North Staffordshire Combined Healthcare NHS
NHS Trust

MEETING OF THE TRUST BOARD

TO BE HELD IN PUBLIC
ON THURSDAY, 12 JANUARY 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 – 10 November 2016** *To APPROVE the minutes of the meeting held on 10 November 2016*	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.	**SPOTLIGHT ON EXCELLENCE INDIVIDUAL AND TEAMS** *To PRESENT the ;* • *Individual Spotlight Award - jointly awarded to Team Cath Raper and Bev Holding, Team Managers, Access and Home Treatment Team – Adult Community* • *Spotlight on Excellent Team for Substance Misuse Directorate* To be introduced by the Chief Executive and presented by the Chair	***Verbal*** ***Presentation***
11.	**ASSURANCE REPORT FROM THE QUALITY COMMITTEE** *To RECEIVE the Quality Committee assurance report from the meeting held on 20 December 2016 from Mr P Sullivan, Chair/Non-Executive Director*	Assurance Enclosure 5
12.	**NURSE STAFFING MONTHLY REPORTS – October and November 2016** *To RECEIVE the assurance reports on the planned versus actual staff variances from Ms M Nelligan, Executive Director of Nursing & Quality*	Assurance Enclosure 6 Enclosure 6.1
13.	**SUICIDE PREVENTION STRATEGY** *To RECEIVE the Trust's Suicide Prevention Strategy from Dr B Adeyemo, Medical Director*	Assurance Enclosure 7
14.	**PERFORMANCE AND QUALITY MANAGEMENT FRAMEWORK REPORT (PQMF) – Month 8** *To RECEIVE the Month 8 Performance Report from Miss S Robinson, Director of Finance and Performance*	Assurance Enclosure 8
	TO ENHANCE SERVICE USER AND CARER INVOLVMENT	
15.	**SERVICE USER AND CARER COUNCIL** *To RECEIVE a verbal update from, Chair of the Service User and Care Council*	Note
	CREATE A LEARNING CULTURE TO CONTINUALLY IMPROVE	
16.	**ASSURANCE REPORT FROM THE PEOPLE AND CULTURE DEVELOPMENT COMMITTEE** *To RECEIVE the People and Culture Development Committee Assurance Reports from the meetings held on 19 December 2016 from Mr P Sullivan, Chair/Non-Executive Director*	Assurance Enclosure 9
	ENCOURAGE, INSPIRE AND IMPLEMENT RESEARCH AND INNOVATION AT ALL LEVELS	
	-	
	MAXIMISE AND USE OUR RESOURCES INTELLIGENTLY AND EFFICIENTLY	
17.	**COMMITTEE EFFECTIVENESS REVIEW** *To RECEIVE the Committee Effectiveness Review for assurance purposes from Mrs L Wrench, Associate Director of Governance*	Assurance Enclosure 10

18.	**FINANCE REPORT – MONTH 8 (2016/17)** *To RECEIVE for discussion the Month 6 financial position from Miss S Robinson, Director of Finance and Performance*	Assurance Enclosure 11
19.	**ASSURANCE REPORT FROM THE FINANCE & PERFORMANCE COMMITTEE** *To RECEIVE the Finance & Performance Committee Assurance report from the meeting held on 21 December 2016 from Mr T Gadsby, Chair/Non-Executive Director*	Assurance Enclosure 12
20.	**REGISTER OF SIGNED AND SEALED DOCUMENTS – 1 JANUARY – 31 DECEMBER 2016** *To RECEIVE the for information and assurance purposes the Register of sealed documents from 1 January 2016 – 31 December 2016 from Mrs L Wrench, Associate Director of Governance*	Assurance Enclosure 13
	ATTRACT AND INSPIRE THE BEST PEOPLE TO WORK HERE	
21.	**REGISTER OF MEMBERS' DECLARED INTERESTS** *To RECEIVE the Register of Members' Declared Interests from Mrs L Wrench, Associate Director of Governance*	Information Enclosure 14
	CONTINUALLY IMPROVE OUR PARTNERSHIP WORKING	
22.	**NEXT STEPS ON SUSTAINABILITY TRANSFORMATION PLANS (STPs) AND THE 2017-2019 NHS PLANNING ROUND** *To RECEIVE correspondence from Jim Mackey, CEO, NHS Improvement and Simon Stephens, CEO NHS England, from Mr T Thornber, Director of Strategy and Development*	Information Enclosure 15
	DATE AND TIME OF THE NEXT MEETING	
23.	*The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday, 9 February 2016 at 10:00am.*	
24.	**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
NHS Trust

TRUST BOARD

Minutes of the open section of the North Staffordshire Combined Healthcare NHS Trust Board meeting held on Thursday, 10 November 2016 At 10:00am in the Boardroom, Trust Headquarters, Lawton House Bellringer Road, Trentham, Stoke on Trent, ST4 8HH

Present:

Chairman:

Mr D Rogers
Chairman

Directors:

Mrs C Donovan
Chief Executive

Dr B Adeyemo
Medical Director

Mr P Sullivan
Non-Executive Director

Mr A Rogers
Director of Operations

Mr T Gadsby
Non-Executive Director

Mrs B Johnson
Non-Executive Director

Mr P Draycott
Executive Director of Leadership &Workforce

Mr T Thornber
Director of Strategy and Development

Ms M Nelligan
Executive Director of Nursing and Quality

Miss S Robinson
Director of Finance

Miss J Walley (part)
Non-Executive Director

Miss L Barber (part)
Non-Executive Director

Dr K Tattum
GP Associate Director

In attendance:

Mrs L Wrench
Associate Director of Governance

Mrs J Scotcher
Executive PA

Ms C Thomsett
Interim Associate Director of Communications

Mr M Fletcher
Communications Officer

Team Spotlight:
County Community MH Team NOAP
Rachel Birks, Care Home Liaison and Memory Clinic Manager
Jane Munton-Davis, Head of Directorate

Individual spotlight
Mental Health in Schools
Julia Ford - Behavioural and Cognitive Psychotherapist
Jo Robbins – Interim Transformation Lead – CAMHS
Dave Anchers –Team Leader Connect CAMHs

Members of the public:
Grant Williams
Phil Leese
Hilda Johnson – North Staffs Users Group

Staff Retirements
Julie Longson
Suzanne Mellor
Elizabeth Kelsall
Sandra Dawson
Liz Leese

The meeting commenced at 10:00am.

520/2016	**Apologies for Absence** Apologies were received from Mr Cotterill.	**Action**
521/2016	**Declaration of Interest relating to agenda items** There were no declarations of interest relating to agenda items.	

522/2016	**Declarations of interest relating to any other business** There were no declarations of interest.	
523/2016	**Minutes of the Open Agenda –8 September 2016** The minutes of the open session of the meeting held on 8 September 2016 were approved. Dr Tattum noted he did attend the last meeting, however he was not listed as present.	
524/2016	**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. ***Mrs Donovan confirmed this sad situation is ongoing. The Trust has continued to challenge the 50% cuts being made from 1 April 2017 by Stafford County Council This will impact on Community services, One Recovery and Inpatients for Edward Myers. There will also be a knock on effect, in particular with Accident and Emergency. The Trust is also progressing with a Management of Change process.*** ***Both Ms Harvey and Dr Tattum raised their concerns. The Board also confirmed that the Council had held a private meeting and are now proceeding with communications.*** ***The Chair stated that the Trust had sought help from various sources and these processes are so complicated and politically controlled. This matter to remain on the Action Schedule.*** ***478/16 - Quality Committee Summary held on 28 June 2016 -*** The Chair queried what was the timeline for the Suicide Prevention report. Dr Adeyemo clarified this will be presented to the next Trust Board in November 2016. ***It will be submitted to the next Quality Committee, then onto the next Trust Board.*** ***484/16 - Health and Safety Annual Report 2015/16*** - Mrs Donovan requested that assaults figures trend over last 3 years needs to be reviewed by the sub–committees. Ms Nelligan to contact Dean Burgess	**Dr Adeyemo**

	Ms Nelligan confirmed this is being reviewed. It was noted that trends have reduced in last 3 years and this will be monitored by the Quality Committee – remove from Action schedule ***488/16 -Board Assurance Framework Q1 Update*** - Mr Draycott highlighted under Deliver Business Case for enabling financial ledger and ESR to link on Page 27, this should be RAG rated green. ***Complete – remove from Action schedule*** ***500/16 - AOB - Recruitment issues*** - Mrs H Johnson noted there have been some mix-ups with recruitment with interview and presentation panels. She also requested that NSUG receive feedback on appointments, if they have been involved in the recruitment process. Mr Draycott to take forward. ***Mr Draycott commented that the Trust has a Centralised Recruitment Team. As part of the appointment process the Trust ensures there is a Service User representative on each panel. Interview dates should be arranged when the advert is published. However, in view of the comments raised at the Service User Council and by Mrs H Johnson, Mr Draycott to establish some guidelines going forward.*** ***AOB - Care Co-ordinators***- Mr Sullivan raised his concerns with care co-ordination and Mr Rogers to speak to Mrs Mortimer, Head of Directorate. ***Mr A Rogers confirmed he had gained assurance regarding capacity, whereby patients would be picked up by other Care Co-ordinators during annual leave or sickness periods. However, he highlighted that the Trust needs to be more pro-active with communications to patients and that this seems to be the cause of some the problems. Mrs H Johnson stated this is still an issue and noted a recent incident. Mr Rogers to seek further assurance.***	**Mr Draycott** **Mr A Rogers**
525/2016	**Chair's Report** The Chair was delighted to confirm that the Trust has appointed two new Non-Executive Directors; Joan Walley and Lorien Barber. The Chair gave them a warm welcome and noted their wealth of experience and knowledge, which would bring benefits to the Board and the Trust as a whole. The Chair remarked on two issues; these being the Local Health Economy and the Staffordshire Transformation Plan.	

	Firstly, in respect of the Local Health Economy and the closures of community hospitals and the concerns regarding winter pressures. There is still a requirement for a much better planned care. Secondly, in respect of the slow pace of the STPs devised by NHS England, as an attempt to modernise and integrate the NHS for better care within the 5 Year Forward View. There are 44 footprints across the country. The latest iteration for Staffordshire was submitted to NHS England on 21 October 2016; unfortunately, this Board did not have sight of the document and therefore not had an opportunity to debate it, in order to support it or object. There has been some engagement sessions set up, which the Chair had recently attended; however, it still feels like STPs are not being open and transparent which is an unsatisfactory situation. ***Received***	
526/16	**Chief Executive's Report** Mrs Donovan, Chief Executive, presented this report which provides an update on the activities undertaken since the last meeting in September 2016 and draws the Board's attention to any other issues of significance or interest. **Care Quality Commission** Since the last meeting, the Trust has undergone their comprehensive Care Quality Commission inspection, whereby we were reviewed by 70 inspectors. The feedback received has been very positive, our staff were superb and it was noted they felt more confident about sharing good practice. There have been marked improvements since the last visit 12 months ago. The Trust was hoping to have the report within 8 weeks, which would be some time now, however, this has not yet been received and it is understood the CQC have to go through their internal National Quality Assurance process which will happen during the first week of December 2016.Well done to all staff and our partners. **Single Oversight Framework** A new Single Oversight Framework has been developed by NHS Improvement and Monitor. It helps NHS providers attain and maintain CQC ratings of 'Good' or 'Outstanding'. There are five themes of quality of care, finance and use of resources, operational performance, strategic change and leadership and improvement capability. Every Trust has been segmented into 1 of 4 segments. • Segment 1 – highest – maximum autonomy • Segment 4 – lowest – special measures	

	It is hopeful that the Trust will fall into Segment 1. **New Ratings published for Mental Health** The Trust has received very positive news with the new ratings published for CCGs linked to Parity of Esteem. Stoke-on-Trent is third highest in the country and is one of 13 areas in England to be assessed as 'top performing' for mental health published by NHS England. **Annual Parliamentary Review** The Trust's journey of improvement over the last 12 months is featured in the latest edition of the Parliamentary Review. The Trust was 1 of 8 organisations spotlighted nationally. The Trust has circulated the Parliamentary Review publication to all stakeholders and this is also available on our website. **Meir Partnership Care Hub** The Trust is part of the new Meir Partnership Care Hub which was launched in October 2016 and for the first time brings together professionals from the Trust, Staffordshire and Stoke-on-Trent Partnership Trust (SSOTP), Staffordshire Fire and Rescue, Staffordshire Police, Stoke-on-Trent city Council and the voluntary sector. The hub is supporting people who are registered with Meir Primary Care Centre's five GP practices. **Fab Change Day** The Trust celebrated the Fab Change Day on 19 October 2016 with a live streaming broadcast involving our Executive Team and staff from the Harplands Hospital and several of our community sites. In addition, the Trust launched 'Suzanne's savings' which is a new website for staff to share their ideas on how we can reduce waste, be more efficient and put money back into patient care. 350 staff have come forward with ideas. **Patient Led Assessment of the Care Environment (PLACE)** The Trust has received publication of our PLACE results and we are delighted that we have scored highly in all areas. **HSJ Awards 2016** Our Listening into Action programme has been shortlisted in the Staff Engagement category of the 2016 Health Service Journal Awards. The winners will be announced on 23 November 2016. **HFMA National Healthcare Finance Awards 2016** The Trust's Finance Team have been shortlisted in the HFMA National Healthcare Finance Awards. The winners will be announced on 8 December 2016 at the HFMA Conference.	

	Nursing Times Awards Former staff of Ward 4 were shortlisted in partnership with UHNM in the Nursing Times Awards for the Care of the Older People Category. We did not win, however it was pleasing to see that we were considered and shortlisted. **Clinical Research Network West Midlands Awards** Well done to Dr Adeyemo and her team who have won the West Midlands Clinical Research Network in partnership with the Neurosciences Research Team, UHNM. The award was announced at the Clinical Research Network West Midlands Conference in September 2016.	
527/16	**Questions from the public** **Psychological Teams** Mrs H Johnson commented on how the Psychological teams on the wards had made a significant difference and to keep up the good work. **Local Health Economy** Ms Harvey commented firstly about the Local Health Economy and cuts to community hospitals. She raised her concerns in that she genuinely felt that things could not get any worse! There is no joined up consultation and currently a terrible blame game going on with UHNM, SSOTP and Commissioners. Secondly, in respect of STPs, Trade Unions are concerned that they have had no involvement to-date. It appears that every STP is conducting business slightly differently, but the danger is the potential dispute with unions. Ms Harvey stated that this was frustrating as STPs need to include patients and staff with their negotiations and that UNISON are continuing to encourage involvement. Dr Tattum and Miss Walley reiterated these concerns and the lack of transparency. **Access Team and Home Treatment** Mr Williams was in attendance as a member of the public. He commented on his recent contact with the Access Service and the excellent service staff give, although he felt they seemed understaffed. He raised concerns regarding the current telephone service which he considered is not fit for purpose and was left on hold for 1 hour recently. He urged the Board to take note. Furthermore, Mr Williams highlighted a member of staff called Amanda Hampson who should be recognised for her compassion and care.	**A Rogers** **Ms Nelligan**

	Mr Williams also raised concerns with the Home Treatment Team, in that there is not enough rooms to treat people at Harplands Hospital and waiting is lengthy. He again commented that staffing levels seemed low and that due to Christmas approaching this needs to be considered. Mrs B Johnson commented that the Service User Council had also raised concerns with staffing. Ms Nelligan noted that we have previously talked about staffing reviews which the Trust is mandated for inpatient services. We have reviewed staffing for our 24 hour services for Home Treatment and Access and will do a review before the end of the financial year. However, due to the issues raised today, she would bring this forward. Mrs Donovan gave assurance that the CQC inspectors had carried out a deep dive into the Access Team and Home Treatment Teams. In terms of the telephone system, this was originally designed as a new phone line for GPs, however it has been overlooked regarding the length of time people are waiting. Mr Draycott is leading on improving this. In terms of the accommodation space, the Trust is looking at the development of Mental Health Urgent Care Centre. The Chair requested this be kept on the Action Schedule for future progress. Liz Leese made a comment with regard to the IT system used by the Access Team and that a solution could be to have a similar system used by IAPT. Mr Thornber gave assurance in that this is being developed through our ROSE project for May 2017. **Recruitment** Mrs H Johnson commented on the recruitment process and how positive this had been to recruit new staff. However, there has been some delays with this and she noted the support from Meridian. Of particular concern, are the two reception posts at the Harplands. Mr A Rogers noted these comments and the reception posts are being progressed, with a possible Apprentice role. He gave further assurance that the Trust is in the best position it has been, in respect of vacancies. Mr Draycott commented the Trust is ensuring there is the right balance with vacancies and needs to bear in mind the staff who may be affected by the cuts within Substance Misuse.	**A Rogers**

528/2016	**Staff Retirements** Mrs Donovan recognised those staff who are retiring this month as follows; **Suzanne Mellor – Community Systems Project Support** Sue started as a student nurse at St Edwards Hospital in May 1987. When qualified in 1990, she worked on Ward 12, then moved to the EMI Ward 3 at Cheadle Hospital where she stayed for 5 years attaining an E grade post. In 1996, Sue then moved to Ward 16 at St Edwards Hospital, becoming the Deputy Manager and facilitating a number of dementia care projects, one of which was featured in the Nursing Times. Sue then managed Wilkins Acute Admissions Ward and, as a result of the closure of St Edwards Hospital, moved to the Bennett Community Mental Health Centre as the Deputy Manager. Following 8 happy years there, she attained a Team Manager's post until retiring and returning in 2014 to a fixed term post, working with a variety of community projects culminating in the setting up of the Adult Autism Assessment Service in 2015 and completing the term in August 2016. **Julie Longson - Teaching Fellow(Mental Health)** Julie started her career with the Trust in 1984. She has worked in the Older Adult Services as a Ward Manager, Day Hospital Manager, Memory clinic Manager and later as a Clinical Tutor at Keele University. Julie has always been a strong advocate for the needs and care of older people and it is this sense of drive and passion which has clearly driven her career and sense of commitment to this patient group. Julie has significantly valued the need for education for nursing students, ensuring that service users' receive high quality, individualised care. Julie is a highly respected Tutor and her student's report that she is kind, well liked, approachable, caring and highly dedicated to older adult nursing. Julie remains an ambassador for Older Adult Mental Health Nursing and embodies the Culture of Compassion on a daily basis. **Liz Kelsall – Medical Secretary** Liz has worked for the Trust since 1985, as a Medical Secretary. She began her career at the Psychiatric Unit at the City General Hospital, working for Dr Thorley.	

	Throughout her 31 years of service, she has delivered an efficient secretarial service, to various doctors and very busy Multi-Disciplinary teams. Liz has a dry sense of humour, which has kept her colleagues going when times have been tough, and she has always been able to manage a large volume of work, to a very high standard. Liz will be greatly missed by her current team and colleagues at the Sutherland centre. **Elizabeth (Liz) Leese –Best Interests Assessor Team Administration Assistant, Adult Mental Health Practitioners and Best Interests Assessor Team** Liz worked for the Trust for 8 years, in a number of different admin positions, with Newcastle Single Point of Access, The Carers Team and latterly the Adult Mental Health Practitioners and Best Interest Assessors' Team. She retired in September 2016 and is looking forward to a new chapter in her life pursing a completely different direction in her career and enjoying new homes in Staffordshire and Wales. She is already missed by her colleagues and was a valued member of the team, helping them get to grips with the increased numbers of DOLS referrals. She really enjoyed the IT element of her job, especially enjoyed her work on the Digital Team in the first LIA wave and was always enthusiastic about the digital direction of the Trust. The team are very grateful to Liz for the positive work she has contributed to the Trust and wish her all the best. **Sandra Dawson – Staff Nurse – Edward Myers** Sandra commenced employment with the Trust in 1997 as a Health Care Support Worker at St Edward's Hospital. In 2000, Sandra went onto enrol for her mental health nurse training and completed this in 2003. During her career, Sandra has worked in a number of areas within mental health services, including, Neuropsychiatry, Rehabilitation, Acute and for the last 10 years Substance Misuse at the Edward Myers centre. Sandra is an extremely well thought of member of the Edward Myers team by both staff and patients. Sandra will be missed greatly by all who have worked with her and we wish her well in her retirement and hope she enjoys having more time to spend with her family.	
529/2016	**Individual Spotlight - Julia Ford** Julia is a Behavioural and Cognitive Psychotherapist working in the LD Team. She works mainly in special schools, where she delivers a range of advice, support and direct work with students and teaching staff.	

	For the last 11 years, Julia has been funded by schools for at least part of her work; this in itself is remarkable as schools do not lightly fund external support. Julia has an engaging personality and all of the Head Teachers really value her contribution, input and presence. She is valued for the knowledge that she brings to the schools but also for the way that she empowers and trains staff to develop their own expertise to continue with the work when she is not there. This shows that her impact is not just confined to the classroom but actually influences the ethos and practice within the school. Julia has influenced school policies and has genuinely left her mark on every school that she has worked at. Julia is a very driven and passionate individual. She puts all her energy into improving children and young people's emotional health and wellbeing and sees the school as a setting in which to do this. She has helped students to manage their emotions, modify their behaviour and so be in a position to achieve their potential. Julia has diverted children from the CAMHS waiting list by meeting their needs within the school. She has also helped parents understand and better relate to their children. This links in with all the Trust Values within Proud to Care. She is compassionate, approachable, responsible and excellent. Julia is a great advocate for the service and has demonstrated how CAMHS may extend its work into schools in order to meet young people's needs earlier. Julia Ford and Jo Robbins representing Dr Barton, Clinical Director, delivered the presentation. She gave some insight into the programme which is one of the key areas within the 5-year Strategy and is very unique. There are a number of schools that pay for this service which is really unusual. There is some data within the presentation which is very beneficial. Mr Draycott highlighted that he had had the privilege of shadowing Julia Ford recently. He acknowledged the excellent work and the transformation that has been made within these schools through the Mental Health in schools project. The Trust can use this learning and processes. Mr Sullivan thanked Julia and commented she had given a great presentation, but what could the Board do to help support Mental Health in Schools? Julia commented that a Board Champion would be beneficial and is part of the CAMHS strategy. The Chair commented that the Board would consider this going forward.	**Chair**

530/2016	**Mental Health in Schools** Jo Robbins and Julia Ford presented the Mental Health in Schools paper to highlight the impact of joint work between the CAMHS service and local special schools. ***Received***	
531/2016	**Team Spotlight Award - September 2016** The County Community Mental Health Team for the Neuro and Old Age Psychiatry Directorate has been selected for the Team Spotlight Award as they are the portrait of a modern, highly skilled clinical team that holds the values of the Trust at its core. They work together under the leadership of Stephanie Zahorodnyj, and no matter what the challenge, they meet it with the commitment to succeed. They have the client and the family at the centre of everything they do. They constantly strive to achieve better care, to learn new skills, to acquire greater knowledge and to care for one another. The team strive to ensure the Trust's Values are at the core of their everyday practice, they actively pursue the involvement of both service users and carers in their recovery focused journey, gaining feedback from Service Users and Carers continues to shape the team's approach. The team offers interventions to older adults with a range of mental health needs. They work with many different professional groups and organisations across both statutory and voluntary sectors to ensure person-centred and holistic service provision. The team has a generic approach in relation to Old Age Psychiatry and there are clear links with Primary Care, with ease of access for GPs as well as the opportunity for individuals to self-refer to the service. The team actively seeks engagement with service users and carers ensuring they are compassionate and approachable. Following each discharge from the Community Mental Health Team, a feedback form is given to the service user or carer so that the team can receive 'real time' feedback in order to improve practice and learn lessons. The team is also actively involved in the development of the Carers' Pathway and continue to strive in standardising and embedding a culture of continuous improvement and reflective practice. They hold a bi-monthly journal club which seeks to provide space for professional reflection, challenge and to review key aspects of change and evidence based practice.	

	Finally, the team has development time to share 'everyday brilliance' and to support innovation and has a strong and dedicated leadership team that demonstrate the Trust values – Proud to care, in their everyday approaches to staff and patients. Jane Munton-Davis presented with Rachel Birks, Care Home Liaison and Memory Clinic Manager. The aims of the team were noted • To provide care to people closer to home • Rapid response from duty professional by daily triage • Robust risk assessment, care co-ordination and care planning • Involving patient and carer throughout the process • Linking in with other members of the MDT to provide timely therapeutic interventions It was noted that the team have received good feedback from the recent CQC inspection. Dr Adeyemo commended the team for their true dedication and truly hands on care, without the use of medication. Mr Sullivan commented on the excellent presentation and again asked what could the Board to support them? The team would consider this going forward. The Chair thanked the team and congratulated them on their spotlight award. ***Received***	
532/2016	**Quality Committee Summary held on 25 October 2016** Mr Gadsby, Vice Chair of the Quality Committee/Non-Executive Director, presented the summary of the Quality Committee held on 25 October 2016 for assurance purposes. The following policies were approved for 3 years or otherwise stated ➢ 4.26 – Listening and Responding (PALS and Complaints) including guidance on handling vexatious complaints ➢ 4.08 Claims Handling ➢ 4.1 Safeguarding Policy statement ➢ 4.43 Prevent Policy ➢ 1.41 Clinical Risk Assessment ➢ 5.13 Critical Incident Stress Management ➢ IC17 – Infection Control – Specimen Management Policy ➢ 1.27 Rapid Tranquilisation Policy	

	The committee will review the work plan of the Policy Working Group in respect to policies that fall under the jurisdiction of the Quality Committee at its next meeting. ***Ratified*** Mr Gadsby highlighted the following reports which were reviewed by the Quality Committee; ***Directorate Performance reports*** ***Nurse Staffing reports*** – August and September 2016. The committee were assured that safety was maintained. October figures will continue to show improvement. ***Performance and Quality Management Framework Month 6 2016/17*** – Discussed by exception and rectification plan in place. There is also work ongoing to refresh this report. ***Infection Prevention and Control (IPC) Q2 16/17 update against work plan*** – No specific areas of concern. ***Eliminating Mixed Sex Accommodation (EMSA) Q2 2016/17*** - No breaches in compliance of that work ***Received***	
533/2016	**Director of Infection Prevention and Control (DIPC) Quarter 2 – July to September 2016** Ms Nelligan, Executive Director of Nursing and Quality, presented the DIPC report which is a requirement set out in Winning Ways to provide the Board of Directors with information on the IPC issues, performance on reporting in line with the requirements set out in the Department of Health and Social Care Act 2008 (revised 2015). Ms Nelligan highlighted within the report that ward performance on MRSA admission screening has remained at 100% compliance over the Q2 period to date. She had also undertaken DIPC walkabouts with the Head of Facilities to review community areas. It was further noted that the Infection Prevention Control Nurse is due to commence on 1 December 2016. The Board took assurance that IPC services continue to work effectively and are compliant with internal and external reporting requirements. ***Received***	

534/2016	**Safe Staffing Monthly report – August and September 2016** Ms Nelligan, Executive Director of Nursing and Quality, presented the assurance reports for August and September 2016. These reports outline the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during the data collection period in line with the National Quality Board expectation. The performance relating to fill rate (actual numbers of staff deployed vs numbers planned) is as follows; **August** 86% for Registered staff 98% for Care staff on day shifts 82% and 109% nights respectively. **September** 83% for Registered staff 103% for Care staff on day shifts 82% and 107% 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, Ward Manager supporting clinical duties. The position for both reports reflects that Ward Managers are effectively deploying additional staff to meet increasing patient needs as necessary. It was noted that for September 2016, the number of incidents are decreasing. There has also been the commencement of 20 newly qualified Registered nurses, who are being supported and mentored accordingly. Again in September 2016, Ms Nelligan highlighted an incident whereby the Access Team Registered Nurse had to take charge of Ward 2 due to sickness. She further acknowledged the team work and continuation of the service. However, there were some difficulties with the phone line which was transferred to a mobile and there was poor signal. Staff were unable to respond to a request from police and paramedics, however no harm arose from this incident and the police rang the switchboard directly enabling the patient to be seen and assessed. The Board were assured that going forward with the October report, further improvements will be evident.	

	Ms Harvey commented on the clear and thorough reporting, but raised concerns with the staff impact and cancelled breaks and queried whether this meant that staff did not take a break at all? Ms Nelligan gave further assurance and that there will be additional details in respect of breaks to give better visibility. There will also be clear protocols for shift leaders. Ms Harvey welcomed this. Ms Harvey further noted that at the JNCC meeting, there had been issues raised around bank staff still doing long day shifts and this needs to be monitored going forward, in particular with safety and quality aspects. Ms Nelligan noted that the Trust was moving towards electronic rosters and that shorter days would bring added quality. Mrs H Johnson was pleased to note the bed occupancy rates have reduced and that is it important that activities are continuing across all the ward to help patients. Ms Nelligan was confident that the Trust position would improve going forward with the recruitment of nursing staff and the increase with the MDT team. ***Received***	
535/2016	**Board Assurance Framework Q1 Update** Mrs Wrench, Associate Director of Governance presented the Board Assurance Framework Quarter 2 Update 2016/17. The BAF aligns the Trust Strategic Objectives to our quality priorities and key risks including the Board's level of risk appetite. The BAF provides an update and RAG rating for those actions due during quarter 2. The sub-committees of the Trust Board have all received and reviewed the BAF. ***Received***	
536/2016	**Serious Incidents Report – Q2 - 1 July to 30 September 2016** Dr Adeyemo, Medical Director, presented the Serious incidents report Q2 which provides information and analysis of all serious incidents reported between 1 July and 30 September 2016 and has recently been presented to the Quality Committee on 25 October 2016. Dr Adeyemo highlighted that it is important to note that all investigations are completed within the timeframe, except where there is an extension which is agreed with the Care Clinical Commissioning Groups (CCGs).	

	The monitoring of investigations and the process is continued to be reviewed via the Clinical Safety Improvement and Quality Committee, with quarterly reports received at the Trust Board. With regards to incidents, there has been an increase from the last quarter, but a downward trend continues. The Trust has started to look at themes or trends to rectify outcomes and this will be ready for the next quarterly report. All incidents that have met the criteria for a contractual Duty of Candour (Doc) have been processed accordingly via the serious incident investigation process in Q2 and we continue to monitor this going forward. The Trust continues to develop its learning from all incidents and these are disseminated accordingly throughout the directorates. The Trust also produces a Mortality Surviellance report on a quarterly basis which ensures the Trust is sighted on all natural cause deaths, in addition to those deaths subject to serious incident investigation. Mrs H Johnson noted that on page 3, breakdown of incidents table under '*Unexpected potentially avoidable death'* the figure should read 27 not 270. Mr Sullivan drew attention to page 10, '*Table identifies the monthly total number of deaths reported on CHIPS'* and asked for clarity, what do we define as out of service? Dr Adeyemo stated that in line with the National Guidance this is in relation to those people who have been out of service for over 12 months. Mary Barlow, Quality Manager, Clinical Care Commissioning Group, that the Patient Safety Manager had presented this to the CCG Quality Board and it had received very good feedback. ***Received***	**Dr Adeyemo** **Dr Adeyemo**
537/2016	**Single Oversight Framework** Miss Robinson, Director of Finance and Performance, presented this report, to outline the segmentation process which forms part of the Single Oversight Framework. The Board reviewed the contents and noted the statistics which are in clear correlation with CQC ratings. The next steps will be for the Trust to receive the first formal segmentation in November, with quarterly reviews going forward.	**Miss Robinson**

	Miss Robinson to bring back to Trust Board, once this is received. ***Received***	
538/2016	**Performance and Quality Management Framework Report (PQMF) Month 6** Miss Robinson, Director of Finance, presented this report. The report provides the Board with a more detailed level of summary of performance to the end of Month 6. The following performance highlights should be noted : 97.2% of all Service Users on CPA have a care plan; 73% of Service Users experiencing a first psychosis episode have commenced treatment within 2 weeks; 98.4% of IAPT service users are treated within 6 weeks of referral. ***Total Agency Spend –*** It was noted that this is reducing from 6% at M5 to 5.3% in M6. The agency cap was also noted of £2.1 million for the Trust overall and a report is on today's agenda. ***CPA: adjusted data - 91.4% (Amber) -*** The Trust has some actions to address. ***18 weeks*** - ***90.4% (Amber)*** The Trust is underperforming predominately in Children and Young People Directorate. A Trajectory /Rectification plan has been agreed. ***RAID – 80.0% (Red)*** – The Trust is in discussions with commissioners. The Commissioners have agreed to spend some time within the RAID Team. ***Received***	
539/2016	**Service User and Carer Council** Ms Nelligan, Executive Director of Nursing and Quality, gave a verbal update to inform the Board of the work of the Service User and Care Council in Mr Cotterill's absence. At the last meeting the Council, members received; - Presentation and discussion around improving responses to Friends and Family test; - Presentation and update on the CQUIN for Care Planning;	

	- Acknowledged the improvements that have been made by the Council and some recommendations to take forward; - A Recovery Event had taken place on 4 November 2016 and there is another event planned for 27 February 2016; - Dr Fazal-Short, Clinical Director Adult Inpatient Services, was in attendance and delivered a presentation in respect of the Psychiatric Intensive Care Unit (PICU) plans. Discussion and feedback was positive. ***Noted***	
540/2016	**People and Culture Development Assurance Report – 28 October 2016** Mr Sullivan, Interim Chair/Non-Executive Director of the People and Culture Development Committee, presented the assurance report to the Trust Board from the meeting held on 28 October 2016 Mr Sullivan commented that the assurance report is self-explanatory but he highlighted the following; The first '***Staff Story'*** was received and these will be included as regular items going forward. It is intended to be a mix of positive and negative. ***'Go engage' –***Presentation was received, this process will support the evolution of Staff Engagement within the Trust and build on the work of Listening Into Action and Aston. There was some challenge during the meeting. ***Step on service –*** This helps people get back into employment and great credit to the Step on Team. The PCD also reviewed the ; ***Rectification Plans for Clinical Supervision and Agency staff.*** The committee scrutinised; ***Workforce Service Line Performance and Incident Information data for each Directorate.*** ***Risks on the Board Assurance Framework*** ***Workforce planning Process*** ***Management of Change Updates*** ***Received***	

541/2016	**Monthly Finance Reporting Suite – Month 6** Miss Robinson, Director of Finance, presented this report which contains the financial position at Month 6 The Trust reported a surplus of £382k against a plan of £380k surplus. The CIP achievement in month 6 is 88% with an adverse variance of £136k from plan, with a recurrent CIP of £511k. There is still more work to progress, the Trust is short of approx £1m. The cash position of the Trust at 30 September was £5.158m. The net capital receipts in month 6 are £486k compared to planned net capital receipts of £1.454m and note the use of resourcing rating of 2. It was noted that the Trust is behind with Capital in particular two issues with the shortfall; ***Telford building***; this matter is currently being dealt with by legal teams and there is clarification required with the purchase value. ***Darwin project;*** this project is £500k short of what we have to spend. ***Received***	
542/2016	**Finance and Performance Committee Assurance Report –27 October 2016** 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 27 October 2016. The Finance and Performance Committee reviewed the following; ***Agency spend report -*** Spend in the year to date at £1.642m (excluding Lorenzo) against the year to date cap of £1.207m an overspend of £588k. ***Cost Improvement Programme CIP programme*** – As noted previously, the CIP programme is behind and there were concerns regarding the recurrent element and that in terms of the overall plan, it is now mid-November 2016. The Trust still needs to identify and transact £1m.	

	Capital programme - There is lack of assurance in this area and of concern is the Value for Money (VFM) when producing business cases and costs for schemes. Members of the Finance and Performance Committee are assured however, that the Executive Team have recognised and are addressing. ***Performance Report –*** Received. ***Board Assurance Framework*** - Satisfied. ***Risk Register*** – These were noted and were valid. Miss Robinson noted that the Finance Team are strengthening some of the procedures and how these are reported to sub-committees. There is a document in development which will be presented to the Business Development Committee in December 2016. There are some metrics that we can start to incorporate with our business cases i.e. Cost per square meterage and clinical use, It was further noted that an External review has been commissioned to review the Estates team. ***Received***	
543/2016	**Charitable Funds Accounts and Annual Report 2015/16** Miss Robinson, Director of Finance, presented the Charitable Funds Accounts and Annual Report 2015/16, to formally accept and approve. ***Approved***	
544/16	**Assurance Report from the Charitable Funds Committee – 13 October 2016** Miss Robinson, Director of Finance, presented the assurance report from the Charitable Funds Committee held on 13 October 2016 The Charitable Funds Committee received the Annual Report and Accounts and were satisfied that our External Auditors can provide assurance. This has been discussed at the Audit Committee held on 3 November 2016. The total funds were noted at £434,290. The future of the management of the Charitable Funds was discussed and an option appraisal will be reviewed and will come back to the Trust Board. ***Received***	**Miss Robinson**

545/2016	**Assurance Report from the Audit Committee –3 November 2016** Mrs B Johnson, Chair/Non-Executive Director, presented the assurance reports from the Audit Committee held on 3 November 2016 The Audit Committee received the following ; ***Board Assurance Framework*** – Received and noted some of the red RAG ratings. It was agreed that for future meetings senior managers may be called upon to provide assurance in these areas. Internal Auditors recommended that the BAF be on all sub-committees agendas as first item. ***Capital Projects*** – There were some concerns raised as previously mentioned. ***Progress Reports – Audit Recommendations and Tracker*** – An outstanding action for Clinical Information and Service Users and Carer Guidance to support the IG toolkit. Miss Robinson to check progress. ***Draft Terms of Reference – Audit Committee*** – Received and some minor amendments made. ***Freedom of Information Quarter 2*** – Received and noted the increase in requests. It is anticipated that our enhanced website would contain much of the information requested going forward and will reduce the amount of work. ***Internal Audit report*** - Some of the progress been delayed due to the CQC inspection; however this is being monitored by RSM and will be put back on plan. ***Cyber security*** – It was agreed to review and to try to improve the resilience within the Trust. Miss Robinson to take forward. ***Charitable Funds Annual Report and Accounts*** – Received and for ratification today. ***Received***	
546/2016	**Audit Committee – Terms of Reference** Miss Robinson, Director of Finance, presented the Terms of Reference for the Audit Committee for approval. ***Approved***	
547/2016	**Committee Effectiveness Review – Six Month Review Report** Mrs Wrench, Associate Director of Governance presented the Committee Effectiveness Review – Six Month Review Report**.**	

	The purpose of this report is to provide an update as to progress made with the Committee Effectiveness review with particular reference to a review of frequency of the Trust Board and Board of Directors meetings and the following sub-committees of the Board; • Quality Committee • Finance and Performance Committee • People and Culture Development Committee • Business Development Committee • Audit committee The Board recalled the implementation of the new model from 1 April 2016, whereby committees became bi-monthly. However, this had alluded to the fact that agendas have become larger and meetings much lengthier. Therefore, a revised model was proposed as follows: • Increased frequency of Trust Boards to meet ten times per year • Retain bi-monthly Board Development sessions focusing on team development in addition to topic specific development • Retain bi-monthly – Quality Committee – People and Culture Development Committee – Business Development Committee – Audit Committee • Increase the frequency of the Finance and Performance Committee to monthly as a result of greater scrutiny on finance in the current climate. • All Non-Executives to be members of the Audit Committee • Clinical Directors to remain in attendance for the Quality Committee The new model was approved and will be implemented in January 2017. ***Approved***	
548/2016	**YTD Agency Utilisation and 2016/17 Projection and Mitigation** Mr Draycott, Director of Leadership and Workforce, presented this report which is a snapshot of the year to date Trust Agency usage as at September 2016 (M6) and a mitigated forecast outturn for Agency spend in 2016/17. The report also presents the forecast and actual Bank spend as well as the Board Self-certication checklist around agency expenditure.	

	The Trust has agreed an Agency Ceiling with NHSI of £2.068m excluding ROSE. At Month 6 the YTD agency Spend is £1.795m, which was submitted to NHSI at month 6, (£1.642m excl. ROSE.) When comparing to the phased agency ceiling agreed with NHSI, the Trust was £435k over the YTD plan. Board members reviewed the contents and noted the importance of this report to ensure the Trust has a clear line of sight on what we are spending and what we are doing to address this. The summaries of non-clinical and clinical spend were noted. It is was also noted that medical agency and locum are the biggest challenge. The second element was for the Board to receive and approve the Self Assessment checklist, which we have undertaken from an NHSI perspective. It should be noted that the Trust's mitigated forecast outturn is £82k over the NHSI cap (4%). The Trust has reviewed all temporary members of staff and the nursing agency spend is on a significant downward trend. As an Executive team there are areas we are progressing; • Team rostering at least 6 weeks in advance. • Aim to recruit to filling vacancies within 21 days. There have been some KPIs set for the Recruitment Team. Members of the Board noted *Appendix A – Highest Agency Staff.* Mr Thornber noted that the Lorenzo agency staff to support the ROSE project are not funded by the Trust. Some debate took place regarding possible solutions to reduce agency usage further. Mr Sullivan suggested reducing senior clinicians, however this would reduce the service. Mr Draycott also mentioned about utilising practitioners in some directorates. ***Approved***	
549/2016	**Guardian of Safe Working Hours Briefing Paper** Mr Draycott, Director of Leadership and Workforce, presented this report. It is a requirement that the Trust has Guardian of Safe Working Hours role with the key remit of the role to ensure safe working practices for junior medical staff. The paper details the role requirements and provides assurance that we have a Guardian appointed and working to support contract implementation.	

	The Trust has appointed Dr Stephanie Cress to fulfil this role and Board members noted the key responsibilities. ***Approved***	
550/2016	**Staffordshire and Stoke-on-Trent Digital Roadmap** Mr Thornber, Director of Strategy and Development presented the Staffordshire and Stoke-on-Trent Local Digital Roadmap (LDR), which sets out the aspirations of the local health and social care economy (LHSE) to harness the potential of Digital Technology and Health and Care data to enable system-wide transformation. The development of the first LDR in Staffordshire and Stoke-on-Trent has been carried out across organisational boundaries and will accompany the STP submission to NHS England Mr Thornber recognised the significant input and support he had received from Mr Thomas and Mr Hewitt to produce the LDR. The key themes are; • Co-dependency and an integrated care record; • Recognising and producing timescales; • Enhancing the way we use technology; • Video conferencing; • Care at home. The ROSE programme has given the Trust a head start. This is a full scale proposal and is received for the Board's endorsement. The Board noted the progress made and would like to see some key financials and clarity of budgets. ***Approved pending the financial elements***	
551/16	**Commitment to Place Based Care** Mr Thornber, Director of Strategy and Development, presented the Commitment to Place Base Care which is a joint commitment with our Trust and the following organisations; • Staffordshire and Stoke-on-Trent Partnership; • University Hospital of North Midlands; • South Staffordshire Shropshire Healthcare; • Burton Hospitals; • City of Stoke-on-Trent Council; • Staffordshire County Council; • South Staffordhshire and Shropshire Healthcare.	

	These organisations are committed to developing a comprehensive out of hospital, health and social care service for Staffordshire and Stoke on Trent. To achieve this we intend to place general practice at the centre of the new model of care. Local providers will work jointly with GP leaders to mobilise clinical and corporate assets to deliver services relevant to their local community. ***Received***	
552/2016	**Any other business** None recorded.	
553/2016	**Date and time of next meeting** The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday, 12 January 2017 at 10:00am, in the Boardroom, Lawton House, Trust HQ.	
554/2016	*** 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	12-Jan-17	To remain on the action schedule for update on 12 January 2017
08-Sep-16	478/16	**Quality Committee Summary held on 28 June 2016** - The Chair queried what was the timeline for the Suicide Prevention report. Dr Adeyemo clarified this will be presented to the next Trust Board in November 2016.	Dr Adeyemo	12-Jan-17	On today's agenda
08-Sep-16	500/16	**AOB - Recruitment issues** - Mrs H Johnson noted there have been some mix-ups with recruitment with interview and presentation panels. She also requested that NSUG receive feedback on appointments, if they have been involved in the recruitment process. Mr Draycott commented that the Trust has a Centralised Recruitment Team in-house. As part of the appointment process the Trust ensures there is a Service User representative on each panel. Interview dates should be arranged when the advert is published. However, in view of the comments raised at the Service User Council and by Mrs H Johnson, Mr Draycott to set up some guidelines going forward.	Mr Draycott	12-Jan-17	
08-Sep-16	500/16	**AOB - Care Co-ordinators**- . Mr A Rogers confirmed he had gained assurance regarding capacity, whereby patients would be picked up by other Care Co-ordinators during annual leave or sickness periods. However, he highlighted that the Trust needs to be more pro-active with communications to patients and that this seems to be the cause of some the problems. Mrs H Johnson asked for further reassurance after sharing an example she was aware of. Mr Rogers to seek further assurance.	Mr A Rogers	12-Jan-17	
10-Nov-16	527/16	**Access Team and Home Teatment** - Mr Williams was in attendance as a member of the public. He commented on his recent contact with the Access Service and the excellent service staff give, although he felt they seemed understaffed. He raised concerns regarding the current telephone service which he considered is not fit for purpose and was left on hold for 1 hour recently. He urged the Board to take note. Mr Williams also raised concerns with the Home Treatment Team, in that there is not enough rooms to treat people at Harplands Hospital and waiting is lengthy. He again commented that staffing levels seemed low and that due to Christmas approaching this needs to be considered.	Mr A Rogers	12-Jan-17	

Board Action Monitoring Schedule (Open Section)

Meeting Date	Minute No	Action Description	Responsible Officer	Target Date	Progress / Comment
10-Nov-16	527/16	**Access Team and Home Treatment -** Mr Williams highlighted a member of staff called Amanda Hampson who should be recognised for her compassion and care.	Ms Nelligan	12-Jan-17	Complete
10-Nov-16	527/16	**Access Team and Home Treatment -** Mrs B Johnson commented that the Service User Council had also raised concerns with staffing. Ms Nelligan noted that we have previously talked about staffing reviews and that the Trust is mandated for inpatient services. Due to the issues raised today, she would complete a review for Access and Home Treatment earlier than planned.	Ms Nelligan	12-Jan-17	
10-Nov-16	529/16	**Spotlight Individual - MH in Schools -** Mr Sullivan asked what could the Board do to help support Mental Health in Schools? Julia commented that a Board Champion would be beneficial and is part of the CAMHS strategy. The Chair commented that the Board would consider this going forward.	Chair	12-Jan-17	
10-Nov-16	536/16	**Serious Incidents Q2 -** With regards to incidents, there has been an increase from the last quarter, but a downward trend continues. The Trust has started to look at themes or trends to rectify outcomes and this will be ready for the next quarterly report.	Dr Adeyemo	09-Feb-17	
10-Nov-16	536/16	**Serious Incidents Q2 -** Mrs H Johnson noted that on page 3, breakdown of incidents table under 'Unexpected potentially avoidable death' the figure should read 27 not 270.	Dr Adeyemo	12-Jan-17	Complete
10-Nov-16	537/16	**Single Oversight Framework** - Miss Robinson to bring back to Trust Board, once this is received.	Miss Robinson	12-Jan-17	
10-Nov-16	544/16	**Assurance Report from Charitable Funds -** The total funds were noted at £434,290. The future of the management of the Charitable Funds was discussed and an option appraisal will be reviewed and will come back to the Trust Board.	Miss Robinson	12-Jan-17	

REPORT TO Trust Board

Enclosure 4

Date of Meeting:	Thursday 12 January 2017
Title of Report:	Chief Executive's Report to the Trust Board
Presented by:	Caroline Donovan
Author of Report: Name: Date: Email:	Caroline Donovan, Chief Executive Caroline Donovan Thursday 12 January 2017 Caroline.donovan@northstaffs.nhs.uk
Committee Approval/Received prior to Trust Board:	☐ Quality Committee ☐ Finance and Performance Committee ☐ Audit Committee ☐ People and Culture Development Committee ☐ Charitable Funds Committee ☐ Business Development and Investment Committee
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?	☐ Customer Focus Strategy ☐ Clinical Strategy ☐ IM & T Strategy ☐ Governance Strategy ☐ Innovation Strategy ☐ Workforce Strategy ☐ Financial Strategy ☐ Estates 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. Focusing on quality and safety 2. Consistently meeting standards 3. Protecting our core services 4. Growing our specialised services 5. Innovating in the delivery of care 6. Developing academic partnerships and education and training initiatives 7. Being an employer of choice 8. Hosting a successful CQC inspection 9. Becoming digital by choice 10. Reviewing and rationalising our estate 11. Devolving accountability through local decision making that is clinically led assuring governance arrangements. 12. Delivering our financial plan
Recommendations:	To receive this report for information.

Chief Executive's Report to the Board of Directors
12 January 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. CARE QUALITY COMMISSION (CQC)

We have now received draft reports from the Care Quality Commission (CQC) following their latest comprehensive inspection in September. The Executive Team and directorates are reviewing the reports and checking for accuracy. Our response will be submitted to the CQC in mid-January. The final report is likely to be published in February. This will be followed by a Quality Summit when the inspection findings will be discussed with the Trust and partners.

2. SUSTAINABILITY AND TRANSFORMATION PLAN (STP) PUBLISHED

Staffordshire and Stoke-on-Trent's STP was published in December and will be the subject of further public discussion and feedback. The proposal summarises the latest thinking from local organisations, working together, to dramatically improve local health and social care for our communities.

Every health and care system in England had to submit proposals in October showing how local services will become sustainable and how they will deliver the Five Year Forward View – the vision for the future of better health, better patient care and improved efficiency. Our STP – called Together We're Better – is one of 44 STPs across England and covers Staffordshire and Stoke-on-Trent.

As a Trust, we will continue to play an important role in the process as these proposals develop into plans, accompanied by comprehensive public consultation. We have already made strong progress in North Staffordshire towards delivering new integrated models of care tailored around the needs of our local communities. In Leek we have partnered with the North Staffordshire GP Federation which has resulted in improved dementia diagnosis rates and quicker access for patients to urgent, specialist mental health assessment. A summarised version of the STP and full plan can be found on the **Together We're Better website.**

3. NEW WARD OPENED TO SUPPORT HEALTH AND CARE SYSTEM

A new older people's assessment award was opened at Harplands Hospital in November to help alleviate some of the pressures on the urgent care system in the county. With the University Hospitals of North Midlands NHS Trust facing significant pressures this winter, commissioners from Stoke-on-Trent and North Staffordshire Clinical Commissioning Groups asked the Trust to open a 19-bed nursing assessment ward for older people with dementia who've had an inpatient stay at the Royal Stoke University Hospital. Can you add RAID input

The opening of the ward at short notice was testimony to the huge efforts of staff. Patients will be admitted for up to 28 days while their future needs are assessed and plans made for their discharge. The ward has been commissioned until the end of March 2017.

4. FLU PROGRAMME 2016/17

Our flu vaccination programme has been very successful with more than 75% of our frontline staff receiving the vaccination by the end of December – exceeding the national target and 30% higher than last year. This is a fantastic achievement and a credit to our staff, peer vaccinators and Team Prevent.

The 75% target national quality target is part of the health and wellbeing Commissioning for Quality and Innovation (CQUIN) scheme for 2016/17 which is designed to incentivise the uptake of flu vaccinations for frontline clinical staff. Providers are rewarded based on the percentage of staff vaccinated. Achieving the national target means we will retain £140,000 of our income.

5. COMMUNITY MENTAL HEALTH SURVEY 2016

People experiencing our community mental health services have given the Trust an overall rating of almost 7 out 10, according to the 2016 Community Mental Health Survey published by the Care Quality Commission (CQC). Questioned in 2015 on their overall view of community services, they reported a positive experience. Our highest scores were in the 'organising care' category where we received an overall score of 8.5 out of 10 and 9.8 for the number of people who said they knew how to contact the person in charge of their care if they had a concern. We also scored well (8.4) for the number of people who felt they had been treated with respect and dignity in the last 12 months.

The survey is divided into nine sections and scores are rated as worse, about the same or better, compared with other trusts. We were rated as 'about the same' as other trusts in all of the nine categories. The Trust is committed to continually improving from service user feedback and has an action plan for improvement. The results of the survey will go to next meeting of the Quality Committee together with an Action Plan.

6. TRUST SECURES £12,000 TO REDEVELOP HARPLANDS GARDEN

The Trust has received the maximum £12,000 grant from Tesco's Bags of Help programme to develop the New Beginnings garden at Harplands Hospital.

Tesco donates proceeds from the 5p sale of carrier bags to a number of local projects to support community participation. The garden development was chosen as one of three community projects resulting in a minimum grant of a £8,000. Following a public vote in local Tesco stores, the Trust won the highest amount of £12,000.

The money will enable our Growthpoint team to redevelop the garden adjacent to the Edward Myers Unit for service users and staff. Plans include improved access with new wheelchair accessible gates and pathways, enhanced design, new seating and a spiritual area and meeting zone. Work on the garden will start in the New Year.

7. TRUST WINS NATIONAL FINANCE AWARD

Our finance team were winners at this year's **Healthcare Financial Management Association (HFMA) Awards** in December. The team beat North Tees and Hartlepool NHS Foundation Trust, Cwm Taf University Health Board, and Yorkshire Ambulance Service NHS Trust to win the Costing Award, which focuses on improvements in costing processes and costing information that has led to better information for organisations to use when making decisions about service delivery. We were the only organization in the West Midlands to win one of the HFMA Awards this year.

The award was in recognition of the finance team's pioneering work as one of only a few trusts in the mental health sector with a fully-developed patient-level information and costing system (PLICS). The work was carried out prior to PLICS being mandated nationally for mental health trusts.

8. ONE-STOP SERVICE SHORTLISTED FOR RCM ANNUAL AWARDS

The Trust is a partner in the multi-agency one-stop specialist service for pregnant women with substance and alcohol misuse which has been shortlisted for the 2017 Royal College of Midwives (RCM) Annual Midwifery Awards. The service is in the final four for the Lansinoh Award for Team of the Year having achieved a 98% attendance rate for antenatal appointments. Previously, only 2% of women attended appointments for antenatal care, presenting an increased risk to patient health. Other partners include University Hospitals of North Midlands NHS Trust and Lifeline. The one-stop service enables women to have drug testing, obtain a prescription, receive scans and see a consultant and specialised midwife for antenatal care in one dedicated setting.

9. NORTH STAFFORDSHIRE WELLBEING SERVICE WINS STAFF AWARD

The North Staffordshire Wellbeing Service won the Partnership Award at South Staffordshire and Shropshire Healthcare Foundation Trust's annual Positively Different staff awards. The team set the goal to surpass all national quality targets, and achieve a recovery rate of over 60% (the national target is 50%). Their recovery rate is now 64% (the national average is 47%), one of the highest performing teams in the country.

10. REDUCTION IN TRUST VACANCY RATE

Our vacancy rate stood in December at 4.5% - a significant reduction compared to April last year when it was 12%. The recruitment of staff has been a high priority for the Trust in the last nine months. The rate has been achieved following a successful #Discoveryourfuture recruitment campaign, one-stop shop events at Harplands Hospital and the work of staff across the Trust attracting and recruiting new staff.

11. NEW ASSOCIATE DIRECTOR OF COMMUNICATIONS

Joe McCrea has been appointed as the Trust's new Associate Director of Communications. Joe has a strong background in communications and marketing in the NHS. Most recently, he was Head of Communications for East Leicestershire and Rutland Clinical Commissioning Group. From 1997-99, he held the position of Special Adviser at the Department of Health and previously was Shadow Cabinet Policy Adviser to Labour MP Frank Dobson across a range of policy portfolios including transport, employment, local government and environment.

12. NEW PSYCHIATRIC INTENSIVE CARE UNIT (PICU)

Tenders have been received and a preferred bidder chosen for the new Psychiatric Intensive Care Unit (PICU) at Harplands Hospital. The contract is expected to be awarded early in the New Year with work starting on site in February.

13. 24/7 VISITING HOURS LAUNCHED ON WARD SIX

The ward six team at Harplands Hospital have extended visiting hours to 24/7 for families and carers. The new visiting policy is designed to enhance the psychological wellbeing of patients keeping them in touch with normal emotions and experiences as well as benefitting carers .

NATIONAL UPDATE

14. AUTUMN STATEMENT 2016

Despite much anticipation, particularly around funding for social care, and to general surprise, neither the NHS nor social care received a mention in the Chancellor's Autumn Statement, delivered on 23rd November. There was only a single oblique reference by the Chancellor in the Statement to the intensive lobbying efforts by the health and care sector in the run-up, which did not bode well for hopes from the NHS for future kind treatment – namely "Having run two large spending departments in previous roles, I came to this job with some very clear views about the relationship between the Treasury and spending departments."

15. SOCIAL CARE PRECEPT ANNOUNCEMENT

The Secretary of State for Communities and Local Government Sajiv Javid announced in December a £240m transfer from the New Homes Bonus to adult social care funding and confirmed that councils would also be able to raise the council tax precept for care by 3% in the next two years. The Government claimed the changes would provide an additional nearly £900m to fund the social care system in the next two years. This would be made up of a £240m transfer from the New Homes Bonus, which would reflect changes to ensure that councils only received money from the scheme for homes built above a 0.4% national housing growth baseline.
Around £208m extra will be raised by increasing the social care precept from 2% to 3% in 2017-18 and £444m in 2018-19. However, Javid's statement confirmed that the net increase of the social care precept would need to remain at 6% over the next three financial years, meaning if councils chose to levy 3% in both 2017-18 and in 2018-19, they would not be able to raise a precept in 2019-20.

16. GOVERNMENT RESPONSE TO REPORT ON IMPACT OF THE SPENDING REVIEW ON HEALTH AND SOCIAL CARE

The Government published its response in December to the House of Commons Health Select Committee Report into "The Impact of the Spending Review on Health and Social Care". The original report and DH response covers a range of strategic issues relating to finance, STPs, payment system and system change and provides **a summary** of the current state of DH/NHS thinking and actions.

17. CQC REPORT INTO INVESTIGATION OF DEATHS OF PATIENTS IN ENGLAND

The CQC published in December its report into how NHS Trusts review and investigate the deaths of patients in England. The CQC headline finding was that "deaths of people with learning disabilities or mental health problems are not always given adequate attention, families report poor experience of investigations, opportunities to learn from patient deaths are being missed – and too many families are not being included or listened to when an investigation takes place.

In his response to the Report, the Secretary of State announced that from March 31 next year the Boards of all NHS trusts and foundation trusts will be required to:

- Collect a range of specified information on deaths that were potentially avoidable and serious incidents and consider what lessons need to be learned on a regular basis. This will include estimates of how many deaths could have been prevented in their own organisation and an assessment of why this might vary positively or negatively from the national average, based on methodology adapted by the Royal College of Physicians from work by Professor Nick Black and Dr Helen Hogan;
- Publish that information quarterly, so that local patients and the public can see whether and where progress is being made. Alongside that data, they will publish evidence of learning and action that is happening as a consequence of that information;
- Feed the information back to NHS Improvement at a national level, so that the whole NHS can learn more rapidly from individual incidents.
- All trusts will be asked to identify a board-level leader as patient safety director to take responsibility for this agenda and ensure it is prioritised and resourced within their organisation.

18. NHS IMPROVEMENT OBJECTIVES 2016/17

The Department of Health has published its objectives for NHS Improvement for 2016/17. They are:

- Balancing the NHS budget and improving efficiency and productivity, ensuring that;
- The NHS lives within its means and achieves the improvements needed for the NHS to be financially sustainable throughout this Parliament and beyond;
- The creation of the safest, highest quality health and care services, ensuring that all patients receive the same high standards of care, seven days a week. NHS Improvement will have a key role in supporting the NHS to become the world's largest learning organisation, utilising all available sources continually to improve services and quality of care;
- Maintain and improve operational performance ensuring the NHS has the capacity and capability to continue to perform well during this Parliament and is able to deal with any rises in demand such as over the winter months.
- Strategic change aligned with the Five Year Forward View ensuring greater integration across the provider sector, including working with communities to develop new models of care that are tailored to meet local needs, and effective proportionate access to urgent care 24 hours a day, seven days a week.

- Leadership and improvement capability ensuring NHS providers are able to recruit and retain high quality individuals and building NHS Improvement as a support organisation for NHS providers that can effectively drive the sharing of best practice and ensures providers are implementing methods of continuous improvement.

19. NHS ENGLAND ANNOUNCES TRANSFORMATION FUND FOR MENTAL HEALTH AND LEARNING DISABILITIES

NHS England has announced it has created a transformation fund to support the implementation of the Five Year Forward View vision of better health, better patient care and improved NHS efficiency. This funding will enable local areas to deliver on key ambitions identified by the independent cancer and mental health taskforces. Additionally NHS England will continue to build on the Transforming Care priority for those with learning disabilities and kick start, at scale, revolutions for diabetes treatment and prevention

NHS England stated that Sustainability and Transformation Plans (STPs) are central to this process and all bids should be explicitly linked to the relevant local STP plans. This process is open to any STP, although individual organisations or alliances may bid on behalf of an STP for this funding; submission of applications must be via STPs.

The interventions for which transformation funding are available include:

- Improving Access to Psychological Therapies (Integrated IAPT)
- Urgent and Emergency Mental Health Liaison Services for Adults and Older Adults
- Reducing reliance on specialist inpatient care for people with learning disabilities
- Reduction in children with learning disabilities placed away from their home and local community
- The Trust is working with partners across the system to develop bids to access funding and has met with commissioners in respect of Liaison and IAPT funding to take forward.

20. CHIEF MEDICAL OFFICER'S ANNUAL REPORT PUBLISHED

The latest **Annual Report by the Chief Medical Officer** was published in December and looks at the health of the 'baby boomer' generation (broadly, those born between 1945 and 1964). It considers topics such as the impact of lifestyle choices on current and future health, mental health, sexual health, and screening and immunisation programmes.

21. NHS PROVIDERS MENTAL HEALTH TRUST LEADERS SURVEY

An NHS Providers survey of mental health trust leaders on their experiences of the 2017/18 - 2018/19 contracting round has found that mental health funding for the frontline is likely to fall short. Under the **Mental Health Investment Standard** commissioners are required to boost funding for mental health in line with their own budget increases. The survey found that nearly two thirds (63%) thought the standard would be missed and the main reason given for the shortfall was that CCGs were giving funding priority to acute hospitals. The survey drew responses from leaders at 38 trusts, which is 64% of all mental health providers in England.

Encl. 5

REPORT TO: Trust Board

Date of Meeting:	12 January 2017
Title of Report:	Summary of the Quality Committee meeting held on 20 December 2016
Presented by:	Patrick Sullivan Non-Executive Director & Chair of Quality Committee
Author of Report:	Laurie Wrench Associate Director of Governance
Purpose / Intent of Report:	For approval (policies) and information and assurance in terms of work of committee
Executive Summary:	This report provides a high level summary of the key headlines from the Quality Committee meeting held on the 20 December 2016. The full papers are available to Trust Board members, as required
Seen at SLT or **Exec** Meeting & date	n/a
Committee Approval / Review	Reviewed by Medical and Nursing Directors and Chair of Quality Committee
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 and approve policies highlighted in the report.

North Staffordshire Combined Healthcare NHS
NHS Trust

Key points from the Quality Committee meeting held on 20th December 2016

for the Trust Board meeting on the 12th January 2017

1. Introduction

This is the regular report to the Trust Board that has been produced following the last meeting of the Quality Committee.

2. Director of Quality Report

The committee received the Director of Quality Report under the SPAR qualities priorities with notable items as follows:

Safe:

- Patient Safety – Learning Lessons
- NHS Spending on drugs rises

Personalised:

- R&D Partnership Award –Trust wins joint award with University Hospital of North Staffordshire (UHNM)
- Deprivation of liberty Safeguards (DOLs) – delay in publication of Law Commission findings until next year

Accessible:

- Delayed Discharge and Legal Options
- New guidance for practitioners in the Court of Protection – meeting the needs of vulnerable clients

Recovery focused:

- Homeless Reduction Bill

3. Policy Review

The recommendations were supported by the committee for ratification of policies by the Trust Board for 3 years or otherwise stated, as follows:

- 7.13 Data Quality Policy (extend until April 2017)
- 7.18 Producing Information for service users and Accessible Information Standards Policy

- 1.52 Research & Development Strategy
- 1.52a Research Governance Policy
- 1.80 Resuscitation Policy
- 1.08 Missing Persons Policy
- IC8 Cleaning & Disinfection
- IC5 Isolation Policy
- IC4a Hand Hygiene

Additionally, the Committee was requested to take Chairs action against the following three policies to approve for a further 3 years:

- Safer Staffing Policy
- 1.67 Smoking
- 1.35 Policy and Procedure to the Safe and Supportive Observation and Engagement of Patients at Risk

The committee reviewed the policy forward look and noted that a number of policies were overdue or due to expire. The Committee took assurance that the system for policy monitoring was being strengthened including prompts and escalation measures where policies were not reviewed and updated in a timely way.

4. Nurse Staffing Performance monthly report – October and November 2016

The committee received the nursing staff performance on a shift by shift basis for October and November 2016. Delivery of staff nurse staffing levels is a key requirement to ensuring that the Trust complies with National Quality Board standards. For October, the Committee noted areas of under fill and areas where there is headroom. The Committee also noted any incidents associated with staffing issues and took assurance that all were categorised as 'no harm.'

November's reports showed an improving picture with the newly registered nurses two weeks into their preceptorship. The report also showed that less staff breaks had been cancelled compared to October. The Committee discussed the reasons for over and under fill regarding acuity and staffing establishment and learned that future safer staffing reviews would be rolled out the include the Access and Home Treatment Teams and RAID in the new year.

5. Reports received for Information and Assurance

- Learning from Patient Experience October and November 2016
- Clinical Effectiveness Domain report – reporting on outputs of committee sub-groups
- Unexpected Deaths Q2
- Director of Quality Report
- Complaints Management update
- Complaints Rectification Plan
- Raising Concerns update

6. Research and Development Strategy

Sue Wood, R&D Manager attended the Committee to present the Research and Development Strategy which described how research is promoted across the Trust and how topics for research are prioritised across the directorates. It was noted that the Substance Misuse directorate was particularly successful in terms of research delivery and Trust support for research into Dementia was also strong.

A number of items to notes were:

- The R&D Steering Group now had a service user representative who had been involved the development of the strategy
- There had been a number of data requests regarding research as part of the CQC inspection
- Research was now included in the PDR process
- The R&D team were exceeding their targets set by the NIHR
- The Trust had recently won an award jointly with UHNM
- The R&D team were involved in a national leadership programme with the NIHR

The Committee also heard the R&D would a topic for a future Board Development session.

In summary, the Chair welcomed the strategy and the Committee gave the strategy its support.

7. Suicide Prevention Strategy 2016-18

The strategy was presented by Maria Nelligan, Director of Nursing and Quality. The strategy was approved by the Committee subject to the highlighted sections being updated as requested.

8. Directorate Performance Reports

Members discussed in detail the risks that were identified and assurances received. Notable highlights for each directorate were:

- ***Adult Mental Health Community*** – can we find a word to highlight what this work entails like review into improving productivity
- ***Children and Young People*** –sickness absence levels were good, and a former service user was working with the directorate as part of a university project
- ***Learning Disabilities*** –Health Facilitation Service now recurrently funded
- ***Neuro and Old Age Psychiatry*** –Ward 4 has re-opened to support winter bed pressures
- ***Substance Misuse*** – Better Care funding issues remain on-going. PDR rates at 100% and performance high in general

9. Risk to Quality of Services - November 2016

Committee members considered the report for quality risks, particularly those scoring 12, which have been reported to the committee previously and how they interrelate to Directorate risks. Members discussed the risk treatment plans in place and took assurance about the actions being taken.

10. CQC Quality Assurance Update

The Committee received the CQC update report for assurance purposes noting progress made since the inspection in September 2016 and the positive feedback received from staff and the inspection team. The committee noted that the Trust had received 5 notifications from the CQC since the inspection relating to:

- Serious Incident process
- Skill mix in Community CAMHS services
- Duty of Candour
- Ward 4
- Darwin Team.

The Committee took assurance that all were now closed and the CQC had observed that the quality of response to the notifications was comprehensive and credible.

The Committee heard that the arrival of the draft reports was imminent and the teams were prepared to respond to any factual accuracies once received.

On behalf of the Committee Chair, Mr Patrick Sullivan, Non-Executive Director
Laurie Wrench,
Associate Director of Governance,
4th January 2017

Enc. 6

North Staffordshire Combined Healthcare NHS
NHS Trust

REPORT TO: TRUST BOARD

Date of Meeting:	12 January 2017
Title of Report:	Safer Staffing Monthly Report for October 2016
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 October 2016 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 October 2016 was 85% for registered staff and 102% for care staff on day shifts and 82% and 109% 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, Executive Director of Nursing & Quality 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 October 2016 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 6 month review covering the period January 2016 – June 2016 has been reported to the Board of Directors in September 2016.

3 Trust Performance

During October 2016 the Trust achieved staffing levels of 85% for registered staff and 102% for care staff on day shifts and 82% and 109% 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 Summary

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

4.1 Staffing issues

Progress continues to be made in relation to the recruitment of registered nurses (RNs) to vacancies and approximately 20 newly qualified nurses commenced employment within the trust at the end of September.

Addiitonally the nursing team 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.

Increasing RN night shift cover from 1 to 2 RNs on the acute wards (1, 2 and 3) has led to a decreased RN nightshift fill rate on these wards whilst the additional RN posts, to meet this demand, are recruited to. Therefore it has been difficult to consistently achieve planned RN staffing. Bank and agency 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. The commencement of new recruits into post will reduce reliance on temporary staff moving forward.

The July 2016 Six Monthly Review indicated that further RNs are required to meet the recommended safer staffing levels. The Safer Staffing Group, comprising of senior representatives from operations, nursing and quality, finance and HR, will implement the recommendations of the report.

Additionally bed occupancy has been over 100% on ward 1, ward 3 and ward 5. High occupancy, increased acuity and high dependency have also contributed to shortfalls.

4.2 Impact on Patient Safety

There were 6 incident forms completed by in-patient wards during October 2016 under the category of ‘staffing issues’. No harm arose from these incidents. Breakdown by ward is summarised as follows:

Ward	Incident
Ward 1	One incident where staffing requirements were increased due to acuity and the increase was unable to be filled by temporary staffing
Ward 2	One incident where staffing was reduced due to staff injury
Ward 5	Two incidents where staffing requirements were increased due to acuity and the increase was unable to be filled by temporary staffing
Ward 6	One incident when staffing was reduced at night due to a patient being transferred to A&E
Darwin	One incident where staffing was reduced due to sickness and temporary staffing were unable to backfill

4.3 Impact on Patient Experience

Staff prioritise patient experience and direct patient care, during October 2016 there have been 11 activities cancelled or shortened.

4.4 Impact on Staff Experience

In order to maintain safe staffing the following occurred during October 2016:

- 25 staff breaks were cancelled (equivalent to approximately 0.5% of breaks)
- 14 staff breaks were shortened (equivalent to approximately 0.3% of breaks)
- 192.75 hrs cross cover was provided during October where 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 supported day shifts on an as required basis to ensure safe patient care.

Skill mix has been altered to backfill shortfalls. A total of 126 RN shifts were covered by HCSW grade where RN temporary staffing was unavailable. A total of 26 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 or not taken and wards have cross covered to support safe staffing levels.

Appendix 1 October 2016 Safer Staffing

OCTOBER	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 (%)	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	1560	1560	1218	1395	1478	1888	332	665	439	997	997	1391	78%	128%	66%	139%	Nursing staff working additional unplanned hours, altering skill mix and postponing non direct care activities. Staff also cross covered other wards.	1 B3	108%	↑	3.43%
Ward 2	1530	1530	1153	1395	1395	1517	665	665	386	665	665	879	75%	109%	58%	132%	Altering skill mix and cancelling pt activities. Staff also cross covered other wards.	3.4	100%	↑	9.68%
Ward 3	1553	1553	1591	1395	1980	1843	665	665	356	665	1329	1587	102%	93%	54%	119%	Nursing staff working additional unplanned hours, altering skill mix and postponing non direct care activities. Staff also cross covered other wards.	1.8 B5 2.8 B3 1 B2	112%	↑	0.00%
Ward 5	1095	1560	1077	930	1395	1720	290	290	299	871	871	897	69%	123%	103%	103%	Altering skill mix.	0	109%	↑	3.07%
Ward 6	1088	1298	1153	1860	2205	2025	291	291	291	872	1219	1190	89%	92%	100%	98%	Nursing staff working additional unplanned hours and cancelling patient activities.	0	100%	↑	5.78%
Ward 7	1088	1088	905	1395	1395	1328	290	290	290	583	685	685	83%	95%	100%	100%	Altering skill mix.	0	100%	↑	3.59%
A&T	1553	1352	1121	1395	1276	1410	333	333	333	1000	1064	1064	83%	111%	100%	100%	Altering skill mix.	2 B6	80%	↓	3.04%
Edward Myers	1148	1155	1053	930	930	816	291	291	291	581	581	567	91%	88%	100%	98%	Nursing staff working additional unplanned hours and altering skill mix. Staff also cross covered other wards.	1 B5	91%	↑	0.00%
Darwin Centre	1088	1323	1248	1395	1002	1002	333	333	333	667	949	949	94%	100%	100%	100%	Nursing staff working additional unplanned hours and postponing non-direct care activities. Staff also cross covered other wards.	1 B6 2 B3	96%		2.27%
Summers View	1088	1088	898	940	930	911	332	332	332	665	665	664	83%	98%	100%	100%	The mutli-disciplinary team supporting the nursing team.	1 B6	94%	↑	0.00%
Florence House	623	623	559	930	833	681	332	332	332	332	332	332	90%	82%	100%	100%	The mutli-disciplinary team supporting the nursing team.	1 B2	81%	↓	2.26%
Trust total	**13411**	**14127**	**11973**	**13960**	**14818**	**15141**	**4155**	**4488**	**3683**	**7897**	**9357**	**10205**	**85%**	**102%**	**82%**	**109%**					

Enc. 6.1

North Staffordshire Combined Healthcare NHS
NHS Trust

REPORT TO: TRUST BOARD

Date of Meeting:	12 January 2017
Title of Report:	Safer Staffing Monthly Report for November 2016
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 November 2016 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 November 2016 was 91% for registered staff and 101% for care staff on day shifts and 88% and 104% 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: Seen 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:	Temporary staffing costs.

Funding source:	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 November 2016 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 will be carried out in January 2017.

3 Trust Performance

During November 2016 the Trust achieved staffing levels of 91% for registered staff and 101% for care staff on day shifts and 88% and 104% 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 Summary

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

4.1 Staffing issues

Wards 2, 3 and Edward Myers have RN vacancies of 3.2, 3.6 and 2 WTE; these posts have been advertised externally however they have not been appointed to. The teams continue to attempt to recruit to these vacancies.

Ward 4 opening at short notice to support the local health economy has impacted on the ability to source temporary staff for other wards when needed. Additionally Ward 5, 6 and 7 released 1 WTE RN each to provide Ward 4 with stable RN leadership.

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.

RN night shift cover from of 2 RNs on the acute wards (1, 2 and 3) has been challenging, therefore it has been difficult to consistently achieve planned RN staffing on nights. Bank and agency 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. The commencement of new recruits into post will reduce reliance on temporary staff moving forward.

The July 2016 Six Monthly Review indicated that further RNs are required to meet the recommended safer staffing levels. The Safer Staffing Group, comprising of senior representatives from operations, nursing and quality, finance and HR, will implement the recommendations of the report.

Additionally bed occupancy has been over 100% on ward 1, ward 3 and ward 5. High occupancy, increased acuity and high dependency have also contributed to shortfalls.

4.2 Impact on Patient Safety

There were 3 incident forms completed by in-patient wards during November 2016 relating to staffing issues. No harm arose from these incidents. Breakdown by ward is summarised as follows:

Ward	Incident
Ward 4	One incident where high dependency of service users increased workload on the ward impacting on the timeliness of nursing support.
Ward 5	Two incidents – one where the late cancellation of a bank member of staff was unable to be recovered and one where high level of acuity and dependency was challenging to support within the staffing levels.

4.3 Impact on Patient Experience

Staff prioritise patient experience and direct patient care, during November 2016 there have been 14 activities cancelled or shortened.

4.4 Impact on Staff Experience

In order to maintain safe staffing the following occurred during November 2016:

- 20 staff breaks were cancelled (equivalent to approximately 0.4% of breaks)
- 7 staff breaks were shortened (equivalent to approximately 0.1% of breaks)

- 264 hrs cross cover was provided during November where 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 supported day shifts on an as required basis to ensure safe patient care.

Skill mix has been altered to backfill shortfalls. A total of 154 RN shifts were covered by HCSW grade where RN temporary staffing was unavailable. A total of 26 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 or not taken and wards have cross covered to support safe staffing levels.

Appendix 1 November 2016 Safer Staffing

2016 NOVEMBER	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 (%)	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	1515	1515	1401	1350	1380	1690	322	643	429	965	1104	1329	92%	122%	67%	120%	Nurses working additional unplanned hours, MDT supporting nursing team and altering skill mix.	0	105%	↓	10.34%
Ward 2	1493	1493	1209	1350	1431	1519	643	643	493	643	750	868	81%	106%	77%	116%	Nurses working additional unplanned hours, cancelling non-direct care activities and altering skill mix. Cross cover was also provded to other wards.	3.2 B5	97%	↓	1.03%
Ward 3	1515	1515	1396	1350	1800	1779	643	643	482	643	1286	1303	92%	99%	75%	101%	Nurses working additional unplanned hours, cancelling non-direct care activities and altering skill mix. Cross cover was also provded to other wards.	3.6 B5 1.2 B3 1 B2	106%	↓	2.52%
Ward 5	1073	1523	1041	900	1545	1822	281	281	288	843	1012	1023	68%	118%	102%	101%	Altering skill mix.	0	105%	↓	3.31%
Ward 6	1065	1133	1191	1800	1808	1710	281	281	281	844	976	957	105%	95%	100%	98%	*	0	100%		12.32%
Ward 7	1073	1073	976	1350	1350	1097	281	281	281	563	563	563	91%	81%	100%	100%	Altering skill mix, some patient activities were also cancelled.	1 B5	99%	↓	6.56%
A&T	1533	1338	1239	1350	1605	1650	323	323	323	1290	1290	1290	93%	103%	100%	100%	Altering skill mix.	1.15 B5	97%	↑	5.37%
Edward Myers	1125	1125	1106	900	900	802	281	281	281	563	563	538	98%	89%	100%	96%	Altering skill mix.	2 B5 2 B3	83%	↓	5.51%
Darwin Centre	1065	1267	1252	1350	896	896	301	323	323	645	699	699	99%	100%	100%	100%	*	1 B5 1 B3	99%	↑	6.78%
Summers View	973	973	731	900	900	996	322	322	322	643	643	643	75%	111%	100%	100%	Altering skill mix and the MDT supporting the nursing team.	1 B5 2 B3	96%	↑	3.51%
Florence House	543	543	720	900	900	663	322	322	322	322	322	322	133%	74%	100%	100%	Altering skill mix.	2 B2	97%	↑	3.09%
Trust total	**12971**	**13495**	**12258**	**13500**	**14514**	**14622**	**4000**	**4343**	**3823**	**7964**	**9206**	**9534**	**91%**	**101%**	**88%**	**104%**	* staffing above 95%				

North Staffordshire Combined Healthcare NHS
NHS Trust

REPORT TO:- TRUST BOARD

Date of Meeting:	12 January 2017
Title of Report:	Suicide Prevention Strategy 2016-2018 Final Draft
Presented by:	Dr Buki Adeyemo, Medical Director
Author of Report:	Lesley Whittaker, Patient Safety Manager
Purpose / Intent of Report:	Strategy for discussion
Executive Summary:	The Five Year Forward View for Mental Health states that suicide prevention is a complex public health challenge and will require close working between the different NHS and partner organisations. It is explicit that there is a need to build on priorities set out in the National Suicide Prevention Strategy and existing and emerging evidence around suicide such as from the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (University of Manchester, 2016). This final draft strategy sets out the actions being taken by NSCHT to meet the needs of the local population.
Seen at SLT or **Exec** Meeting & date	SLT/EXEC: See by Exec Lead: Dr Buki Adeyemo Document Version number:6
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])	Tbc
Resource Implications: Funding source:	Tbc
Equality & Diversity Implications:	None
Recommendations:	The Board receive for information and assurance.

Suicide Prevention Strategy North Staffordshire Combined Healthcare NHS Trust 2016-2018

Every suicide is a tragedy that has far reaching impact on family, friends and the community long after the person has died

(The Scottish Government, 2013)

1 Introduction

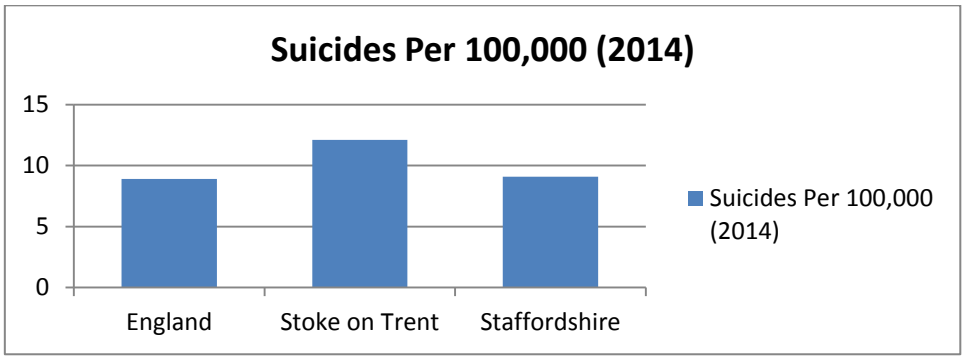
Suicide is defined as 'death resulting from an intentional, self-inflicted act.'

In the United Kingdom, there were 6,122 deaths due to suicide and undetermined injury in 2014; this was a decrease of 2% from 2013. Suicide in males is three times more likely than in females. Nationally, the 5 Year Forward View for Mental Health (*NHS England, 2016*) aims to reduce suicides by 10% by 2012/21.

The Five Year Forward View for Mental Health (5YFVMH) states that suicide prevention is a complex public health challenge and will require close working between the different NHS and partner organisations. It is explicit that there is a need to build on priorities set out in the National Suicide Prevention Strategy and existing and emerging evidence around suicide such as from the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (*University of Manchester, 2016*).

Local plans should include a strong focus on primary care, alcohol and drug misuse. Each plan should demonstrate how areas will implement evidence-based preventative interventions that target high-risk locations and support high-risk groups (including young people who self-harm) within their population, drawing on localised real time data.

In 2014, the suicide rate for Stoke-on-Trent was 12.1 deaths per 100,000; this is 36% above the national average in England. For Staffordshire the suicide rate was 9.1 per 100,000.



North Staffordshire Combined Healthcare reported 49 suspected suicides during this timeframe.

This strategy focuses on suicide prevention within North Staffordshire Combined Healthcare NHS Trust and will align to quality priorities ensuring that Services are:-

- **Safe**-Patients will tell us they felt safe in our care when they felt suicidal.
- **Personalised**-Patients will tell us their care was personal to them, when they felt suicidal.
- **Accessible**-Patients will tell us they could get help when they needed it.
- **Recovery focused**-Patients will tell us that we instilled hope for them in their recovery.

2 Tackling the STIGMA

Nearly nine out of ten people who experience mental health issues say they face stigma and discrimination as a result. This can be even worse than the symptoms themselves. We need those people who make contact with us to be experience a compassionate response and be provided with the necessary information, skills and attitudes to make the engagement positive and supportive.

'*The people who stand the most chance of preventing suicides are ordinary people, the friends, colleagues, neighbours and family members of those whose lives are at risk. Only one in four people who kill themselves are in contact with mental health services at the time of their death, and those who are spend very little time in the presence of professionals. This means that health care professionals are often not in a position to help people who are feeling suicidal' Sane (2016)*

3 Progress

The Trust:-

- ✓ have asked people to share their experience of depression or suicidal thoughts to influence this strategy and this feedback has been included within the strategy
- ✓ is working collaboratively with the Stoke on Trent and Staffordshire Public Health Suicide Prevention Network to shape and promote this strategy. This forum includes the Samaritans, Police and voluntary agencies.
- ✓ is working collaboratively with the West Midlands Review Network to share learning and data with provider organisations.

4 Current Clinical Practice

When considering how we engage with people who are feeling suicidal, awareness of the person's emotional state is important; focusing on the method of engagement before undertaking the risk assessment. The emphasis is on **build trusting relationships** with every person regardless of where they are seen, or whose service they are open to at the time.

We ask our patients how **we could help** when they feel/felt suicidal; we do this in person and by questionnaire.

We **promote** patients' ability to self-help and show them how to get help when feeling suicidal, through the Trust's external website and patient/ family information leaflets.

We **listen** to what patients say, respond and not dismiss any suicidal thoughts, always acting with **empathy** and being curious about any changes in risk.

We **involve** patients in the formulation of their care plans and risk assessments and review regularly/when risk changes.

5 Our Commitment

There are many ways in which mental health services, local communities and individuals can help to prevent suicide.

People who are in distress and may be at risk will come into contact with a wide range of public and voluntary sector services. Some people in distress may have a mental illness, but for many the distress may be temporary and linked to life events.

We will continue engaging with people in distress, compassionately and have a common understanding of what it means to respond in a patient centred and safe way. The evidence-base supports that people are more likely to engage with or stay connected to services that may help them if they feel connected.

- ✓ We will strengthen our staff training in supporting patients with suicidal ideas.
- ✓ We will incorporate family/carer's views into risk management plans, and highlight any protective factors that these relationships provide.
- ✓ We will ensure more understanding of the risk factors from the evidence base in relation to completed suicides is shared across the Trust.
- ✓ We will audit the Trust investigations of the suicides annually including substance misuse. This will give us a clear picture of the patients' lives, their presentations and our service responses prior to the incident. This data then will be used to strengthen training and dual diagnosis care pathways around higher risk patients.
- ✓ We will ensure that every clinical team in the Trust takes part in at least 1 annual reducing stigma event, targeting any higher risk (of suicide) group in their services. Increasing the identification and treatment of mental illness is one of the factors of reducing suicide and we need to continue to build on that achievement.
- ✓ We will ensure evidence based treatments are used to treat underlying mental health conditions. Where medicines are used as part of care package we will ensure that every patient understands how to get the best from their medicines and where to seek further advice.
- ✓ We will encourage Teams to take collective responsibility for both holding risk and understanding risk reduction methods and strategies.
- ✓ We will continue facilitating the 'Living Well With Risk Group' to embed this strategy and we will encourage patient participation in this forum.
- ✓ We will support the Trust's IT improvement programme to develop ROSE to become a responsive framework that supports teams to manage suicide risks, by ensuring any patient with suicidal ideas are recognised and appropriately risk assessed. By utilising this information, we will audit the existing arrangements for responding to people in distress experiencing suicidal thoughts in different settings and localities and will use this information to develop guidance that supports best practice, and person centeredness.

- ✓ We will support the development of patient held “apps” or applications that promote recovery from depression, encourage hope and help seeking behaviour at the point of personal crisis. We will also review existing apps and signpost patients to them.

- ✓ We will continue to share the narrative around patient’s stories before their suicide, in the Learning Lessons programme. This will highlight both the patient’s perspectives and our services responses in these crucial weeks before the incident, with a view to learning from these pathways.

- ✓ The Trust will use stories of hope from patients and staff in different media formats to share the recovery messages. This includes social media, YouTube and self-help leaflets.

- ✓ We will plan to integrate our records digitally with Health and Social Care, within the next 5 years. This will enable us to assist primary care to manage patients who are not in mental health services, who are feeling suicidal.

If a patient, known to the Trust does commit suicide we are committed to adopting a **mindful approach**; a sensitive ‘whole systems’ approach to supporting all of those affected by suicide. Following any suspected suicide in the Trust, the priority must be supporting all of the people involved in a consistent manner, i.e. any next of kin, family, staff and other agencies.

- ✓ We will visit families to offer support and condolences, with their consent.

- ✓ We will signpost families to external support groups for example Survivors of Bereaved by Suicide (SOBS); providing “Help is at Hand” booklet, online resources and offering signposting to psychological support.

- ✓ We will involve the family in the investigation process, including feedback and sharing of any recommendations.

- ✓ We will offer involvement and feedback from any incident investigations to staff in a compassionate way, supporting the open and honest culture.

- ✓ We will share, in a sensitive way data about the suicides in our organisation so that staff are aware of the extent of the problem, and the stigma of suicide is challenged.

- ✓ We will ensure staff receive supervision and debrief following any critical incidents.

- ✓ We will ensure we follow our Duty of Candour Policy.

6 Summary

This Strategy will be underpinned by an annual work programme which will be delivered by the Clinical Effectiveness Sub-Committee. The Committee will provide a report on the progress of the strategy to the Quality Committee on an annual basis.

7 References

- NHS England. (2016). *The five year forward view for mental health*. Retrieved from https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

- SANE. (2016). Understanding the process of suicide through accounts of experience – A new focus for suicide prevention. Retrieved from http://www.sane.org.uk/uploads/report_of_findings.pdf

- The Scottish Government. (2013). Suicide Prevention Strategy 2013-2016. Retrieved from http://www.gov.scot/Resource/0043/00439429.pdf

- University of Manchester. (2016). *National Confidential Inquiry into Suicide and Homicide by People with Mental Illness.* Retrieved from https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

8 Bibliography

- No More. A Zero suicide strategy for Cheshire and Merseyside 2015-2020. Retrieved from http://www.no-more.co.uk/files/no-more-strategy.pdf

9 Additional Resources

- **Cruse websites and helplines:** Telephone helpline 0844 477 9400 (working hours) Email helpline@cruse.org.uk.Website: www. cruse.org.uk

- **RD4U**A special website for bereaved young people where they can express and share feelings and experiences. Young Person's Freephone helpline.info@rd4u.org.uk www.rd4u.org.uk

REPORT TO Trust Board

Date of Meeting:	12 January 2017
Title of Report:	Performance Report - Month 8 2016/17
Presented by:	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 8 (November 2016). Performance against NHSI metrics and key National Targets is included within the report. At Month 8 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 : DoF 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])	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:	12 January 2017
Report title:	**Performance & Quality Management Framework** **Performance Report – Month 8** **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 November 2016 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.

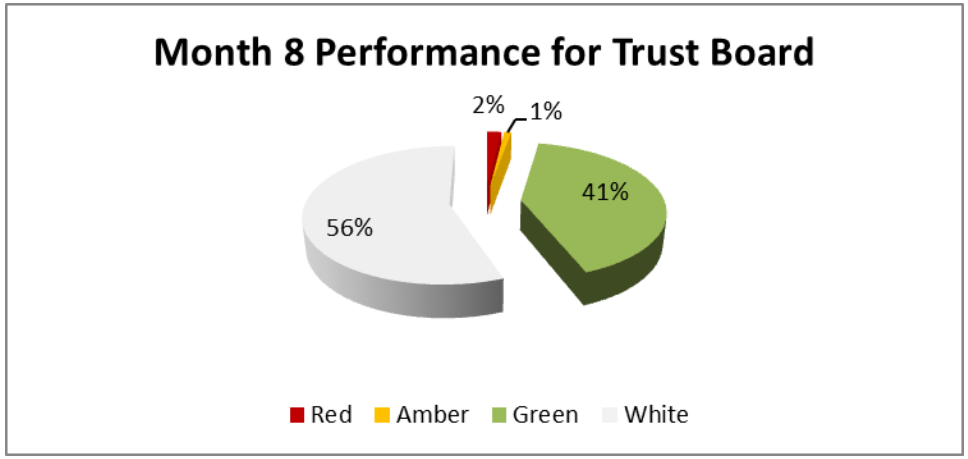
2 Executive Summary – Exception Reporting

The following performance highlights should be noted;

- 100.0% of IAPT service users are treated within 6 weeks
- 97.0% of RAID responses to A&E are responded to within an hour

In Month 8 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 6	3	3	41	54	101
Exceptions – Month 7	1	3	41	49	94
Exceptions – Month 8	2	1	43	58	104

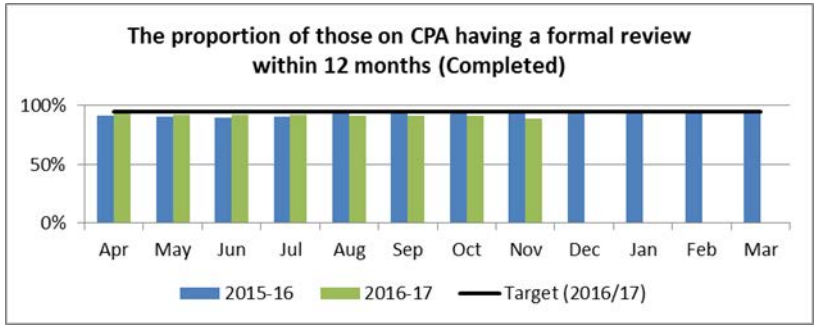


3 Rectification Plans

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 8

KPI Classification	Metric	Exec/Op Lead	Target	M7	M8	Trend	Commentary
NHSI	**Agency Spend:**	Dir of Workforce		**RED 7.7%**	**RED 7.4**	↘	**7.4% at M8 from 7.7% at M7. The Agency spend is broken down into 3 main areas as summarised below:**
	Core Agency spend (of total paybill)		**M8 1.7%**	**RED 4.1%**	**RED 3.3%**	↘	**3.3% at M8 from 4.1% at M7** Core Agency spend has decreased overall for November from £221k (M7) to £164k (M8)
	ROSE agency spend		**-**	**3.6%**	**4.0%**	↗	**4.0% at M8 from 3.6% at M7** Agency spend on ROSE has increased to £203k in M8 from £168k in M7.
	Ward 4 (EMI) agency spend		**-**	**N/A**	**0.1%**		**0.1% at M8** Agency spend on Ward 4 (EMI) was approximately £6k in M8 (part-month effect as opened in month). A detailed agency plan is submitted on a separate agenda item to the Trust Board. **Rectification plan: received at Finance & Performance Committee and People and Cultural Development Committee in August.**

KPI Classification	Metric	Exec/Op Lead	Target	M7	M8	Trend	Commentary
NHSI	**CPA: Completed** The proportion of those on Care Programme Approach (CPA) for at least 12 months having formal review within 12 months	Dir of Ops Op Lead Head of Dir	**95%**	**AMBER** **91.2 %**	**RED** **89.4 %**	↘	**89.4% at M8 from 91.2% at M7** AMH Community= 89.8% at M8 from 91.4% at M7 Learning Disabilities = 83.3% at M8 from 96% at M7 NOAP = 50% at M7 the same as at M7 In comparison the 'adjusted data' metric, which includes patients where case notes indicate reviews have taken place but are not fully recorded electronically, is performing at 95.9%. A trajectory was agreed that by 11 November 2016, CPA would be addressed within AMH Community Directorate. This included: - Consultants given guidance to action CPA or relinquish roles under CPA - CPA initiated after 9 months rather than 12 months to ensure reviews are completed within the target.  **Rectification Plan: received at Finance & Performance Committee in August.**

KPI Classification	Metric	Exec/Op Lead	Target	M7	M8	Trend	Commentary
National Operational	**CPA: 7 day follow up** The proportion of those on Care Programme Approach (CPA) receiving follow-up contact within 7 days of discharge	Dir of Ops Op Lead Head of Dir	**95%**	**GREEN** **100.0%**	**AMBER** **92.3%**	↘	**92.3% at M8 from 100.0% at M7** The drop in November relates to just 2 patients, both of who have subsequently been followed up.

5 Recommendations

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

Trust Dashboard
Month: **Nov-17**

8
Key:-

North Staffordshire Combined Healthcare 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%					↗
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%					↗
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%					↔
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					↔
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%					↘
	AMH IP			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					↔
	AMH Community			95.8%	91.7%	89.9%	92.9%	95.1%	96.0%	95.9%	92.8%					↘
	Substance Misuse			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					↔
	LD			96.8%	93.1%	100.0%	96.4%	100.0%	100.0%	100.0%	100.0%					↔
	Neuro and Old Age Psychiatry			93.6%	90.9%	94.0%	90.1%	95.0%	99.4%	98.2%	99.3%					↗
	C&YP			77.6%	82.6%	74.6%	81.8%	77.7%	79.5%	82.8%	84.8%					↗
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%					↔
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 ***ADJUSTED***	Monthly	95%	95.7%	95.0%	95.1%	94.9%	94.5%	93.6%	94.6%	95.9%					↗
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%					↗
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%					↔
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%					↗
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%					↗
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%					↘
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%					↗
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%					↗
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%					↔
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					↘
	- Formal Admissions			4.0	2.0	4.0	5.0	4.0	2.0	4.0	0.0					↘
	- Informal Admissions			0.0	4.0	7.0	2.0	5.0	3.0	4.0	4.0					↔
	- Under 18 Yrs Old			0.0	2.0	0.0	2.0	1.0	0.0	1.0	1.0					↔

	Metric	Frequency	Target	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Trend Rate
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%					↘
	AMH Community			96.6%	96.0%	95.5%	98.4%	95.4%	95.1%	95.7%	95.4%					↘
	Neuro and Old Age Psychiatry			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	92.9%	71.4%					↘
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%					↔
NHSI	The proportion of those on Care Programme Approach (CPA) for at least 12mnths having formal review within 12mnths ***UNADJUSTED***	Monthly	95%	94.1%	92.4%	92.1%	92.0%	91.8%	91.4%	91.2%	89.4%					↘
	AMH Community			94.3%	92.4%	92.2%	92.1%	91.9%	91.5%	91.4%	89.8%					↘
	LD			95.7%	95.7%	100.0%	100.0%	100.0%	100.0%	96.0%	83.3%					↘
	Neuro and Old Age Psychiatry			100.0%	100.0%	76.9%	72.7%	72.7%	63.6%	50.0%	50.0%					↔
NHSI	Mental health delayed transfers of care (target NHSI)	Monthly	7.5%	6.2%	11.4%	10.3%	10.4%	9.7%	6.1%	5.6%	7.2%					↗
	AMH IP			7.0%	8.4%	5.4%	8.6%	8.0%	7.7%	6.0%	9.0%					↗
	LD			16.7%	10.8%	0.0%	0.0%	0.0%	0.0%	0.0%	11.5%					↗
	Neuro and Old Age Psychiatry			5.3%	17.8%	21.1%	16.9%	16.2%	11.4%	15.7%	10.5%					↘
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					↘
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%					↘
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%					↘
Local Quality	Adult IP			10.1%	10.0%	9.4%	3.7%	5.1%	9.8%	5.9%	1.1%					↘
	OA IP			0.0%	5.3%	0.0%	0.0%	0.0%	3.3%	0.0%	4.3%					↗
	Neuro Rehab			0.0%	0.0%	0.0%	0.0%	0.0%	8.3%	0.0%	0.0%					↔
	LD			0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%					↔
	MH Rehab			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%					↗
	AMH Community			98.6%	98.2%	97.9%	98.1%	97.6%	97.4%	98.2%	98.3%					↗
	Substance Misuse															
	LD			100.0%	94.2%	96.1%	100.0%	100.0%	100.0%	98.2%	98.2%					↔
	Neuro and Old Age Psychiatry			69.2%	70.6%	50.0%	69.2%	81.8%	73.3%	70.8%	71.4%					↗
	C&YP			100.0%	100.0%	100.0%	100.0%	83.3%	69.2%	100.0%	90.9%					↘
Local Quality	IAPT: Service User Satisfaction Local. To include questions on: • Access/referral arrangements • Treatment Options • Communication / Contact • Overall service provided	Monthly (questionnaire to be agreed with commissioners)	From a minimum sample of 30% of Service Users, less than 15 % expressing dissatisfaction	N/A	N/A	0.0%	N/A	N/A	0.0%	N/A	N/A					
Local Quality	IAPT: Referrer Satisfaction Local. To include questions on: • Response to referrals • Contact / Communication • Treatment Outcomes • Overall Service provision	Methodology to be agreed by September 2014. Application of methodology Q3.	< 15 % expressing dissatisfaction	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A					
Local Quality	IAPT : Local. Service Users who are referred to employment support services	Quarterly	90% of suitable referrals	N/A	N/A		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	Half-yearly	Q2 & Q4: 90% (sample of minimum 150 patients)	N/A	N/A	N/A	N/A	N/A	82.0%	N/A	N/A					

	Metric	Frequency	Target	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Trend Rate
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.	Quarterly	No threshold but there should be a framework in place that the Provider is working to ensure that all staff are appropriately supervised.	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%					↘
NHSI Domain - Caring																
National Operational	Mixed Sex Accommodation Breach	Monthly	Zero	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					
NHSI	Inpatient Scores from Friends and Family Test – % positive	Monthly	79.2%	87.0%	70.0%	94.0%	82.0%	92.0%	87.0%	90.0%	94.0%					↗
NHSI Domain - Safe																
National Quality	Duty of Candour Each failure to notify the Relevant Person of a suspected or actual Reportable Patient Safety Incident	Monthly	Zero	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					
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					
Local Quality	Preventing Category 3 and 4 Avoidable Pressure Ulcer	Monthly	Zero	0.0	0.0	0.0	0.0	0.00	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%					⇔
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					⇔
National Reporting	Cases of MRSA	Monthly	No Target	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0					⇔
National Reporting	Never Events	Monthly	Zero	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					↗
National Reporting	Total Incidents	Monthly	No Target	380.0	372.0	366.0	437.0	319.0	338.0	411.0	454.0					↗
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					↗
Local Reporting	Cases of MSSA	Monthly	Zero	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0					⇔
Local Reporting	Cases of E Coli	Monthly	Zero	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					⇔
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					⇔
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					↘
Local Reporting	Safety Thermometer - Percentage Harm Free Care	Monthly	No Target	95%	95%	98%	96%	98%	100%	96%	98%					↗
Local Reporting	Safety Thermometer - Percentage New Harm	Monthly	No Target	5.1%	1.7%	0.0%	2.0%	2.4%	0%	4%	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					⇔
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					↗
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					⇔
Local Reporting	Suspected Suicides	Monthly	No Target	2.0	4.0	1.0	3.0	0.0	0.0	0.0	0.0					⇔
	Inpatient			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0					⇔
	Inpatient on home leave			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0					⇔
	Community Patient (in receipt)			2.0	4.0	1.0	3.0	0.0	0.0	0.0	0.0					⇔
	Community patient (in receipt) within 3 months of discharge from service			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0					⇔
	Community patient who had an inpatient stay in last 3 months prior to death			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					↗
	Inpatient			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0					⇔

	Metric	Frequency	Target	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Trend Rate
	Inpatient on home leave			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0					⇔
	Community Patient (in receipt)			3.0	4.0	1.0	7.0	5.0	3.0	3.0	3.0					⇔
	Community patient (in receipt) within 3 months of discharge from service			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0					⇔
	Community patient who had an inpatient stay in last 3 months prior to death			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					↗
Local Reporting	Slips Trips & Falls	Monthly	No Target	59.0	36.0	34.0	30.0	51.0	29.0	32.0	33.0					↗
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					↗
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					↗
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					↗
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					↗
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					↗
Local Reporting	DNA Rate Analysis by Directorate	Monthly	8%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%					⇔
	AMH IP		6.8%	7.0%	6.0%	6.0%	8.0%	6.0%	6.0%	6.0%	6.0%					⇔
	AMH Community		8.3%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%					⇔
	LD		4.5%	2.0%	2.0%	2.0%	3.0%	2.0%	2.0%	2.0%	2.0%					⇔
	NOAP		5.9%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	5.0%	5.0%					⇔
	C&YP		8%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	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					↗
	Adult IP			27.6	24.1	18.4	45.1	34.1	31.2	16.9	84.3					↗
	CYP			5.1	44.3	4.3	10.9	14.6	11.4	5.6	10.2					↗
	NOAP			50.8	38.3	43.1	33.7	62.4	47.9	68.3	113.5					↗
	Substance Misuse			8.7	9.3	10.8	9.7	10.3	9.8	11.5	10.4					↘
	LD			0.0	0.0	752.0	0.0	0.0	245.1	225.0	0.0					↘
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					↗
	Adult IP			27.0	23.0	39.6	27.4	46.0	26.6	32.5	34.7					↗
	CYP			9.1	10.0	10.0	4.3	5.7	8.2	7.1	3.5					↘
	NOAP			56.2	55.2	59.0	79.5	67.3	54.2	68.5	63.8					↘
	Substance Misuse			9.5	11.3	11.2	7.9	9.7	9.0	9.3	15.0					↗
	LD			0.0	760.0	704.0	0.0	0.0	560.3	32.0	0.0					↘
NHSI	Never Events Incidence Rate	Monthly	Zero	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%					↘
NHSI	CAS alerts outstanding	Monthly	Zero	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%					↗
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%					↘
NHSI	Admissions to adult facilities of patients who are under 16 years of age	Monthly	Zero	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%					⇔
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%					⇔
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%	Published 22 Dec	Published 24 Jan	Published Feb 2017					⇔
NHSI	Agency Spend (of total paybill)	Monthly	M8 1.7%	5.2%	6.0%	6.1%	4.8%	6.0%	6.4%	7.7%	7.4%					↘
NHSI	Nursing Agency Spend	Quarterly	£270k	N/A	N/A	309k	N/A	N/A	267K	N/A	N/A					
NHSI	Locum Agency Spend	Quarterly	£225k	N/A	N/A	350k	N/A	N/A	361k	N/A	N/A					
NHSI	Total Agency Spend	Quarterly	£687k	N/A	N/A	855k	N/A	N/A	940K	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%					↗
	Corporate			4.1%	4.5%	3.4%	3.1%	2.1%	2.1%	2.2%	1.9%					↘
	AMH Community			5.9%	6.4%	5.5%	6.4%	3.6%	3.6%	3.1%	4.6%					↗
	AMH IP			7.4%	9.2%	8.8%	8.6%	3.4%	3.0%	3.2%	5.0%					↗
	C&YP			4.3%	2.9%	4.3%	2.7%	2.3%	1.7%	2.3%	5.1%					↗
	LD			4.1%	4.5%	4.9%	4.1%	3.8%	1.9%	2.1%	3.3%					↗
	Neuro and Old Age Psychiatry			4.8%	4.0%	3.1%	4.7%	2.3%	2.7%	3.6%	4.8%					↗
	Substance Misuse			6.6%	5.3%	4.9%	4.4%	2.6%	1.7%	1.9%	5.6%					↗
NHSI	Staff Turnover (FTE)			0.7	0.7	0.8	1.1	1.5	1.9	0.6	0.9					↗

	Metric	Frequency	Target	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Trend Rate
	Corporate	Monthly	No Target	0.0	0.5	0.4	0.9	4.4	3.2	0.2	1.7					↗
	AMH Community			1.6	0.8	1.3	1.3	1.0	1.7	0.7	0.5					↘
	AMH IP			0.0	0.4	0.7	1.4	0.6	0.7	0.7	0.7					↔
	C&YP			0.0	0.0	1.5	0.7	0.7	1.4	0.0	1.6					↗
	LD			0.0	0.0	1.0	1.0	0.0	1.0	0.0	1.1					↗
	Neuro and Old Age Psychiatry			0.0	2.0	0.3	1.6	0.8	2.4	1.0	0.9					↘
	Substance Misuse			0.2	0.0	0.0	0.0	3.3	3.1	1.8	0.0					↘
NHSI	MH FFT response rate	Monthly	No Target	38.0	20.0	16.0	28.0	17.7	23.0	20.0	0.0					↘
NHSI	Staff FFT response rate	Quarterly	No Target	N/A	N/A	72.0%	N/A	N/A	97.0%	N/A	N/A					
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					
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%					↗
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%					↘
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%					↘
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%					↗
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%					↘
Other Indicators																
Local Quality	IAPT : number people referred for psychological therapies	Monthly	TBC	462.0	443.0	471.0	444.0	431.0	442.0	434.0	496.0					↗
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%					↔
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%					↔
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%					↔
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%					↔
Local Quality	IAPT : The proportion of people who have depression and/or anxiety disorders who receive psychological therapies	Monthly	3.75% p/qtr	1.31%	1.22%	1.37%	1.27%	1.30%	1.24%	1.32%	1.37%					↗
Local Quality	IAPT :The number of people who have entered (i.e. received) psychological therapies during the reporting quarter	Monthly	1,057 p/qtr	369.0	343.0	385.0	359.0	366.0	349.0	372.0	385.0					↗
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					↗
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					↗
Local Quality	IAPT : The number of people who are "moving to recovery" of those who have completed treatment, in the reporting quarter	Monthly	Qtr 1-3=224 Qtr 4=227	116.0	95.0	124.0	104.0	114.0	110.0	123.0	139.0					↗
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					↘
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					↗
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	Monthly	Qtr 1-3=447 Qtr 4=448	204.0	169.0	203.0	180.0	204.0	184.0	201.0	214.0					↗
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%					↗
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%					↘
	AMH IP			106.0%	103.0%	100.0%	100.0%	104.0%	103.0%	107.0%	102.0%					↘
	Substance Misuse			86.0%	91.0%	92.0%	90.0%	83.0%	90.0%	91.0%	83.0%					↘
	LD			64.0%	104.0%	90.0%	84.0%	80.0%	92.0%	80.0%	97.0%					↗
	Neuro			99.0%	95.0%	99.0%	98.0%	99.0%	96.0%	109.0%	105.0%					↘
	Old Age Psychiatry			94.0%	87.0%	82.0%	71.0%	93.0%	98.0%	100.0%	99.0%					↘
	C&YP			63.0%	60.0%	69.0%	70.0%	79.0%	61.0%	60.0%	62.0%					↗
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%					↘
	AMH IP			98.0%	96.0%	97.0%	99.0%	102.0%	101.0%	101.0%	100.0%					↘
	Substance Misuse			85.0%	87.0%	84.0%	86.0%	79.0%	73.0%	86.0%	79.0%					↘
	LD			60.0%	103.0%	89.0%	84.0%	80.0%	92.0%	78.0%	96.0%					↗
	Neuro			98.0%	89.0%	96.0%	88.0%	89.0%	70.0%	105.0%	98.0%					↘

	Metric	Frequency	Target	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Trend Rate
	Old Age Psychiatry			90.0%	82.0%	79.0%	69.0%	93.0%	94.0%	99.0%	98.0%					↘
	C&YP			47.0%	42.0%	69.0%	70.0%	79.0%	61.0%	66.0%	62.0%					↘
Local Quality	AMH Community	Monthly	tbc	77.8%	51.5%	59.0%	57.2%	46.3%	43.6%	29.4%	42.9%					↗
	C&YP			87.5%	87.0%	72.7%	28.0%	32.2%	11.1%	6.2%	21.1%					↗

Enclosure 9

REPORT TO Trust Board

Date of Meeting:	12th January 2017
Title of Report:	People & Culture Development Committee Summary
Presented by:	Paul Draycott
Author of Report:	Paul Draycott
Purpose / Intent of Report:	Information and Assurance
Executive Summary:	The summary provides an overview of the People & Culture Committee meeting held on December 20th 2016.
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.☐ **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 Committee notes the detail of the summary for assurance purposes.

PEOPLE & CULTURE DEVELOPMENT COMMITTEE
SUMMARY TO TRUST BOARD
MONDAY 19TH December 2016
9.00 – 11.30am

The meeting was chaired by Mr Sullivan.

1. POLICIES

- Temporary Staffing Policy

A verbal update was given on the policy, which will be submitted to JNCC on January 17th 2017, if approved at JNCC the policy will then be presented to PCD in February and then to Trust Board in March for ratification.

2. WORKFORCE SERVICE LINE PERFORMANCE

Updates were provided by each of the Directorates. Temporary staffing is reducing. However there are issues with PDRs with Rectification Plan reviewed later in the meeting.

3. ACCESSIBLE INFORMATION STANDARD

The Committee were provided with an update on the measures taken across the Trust to ensure that services are complying with the standard's requirement. The AIS became a legal requirement for NHS organisations on 31st July 2016. Directorates completed a self-assessment in July, identifying compliance, any gaps and further action required. The summary of this self-assessment was reviewed at SLT in August and identified that, whilst the requirements were mostly being met, 'flagging' and 'recording' of need were the areas of priority in relation to existing practice.

The progress report was welcomed and provided appropriate assurance on progress.

4. STAFF STORY

A less positive staff story was presented and reflected on by the Committee to establish learning outcomes. The improvements suggested are now being taken forward by staff side and HR, which include placing signposts to standard HR policies and procedures at the point where staff can raise anonymous concerns over staff. This optional and subtle signpost then gives the staff member the option of pursuing partnership approved processes that can be investigated in full with greater transparency.

5. TRUST VALUES BEHAVIOURAL FRAMEWORK

Building on the now widely known Trust Values – Proud to CARE, the Committee discussed the framework progress on engaging staff across the Trust in helping design the behavioural Framework that will underpin the Values. This will enable the framework to be used in such areas as PDR, grievance, disciplinary, performance management, development planning, 360 Appraisal, Awards processes, etc across the Trust.

A comprehensive approach to using "Q-sort" methodology which helps people to prioritise what is important to them. This has so far covered around 10% of staff across all

directorates and groups with additional sessions to enable all staff to have the opportunity to contribute to the framework planned for January to enable completion in February .

6. GO ENGAGE UPDATE

An brief update was given and the confirmation that this had been acquired at a reduced cost to the Trust and would be incorporated into Listening into Action.

7. STAFF COUNSELLING UPDATE

The submitted report provided details of activity provided by the Staff Support and Counselling Service to the Trust and other organisations. The report details the number of new referrals from staff, the type of support that staff identified as required, together with the number of sessions they have received. In addition the report also identifies the areas from which staff came, their occupations, how they knew about the service and the reasons they identified on their initial assessment that resulted in them seeking support.

Key points
- Growing number of providers
- Utilisation (SSOPT highest user of the service)
- Peak of 6 years– highest reason for referral is stress

The report was commended by the Committee.

8. RECTIFICATION PLANS

Updates were provided on clinical supervision, PDR and agency spend.

There are still challenges with Agency spending and detailed utilisation is being managed through the Directorates. The forecast for the year end position is that the Trust have a small overspent against target using the original criteria. However this is further exacerbated by confirmation from NHSI that Ward 4 and the ROSE Project Agency spend will be counted against the target meaning the Trust will miss by a considerable degree.

9. WORKFORCE RISKS

It was noted that vacancies were reducing, and that stress remains the main reason for absence. A new risk 868 – temporary staffing/financial impact had been added as a risk and was attributed mainly to ROSE and Ward 4 staffing as detailed above.

10. MANAGEMENT OF CHANGE (MoC)

An update was provided on the Substance Misuse MoC that was launched on Friday 16th December, and will close on January 15th 2017. The budget for the service will be reduced to £1.4M from £2.9M, creating 23.1 wte reduction of staff, the majority of which will be clinical posts.

Updates were also provided on the Communication MoC that has now closed and the Estates MoC has one appeal currently outstanding.

11. PCD REPORTING GROUPS

The PLAG minutes from the meeting held on December 2nd were submitted to the Committee, in addition to the JNCC minutes held on November 9th 2016.

12. ANY OTHER BUSINESS

It was noted that the Trust only required an additional 75 staff in order to hit the Flu vaccination targets; the cut-off date to achieve the CQUIN was 31st December 2016. The Trust was working hard with mobile vaccinators and a communication campaign to help address the shortfall.

13. DATE & TIME OF NEXT MEETING

Monday 27th February 2017 at 9.30 am, Boardroom, Trust HQ, Lawton House, Trentham

REPORT TO TRUST BOARD

Enclosure 10

Date of Meeting:	12th January 2017
Title of Report:	Committee Effectiveness Review Update
Presented by:	Laurie Wrench, Associate Director of Governance
Author of Report: Name: Date: Email:	 Laurie Wrench 4th January 2017 Laurie.wrench@northstaffs.nhs.uk
Committee Approval/Received prior to Trust Board:	• Quality Committee • Finance and Performance Committee • Audit Committee • People and Culture Development Committee • Business Development and Investment Committee
Purpose / Intent of Report:	For information and assurance
Executive Summary:	The purpose of this report is to provide an update as to progress made with the Committee Effectiveness Review with particular reference to a review of frequency of the Trust Board and Board of Directors meetings and the following sub-committees of the Board: • Quality Committee • Finance and Performance Committee • People and Culture Development Committee • Business 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 at all levels.☒ 4. Maximise and use our resources intelligently & 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. ☒
Relationship with Annual Objectives:	The strategic annual objectives will be overseen by the Executive lead and relevant sub-committee with ultimate assurance on delivery provided to the Board
Risk / Legal Implications:	None

Resource Implications:	None
Equality and Diversity Implications:	None
Recommendations:	The Board note the report for information and assurance processes

COMMITTEE EFFECTIVENESS REVIEW

12th January 2017

A six month review of Board and Committee effectiveness was undertaken during November 2016 to include a review of the:

- Frequency of meetings
- Membership of sub committees
- Ongoing Board development and time spent as a Board
- The need for greater financial scrutiny in current climate

To further strengthen governance arrangements, during the November Trust Board, it was agreed that a revised model be implemented from January 2017 as follows:

- Increased frequency of Trust Boards to meet ten times per year
- Retain bi-monthly Board Development sessions focusing on team development in addition to topic specific development
- Retain bi-monthly
  - Quality Committee
  - People and Culture Development Committee
  - Business Development Committee
  - Audit Committee
- Increase the frequency of the Finance and Performance Committee to monthly as a result of greater scrutiny on finance in the current climate.
- All Non-Executives to be members of the Audit Committee
- Quality Committee - Clinical Directors to be in attendance

To complement the review of the sub-committees of the Board, a further review of the remit / function of the Executive and Senior Leadership Team (SLT) meetings was undertaken to strengthen the approach to the following:

- Strategy
- Senior Leadership Team Business
- Operational Business
- Performance

As a result, a new Exec and SLT cycle of business will be implemented alongside the Trust Board cycle of business. This will align the flow of data and reporting of performance metrics in a more timely way to enable business and performance to be discussed at directorate level prior to being received by the Senior Leadership Team and then fed into the sub-committees of the Board and ultimately the Trust Board.

<table>
<tr><td></td><td></td><td></td><td>Executive Management Team</td><td></td><td></td></tr>
<tr><td colspan="6">Membership: Trust Executive Directors, Associate Director of Governance, Associate Director of Communication
Remit: Strategic focus – business case Proof of Concept, strategic visioning of services.
External strategic focus. Regulatory compliance
Frequency: Fortnightly (1st and 3rd Tuesday)
Chair: CEO</td></tr>
<tr><td></td><td>Senior Leadership Team - Performance</td><td></td><td>Senior Leadership Team</td><td></td><td>Senior Operational Team Meeting</td></tr>
<tr><td></td><td>Membership: Trust Executive Directors, Clinical Directors,

Head of Directorate, Associate Director of Governance (ADG)
Remit: Performance and Quality measurement & assurance.
Frequency: Monthly (4th Tuesday)
Chair: CEO</td><td></td><td>Membership: Trust Executive Directors, Clinical Directors, Primary Care Clinical Director, Associate Director of Governance, Associate director of Communication
Remit: Strategic oversight of business cases, clinical service visioning and development. Risk 12+
Frequency: Monthly (2nd Tuesday)
Chair: CEO</td><td></td><td>Membership: Executive Director of Operations, Head of Directorate &:
• Deputy Director of Performance
• Deputy Director of Finance
• Head of Estates
• Deputy Director of People Strategy
• Assoc. Director of HR
• Assoc. Director of Medical/Clinical Effectiveness
• Chief Pharmacist
• Assoc. Director of ROSE/Strategy
• Chief Information Officer
• Deputy Director of Nursing & Quality
• Head of Nursing & Prof Practice
• Nurse Consultant
• Quality Assurance Manager
Remit: Operational Business, Governance, Compliance, Registration.
Frequency: Monthly (4th Wednesday)
Chair: Exec Director of Operations</td></tr>
</table>

Enclosure 11

REPORT TO TRUST BOARD

Date of Meeting:	12TH JANUARY 2017
Title of Report:	MONTHLY FINANCE REPORT - MONTH 8
Presented by:	SUZANNE ROBINSON, DIRECTOR OF FINANCE
Author of Report:	SARAH LORKING, DEPUTY DIRECTOR OF FINANCE
Purpose / Intent of Report:	PERFORMANCE MONITORING
Executive Summary:	The attached report contains the finanical position for Month 8 Month 8 the trust reported a surplus of £674k against a plan of £673k surplus; CIP achievement in month 8 is 56% with an adverse variance of £677k from plan, with a recurrent CIP of £669k (79%); Cash position of the Trust as at 30th November 2016 of £4.921m; Net capital receipts in month 87 are £1,069k compared to planned net capital receipts of £1,670k; Use of resource rating of 3.
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 & 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:**

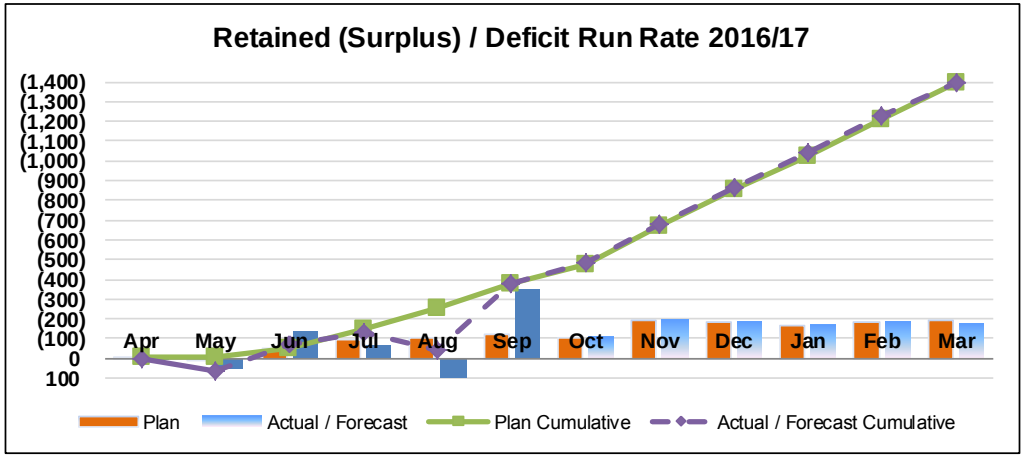
Risk / Legal Implications: (Add Risk Register Ref [if applicable])	
Resource Implications: Funding source:	
Equality & Diversity Implications:	
Recommendations:	For the Trust Board to note items in the Executive Summary

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

Financial Overview as at 30th November 2016

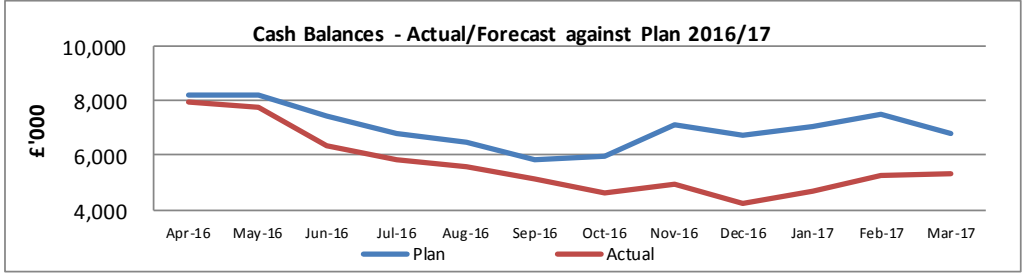
Income & Expenditure - Control Total (Surplus) / Deficit

£000	Plan	Actual	Var	%	RAG
YTD	(673)	(674)	(0)	(0)	G
FOT	(1,400)	(1,400)	0	0	G



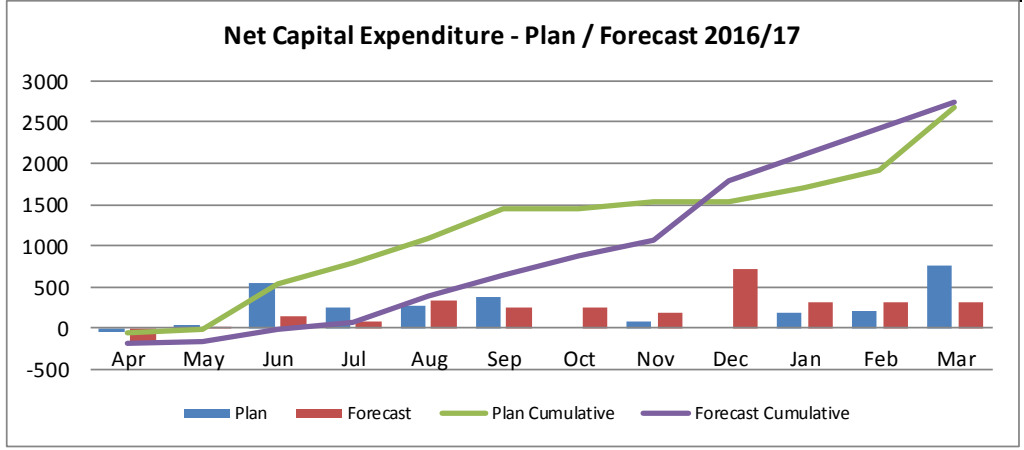
Cash Balances

£000	Plan	Actual	Var	%	RAG
YTD	5,997	4,922	(1,075)	(22)	R



Net Capital Expenditure

£000	Plan	Actual	Var	%	RAG
YTD	1,602	915	(687)	(43)	R
FOT	2,675	2,675	0	0	G



Cost Improvement

£000	Plan	Actual	Var	%	RAG
Clinical	1,041	662	(379.0)	(36)	G
Corporate	487	189	(298.0)	(61)	R
Total	1,528	851	(677)	(44)	A

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 8 the Trust is forecasting to achieve this revised control total.

1. Income & Expenditure (I&E) Performance

At month 8, the Trust's financial position was:

- The adjusted retained position was a planned surplus of £340k, with an actual surplus of £341k giving a favourable variance of £1k;
- The control total was a planned surplus of £673k, with an actual surplus of £674k, giving a favourable variance of £1k against plan.

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

		Month 8			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	(80,417)	(6,772)	(6,924)	(152)	(52,682)	(52,916)	(234)	(80,417)	(80,652)	(235)
Pay	61,491	5,510	5,047	(463)	40,210	39,324	(886)	61,491	60,561	(930)
Non Pay	15,367	888	1,511	623	10,359	11,477	1,118	15,367	16,530	1,163
EBITDA (Surplus)/Deficit	**(3,559)**	**(374)**	**(366)**	**8**	**(2,112)**	**(2,115)**	**(2)**	**(3,559)**	**(3,561)**	**(2)**
Other Costs	2,659	222	220	(2)	1,772	1,773	1	2,659	2,661	3
Adjusted Retained Position (Surplus)/Deficit	**(900)**	**(152)**	**(146)**	**6**	**(340)**	**(341)**	**(1)**	**(900)**	**(900)**	**0**
Sustainability Transformation Funding	(500)	(42)	(42)	0	(333)	(333)	0	(500)	(500)	0
Control Total (Surplus)/Deficit	**(1,400)**	**(194)**	**(188)**	**6**	**(673)**	**(674)**	**(1)**	**(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 £110k year to date across both CCG's in relation to RAID, this is non recurrent over performance in connection with the previous 24/7 service, and Healthcare Facilitation. At this stage the Trust is not expecting any additional 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 an adverse variance of £16k as at month 8, and the Edward Myers Unit has sold fewer than their budgeted number of beds £107k. Darwin income is under performing against a plan of 15 beds by £75k year to date due to the delay in building works.

Other income is over performing mainly as a result of income received for 15/16 for Dyke Street carers income (£61k), ESCA drugs (£90k), dementia income (£87k), workforce (£60k).

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

		Month 8			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	(34,077)	(2,842)	(2,886)	(43)	(22,369)	(22,453)	(84)	(34,077)	(34,190)	(113)
NHS North Staffordshire CCG	(24,066)	(1,955)	(1,953)	2	(16,246)	(16,273)	(26)	(24,066)	(24,139)	(73)
Other NHS	(1,446)	(120)	(121)	(0)	(912)	(789)	123	(1,446)	(1,221)	225
Specialised Services	(2,577)	(250)	(191)	59	(1,578)	(1,503)	75	(2,577)	(2,406)	171
Stoke-on-Trent CC s75	(3,659)	(305)	(305)	(0)	(2,439)	(2,439)	(0)	(3,659)	(3,659)	0
Staffordshire CC s75	(1,062)	(88)	(88)	0	(708)	(704)	4	(1,062)	(1,056)	6
Stoke-on-Trent Public Health	(383)	(30)	(27)	3	(263)	(265)	(2)	(383)	(398)	(15)
Staffordshire Public Health	(613)	17	(9)	(26)	(409)	(409)	(0)	(613)	(613)	0
ADS/One Recovery	(2,527)	(231)	(231)	0	(1,685)	(1,685)	0	(2,527)	(2,527)	0
Other Non NHS	(77)	0	0	0	(77)	(77)	0	(77)	(77)	0
Total Clinical Income	**(70,486)**	**(5,805)**	**(5,810)**	**(6)**	**(46,687)**	**(46,598)**	**89**	**(70,486)**	**(70,286)**	**200**
Other Clinical Income	(9,931)	(968)	(1,114)	(146)	(5,995)	(6,319)	(324)	(9,931)	(10,616)	(685)
Total Income	**(80,417)**	**(6,772)**	**(6,924)**	**(152)**	**(52,682)**	**(52,916)**	**(234)**	**(80,417)**	**(80,902)**	**(485)**
Sustainability Transformation Funding	(500)	(42)	(42)	(0)	(333)	(333)	0	(500)	(500)	0
Total Income	**(80,917)**	**(6,814)**	**(6,966)**	**(152)**	**(53,015)**	**(53,250)**	**(234)**	**(80,917)**	**(81,402)**	**(485)**

3. Expenditure

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

		Month 8			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	7,300	621	565	(56)	4,832	4,140	(692)	7,300	6,326	(974)
Nursing	27,645	2,464	2,233	(231)	18,332	17,878	(454)	27,645	27,114	(531)
Other Clinical	14,465	1,312	1,065	(247)	9,466	8,252	(1,214)	14,465	13,089	(1,376)
Non-Clinical	10,678	894	811	(83)	7,185	6,522	(663)	10,678	9,913	(765)
Non-NHS	1,879	239	373	134	787	2,532	1,745	1,879	4,362	2,483
Other	(476)	(21)	0	21	(393)	0	393	(476)	(243)	233
Total Pay	**61,491**	**5,510**	**5,047**	**(463)**	**40,210**	**39,324**	**(886)**	**61,491**	**60,561**	**(930)**
Drugs & Clinical Supplies	2,135	174	185	10	1,428	1,332	(96)	2,135	2,055	(80)
Establishment Costs	1,651	146	136	(9)	1,113	1,088	(25)	1,651	1,614	(37)
Premises Costs	1,780	146	155	9	1,196	1,294	98	1,780	2,379	599
Information Technology	432	28	42	14	246	318	72	432	74	(358)
Private Finance Initiative	3,923	327	340	13	2,616	2,730	114	3,923	4,083	160
Other	5,447	67	654	586	3,761	4,716	955	5,447	6,575	1,128
Total Non-Pay	**15,367**	**888**	**1,511**	**623**	**10,359**	**11,477**	**1,118**	**15,367**	**16,780**	**1,412**
Depreciation exc. IFRIC	1,348	112	110	(2)	898	897	(1)	1,348	1,348	0
Investment Revenue	(20)	(2)	(1)	1	(13)	(11)	2	(20)	(17)	3
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)	885	885	(0)	1,327	1,327	0
Unwinding of Discounts	0	0	0	0	0	0	0	0	0	0
Dividends Payble on PDC	561	47	47	0	374	374	0	561	561	0
IFRIC Adjustment	(557)	(46)	(46)	0	(371)	(371)	0	(557)	(557)	0
Total Non-op. Costs	**2,659**	**222**	**220**	**(1)**	**1,772**	**1,773**	**1**	**2,659**	**2,662**	**3**
Total Expenditure	**79,517**	**6,620**	**6,778**	**159**	**52,342**	**52,575**	**233**	**79,517**	**80,002**	**485**

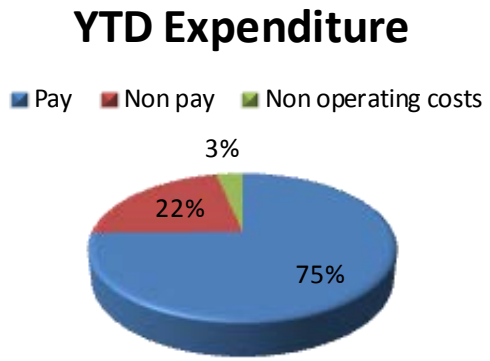
Pay

- There is a net underspend on pay of £886k year to date due to vacancies across the trust, particularly in Medical (£692k), Other Clinical (£1,214k) and Non Clinical (£663k) being backfilled with premium agency and bank.

- Agency expenditure of £2,532k year to date, with £491k being attributable to ROSE and £5k to the new Ward 4 (EMI assessment). Excluding ROSE and ward 4 agency staffing, this is above the agency ceiling projected expenditure of £1,506k by £530k. This is mainly driven by Medical agency (£332k) above projection, nursing agency above projection (£232k).

- A £393k 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 (£167k) and disinvestment in the CHP/Propco contract (£204k) this will cease once the MOC is complete.

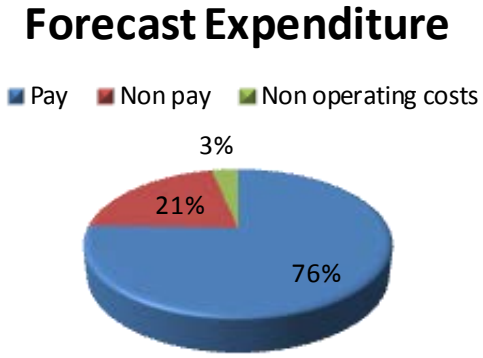
- In month the non-recurrent Community CIP was reversed (£381k) which is affecting both pay and non-pay. This scheme will be replaced with recurrent schemes from the Meridian work.



Non Pay

- Premises costs are overspent year to date due to minor works across clinical directorates (£98k). IT is overspend year to date due to Microsoft licences (£72k).

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



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	11,522	10,877	(646)	2,556	2,925	369	(1,162)	(1,181)	(19)	12,916	12,621	(295)
AMH Inpatients	4,213	4,604	391	130	281	151	0	(4)	(4)	4,343	4,881	538
Children's Services	4,517	4,602	85	509	557	48	(640)	(644)	(4)	4,386	4,515	128
Substance Misuse	2,065	2,041	(24)	526	423	(104)	(322)	(218)	104	2,270	2,246	(24)
Learning Disabilities	2,775	2,547	(228)	261	209	(51)	(37)	(35)	2	2,999	2,722	(277)
Neuro & Old Age Psychiatry	6,871	7,001	130	482	450	(32)	(630)	(666)	(36)	6,723	6,784	61
Corporate	8,245	7,651	(594)	7,668	8,407	739	(50,224)	(50,502)	(277)	(34,311)	(34,444)	(132)
Total	**40,210**	**39,324**	**(886)**	**12,132**	**13,251**	**1,119**	**(53,015)**	**(53,250)**	**(234)**	**(673)**	**(675)**	**(1)**

- AMH Community is underspent on pay. The staffing model is currently being reviewed in conjunction with Meridian. The Directorate is under performing against CIP.
- AMH inpatient is overspent on pay mainly due to agency expenditure (£387k – Nursing £231k, Medical £143k), over and above vacancy underspend. Non pay over spends is driven by under achievement of CIP of £124k year to date.
- Children's is overspending on pay as a result high medical agency premiums covering vacancies.
- Learning Disabilities is underspent on pay due to vacancies.
- 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 8. The Trust wide CIP achievement is 56% at M8 compared to plan. Of the £851k achieved, 79% is recurrent.

	YTD as at M8								YTD as at M8	
Table 5 : CIP Delivery against Plan	**Plan (£000's)**	**Actual (£000's)**	**(Under) / Over Achievement (£000's)**	**% Achievement**	**Annual Target (£000's)**	**Identified CIP**	**Identified/ (Unidentified) CIP (£000's)**	**Full Year Value Transacted (£000's)**	**Recurrent**	**Non Recurrent**
Clinical:										
AMH Inpatient	173	30	(143)	17%	289	144	(145)	45	30	0
AMH Community	393	77	(316)	20%	707	768	61	126	69	8
Children's Services	146	192	46	132%	240	288	48	288	192	0
Learning Dis	86	133	47	155%	153	194	41	190	113	20
Neuro & Old Age Psychiatry	243	230	(13)	95%	410	408	(2)	332	205	25
Total Clinical	**1,041**	**662**	**(379)**	**64%**	**1,799**	**1,802**	**3**	**981**	**609**	**53**
Corporate:										
Quality & Nursing	18	8	(10)	44%	33	33	0	13	8	
Operations	24	32	8	133%	47	49	2	49	32	
Chief Executives Office	47	0	(47)	0%	71	0	(71)	0	0	
Strategy & Development	25	0	(25)	0%	38	42	4	0	0	
Finance & Performance	40	19	(21)	48%	72	49	(23)	29	19	
Medical & Clinical Effectiveness	32	0	(32)	0%	49	30	(19)	0	0	
Workforce & OD	77	130	53	169%	145	145	0	145	1	130
Trustwide	224	0	(224)	0%	346	574	228	0	0	
Total Corporate	**487**	**189**	**(298)**	**39%**	**801**	**922**	**121**	**236**	**60**	**130**
Total CIP	**1,528**	**851**	**(677)**	**56%**	**2,600**	**2,724**	**124**	**1,217**	**669**	**182**

- Identified CIP AMH Community is largely due to £470k dependant on the outcome of Meridian work; large under achievement to month 8 due to the reversal of non-recurrent pay slippage;
- Overachievement in Workforce and OD is due to phasing profiles of target and actual;
- The full year effect of schemes transacted is **£1.217m** or **47%** against the £2.6m target.

6. Statement of Financial Position

Table 6 below shows the Statement Financial Position of the Trust as at 30th November 2016.

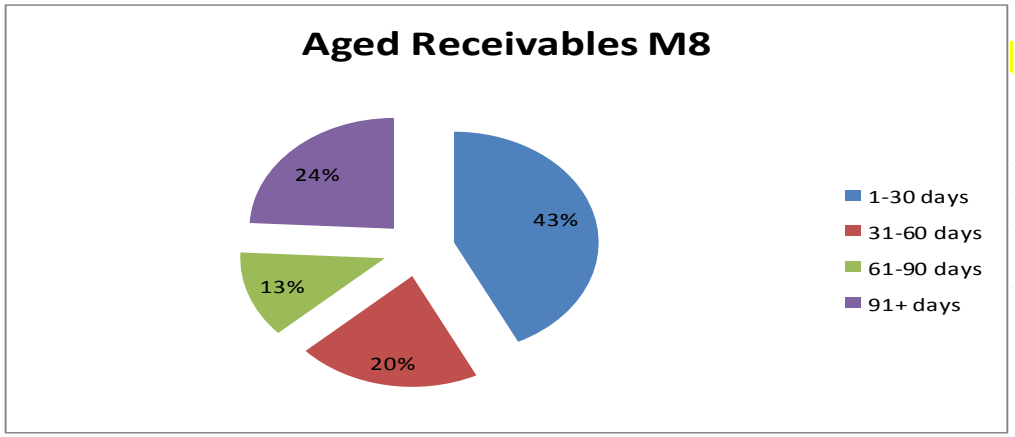
Table 6: SOFP	31/03/2015 £'000	31/03/2016 £'000	30/11/2016 £'000
Non-Current Assets			
Property, Plant & Equipment	30,863	30,726	30,893
Intangible Assets	52	17	22
Trade and Other Receivables	0	568	568
Long Term Receivables			2,139
Total Non-Current Assets	**30,915**	**31,311**	**33,622**
Current Assets			
Inventories	86	96	55
NHS Trade and Other Receivables	3,017	3,803	2,716
Non NHS Trade and Other Receivables			3,282
Cash & Cash Equivalents	6,805	7,903	4,921
Total Current Assets	**9,908**	**11,802**	**10,974**
Non-current assets held for sale	2,520	2,198	0
Total Assets	**43,343**	**45,311**	**44,596**
Current Liabilities			
NHS Trade Payables	(864)	(1,963)	(907)
Non-NHS Trade Payables	(4,374)	(4,899)	(5,462)
Non-NHS Trade Payables Capital			(123)
Borrowings	(351)	(346)	(346)
Provisions for Liabilities and charges	(1,682)	(1,298)	(880)
Total Current Liabilities	**(7,271)**	**(8,506)**	**(7,719)**
Net Current Assets / (Liabilities)	**5,157**	**5,494**	**3,255**
Total Assets less Current Liabilities	**36,072**	**36,805**	**36,877**
Non Current Liabilities			
Borrowings	(12,992)	(12,647)	(12,415)
Trade and Other Payables	(558)	0	0
Provisions for Liabilities and charges	(604)	(383)	(383)
Total Non-Current Liabilities	**(14,154)**	**(13,030)**	**(12,798)**
Total Assets Employed	**21,918**	**23,775**	**24,078**
Financed by Taxpayers' Equity			
Public Dividend Capital	7,998	7,648	7,648
Retained Earnings	814	1,800	2,103
Revaluation Reserve	13,664	13,759	13,759
Other Reserves	(558)	568	568
Total Taxpayers' Equity	**21,918**	**23,775**	**24,078**

Non-Current Assets held for sale have transferred to Long Term Receivables due to the sale of Bucknall Hospital.

Of the £1,539k owed to the trust overdue by 31 Days or more:

- £10k has been escalated to management /solicitors
- Routine credit control processes have been activated for £14k.
- £1,515k 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	328	103	184	130	745
Receivables NHS	818	448	155	519	1,940
Payables Non NHS	598	16	2	121	737
Payables NHS	489	1	1	166	657

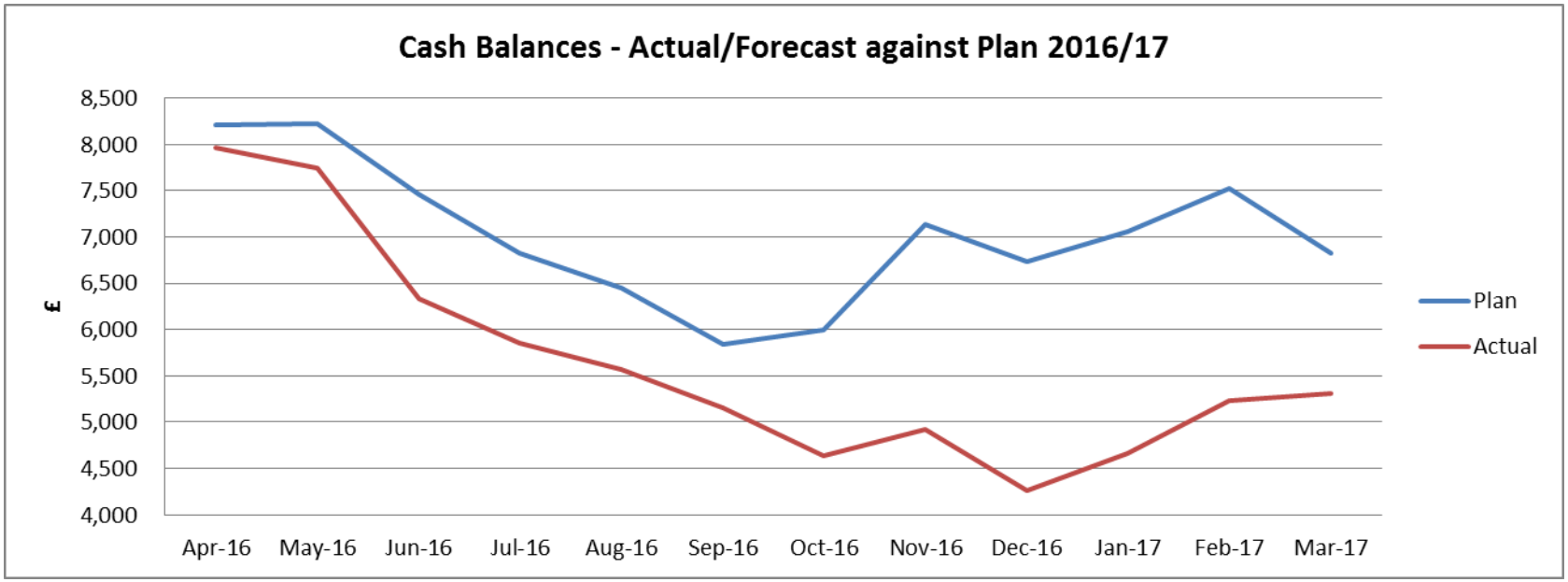


7. Cash Flow Statement

The Trust's cash position was £7.903m at 31 March 2016. The cash balance at 30th November has decreased to £4.921m due to an increase in the value of receivables.

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

Table 7: 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	87	745	921	426	**428**
Net Inflows/(Outflow) from Investing Activities	142	24	(84)	(233)	(173)	(246)	(244)	(185)	(719)	(317)	(317)	(317)	**(2,669)**
Net Inflows/(Outflow) from Financing Activities	(29)	(29)	(29)	(29)	(29)	(29)	(29)	(29)	(29)	(29)	(29)	(29)	**(348)**
Net Increase/(Decrease)	**54**	**(212)**	**(1,417)**	**(480)**	**(284)**	**(405)**	**(518)**	**281**	**(661)**	**399**	**575**	**80**	**(2,589)**
Opening Cash & Cash Equivalents	**7,903**	**7,957**	**7,745**	**6,328**	**5,848**	**5,564**	**5,159**	**4,641**	**4,922**	**4,261**	**4,659**	**5,234**	
Closing Cash & Cash Equivalents	**7,957**	**7,745**	**6,328**	**5,848**	**5,564**	**5,159**	**4,641**	**4,922**	**4,261**	**4,659**	**5,234**	**5,314**	



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	762	757	459	(298)	762	762	0
Reduced Ligature Risks Darwin	0	0	0	0	0	0	0
A&T and Telford Unit Purchase	432	432	10	(422)	432	432	0
Hazelhurst Unit Development	300	5	5	0	300	300	0
IOU beds						200	200
Psychiatric Intensive Care Unit	150	71	71	0	150	144	(6)
EPR	90				90	90	0
Information Technology	450	166	166	0	450	453	3
Enviromental Improvements (backlog maintenance)	150	100	324	224	150	143	(7)
Equipment	50	33	33	0	50	50	0
Contingency	359	106	0	(106)	359	254	(105)
Total Gross Capital Expenditure	**2,743**	**1,670**	**1,068**	**(602)**	**2,743**	**2,828**	**85**
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**	**1,602**	**915**	**(687)**	**2,675**	**2,675**	**0**

- 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 addendum to the PICU business case was supported at the July Business Development Committee (BDC). The project is currently out to tender with a closing date of 21st November. There is a planned start date of February 2017.

- Work commenced on Darwin in May; the project has been delayed and is now expecting internal completion at the end of December and full completion of the project at the end of January.

- Place of Safety (Hazelhurst) and IOU beds business cases will be considered at December Business Development Committee

9. Use of Resource Metrics

NHSI have introduced a Single Oversight Framework which comes into effect from 1st October. 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	3,200	
Annual Operating Expenses	50,802	
Liquidity Ratio days	15	
Liquidity Ratio Metric	**1**	
Capital Servicing Capacity (times)		
Revenue Available for Debt Service	2,459	
Annual Debt Service	1,491	
Capital Servicing Capacity (times)	1.6	
Capital Servicing Capacity Metric	**3**	
I&E Margin		
Normalised Surplus/(Deficit)	675	
Total Income	53,250	
I&E Margin	0.01	
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	1,506	
Agency Spend	2,531	
Agency %	68	
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, the Trust is **35%** above the providers cap at a risk rating of 3 on agency.

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 8, 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 95% 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	354	10,189	10,543
Total Paid within Target	418	12,405	12,823	325	8,992	9,317
% Number of Invoices Paid	95%	95%	95%	92%	88%	88%
% Target	95%	95%	95%	95%	95%	95%
RAG Rating (Variance to Target)	**-0.2%**	**-0.4%**	**-0.4%**	**-3.2%**	**-6.7%**	**-6.6%**
Value of Invoices						
Total Value Paid (£000s)	6,477	19,136	25,613	4,933	17,992	22,925
Total Value Paid within Target (£000s)	6,429	18,393	24,822	4,611	17,069	21,680
% Value of Invoices Paid	99%	96%	97%	93%	95%	95%
% Target	95%	95%	95%	95%	95%	95%
RAG Rating (Variance to Target)	**4.3%**	**1.1%**	**1.9%**	**-1.5%**	**-0.1%**	**-0.4%**

11. Recommendations

The Finance and Performance Committee is asked to:

Note

- Month 8 the trust reported a surplus of £674k against a plan of £673k surplus;
- CIP achievement in month 8 is 56% with an adverse variance of £677k from plan, with a recurrent CIP of £669k (79%);
- Cash position of the Trust as at 30th November 2016 of £4.921m;
- Net capital receipts in month 87 are £1,069k compared to planned net capital receipts of £1,670k; and
- Use of resource rating of 3.

Approve

- The month 8 position reported to NHSI
- The reported forecast outturn of £1.4m as per agreed Control total

REPORT TO TRUST BOARD

Enclosure 12

Date of Meeting:	12th January 2017
Title of Report:	Summary of the Finance and Performance Committee meeting held on 22nd December 2016
Presented by:	Suzanne Robinson, Director of Finance
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 22nd November 2016. 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, 12th January 2017

Finance and Performance (F&P) Committee Report to the Trust Board – 22nd December 2016

This paper details the issues discussed at the Finance and Performance Committee meeting on 22nd November 2016. The meeting was quorate with minutes approved from the previous meeting on the 27th October 2016. Progress was reviewed and actions confirmed taken from previous meetings.

Finance Overview

The Committee received the financial update for month 8 (November) 2016/17.

At month 8, the Trust's retained budget plan was a surplus of £340k. The reported position was a surplus of £341k, giving a favourable variance of £1k against plan.

The YTD control total, which includes the STF funding, was a surplus of £673k against which we achieved a surplus of £674k. This includes the receipt of the STF funding to date of £333k.

The trust target for CIP for the year is £2.6m, as reported to NHSI. This takes into account the requirement to deliver a £1,400k surplus for 2016/17.

The Trust's cash position was £7.903m at 31st March 2016. The cash balance at 30th November 2016 has decreased to £4.922m due to an increase in the value of receivables.

The Trust's permitted capital expenditure agreed within the 2016/17 plan is £2.675m

The Trust's overall Financial Sustainability Risk Rating (FSRR) is calculated as a 3 which is largely due to the breach of the agency cap linked to the ROSE project.

Other Reports and Updates

The Committee received additional reports and verbal updates as follows:

- **Capital forecast**

The paper details the capital forecast. There is slippage on strategic schemes, there is flexibility built into the plan to bring forward other schemes (IOU, Place of Safety and IT hardware purchase). The Trust is expected to spend of £2.675m which is in line with the plan.

- **Cost Improvement Programmes CIP**

At month 8, the trust is reporting achievement of £851k against a plan of £1,528k, resulting in an underachievement of £677k. Non Recurrent achievement year to date is £182k (21%).

The full year effect of schemes transacted is £1.217m or 47% against the £2.6m target.

The forecast outturn of CIP achievement is 2.724m which exceeds the plan by £124k.

- **Rectification Plans**

To receive the rectification plans and actions that are taking place to ensure directorates are back on target.

- **Contract and Planning paper**

To provide an update on the progress on the contract negotiations for 2017/18 and 2018/19.

The paper proposed the acceptance of the control totals for the next 2 financial years as £1.4m each year. This includes CIP targets of £3.2m in 2017/18 and £2.8m in 2018/19.

The paper also outlined the 5 year capital plan for 2017/18 to 2021/22 with a total value of £5.6m.

- **Capital Report**

The report gave an update on progress of estates capital plans.

It outlined the new reporting arrangements for capital projects which will provide more transparency and assurance in relation to the capital programme.

- **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.

- **For Information**
    - Market Assessment / Tenders
    - Business Development Group Committee minutes received
    - Finance and Activity Attendance Monitoring Schedule
    - Cycle of Business

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 13

Date of Meeting:	12 January 2017
Title of Report:	Register of Signed and Sealed Documents
Presented by:	Laurie Wrench, Associate Director of Governance
Author of Report:	Justine Scotcher, Executive PA
Purpose / Intent of Report:	For assurance
Executive Summary:	The attached table provides a report on the use of the common seal of the Trust in the period from 1 January 2016 – 31 December 2016 The Standing Orders require that a report on the Register of Sealing shall be made to the Board at last half yearly. Section 8 of the Standing Orders governs the sealing of documents and the Register of Sealing.
Seen at SLT or **Exec** Meeting & date	SLT / EXEC (and date): Seen by Exec Lead : DoF 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])	-
Resource Implications: Funding source:	Not directly

Equality & Diversity Implications:	Not directly
Recommendations:	The Board is asked to note the contents for information and assurance.

North Staffordshire Combined Healthcare NHS
NHS Trust

In accordance with regulation 9.4 of the Trust's Standing Orders, listed below are the documents that have been officially sealed for the period 1 January 2016 – 31 December 2016

The addition of the minute reference column is a mechanism for reference to the original Board approval of the scheme/ project.

SEAL REF	DATE OF SEAL	DETAILS OF DOCUMENT SUBJECT TO THE OFFICIAL	VALUE IF KNOWN	MINUTE REF
CHS 51/16	10 February 2016	Planning Permission for Bucknall site	Not applicable	477/2015
CHS 52/16	24 March 2016	Transfer of sale of Bucknall Hospital	£2,402,793	477/2015
CHS 53/16	4 March 2016	Purchase of A&T & Telford	£431,308	116/2015
CHS 54/16	14 November 2016	Darwin Centre – Refurbishment	£635,000	410/2016
CHS 55/16	18 November 2016	Deed of Priorities re: Bucknall Hospital	As per sale	477/2015

REPORT TO Trust Board

Date of Meeting:	12th January 2017
Title of Report:	Register of Board Members - Declarations of Interest
Presented by:	Laurie Wrench
Author of Report:	Jo Lloyd
Purpose / Intent of Report:	To provide an update as at 31st December 2016 of current member's interests.
Executive Summary:	It is the Trust Board's responsibility to ensure the Trust operates its services in an open and transparent way. In line with the Code of Conduct and Accountability for NHS Board members and the Trust's Standards of Business Conduct Policy this information is published on the website and available for public view. This now includes the two newly appointed Non Executive Directors along with staff side representation.
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])	The register enclosed is in line with current legislation.
Resource Implications: Funding source:	n/a
Equality & Diversity Implications:	n/a

Recommendations:	To accept the register as a true and accurate record.

NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST

REGISTER OF DIRECTORS' DECLARED PRIVATE INTERESTS

As at 31st December 2016

NAME OF DIRECTOR	INTEREST DECLARED
D Rogers Chairman	**Crystal Care Solutions Ltd** Chairman and Stakeholder
T Gadsby Non Executive Director	**MedicAlert Foundation, British Isles and Ireland** Chairman of Trustee Board
P Sullivan Non Executive Director	**Care Quality Commission** Mental Health Act Reviewer **Health, Education and Social Care Chamber (Mental Health)** Fee-paid Specialist Lay Member of the First-tier Tribunal **HMP Drake Hall** Member of Independent Monitoring Board
B Johnson Non Executive Director	**Moorlands Housing (part of Your Housing Group)** Chair **Ascent Housing LLP, a partnership between Staffordshire Moorlands District Council and Your Housing,** Chair
J Walley Non Executive Director Commenced 01/12/16	**City Learning Trust** Vice Chairperson **Burslem Regeneration Trust** Chairperson **Carrick Court Freehold Company** Director
L Barber Non Executive Director Commenced 01/12/16	**Macmillan Cancer Support** Employee
K Tattum GP Associate Director	**Baddeley Green GP Surgery** Senior Partner **BGS Medical Ltd** Director/owner **North Staffordshire Local Medical Committee** Member
Andy Cotterill Chair of Service User & Carer Council	**No interests declared**
J Harvey Staff Side Representative	**No interests declared**

C Donovan Chief Executive	**No interests declared**
Dr B Adeyemo Executive Medical Director	**Staffordshire University** Honorary Lecturer
P Draycott Director of Leadership & Workforce (*non-voting*)	**No interests declared**
M Nelligan Director of Nursing & Quality	**Hospice of the Good Shepherd** Company Director
T Thornber Director of Strategy and Development	**Manchester University** Honorary Research Associate.
S Robinson Director of Finance and Performance	**No interests declared**
A Rogers Director of Operations (*non-voting*)	**No interests declared**
L Wrench Associate Director of Governance	**Wrench Fine Jewellery** Family business

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

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

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

The Code of Conduct and Code of Accountability in the NHS can be viewed on the Department of Health website at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4116281

REPORT TO Trust Board

Enclosure 15

Date of Meeting:	12 January 2017
Title of Report:	Next Steps on STPs and 2017-19 NHS Planning Round
Presented by:	Tom Thornber, Director of Strategy and Planning
Author of Report:	Not applicable
Purpose / Intent of Report:	For information
Executive Summary:	Correspondence from Jim Mackey, CEO NHS Improvement and Simon Stevens, CEO, NHS England
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 & 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])	-
Resource Implications: Funding source:	-
Equality & Diversity Implications:	-
Recommendations:	The board is asked to note the direction of travel in relation to the STP proposals and the context within which they will be developed.

To: STP Chairs/Conveners
Chief Executives of NHS provider trusts
CCG Accountable Officers

cc: Chief Executives of Upper Tier Local Authorities

Gateway Ref 06300 12th December 2016

Dear Colleague,

NEXT STEPS ON STPs AND THE 2017-2019 NHS PLANNING ROUND

As we head into winter, the whole of the NHS is mobilising to make sure patients get the best possible care over the next few months. We also know there is a lot still to do to close out this year successfully both operationally and financially.

Despite well-known pressures, this year the NHS has continued to treat A&E patients and those needing planned care as fast as any major western country, taken first steps to strengthen GP services and mental health, at the same time as action to cut the provider deficit by around two thirds. Taking just one other example - outcomes data released last week show that because the quality of NHS cancer care has improved so much over the past year, an extra 2,400 families will be able to celebrate the holidays this Christmas with a loved one who has successfully survived cancer. You should be rightly proud of these achievements.

The purpose of this letter is to let you know about practical next steps on STPs, in the context of the two year contracting round covering the period to March 2019.

STPs

Your collective leadership in developing your STP has been highly welcome. There is now wide acceptance that it makes sense for individual organisations to work together to develop a shared plan of action covering the next three or four years, which sets out how together you will tackle key local challenges while giving effect to the overarching NHS Five Year Forward View.

The first phase of STPs has been to develop proposals for discussion. All 44 STP proposals will have been published within the next fortnight. Despite constrained funding growth, they all include important commitments on prevention, improving cancer outcomes, expanding access to mental health services, strengthening general practice and developing more integrated urgent care services, amongst other goals. They provide strategic direction for the

tactical decisions you will collectively be taking in the few weeks about the 2017/18-18/19 commissioning round.

That said, we agree that all STPs, even the most advanced, are understandably a work in progress. The next phase of turning proposals into plans will require intensified engagement with patients, staff, communities and local stakeholders. In some cases, formal consultation will be required. Particular effort is now needed to engage clinicians and other staff, and we strongly encourage you to take advantage of the contacts offered by the medical royal colleges—for example, the RCGP's STP ambassadors— as well as local staff sides and unions.

The best STPs have built strong relationships with local councils, on the basis of shared goals and reciprocity of support. While the NHS spending review settlement nationally was never intended to - and is obviously not able to - offset pressures in local authorities' budgets, this fact is not a legitimate reason for councils or the NHS to stand in the way of action needed to put local health and care services onto a sustainable footing.

Having turned initial STP proposals into STP plans - through the contracting round and following engagement and consultation - the third phase during 2017/18 will be to give life to your agreed plans as STPs become implementation partnerships.

A small number of STP partnerships have indicated that you wish quickly to evolve into integrated or 'accountable' care systems, and we will actively support you to do so. In these areas, providers and commissioners will come together, under a combined budget and with fully shared resources, to serve a defined population.

However in most cases STP partnerships will instead take the form of forums for shared decision making and performance accountability, supplementing the ongoing role of individual boards and organisations. To this end, areas that have demonstrated collective leadership and agreed contracts by 23 December within the total resources available to their STP, will also be able to benefit from a system control total that gives you the flexibility to adjust organisational financial and performance control totals between constituent providers and CCGs. NHS England and NHS Improvement will jointly agree this flexibility on a case by case basis. Regional Directors will be in touch with STP leaders early in the New Year to discuss this.

In the coming weeks, we also want to discuss with STP leaders how national bodies can best support you in implementing your plans. We will be providing some direct financial support to STP chairs/convenors. We will also work with STP leaders with the most advanced plans to give you greater direct influence and freedom over how NHS England and NHS Improvement staff and resources - as well as the talent in CCGs, CSUs and other bodies - can be better aligned and deployed in your area to support your STP's implementation.

Transformation Funding

We will once again be allocating the bulk of the available national funding - £1.8bn - to support providers in 17/18 and 18/19. We are also rolling-over the national Vanguard funding into 2017/18 for a final year.

In addition NHS England is making available to STPs support for service improvements in the national priority areas of cancer, mental health, learning disabilities and diabetes. The single process for STPs to request this additional funding is now available at https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/stp/tf-call-to-bid/.

While individual organisations or alliances may bid on behalf of an STP for this funding, it is essential that the STP leadership collectively backs the proposal.

Capital

We will be working with you over the next 8-12 weeks to refine and prioritise capital expenditure. As you know, capital is extremely tight over the next few years, and STP capital proposals currently exceed what we have available. Providers should consider how their use of resources assessment under NHS Improvement's Single Oversight Framework would be affected by the proposed investment. We will identify a long list of schemes that appear to meet these criteria from STPs and operational plans, so no additional submissions are necessary at this stage. Regional teams will be in touch with STP leaders about this long-list. For pragmatic reasons, our initial priority will be on schemes that are of small-medium scale, implementable over the next few years, and that improve productivity or generate wider savings from service redesign over that timeframe. A new capital framework will provide further detail within the next couple of weeks.

2017/18-18/19 contracting

Our most immediate task now is to focus on completing the contracting round by 23rd December. By agreeing deliverable contracts early and quickly, we have an opportunity to cut through the non-value-adding processes experienced in previous years.

In its Autumn Statement, the Government made explicit its intention that all parts of the NHS must live within the resources that it has allocated. *Taking the total local funding envelope as the fixed point, the shared task is therefore to 'reverse engineer' a pragmatic set of funding decisions between programmes of care and individual services.* It is important that this is supported by clear plans that manage cost and risk, not just shift them between organisations.

The 44 STPs, combined with the outcome of the upcoming contracting round, will - in aggregate - become the NHS' agreed medium term plan for the rest of the Parliament, which we will summarise in an NHS FYFV Delivery Plan to be published by 31st March.

We fully understand how complex and difficult this task is, and are deeply grateful to you for your personal leadership at this challenging time.

With thanks, and best wishes.

Simon Stevens
CEO, NHS England

Jim Mackey
CEO, NHS Improvement