Community, AMH Inpatients and CYP it was agreed further work is required to achieve Training targets and clarify operational processes.

All executives in attendance gave their approval to CEO to continue with Go Live as planned.

Project Management

Of the 11 work-streams within the project; 6 are progressing, 3 are experiencing some manageable difficulties but 2 have required Executive escalation.

Escalation was required to progress the integration work with UHNM on managing results from investigations (e.g. Pathology) in the EPR.

To mitigate risks associated with development issues within the E Prescribing module it has been agreed to implement this on 1 ward only, that has low volume and turnover and direct support from Trust CCIO.

Both integration and E Prescribing issues have been escalated CEO to CEO for assurance.

The project is forecast to be delivered on budget.

Recommendation

There are no indications of any significant issues that would prevent Trust Board giving approval to Go Live as planned on the 13th May 2017.

2. Introduction

In April 2016 the Trust submitted a final business case to NHS Digital to fund a new Electronic Patient Record [EPR] to replace CHIPS. CHIPS had been the Trust PAS system for over 21 years and had been upgraded over the last 5 years with added functions to represent a basic EPR. However, it was no longer fit for purpose without significant redevelopment and investment.

NHS Digital offered NHS Trusts funding from a central source to support them in procuring and deploying an EPR. This was a continuance from previous national programmes "Connecting for Health" and "NPFIT" but is due to end in July 2017.

The Trust was successful in applying for this resource and therefore procuring the system chosen by NHS Digital called Lorenzo which is supplied by Computer Sciences Corporation, [CSC].

The business case planned for the project to commence in June 2016 and the system to be deployed in March 2017 but delays in final approval from NHS Digital and NHS Improvement resulted in the project only commencing fully by August. Subsequently the new date to "Go Live" with Lorenzo was changed to 13th May 2017.

Whilst the majority of Trust services will utilise the Lorenzo system, some will use other EPR systems for contractual reasons. Integration between the systems is being developed but staff have indicated that the ability to view other systems is the initial priority and is being facilitated for Go Live.

Trust EPR systems		
Directorate	**EPR**	**Exceptions**
AMH Community	Lorenzo	Healthy Minds Stoke will use IAPTUS
AMH Inpatient	Lorenzo	
CYP	Lorenzo	
LD	Lorenzo	
NOAP	Lorenzo	
Substance Misuse	HALO & Nebula	

Following from the Trusts strategy to move to a "Digital by Choice" organisation, the project to transform our services from using paper records and analogue communication systems was named "ROSE" for Raising our Service Excellence. This was a deliberate effort to describe that we intend not just to change our EPR but to take the opportunity to improve how services operate.

This paper will concentrate on providing the Board assurance on the current state of planning and readiness for the Lorenzo element of ROSE.

3. Joint Stocktake

3.1 Stocktake review January 2017

In partnership with NHS Digital a stocktake review of the ROSE project was held on the 17th January. In addition to CSC as product suppliers, senior staff from 3 other NHS Trusts using Lorenzo were invited to review their NSCHT counterparts within ROSE.

Review staff included;

- Consultant Psychiatrist and clinical lead for Lorenzo
- Executive Directors
- Programme Managers
- Product specialists

Norfolk & Suffolk NHS Foundation Trust	Mental Health provider
Walsall Healthcare NHS Trust	Acute Hospital & Community provider
Warrington and Halton Hospitals NHS Foundation Trust	Acute Hospital provider

3.2 Outcome of the review

Feedback from the reviewers was entirely positive, confirming the project was planning well for EPR implementation. Significantly, the learning points echoed the concerns of the ROSE team and also provided useful evidence in recent negotiations with commissioners.

Highlights and headlines

- Trust approach to review open and prepared for learning, recognition of potential for complacency, and conscious approach to mitigate
- Revised process of Gateway review framed well the mutual learning and network development
- Transformation program focused on service improvement over technical deployment
- Clear program management and reporting in place
- Balance score card well developed.
- Good consideration for go live planning
- Further development of containment stage and program capacity
- Engagement with stakeholders in place with particular reference to commissioners and implications of go live.
- Board assurance process in place and NHS Digital commitment to join February board presentation.
- Communications function developed with monitoring
- Appointment of CCIO and placed at centre of clinical engagement for ROSE
- Strong clinical engagement detailed and key clinical champions in place, who are likely to be resilient and supportive during the inevitable challenges
- Benefit realisation program linked to organisation cost improvement program

3.3 Action plan

The action plan is progressing well and can be seen at Appendix 1.

4. Directorate Deep Dive

4.1 Deep Dive aims & objectives

The intention of the deep dives is to challenge and support Clinical Directors and Heads of Directorate for all clinical services in regards their preparations and readiness for implementation. Sessions have been held monthly and are chaired by CEO with at least 3 other executives present. Also in attendance are the Trusts Digital Strategy Lead, Chief Information Officer, Associate Director for Performance and senior ROSE Project Staff.

The most recent Deep Dive session was on the 29th March 2017, with the Directors of Workforce & Leadership and Operations gave assurance to Chief Executive Officer that they were satisfied the project was on track and could proceed to Go Live in May.

4.2 Deep Dive Content

Each Directorate presented on the following items;

- Training performance
- Superusers to support training
- Smartcard allocation
- Current levels of data completeness for EPR processes
- Configuration of teams, wards & clinics in Lorenzo
- New business processes – Ereferral, Care Pathways, Business Continuity Plans, Benefits
- New electronic processes – Referral management, Caseload allocation, MDT meetings, Reporting
- Equipment – PCs/Laptops, Scanners, Projectors/Screens

4.3 Outcome from Deep Dive

All Directorates have produced a detailed action plan to monitor progress.

However, highlights from each were;

Deep dive highlights	
Directorate	Highlights
LD	100% of staff booked to attend classroom training and 100% have completed E Learning. System content has been designed to staff satisfaction. Benefits planning is progressing well.
AMH Inpatients	100% of staff booked to attend classroom training. Acknowledged nore action was required to ensure staff attendance at training. Further work planned on benefits realisation.
AMH Community	100% of staff booked to attend classroom training. Additional support has been provided from Corporate teams and has progressed a system wide review of operational processes across both AMH Directorates
NOAP	100% of staff booked to attend classroom training. Early recognition of higher than expected DNA rates for training has resulted in improved performance
CYP	Competing demands on staff and managers time with Workforce Transformation underway has resulted in lower than average performance. Additional support from Corporate Teams has resulted in an improvement plan that is yielding positive results in managing training attendance and clarifying operational processes.

4.4 Training

Training is progressing well and was received as a key indicator for successful implementation. At 28th March performance was reported as:

			Classroom bookings							eLearning	
Directorate	Total staff on LMS (All Trust staff)	NHS Digital Reporting Count (Current Staff count minus non essential staff)	Booked - Not yet Trained Number	Total Booked Number	Booked %	Attended Number	Attended %	DNA Number	DNA %	eLearning Completed (NHS Digital) Number	eLearning Completed (NHS Digital) %
AMH Community	460	357	198	357	100.0%	151	42.30%	10	2.80%	352	98.6%
AMH In Patient	173	162	104	162	100.0%	52	32.10%	10	6.17%	147	90.7%
Children and Young People	154	147	77	132	89.8%	54	36.73%	1	0.68%	105	71.4%
Learning Disabilities	130	125	48	122	97.6%	66	52.80%	8	6.40%	125	100.0%
NOAP	268	258	114	258	100.0%	143	55.43%	8	3.10%	224	86.8%
232 Substance Misuse	54	11	2	7	63.6%	5	45.45%		0.00%	6	54.5%
232 Workforce and Leadership	84	36	30	36	100.0%	8	22.22%	2	5.56%	25	69.4%
Grand Total	1323	1096	573	1074	98.0%	479	43.70%	39	3.56%	984	89.8%
Target % as at 24-03-2017					100.0%		40.0%				70.0%
Target % as at 31-03-2017					100.0%		47.0%				80.0%

5. Project Management

5.1 Workstreams

There are 11 Project Workstreams. Each is RAG rated (Red/Amber/Green) to indicate current status in regards delivery against objectives.

RAG Rating Criteria	Rating
Completed	GREEN
On target / recoverable or work commenced but not completed	AMBER
Off target and unlikely to recover or work not commenced	RED

ROSE Project Workstreams 28th March 2017		
Workstream	Objectives	RAG
Training	Minimum 85% of staff appropriately trained in use of Lorenzo for Go Live.	GREEN
Information & Reporting	Deliver minimal disruption to internal and external reporting on transfer to new system and build foundation for improved reporting capability	AMBER
Testing Business Processes	Ensure robust testing of standard operating procedures and identify issues for remedy	GREEN
Interfacing & Integration	Develop improved interoperability between internal and external electronic systems to increase effectiveness and efficiency	RED
Data Migration	Transfer data from legacy systems with minimal loss of data and build foundation for improved data quality	GREEN
Engagement & Communication	Ensure the whole Trust understands ROSE and is committed to the service transformation it enables	GREEN
Configuration	Develop Lorenzo programming to meet clinical requirements of the Trust	GREEN
EPMA [Electronic Prescribing & Medicines Administration]	Replace paper systems for prescribing and administering medications with electronic processes that improve safety, effectiveness and efficiency	RED
Infrastructure	Build IT systems capability to accommodate a full EPR system and provide devices to support staff to utilise the system fully	GREEN
Service Management	Develop the Trust capability to manage a full EPR system and maintain effective functioning after initial implementation	AMBER
Business Change	Work with Clinical Directorates to adopt new ways of working within the EPR and capture these in Standard Operating Procedures	AMBER

5.2 Information & Reporting

All 3 Trusts during the recent Joint Stocktake stressed that there would almost certainly be some disruption to reporting processes for at least 6 months after Go Live. This is not unique to Lorenzo and is somewhat understandable, as one of the main motivations for seeking a new EPR system is to improve data collection and reporting. Therefore, any implementation will flush out long standing and often poorly understood data management issues.

To mitigate this, our Executives have secured support from CCG Commissioners in accepting some disruption to reporting for up to 6 months post Go Live.

Since the last Board update in February work has progressed.

- Additional resources – 4 contractors have now been engaged to boost the capability and capacity of our Performance and Information team. They are completing a comprehensive review of existing systems and under the direction of our Associate Director for Performance developing a plan for new Trust requirements.
- Improved reporting capability – Snomed codes will be utilised in Lorenzo, this is a nationally recognised code set for describing clinical activity and is supported by NHS Digital. The Snomed code set is comprehensive with over 1000 individual codes. Directorates are taking advantage of functionality in Lorenzo to utilise "favourites" whereby they create a shorter list of frequently used codes from the full catalogue. This avoids staff spending too much time searching for codes and supports greater consistency in coding activity.

5.3 Interfacing and Integration

The ROSE project has taken a much more ambitious approach to integration between internal/external systems at the outset than any other Trust currently using Lorenzo.

Whilst this fits well with the work going on across the Local Health Economy, it is dependent on the co-operation of third parties and largely therefore beyond our direct control. Areas where the Trust is working to integrate systems are;

Systems Integration	
System	Summary
Safeguard	Incident reporting and Risk Management system. Working to avoid staff duplicating entries for incident reports and the patient record.
Docman	Electronic document system used by over 60% of local GPs. Utilising an existing HUB with CCGs to send Ward Discharge Summaries electronically directly from Lorenzo.
CCube	Currently provide our RIBS electronic case note archive. Developing the ability to view RIBS archive records directly from the patients Lorenzo record.
IPortal	UHNM Laboratory & Imaging services. Currently staff can view results by logging into a separate system. By integrating staff will receive and view results directly to the patients Lorenzo record.
Liquid Logic	Stoke Local Authority care management system due for implementation in Autumn 2017. Working to avoid staff who input data across both Trust and Social Care duplicating this in both systems
Care Director	Staffordshire Local Authority care management system due for implementation in Autumn 2017. Working to avoid staff who input data across both Trust and Social Care duplicating this in both systems

Whilst it is unlikely all of these interfaces will be completed in time for Go Live in May, good progress is being made between the Trust and the other system providers.

The exception to this is currently the UHNM Laboratory & Imaging services and hence the Red RAG rating. Despite persistent attempts since November 2015 by ROSE Project staff to complete this work and a clear plan to do so in place since April 2016 progress stalled in February 2017. Escalation to UHNM Director of IM&T and CEO resulted in their request for additional funding through a Service Level Agreement. This was agreed and progress resumed. However, whilst work on Imaging is on schedule the work to complete integration for Pathology results is more complex and will not be ready for Go Live in May. Further discussions are underway at CEO level to explore any potential to resolve this.

5.4 EPMA

As reported in the last Board update the newly developed Prescribing module in Lorenzo has presented significant concerns for Mental Health, namely;

- Administering depot injections in community settings. The system does not allow any flexibility for administering depot injections. Staff can only administer on the precise date that the system forward plans 2, 3 or 4 weekly over a 12 week period. It does not allow for the possibility that these dates may fall at weekends or public holidays nor does it allow staff to administer the injection if the patient presents a few days late or early. We have over 600 patients being maintained in the community who receive depot injections, the current system posed a significant risk that a patient may miss their injection and result in rapid deterioration and crisis.
- Prescribing leave medication. The system is not allowing for certain preparations to be prescribed accurately when patients are going on leave. Prescribers are unable to enter dosage and frequency details fully.

To mitigate risks the Trust plans to implement EPMA on one inpatient area only until CSC resolve the issues identified. The LD Assessment & Treatment Unit has been identified for this as it has low volume and low turnover of patients and can be directly supported by the Trust CCIO who has overseen the clnical safety issues in EPMA.

Escalation at CEO level has taken place to keep pressure on CSC and NHS Digital to resolve these issues and a face to face meeting is being planned for early May.

5.5 Service Management

Whilst there are significant benefits to be gained by deploying a more advanced EPR such as Lorenzo there are also implications for system maintenance and support. This was captured in the benefits realisation allowing for additional costs to be incurred for regular testing of the system as quarterly updates are released year on year.

However, 12 months on it has become clear that this “disbenefit” was substantially underestimated and the benefits in paperless working did not account fully for the additional capability and capacity that will be required to fully exploit the system potential in future years.

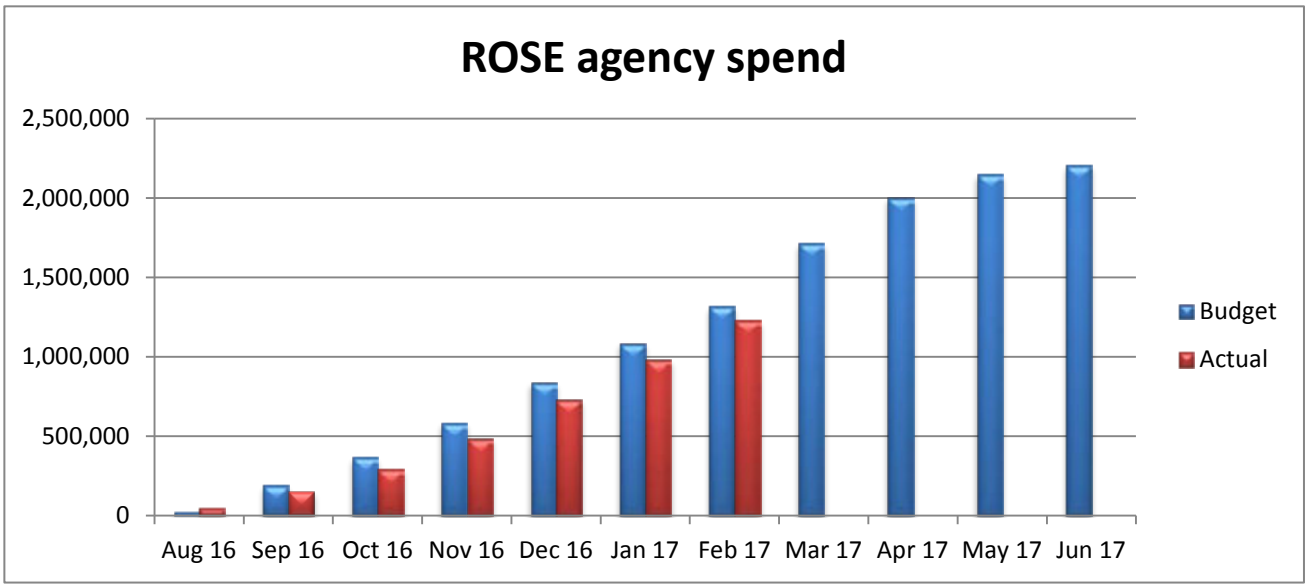
The amber rating is therefore as a result of additional business planning that is being progressed to remedy this but as yet has not been approved by the Trust Business Development Committee.

5.6 Business Change

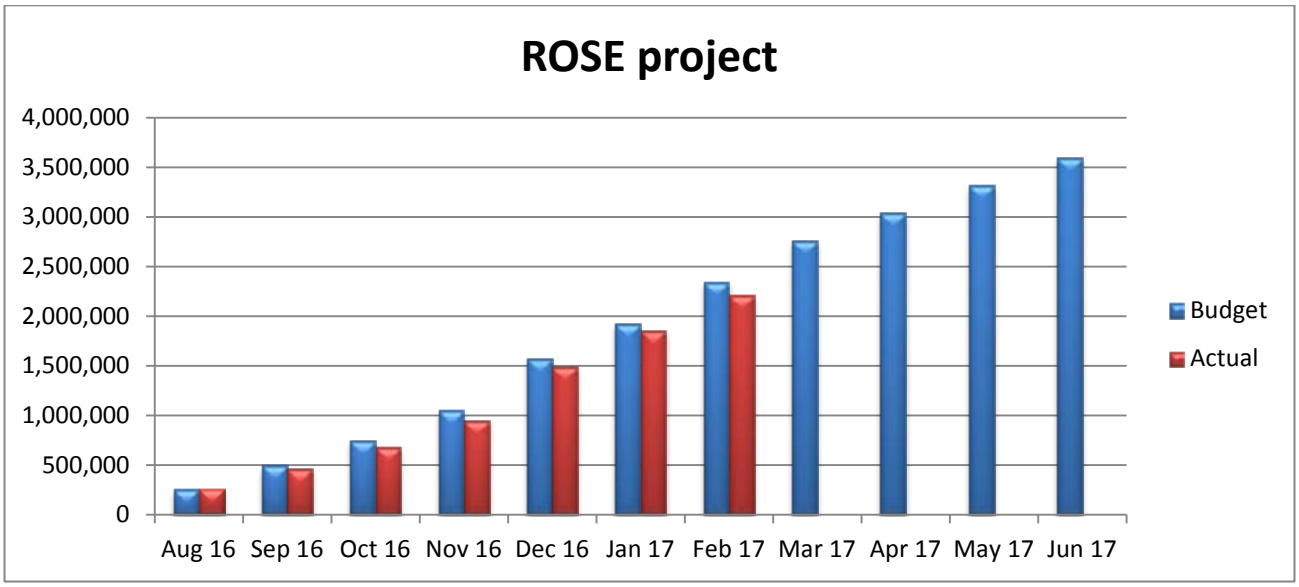
This item has been rated as amber because the Standard Operating Procedures produced by the Business Change analysts have now been tested by clinical staff and updated. Next step through April is to secure final approval at Clinical Records & System Design Group chaired by Medical Director when item is expected to be rated Green.

5.7 Finance

The project is currently underspent by £89k, largely as a result of agency staff costs as below. The project as whole is forecast to be completed within budget.



The project as whole is forecast to be completed within budget.



6. Risk Register

An increase in risk rating has been recorded for Electronic Prescribing (830) as noted above and though not increased as yet it is likely the rating for Interoperability (839) may also increase pending the outcome of CEO escalation.

The risks rated at 12 or above are reported below;

Ref	Risk	Impact	Likelihood	Gross risk	Impact	Likelihood	Residual risk
830	**(ROSE/Lorenzo)There is a risk that the new electronic prescribing system (EPMA) could fail to deliver on expected benefits due to poor planning and lack awareness/understanding as the system is untried within other MH Trusts.**	4	3	12	4	4	16
836	**(ROSE/Lorenzo) There is a risk that the Trust may fail to engage and deliver adequate reporting to meet commissioner requirements.**	4	4	16	4	3	12
831	**(ROSE/Lorenzo) There is a risk that the ROSE EPR project could fail to deliver on expected benefits due to poor planning and lack of stakeholder engagement.** Corporate Directorate Trust Risk 747	4	4	16	4	3	12
838	**ROSE/Lorenzo) There is a risk of failure to achieve the target of 85% attendance at training by May 2017 due to lack of staff Enagement.**	4	4	16	4	3	12
839	**(ROSE/Lorenzo) There is a risk of a lack of integration and interoperability due to failure to secure support from third party providers to enable systems integration with Lorenzo.**	3	4	12	3	4	12
843	**(ROSE/Lorenzo) There is a risk that the Trust may be restricted in its ability to make significant system changes as Lorenzo is currently used by 15 other Trusts under national contract.**	4	4	16	4	3	12
902	**(ROSE/Lorenzo) There is a reputational risk to the Trust if we are unable to report performance, resulting in an adverse effect on the assurance and governance rating (NHSi segmentation)**	4	4	16	4	3	12
837	**(ROSE/Lorenzo) There is a risk of loss of patient information during data migration from CHIPS to Lorenzo which could compromise patient safety.**	4	4	16	4	3	12

7. Conclusion

At this point we do not recommend any change to the planned Go Live date of 13th May 2017.

Appendix 1

ROSE Joint Stocktake Action Plan at 28th March 2017

Activity	Outcome	Owner	By when	Criticality	Status 28th March
CCIO review					
Ensure Trust documents in training environment for training.	*35 Trust documents used in training sessions.*	*Hardeep Uppal*	27th Feb	High	Completed
Review lesson plans.	*Review completed 19th Feb*	*Hardeep Uppal*	27th Feb	High	Completed
Review paper on service outages from Norfolk		*Hardeep Uppal*	End of April	High	Not due
Review capacity of CCIO in comparison with another Trust where there is combined CCIO/CSO role	*CCIO has increased capacity by 1 PA as a result*	*Hardeep Uppal*	13th May	Medium	Completed
CIO review					
Develop and recommend Service Management Plan to DbC Board	*Paper approved by Tom Thornber and on agenda for February Board*	*Dave Hewitt*	End of January	High	Completed
Improve relations with CSC, arrange meeting with Service Director, Head of Service & Service Management Team	*Meetings arranged 22nd Feb*	*Dave Hewitt*	End of February	Medium	Completed
Develop SOPS for service management and share with NHS Digital/ other Trusts	*Key SOP being finalised for inducting new/temp staff*	*Dave Hewitt*	End of April	Medium	Not due
Agree performance requirements for Service Management Group reporting	*Agreed Digital Board 28th March- CIO to present regular paper on supplier management*	*Dave Hewitt*	End of April	Medium	Completed
Communication & Engagement review					
Assist in the Development and sign off Service Management Plan – to include super users and operational management and field experts.	*Paper approved and on agenda for February Board*	*Dawn Thompson*	End of January	High	Completed
Build into Super user sessions – requirements to cover Future state, Sop's etc.	*Super user training programme in place up to Go Live*	*Dawn Thompson*	End of April	High	Completed
Hold Benefits sessions with Team Managers - BB	*All Directorates held sessions feedback at February Deep Dive*	*Ben Boyd*	End of February	High	Completed
Communications to update the Project Communications plan for immediate period and post-ROSE Day	*Assurance given at Project Board 14th Feb plan updated*	*Joe McCrea*	End of February	High	Completed

Activity	Outcome	Owner	By when	Criticality	Status 28th March
Communication & Engagement review					
Arrange escalation meetings with CEO, Ops Director.	*Weekly meeting with Dir Ops & HoDs arranged from 7th April with daily meetings for week commencing 15th May. Slot in Execs meetings April and May for ROSE with Action Plan*	*Ben Boyd*	End of April	Medium	Completed
Keep in contact with Other Organisations:	*Visit to Warrington 16th Feb, Norfolk visiting Trust 21st Feb, Walsall visit 10th Mar*	*Ben Boyd*	End of February	Medium	Completed
Systems & Configuration review					
Compare Section 17 leave SOP and Test Scripts, Letters & CDC matrix with Norfolk	*Documents received and minor updates completed*	*Lesley Birkin*	End of January	Low	Completed
Test Systems issues - Letters & Team merge field	*System tested no issues*	*Lesley Birkin*	End of January	Medium	Completed
Raise awareness of Smartcard Lock box for wards and agree SAS process	*Temporary smartcards will be held by DSN who will be superusers*	*Lesley Birkin*	End of January	High	Completed
Consider the approach of Norfolk for removing wet signature. Review requirements for future state	*Wet signatures already minimal in Trust*	*Lesley Birkin*	End of February	Low	Completed
Cutover planning review					
Conclude Business Continuity Plans	*Being tested at Dress Rehearsal 7th & 8th April*	*Colin Mooney*	End of April	High	Not due
Conclude floorwalker plans	*Being tested at Dress Rehearsal 7th & 8th April*	*Colin Mooney*	End of April	High	Not due
N3 bandwidth – Review Before DRH Required	*CIO and HIS have re-checked bandwidth, plan to check base by base to confirm*	*Colin Mooney*	End of January	High	Completed
Complete Data Quality plan for post Go Live comparison	*Performance team have completed baseline report for Data Quality*	*Colin Mooney*	End of January	High	Completed
Ensure roles are developed for Smartcards	*16 roles identified to date*	*Colin Mooney*	7th April	High	Completed

Activity	Outcome	Owner	By when	Criticality	Status 28th March
Benefits realisation review					
Complete benefit strategy document	*In first draft*	*Ben Boyd*	7th April	Medium	Not due
Consider use of dependency mapping for forecasts	*Dependencies are being reviewed with HoDs and Finance leads*	*Ben Boyd*	End of February	Medium	Completed
Review benefits with Directorates	*All HoDs have engaged with detailed apportionment of BART*	*Ben Boyd*	End of February	Medium	Completed
Programme management review					
Incorporate "What's coming post Go Live"" into Directorate sessions planned	*Operaional changes discussed at Directorate meetings with feedback at Deep dive session Feb*	*Ben Boyd*	End of January	Medium	Completed
Confirm commissioner response to Go Live paper	*Cheryl Hardisty has asked that CQUIn & NHS England reporting is prioritised, disruption for 6 months accepted for activity reports*	*Ben Boyd*	End of January	High	Completed
Review attendance at Super-user sessions planned for Jan/Feb	*Attendance excellent with over 100 superusers attending*	*Ben Boyd*	End of February	Medium	Completed

REPORT TO TRUST BOARD

Date of Meeting:	6th April 2017
Title of Report:	Board Assurance Framework 2017/18
Presented by:	Laurie Wrench, Associate Director of Governance
Author of Report:	Laurie Wrench, Associate Director of Governance
Purpose / Intent of Report:	Assurance and information.
Executive Summary:	The Board Assurance Framework (BAF) aligns the Trust strategic objectives to our quality priorities and key risks including the Board's level of risk appetite. The BAF for 2017/18 has been further strengthened with the introduction of tiered level of assurance in line with internal audit recommendations. This year, the BAF has also been mapped to the key Trustwide risks that score 12 or above to allow a top down and bottom up approach to risk management. The inclusion of a year start RAG demonstrates where additional 'stretch' has been applied to the assurance introduced with those rated as 'amber' and 'red' posing greater challenge to delivery.
Seen at SLT or **Exec** Meeting & date	SLT/EXEC: Discussed during Exec Date: 4th April 2017 Document Version number: 6
Committee Approval / Review	• Quality Committee • Finance and Performance Committee • Business Development Committee • People and Culture Development Committee • Audit Committee
Relationship with: *Board Assurance Framework* *Strategic Objectives*	1. To 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. To enhance service user and carer involvement.☒ **Comments:**
Risk / Legal Implications: (Add Risk Register Ref [if applicable])	The BAF describes the risks associated with the delivery of the strategic objectives and maps to the Trustwide risks that score 12 or above.
Resource Implications:	None

Funding source:	
Equality & Diversity Implications:	None
Recommendations:	• The Board note that this is first draft of the BAF for 2017/18 and provide comments as appropriate. • The Board support the discussion of the 2017/18 BAF during the next cycle of sub committees • The Board give final approval to the 2017/18 BAF at May Trust Board.

Board Assurance Framework (BAF) 2017/2018

Welcome to the Board Assurance Framework for North Staffordshire Combined Healthcare NHS Trust.

The Trust Board is responsible for ensuring that North Staffordshire Combined Healthcare NHS Trust consistently follows the principles of good governance applicable to NHS organisations. The Board does this through the development of systems and processes for financial and organisational control, clinical and information governance and risk management.

Our Board Assurance Framework identifies the procedures for risk management against our key strategic objectives, encompassing the management of all types of risk to which the Trust may be exposed, our controls and the assurances we have in place. This includes the effective integration and management of clinical and non-clinical risk.

Those key risks, mapped against our seven strategic goals are set out in the following pages. We have also categorised each objective against our quality priorities – SPAR.

Objective 1:	To enhance service user and carer involvement								
SPAR PRIORITY									
Exec owner:	Director of Nursing and Quality								
Assurance Committee:	Quality Committee								
Risk appetite	Financial		Quality (Innovation)		Regulation		Reputation		

RISK: *The Trust fails to listen and act upon service user and carer involvement resulting in an inability to deliver responsive services.*	**Gross Risk (no mitigation)**			**Residual Risk (with mitigation)**			**Target Risk (31/03/18)**		
	LIKELIHOOD	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**
Risk Trend Arrow ⟷	4	3	12	3	3	9	2	3	6

Links to 12+ Trust Risks	**Description of linked 12+ Trust Risks**
	• **Not Linked to any Trust Wide Risk**

Internal Assurance Examples		**External Assurance Examples**
Level 1	**Level 2**	**Level 3**
• **Corporate Performance Report/ Dashboard** • **Internal Performance** • **Reportable Issues Alert** • **Quality Account** • **Internal Audit Reports** • **Practice Improvement & Lessons Learnt Report** • **Complaints and Concerns Report**	• **Internal Audit (linked to annual plan)** • **Strategy implemented** • **Plan realised**	• **National Patient Satisfaction Surveys (F & F Test)** • **Healthwatch Reports** • **Independent Reviews (e.g. Ombudsman Reports)** • **External Visits / Inspection Reports** • **CQC** • **External Audit** • **Benchmarking** • **Quality Account**

• **Incident Reports** • **SI Reports** • **Clinical Audit**		• **Annual Governance Statement**

SPAR Reference	**CONTROLS to Mitigate Strategic Risk**	**Level of Assurance**	**Description of Assurance**	**Exec Owner**	**Year Start RAG**	**Quarter Due**	**Forward Plan / Progress**	**Q1 RAG**	**On Target RAG**	**Year End RAG**
S P A R	Embed service user influence across the Trust	2	Service user and carer engagement strategy is developed	DON		Q3				
		2	Enhanced profile and influence of service user and carer council	DON		Q2				
		2	Ensure there is a service user and carer involvement group linked to the Alliance Board	DSD		Q1				
		2	The service user friends and family test response rate is increased by XX% (to be confirmed once Q4 data available)	DON		Qrtly				
		2	The % of service users recommending the trust as a place to receive care is increased by maintained at 90% or above	DON		Qrtly				
		2	There is service user / carer involvement in the Board to Ward/Team programme of unannounced visits	DON		Qrtly				
		2	Every interview panel offers the opportunity for service user / carer involvement	DLW		Qrtly				

		2	There is service user / carer representation on trust committees facilitated through the service user and carer council	DON		Q3				
		3	The Trust will achieve scores in the "best performing Trusts" category for >50% of indicators in the Community Mental Health Survey	DO		Q4	Q1 – Ongoing implementation of 2016 action plan. Q2 – Review and report on survey (date to be confirmed) Q3 – Development, presentation and implementation of 2017 plan			
A	Service users and carers are engaged in the development of the STP	3	The chair of the service user and carer council is a member of the community reference groups	CEO		Q2				
A	Development of a network of peer support workers	2	A plan is developed to introduce peer support workers in line with the service user engagement strategy. Ten peer support workers will be in place by the end of Q4	DON		Q4				
A	Enhanced understanding of the financial position across the organisation	1	Implement alternative presentation of the annual accounts 2016-17 for AGM	DFP		Q3				
		1	Creation of a number of finance videos explaining the Trust's finances	DLW		Q4				
R	Development of a wellbeing academy	2	Wellbeing academy is implemented to complement traditional rehabilitation approaches by providing people with	DON		Q3				

			education and learning experiences as a means of supporting personal and social recovery.							

Objective 2:	To provide the highest quality services
SPAR PRIORITY	
Exec owner:	Director of Nursing and Quality and Medical Director
Assurance Committee:	Quality Committee

Risk appetite	Financial	3	Quality (Innovation)	3	Regulation	2	Reputation	3

RISK: *The Trust fails to improve patient safety, eliminate avoidable harm and deliver high quality services, resulting in less than optimal care, reputational harm, increased scrutiny and regulatory restrictions* *Risk Trend Arrow*	**Gross Risk (no mitigation)**			**Residual Risk (with mitigation)**			**Target Risk (31/03/18)**		
	LIKELIHOOD	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**
	4	4	16	3	4	12	2	4	8

Links to 12+ Trust Risks	**Description of linked 12+ Trust Risks** • 440 – Place of Safety • 441 – PICU • 423 – Compliance with MHA/MCA

Internal Assurance Examples		**External Assurance Examples**
Level 1	**Level 2**	**Level 3**
• **Corporate Performance Report/ Dashboard** • **Internal Performance** • **Reportable Issues Alert** • **Quality Account** • **Internal Audit Reports**	• **Internal Audit (linked to annual plan)** • **Strategy implemented** • **Plan realised**	• **National Patient Satisfaction Surveys (F & F Test)** • **Healthwatch Reports** • **Independent Reviews (e.g. Ombudsman Reports)** • **External Visits / Inspection Reports** • **CQC**

• **Practice Improvement & Lessons Learnt Report** • **Complaints and Concerns Report** • **Incident Reports** • **SI Reports** • **Clinical Audit**		• **External Audit** • **Benchmarking** • **Quality Account** • **Annual Governance Statement**

SPAR Reference	CONTROLS to Mitigate Strategic Risk	Level of Assurance	Description of Assurance	Exec Owner	Year Start RAG	Quarter Due	Forward Plan / Progress	Q1 RAG	On Target RAG	Year End RAG
S P A R	Every CQC core service rating is 'good' or 'outstanding'	3	CAMHS Community services are rated as 'good'	CEO		Q2				
		3	Adult Community Services are rated as 'good' for the safe domain	CEO		Q2				
		3	Older persons inpatient services are rated as 'good' for the safe domain	CEO		Q2				
S	Improved physical health monitoring	3	The Trust is a smoke free organisation	MD		Q4				
		2	Increased staff recognition of the 'deteriorating patient' in relation to the onset of sepsis.	DON		Q4	A sepsis programme is developed and implemented An audit of the MEWS physical health monitoring tool is undertaken			
		3	Flu vaccination campaign is delivered achieving national targets of at least 75% frontline staff receiving the vaccination	DON		Q4				
		2	A falls reduction programme is developed and implemented resulting in a 30% decrease in the number of falls	DON		Q4				
		3	A programme of	MD		Q3				

			prevention and assessment of cardiometabolic disease is developed and implemented in older adult inpatient services aligned to the Lester Tool for adult inpatient services							
		1	100% compliance with physical health monitoring and recording post rapid tranquilisation	MD		Q1				
S P A R	Safer Staffing	2	Safer staffing is introduced for 24/7 services	DON		Q2				
		1	Vacancy rates remain below 7%	DLW		Monthly				
		1	Safer staffing levels do not fall below recommended thresholds	DON		Monthly				
S P A R	A quality improvement programme is established focussing on a decrease in mortality	2	The Board to Ward programme continues to be embedded with a quarterly report to the Quality Committee and Trust Board	DON						
		2	An inpatient assessment accreditation framework is implemented with 100% of wards participating in the programme by Q4	DON		Q4				
		1	Development of a Community Safety Matrix	DON		Q4				
		3	100% achievement of CQUIN scheme	MD		Qrtly				
		3	Collaborate with partners	MD		Q4				

			to reduce deaths by suicide in the Trust by 10% from baseline							
		2	Investment in environmental ligature improvements as per the 2016/19 plan	DO		Q4	Q1 – Business case for 17/18 works developed (April) and approved by BDIC. Q3 – Work to commence for completion in year			
S	Improvement in medicines management	2	100% compliance with the protocol for the safe storage of medicines	MD		Q1				
		1	100% compliance for daily fridge temperature monitoring	MD		Qrtly				
		1	100% compliance with the reason for omitted doses recorded	MD		Qrtly				
		2	100% compliance with the documentation of the administration of covert medicines	MD		Qrtly				
S	Zero tolerance for non-compliance with the Mental Health Act and Mental Health Law	1	Monthly mental health act audit demonstrates 100% compliance in all areas	MD		Qrtly				
A R	Services are responsive to the needs of service users	1	92% compliance for all national waiting time targets and 18 week waits for first definitive treatment for all services	DO		Monthly	Q1 – Development of new Access and Waiting Time Policy incorporating national reporting requirements and local standard (agreed with Commissioners) which INCLUDES: Q1- Establishment of what constitutes “definitive treatment”			

							where this differs from the second contact, as per NHSE guidance. Q1 – Development of operational management reports to support Directorates to manage demand and capacity to achieve standard Q1 – Review of business processes, and action plan by Directorate to cover SOP, validation and process to be monitored through Directorate performance review.			
		1	100% compliance with 3 hour assessment target for service users entering the Place of Safety	DO		Qrtly	Trajectory by Quarter: Q1 – 50% Q2 – 65% Q3 – 80% Q4 – 100%			
S P A R	Board and committee governance is well planned to mitigate against trust strategic risks	1	Cycle of business and sub group reporting is streamlined	ADG		Q3				
		1	Implementation of a tiered programme of assurance through clinical, internal, external audit and risk management	ADG		Q2				

Objective 3:	Encourage, inspire and implement research and innovation at all levels							
SPAR PRIORITY								
Exec owner:	Medical Director							
Assurance Committee:	Quality Committee							
Risk appetite	Financial		Quality (Innovation)		Regulation		Reputation	

RISK: *The Trust fails to exploit its potential in research and innovation, losing credibility and reputation and under achieving in delivering evidence based care.*	Gross Risk (no mitigation)			Residual Risk (with mitigation)			Target Risk (31/03/18)		
	LIKELIHOOD	IMPACT	SCORE	LIKELIHOOD	IMPACT	SCORE	LIKELIHOOD	IMPACT	SCORE
Risk Trend Arrow	4	3	12	3	3	9	2	3	6

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• **Complaints and Concerns Report** • **Incident Reports** • **SI Reports** • **Clinical Audit**		• **Quality Account** • **Annual Governance Statement**

SPAR Reference	CONTROLS to Mitigate Strategic Risk	Level of Assurance	Description of Assurance	Exec Owner	Year Start RAG	Quarter Due	Forward Plan / Progress	Q1 RAG	On Target RAG	Year End RAG
A	Increased reputation and profile as an influential mental health research organisation	3	Develop and agree a formal partnership agreement with Higher Education Institutions in areas of mutual interest	MD		Q2	Collaboration with Manchester University in identifying and modifying risk factors associated with dementia			
		1	Increased number of research collaborations by 10% from baseline	MD		2.5 % by Q1				
		1	Increased external funding for research by 10% from baseline	MD		2.5 % by Q1				
		2	A strategic appointment is made with a local Higher Education Institution	MD		Q4				
A	Refreshed Research Strategy is implemented	1	To refocus the research strategy to incorporate innovation, with Board approval following the appointment of a new R&D Director	MD		Q3				
S P A R	Empowering innovation across our workforce and service users	1	Dragons Den is re-launched with a focus on innovation and value makers under the auspices of the Research and Innovation Team	MD		Q4				
		2	The innovative shared care	DO		Q1				

			ward (ward 4) is commissioned recurrently by commissioners							
S P A R	The 'Towards Outstanding' leadership programme is implemented	3	The Trust participates in the 'Go Engage' programme internally branded as 'Towards Outstanding - Engagement'. It partakes in 4 annual quarterly checks and 2 cohorts of 10+ pioneer teams.	DLW		Q4				
		3	The Trust will demonstrate improved engagement via Go Engage Survey by end Q4 from the baseline survey	DLW		Q4				
		1	The trust will hold two open LiA events this year to listen and respond to staff ideas and suggestions.	DLW		Q3				
		1	The directorates will develop a plan to hold 10 Leadership academy sessions throughout the year - linked to Board Development, BAF and SLT development themes.	DLW		Q1				
A	Review of models of care and care pathways	2	Review of care pathways associated with Meridian work on productivity	DSD		Q2				
		2	Plan to deliver directorate specific and cross directorate benefits of	DSD		Q3				

			productivity improvements linked to a review of the 2 year plan							
		1	The PICU development is delivered to time and target	DO		Q4	Q1 – Building to commence. Q2/3 – Ongoing project management with delivery assurance. Q Jan 18 – Project to be completed.			
		1	The Place of Safety development is delivered to time and target	DO		Q2	Relates to the one Place of Safety option as no agreement to two Places of Safety currently. Objective to be re-scoped if this goes ahead. Q1 – Plans to be finalised. Q1 – Building to commence. Q1 – Ongoing project management with delivery assurance. Jul 17 – Project to be completed.			
P A R	Digital innovations	1	Extension of the FLO and autographer innovation to develop a self-managed integrated care pathway for MCI and dementia patients	MD		Q1	The app will be built in Q1 and then piloted for 5 patients			
			Work will be undertaken in collaboration with Primary Care and UHNM to become more accessible to patients through the use of video consultation	MD		Q3	Pilot to commence in Q1			

Objective 4:	To create a learning culture to continually improve							
SPAR PRIORITY								
Exec owner:	Director of Leadership and Workforce							
Assurance Committee:	People and Culture Committee							
Risk appetite	Financial		Quality (Innovation)		Regulation		Reputation	

RISK: *The Trust fails to support its workforce to continually learn and develop resulting in poor staff experience.*	**Gross Risk (no mitigation)**			**Residual Risk (with mitigation)**			**Target Risk (31/03/18)**		
	LIKELIHOOD	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**
Risk Trend Arrow	3	4	12	2	4	8	2	4	8

Links to 12+ Trust Risks	**Description of linked 12+ Trust Risks**
	• **Not Linked to any Trust Wide Risk**

Internal Assurance Examples		**External Assurance Examples**
Level 1	**Level 2**	**Level 3**
• **Corporate Performance Report/ Dashboard** • **Internal Performance** • **Reportable Issues Alert** • **Quality Account** • **Internal Audit Reports** • **Practice Improvement & Lessons Learnt Report** • **Complaints and Concerns Report** • **Incident Reports**	• **Internal Audit (linked to annual plan)** • **Strategy implemented** • **Plan realised**	• **National Patient Satisfaction Surveys (F & F Test)** • **Healthwatch Reports** • **Independent Reviews (e.g. Ombudsman Reports)** • **External Visits / Inspection Reports** • **CQC** • **External Audit** • **Benchmarking** • **Quality Account** • **Annual Governance Statement**

• **SI Reports** • **Clinical Audit**										
SPAR Reference	**CONTROLS to Mitigate Strategic Risk**	**Level of Assurance**	**Description of Assurance**	**Exec Owner**	**Year Start RAG**	**Quarter Due**	**Forward Plan / Progress**	**Q1 RAG**	**On Target RAG**	**Year End RAG**
S	Increased learning from incidents enhancing a patient safety culture for staff to work in	1	Plan developed to reduce the number of repeat incidents	DON		Q1				
			A reduction of repeat ligature incidents by 50%	DON		12.5% by Q1				
		1	An increase in the number of senior clinical staff who are competent / trained in Root Cause Analysis investigation by 50% from baseline	DON		12.5% by Q1				
S	Investment in workforce development - Staff knowledge of risk assurance is strengthened	1	Risk assurance is determined at three levels: • Internal level 1 • Internal level 2 • External	ADG		Q2				
		2	Trustwide risks are aligned to the strategic risks as described in the Board Assurance Framework	ADG		Q1				
		1	Team risk registers are developed for Corporate Teams	ADG		Q2				
		3	Assurance on strengthened processes is provided through the Annual Governance Statement	ADG		Q4				
A	Increase financial skills and business and commercial	1	A comprehensive finance training programme for all	DFP		Q1				

	acumen of leaders across the Trust.		non-finance staff is introduced							
		1	90% of all budget holders receive annual effective budget management training	DFP		Q4				
S P A R	Develop a strategic partnership with Advancing Quality Alliance (AcQuA)	1	Refreshed Board Development programme	DLW		Q1				
		1	Leadership Academy programme is implemented aligned to the Board Development programme	DLW		Q1				
S P A R	The Trust has a wider workforce strategy to attract local people to work here enhanced through a learning and education programme	1	The Trust will reach a target of 30 apprentices trust wide and/or recoup the levy of £265,000.	DLW		Q4				
		1	Develop a plan for work experience across the trust, with the aim of improving exposure and opportunity.	DLW		Q2				
		2	Junior Doctor satisfaction scores (JEST) are maintained within the top 3 trusts in the region	MD		Q4				
P	The quality of PDRs is improved	2	The action plan from the 2016/17 PDR audit undertaken by RSM is implemented	DLW		Q2				
		2	A repeat audit of the quality of PDRs is undertaken by RSM which demonstrates an improvements in the	DLW		Q4				

			quality of PDRs							

Objective 5:	Attract and inspire the best people to work here								
SPAR PRIORITY									
Exec owner:	Director of Leadership and Workforce								
Assurance Committee:	People and Culture Committee								
Risk appetite	Financial		Quality (Innovation)		Regulation		Reputation		

RISK: *The Trust fails to attract and retain talented people resulting in reduced quality and increased cost of services*	**Gross Risk (no mitigation)**			**Residual Risk (with mitigation)**			**Target Risk (31/03/18)**		
	LIKELIHOOD	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**
Risk Trend Arrow	4	4	16	3	4	12	2	4	8

Links to 12+ Trust Risks	**Description of linked 12+ Trust Risks**
	• 868 – Temporary staffing

Internal Assurance Examples		**External Assurance Examples**
Level 1	**Level 2**	**Level 3**
• **Corporate Performance Report/ Dashboard** • **Internal Performance** • **Reportable Issues Alert** • **Quality Account** • **Internal Audit Reports** • **Practice Improvement & Lessons Learnt Report** • **Complaints and Concerns Report**	• **Internal Audit (linked to annual plan)**	• **National Patient Satisfaction Surveys (F & F Test)** • **Healthwatch Reports** • **Independent Reviews (e.g. Ombudsman Reports)** • **External Visits / Inspection Reports** • **CQC** • **External Audit** • **Benchmarking** • **Quality Account**

• **Incident Reports** • **SI Reports** • **Clinical Audit**		• **Annual Governance Statement**

SPAR Reference	**CONTROLS to Mitigate Strategic Risk**	**Level of Assurance**	**Description of Assurance**	**Exec Owner**	**Year Start RAG**	**Quarter Due**	**Forward Plan / Progress**	**Q1 RAG**	**On Target RAG**	**Year End RAG**
S P A R	A talented Board with strong leadership skills	2	Trust self-assessment of the new model well-led CQC inspection process is undertaken	ADG		Q2				
		3	External Trust assessment of the new model well-led CQC inspection process is undertaken	ADG		Q4				
S A	Attraction and retention schemes are implemented	1	Each directorate will have a competency based work force plan	DLW		Q3				
		1	Each directorate will have plans for utilising the competencies of staff approaching retirement	DLW		Q2				
		1	A trust refresh of flexible approaches to employment and career progression	DLW		Q2				
		1	The Trust will improve staff retention by 10%	DLW		Q4				
A P	Diversity and Inclusion is strengthened	2	The trust Diversity and Inclusion plan is finalised and implemented resulting in improved perception of staff for protected characteristics in the staff survey scores.	DLW		Q2				

		1	Demonstrate improvement in WRES Actions	DLW		Q4				
S P	A productive workforce through the development and delivery of a Health and Wellbeing strategy	3	100% achievement of the health and wellbeing CQUIN	DLW		Q3 & Q4				
		1	Absence is reduced to below the England average for mental health trusts (4.74%)	DLW		Q4	In month by Q2 and rolling by Q4			
		1	A staff turnover target of under 10% per annum across all staff groups is introduced	DLW		Qrtly	In month by Q2 and rolling by Q4 excluding internal transfers			
A	Improve reputation, support engagement and promote mental health and learning disabilities services	2	The Communications Strategy is fully implemented resulting in wider, more representative and more engaged stakeholders and service users. And, a fully modernised and integrated infrastructure and suite of communication and engagement tolls to promote trust aims, messages and achievements.	DLW		Q4				
		1	The use of social media will be doubled across twitter, YouTube and Facebook from the baseline	DLW		Q4				
S P A	Professional contribution is enhanced to maximise quality of care	2	An AHP and Social Work strategy is developed and implemented	DON		Q4				

R		1	A medical leadership development programme is developed and implemented with a minimum of 10 medics participating in the programme	MD		Q4				
S P A R	There is an improvement in keys areas of the staff survey	2	Staff engagement score is above average (current 3.73: national average 3.77)	DLW		Q4				
		2	Presenteeism score is within the national average category (current 68%: national average 58%)	DLW		Q4				
		2	Staff confidence in reporting unsafe clinical practice is increased to above average (current 3.61: national average 3.64)	DLW		Q4				
		2	Score for staff recommending the trust as a place to work or receive care is above national average (current 3.56: national average 3.57)	DLW		Q4				

Objective 6:	Maximise and use our resources intelligently and efficiently							
SPAR PRIORITY								
Exec owner:	Director of Finance and Performance							
Assurance Committee:	Finance and Performance Committee							
Risk appetite	Financial		Quality (Innovation)		Regulation		Reputation	

RISK: *The Trust fails to optimise its resources resulting in an inability to be sustainable and increased regulatory scrutiny.*	**Gross Risk (no mitigation)**			**Residual Risk (with mitigation)**			**Target Risk (31/03/18)**		
	LIKELIHOOD	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**
Risk Trend Arrow 	4	4	16	3	4	12	2	4	8

Links to 12+ Trust Risks	**Description of linked 12+ Trust Risks** • 876 – Business continuity • 724 – 2016/17 Control target • 807 – 2017/18 Control target • 473 – CIP • 701 – Building work at Darwin • 857 – Sustainability of Estates Agency

Internal Assurance Examples		**External Assurance Examples**
Level 1	**Level 2**	**Level 3**
• **Corporate Performance Report/ Dashboard** • **Internal Performance**	• **Internal Audit (linked to annual plan)** • **Strategy implemented**	• **National Patient Satisfaction Surveys (F & F Test)** • **Healthwatch Reports**

• **Reportable Issues Alert** • **Quality Account** • **Internal Audit Reports** • **Practice Improvement & Lessons Learnt Report** • **Complaints and Concerns Report** • **Incident Reports** • **SI Reports** • **Clinical Audit**	• **Plan realised**	• **Independent Reviews (e.g. Ombudsman Reports)** • **External Visits / Inspection Reports** • **CQC** • **External Audit** • **Benchmarking** • **Quality Account** • **Annual Governance Statement**

SPAR Reference	CONTROLS to Mitigate Strategic Risk	Level of Assurance	Description of Assurance	Exec Owner	Year Start RAG	Quarter Due	Forward Plan / Progress	Q1 RAG	On Target RAG	Year End RAG
S A	Development and implementation of a new performance framework resulting in as close to real time data thus enabling credible information to inform the trust strategy	1	Introduction of new Integrated Performance Report	DFP		Q3				
		1	Automation through Data Warehouse of existing manual reporting processes	DFP		Q3				
		2	Development of a Trustwide Information Strategy	DFP		Q1				
		1	Creation of a Data Quality Forum	DFP		Q1				
		1	Development of a Business Intelligence Unit	DFP		Q4				
		2	Effective and collaborative working across areas of clinical and corporate governance are embedded	ADG		Q3				
S	NHSI confidence in the Trust's ability to deliver financial targets	3	Trust maintains segment of 2 or above	DFP		Qrtly				
		3	Trust meets use of resources metric of 2 or above	DFP		Monthly				

		1	Control target is delivered	DFP		Q4				
		1	A cash management model is implemented	DFP		Q1				
		1	Agency spend contained within agency cap by the end of Q2	DLW		Q2				
		1	Granular one year CIP plan developed	DO		Q3				
		2	CIP target of £3.2m delivered	DO		Qrtly				
		2	Affordable 5 year capital plan set	DFP		Q1				
S P A R	Launch Value Makers across the Trust	1	Creation of Value Makers Forum 20 Value Makers awarded	DFP		Q2				
		1	Launch of Value Makers website	DFP		Q1				
		1	Development of value dashboard	DFP		Q3				
A	Increased financial capacity and capability	1	Restructure of the Finance function is undertaken and implemented	DFP		Q3				
A	Provide outstanding quality workforce data as near to real time as possible to inform decision making	1	The trust reduces duplication, increases access to near real time workforce information for managers/team leaders and systems for entering workforce information are improved	DLW		Q4				
		2	Implementation of E-rostering	DON		Q2				
A	Improved communication	1	Replacement of the Trust	DLW		Q3				

	and access to information		intranet site							
A	Increased workforce productivity and reduced estate	2	As part of Rose benefit realisation – Ensure implementation of agreed approach to agile and mobile working across the Trust	DSD		Q2				
S	Estates capacity / capability is maximised	3	The Estates function within the Trust is fit for purpose	DO		Q3	Q1 – Estates review to be carried out and recommendations implemented. Q1/2 – Potential Management of Change process			
		2	A North Staffordshire MCP Estates plan is developed and implemented, to be linked to the rationalisation of the Trust's estate	DSD		Q3				
		2	An estates optimisation strategy is developed with partner organisations	DSD		Q4				
S P A R	Raising our Service Excellence (ROSE) is implemented	2	Directorate level benefits realisation plans are developed and initiated	DO		Q3				
		1	Increased functionality within clinical teams is deployed across care pathways	DSD		Q3	Pathways Outcome data capture to be introduced and reported			
S P A R	Business planning cycle is embedded in the organisation	2	BDC agrees and monitors action plan in response to the internal audit on business planning and bidding	DSD		Q1				
			BDC approves a framework for decision making on	DSD		Q1				

			bidding							
			All directorates have trust board approved annual plans for delivery of in-year targets within the 2 year plan	DSD		Q1				
			The existing 5 year plan (IBP) is revisited to refresh the strategic aims and objectives	DSD		Q2				
			The 2 year plan is refreshed at the end of the first year to reflect in-year achievements, commissioner intentions and progress of the delivery of the STP	DSD		Q3				

Objective 7:	To continually improve our partnership working								
SPAR PRIORITY	 								
Exec owner:	Director of Strategy and Development								
Assurance Committee:	Business Development Committee								
Risk appetite	Financial		Quality (Innovation)		Regulation		Reputation		

RISK: *The Trust fails to engage its partners resulting in fragmented patient pathways and doesn't align with STP sustainability and transformation plans.*	**Gross Risk (no mitigation)**			**Residual Risk (with mitigation)**			**Target Risk (31/03/18)**		
	LIKELIHOOD	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**
Risk Trend Arrow	3	4	12	2	4	8	2	4	8

Links to 12+ Trust Risks	**Description of linked 12+ Trust Risks** • 792 – MCP • 834 – STP • 747 - ROSE

Internal Assurance Examples		**External Assurance Examples**
Level 1	**Level 2**	**Level 3**
• **Corporate Performance Report/ Dashboard** • **Internal Performance** • **Reportable Issues Alert** • **Quality Account** • **Internal Audit Reports** • **Practice Improvement & Lessons Learnt**	• **Internal Audit (linked to annual plan)** • **Strategy implemented** • **Plan realised**	• **National Patient Satisfaction Surveys (F & F Test)** • **Healthwatch Reports** • **Independent Reviews (e.g. Ombudsman Reports)** • **External Visits / Inspection Reports** • **CQC** • **External Audit**

Report • **Complaints and Concerns Report** • **Incident Reports** • **SI Reports** • **Clinical Audit**		• **Benchmarking** • **Quality Account** • **Annual Governance Statement**

SPAR Reference	CONTROLS to Mitigate Strategic Risk	Level of Assurance	Description of Assurance	Exec Owner	Year Start RAG	Quarter Due	Forward Plan / Progress	Q1 RAG	On Target RAG	Year End RAG
A	Strengthened partnership working for clinical leads	1	Embed senior clinical leadership workforce in the STP	MD / DON		Q4				
		1	Delivery of a six monthly integrated care conference in partnership with GP colleagues	MD		Q2 and Q4				
A	The organisational structure is aligned to the MCP footprint	2	Plans for an outward facing internal structure to be considered in Q1, aligned to both MCP localities and the Alliance Board thinking	DSD		Q1				
S P A R	Trust works with health economy partners to deliver the concept of a north Staffordshire MCP	2	Respond to outcome of Urgent Care Centre and Out of Hours tender	DSD		Q1				
		2	Continue to develop joint thinking and working around the integration and provision of HR back office support functions to and with the GP Federation	DLW		Qrtly				
		2	Co-develop joint specification with partners and commissioners for a Care Coordination hub	DSD		Q3	In-line with commissioner timetable (yet to be decided)			
		2	Alliance Board becomes MCP Board	DSD		Q3				

		2	Development of a joint plan with Stoke –on-Trent City Council for integration of learning disability services	DSD		Q2				
S P A R	Trust develops partnerships with the north Staffordshire GP Federation	2	The Clinical Partnership Board becomes the forum at which shared opportunities for business development and discussed and agreed	DSD		Q1				
		2	A joint strategy is developed to encompass business aims and objectives for the two partners	DSD		Q2				
S P A R	CEO takes significant leadership role in the STP	3	CEO chairs the Mental Health, digital and System Leadership /OD workstreams enabling delivery of transformation programmes across the STP	CEO		Ongoing				
A	Investment in mental health results in transformation of mental health services	2	There is a clear plan for reducing the number of out of area placements	DFP		Q2				
S P A R	CEO increases trust profile across the region	2	CEO chairing and leading HEE Midlands and East Mental Health programme	CEO		Ongoing				
S P A R	Increased role in corporate / social responsibility and sustainability	2	Development of a corporate / social responsibility strategy	ADG		Q3				
		2	Development of a trust	DO		Q2	Q1 – Identify best practice in area.			

			wide energy sustainability strategy				Q1 – Produce draft strategy. Q2 – Strategy to Committee. Q3 – Invest to save opportunity business cases produced for approval in Q4 Risk appetite - Medium			
A	New Models of Care requires a new financial model	2	An agreed set of outcome measures with primary care	DFP		Q3				
		2	A shadow payment model is developed	DFP		Q4				

REPORT TO TRUST BOARD

Enclosure 8

Date of Meeting:	6th April 2017
Title of Report:	Summary paper on understanding 'Developing People - Improving Care'
Presented by:	Mr Draycott, Executive Director of Leadership and Workforce
Author of Report:	Mr Cragg, Deputy Director of People and Strategy
Purpose / Intent of Report:	For Information and Assurance
Executive Summary:	This paper informs the board of the new leadersip strategy for the NHS and maps activities Combined is currently enacting against the framework outlined
Seen at SLT or **Exec** Meeting & date	SLT / EXEC (and date): Seen by Exec Lead : Executive Director of Leadership and Workforce Document Version number: 1
Committee Approval / Review	• Quality Committee ☐ • Finance and Performance Committee ☐ • Audit Committee ☐ • People and Culture Development Committee ☐ • Charitable Funds Committee ☐ • Business Development Committee ☐
Relationship with: *Board Assurance Framework* *Strategic Objectives*	1. To provide the highest quality services ☒ 2. Create a learning culture to continually improve.☒ 3. Encourage, inspire and implement research & 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. To enhance service user and carer involvement.☒ **Comments:**
Risk / Legal Implications: (Add Risk Register Ref [if applicable])	N/A
Resource Implications: Funding source:	None raised beyond plan
Equality & Diversity Implications:	The document highlights the need for improved practice across the NHS in relation to leadership opportunity across all equality strands.
Recommendations:	The Board are asked to • Receive this paper for information and assurance • Support the review of progress again in six months via PCD

Summary paper on understanding 'Developing People - Improving Care'

1.0 What is the purpose behind Developing People - Improving Care?

The document provides a vision for improvement and leadership in the NHS. This vision co-ordinated by NHSI recognises the changing demands on health and care services, which are creating different development needs among staff in NHS-funded services across England. The NHS regulators and governing bodies through this vision want to equip and encourage staff to deliver continuous improvement in local health and care systems and gain pride and joy from their work.

This vision is for team leaders at every level of the NHS to develop improvement and leadership capabilities among their staff and themselves. This will help protect and improve services for patients in the short term and for the next 20 years.

The framework has been co-developed by the Care Quality Commission, Department of Health, Health Education England, Local Government Association, NHS Clinical Commissioners, NHS Confederation, NHS England, NHS Improvement, NHS Leadership Academy, NHS Providers, NICE, Public Health England and Skills for Care.

2.0 What is the purpose for the framework?

The framework focuses on helping NHS and social care staff to develop four critical capabilities:

- Systems leadership for staff who are working with partners in other local services on 'joining up' local health and care systems for their communities
- Established quality improvement methods that draw on staff and service users' knowledge and experience to improve service quality and efficiency
- Inclusive and compassionate leadership, so that all staff are listened to, understood and supported, and that leaders at every level of the health system truly reflect the talents and diversity of people working in the system and the communities they serve
- Talent management to support NHS-funded services to fill senior current vacancies and future leadership pipelines with the right numbers of diverse, appropriately developed people

3.0 What is the impact for combined health care?

Whilst the document mainly identifies actions for national bodies in relation to this vision, clearly the framework above and the 5 conditions for action (see section 4) which have deep relevance to every organisation.

As a response to this compelling vision, which constructively attempts to synergise leadership, talent and improvement offers across the NHS, we have conducted a mapping exercise of our current cadre of activities against the conditions for action.

The results contained in section 4 reveal a healthy range of relevant initiatives that map strongly.

4.0 A mapping of Combined current leadership, talent and improvement approaches against the 5 conditions contained within the document

Developing People – Improving Care Condition	20 key contributions Combined are making to the national framework for leadership Talent and improvement
1. Leaders equipped to develop high quality local health and care systems in partnership	Through NSCHT leadership of the STPs system leadership and organisational development enabler work stream we are currently very active in this condition. The following 4 actions best illustrate the work we have designed and commissioned to-date for the benefit of the wider care system. **1. System Leadership Faculty** The System Leadership Faculty brings together senior leadership development across the county. The faculty has thus far met twice. The subject matter for the masterclasses has been led by previous cultural diagnostic completed by senior leaders involved in 'Together we're better'. This pattern of data led development will continue. As cultural pulse checks are repeated quarterly we will provide masterclasses to provide reflection in support of any collective development needs. We have developed a partnership with Harvard University and remain committed to sourcing the best expertise to cover compelling material or deliver workshops to explore the need identified. In addition we will signpost our faculty membership to relevant leadership offering by regional and national partnerships e.g. HEWM, NHSI and the Leadership Academy. **2. Advancing Talent Programme** Advancing talent is an aspirant director programme currently running across the region, hosted by Combined. A summary of the programme can be viewed at https://vimeo.com/156561457. Currently cohort one comprising of 30 participants (clinical and non-clinical) from across health and social care and local government, are active in Cohort One. This programme offers real life exposure to director level activities underpinned by support from both a coach and a mentor in addition to a series of masterclasses, providing our aspiring talent with a solid support platform from which they can take the next step. Future cohorts will be available subject to successful evaluation and demand. **3. Primary care leadership programme** 23 local clinical leads, from each of Staffordshire 23 care hubs will have the opportunity to develop systems leadership skills. This programme commissioned by combined will enable them to work as a network together moving the New Models of care agenda forwards. This programme will run over a 8 month period and will teach core management skills and also equip local leaders with wider OD and political skills in order to navigate the new healthcare system. This

	will be underpinned with action learning and coaching in order to share learning and establish a sustainable network. Alongside leadership development the programme will be supplemented with knowledge inputs. These inputs will relate to new contractual relations and performance measures synonymous with these new care models, as well as imparting knowledge from related vanguard schemes. **4. STP Cultural Development** In conjunction with Health Education West Midlands it is hoped this programme is adopting a cultural measure developed by Deloitte to measure culture in the Staffordshire STP across five core domains: 1. System-wide purpose and values 2. Behaviours and relationships 3. Leadership and consistency 4. Innovation and transformation 5. Performance and objectives The measure will be applied quarterly with the results directly informing the content of the aforementioned leadership faculty sessions.
2. Compassionate, inclusive and effective leaders at all levels	**5. "THE HEART OF LEADERSHIP" COMPANIONS IN COMPASSION** The Heart of Leadership programme introduced in 2016 across NSCHT supports, develops and encourages front line nurses to fulfil their potential to deliver compassionate, patient centred care and to champion this across teams and organizations to achieve cultural change. **6. Leading with Compassion Recognition** Our compassion recognition scheme started from a shared commitment to develop and support a culture of compassionate leadership across the region. NSCHT launched the scheme in April 2016 and it is now established across 11 organisations in the West Midlands. The scheme is simple, if you feel a colleague or any member of staff has demonstrated an act of kindness big or small, you can nominate them by completing a paper or online form. Each and every person nominated will receive a bespoke card and badge with the details of the nomination within the card. This simple gesture has now gone viral, with over 1500 nominations being sent and received across the West Midlands. An academic review of the themes, impact and cultural effects is now published. Education materials will be developed from the best practice identified to further facilitate the spread of compassionate leadership across the county. Further details can be accessed at www.nhscompassion.org

		7. Go Engage Go Engage is a toolkit for improving staff engagement and culture coming to NSCHT from April 2017 under the banner 'Towards Outstanding Engagement'. This programme will enable teams to better understand current internal culture and be able to improve things for the better. It will complement pre-existing approaches to engagement like LiA and Aston Team Development. **8. Our behaviours framework and 360 proposal** As previously presented at the March trust board our values framework 'Proud to Care' will be developed into a behavioural 360 tool, so we can ensure our senior team are leading with compassion in the eyes of people they work with and for. **9. Our inclusion and diversity action plan** Inclusion and diversity is a core strand of our people strategy. We currently have a comprehensive action plan to ensure equality in both our services and staff experience is further enhanced. This is also built in to our Board development Programme for 2017. **10. Our Talent management process in our PDR** Every PDR in the trust contains a 'People Potential Building Blocks' talent conversation. From 2017 we aim to obtain the score for each member of staff so we gain build our intelligence on the talent base we have and devise means to utilise. This is critical to gain succession strategies for hard to fill posts.
3.	**Knowledge of improvement methods and how to use them at all levels**	**11. Service Improvement Board Development** During 2017/18 combined wishes to enhance the quality improvement capability of its staff, building on the March Board Development session. **12. Accelerated Learning Events** The Horizons team in conjunction with support from the Systems Leadership and OD work stream of the Staffordshire Sustainability and Transformation Plan (STP) have introduced the "accelerated design" methodology into the county. Accelerated design is an evidence-based approach to change based on a simple premise; people believe in what they design and own what they co-create. At the heart of the approach are accelerated design events. These are events that bring together a group of between 30 and 300 people to work through wicked challenges and issues quickly and develop action. In accelerated design, a variety of rapid and highly interactive methods are used to test propositions, problem solve, agree priorities and gain buy-in for future actions.

		13. Open Space event methodology Open Space is a powerful tool for engaging large groups of people in discussions to explore particular questions or issues. This methodology has been utilised effectively by the Trust and recently by our Nursing Directorate in order to engage users and the public in determining our quality priorities. **14. Listening into Action** NSCHT Listening into Action (LiA) has been running for over two and a half years and is a way of working aimed at removing the barriers that can get in the way of providing the best care to people who use our services and their families/ carers has been running for a few months now. It has brought significant improvements in our Trust and has been recognized by the CQC for it's impact. What makes LiA different is that it puts staff and service users right at the centre of change - their knowledge, ideas and enthusiasm can have a big impact. **15. Value Makers** As you know, the NHS is in very challenging financial times and we need to tighten our spending across the Trust, and make sure our limited resources are spent wisely. So that's why we've launched Value Makers. We're capturing everyone's ideas on how we can work together to reduce waste or duplication, be more efficient and put more money back into patient care. The simplest ideas can have the greatest impact and those of you closer to services can often see where these opportunities are.
4.	**Support systems for learning at local regional and national levels**	**16. System Wide sharing of service improvement practice** The STP OD workstream (Chaired by CEO of Combined) recognises the variation in existing practice in relation to differing service improvement approaches across the county. This variation is not a concern, but we need to ensure that we advise and co-ordinate an appropriate standard of measurement and continuous improvement across providers and programme work streams. To facilitate consensus and closer joint working across providers we will bring a network of practitioners from across the county. The first event of this forum will be held on the 26th of April 2017. **17. Leadership leads Group** Combined is an active member of the Staffordshire and Shropshire Leadership leads groups. Our Director of Workforce and Leadership is the current Chair.

5. Enabling, supportive and aligned regulation and oversight.	The following assist us in measuring improvement for the purposes of improved communication and understanding without our regulators and oversight. **18. Appointment of our new Associate Director of Performance** **19. Research being one of our strategic aims** **20. Our Rose benefits realisation enhances the data we have to inform future leadership decisions**

6. Conclusion

It is important we strengthen our plans for implementation in relation to some of the fledgling areas, and continue to deliver the tried and tested areas we know get results. The detail above outlines areas that will be the focus of national and local leadership and talent development. We have a wide range of activity which we are delivering that achieves the aims of the strategy "Developing People - Improving Care" and further planned as part of our Towards Outstanding activities as detailed within the Board Assurance Framework.

7. Recommendations

The Board are asked to

- Receive this paper for information and assurance
- Support the review of progress again in six months via PCD

Developing People – Improving Care

A national framework for action on improvement and leadership development in NHS-funded services

National Improvement and Leadership Development Board

Contents

Summary

What is this framework? It's the first version of a national framework to guide local, regional and national action on developing NHS-funded staff. Its sponsors are the main national organisations with NHS responsibilities.[1] The framework applies to everyone in NHS-funded roles in all professions and skill areas, clinical and otherwise. Future updates are expected to cover people in social care as well.

What is the framework's purpose? To equip and encourage people in NHS-funded roles to deliver continuous improvement in local health and care systems and gain pride and joy from their work. To that end, the framework aims to guide team leaders at every level of the NHS to develop a critical set of improvement and leadership capabilities among their staff and themselves.

Who is this document for? This document is directed primarily at the senior management teams of all organisations and partnerships responsible for NHS-funded activity. The idea is to release regular updates, improved by feedback from teams using the framework.

Why? Evidence and experience from high performing health and care systems shows that having these capabilities enables teams to continuously improve population health, patient care, and value for money. Developing these capabilities and giving people the time and support required to see them bear fruit is a reliable strategy for closing the three gaps identified in the NHS Five Year Forward View.

What are the critical capabilities to develop?

- **Systems leadership skills** for leaders improving local health and care systems, whether through sustainability and transformation plans, vanguards, or other new care models. These skills help leaders to build trusting relationships, agree shared system goals and collaborate across organisational and professional boundaries.
- **Improvement skills** for staff at all levels. Chief executives of the majority of provider trusts rated 'outstanding' by the Care Quality Commission credit established quality improvement (QI) methods[2] for improvement in their operational performance, staff satisfaction and quality outcomes.
- **Compassionate, inclusive leadership skills** for leaders at all levels. Compassionate leadership means paying close attention to all the people you lead, understanding the situations they face, responding empathetically and taking thoughtful and appropriate action to help. Inclusive leadership means progressing equality, valuing diversity and challenging power imbalances. These leadership behaviours create just,

1 Department of Health, NHS Improvement, Health Education England, NHS England, NHS Leadership Academy, National Institute for Health and Care Excellence, Public Health England and the Care Quality Commission, with input from the Local Government Association, Skills for Care, NHS Providers, NHS Clinical Commissioners and NHS Confederation.

2 Established QI approaches include Total Quality Management (TQM), Model for Improvement, Statistical Process Control, Six Sigma, Lean, Experienced-based Co-design, Theory of Constraints, and Business Process Re-engineering. www.health.org.uk/sites/health/files/QualityImprovementMadeSimple.pdf

learning cultures where improvement methods can engage colleagues, patients and carers, deliver cumulative performance improvements, and make health and care organisations great places to work.

- **Talent management** to fill current senior vacancies and future leadership pipelines with the right numbers of diverse, appropriately developed people.

What's the next step? All leadership teams (boards of national organisations included) to review their people development strategies and revise priorities and budgets to target building these capabilities for their staff and themselves.

Is there any new money? In today's climate, there won't be much new funding for this. But a lot of money is currently invested in people development across the NHS. The challenge is to maximise the impact of that investment on care for individuals, population health and value for money.

Where will the support come from? A lot can be done in-house if leadership teams can devote more of their time and attention to people development, working with existing organisational development teams and networks. In addition, NHS functions that provide such support are extending their offer to support action in line with the framework. See Section 3 for details.

Will regulators and inspectors back the framework? Yes. We're changing the rules and how we oversee them to back it up (see Section 3, Condition 5 for details). But we understand there may be scepticism about our ability to demonstrate the compassionate leadership called for by the framework. To show our conviction, we're making three pledges. Please hold us to account for keeping them:

- We will model in all our dealings with the service and in our own organisations the inclusive, compassionate leadership and attention to people development that establish continuous improvement cultures.
- We will support local decision-makers through collectively reshaping the regulatory and oversight environment. In particular, we owe local organisations and systems time and space to establish continuous improvement cultures.
- We will use the framework as a guide when we do anything at a national level concerning leadership, improvement and talent management so we engage across the service with one voice.

Views from the service

Perspectives from across the service on the importance of leadership and improvement

Shahnaz Aziz

Patient and Public Leadership Lead

East Midlands Academic Health Science Network

An inclusive NHS requires strong and sustained commitment from the top and throughout our NHS systems. It must go beyond paying lip service to adopting positive action approaches which embrace, develop and empower diverse views and ideas. It must unlock talent and innovations from staff at all levels and involve patients and citizens.

Dr Rebecca Hewitson

Paediatric Registrar

North Middlesex University Hospital NHS Trust

Leadership doesn't come from a job title, it comes from a frame of mind. Giving support to patients, families and staff members who want to lead positive changes within healthcare can have inspiring results. For me, continual improvement is about being open-minded, having humility and not forgetting to celebrate and learn from excellence.

Valerie Freestone

Specialist Clinical Dementia Nurse

Cambridge University Hospitals NHS Foundation Trust

I have worked with some incredible leaders in my time with the NHS, from ward managers and team leaders during my training, who taught me that leadership was less about hierarchy and more about team work, to more recent leaders who taught me to believe that I can be more than I think I can.

Rebecca McGheehan

Matron, Inpatient Cancer Services

Sheffield Teaching Hospitals NHS Foundation Trust

Leadership and improvement ensure we constantly provide the best quality care and treatment to our patients. Change one small thing every day and in a week you will have made a bigger change: imagine what you could change in a year.

Dr Gilbert Ozuzu

Lead Clinician and Consultant Eye Surgeon

University Hospitals of Morecambe Bay NHS Foundation Trust

I am passionate about good leadership because it leads to safe and good quality care for patients. Here in Morecambe Bay we have seen how good leadership can transform an organisation from low to high performance. We have witnessed a change in culture resulting from a leadership style that is inclusive, humble, open and engaging. Inclusive leadership is not just about fairness and equity. It is about getting the best out of ALL our staff for the benefit of ALL our patients.

Ruth Speare

Speciality Trainee in Public Health

Yorkshire and Humber

I view leadership as an enabling role, giving others the confidence and permission to innovate and develop. Individual, small-scale changes to improve the health of the public can add up to have a significant impact across a city or region. Effective leadership has to be collaborative and inclusive, not organisationally partisan, to focus on population need across the whole health and social care system.

Perspectives from across the service on the importance of leadership and improvement

Ian Perry

Leadership and Management Development Lead

The Orders of St John Care Trust

We're encouraging and supporting our leaders at all levels to have a different kind of dialogue with teams and colleagues, to have more appreciative and coaching conversations, to raise their awareness of their own leadership style and increase their confidence to challenge and innovate. Leadership, whether as a carer, an autonomous nurse, care leader, home manager, or in a support or senior management role, is vitally important to making the trust a great place to live and work.

Dr Jeremy Rushmer

Consultant in ICM and Medical Director

Northumbria Healthcare NHS Foundation Trust

Looking back now, 16 years after I nervously stuck my head over the parapet as a young consultant and aspiring Clinical Director who wanted to make a difference, I feel lucky to have done that in an organisation that wanted to develop me, challenge me and take me places I'd never been before (literally and metaphorically) with a cohort of like-minded colleagues who currently make a very effective team. I'm now enjoying talent spotting and developing my replacements.

Hein Scheffer

Director of Workforce

Herts Valleys CCG

Leadership is about inspiring others to be the best they can be. This is not achieved through fear, but through support, learning and clarity of direction.

Keeley Sheldon

General Manager for Adults

Nottinghamshire Healthcare NHS Foundation Trust

Learning about service improvement techniques has given me the confidence to transform the way we deliver our services. The techniques have had a positive impact on patient care and experience, and on the productivity and efficiency of the service models.

Dr Yuvraj Pattni

GP Registrar

London Deanery

Leadership and improvement is already part and parcel of being a clinician in the NHS today and, increasingly, the NHS of tomorrow. To drive improvement we need good leadership at every level within our organisations, not just at the top. If we refuse to accept leadership as our responsibility too, then we risk failing to do what is right not just for our patients but for the wider community.

Mark Rogers

Chief Executive and STP Lead

Birmingham City Council and Birmingham and Solihull STP

Great leadership has four facets: exhibiting empathy or being willing and able to see things from others' perspectives; building a common purpose, and developing teams and teamwork accordingly; encouraging "followship" or empowering others to rise to opportunities and challenges and to share in the leadership; but above all, the best leaders in class show humility and courage. When all these facets coalesce, improvement will be secured and sustained.

1. Explaining the framework

Overview

This document presents the first version of an evidence-based national framework to guide action on improvement skill-building, leadership development and talent management in NHS-funded services. The purpose of the framework is to equip and encourage people in NHS-funded roles to deliver continuous improvement in local health and care systems and gain pride and joy from their work. The framework applies to everyone in NHS-funded roles in all professions and skill areas, clinical and otherwise. The document is directed primarily at the senior management teams of all organisations and systems that do NHS-funded work – from the smallest GP partnerships to the largest national organisations – to inform their decisions on developing people. It will be updated regularly, using feedback from people testing the framework.

1.1 Background to the framework

Across England, people in local health and care organisations are working in partnership to dissolve barriers between primary care services and hospitals, between physical and mental health, and between health and social care.[1] Currently through sustainability and transformation plans (STPs), they are striving to build local health and care systems where people put the shared aims of improving care for individuals, improving population health and well-being, and improving value for money before organisational interests.

These complex tasks place new demands on the leadership, skills and morale of the 1.5 million people[2] who do NHS-funded work in already demanding circumstances. On top of mounting patient need and continued funding constraints, they are being asked to take on big changes in the way they work. 'Here and now' pressures on leaders leave little time for them to reflect on their leadership and how best to lead change. Partly for these reasons, the number of senior health service vacancies remains high and candidates scarce.[3]

As representatives of national health and care organisations, we have been listening to people across local health and care systems to understand these new demands and the changes in development and support that people need. We are learning from examples of inspiring people development in health and care around the United Kingdom and from extensive existing research and expertise in developing high quality health and care systems.[4]

This document presents the result: a framework for action on skill-building in improvement, leadership development and

1 *Five Year Forward View* www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

2 Source: NHS choices

3 An estimated 10% for NHS providers and 2% for CCGs. Source: NHS snapshot surveys of provider trusts (January 2016) and CCGs (March 2016)

4 To avoid overloading this document with references, key evidence and research informing the framework is referenced in the bibliography.

talent management at local, regional and national levels.[5] The purpose of the framework is to equip and encourage people in NHS-funded roles to deliver continuous improvement in local health and care systems and gain pride and joy from their work. The framework and initial actions proposed here are designed to be adapted and improved, in the spirit of continuous learning and quality improvement methods.[6] We intend to iterate the framework and actions in short cycles, reflecting the feedback, measurements and suggestions we receive, for as long as it takes to build cultures of continuous improvement in all NHS-funded services.

The framework applies to everyone doing NHS-funded work in all professions or skill areas, clinical and otherwise, and wherever they work in the service. It covers people working in public health, primary care, mental health, community, ambulance and acute services, as well as in clinical commissioning groups (CCGs), other commissioners, and regulatory and oversight groups. For the moment, proposed actions involving NHS resources necessarily focus on NHS staff. But we recognise that NHS and social care colleagues work increasingly closely and fruitfully in partnership, with each other and with their patients and service users. The NHS has much to learn from local authorities' and care organisations' experience of developing leaders and improving services under financial pressure.

We expect future iterations of the framework to be able to address health and social care staff jointly and reflect more of this experience.

1.2 Why this framework is a priority

The framework emphasises compassionate and inclusive leadership. This means paying close attention to all the people you lead, understanding in detail the situations they face, responding empathetically and taking thoughtful and appropriate action to help. It means progressing equality, valuing diversity and challenging existing power imbalances. This may sound a curiously 'soft' and timeless leadership approach to prioritise when health and care services face unprecedented, urgent pressures. But compassionate and inclusive leadership is embedded in high quality, high performing systems because it is the right way to behave evidence shows it is also the right way to unleash people's full potential to improve care working with patients and service users, improve population health and well-being, and improve value for money.

Taking action in line with the framework is therefore a reliable strategy for closing the three gaps identified in the NHS Five Year Forward View. This makes action in line with the framework a priority for all health and care system decision-makers. It may be a long, tough journey for some, given limited resources and competing demands for investment. But there are many examples to learn from

5 Developing strategies on these issues was recommended by the 2015 Smith review of centrally-funded improvement and leadership development functions www.england.nhs.uk/wp-content/uploads/2015/09/improv-ldrshp-dev-rev-sept15.pdf. Lord Rose's 2015 review *Better Leadership for Tomorrow* also made recommendations on NHS leadership covered in this framework www.england.nhs.uk/wp-content/uploads/2015/09/improv-ldrshp-dev-rev-sept15.pdf

6 Explained in *'Quality Improvement Made Simple'* from the Health Foundation. Established quality improvement approaches include Total Quality Management (TQM), Model for Improvement (including Plan Do Study Act or PDSA), Statistical Process Control, Six Sigma, Lean, Experienced-based Co-design, Theory of Constraints, and Business Process Re-engineering. See www.health.org.uk/sites/health/files/QualityImprovementMadeSimple.pdf

where people are making rapid progress in difficult circumstances. Moreover, returns to investment in line with the framework will be cumulative and measurable in terms of better outcomes for patients, improving health and well-being in the local community, more productive use of resources and greater staff engagement and satisfaction.

Acting in line with the framework is a priority for all of us in the national organisations. We have tried to model compassionate leadership in developing the framework but we know we have much further to go. Effective quality management requires a balance between quality planning, improvement and control.[7] We recognise the national organisations could do more to support improvement. Many of the support systems for leaders that used to exist are no longer there. We are committed to rebalancing our approach to give more support to health and care leaders planning and improving their local systems.

1.3 Changing demands create people development needs

As well as collaborating with local partners to develop local health and care systems, health organisations are again making greater use of quality improvement methods introduced to the NHS from other sectors. They are also carrying out recommendations made in recent reviews of NHS leadership,[8] organisational form[9] and productivity and efficiency.[10] All these initiatives are creating specific people development needs.

Leaders of organisations need system leadership skills to build the local health and care systems of tomorrow. They need to build trusting relationships with peers to work on STPs, lead collaborative change management and manage the inevitable conflicts between organisations competing for public resources, both money and people.

Much is expected of CCGs and primary care providers in building future systems. Primary care, community and voluntary service leadership is central to the joined up local health and care systems of tomorrow. Radical innovation with entrepreneurial leadership in primary care in particular has immense potential to improve value for patients and taxpayers. New primary care structures provide an opportunity to develop leaders with the skills to influence and change system thinking beyond the constraints of organisational boundaries. Yet implementing wide-ranging changes to care, teams and organisations presents an unprecedented leadership challenge for commissioners and primary care providers. There has never been a greater need to develop improvement and leadership capabilities in these areas.

Successful reshaping of local health systems depends heavily on the leadership of clinicians, working with partners in social care.

7 See the Juran Triangle http://www.juran.com/elifeline/elifefiles/2009/09/Juran-Trilogy-Model.doc
8 The Rose Review www.gov.uk/government/uploads/system/uploads/attachment_data/file/445738/Lord_Rose_NHS_Report_acc.pdf
9 The Dalton Review www.gov.uk/government/uploads/system/uploads/attachment_data/file/384126/Dalton_Review.pdf
10 The Carter Review www.gov.uk/government/uploads/system/uploads/attachment_data/file/499229/Operational_productivity_A.pdf

But clinicians are rarely trained in the major change management skills they need for the task. Moreover, they get little career support for challenging perceived boundaries between clinical and management roles. Consequently the systems leadership roles where clinicians can make such a big difference may not appear to them as attractive or feasible career opportunities.

Many more people working in health and care services want to learn improvement methods and how to use them in partnership with patients, families and carers. Not only do these methods deliver results in terms of quality and value for money, they also have tremendous power to engage, energise and motivate staff by recognising their individual and collective strengths and trusting them to work with patients and communities to make health and care systems better. However, these methods only deliver results from teams led by people skilled in compassionate and inclusive leadership, one reason this framework addresses leadership development and improvement together. More leaders with these qualities are needed at every level of health and care. Compassionate and inclusive behaviours are the key to creating cultures that engage and support all staff and teams, so that continuous improvement in performance becomes the norm.

Meeting these large-scale development needs is a huge new challenge for those responsible for system and organisation development (OD) in health and care services. For all the reasons above, people equipped with system leadership strengths, compassionate and inclusive leadership qualities and improvement leadership skills are at a premium in the NHS today. However, those suitably equipped are not always deployed to best effect. Altogether there is little systematic management of talent – that is, procedures for attracting, identifying, developing, appointing and supporting potential and existing leaders – across NHS-funded organisations and between local, regional and national levels.

Developing the leadership capabilities needed to achieve greater equality, diversity and inclusion at all levels is a further urgent need across NHS-funded activities. The talents of many staff who differ from the majority of leaders in race, gender, or other characteristics are frequently overlooked. As a result, the pool of people equipped to lead continuously improving teams, organisations and systems is neither big enough nor diverse enough to fill critical leadership roles. As noted above, inclusive leadership is not only right but essential to making the most of resources available to local health and care systems.

1.4 An adaptive framework for action

This situation calls for thoughtful action to build skills, develop current and future leaders and manage talent. The framework we propose for guiding such action is based on evidence and experience from high quality health and care systems. It identifies five conditions common to high quality systems that interact to produce a culture of continuous learning and improvement. We then propose actions to drive these five conditions in local, regional and national health and care systems across England. The actions will help to meet today's pressing people development needs.

The five conditions are:

1. **Leaders equipped to develop high quality local health and care systems in partnership.** Leaders of organisations in local health and care systems are able to collaborate with partners including patient leaders across organisational, professional and geographical boundaries in trusting relationships to achieve the same clear, shared system goals for their communities.

2. **Compassionate, inclusive and effective leaders at all levels.** Leaders demonstrate inclusion and compassion in all their interactions. They develop their own and their staff's skills and capacity to improve health services. They also have the specific management skills they need to meet today's challenges. Leadership is collective, in the sense that everyone feels responsible for making their bit of the system work better. Leadership development and talent management systems are sufficiently inclusive and organised to make the pool of people equipped to lead continuously improving teams big enough and diverse enough to fill critical leadership roles. Leadership at every level of the system truly reflects the talents and diversity of people working in the system and the communities they serve.

3. **Knowledge of improvement methods and how to use them at all levels.** Individuals and teams at every level know established improvement methods and are using them in partnership with patients, communities and citizens to improve their work processes and systems. There are enough people able to lead improvement project teams to release the full benefits of this knowledge.[11]

4. **Support systems for learning at local, regional and national levels.** There is sufficient training, coaching and organisation development capacity to meet development needs and support learning and improvement. Data and knowledge-sharing systems to support improvement and leadership development are in place and there are networks for sharing improvement knowledge and experience locally, regionally and nationally.

5. **Enabling, supportive and aligned regulation and oversight.** The regulation and oversight system gives local organisations and systems control of driving learning and improvement. At the same time, national organisations help local systems find the support and resources they need. The constituent parts of the regulation and oversight system behave consistently and 'speak with one voice'.

1.5 Actions and resources

Action is needed at every level of health and care systems in England to develop the leaders and skills that will protect and improve services in the short term and for the next 20 years. Resources are tight, but building continuous improvement capability is a priority.

11 For case studies showing how five NHS foundation trusts built quality improvement capability at scale within their organisations, see the Health Foundation's *Building the foundations for improvement* at www.health.org.uk/publication/building-foundations-improvement

1.5.1 Actions

To create conditions 1, 2 and 3 of the framework, all of us in teams directing NHS-funded work – from partners in the smallest general practice to boards of the largest national organisation – need to review our people development strategies and revise priorities, systems and budgets to target:

- **building improvement skills** among all our people
- **developing current and future leaders** with the compassionate, inclusive leadership qualities, improvement leadership skills and system leadership strengths as well as the specific management skills they need to meet today's challenges.
- **managing talent** to fill future leadership pipelines with the right numbers of diverse, appropriately developed people.

In short, the framework is a call to leadership teams to prioritise building the capacity and capability for organisational development in organisations and systems. We can do a lot of this ourselves by devoting more time and attention to developing people, working with our existing organisational development teams and networks. For instance, senior managers report having gained 70% of their development from experience on the job in different roles. So future leaders can be substantially developed by expressly managing the variety and content of their roles as their careers progress.

That said, many organisations and systems will be looking for support in reshaping their people development activities. The nationally funded NHS functions that provide such support have been closely involved in the work behind this framework. They are tailoring and extending their offer to meet the support needs of local organisations and systems (Condition 4). The national organisations shaping the oversight and regulatory environment are also taking action to align this environment with the conditions that drive continuous improvement (Condition 5). Section 3 gives more detail on the five conditions and actions proposed to help achieve them, including who is proposing to do what by when.

1.5.2 Resources

Given the current constraints on resources, new funding to support these actions will be hard to find. However, across NHS-funded organisations a considerable amount is currently invested in people development. The challenge is to maximise the impact of that investment on creating continuous improvement capability.

For the national organisations involved, this means revisiting and reallocating some current spending as well as finding new resources wherever we can. For local organisations, we know prioritising investment in people will be hard in this period of extreme financial pressure. On the other hand, engaging people and developing their capability for continuous improvement is the surest way to meet today's pressures and sustain success. And where people development is concerned, time, senior attention and imagination are often the critical resources. Across the country we need to share ideas and experience and learn from each other how to maximise the return on our investment in people.

1.6 What's new?

Many will remember the push to disseminate improvement skills across the NHS in the early 2000s. It helped to achieve some great results but didn't gain sufficient national momentum and many considered it overly centralised. There have been earlier central initiatives to promote leadership development too.

This framework aims to be different, in response to what people working in the service are asking for. It depends on local decision-makers taking local actions, supported by national and other NHS-funded organisations. The STP team members and the boards, management teams and accountable officers of local NHS providers and commissioners will take the decisions that really make it happen. Sharing ideas for improvement, leadership development and talent management with each other will drive progress. The job of the national organisations is to help, not to direct.

The framework's ultimate potential rests on the extraordinary commitment of individuals working in health and care to caring for patients and service users – the reason most people join the NHS and social care services. Its impact will come from equipping, empowering and trusting people to fulfil that mission and celebrating their success.

We know that everyone in health and care services must be able to count on people in the national organisations to act consistently in line with the framework. To this end, we make three pledges:

1. We will model in all our dealings with the service and in our own organisations the inclusive, compassionate leadership and attention to people development that establish continuous improvement cultures.
2. We will support local decision-makers through collectively reshaping the regulatory and oversight environment. In particular, we owe local organisations and systems time and space to establish continuous improvement cultures.
3. We will use the framework as a guide when we do anything at a national level concerning leadership, improvement and talent management so we engage across the service with one voice.

We recognise that honouring these pledges means big changes in how we behave. We understand the biggest risk facing the framework is scepticism about the gap between the compassionate leadership it advocates and the experience of many of you in your interactions with us. We know some of these changes will take time. But we ask you to hold us to account for getting better. Please let us know how we are doing and where we could improve.

We understand the scale of the challenge that significant system redesign and service reconfiguration will present to local leaders for the next few years. We are committed to helping every part of England create productive coalitions for change in health and care systems, and supporting rapid service redesign in primary care.

1.7 Tracking and evaluating progress

People responsible for actions in line with the National Improvement and Leadership Development (NILD) framework at local, regional or national levels will need to track the impact of those actions, evaluate them and adjust them accordingly.

The first part of the framework's purpose is to build across the service the capability 'to deliver continuous improvement in local health and care systems'. Performance data already collected and reported will help track the impact of framework actions against this goal. Local organisations and systems can expect the impact of actions to show up in, for example, changes in A&E waiting times and referral to treatment times, in their financial performance against organisation and system control totals, and in their metrics monitoring health outcomes and care redesign.[12] The impact of local actions will show up in changes in aggregate system performance data.

The second part of the framework's purpose is 'to equip and encourage people in NHS-funded roles to consistently gain pride and joy from their work'. The results of existing patient experience and staff engagement surveys, measures of discrimination and inclusion and other barometers of morale that are already in place will largely track the progress of action in line with the framework against this critical goal. Therefore tracking the impact of actions in line with the framework should not add to the service's current burden of data collection and reporting.

The national organisations are committed to tracking implementation of the actions we have taken responsibility for in this first version of the framework. The NILD board will hold us to account for carrying them out.

Evaluating actions and adjusting them will require more reflection, in particular to understand the extent to which any improvements in quantitative and qualitative performance data from organisations and systems result from actions in line with the framework. We are asking for advice on how to do this from specialists in this area and will share it across the service. Even more important to building this understanding will be rapidly sharing learning within and between organisations and systems about what is and isn't working. We will incorporate this learning in future iterations of the framework (another reason for making the framework iterative) so the actions that people experience as having the biggest impact on the ground can be more easily spread across the sector.

12 Source: core baseline STP metrics listed in NHS Planning Guidance 2016/17.

2. The framework in graphics

The three diagrams that follow illustrate how the elements of high performing health and care systems fit together to make them capable of continuous improvement. The diagrams aim to help teams and organisations to identify how their particular initiatives contribute to achieving that aim. The information in the diagrams is drawn from evidence and experience of high performing health and care systems.

Diagram 1 (The framework) is a driver diagram of the kind used in improvement projects. It shows the five conditions as the primary drivers of the framework's aim – continuous improvement in care for people, population health and value for money. The secondary drivers are the main components of each condition.

Diagram 2 (Proposed actions – driver diagram view) and Diagram 3 (Proposed actions – circular view) summarise the actions proposed in this first iteration of the framework that together will strengthen and further develop the secondary drivers of the five conditions.

Diagram 1: The framework

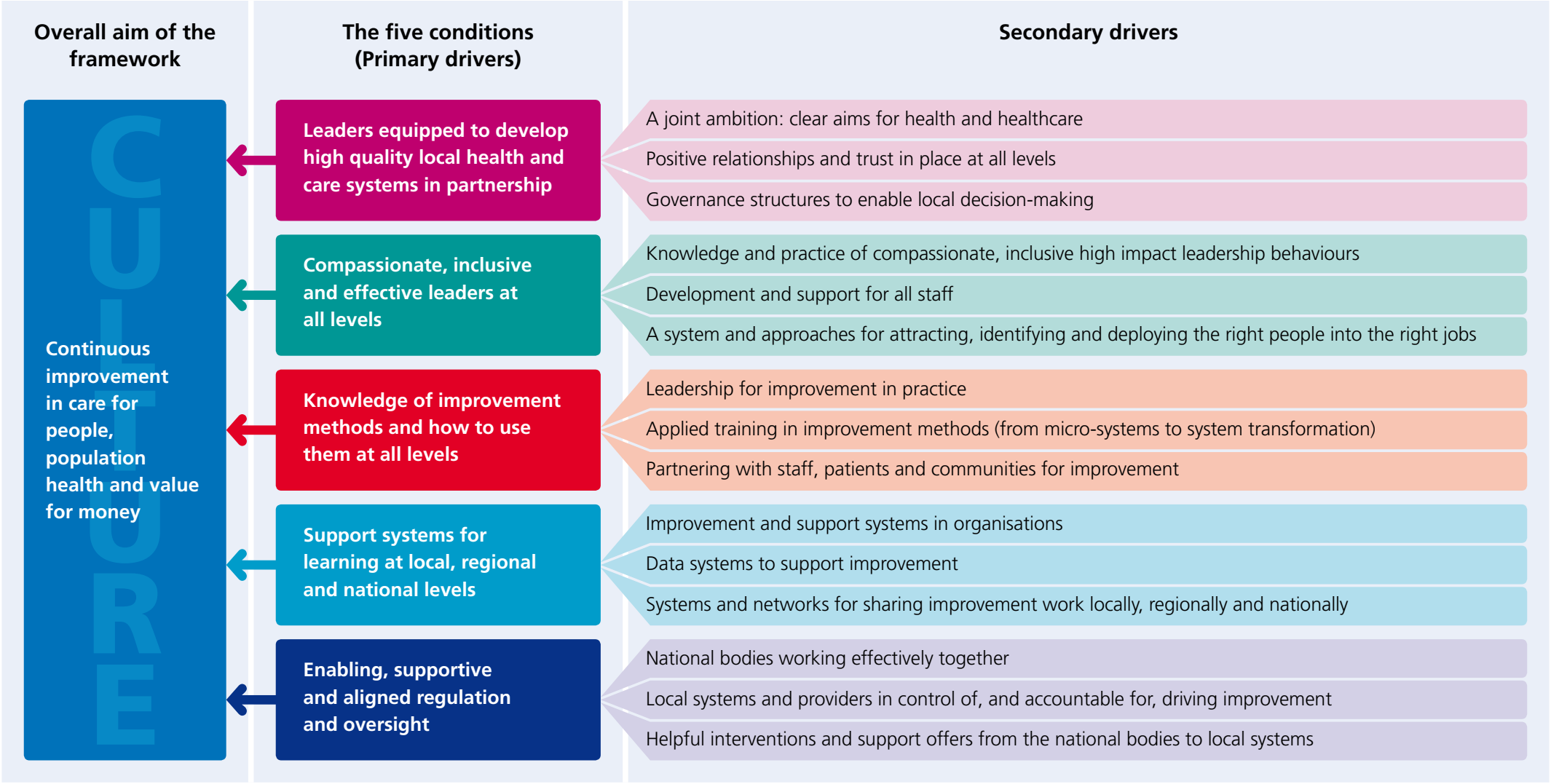


Diagram 2: Proposed actions – driver diagram view

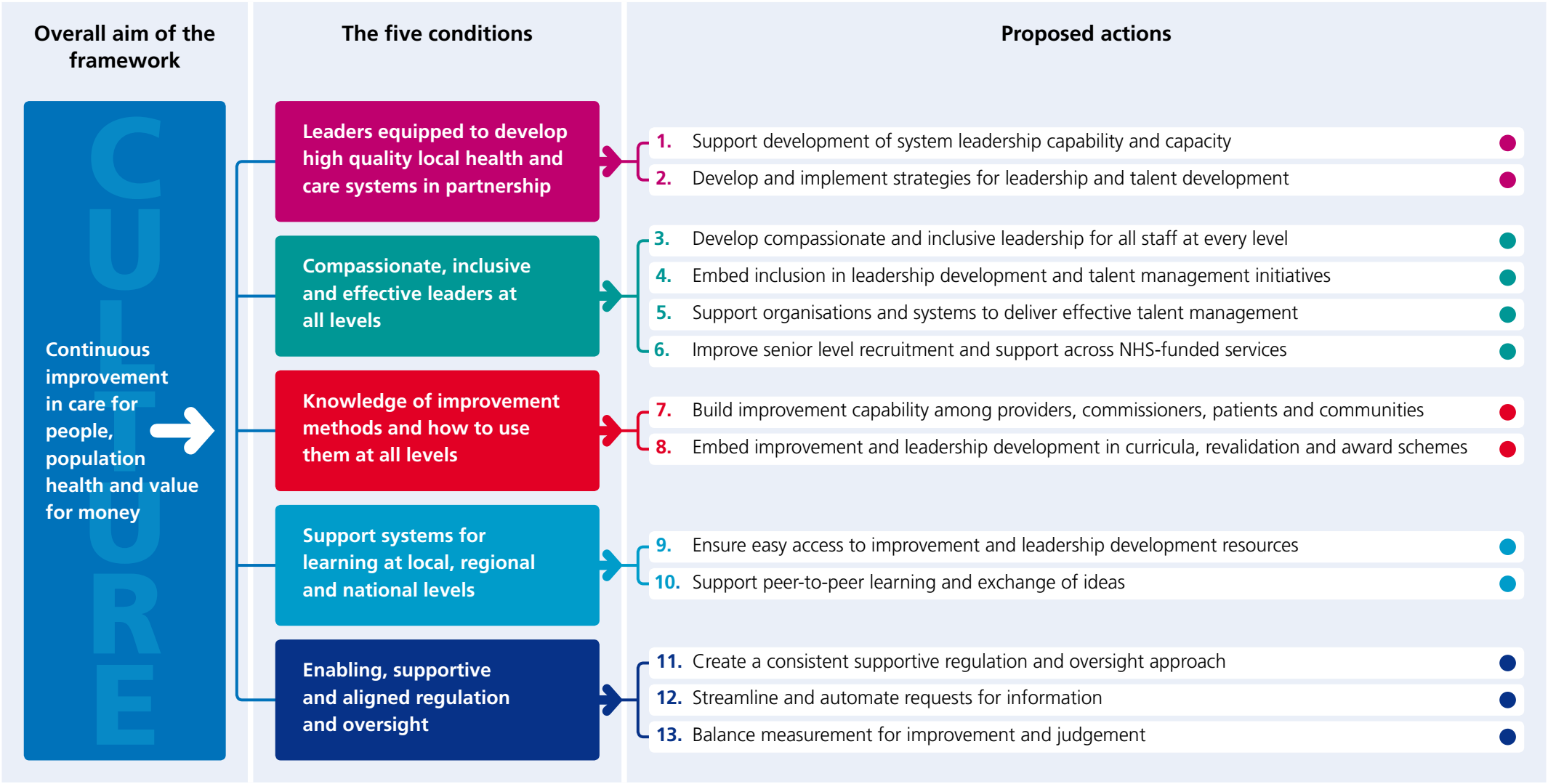
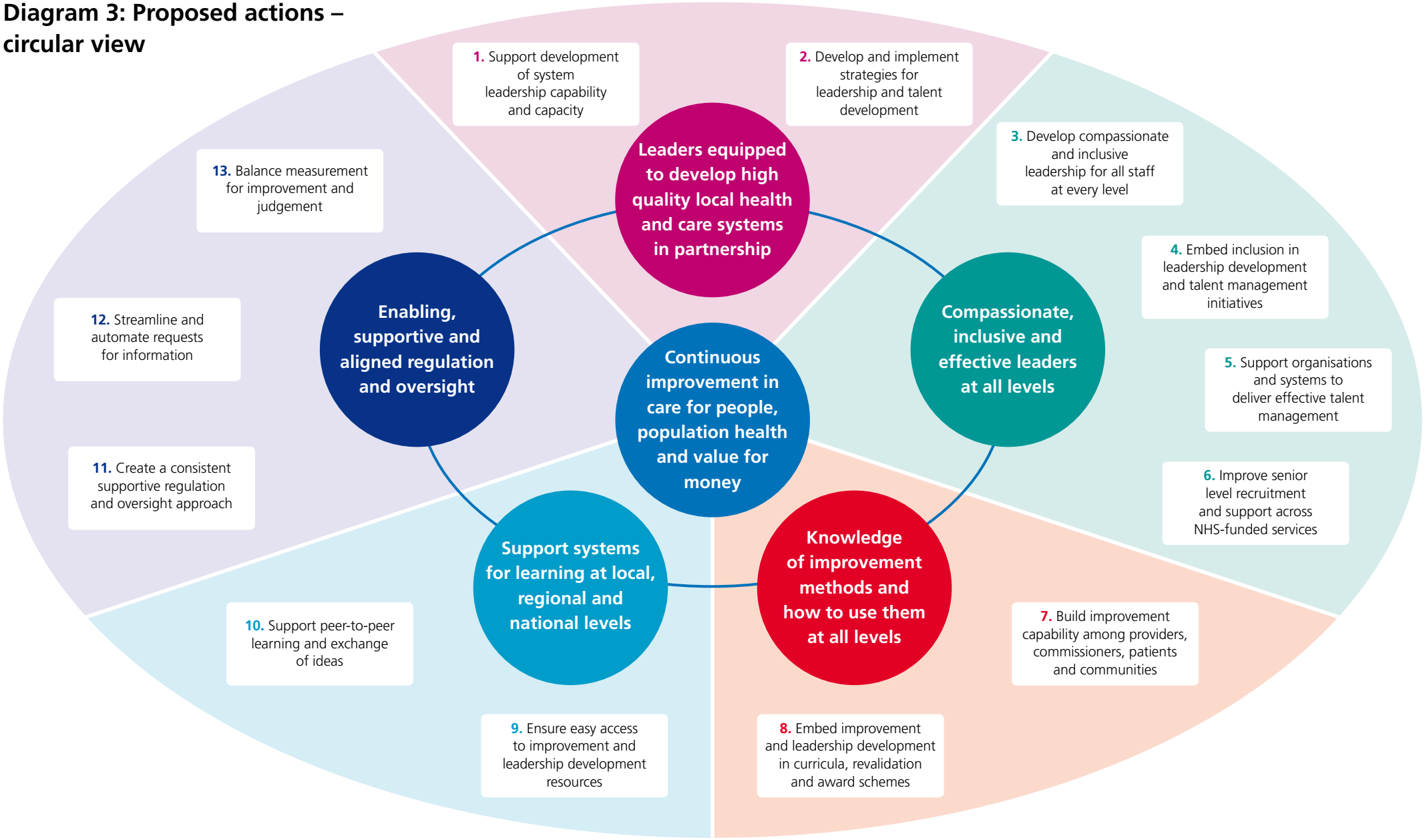


Diagram 3: Proposed actions – circular view



3. Conditions and proposed actions

This section explains the conditions in more detail and lists actions proposed at this stage to achieve each condition across the NHS-funded workforce. As this is the first version of the document, the list of actions is not yet complete. We know from engagement across health and care services that there is more to be done in certain areas and much to clarify in the next iteration, for example, on clinical leadership, time for leaders to reflect, learning relevant to improvement,[13] and how patients' and service users' knowledge and experience drive system improvement. Feedback from and discussion with people across the service as they adopt the framework will shape the content of future iterations (see Section 3, proposed action 11).

Condition 1:
Leaders equipped to develop high quality local health and care systems in partnership

The task of improving local health and care systems requires senior system leaders to bring together a wide range of stakeholders, including patient leaders, to agree aims and plan changes. Skills that equip them for the task include communication, collaboration, staff engagement, conflict management, holding challenging conversations about complex issues, and improvement methods including measurement for improvement.

Another skill critical to making joint decisions is the ability to pull together and interpret information from a health and care system, including the information on outcomes that shows the impact of changes. This information requirement puts a premium on knowing how to measure outcomes. Systems leaders are also looking for advice on how to integrate governance for this new collective responsibility and shared leadership.

To help them develop these skills and build trusting and stable relationships, system leaders need opportunities to train with leaders from different professions, sectors, levels and places. Local and national providers of leadership development need to tailor their support to meet the critical development needs system leaders face in a coherent and co-ordinated, 'place-based' approach. To speed the improvement of local health and care systems there is also an urgent need to support and champion existing OD teams across primary and secondary health and social care and to develop their capacity and capability.

Proposed actions

The NHS Leadership Academy, as part of Heath Education England (HEE), is already working with NHS Improvement, Public Health England, NHS England and other partners to make specific systems leadership development support available to each STP footprint. In addition, the following actions are proposed.

13 As described in W. Edwards Deming's system of profound knowledge www.qihub.scot.nhs.uk/quality-and-efficiency/2020-framework-for-quality-efficiency-and-value/improve/deming%E2%80%99s-system-of-profound-knowledge.aspx

Proposed action	Intended outcomes		Detailed actions	Responsible
1: Support development of system leadership capability and capacity	**Next 12 months**	System leaders and leadership teams know about and can access coherent and co-ordinated place-based support for developing their system leadership skills. STP teams will have discussed this issue and include their own systems leadership development in their planning	Local leadership academies will **advise on the support available** to individual system leaders and to sustainability and transformation leadership teams	HEE (NHS Leadership Academy)
	In 1–3 years	All organisations across primary and secondary health and care have good enough OD capability to enable effective team and inter-team working within and between organisations across health and care systems	Local leadership academies will **help senior teams to build OD capacity and capability** within their organisations and systems, working with current OD networks. Where such networks do not yet exist, local leadership academies will help to build them and develop the colleagues that the networks connect	HEE (NHS Leadership Academy) with all NHS funded organisations
			Local leadership academies will work with NHS England partners to map **OD capacity and capability across primary care** and agree a development plan and process	NHS England
		Colleagues across primary and secondary care and commissioning are building trusting relationships that progress changes planned in their respective STPs	Local leadership academies will **facilitate forums for leaders in each STP area** to help progress implementing their STPs, including implementing the OD plans for their local system	HEE (NHS Leadership Academy), with NHS England and NHS Improvement
2: Develop and implement strategies for leadership and talent development	**Next 12 months**	Leadership and talent development and planning become core strategic activities for all organisations and local health and care systems	All NHS-funded organisations, including national organisations, **develop their own leadership and talent development strategies** to create cultures of continuous improvement, with inclusive, compassionate leadership, delivering high quality care	All NHS funded organisations
	In 1–3 years	All organisations understand why they should make leadership and talent development and planning core strategic activities, and are supported in developing high quality strategies	Support organisations and systems to **develop and implement leadership and talent development strategies**. This entails extending and linking relevant communities of practice, and particularly encouraging clinicians and other professions to be integral to developing the strategies	HEE with NHS Improvement and NHS England

Condition 2:
Compassionate, inclusive and effective leaders at all levels

A healthcare organisation's culture – 'the way we do things around here' – shapes the behaviour of everyone in the organisation and directly affects the quality of care they provide. Research shows the most powerful factor influencing culture is leadership. Leaders who model compassion, inclusion and dedication to improvement in all their interactions are the key to creating cultures of continuous improvement in health and care.

Compassionate and inclusive leadership creates an environment where there is no bullying, and where learning and quality improvement become the norm. Continuous improvement depends on staff feeling safe and empowered to apply improvement methods in partnership with patients, families and communities. Where leaders act with compassion, staff feel valued, engaged and enabled to show compassion themselves. They feel obliged to speak up when something is wrong and empowered to continuously improve.

It is widely acknowledged that what happened in Mid-Staffordshire NHS Foundation Trust was caused by a range of factors, not least allowing a culture of fear and poor style of leadership to take hold. Among the recommendations of the Francis report and subsequent Berwick and Rose reports, the need for improved leadership, leadership behaviours, values and competencies was repeatedly highlighted. Compassionate and inclusive leadership is embedded in high quality, high performing systems and drives improvement in their overall performance – better outcomes for patients, better population health and better value for money.

Achieving this condition rests on three factors:

Developing a common understanding of the knowledge and practice of good leadership

A variety of frameworks are used across the NHS to develop, assess, select, promote and regulate leaders and leadership, and they are often incongruent. People across the system need to agree on 'what good leadership looks like' at different levels and develop consistent descriptions, using language common to all organisations and systems.

Ensuring lifelong learning for all staff

The leaders of health organisations are responsible for ensuring that the individuals and teams they lead receive appropriate skills and career development at the right time to fulfil their potential. According to research, senior executives report their sources of key development as learning from experience in role and on the job (70%), learning from others, especially mentors, coaches and learning sets (20%), and formal coursework and training (10%). At present, there are examples of excellent leadership and career development in different areas of NHS-funded activity, but evidence shows the offer is not consistent across the service or throughout people's careers. All staff need to receive regular high quality appraisal conversations and career development opportunities. Health organisations would benefit from greater sharing of existing good practice. Everyone in the service, regardless of where they work in NHS-funded care, would benefit from more consistent access to affordable and high quality development offers, predominantly on-the-job learning, combined with other learning support.

Developing inclusive systems for managing talent

High quality health and care systems are able to attract, identify and develop people with the potential for good leadership and to match them to opportunities as they arise, fitting the right talent to operational needs. Systems for matching people to roles where they can have the most impact are essential, both within and across health and care organisations. Such systems rest on strategic planning to make sure the supply of appropriately developed people matches trends in demand for senior leaders and other critical roles across the system. Planning needs to include creating the conditions in which equality, diversity and inclusion thrive in all teams and organisations across health and care services to speed progress towards a truly inclusive health and care leadership. Evidence shows that organisations with a diverse leadership perform better, with higher levels of staff morale.

We have heard clearly that people in leadership roles often feel isolated and insufficiently supported and valued. The ambition is to create an inclusive system of managed talent pipelines which can effectively and cost-efficiently identify, develop, and supply suitable candidates for vacant roles as well as support potential leaders as their careers progress and when they are in senior posts. Such a system will increase the diversity of background and skill sets among candidates for each role; make it easier for people to move around health and social care; and support the development of leaders who can work across sectors.

Proposed actions

Proposed action	Intended outcomes		Detailed actions	Responsible
3: Develop compassionate and inclusive leadership for all staff at every level	**Next 12 months**	All health and care organisations have a common understanding of 'what good leadership looks like', and are using it to guide the identification, development, assessment, appointment and support of leaders internally and across the system More strong candidates are ready and willing to put themselves forward for challenging NHS leadership roles, as national bodies make sure the regulatory regime consistently encourages improvement and compassionate, inclusive leadership (proposed action 11) and potential leaders in NHS-funded roles are better developed	Work with organisations at all levels to co-design a **guide for health and care leadership** for use across the system. The guide will include what good leadership looks like (knowledge, skills, attitudes and behaviours at different levels), how to identify talent and how to help individuals and organisations assess and meet their leadership development needs. Alongside this develop a consistent approach to senior level appraisals that reinforces the values, behaviours and practices of compassionate and inclusive leadership. This work will be reflected in the next update of the Well-Led Framework, due in April 2017	HEE (NHS Leadership Academy), with CQC, NHS Improvement, NHS England and Skills for Care
			Develop the **role of local leadership academies (LLAs) to enable, promote and improve leadership development** delivered locally (in-organisations). LLAs will support local organisations in co-designing and delivering high quality leadership development, signpost them to assured development providers, and kite-mark in-organisation leadership development activities. Local leadership development support will focus on **teams, leaders of teams** and **emerging clinical leaders**	HEE (NHS Leadership Academy)

Proposed action	Intended outcomes		Detailed actions	Responsible
3: Develop compassionate and inclusive leadership for all staff at every level	**In 1–3 years**	Greater national consistency and quality in leadership development, as well as better local support for leadership development and talent management, results in: • a bigger pool of current and future leaders with the knowledge, skills, attitudes and behaviours to create cultures of continuous improvement • improved staff engagement and reduced levels of discrimination and bullying (evidenced in staff survey results) • a bigger pool of aspiring senior leaders including clinical leaders, a higher number of qualified candidates per leadership vacancy, and fewer such vacancies	In collaboration with local and national partners, review and revise the design and delivery of development for **senior and mid-level leaders** across the system, especially in primary care. Ensure national consistency and quality in leadership development for aspiring directors and above, in line with enhanced talent management. Development for senior leaders to be designed and delivered nationally; development for mid-level leaders aspiring to senior roles to be designed nationally and delivered regionally	HEE (NHS Leadership Academy)
			Ensure **digital access** to open source resources and tools on compassionate and inclusive leadership across health and care	HEE (NHS Leadership Academy) with NHS Improvement and NHS England
		• A bigger pool of high potential leaders with the knowledge, skills, attitudes and habits to be compassionate, inclusive leaders and the skills and experience to work across health and care, and who receive improved career support	Work with health and social care colleagues to develop **a joint graduate management training scheme**, in addition to the NHS graduate management training scheme, that is appropriate to the future landscape of health and care	HEE (NHS Leadership Academy)/Skills for Care
			Double the size of the NHS graduate management training scheme by 2020 and provide more continuing career support for all trainees and training scheme alumni. Evaluate training schemes tailored to specific entrants as a model for attracting and rapidly developing high potential managers at later stages of their careers	HEE (NHS Leadership Academy)

Proposed action	Intended outcomes		Detailed actions	Responsible
4: Embed inclusion in leadership development and talent management initiatives	**Next 12 months**	Improved leadership capabilities are driving greater levels of equality, diversity and inclusion at all levels There is equal access to opportunities for career progression and people have the development support they need to pursue them. Line managers identify, encourage and support those from under-represented groups	Working closely with the NHS Equality and Diversity Council (EDC), launch a system-wide intervention to address discrimination against those with protected characteristics. The intervention will equip future leaders to accelerate inclusion and create just cultures that ensure inclusion is sustained. It will use action research to identify, design and implement the leadership development and leadership practices that are achieving inclusion. This work will itself be a programme of action that engages leaders across health and care	HEE (NHS Leadership Academy)
	In 1–3 years	All organisations cultivate the knowledge, skills and capabilities that create the conditions where equality, diversity and inclusion thrive. There is measurable progress towards a senior leadership group that represents the health and care workforce and wider population it serves. Evidence shows such representative leadership leads to more patient-centred care and better staff morale	Publicise ambitious targets to **improve diversity** at every level of NHS organisations and publish the impact of organisations' action on diversity. Encourage stakeholder forums and recruitment and exchange schemes to improve the diversity of future leaders, meaning diversity in skills, thinking, experience and background as well as in protected characteristics	NHS Equality and Diversity Council (EDC) and NHS national organisations

Proposed action	Intended outcomes		Detailed actions	Responsible
5: Support organisations and systems to deliver effective talent management	**Next 12 months**	All NHS-funded organisations know how to deliver effective, inclusive talent management	Building on existing evidence and materials, co-produce a clear statement of what 'good' and inclusive talent management looks like across the NHS system. All members of the NILD Board will publicly commit to putting good talent management in place in their own organisations. The impact and quality of these initiatives will be measured and results published annually	HEE (NHS Leadership Academy), with all members of the NILD Board
		Organisations and line managers have easy access to guidance and advice on how to implement better talent management	Co-design a programme **supporting organisations to do talent management better** at all levels. This entails building on existing regional talent management networks, which increase access to training and resources, and developing learning collaboratives which share best practice and support peer-to-peer learning	HEE (NHS Leadership Academy) with all members of the NILD Board
	In 1–3 years	All staff at all levels are provided with meaningful feedback and the support they need to fulfil their potential, making them feel more valued. Effective talent pipelines are in place, ensuring that the highest performing individuals across NHS-funded services are identified and adequately supported to become future leaders	Support local organisation leaders to **establish pilot talent management forums at regional and local system levels**. Such forums can take a partnership approach to strategically identifying and developing diverse talent across all the organisations they represent. The aim is for the pilots collectively to drive local talent development strategies and sustainable succession planning	HEE (NHS Leadership Academy)

Proposed action	Intended outcomes		Detailed actions	Responsible
6: Improve senior level recruitment and support across NHS-funded services	**Next 12 months**	Senior leaders in NHS-funded services feel more valued and continually supported to reach their full potential There is progress towards strategic and coherent talent management at the national level, ensuring effective succession-planning for the most senior roles across the health system	Continue work to **align and make better use of all existing NHS resource** involved in senior level development and recruitment. This work is aimed at offering more coherent national talent management support, covering executive, non-executive and interim board posts. The offer will include monitoring national talent pools; providing career management advice to rising talent; and supporting employers in targeting and appointing appropriately developed senior leaders	HEE (NHS Leadership Academy)
			Establish a national **senior leaders support function (SLSF)** with representatives from the health and care system. This team will inform and oversee senior talent management initiatives at national level. The SLSF will systematically source and use talent management data relevant to board level posts to inform national planning and investment decisions concerning the senior leadership pipelines for all professions. This will include regularly collecting new supply and demand data from across the NHS system along with analytical modelling	HEE (NHS Leadership Academy)
			Commission a **senior systems leaders scheme** as part of a nationally coordinated talent management programme to support leaders currently in the most senior roles, to attract and retain future senior leaders, and ensure effective succession planning for the most senior roles across the health system	HEE (NHS Leadership Academy)
			Continue to deliver or commission a set of development programmes for aspiring senior leaders across NHS-funded services and those already in post, particularly for future clinical leaders (for example, running another cohort through an executive fast track programme that prepares clinicians to take up chief executive posts) and for future leaders in primary care and commissioning	HEE (NHS Leadership Academy) with NHS England

Proposed action	Intended outcomes		Detailed actions	Responsible
6: **Improve senior level recruitment and support across NHS-funded services**	**In 1–3 years**	There is a sustainable and diverse pipeline of senior leaders for NHS-funded services and vacancies are filled quickly with leaders who have the right skills. Improved recruitment support and processes reduce reliance on commercial recruitment firms and deliver better value for money	Expand NHS recruitment support to board-level roles and establish a **national framework of preferred executive search agencies** that secures better value for money for NHS organisations	HEE (NHS Leadership Academy)

Condition 3:
Knowledge of improvement methods and how to use them at all levels

Chief executives of the majority of provider trusts rated 'outstanding' by the Care Quality Commission (CQC) have stated their commitment to quality improvement methods and continuous learning, which they credit with achieving improvements in operational performance, staff satisfaction and quality outcomes. Leaders of CCGs and primary care providers have given similar endorsements. The ambition inspired by this condition is for all NHS-funded organisations across England, with regional and national partners, to invest in building skills in quality improvement and continual learning among all their teams. The aim is for continuous improvement to be core to everyday work for everyone working in NHS-funded services. Extending this capability into primary, community and social care is vital to performance improvement across health and care systems.

There are several approaches to improvement methods[14] but all share the same basic principles. As the Berwick review identified, not everyone needs to be expert in an approach, but all staff and teams should understand the principles and all organisations should have enough staff with the leadership and expert analytical skills to lead and sustain improvement work through coaching teams. All teams should have the opportunity and time to apply improvement skills in their daily work, as well as access to on-going support and shared knowledge. Achieving this condition rests on senior leadership teams committing their organisations and systems to developing staff in improvement methods; making the substantial and sustained commitment of time and resources that success requires; and embedding training in improvement methods, alongside training in related managerial, team-working and leadership skills, in the training curricula and re-validation processes of all health and care staff.

Research into the factors driving high quality health systems shows that board and executive teams' understanding of leading for improvement is crucial. Leading for improvement includes allocating adequate resources, giving teams time for improvement activities (reducing less value-adding activities where possible), role-modelling improvement principles in leaders' own behaviour and celebrating successes.

There are a number of regional networks that support provider and commissioning organisations in building improvement capability very well. However, the extent, quality and availability of training and support vary across the country. A more coherent and co-ordinated offer at regional and local level is needed. Some NHS-funded organisations that have embedded improvement approaches already support peers: the national organisations involved in this framework are committed to supporting the development of improvement capability and peer-to-peer learning across England.

Patients, service users, families and communities should always be involved as equal partners with professionals in re-designing and improving processes and systems. Many healthcare organisations across England do this systematically, with impressive results. To extend this level of involvement across NHS-funded care depends on communicating its benefits to health and care teams, including patients, carers and other partners, and equipping them with the skills to do it well.

14 Established quality improvement approaches include Total Quality Management (TQM), Model for Improvement (including Plan Do Study Act or PDSA), Statistical Process Control, Six Sigma, Lean, Experienced-based Co-design, Theory of Constraints, and Business Process Re-engineering. See www.health.org.uk/sites/health/files/QualityImprovementMadeSimple.pdf

Proposed actions

Proposed action	Intended outcomes		Detailed actions	Responsible
7: Build improvement capability among providers, commissioners, patients and communities	**Next 12 months**	All leaders of healthcare organisations and systems, across primary, secondary and community care as well as commissioning and national bodies, have access to the knowledge and skills they need to lead quality improvement	Develop programmes for boards and executive teams of provider and commissioning organisations on **leading for improvement**, designed in collaboration with regional, national and international organisations experienced in this area	NHS Improvement with NHS England
			Co-design with primary care practitioners a **training offer for primary care** building on current good practice and aligned with the 'leading for improvement' programme, which is co-ordinated by NHS Improvement	NHS England (Primary Care Team)
			Embed leading for improvement in all core **leadership development programmes**	HEE (NHS Leadership Academy)
			Issue guidance for providers indicating the **scale of training required to embed quality improvement capability** in their organisations, ie what proportion of staff need training in improvement methods at each level, over what period, and the particular improvement skills they need to learn	NHS Improvement
		Regional and national improvement organisations have a better understanding of the type and level of improvement training and support available to local organisations and systems. They can clearly signpost such support, and address gaps in the existing training and support infrastructure	Identify the current **training and support infrastructure in relation to improvement**, in close co-operation with regional improvement organisations and networks	NHS Improvement and NHS England, with academic health science networks and other regional improvement organisations

Proposed action	Intended outcomes		Detailed actions	Responsible
7: Build improvement capability among providers, commissioners, patients and communities	**Next 12 months**	Patients and communities are involved as equal partners in the re-design of processes and systems	All members of the NILD Board will develop their organisations' approaches to involving **patients and/or carers** in their work and governance processes, working with existing advisory groups (eg Five Year Forward View People and communities Board) and sharing their experiences	All NILD Board members
	In 1–3 years	All providers and commissioners are supported in building improvement capability by a coherent and co-ordinated support offer at regional and local level, ensuring good value for money	Develop a **procurement framework** for specialist providers of improvement training and support	NHS Improvement
			Provide **guidance** to organisations on how to build organisational and systems improvement capability and work with improvement organisations to offer **regional support**	NHS Improvement, with NHS England
		All senior leaders are embedding an improvement mind-set in their organisations and model this. By 2020, all candidates appointed as chief executives to trusts and CCGs will need to demonstrate knowledge of, and experience in, applying improvement approaches, as well as compassionate, inclusive leadership	Support **boards and executive teams' access to relevant improvement training** through the 'leading for improvement' programmes, using local and regional partners. The programme's aim is to reach 25% of trust/CCG boards and executive teams by 2018, and 75% of this target group by 2020	NHS Improvement, with NHS England

Proposed action	Intended outcomes		Detailed actions	Responsible
8: Embed improvement and leadership development in curricula, revalidation and award schemes	**Next 12 months**	Training in quality improvement (QI) science and methods, as well as in managerial and leadership skills, are systematically and comprehensively embedded in training curricula for all health staff, clinical and non-clinical.	With the Medical Royal Colleges, the Academy of Medical Royal Colleges and other relevant professional groups, develop a strategy for **implementing the recommendations of *Quality Improvement – Training for Better Outcomes*** (Academy of Medical Royal Colleges 2016), in close co-operation with universities and training regulators	HEE
		Individuals and teams are strongly incentivised to improve health and care and rewarded for their contributions	Establish a working group to **review Clinical Excellence Awards**, with a view to designing an incentive and reward scheme focused on quality improvement and leadership development	Department of Health
	In 1–3 years	A substantial and increasing share of the NHS-funded workforce is skilled in QI methodology and sees continuous improvement as a normal component of everyday work, rather than an add on. Include knowledge of QI in revalidation processes and appraiser training for all health staff	Continue work with the Medical Royal Colleges, professional regulators and other professional groups **to implement new curricula and re-validation processes** that include core improvement, team working and leadership development skills	HEE

Condition 4:
Support systems for learning at local, regional and national levels

Getting full benefit from investments in improvement skills, leadership and talent management made in line with the framework depends on the underpinning support systems for these three areas. Several actions to extend infrastructure and learning systems to support all three appear under conditions 1, 2 and 3. Actions proposed under this condition promote essential resource and knowledge sharing.

To illustrate, thousands of people have already been trained in improvement methods across the health and care system in England. But not all of them have the support they need to apply their skills, such as help with data analysis. Having access to support and coaching from improvement experts, who help with the set-up and management of improvement projects and in sharing learning, has been shown to help embed improvement skills. There are also good examples of smaller commissioning or provider organisations sharing expert resources and infrastructure to support improvement teams working across their local system. Expert support is often crucial in ensuring the involvement of patients, carers and the wider community in improvement projects.

Sharing resources, knowledge and learning depends on building systems and networks locally, regionally and nationally. Being able to connect with teams working on similar projects offers much-needed support and peer-to-peer learning and also avoids wasting scarce resources on problems that others have already solved. Support for networks will help teams working on improvement skill-building, leadership development and talent management in England to connect with peers and experts in the rest of the UK and beyond.

Improvement and leadership development practitioners and teams across health and care often find pertinent evidence-based resources hard to locate. Action is also needed to make guidance and information on both leadership development and improvement easier to find and use.

Proposed actions

As a result of the Smith review of nationally funded improvement and leadership development functions (2015), several changes have already been made to the nationally funded improvement and leadership development functions, including moving the Leadership Academy under HEE and integrating NHS Improving Quality functions into NHS England. The actions proposed below build on the changes already made.

Proposed action	Intended outcomes		Detailed actions	Responsible
9: Ensure easy access to improvement and leadership development resources	**Next 12 months**	All staff in health and care organisations have easy access to improvement, leadership development and talent management resources, guidance, tools and best practice methods	Develop a **shared approach to knowledge spread and adoption** encouraging local organisations and systems to develop communities of practice, share case studies and make evidence from local, national and international research easily available through digital channels	HEE, NHS Improvement, NHS England
	In 1–3 years	All staff in health organisations have easy access to cost-efficient, online improvement technology to aid them in the set-up, management and sharing of improvement projects	With partners across the system, build on existing online improvement platforms to create a **national platform** that helps people to plan, manage and share learning from their improvement projects	NHS Improvement, with NHS England
10: Support peer-to-peer learning and exchange of ideas	**Next 12 months**	Organisations better understand what support patient leaders and NHS-funded staff need to share experience	**Build networks** of practitioners in patient and public involvement to raise awareness and share knowledge	NHS England (Public and Patient Engagement Directorate) and NHS Improvement (Faculty of Improvement)
		Individuals involved in improvement work (from policy to practice in every part of the health and care system) belong to improvement communities	Continue to develop the **Q Initiative** with the Health Foundation and other partners as a pan-UK network for individuals involved in improvement, which supports and advances their work	NHS Improvement
	In 1–3 years	Effective networks thrive across the health and care system, enabling the flow of improvement ideas, advice, tools and peer support across England, and proactive connections with the rest of the UK and beyond	Identify and align suitable **development support for a wider range of existing and emerging networks** supporting improvement, leadership development and talent management	NHS England, NHS Improvement, HEE (NHS Leadership Academy)

Condition 5:
Enabling, supportive and aligned regulation and oversight

Targeted investment in skill-building, leadership development and talent management at all levels will only have the desired impact if local organisations and systems are in control of driving their learning and improvement to suit the needs of their local communities. The regulatory and oversight bodies that set the national priorities for local organisations and systems must allow them that control and give them the space and support they need to succeed.

The purpose of regulating and overseeing local organisations is to make sure patients and other service-users receive the best care possible. Regulatory and oversight bodies do this by ensuring core standards are met, and making appropriate interventions when serious problems are identified. There is increasing recognition that the national bodies' and commissioners' general response to a worsening operational environment has been to increase their grip on local organisations and focus on short-term performance management interventions. Those subject to the various regimes sometimes regard the different bodies' individual responses as inconsistent and unco-ordinated. Although any inconsistencies are unintended, they can divert local management attention to responding to regulators and local oversight bodies at the expense of focusing on operations.

The regulatory and oversight bodies take these views seriously. We are working on more supportive approaches that focus on building the capability of people across the health and care system. For example:

- an aligned regulation and oversight approach between NHS Improvement, CQC and NHS England for accountable care organisations and new care models
- joint work between CQC and NHS Improvement on updating and fully aligning the Well-Led Framework, based on a single shared view of quality that draws on the same sources of evidence
- the *Shared Commitment to Quality* developed by the National Quality Board (NQB), which re-affirms and signals the commitment of the FYFV national leadership to quality and makes clear the collective commitment of the national bodies to safeguarding and driving improvements in quality
- implementing NHS Improvement's Single Oversight Framework, which directs support for improvement to trusts.

As a priority, we seek to ensure that the regulatory and oversight system does not stand in the way but encourages professionals, organisations, teams and local systems to improve patient care and outcomes. The national organisations, our regional presences and local oversight bodies must remove any unnecessary hurdles and burden, and make sure we all work closely together. Local organisations should not be asked to submit information more than once. Staff submitting data should understand why it is collected and be able to access it in a meaningful format for improving performance. Regional and national bodies should work together with local organisations and systems to share data and information, minimise data requests and explain such requests clearly.

Putting local systems and providers in control of driving improvement and making them accountable for it necessitates delegating priority-setting and decision-making to the local level. New models of local system leaders jointly planning and delivering services for local populations are already emerging. Some of these challenge existing regulatory and oversight structures and practice. Leaders at all levels need to collaborate to remove barriers to innovation and beneficial change. Local organisations and systems should be confident that they can have open discussions with national bodies on how to overcome such barriers.

Our aim is for regulation and oversight to be more consistent, supportive and fully aligned in the way it looks at and intervenes in performance and improvement across providers, commissioners and local health and care systems. As national bodies, this means we need to improve our understanding of the often complex factors driving outcomes, so we can offer support to commissioners and providers that adds real value and assess the extent of its impact. The support we provide should also help build capability for the long term across local health and care systems, beyond meeting short-term operational objectives. This change in horizon needs to be demonstrated in the actions the different regulation and oversight bodies take to prioritise and support leadership development and improvement.

Proposed action

We intend to use this framework as our collective guide in a process that will require many of us to question the 'way things are done'. Working through the process will take time and some outcomes will only be measurable in the medium term. However, work in many areas is already underway.

Proposed action	Intended outcomes		Detailed actions	Responsible
11: Create a consistent supportive regulatory approach	**Next 12 months**	All national bodies share a clear understanding of the changes in their approaches needed to make sure the regulatory regime consistently encourages improvement and compassionate, inclusive leadership	Continue and strengthen **inclusive dialogue across the system** to explore how regulatory and oversight approaches used in the NHS can be aligned to the strategic framework over time. A critical topic is the metrics used to measure progress. All national regulatory and oversight bodies will commit to act on insights generated by use of this and future iterations of the framework	CQC, NHS England, NHS Improvement
			Work with partners in the system to establish **mechanisms for organisations to feed back constructively** experiences in their dealings with national bodies that are not in keeping with the framework's expectations, and to make sure this information is regularly reviewed and acted upon. This action will build on existing processes in national organisations and evidence on what works best	NHS Improvement, with all National Board members
	In 1–3 years	Progress has been made towards a fully aligned regulatory approach, with all stakeholders from the system involved. Provider and commissioning organisations find interactions with national regulation and oversight organisations (and their local and regional teams) increasingly supportive and in line with the framework's ambitions	**Update each organisation's regulatory or oversight approaches** to prioritise the strategic framework's ambitions. For example, the CQC and NHS Improvement are doing this for their next release of the Well-Led Framework, due in April 2017	CQC, NHS Improvement, NHS England
			All national regulatory and oversight bodies ensure that their organisational development approach supports and enables **all their staff to behave in line with the principles of the National Improvement and Leadership Development framework**, including development in holding supportive conversations and understanding improvement methods	CQC, NHS England, NHS Improvement

Proposed action	Intended outcomes		Detailed actions	Responsible
12: Streamline and automate requests for information	**Next 12 months**	All national organisations own a cross-sector plan to minimise the burden associated with their information requests, with measurable targets	Develop a **joint initiative to assess current measurement activity** (including performance targets and associated metrics) and a strategy for 'measuring what matters'. This will include understanding local commissioner behaviour and how this may be influenced to reduce the data burden arising from local information requests for commissioning purposes. This action will be aligned with the work of the Burden Reduction Challenge Panel (DH), on-going work by NHS Digital, the initiative 'Paperless by 2020' (NIB) and the NQB's 'Measuring Quality' working group	National Quality Board, NILD Board and National Information Board (NIB)
	In 1–3 years	Provider organisations experience a measurable reduction in the data burden associated with the collection and submission of data for regulatory and commissioning purposes	**Implement the cross-sector strategy** to 'measure what matters' and associated actions to minimise the data burden, with regular assessment of the impact on providers	NQB, NILD Board and NIB

Proposed action	Intended outcomes		Detailed actions	Responsible
13: Balance measurement for improvement and judgement	**Next 12 months**	All provider and commissioning organisations have easy access to guidance and support on understanding measurement for improvement and how to implement it	In partnership with local organisations **develop guidance on good practice** in combining measurement for judgement and measurement for improvement, based on national and international good practice	NHS Improvement, NHS England
		All provider and commissioning organisations, as well as regional and national regulation and oversight bodies, are putting suitable systems in place to measure for improvement	Select a **pilot priority area** (eg cancer service delivery) to design and implement a comprehensive measurement strategy for the area across all levels (national regulation and oversight bodies and their regional teams; providers and CCGs), working with local partners in development and implementation	NHS England, NHS Improvement, CQC
		All provider, commissioning and regulation and oversight organisations plan/ start to develop sufficient analytical capability to design, analyse and interpret relevant measures to support improvement	Include **analytical skill building** as an explicit element of the 'Leading for Improvement' training offers. This will link with relevant work being done by the NIB (such as the Building a Digital-Ready Workforce programme), and work by NHS Digital relating to NHS England's personalised health and care 2020 strategy, as well as planned and new capability building offers for primary care and commissioners (such as NHS England's Right Care programme)	NHS Improvement, NHS England
	In 1–3 years	Provider and commissioning organisations, as well as regional and national regulation and oversight bodies, have suitable systems to measure for improvement	All members of the NILD Board **review their internal board reporting** to check that measures used give an adequate understanding of the organisation's trajectory of performance, and whether changes believed to be leading to improvements are having the intended impact NHS Improvement and NHS England will ensure that providers and commissioners are supported in adopting good practice on measuring for improvement, and signpost them to other support	NHS Improvement, NHS England

Annex 1: Bibliography

Introduction

The programme team consisted of three sub-teams focussing on different elements of the strategy. The team consulted a wide range of subject experts and research documents and resources. This bibliography represents some of the resources the teams drew on for this first version of the framework.

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Annex 2: Stakeholders

Our thanks go to all the people who kindly gave their time and expertise to develop this first version of the framework.

- NHS Provider and CCG leaders, specialists, and staff members
- Patient/user representative organisations
- Professional bodies
- Professional networks
- Royal colleges
- National NHS organisations
- Arms-length government bodies
- Research and academic organisations
- Think tanks
- Local delivery partners
- Academic health science networks
- Improvement organisations
- Private sector talent management specialists
- Public sector bodies including MoD and civil service talent support
- Networks/associations
- Our colleagues at NHS Scotland, NHS Wales, and Department of Health Northern Ireland who arranged informative visits for us to learn about their experience
- The NILD board, ALB working group, and all those on the Programme Team

Events/Surveys

- Those who attended the TM workshops and Lets Talk Talent national engagement events (7 July and 7 September)
- People who responded to the Let's Talk Talent online survey and took time to have one to one conversations with the team
- Those who attended the workshops to support the development of the national improvement and leadership development strategy (15th April in Gothenburg and 29th April at the Health Foundation)
- Those who attended the National LDI Strategy Events (14th June in Manchester and 21st June in London)

Annex 3: Glossary of terms

Continuous learning: constantly expanding skills through learning and increasing knowledge. For organisations, directing people's continuous learning towards relevant skills equips individuals and the organisation as a whole to adapt to a changing environment quickly, flexibly and successfully.

Cultures of continuous improvement: in health organisations, these exist where people 'have a rational understanding of how small improvements compound to make big differences; they love improving – both because they are passionate about the importance of their work and because it feels so good to move to a new level of performance; and they have enough confidence in their colleagues to believe the organization is capable of making progress.' (from George C. Halvorson, Chairman and CEO of Kaiser Permanente, the largest U.S. nonprofit health plan and hospital system, at https://hbr.org/2013/07/the-culture-to-cultivate)

Framework: a structure of interlinked items that guides action to achieve a particular purpose. A framework can be improved to reflect experience of using it by adding, deleting or adapting items.

Improvement: designing and redesigning work processes and systems that deliver healthcare with better outcomes and lower cost, wherever this can be achieved. Established improvement methods can be used to improve single processes and systems within organisations and also multiple processes and systems that may cross organisational boundaries, as in transformational change programmes and service reconfigurations across local health systems.

Leadership development: developing individuals for positions of responsibility and authority, supporting them in these roles, and developing the capacity of groups and organisations for leadership as a shared, collective process.

Measurement for improvement: shows whether work to improve a process or system is achieving its intended results. Measurement for improvement comprises measures that demonstrate current (baseline) performance in terms of quality and cost, performance goals for the process or system and the impact of improvement work on progress towards those goals. In health care, measurements are often used for reporting aggregate quality and cost results to oversight and regulatory bodies that "judge" the data against specific standards or rules. Measurements for judgement generally differ from measurements for improvement, although both types of measurement are important.

Organisational culture: the 'way we do things around here', influenced in particular by how leaders do six things: communicate the organisation's vision; translate the vision into practical objectives; manage people; make sure the organisation is just and fair; work in teams; and express core human values. (From the work of Professor Michael West, Head of Thought Leadership at the King's Fund see https://www.kingsfund.org.uk/blog/2016/01/if-it%E2%80%99s-about-culture-it%E2%80%99s-about-leadership).

Organisation development: enabling people to transform systems. OD applies behavioural science to organisational and systems issues to align their strategy with their capability. It enhances the effectiveness of systems by providing interventions that build people's collective capacity and capability to achieve shared goals. (For more information, see: http://nhsemployers.org/campaigns/organisational-development/what-is-organisational-development)

Quality: what matters most to service users concerning quality is that services are safe, effective, caring and responsive (good experience) and person-centred. Providers and commissioners that deliver such high quality services are well-led, use resources sustainably and are equitable. (Source: *A Shared Commitment to Quality* developed by the National Quality Board)

Sustainability and transformation plans: plans that show how local services will evolve and become sustainable over the next five years. The NHS Shared Planning Guidance 16/17–20/21 issued in December 2015 called for every health and care system in England to produce a five-year sustainability and transformation plan (STP). The health and care organisations within 44 defined geographic 'footprints', covering all areas of NHS spending in England, are collaborating on these plans, led by a named leader in each footprint. The plans cover improving quality and developing new models of care, improving health and wellbeing, and improving efficiency of services. While the guidance focuses mainly on NHS-funded services, STPs will also cover better integration with local authority services.

Talent management: the systematic attraction, identification, development, engagement and retention of talent in an organisation or system. Talent refers to individuals who can make a particular difference to organisational performance, either because of their high potential or because they are fulfilling their potential in critical roles (Source: the Chartered Institute of Personnel Development).

Talent pipelines: these provide the pools of candidates able to fill posts at each level of an organisation's staffing when those posts fall vacant or the organisation expands. Posts at different levels will require candidates with different competencies, knowledge and experience. Organisations need to equip their talent with the skills and experience to fill higher level roles while these individuals are in the talent pipelines leading to those roles.

The National Improvement and Leadership Development Board: the NILD board was formed by six arms-length government bodies and the Department of Health to oversee the work set out by the Smith review of centrally funded improvement and leadership development functions in 2015.[15] The board reports to the NHS Five Year Forward View Board consisting of the chief executives from the main leadership bodies involved in healthcare. The original NILD board was soon expanded to include other relevant organisations, such as the Local Government Association. Organisations currently represented on the NILD board and sending advisors to it are listed below.

Members of the NILD board comprise:

- Care Quality Commission
- Department of Health
- Health Education England
- National Institute for Health and Care Excellence
- NHS England
- NHS Improvement
- Public Health England

Organisations attending the NILD board:

- Local Government Association
- NHS Clinical Commissioners
- NHS Confederation
- NHS Leadership Academy
- NHS Providers
- Skills for Care

15 www.england.nhs.uk/wp-content/uploads/2015/09/improv-ldrshp-dev-rev-sept15.pdf

Enclosure 9

REPORT TO TRUST BOARD

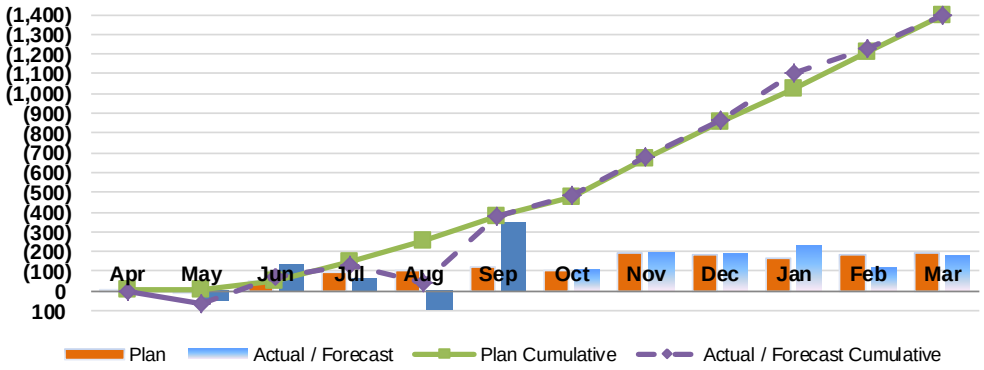
Date of Meeting:	6th April 2017
Title of Report:	Finance Report M11
Presented by:	Suzanne Robinson, Director of Finance and Performance
Author of Report:	Lisa Dodds, Associate Director of Finance
Purpose / Intent of Report:	Performance and monitoring
Executive Summary:	The report summarises the finance position at month 11
Seen at SLT or **Exec** Meeting & date	SLT/EXEC: Verbal report to Execs 21 March 2017 Seen by Exec Lead: Director of Finance and Performance Document Version number:
Committee Approval / Review	• Quality Committee ☐ • Finance and Performance Committee X • Audit Committee ☐ • People and Culture Development Committee ☐ • Charitable Funds Committee ☐ • Business Development Committee ☐
Relationship with: *Board Assurance Framework* *Strategic Objectives*	1. To provide the highest quality services ☐ 2. Create a learning culture to continually improve. ☐ 3. Encourage, inspire and implement research at all levels. ☐ 4. Maximise and use our resources intelligently and efficiently. X 5. Attract and inspire the best people to work here. ☐ 6. Continually improve our partnership working. ☐ 7. To enhance service user and carer involvement. ☐ **Comments:**
Risk / Legal Implications: (Add Risk Register Ref [if applicable])	N/A
Resource Implications: Funding source:	N/A
Equality & Diversity Implications:	N/A
Recommendations:	The Trust Board are asked to note the contents of the report and approve; • The month 11 position reported to NHSI • The reported forecast outturn of £1.4m as per agreed Control total

Financial Overview as at 28th February

Income & Expenditure - Control Total (Surplus) / Deficit

£000	Plan	Actual	Var	%	RAG
YTD	(1,216)	(1,248)	(32)	(3)	G
FOT	(1,400)	(1,400)	0	0	G

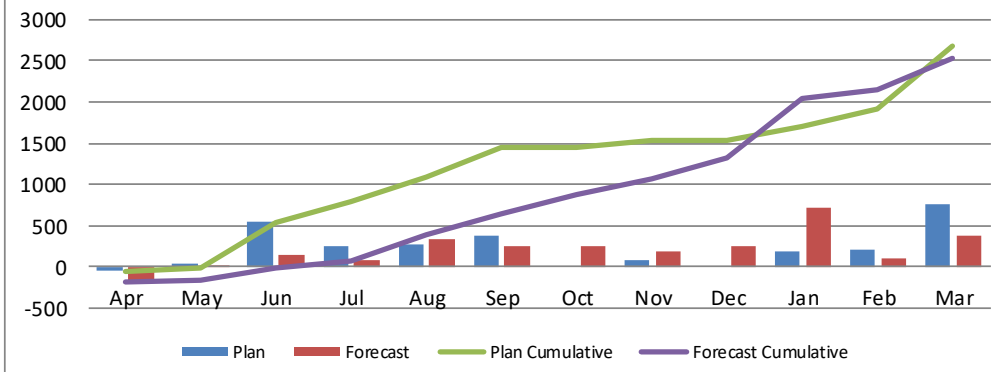
Retained (Surplus) / Deficit Run Rate 2016/17



Net Capital Expenditure

£000	Plan	Actual	Var	%	RAG
YTD	1,909	1,988	79	4	A
FOT	2,675	2,370	(305)	(11)	G

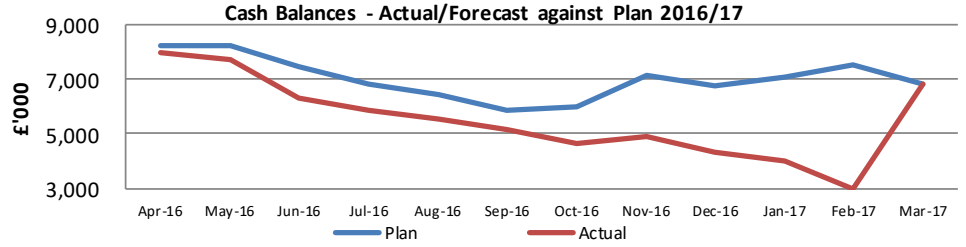
Net Capital Expenditure - Plan / Forecast 2016/17



Cash Balances

£000	Plan	Actual	Var	%	RAG
YTD	7,527	2,999	(4,528)	(151)	R
FOT	6,827	6,827	0	0	G

Cash Balances - Actual/Forecast against Plan 2016/17



Cost Improvement

£000	Plan	Actual	Var	%	RAG
Clinical	1,561	1,056	(505.0)	(32)	R
Corporate	700	684	(16.0)	(2)	A
Total	2,261	1,740	(521)	(23)	R

Use of Resource

Overall Risk Rating	3
Liquidity Ratio	1
Capital Servicing Capacity	3
I& E Margin	1
I&E Margin Variance to Plan	1
Agency Spend	4

Introduction

The Trust's original 2016/17 financial plan submission to NHS Improvement (NHSI) was a trading position of £0.343m surplus. The 'adjusted retained position' is a surplus of £0.9m (£0.343m plus IFRIC 12 adjustment of £0.557m). This is subject to the Trust delivering £2.6m worth of Cost Improvement Programmes (CIP). The Trust has since agreed with NHSI a revised control total surplus of £1.4m (£0.843m plus IFRIC 12 adjustment of £0.557m) which includes £0.5m from the Sustainability & Transformation Fund – targeted element. As at Month 11 the Trust is forecasting to achieve this revised control total.

1. Income & Expenditure (I&E) Performance

At Month 11, the Trust's financial position was:

- The adjusted retained position was a cumulative planned surplus of £757k, with an actual cumulative surplus of £789k giving a favourable variance of £32k;
- The control total was a planned surplus of £1,216k, with an actual surplus of £1,248k, giving a favourable variance of £32k against plan.

Table 1 below summarises the Trust's financial position in the Statement of Comprehensive Income (SOCI).

		Month 11			Year to Date			Forecast		
Table 1: Statement of Comprehensive Income	**Annual Budget £'000**	**Budget £'000**	**Actual £'000**	**Variance £'000**	**Budget £'000**	**Actual £'000**	**Variance £'000**	**Budget £'000**	**Actual £'000**	**Variance £'000**
Income	(80,573)	(6,935)	(6,815)	121	(73,542)	(73,617)	(75)	(80,573)	(80,902)	(329)
Pay	61,331	5,288	5,010	(279)	56,019	54,570	(1,449)	61,331	59,745	(1,586)
Non Pay	16,139	1,690	1,458	(231)	14,738	16,087	1,349	16,139	17,861	1,722
EBITDA (Surplus)/Deficit	**(3,102)**	**43**	**(347)**	**(390)**	**(2,785)**	**(2,960)**	**(175)**	**(3,102)**	**(3,296)**	**(194)**
Other Costs	2,202	(188)	237	425	2,028	2,171	143	2,202	2,396	194
Adjusted Retained Position (Surplus)/Deficit	**(900)**	**(145)**	**(110)**	**35**	**(757)**	**(789)**	**(32)**	**(900)**	**(900)**	**(0)**
Sustainability Transformation Funding	(500)	(42)	(42)	0	(458)	(458)	0	(500)	(500)	0
Control Total (Surplus)/Deficit	**(1,400)**	**(186)**	**(151)**	**35**	**(1,216)**	**(1,248)**	**(32)**	**(1,400)**	**(1,400)**	**(0)**

2. Income

The NHS Stoke-on-Trent CCG and NHS North Staffordshire CCG contracts are set on a block basis. The Trust is showing an over performance of £271k year to date across both CCG's which relates to the RAID 24/7 service, Healthcare Facilitation and Children's services waiting list funding which are charged in addition to the core contract. At this stage the Trust is not expecting any further income over-and-above the contract values agreed, with the exception of any further agreements in relation to other transformational schemes and income for patient related activity.

In 'Other NHS' Out of Area Treatments are showing a favourable variance of £22k as at month 11, and the Edward Myers Unit has sold fewer than their budgeted number of beds £145k. Darwin income is under performing against a plan of 15 beds by £225k year to date due to the delay in building works and delays to filling the now re-opened beds.

Other income is over performing, mainly as a result of income received for Dyke Street carers income (£61k), ESCA drugs (£90k), dementia income (£87k), and workforce (£60k).

Table 2 below shows the Trust's income by contract and other categories.

		Month 11			Year-to-Date			Forecast		
Table 2: Income	**Annual Budget £'000**	**Budget £'000**	**Actual £'000**	**Variance £'000**	**Budget £'000**	**Actual £'000**	**Variance £'000**	**Budget £'000**	**Actual £'000**	**Variance £'000**
NHS Stoke-on-Trent CCG	(33,521)	(2,860)	(2,874)	(14)	(30,658)	(30,845)	(187)	(33,521)	(33,778)	(257)
NHS North Staffordshire CCG	(24,330)	(2,006)	(2,010)	(4)	(22,301)	(22,384)	(84)	(24,330)	(24,405)	(75)
Other NHS	(1,446)	(120)	(136)	(15)	(1,274)	(1,151)	123	(1,446)	(1,331)	115
Specialised Services	(2,577)	(250)	(199)	51	(2,327)	(2,102)	225	(2,577)	(2,380)	197
Stoke-on-Trent CC s75	(3,659)	(305)	(305)	0	(3,354)	(3,354)	0	(3,659)	(3,659)	0
Staffordshire CC s75	(1,062)	(88)	(88)	0	(973)	(968)	5	(1,062)	(1,056)	6
Stoke-on-Trent Public Health	(383)	(30)	(13)	17	(353)	(297)	56	(383)	(314)	69
Staffordshire Public Health	(613)	(51)	(24)	27	(562)	(549)	13	(613)	(627)	(14)
ADS/One Recovery	(2,527)	(211)	(211)	0	(2,316)	(2,316)	0	(2,527)	(2,527)	0
Other Non NHS	(77)	0	0	0	(77)	(77)	0	(77)	(77)	0
Total Clinical Income	**(70,195)**	**(5,922)**	**(5,860)**	**62**	**(64,196)**	**(64,044)**	**152**	**(70,195)**	**(70,154)**	**40**
Other Income	(10,378)	(1,013)	(955)	59	(9,346)	(9,573)	(227)	(10,378)	(10,748)	(370)
Total Income excl. STF	**(80,573)**	**(6,935)**	**(6,814)**	**121**	**(73,542)**	**(73,617)**	**(75)**	**(80,573)**	**(80,902)**	**(330)**
Sustainability Transformation Funding	(500)	(42)	(42)	(0)	(458)	(458)	0	(500)	(500)	0
Total Income	**(81,073)**	**(6,977)**	**(6,856)**	**121**	**(74,000)**	**(74,075)**	**(75)**	**(81,073)**	**(81,402)**	**(330)**

3. Expenditure

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

		Month 11			Year to Date			Forecast		
Table 3: Expenditure	**Annual Budget £'000**	**Budget £'000**	**Actual £'000**	**Variance £'000**	**Budget £'000**	**Actual £'000**	**Variance £'000**	**Budget £'000**	**Actual £'000**	**Variance £'000**
Medical	7,287	613	495	(118)	6,675	5,777	(897)	7,287	6,370	(917)
Nursing	27,618	2,311	2,233	(78)	25,285	24,612	(673)	27,618	26,974	(644)
Other Clinical	14,321	1,256	1,093	(163)	13,096	11,475	(1,622)	14,321	12,611	(1,710)
Non-Clinical	10,705	879	845	(34)	9,827	9,045	(782)	10,705	9,876	(829)
Non-NHS	1,875	251	345	93	1,590	3,660	2,071	1,875	4,157	2,282
Other	(476)	(21)	0	21	(455)	0	455	(476)	(243)	233
Total Pay	**61,331**	**5,288**	**5,010**	**(279)**	**56,019**	**54,570**	**(1,449)**	**61,331**	**59,745**	**(1,586)**
Drugs & Clinical Supplies	2,135	177	226	49	1,958	1,920	(37)	2,135	2,059	(76)
Establishment Costs	1,655	136	128	(8)	1,521	1,486	(34)	1,655	1,633	(22)
Premises Costs	1,780	143	95	(48)	1,638	1,676	38	1,780	1,855	75
Information Technology	435	53	128	75	383	564	181	435	615	180
Private Finance Initiative	3,923	327	343	16	3,596	3,753	157	3,923	4,091	168
Other	6,211	854	539	(315)	5,642	6,686	1,044	6,211	7,608	1,397
Total Non-Pay	**16,139**	**1,690**	**1,458**	**(231)**	**14,738**	**16,087**	**1,349**	**16,139**	**17,861**	**1,722**
Depreciation exc. IFRIC	891	(297)	14	311	826	826	(0)	891	927	36
Investment Revenue	(20)	(2)	(1)	1	(18)	(13)	6	(20)	(13)	7
Other Gains & (Losses)	0	0	0	0	0	0	0	0	0	0
LGPS	0	0	0	0	0	0	0	0	0	0
Finance Costs	1,327	111	111	(0)	1,216	1,216	(0)	1,327	1,327	0
Fixed Asset Impairment	0	0	0	0	0	1,173	1,173	0	1,173	1,173
Unwinding of Discounts	0	0	0	0	0	0	0	0	0	0
Dividends Payble on PDC	561	47	47	0	514	514	0	561	561	0
IFRIC Adjustment	(557)	(46)	66	112	(511)	(373)	138	(557)	(406)	151
Impairment Adjustment	0	0	0	0	0	(1,173)	(1,173)	0	(1,173)	(1,173)
Total Non-op. Costs	**2,202**	**(188)**	**237**	**425**	**2,028**	**2,171**	**143**	**2,202**	**2,396**	**194**
Total Expenditure	**79,673**	**6,790**	**6,705**	**(86)**	**72,785**	**72,827**	**43**	**79,673**	**80,002**	**329**

Key

Adjustments included in Control Total but excluded in the' below the line' reported position in line with accounting treatment

Impairment

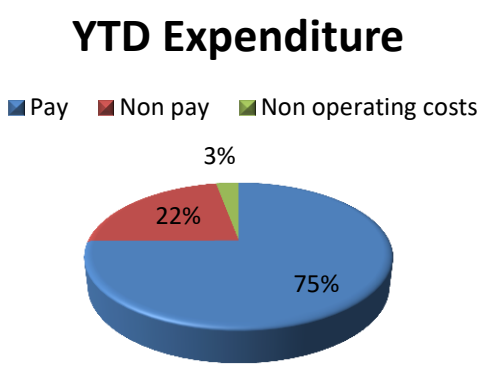
The impairment is a consequence of the revaluation of the Trust estate and is explained fully on page 5.

Pay

- There is a net underspend on pay of £1,449k year to date due to vacancies across the trust, particularly in Medical (£897k), Other Clinical (£1,622k) and Non Clinical (£782k) being backfilled with premium agency and bank.

- Agency expenditure of £3,660k year to date, with £1,230k being attributable to ROSE and the balance directly to the new EMI assessment unit on Ward 4. Excluding ROSE and ward 4 agency staffing, this is above the agency ceiling projected expenditure of £1,935k by £396k. This is mainly driven by Medical agency (£281k) above projection, nursing agency above projection (£217k).

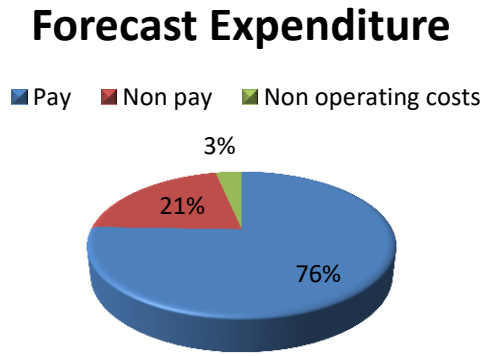
- A £455k expenditure target has been allocated to Directorates year to date, to reflect income lost due to bed reductions in Assessment and Treatment (£22k), construction works at Darwin (£229k) and disinvestment in the CHP/Propco contract (£204k), this will cease now the MOC is complete.



Non Pay

- Premises costs are overspent year to date due to minor works across clinical directorates (£38k). IT is overspend year to date due to Microsoft licences (£181k).

- 'Other' is overspending on consultancy spend and under performance of CIP party offset by profit on the sale of Bucknall.



Impairment

- During 2016/17, the 'Trust owned' properties and land have been revalued. There was a reduction in land value of £231k which was covered by the revaluation reserves. There was a reduction in the value of the buildings by £4,177k, of this £3,004k was covered by the revaluation reserve with the balance of £1,173k being impaired to the revenue position. Under the 2016/17 methodology of the Control Total calculation, this is added back to the position therefore not affecting the Trust's ability to hit the Control Total.

4. Directorate Summary

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

	Year to Date											
	Pay			Non Pay			Income			Total		
Table 4: Expenditure	**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	15,907	14,921	(985)	3,572	4,102	530	(1,721)	(1,730)	(9)	17,757	17,293	(464)
AMH Inpatients	5,821	6,287	466	173	370	198	0	(4)	(4)	5,993	6,653	660
Children's Services	5,445	5,423	(22)	651	710	59	(857)	(830)	27	5,239	5,303	64
Substance Misuse	2,840	2,716	(124)	720	651	(69)	(443)	(314)	128	3,117	3,052	(65)
Learning Disabilities	4,691	4,364	(327)	376	307	(69)	(51)	(50)	0	5,016	4,621	(396)
Neuro & Old Age Psychiatry	9,520	9,663	143	704	611	(93)	(856)	(897)	(40)	9,368	9,377	9
Corporate	11,796	11,196	(600)	10,570	11,508	938	(70,073)	(70,250)	(177)	(47,707)	(47,547)	160
Total	**56,019**	**54,570**	**(1,449)**	**16,766**	**18,258**	**1,492**	**(74,000)**	**(74,075)**	**(75)**	**(1,216)**	**(1,248)**	**(32)**

- AMH Community is underspent on pay. The staffing model has been reviewed in conjunction with the Meridian productivity review. Non pay is overspent due to the remaining un-transacted CIP target.

- AMH inpatient is overspent on pay mainly due to agency expenditure (£429k – Nursing £237k, Medical £176k), over and above vacancy underspend. Non pay over spends is driven by under achievement of CIP.

- Learning Disabilities is underspent on pay due to vacancies, the majority of which relate to the first half of the year.

- Corporate pay is underspent due to a £266k NI rebate and Junior Doctor underspends on Workforce. Non pay is overspent due to unmet CIP and consultancy services.

5. Cost Improvement Programme

The trust target for the year is £2.6m, as reported to NHSI. This takes into account the requirement to deliver a £1.4m control surplus for 2016/17. Table 2 below shows the achievement by Directorate towards individual targets at month 11. The Trust wide CIP achievement is 77% at M11 compared to plan. Of the £1,740k achieved, 78% is recurrent.

		YTD as at M11				FY Value Transacted at M11				Risk Adjusted Forecast	
Table 5 : CIP Delivery against Plan	Annual Target £000's	Plan £000's	Actual £000's	(Under) / Over Achievement £000's	% Achievement	Non Recurrent £000's	Recurrent £000's	TOTAL £000's	Variance to Annual Target £'000	TOTAL £'000	Variance £'000
Clinical:											
AMH Inpatient	289	253	49	(204)	19%	0	57	57	(232)	57	(232)
AMH Community	707	610	192	(418)	32%	15	224	239	(468)	271	(436)
Children and Young persons	240	210	263	53	125%	0	288	288	48	288	48
Learning Disability	153	131	176	45	134%	20	170	190	37	190	37
Neuro and Old Age Psychiatry	410	357	376	19	105%	25	383	408	(2)	408	(2)
Total Clinical	**1,799**	**1,561**	**1,056**	**(505)**	**68%**	**60**	**1,122**	**1,182**	**(617)**	**1,214**	**(585)**
Corporate:											
Quality	33	26	32	6	123%	0	33	33	(0)	33	(0)
Operations	47	40	45	5	114%	0	49	49	2	49	2
CEO	71	65	0	(65)	0%	0	0	0	(71)	0	(71)
Strategy	38	35	0	(35)	0%	0	0	0	(38)	0	(38)
Finance	72	57	27	(30)	47%	0	29	29	(43)	29	(43)
MACE	49	44	30	(14)	67%	30	0	30	(19)	0	(49)
Workforce	144	124	141	17	114%	145	0	145	0	145	1
Central/Trustwide	347	309	409	100	133%	0	456	456	109	629	282
Total Corporate	**801**	**700**	**684**	**(16)**	**98%**	**175**	**567**	**742**	**(59)**	**885**	**84**
Total CIP	**2,600**	**2,261**	**1,740**	**(521)**	**77%**	**235**	**1,689**	**1,924**	**(676)**	**2,099**	**(501)**

- The year to date CIP achieved stands at £1,740k (77%)
- The forecast is achievement of **£2,099k** which is £501k behind plan.
- The recurrent value of transacted is **£2,063k** or **79%** against the **£2.6m** target.
- The forecast recurrent value of schemes is **£2.418m (93%)**; which would result in a shortfall of **£182k**.

6. Statement of Financial Position

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

Table 6: SOFP	31/03/2015 £'000	31/03/2016 £'000	28/02/2017 £'000
Non-Current Assets			
Property, Plant & Equipment	30,863	30,726	27,583
Intangible Assets	52	17	67
Trade and Other Receivables	0	568	568
Long Term Receivables			2,139
Total Non-Current Assets	**30,915**	**31,311**	**30,357**
Current Assets			
Inventories	86	96	85
NHS Trade and Other Receivables	3,017	3,803	4,782
Non NHS Trade and Other Receivables			2,923
Cash & Cash Equivalents	6,805	7,903	2,999
Total Current Assets	**9,908**	**11,802**	**10,789**
Non-current assets held for sale	2,520	2,198	0
Total Assets	**43,343**	**45,311**	**41,146**
Current Liabilities			
NHS Trade Payables	(864)	(1,963)	(604)
Non-NHS Trade Payables	(4,374)	(4,899)	(6,432)
Non-NHS Trade Payables Capital			(30)
Borrowings	(351)	(346)	(346)
Provisions for Liabilities and charges	(1,682)	(1,298)	(619)
Total Current Liabilities	**(7,271)**	**(8,506)**	**(8,032)**
Net Current Assets / (Liabilities)	**5,157**	**5,494**	**2,757**
Total Assets less Current Liabilities	**36,072**	**36,805**	**33,114**
Non Current Liabilities			
Borrowings	(12,992)	(12,647)	(12,329)
Trade and Other Payables	(558)	0	0
Provisions for Liabilities and charges	(604)	(383)	(543)
Total Non-Current Liabilities	**(14,154)**	**(13,030)**	**(12,872)**
Total Assets Employed	**21,918**	**23,775**	**20,242**
Financed by Taxpayers' Equity			
Public Dividend Capital	7,998	7,648	7,648
Retained Earnings	814	1,800	2,850
Revaluation Reserve	13,664	13,759	9,176
Other Reserves	(558)	568	568
Total Taxpayers' Equity	**21,918**	**23,775**	**20,242**

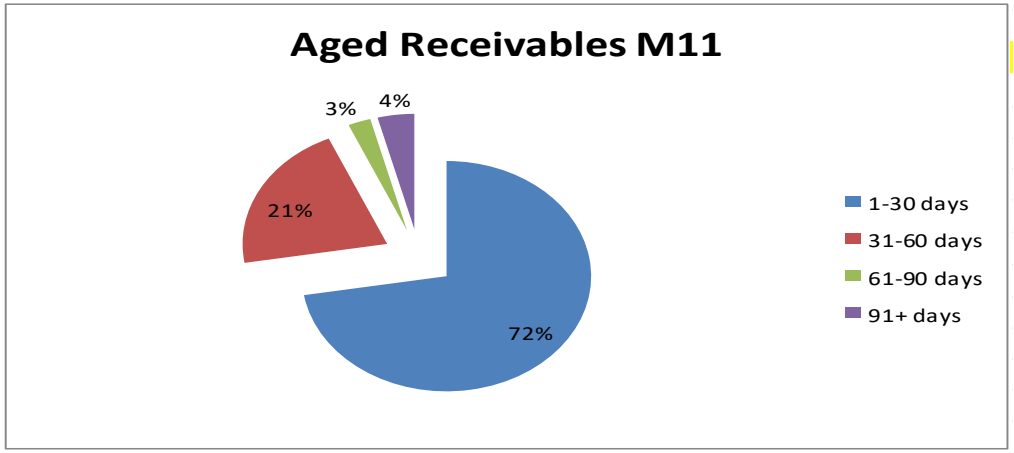
The Trust is owed £7,705k

- £3,087k is based on accruals (not yet invoiced) and relates in the main to Local Authority, ADS and prepayments.
- £4,618k in awaiting payment on invoice. (£3,383k within terms)

£1,235k is overdue by 31 Days or more and therefore subject to routine credit control processes;

- £10k has been escalated to management /solicitors;
- £14k has been formally disputed through the M9 Agreement of Balances process;
- £1,211k has not been formally disputed and full payment is anticipated.

Table 6.1 Aged Receivables/Payables	1-30 Days £'000	31-60 Days £'000	61-90 Days £'000	91+ Days £'000	Total £'000
Receivables Non NHS	593	42	14	34	683
Receivables NHS	2,641	897	99	149	3,786
Payables Non NHS	526	21	5	109	661
Payables NHS	310	71	28	17	426

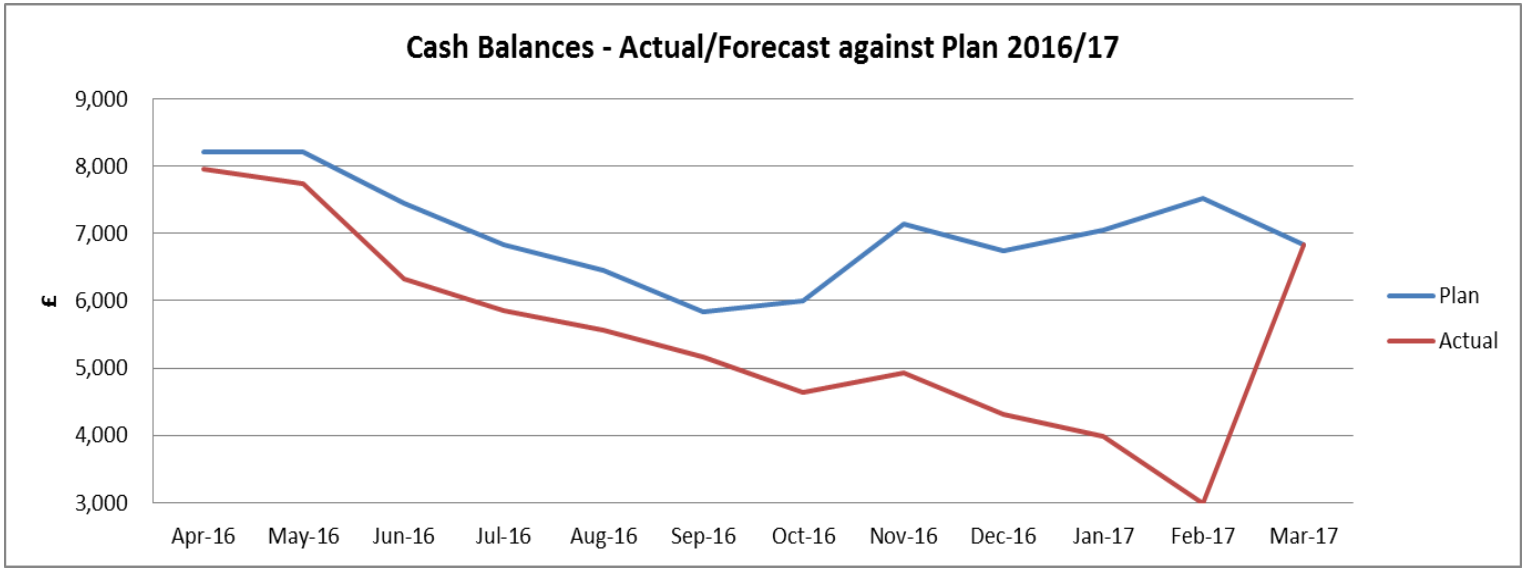


7. Cash Flow Statement

The Trust's cash position was £7.903m at 31 March 2016. The cash balance at 28th February has decreased to **£2.999m** due to an increase in the value of receivables.

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

Statement of Cash Flows	Apr-16 £'000	May-16 £'000	Jun-16 £'000	Jul-16 £'000	Aug-16 £'000	Sep-16 £'000	Oct-16 £'000	Nov-16 £'000	Dec-16 £'000	Jan-17 £'000	Feb-17 £'000	Mar-17 £'000	Annual £'000
Net Inflows/(Outflow) from Operating Activities	(59)	(207)	(1,304)	(218)	(82)	(130)	(245)	495	(332)	411	(847)	4,238	**1,720**
Net Inflows/(Outflow) from Investing Activities	142	24	(84)	(233)	(173)	(246)	(244)	(185)	(244)	(717)	(109)	(381)	**(2,450)**
Net Inflows/(Outflow) from Financing Activities	(29)	(29)	(29)	(29)	(29)	(29)	(29)	(29)	(28)	(29)	(28)	(29)	**(346)**
Net Increase/(Decrease)	**54**	**(212)**	**(1,417)**	**(480)**	**(284)**	**(405)**	**(518)**	**281**	**(604)**	**(335)**	**(984)**	**3,828**	**(1,076)**
Opening Cash & Cash Equivalents	**7,903**	**7,957**	**7,745**	**6,328**	**5,848**	**5,564**	**5,159**	**4,641**	**4,922**	**4,318**	**3,983**	**2,999**	
Closing Cash & Cash Equivalents	**7,957**	**7,745**	**6,328**	**5,848**	**5,564**	**5,159**	**4,641**	**4,922**	**4,318**	**3,983**	**2,999**	**6,827**	
Plan	8,204	8,219	7,457	6,827	6,453	5,841	5,997	7,137	6,738	7,057	7,527	6,827	
Variance	**247**	**474**	**1,129**	**979**	**889**	**682**	**1,356**	**2,215**	**2,420**	**3,074**	**4,528**	**0**	



The following summary of debtors outlines the cause in the shortfall in cash;

- NHS Digital £1,772k
- N. Staffs/ Stoke CCGs £1,154k
- Local Authority £607k
- Pre-payments £603k
- Other £392k

8. Capital Expenditure

The Trust's permitted capital expenditure agreed within the 2016/17 plan is £2.675m. Table 8 below shows the planned capital expenditure for 2016/17 as submitted to NHSI.

		Year to Date			Forecast		
Table 8: Capital Expenditure	**Annual Plan £'000**	**Plan £'000**	**Actual £'000**	**Variance £'000**	**Plan £'000**	**Actual £'000**	**Variance £'000**
Darwin Upgrade	704	704	610	(94)	704	730	26
Reduced Ligature Risks Darwin	0	0		0	0	0	0
A&T and Telford Unit Purchase	432	432	438	6	432	443	11
IOU beds	0		2		0	2	
Hazelhurst Unit Development	300	0	0	0	300	0	(300)
Psychiatric Intensive Care Unit	150	115	115	0	150	115	(35)
EPR	90	58	58		90	63	(27)
e-rostering	90	6	6		90	90	0
Information Technology	450	442	442	0	450	442	(8)
Enviromental Improvements	46	46	46	0	46	46	0
Equipment & Other Schemes	280	149	399	250	280	400	120
Backlog Maintenance	143	25	25		143	134	(9)
Be-Able	30				30	30	0
Go-Engage	28				28	28	0
Total Gross Capital Expenditure	**2,743**	**1,977**	**2,141**	**162**	**2,743**	**2,523**	**(220)**
Bucknall Hospital (Part)	(68)	(68)	(153)	(85)	(68)	(153)	(85)
Total Capital Receipts	**(68)**	**(68)**	**(153)**	**(85)**	**(68)**	**(153)**	**(85)**
Total Charge Against CRL	**2,675**	**1,909**	**1,988**	**77**	**2,675**	**2,370**	**(305)**

- Actual cash proceeds for the sale of Bucknall was £153k in month 1, compared to anticipated proceeds of £68k per the Capital Plan submitted to the NHSI. The increased amount is due to planning overage improvement.

- The Hazelhurst development has been paused until the outcome of the CCG tender for A&E front of house is known.

- Work commenced on Darwin in May; the project has been delayed and with full completion of the project at the end of April; the beds however will be fully opened in March 2017.

- The purchase of the A&T Telford building has now been finalised.

9. Use of Resource Metrics

The NHSI Single Oversight Framework has been in effect from 1st October 2016. 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. **(Please note that the ratings are the reverse of the previous risk ratings with a rating of 4 indicating the most serious risk and 1 the least risk of financial failure.)**

Table 9: Use of Resource	Year to Date £'000	RAG Rating
Liquidity Ratio (days)		
Working Capital Balance	2,673	
Annual Operating Expenses	70,657	
Liquidity Ratio days	13	
Liquidity Ratio Metric	**1**	
Capital Servicing Capacity (times)		
Revenue Available for Debt Service	3,431	
Annual Debt Service	2,047	
Capital Servicing Capacity (times)	1.7	
Capital Servicing Capacity Metric	**3**	
I&E Margin		
Normalised Surplus/(Deficit)	1,248	
Total Income	74,075	
I&E Margin	0.02	
I&E Margin Rating	**1**	
I&E Margin Variance from Plan		
I&E Margin Variance	0.00	
I&E Margin Variance From Plan	**1**	
Agency Spend		
Providers Cap	1,935	
Agency Spend	3,661	
Agency %	89	
Agency Spend Metric	**4**	
Use of Resource	**3**	

Table 9.1: Use of Resource Framework Parameters				
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	0.01	0.00	(0.01)	<=(0.01)
Agency Spend	0	25	50	>50

Excluding the ROSE agency and ward 4, the Trust is **20%** above the providers cap at a risk rating of 2 on agency.

This would give the Trust an overall Use of Resources metric of **2**.

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 88% of the total number of invoices (95% for 2015/16), and paid 94% based on the value of invoices (97% for 2015/16). The main under performance on non-NHS invoices is in relation to timing delays on the authorisation of agency invoices. The Finance Team are investigating the issue with the Nurse Bank and the Wards. NHS invoices are seeing increases in payment time due to changes in the approval process with invoices being sent to the Directorates for approval.

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

	2015/16			2016/17 YTD		
Table 10: Better Payment Practice Code	**NHS**	**Non-NHS**	**Total**	**NHS**	**Non-NHS**	**Total**
Number of Invoices						
Total Paid	441	13,114	13,555	501	12,857	13,358
Total Paid within Target	418	12,405	12,823	453	11,343	11,796
% Number of Invoices Paid	95%	95%	95%	90%	88%	88%
% Target	95%	95%	95%	95%	95%	95%
RAG Rating (Variance to Target)	**-0.2%**	**-0.4%**	**-0.4%**	**-4.6%**	**-6.8%**	**-6.7%**
Value of Invoices						
Total Value Paid (£000s)	6,477	19,136	25,613	6,801	27,145	33,946
Total Value Paid within Target (£000s)	6,429	18,393	24,822	6,326	25,695	32,021
% Value of Invoices Paid	99%	96%	97%	93%	95%	94%
% Target	95%	95%	95%	95%	95%	95%
RAG Rating (Variance to Target)	**4.3%**	**1.1%**	**1.9%**	**-2.0%**	**-0.3%**	**-0.7%**

11. Recommendations

The Trust Board is asked to:

Note

- Month 11 the trust reported a surplus of £1,248k against a plan of £1,216k surplus;
- CIP achievement in month 11 is 77% with an adverse variance of £521k from plan, with a recurrent transacted CIP of £2,063k (79%);
- The adverse cash position of the Trust as at 28th February 2017 with a balance of £2,999k;
- Capital receipts in month 11 are £2,141k compared to planned capital receipts of £1,977k; and
- Use of resource rating of 3.

Approve

- The month 11 position reported to NHSI
- The reported forecast outturn of £1.4m as per agreed Control total

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REPORT TO TRUST BOARD

Date of Meeting:	6th April 2017
Title of Report:	Summaries of the Finance and Performance Committee meeting held on 30th March 2017
Presented by:	Tony Gadsby, Chair/Non-Executive Director
Author of Report:	Sarah Lorking, Deputy Director of Finance
Purpose / Intent of Report:	For assurance purposes
Executive Summary:	This report provides a high level summary of the key headlines from the Finance and Performance meetings held on 2nd February 2017. The full papers are available as required to members.
Seen at SLT or Exec Meeting & date	Chair of F&P Committee
Committee Approval / Review	• Summary of outputs from Finance and Performance Committees
Relationship with: *Board Assurance Framework* *Strategic Objectives*	• To provide the highest quality services • Create a learning culture to continually improve. • Encourage, inspire and implement research and innovation at all levels • Maximise and use our resources intelligently and efficiently • Attract and inspire the best people to work here • To continually improve our partnership working. • To enhance service user and carer involvement.
Risk / Legal Implications: (Add Risk Register Ref [if applicable])	To ensure that the committee meets its terms of reference by receiving reports of the work of its sub groups
Resource Implications: Funding source:	N/A
Equality & Diversity Implications:	N/A
Recommendations:	• Receive for assurance purposes

Assurance Report to the Trust Board –

Thursday, 6th April 2017

Finance and Performance (F&P) Committee Report to the Trust Board – 30th March 2017

This paper details the issues discussed at the Finance and Performance Committee meeting on 30th March 2017. The meeting was quorate with minutes approved from the previous meeting on the 2nd March 2017. Progress was reviewed and actions confirmed taken from previous meetings.

Director of Finance Update

The following updates were given by the Director of Finance;

Local updates;

- NHSi has offered the opportunity for Trusts to resubmit their Operational Plan Financial templates by noon 30 March 2017. The purposes of this was to correct errors, ensure plans have the appropriate monthly profile for in year monitoring and align with plans sign off by the board. For a refresh submission to be accepted the following non-negotiable rules apply; where previous Control Total agreement has been reached in 2017/18 this must stand; there must be no deterioration in bottom line financial position. The Trust was not planning to resubmit on this basis.

- The CCG has disputed a number of items within the 2016/17 contract. These had largely been resolved and did not provide a significant risk to achieving the year end position. This would be closely monitored over the upcoming week.

National updates;

- Highlights from the Regional Provider Directors of Finance meeting on 22nd March 2017;
    - STF funding was described in that the surplus of STF funding held by NHSi will be allocated to Trusts who have met their control total and the value will be communicated to individual Trusts on 24th April 2017.
    - Spring budget and the A & E investment were described.
    - The move to CQC reviewing the use of resources in Trusts was described and that work is being undertaken by the Performance Team to report the metrics.
- Operational Productivity and the publication of the final report was highlighted and the fact that an action plan to improve the performance against this will be presented to Trust Board.
- The news that a neighbouring Trust has been put into special measures was communicated.
- Activity reporting was discussed and the ingoing work by the Performance Team to improve this.
- IR35 progress and assurance that the Trust has put into place measures to comply with this requirement.

Finance Overview

The committee reviewed the month 11 Finance position which is £32k ahead of a planned surplus of £1,216k which was accepted as a good position to be in at this stage of the financial year.

Cash was discussed and the fact that the position had significantly improved since the reported month 11 position and that the Trust were now expecting to meet the cash plan. Following a question about the effect on payment terms, it was recognised that there had been slippage of the performance against the better payment practise code relating to the improved cash position and that this would recover going forward.

The forecast outturn was also considered at this stage including an update on the invoices disputed by the CCG which had mostly been resolved. The Committee were assured that the Trust would meet its control total at month 12 with no concerns about meeting this forecast outturn.

The question was raised regarding the plans for Ward 4 and an update was given confirming that this would be commissioned on a recurrent basis. The additional income to the Trust was well received by the Committee.

Other Reports and Updates

The Committee received additional reports and verbal updates as follows:

- **Capital forecast**

The paper details the capital forecast. The revised outturn position is a spend of £2,370 against the CRL of £2,675 which was recognised as being a significant improvement in capital planning compared to previous years.

Darwin was discussed in terms of the penalties for the slippage in the works and it was confirmed that the receipt of a penalty has been assumed in the forecast outturn of £30k.

- **Cost Improvement Programmes CIP**

The CIP YTD to date was discussed and recognised that the outturn would be £500k less than plan. The recurrent impact of the CIP was reviewed and that the forecast outturn was £2,418k against the plan of £2,600k. This gives a shortfall of £182k which aligns to the assumption that £200k would be carried forward into 2017/18 plan which was accepted by the Committee.

- **Recovery Plan**

The paper outlined the base and best cases and the committee was assured that the Trust would meet the control total for 2016/17.

- **Treasury and Cash Management Report**

The report highlighted the cash position as described above and the confidence that the Trust would meet its EFL on 31st March 2017.

The question was raised regarding how cash would be managed differently next year rather than resolving issues late in the year. Learning will be taken from the experience, in particular in relation to resolving disputes with the CCG sooner.

- **Agency report**

The report gives a detailed analysis of agency spend to date and the forecast outturn and it was recognised that the operational use of agency had significantly reduced.

- **Performance Report**

This report provides the committee with a summary of performance to the end of Month 11 (March 2017) including a summary of the children's waiting list position and the significant improvements made to this. Performance against NHSI metrics and key National Targets are included within the report.

At Month 11 there are 2 metrics rated as Red.

Challenge was made regarding the Delayed Transfers of Care cases which are as a result of Social Care and an action will be taken to assess the financial impact of these.

The committee discussed the CAMHS waiting times for CYP and ASD. There was acknowledgment that improvements were being made but a lot still to achieve to eliminate the waiting list.

- **Rectification Plan**

The agency usage rectification plan was presented providing assurance that work was on-going to ensure agency usage remained on plan.

Questions were raised regarding the ability to recruit and discussion took place about the on-going challenges relating to this issue.

- **Financial Risk Register**

The paper describes the risks contained within the Trust risk register which falls under the portfolio of the Finance and Performance Committee. It was recognised that the register required updating to remove 2016/17 risks by the end of March, and include all relevant 2017/18 and 2018/19 risks.

A request was made to maintain a risk on the register regarding cash however this would be downgraded.

- **For Information**
    - Market Assessment / Tenders
    - Business Development Group Committee minutes received
    - Finance and Activity Attendance Monitoring Schedule
    - Cycle of Business - The Committee was informed that this is being reviewed by the Finance and Performance Teams.

Recommendation

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

On Behalf of Tony Gadsby – Chair of Finance and Performance Committee

REPORT TO Trust Board

Enclosure 11

Date of Meeting:	6th April 2017
Title of Report:	Charitable Funds Committee Assurance Report to the Trust Board
Presented by:	Suzanne Robinson
Author of Report:	Alison Maguire, Financial Accountant
Purpose / Intent of Report:	To provide information and assurance to the Trust Board of items arising in the Charitable Funds Committee
Executive Summary:	The report provides an overview of the key items discussed, reviewed and agreed during March 2017 Charitable Funds committee
Seen at SLT or Exec Meeting & date	SLT / EXEC (and date): Seen by Exec Lead : Document Version number:
Committee Approval / Review	• Quality Committee ☐ • Finance and Performance Committee ☐ • Audit Committee ☐ • People and Culture Development Committee ☐ • Charitable Funds Committee ☒ • Business Development Committee ☐
Relationship with: *Board Assurance Framework* *Strategic Objectives*	1. To provide the highest quality services ☐ 2. Create a learning culture to continually improve. ☐ 3. Encourage, inspire and implement research 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. To enhance service user and carer involvement. ☐ <u>Comments:</u>
Risk / Legal Implications: (Add Risk Register Ref [if applicable])	None identified
Resource Implications: Funding source:	N/A
Equality & Diversity Implications:	None identified
Recommendations:	The Trust Board is asked to note the content of this report

Assurance Report to the Trust Board –

Thursday, 6th April 2017

Charitable Funds Committee Report to the Trust Board – 21st March 2017

Introduction

This paper details the issues discussed at the Charitable Funds Committee meeting on 21st March 2017. The meeting was quorate with minutes approved from the meeting on 13th October 2016. Progress was reviewed and actions confirmed taken from previous meetings.

Reports and Updates

The Committee received additional reports and verbal updates as follows:

1. **Review of charity annual accounts closedown timetable**

A draft annual accounts timetable was discussed and reviewed. The timetable which details the actions required to achieve the Trusts & Charity Commission reporting deadlines, was agreed by the committee.

2. **Review of fund holder balances**

Fund balances were reviewed and discussed, including restricted funds. The Committee discussed that some restricted and non-restricted funds would be affected by the commissioning service changes within Community Hospitals, in particular it was noted that Leek Moorlands Hospital held a £27k restricted fund. It was agreed to review the spending plans relating to funds in Community Hospitals and to continue to monitor fund balances relating to these sites. It was also noted that Dragon Square hold restricted fund balance of £10k linked to the lease of a patient transport vehicle. Given that this restricted fund is being utilised quickly it was agreed to review the lease period.

The Committee also agreed to review the articles and objectives of the charity, registered with the Charity Commission.

The Committee were also informed that expenditure commitment schedules where to be issued to fund holders in July/August 2017.

3. **Approvals in line with Scheme of Delegation**

There were no approvals to action.

4. **Charity Strategy and Future Arrangements**

The Chair presented a charity strategy paper to the committee for consideration. The committee discussed the four strategy options for the future direction of the charity:-

1. Do nothing
2. Discharge the charity
3. Look for hosting organisation
4. Develop a fundraising strategy and infrastructure

The committee was asked to support option 4 and approved this option in principle. It was noted that SSOTP commented that current discussions within the local Health Economy regarding organisational structure and further potential commissioning changes, meant that it couldn't give a formal approval at this point. A formal response to the strategy paper will be made by SSOTP and communicated by 31st May 2017.

5. Cycle of Business

The cycle of business was reviewed, amendments were discussed and agreed.

Recommendation

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

On behalf of Suzanne Robinson – Chair of the Charitable Funds Committee.

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REPORT TO Trust Board

Date of Meeting:	6th April 2017
Title of Report:	Assurance Report - Audit Committee
Presented by:	Bridget Johnson, Chair/Non Executive Director
Author of Report:	Sarah Lorking, Deputy Director of Finance
Purpose / Intent of Report:	Information and Assurance
Executive Summary:	The summary provides an overview of the Audit Committee held on 30 March 2017
Seen at SLT or Exec Meeting & date	SLT / EXEC (and date): N/A Seen by Exec Lead : N/A Document Version number: N/A
Committee Approval / Review	• Quality Committee ☐ • Finance and Performance Committee ☐ • Audit Committee ☐ • People and Culture Development Committee ☒ • Charitable Funds Committee ☐ • Business Development Committee ☐
Relationship with: *Board Assurance Framework* *Strategic Objectives*	1. To provide the highest quality services ☒ 2. Create a learning culture to continually improve.☒ 3. Encourage, inspire and implement research 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. To enhance service user and carer involvement.☐ <u>Comments:</u>
Risk / Legal Implications: (Add Risk Register Ref [if applicable])	N/A
Resource Implications: Funding source:	N/A
Equality & Diversity Implications:	N/A
Recommendations:	The Trust Board notes the detail of the summary for assurance purposes.

North Staffordshire Combined Healthcare NHS
NHS Trust

Summary Report of the Audit Committee
30th March 2017

Quality Account Project Plan

The committee received the report to highlight the process and timeframes for producing the Quality Accounts. This was received by the Committee.

Audit Recommendations Progress Report

The committee noted they following key point highlighted in the Audit Recommendations progress report:

- 8 Audit Reports finalised since January 2017 Audit Committee
- To date the Trust has 23 audit recommendations that were not completed but progress was noted
- A request was made to extend the only overdue action in relation to the Authorised signatory list to the end of April 2017. Assurance was provided that this was partially implemented but more time was required to receive the signed forms back in finance. The extension was agreed by the Committee.
- A number of recommendations were due on 31st March 2017 which was the day after the Committee. The Chair requested assurance that they would be complete which was given.

Business Conduct Policy

The policy has been updated and therefore the Committee were asked to approve the new version.
The flow charts included in the Policy were noted by the Chair as being very useful.

Approval was given

Gifts, Hospitality and Sponsorship Register

The report detailed the list of declarations submitted to the Register and no queries or concerns were raised.

Draft Annual Governance Statement

The statement was reviewed by the Committee and approved.

RSM Internal Audit Progress Report

RSM presented the above report and the committee welcomed the fact that 6 reports had been completed since the last meeting but noted that 1 still needed to be completed before March. Completed reports included:

1. SFI Compliance
2. Safer staffing follow up
3. IG Toolkit
4. Asset Register
5. Performance Development Reviews
6. Business Planning and Bidding

The Outstanding report, Medical Revalidation, has been on-going for some time and discussions took place about how to progress reports in future which have been delayed.
Assurance was provided that protocols and escalation routes had been identified for audits in relation to medical staffing.

RSM Internal Audit Plan and Strategy 2017/18

The plan and strategy was presented and accepted by the Committee.

The challenge was raised regarding the audit and assurance in relation to the STP and the Trust. The plan contains an allowance for this but at this stage it is not clear what this involves and as the STP progresses this will become more clear.

RSM Draft Internal Audit Opinion

RSM presented their draft opinion as level 2;

The organisation has an adequate and effective framework for risk management, governance and internal control.
However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective.

The highest opinion was described as level 1, which is rarely issued, and therefore that this is a good opinion for the Trust.

RSM LCFS 2016/17 progress report

This report highlighted the key points of progress, particularly in terms of standards of Business Conduct.

The report was accepted by the Committee.

RSM LCFS workplan 2017/18

The plan was presented and accepted by the Committee.

Ernst and Young Progress

This report outlined the work to date regarding the interim audit and risk assessments which have taken place. The findings to date were outlined and some of the work is on-going in order to resolve queries.

The report was accepted by the Committee.

Finance:

Going Concern report - It was accepted that by the Committee that the Trust is considered to be a Going Concern

SFIs and Scheme of Delegation - An updated version of the policies were presented and approved by the Committee

Phishing exercise - A recent exercise was completed by the SSS HIS to test the response of Trust employees to Phishing e-mails. The results were described and the actions required to raise awareness across the Trust were discussed.

Committee Summary Reports

Received for information:

- Summary of Quality Committee: 28 February 2017
- Summary of the Finance and Performance Committee meetings – 2 February and 2 March 2017
- Summary of the People and Culture Development Committee – 27 February 2017
- Summary of the Business Development Committee – 3 February 2017

Supplementary

Cycle of Business

The proposed cycle of business was presented but challenges were raised regarding the number of Committees in the year and an action was taken to review this.

Prepared by Sarah Lorking on behalf of:
Mrs B A Johnson, Audit Committee Chair
March 2016

Enclosure 13

REPORT TO Trust Board

Date of Meeting:	6th April 2017
Title of Report:	Staff Survey Results
Presented by:	Paul Draycott, Executive Director of Leadership and Workforce
Author of Report:	Rob Cragg, Deputy Director of People and Strategy
Purpose / Intent of Report:	This paper highlights some of our positive results and areas for improvement, concluding with an action plan to further enhance our results in 2017.
Executive Summary:	In 2016 our staff survey continues to build on improvements made in 2015. We are delighted to announce that the results of this year's staff survey are here and we have made a number of improvements on last year. ☐ Over 20% of the surveys 27 indicators demonstrate significant improvement, with non in significant decline (Table One) ☐ Comparing like for like figures with 2015 we see that over 70% of indicators have an improved score in 2016 (Table Two) ☐ Above average scores posted against comparator NHS organisations in approximately a third of areas (Table Three) ☐ Strongest areas of performance are in reporting of errors and near misses, plus percentage of staff experiencing harassment, bullying, discrimination or abuse at work
Seen at SLT or Exec Meeting & date	SLT / EXEC (and date): Seen by Exec Lead : Executive Director of Leadership and Workforce Document Version number: 1
Committee Approval / Review	• Quality Committee ☐ • Finance and Performance Committee ☐ • Audit Committee ☐ • People and Culture Development Committee ☒ • Charitable Funds Committee ☐ • Business Development Committee ☐
Relationship with: *Board Assurance Framework* *Strategic Objectives*	1. To provide the highest quality services ☒ 2. Create a learning culture to continually improve.☒ 3. Encourage, inspire and implement research & 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. To enhance service user and carer involvement.☐

	Comments:
Risk / Legal Implications: (Add Risk Register Ref [if applicable])	None.
Resource Implications: Funding source:	Enaggement is critical to devlievery of high quality, safe, effecitive and efficient services. The Trust has over recent years and continuing in to the future, invested in areas such as Listening into Action, Leadership development (through Aston and others) and will this year implement Go Engage as reviewed by the Board in March. This remains part of the costed plans for the future.
Equality & Diversity Implications:	The Trust is fully committed to supporting a diverse workforce representative of the population. The Staff Survey does detail areas for continued improvement in relation to the experieince Black Asian and Minorty Ethnic staff have within our services. This is picked up as part of our ongoing Diversity and Inclusion Plan.
Recommendations:	The Trust Board are asked to note the contents of this report for assurance.

27/05/16 13:27 Form emailed to all SLT/Execs/PAs

STAFF SURVEY RESULTS AND ACTION PLAN
Report to the Trust Board on the 2016 NHS Staff Survey

1.0 Introduction

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 2016 national staff survey, and the action plan being implemented as a result. The results of the 2016 annual NHS staff survey are published on the 7th March 2017 - and benchmarked data against other mental health trusts confirms the journey of North Staffordshire Combined Healthcare NHS Trust of 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 2017. To aid your interpretation of the data in this paper 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. This paper offers a mere summary of results, a full report of the findings is included in the board papers.

1.1 Summary

In 2016 our staff survey continues to build on improvements made in 2015. We are delighted to announce that the results of this year's staff survey are here and we have made a number of improvements on last year.

- ✓ Over 20% of the surveys 27 indicators demonstrate significant improvement, with non in significant decline (Table One)
- ✓ Comparing like for like figures with 2015 we see that over 70% of indicators have an improved score in 2016 (Table Two)
- ✓ Above average scores posted against comparator NHS organisations in approximately a third of areas (Table Three)
- ✓ Strongest areas of performance are in reporting of errors and near misses, plus percentage of staff experiencing harassment, bullying, discrimination or abuse at work

Table One. Statistically significant findings

2016 v 2015 (27 Key Findings)			2015 v 2014 (32 Key Findings)		
Improved	**6**	**22%**	**Improved**	**5**	**15%**
Deteriorated	**0**	**0%**	**Deteriorated**	**1**	**3%**

Table Two. Overall position compared to 2015

Improved	23	72%
Equal	5	16%
Worse	4	12%

Table Three. Benchmarked Data

2016 (27 Key Findings)			2015 (32 Key Findings)		
Above average	9	33%	**Above average**	4	12%
Average	10	44%	**Average**	22	69%

Below average	8	29%	Below average	6	19%

2.0 Positive results from 2016

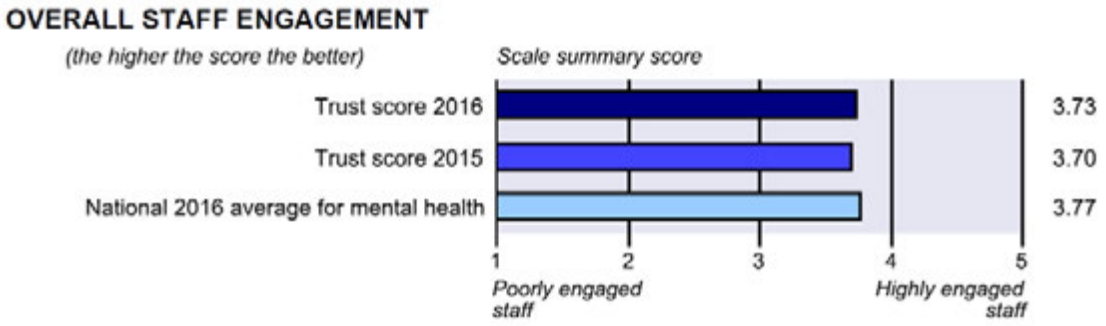
This section of the paper highlights the very positive messages arising out of the staff survey. In this section we will explore the following findings:

- ✓ Staff engagement are marginally up
- ✓ That Staff perceptions of the trust are improving
- ✓ That we have 6 significant areas of improvement with no significant declines
- ✓ That benchmarked areas of strength now in 'error reporting' and 'non-discriminatory behaviour'

2.1 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 2015 (Figure One):

Figure One. Staff Engagement score comparison



Despite improvement we still remain below our peer average. Closer enquiry reveals to the 2 elements (K1 and K7) that we need to improve in during 2017 (See Table Four). Both of these elements are addressed in the action plan.

Table Four. Breakdown of actual survey questions which make up the engagement score

	Change since 2015 survey	Ranking, compared with all mental health
OVERALL STAFF ENGAGEMENT	• No change	! Below (worse than) average
KF1. Staff recommendation of the trust as a place to work or receive treatment *(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.)*	• No change	! Below (worse than) average
KF4. Staff motivation at work *(the extent to which they look forward to going to work, and are enthusiastic about and absorbed in their jobs.)*	• No change	• Average
KF7. Staff ability to contribute towards improvements at work *(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.)*	• No change	! Below (worse than) average

2.2 Perceptions of Combined

Perhaps the most positive result this year relates to Staffs improving perceptions of the trust, seeing an improved workplace and patient/carer emphasis. All 5 indicators in the survey which measure these perceptions all show a marginal improvement (See Table Five).

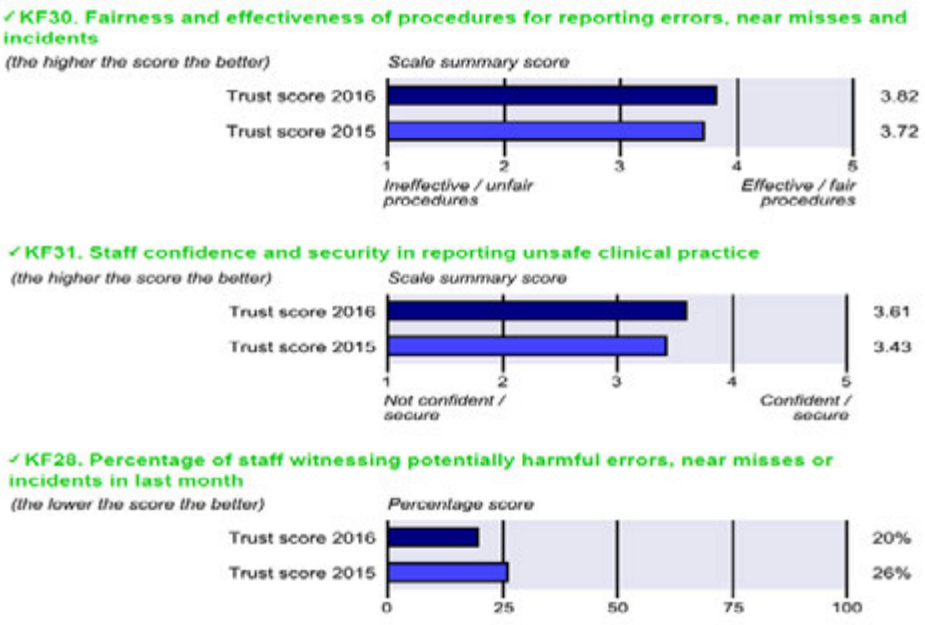
Table Five. Breakdown of actual survey questions which enquire on perceptions of the trust

		Your Trust in 2016	Average (median) for mental health	Your Trust in 2015
Q21a	"Care of patients / service users is my organisation's top priority"	70%	72%	67%
Q21b	"My organisation acts on concerns raised by patients / service users"	77%	74%	72%
Q21c	"I would recommend my organisation as a place to work"	50%	56%	47%
Q21d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	61%	59%	57%
KF1.	Staff recommendation of the organisation as a place to work or receive treatment (Q21a, 21c-d)	3.56	3.63	3.48

2.3 Significant areas of improvement

This year we registered 6 areas of significant improvement, 3 of which relate to reporting and witnessing incidents or near misses (See Figure Two). This is very encouraging and reflects the work undertaken in creating an open and supportive culture.

Figure Two. Figures showing significant improvement in reporting scores



The other 3 areas relate to improved PDR rates, improved health and well-being of staff, as well as improved staff satisfactions with resourcing and support.

2.4 Areas of strength in relation to external comparison

Relative to other comparative trusts, the 2016 results highlight two key areas of strength. The first again related to the theme of reporting and witnessing errors:

- ✓ Percentage of staff reporting errors, near misses or incidents witnessed in the last month
- ✓ Percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month
- ✓ Fairness and effectiveness of procedures for reporting errors, near misses and incidents

The second theme positively relates to statements that reveal low levels of discrimation:

- ✓ Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months
- ✓ Percentage of staff experiencing discrimination at work in the last 12 months

3.0 Areas for improvement highlighted by 2016 data

This section of the paper highlights the areas for improvement arising out of the staff survey. In this section we will explore the following findings:

- Reduced response rate from 2015
- Our scores are average to the mental health community
- There are large variations within our directorates
- Notable and stubborn areas requiring improvement
- New areas of decline relative to Mental Health average

3.1 A reduced response rate

All of our staff were surveyed and a total of 689 staff responded. The response rate was lower than last year when 788 responded, but still represent 51%.

This response rate is a slight disappointment given the work undertaken to encourage staff to respond, including publicising the work we did as a result of the previous survey, and offering a prize at team and directorate level, for respondents. We will enhance our communications next year to try and achieve over 60% once more.

3.2 An Average Picture

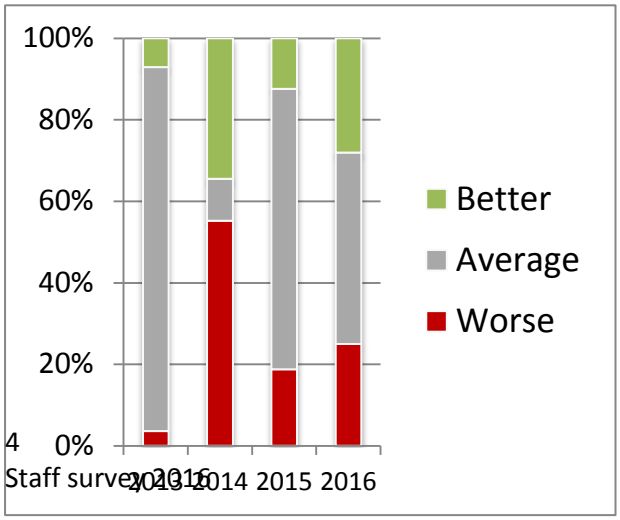


Figure Three. The figure left shows combineds overall performance in the staff survey over the past four years. The figure highlights the number of survey sections which registered an average, better than average or worse than average rating. The relative position between 2015 and 2016 shows a more stable culture. Prior to 2015 the culture was vary changeable. This stability is positive in the context of the large scale of service changes we have made in the time last year. However relative to other

mental health trusts we remain in an average position. Adoption of Go engage in 2017 should enable us to enhance performance.

3.3 Sample of Directorate Variation

The Table below shows that staff across the trust still experience differential culture. By adopting Go Engage in 2017 we hope to reduce this variation to ensure our staff have a more equitable experience. The green areas highlight relative high scores for that item in comparison to the trust median score (See Table Six).

Table Six. A sample of directorate scores to spotlight the degree of internal variation

Domain	AMH Community	AMH In-Patient	CYP	Corporate	LD	NOAP	Substance Mis-Use
% Appraised in last 12 months	93	87	86	89	97	94	100
Quality of appraisals	2.89	3.77	2.98	2.97	2.92	3.32	3.35
Staff confidence and security in reporting unsafe clinical practice	3.51	3.89	3.52	3.52	3.65	3.73	3.74
% Attending work in last 3 months despite feeling unwell because they felt pressure	70	72	64	69	65	72	67
Reporting good communication between senior management and staff	33	31	27	32	39	39	53
Staff recommendation of the organisation as a place to work or receive treatment	3.36	3.86	3.43	3.53	3.63	3.72	3.84
Staff motivation at work	3.87	3.92	3.9	3.68	3.9	4.18	4.11
% Able to contribute towards improvement at work	68	75	60	66	70	83	86
Staff satisfaction with the quality of work and care they are able to deliver	3.64	4.13	3.74	3.7	3.92	4.06	4.00
Effective use of patient /service	3.65	3.84	3.62	3.7	3.87	3.83	4.00

3.4 Notable and stubborn areas requiring improvement

3 of our worst 5 areas comparatively have persisted for the last 2 years:

- Percentage of staff attending work in the last 3 months despite feeling unwell, because they felt pressure from their manager, colleagues or themselves
- Staff confidence in reporting unsafe clinical practice
- Staff recommendation as a place to work or receive treatment

These areas are addressed within the action plan (see 5.0).

3.5 Areas of concern

The following 5 areas are showing a degree of relative decline to our peer group over the last 12 months:

- Able to contribute towards improvements at work
- Staff satisfaction with responsibility and involvement
- Agreeing that their role makes a difference to patients / service users
- Quality of appraisals
- Quality of non-mandatory training, learning and development

These are all key elements and therefore we need to monitor the situation and enhance our efforts and related processes to reverse this marginal trend. We will track these scores in quarterly pulse checks to observe if improvements are being made.

4.0 Limitations of analysis in this paper

A caution needs to be noted. A focus on median scores is of limited use. Why?

- There is more variation between directorates within combined, than there is between mental health services at large.
- Median scores tell us very little as we know that culture is not even fixed at directorate level. Teams themselves will have further variation.
- The survey measures the state of cultural health, but does not diagnose the key symptoms.

By using Go Engage from 2017 we will understand our culture deeper than the staff survey currently permits, meaning we will have more potential to positive influence future annual results and more importantly the experience of our staff.

5.0 Actions to secure improvement

A range of actions have been developed in response to the survey results (Table Seven). The content of these plans has been informed by sharing the results throughout the Trust and in facilitating Individual directorate level conversations about what needs to improve.

Table Seven. Staff survey action plan

Action Area	Description	Priority areas for implementation	Timescale
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 for local cultural improvement. It also equips teams in a toolkit to respond to their data and improve under their own direction. This bespoke approach is evidenced as three times more effective than improving cultural 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.
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
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
4. Opportunities for career progression and promotion	Within workforce plans for 2017 a review of career pathways across acute services, to enhance and make explicit opportunities for career growth and development.	Adult Community	August 2017
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
6. Enhance PDR quality and response rate	The PDR documentation will be enhanced 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
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
8. Reporting of 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
9. Friends and family test	Use of the Go Engage tool to analyse how we can improve our staff friends and family scores, by	Trust Wide	June 2017

	understanding what cultural elements need improvement to yield an improved score		
10. Presentism	It has been agreed that in light of the consistent presentism finding in both 2015 and 2016 surfaces that a review of the sickness policy will be conducted with staff side	Trust Wide	June 2017

6.0 Conclusion

The 2016 Staff Survey Results continue to show a steadily improving trend. There are focussed actions that are being taken to improve the at Directorate and trust level that PCD will maintain a focus on in coming months.

7.0 Recommendation

The Board are asked to receive this report for assurance and to approve the proposed actions.

Enclosure 14

REPORT TO Trust Board

Date of Meeting:	6th April 2017
Title of Report:	EU National Workforce Report
Presented by:	Paul Draycott, Executive Director of Leadership and Workforce
Author of Report:	Kerry Smith, Associate Director of Workforce
Purpose / Intent of Report:	To advise the Trust Board on the Trusts current EU workforce (exc UK) profile in order to highlight the potential risks of the UKs decision to leave the EU.
Executive Summary:	1% (14 staff) of the Trusts current workforce is classed as EU Nationals. 50% of the individuals are employed as Clinical Psychologists (7 staff)) and 21% are employed as Medical Doctors (3 staff). Ireland and Romania have the highest number of employed EU nationals with 35% (5 staff) and 21% (3 staff). Further updates regarding the impact of leaving the EU on the Trust's workforce will be provided to the Trust Board and People Culture development Committee once the national direction has been given. In the meantime the demand and capacity of the Trusts workforce supply will continue to be monitored and reviewed as part of the Trusts active workforce plan.
Seen at SLT or **Exec** Meeting & date	SLT / EXEC (and date): Seen by Exec Lead : Executive Director of Leadership and Workforce Document Version number: 1
Committee Approval / Review	• Quality Committee ☐ • Finance and Performance Committee ☐ • Audit Committee ☐ • People and Culture Development Committee ☐ • Charitable Funds Committee ☐ • Business Development Committee ☐
Relationship with: *Board Assurance Framework* *Strategic Objectives*	1. To provide the highest quality services ☐ 2. Create a learning culture to continually improve. ☐ 3. Encourage, inspire and implement research & 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. To enhance service user and carer involvement. ☐ **Comments:**

Risk / Legal Implications: (Add Risk Register Ref [if applicable])	Potential risk of a shortfall in supply of specialist workforce - impacting upon service delivery and the potential to an increase in workforce costs.
Resource Implications: Funding source:	Recruitment and management resource time.
Equality & Diversity Implications:	The Trust is fully committed to employing a diverse workforce representative of the population. Undoubtedly a change in the ability to recruit EU Nationals more freely may impact upon our ability to recruit and attract individuals of non-uk nationality. Steps will be taken to ensure the Trust continues to promote E&D in accordance with the provisions of the Equality Act and any potential new legislation as a result of the UKs departure from the EU.
Recommendations:	The Trust Board are asked to note the contents of this report.

27/05/16 13:27 Form emailed to all SLT/Execs/PAs

Leaving the EU – understanding the Trusts current EU Workforce

Introduction

The uncertainty created by the UKs vote to leave the EU has raised a number of questions and concerns about what this means for NHS Trusts in years to come. Not at least the impact upon our supply of workforce from EU Countries.

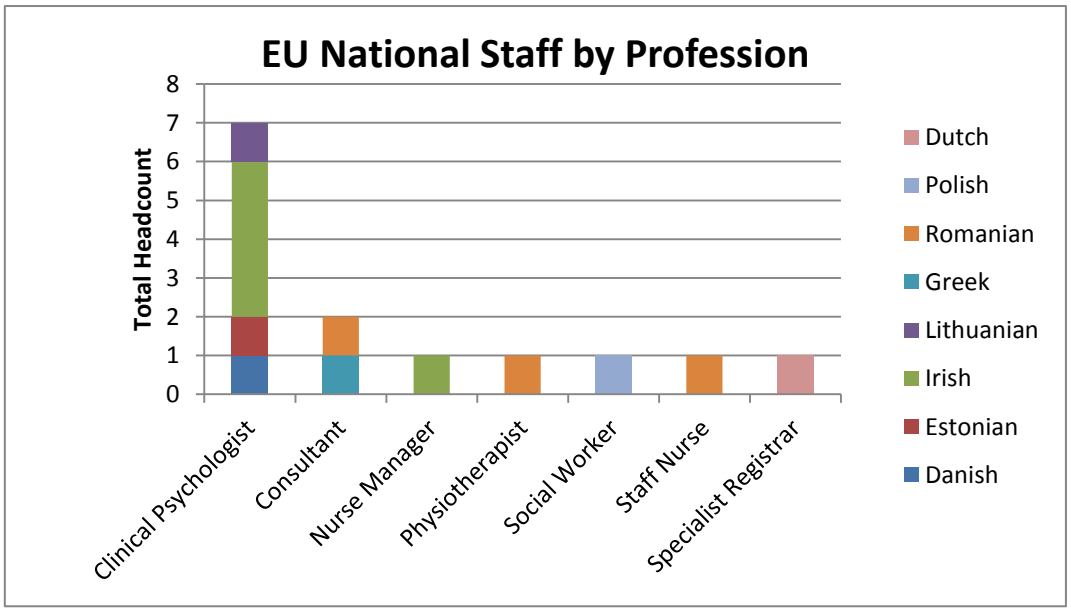
The full impact and implications is yet to be determined and it is expected that this will take a considerable amount of time to become clear. This report provides a profile of the Trusts current EU National workforce (excluding UK) and highlights the potential future recruitment shortages by professional group.

Current position

As at March 2017 the Trust employs approximately 1400 staff of which 14 staff are classed as EU Nationals, representing 1% of the current workforce. Ireland is the highest EU nationality (5 staff), followed by Romania (3 staff). The table below provides a full break down by nationality.

Nationality	Headcount as at March 2017
Danish	1
Dutch	1
Estonian	1
Greek	1
Irish	5
Lithuanian	1
Polish	1
Romanian	3
Grand Total	14

Although 1% may not alert a significant concern it is important to understand their split by professional group.



Of the 14 staff currently employed the graph below details, 7 of the EU national staff work as Clinical Psychologists and 3 staff work as Doctors (2 Consultants and 1 Specialty Registrar). Other professions include a Nurse Manager, Physiotherapist, Social Worker and Staff Nurse (each with 1 member of staff).

Future risks as a result of leaving the EU

The national policy and process for non UK recruitment, post leaving the EU remains unclear at this stage.

Medical recruitment is currently a challenge within the Trust and also across the wider NHS. It is expected that the potential impact of leaving the EU may well place additional pressures within this stretched employment market. The Trust is working to mitigate the risks where possible and appropriate, by introducing alternative roles.

In terms of Clinical Psychologists, as a Trust there has been no major shortage of applicants for recently advertised posts. However, as this represents the highest cluster of EU nationals employed by the Trust this will continue to be monitored.

Conclusion

There is 1% (14 staff) of the Trusts current workforce is classed as EU Nationals. Of these 50% of the individuals are employed as Clinical Psychologists (7 staff)) and 21% are employed as Medical Doctors (3 staff). Ireland and Romania have the highest number of employed EU nationals with 35% (5 staff) and 21% (3 staff).

Further updates regarding the impact of leaving the EU on the Trust's workforce will be provided to the Trust Board and People Culture development Committee once the national direction has been given.

In the meantime the demand and capacity of the Trusts workforce supply will continue to be monitored and reviewed as part of the Trusts active workforce plan.

Recommendation

The Trust are asked to note the contents of this paper for assurance.