North Staffordshire Combined Healthcare NHS Trust

MEETING OF THE TRUST BOARD

TO BE HELD IN PUBLIC
ON THURSDAY, 22nd February 2018, 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.	**DECLARATIONS OF INTERESTS RELATING TO AGENDA ITEMS**	Note
3.	**DECLARATIONS OF INTERESTS RELATING TO ANY OTHER BUSINESS**	Note
4.	**MINUTES OF THE OPEN AGENDA – 25th January 2018** *To APPROVE the minutes of the meeting held on 25th January 2018*	Approve Enclosure 2
5.	**ACTION MONITORING SCHEDULE & MATTERS ARISING FROM THE MINUTES** *To CONSIDER any matters arising from the minutes*	Note Enclosure 3
6.	**CHIEF EXECUTIVE'S REPORT** *To RECEIVE a report from the Chief Executive*	Note Enclosure 4
7.	**CHAIR'S REPORT** *To RECEIVE a verbal report from the Chair*	Note
8	**STAFF RETIREMENTS** *To EXPRESS our gratitude and recognize staff who are retiring* *To be introduced by the Chief Executive and presented by the Chair*	Verbal

9.	**REACH RECOGNITION AWARD ON EXCELLENCE** *To PRESENT the REACH Recognition Individual Award to Sue Ford, Nurse Prescriber CYP* To be introduced by the Chief Executive and presented by the Chair	Verbal
10	**PATIENT STORY – EXPERIENCE OF RESTRAINT** *To RECEIVE a Patient Story from Gabrielle Hoban and Dean Burgess, Workforce Safety Lead to be introduced by the Executive Director of Nursing, Maria Nelligan*	10 minute presentation / video
	QUESTIONS FROM MEMBERS OF THE PUBLIC	
11.	*To RECEIVE questions from members of the public*	Verbal
	TO ENHANCE SERVICE USER AND CARER INVOLVEMENT	
12.	**SERVICE USER AND CARER COUNCIL** *To RECEIVE an update from, Wendy Dutton, Chair of the Service User and Carer Council*	Assurance Enclosure 5 To follow
	ENCOURAGE, INSPIRE AND IMPLEMENT RESEARCH AND INNOVATION AT ALL LEVELS	
13.	**DIGITAL EXEMPLAR – 10 MINUTE PRESENTATION** *To RECEIVE the Digital Exemplar Presentation from David Hewitt, Chief Information Officer presented by Suzanne Robinson, Executive Director of Finance, Performance and Digital*	Assurance Enclosure 6 Presentation To follow
	TO PROVIDE THE HIGHEST QUALITY SERVICES	
14.	**NURSE STAFFING MONTHLY REPORT - December 2017** *To RECEIVE the assurance report on the planned versus actual staff variances from Maria Nelligan, Executive Director of Nursing & Quality*	Assurance Enclosure 7
15.	**PERFORMANCE AND QUALITY MANAGEMENT FRAMEWORK REPORT (PQMF) – Month 9** *To RECEIVE the Month 9 Performance Report from Suzanne Robinson, Director of Finance, Performance and Digital*	Approval Enclosure 8
16.	**SINGLE OVERSIGHT FRAMEWORK** *To RECEIVE for discussion the Single Oversight Framework from Suzanne Robinson, Director of Finance, Performance and Digital*	Assurance Enclosure 9
	CREATE A LEARNING CULTURE TO CONTINUALLY IMPROVE	

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	MAXIMISE AND USE OUR RESOURCES INTELLIGENTLY AND EFFICIENTLY	
17.	**FINANCE REPORT – MONTH 9 (2017/18)** *To RECEIVE for discussion the Month 9 financial position from Suzanne Robinson, Director of Finance, Performance and Digital*	Approval Enclosure 10
18.	**ASSURANCE REPORT FROM THE FINANCE, PERFORMANCE & DIGITAL COMMITTEE** *To RECEIVE the Finance, Performance & Digital Committee Assurance report from the meetings held 8th February 2018 from Tony Gadsby, Chair/Non-Executive Director*	Assurance Enclosure 11
	ATTRACT AND INSPIRE THE BEST PEOPLE TO WORK HERE	
19	**ASSURANCE REPORT FROM THE QUALITY COMMITTEE** *To RECEIVE the Quality Committee Assurance report from the meeting held 8th February 2018 from Patrick Sullivan, Chair/Non-Executive Director*	Assurance Enclosure 12
	CONTINUALLY IMPROVE OUR PARTNERSHIP WORKING	
20	*To RECEIVE a verbal update on progress from Mr A Hughes, Joint Director of Strategy, Development and Estates (NSCHT/GP Federation)*	Verbal
	DATE AND TIME OF THE NEXT MEETING	
	The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday, 22nd March 2018 at 10:00am.	
	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	

TRUST BOARD

Minutes of the open section of the North Staffordshire Combined Healthcare NHS Trust Board meeting held on Thursday, 25th January 2018 At 10:00am in the Boardroom, Trust Headquarters, Lawton House Bellringer Road, Trentham, Stoke on Trent, ST4 8HH

Present:

Chairman:

David Rogers
Chairman

Directors:

Caroline Donovan
Chief Executive

Dr Buki Adeyemo
Medical Director

Patrick Sullivan
Non-Executive Director

Andrew Hughes
Joint Director of Strategy and Development

Joan Walley
Non-Executive Director

Alex Brett
Executive Director of Workforce, Organisational Development and Communications

Ganeshan Mahadea
Non-Executive Director

Suzanne Robinson
Director of Finance, Performance and Digital

Maria Nelligan
Executive Director of Nursing and Quality

Tony Gadsby
Non-Executive Director

In attendance:

Laurie Wrench
Associate Director of Governance

Lisa Wilkinson
Acting Corporate Governance Manager (minutes)

Jenny Harvey
Staff Side Representative

Tess Tainton
Vice Chair of Service User and Carer Council

Joe McCrea
Associate Director of Communications

Members of the public:
Mr Grant Williams

REACH Team Recognition Award
Jane Munton-Davies – Head of Directorate NOAP
Karen stone
Sam Rushbrook
Abbie Jones
Penelope Nash

The meeting commenced at 10:02am.

01/2018	**Apologies for Absence** Carol Sylvester, Acting Director of Operations, Dr Keith Tattum, GP Associate Director, Lorien Barber, Non-Executive Director	**Action**
02/2018	**Declaration of Interest relating to agenda items** There were no declarations of interest relating to agenda items.	
03/2018	**Declarations of interest relating to any other business** There were no declarations of interest relating to any other business.	
04/2018	**Minutes of the Open Agenda – 9th November 2017** The minutes of the open session of the meeting held on 9th November 2017 were approved.	
05/2018	**Matters arising** The Board reviewed the action monitoring schedule and agreed the following:- ***826/17 – Access and Home Treatment Spotlight*** *– The current cohort of HVU patients was agreed as part of the service spec with commissioners. Sam Mortimer, HoD Adult Community is currently writing a business case to support an expansion of the HVU service that will extend the current agreed cohort. The BC will be submitted for review and approval via the Senior Leadership Team meeting in February.* ***830/17 – Safer Staffing Nursing Report August*** *– The 6 monthly report was put on hold due to the management of change of the shift patterns being consulted upon - the next 6 monthly report is now due therefore an annual report is being produced in readiness for Quality Committee on 8th February 2018 to come to a future Trust Board* ***841/17 – Partnership Strategic Plan*** *– Partnerships are a fundamental part of the one year plans which are being developed and will come to Trust Board in February 2018.* ***865/17 – PCD Assurance Report*** *– Draft Communications Strategy - Further changes to be made following January PCD paper to come to February Trust Board.*	

06/2018	**Chief Executive's Report** Caroline Donovan, Chief Executive, presented this report which provides an update on the activities undertaken since the last meeting and draws the Board's attention to any other issues of significance or interest. **CARILLION** On 15th January 2018, after meeting with their bankers and lenders, Carillion announced its decision to initiate insolvency proceedings. The Rt Hon David Lidington CBE MP Minister for the Cabinet Office announced the government will continue to deliver all public sector services following the insolvency of Carillion PLC. The Government will provide the necessary funding required by the Official Receiver to maintain public services. The Trusts top priority is to keep services running safely for patients. Alongside NHS Improvement and our local partners, we planned extensively for this scenario with the aim of keeping any disruption to a minimum. We have successfully delivered this aim. This announcement did not involve any staff directly employed by North Staffordshire Combined Healthcare. Being well aware of the concerns that staff employed by Carillion would have, staff were thanked for their continued hard work. The Trust has sought and received reassurance that arrangements were in place to ensure staff will be available to deliver the services we require. The services provided to our Trust by Carillion are primarily concerned with facilities management at Harplands Hospital, not direct medical treatment. A number of services, such as catering, cleaning and porters do have an impact on patients and care and arrangements are being put in place to ensure that these services will continue to be provided to the Trust without endangering patient safety or safety of our staff providing care. **CARE QUALITY COMMISSION INSPECTION** The Trust is pleased to have received the draft findings from the Care Quality Commission Inspection and is currently going through the process of factual accuracy checking before it is released by the CQC back to the Trust and can then be shared. **NHS ENGLAND BOARD VISIT HARPLANDS HOSPITAL** On behalf of the entire Trust and the Staffordshire Sustainability and Transformation Plan (STP) we were honoured to welcome the NHS Chief Executive Simon Stevens and his national Executive Team to Harplands Hospital on 7 December 2017 for a meeting of the NHS Executive Team. The national NHS team were visiting Staffordshire to receive an update from the STP on how its plans are progressing, the challenges it is facing, and to hear direct about some of the great innovations going on at a local level. The Trust was delighted to have the chance to spend some time	

showcasing our delivery of new partnerships and models of care via the North Staffordshire and Stoke-on-Trent Alliance.

Maria Nelligan, Director of Nursing & Quality, also showed the National Director for Transformation and Corporate Operations, Emily Lawson, around Wards 4 and 6 to see some of our great staff in action. Thanks to all ward staff for showcasing our services so well.

The Trust is proud to be the first mental HealthTrust to host such an event for the NHS Executive Team, an honour which was highlighted by NHS England themselves via their Twitter account.

CQC SYSTEM REVIEW FOR STOKE-ON-TRENT AND NORTH STAFFORDSHIRE

Caroline Donovan has been appointed as the SRO for the Improvement Plan in response to the Care Quality Commission System Review of the Stoke-on-Trent health and care system on behalf of the local NHS and care partners. The review is one of 20 targeted local system reviews looking specifically at how older people move through the health and social care system, with a focus on how services work together.

Prior to sending the Plan off to the CQC, Caroline presented the plan to the Health and Wellbeing Board. The plan was the result of excellent partnership working, with an enormous commitment shown by all and a real willingness to improve. A Combined Team led by Laurie Wrench and Zoe Grant provided fantastic support in pulling the Plan together against very challenging timescales and, moving forward, we will be providing the Programme Office function for the Plan.

The North Staffordshire and Stoke-on-Trent Alliance been confirmed as the delivery vehicle for the Improvement Plan and assurance will be given to the CQC on its delivery via the Health and Wellbeing Board.

REGIONAL STP MENTAL HEALTH LEADS MEETING

Caroline Donovan has been appointed to chair the NHS Midlands and East regional meetings of Staffordshire and Stoke-on-Trent Sustainability and Transformation Plan (STP) mental health leads. Caroline chaired her first meeting in December, bringing together the STP leads with Health Education England, NHS England, NHS Improvement, Public Health England and the clinical networks. The group will focus on sharing strategy, influencing and focusing on workforce transformation. There is a national ask to increase the mental health workforce by 19,000 which is incredibly challenging. For Staffordshire, the plan requires a growth of 400 staff to be able to deliver mental health transformation.

EXECUTIVE TEAM

Alex Brett joined the Trust in December 2017 as the new Director of Workforce, Organisational Development and Communications. Alex's commitment to developing and building partnerships, as well as supporting a fantastic workforce, is perfectly aligned with our own values and the vision we are pursuing over the coming years. Alex brings a wealth of experience

and award-winning achievement at Board in Organisational Development and HR from across the local NHS. She began her NHS career 28 years ago as a nurse in the then City General Hospital. Her values and personal drivers are grounded in clinical practice with patients at the very heart of what she does, having a strong clinical and managerial background, along with educational and organisational development skills. She is a qualified Coach and Team Coach and was the Health Education West Midlands Coach and Mentor of the Year 2016.

Congratulations also to Jonathan O'Brien, who has been appointed as the new Director of Operations. Jonathan will join the Trust in March from Mid Cheshire Hospitals NHS Foundation Trust, where he is currently the Director of Operations, a role he has carried out since 2015. Over that period he has held responsibility for operational delivery, performance management and transformation across the Trust. Jonathon holds a Master of Business Administration and MSC in Healthcare Leadership and Management from the Manchester Business School. He has worked in the NHS at a senior operational level for over 13 years, having begun in the NHS Graduate Training Scheme. The Trust is delighted to welcome someone of Jonathan's calibre and track record to the Trust.

Suzanne Robinson, Executive Director of Finance, Performance and Digital has been appointed as the Director of Finance for the STP. This is fantastic recognition of the work Suzanne has been leading here at the Trust and already within the STP. Suzanne will undertake this role on a part time basis alongside her role here at Combined.

LATEST AWARDS

The Trust's Finance team followed up their success at last year's Healthcare Financial Management Association Awards with another win at this year's HFMA Awards, this time in the Havelock Training Award. The team have enjoyed many achievements over the past 12 months, not least of which the launch of the innovative Valuemakers programme, which empowers staff to help find savings to put back in to patient care. They also produced an excellent animated film of our 2016/17 Annual Accounts, which can be viewed via our YouTube channel.

Congratulations also to Julia Ford who was recognised for her inspirational leadership of the Trusts CAMHS in Schools Team when she was shortlisted in the Clinical Leader of the Year category at the HSJ Awards. The team works with a number of schools in Stoke-on-Trent on improving mental health and wellbeing, building resilience and providing early interventions. Julia has helped to facilitate collaborative working – engaging the whole school and local community in change.

RAID TEAM GOES 24/7

The Rapid Assessment, Interface and Discharge (RAID) Team is now operating 24/7 after funding that had been made available via NHS England to support the local health economy with winter pressures was brought forward. RAID provides a psychiatric service to patients aged 16 and over at Royal Stoke University Hospital and also offers teaching, support and

advice to acute staff. The service will be working towards 'Core 24' standards set out in the Five Year Forward View for Mental Health which will involve a richer skill mix within the team as well as 24/7 capacity. Nationally, there is a commitment to deliver a Core 24 standard of mental health liaison services in at least 50% of acute hospitals by 2020-21.

OUR EVENTS

Our latest Non-Medical Prescribing (NMP) conference was a great success. Held in conjunction with South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSFT), the event was chaired by Maria Nelligan, Director of Nursing and Quality, and featured a number of highly respected speakers, including Dr David Healy, Professor of Psychiatry at Bangor University, and Stephen Bazire MBE, an Honorary Professor at the University of East Anglia, who spoke about shared decision making in mental health. Local carer Sue Tams, gave a personal account of her experiences, and Dr David Shiers OBE, a Leek-based GP who spoke about the mental health journey he has been on with his daughter. Furthermore, Research Manager Sue Wood gave a talk on the importance of research and tried to drum up volunteers for future studies.

OUR RESEARCH

Among the Trusts strategic objectives is to 'Encourage, inspire and implement research and innovation at all levels'. The Trust has a challenging research recruitment target and the Research Team, in conjunction with staff throughout the Trust are working hard to recruit new participants to take part in our research studies.

Among the studies the team is involved in is a new study it has launched called Patient Preferences for Psychological Treatment – focussing on the preferences of patients for psychological help. The aim of the study is to use findings to refine and improve what is offered in the future, with the target population being people with a diagnosis of non-affective psychosis.

Jenny Harvey to commented following Caroline Donovan's update re: Carillion that staff are worried about their employment status being unclear although they are being taken over by Town Hospitals their employment status is unclear. Unison are continuing to support and ensure stability for staff and appreciate the Trust's continued support. David Rogers commented that Carillion is almost unique in the fact that structures have been put into place which is very rare. In terms of the services Carillion provide to the public sector there has been a willingness of the government to part fund the insolvent situation which they do not normally do this and this is what is underpinning the short term position.

NATIONAL UPDATE

NHS WINTER CRISIS

In the month of December there has been an increasing strain on the NHS, the usual winter pressures, combined with flu outbreaks also led to a significant focus on Stoke-on-Trent, including social media activity from an employee, and subsequent national coverage.

	It continues to be a really challenging time for everyone in the local NHS. It appears that not a day passes without some article on the national or local news about the stresses we are having to cope with and the amazing lengths the staff of the NHS are going to deliver for patients, service users and their families. **KINGS FUND SUGGESTS MENTAL HEALTH FUNDING GAP IS WIDENING** The King's Fund has published its analysis of mental health service spending titled 'Funding and staffing of NHS mental health providers: still waiting for parity' It argues that the gap between spending on NHS acute hospitals and NHS mental health providers widened last year, despite increasing income for 84% of mental health trusts. Income for mental health trusts rose by less than 2.5% in 2016/17 compared with over 6% for acute and specialist trusts. It also reveals that the number of mental health nurses has fallen 13% since 2009. One in ten of all specialist mental health posts are currently vacant. As a Trust, we are leading the STP Mental Health work stream and have contributed to a workforce plan that articulates our plans around the Mental Health Five Year Forward View. This plan pulls together the organisation's need to grow its workforce in a number of areas, services, professional and new roles to deliver on this plan. We along with the other organisations who contributed to the plan, have expressed that we are unable to do this within existing funding our plans are subject to further funding being made available. **Received**	
07/2018	**Chair's Report** David Rogers talked about the Trusts ambition to build capacity to manage the Trust effectively and efficiently redesigning health and care across North Staffordshire and the STP and highlighted this is manifesting now in a number of ways. Caroline Donovan has been appointed to chair the NHS Midlands and East regional meetings of Staffordshire and Stoke-on-Trent Sustainability and Transformation Plan (STP) mental health leads and is now SRO for the Improvement Plan in response to the Care Quality Commission System Review of the Stoke-on-Trent health and care system on behalf of the local NHS and care partners and Suzanne Robinson has been appointed as the Director of Finance for the STP. The Trust is now engaged with the STP more than ever. We are also proud that we have been chosen by the CQC as a mental health exemplar and will be delighted to share our journey of improvement with other organisations.	

	Joan Walley commented on the increased confidence of the vision that the Trust has. Joan wondered if there is scope with the Communications Strategy in the future for us to host an event that we could front to our partners to add to the confidence and the perceptions that we are growing inside the Trust. Caroline commented that one of our partners is Positive Practice a national organisation led by service users. Maria Nelligan attended Westminster recently to an event to launch the Positive Practice in Mental Health Directory. A member of the organisation will be visiting the Trust which will be an opportunity for us to showcase and they will promote this for us. This will be an opportunity to invite a wider group of people and will be the first of a number of events coming this year. ***Noted***	
08/2018	**Staff Retirements** There have been a number of staff retirements within the Trust this month but unfortunately they we unable to attend today. ***Received***	
09/2018	**REACH Team Recognition Award January 2018** **Community Outreach Team** The Community Outreach Team operates seven days a week to deliver specialist care to people with dementia as well as those aged 65 and over with dementia or mental health issues. Working as part of a 'whole system' approach, the team offers a level of support and intervention over and beyond that currently provided by Community Mental Health Teams – helping to reduce avoidable hospital admissions. The service is also linked to our older people's inpatient wards and supports early discharge to a patient's home. Furthermore, at very short notice the team was able to provide capacity to support an integrated service at UHNM, enabling improved outcomes for older people with mental health needs and reducing pressure on the wider health system. Another way the team has made a positive impact is in supporting the local health economy in reducing the number of patients being listed unnecessarily for elderly mentally ill assessment beds, helping to secure onward referral where previously this had not always been the case. The team live and breathe each of the Trust's proud to CARE values of Compassionate, Approachable, Responsible and Excellent care and are passionate about putting the patient at the heart of the assessment and advocating for their views.	

	The team also received outstanding from the CQC. The team provided a presentation around the service which was created with just 3 days' notice as part of winter pressures. The patient story presented talked of a patient who had experienced confusion with a left drop to their face and that this patient was listed for an EMI bed. Following assessment they were diagnosed with bells palsy. Following a 48 hour assessment, the patient was allowed home with a care package as opposed to 24 hour care in EMI bed. This support provided by the team prevented admission into an acute hospital bed Maria Nelligan asked if there is an opportunity for us to influence and educate the Acute Trust? Jane Munton–Davies advised that RAID has a programme of work with the acute trust. Ward clerks often complete patient profile documents and we need to focus some training on this. A lot of places make decision based on the paperwork and these decisions are made without seeing the patient. Carol Donovan asked if when a Ward Clerk or Discharge Facilitator completes the paperwork does someone else carry out an assessment? Jane confirmed there was an advisor and a brief summary provided and a decision on future care is based on this. Dr Adeyemo highlighted that the tremendous MDT ethos of the team is critical to the work they do. Joan Walley asked how we can get that experience of work on the ground reinforced in terms of funding for this kind of work to continue. Jane advised we are influencing commissioning colleagues and they are keen to continue the support. Patrick Sullivan commented that he had previously seen a patient story around outreach at Quality Committee and it really does show what a difference can be made to people's lives. In terms of funding which through winter pressures, this obviously requires funding substantively, has there been any work on demonstrating the quality and cost effectiveness as this team must be paying for itself? Jane advised it is very difficult to demonstrate but we are working with performance to provide some hard data around this. Patrick asked if there is anything the Board can do that would make it easier for work to continue? Karen Stone advised that more staff would be great but at the moment we are doing the best with what we have and this will continue as we are all compassionate about what we do. Jane commented that the team are looking at what staff they need broadly and looking at the skills required. The team struggles with the short term pots of money to have substantive experienced staff which is difficult to back fill. David Rogers commented this is very much an area that is receiving	

	attention and we have a proof of concept here we need to build on that and see how it can be scaled up and over what dimensions. Suzanne Robinson supported Jane's comments and advised there is a commissioning meeting today that we are feeding into and we are looking at the evidence to support this in performance. **Received**	
10/2018	**QUESTIONS FROM MEMBERS OF THE PUBLIC** Mr Grant Williams advised he had been working with Matthew Ellis re: place of safety. There was a Board paper in July 2017 written by Dr Nasreen Fazal-Short which clearly states a need for additional beds. The Trust currently has one place of safety bed and Mr Williams asked if there have been conversations with the CCG to commission an extra bed. Carline Donovan confirmed we have one place of safety and we do need two. The patients are currently going to SSSFT when our place of safety is full. Our plan is to develop an urgent care centre with two places of safety and it is a priority for the MH STP Staffordshire wide plan. We are currently awaiting Commissioners to advise if they are funding the capital revenue for this. Joan Walley commented that the Trust has been in direct contact with the police commissioner and a lot of work is being undertaken to ensure patient needs are met.	
11/2018	**SERVICE USER AND CARER COUNCIL** Tess Tainton, Vice Chair of the Service User Carer Council provided an update and highlighted the following. Items covered in Workshop November 2017, business meeting 20 December deferred to 31st January 2018 ***November 2017*** Informal workshop • Reviewed Care Plans on Lorenzo, feedback and suggestions will be collated and fed through work streams. • Update on Section 75, correspondence made - awaiting meeting with Accountable Officer for CCG **Ongoing Service User Care Council Committements** • Pursuing clarity CCGs action in relation to Section 75 • PICU • Interviews, RAID, Ward 4, Director ops and more • Inductions and preceptorship programme • 1st session with 1st and 3rd year mental health students **Future work will include:**	

	• Debate on 2nd Open Space Event • Quality priorities 2018/19 • Update on Citizen's Jury report • Review information pack developed by Sutherland Centre Tess Tainton advised that the Service User Carer Council wrote to commissioners re: their decision around Section 75. There has been some response but some silence. Meetings have been cancelled three times with very short notice with Tess Tainton, Wendy Dutton and the CCG Officer. It was agreed that Tess would forward details to David Rogers who will provide a response to this. ***Received***	
12/2018	**KEELE SCHOOL OF MEDICINE QA VISIT REPORT** On Thursday 19th October 2017, Keele Medical School visited NSCHT to undertake a Q&A with trainees, trainers, and medical management. This report highlights the feedback, recommendations and actions taken as a result of this visit. Keele were pleased at the way the Trust looked at medical education and where this was on our agenda. They were complimentary about our CQC improvement particularly in the timeframe and also with Oxford Trust, Keele was joint highest for conversion of undergraduate medical school into psychiatry. Keele have raised how they need to work more closer with us in terms of visibility of our trust being a medical school / university hospital and we are taking this forward with the university. Patick Sullivan wished to highlight that Greenfields has previously been seen in a negative light and within this report has received very positive comments. Joan Walley talked about strategic engagement between the Trust and Keele. Andrew Hughes and Joan recently met with the Vice Chancellor. Andrew Hughes highlighted that Keele University now sits on the Alliance Board. It was agreed that Dr Adeyemo would provide a paper on Strategic Engagement to the April Board meeting. Mr Rogers commented that he and Dr Adeyemo were interviewing for a Consultant post recently and there was a representative from the Royal College who commented that our Trust is well known and liked as being a teaching trust and good for junior doctors in the West Midlands. ***Received***	**BA**

13/2018	**NURSE STAFFING MONTHLY REPORT – NOVEMBER 2017** Maria Nelligan, Executive Director of Nursing & Quality presented the report and highlighted the following: This paper outlines the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during November 2017 in line with the National Quality Board requirements. The performance relating to fill rate (actual numbers of staff deployed vs numbers planned) during November 2017 was 86% for registered staff and 97% or care staff on day shifts and 87% and 106% respectively on night shifts. Overall a 94% fill rate was achieved. Where 100% fill rate was not achieved, safety was maintained on in-patient wards by use of additional hours, cross cover and Ward manager supporting clinical duties. The data reflects that Ward Managers are staffing their wards to meet increasing patient needs as necessary. There were no incident forms completed by in-patient wards during November 2017 relating to patient safety and nurse staffing issues. Ward Managers and members of the multi-disciplinary team have clinically supported day shifts to ensure safe patient care. Skill mix has been altered to backfill shortfalls. A total of 280 RN shifts were covered by HCSW where RN temporary staffing was unavailable. A total of 8 HCSW shifts were covered by RN staff where HCSW temporary staffing was unavailable. Additionally, as outlined in section 4.3, staff breaks have been shortened or not taken (time is given in lieu) and wards have cross covered to support safe staffing levels. Details around shift patterns will be coming to next meeting. Pressures on the ward in response to the local health economy and Ward 4 and PICU opening is giving us some challenges but in terms of what we are doing to address challenges we have a safer staffing group and we have signed up to NHSI retention support programme which is a 3 year programme to support Trusts to understand their turnover and retention issues and building and improving on those. Kerry Smith, Associate Director of Workforce is the operational lead for this. Caroline Donovan highlighted each year we manage to recruit nurses but we need to focus on retention. We need to be doing more by asking our staff why they are leaving why their colleagues are leaving, and what makes this a good place to work and commission some focus groups to further understand this. Alex Brett to undertake an exercise and provide a report to the Board in March 2018. ***Received***	**AB**
14/2018	**PERFORMANCE AND QUALITY MANAGEMENT FRAMEWORK REPORT (PQMF) – Month 8** Suzanne Robinson, Executive Director of Finance, Performance and Digital,	

	presented the report highlighting key points. Performance highlights: • 100% of inpatient admissions have been gate kept by the crisis resolution/home treatment team • All response times for RAID service have been met in Month 8; 95% of RAID referrals to A&E were seen within 1 hour • IAPT : o 99% of service users referred were treated within 6 weeks of referral against target of 75% and 100% have been treated within 18 weeks during 2017/18. o 66.3% of people have moved to recovery against a target of 50%. In Month 8 there are 3 target related metrics rated as Red and 2 as Amber; all other indicators are within expected tolerances. • Agency spend 30.4% at M8 from 28.0% at M7 • Delayed Transfers of Care 12.5% at M8 from 13.5% at M7 • Care Programme Approach (CPA) 2 metrics. Confident we are seeing an improvement in reporting. – NHSI 94.1% at M8 from 90.3% at M7 CCG - 94.0% at M8 from 95.0% at M7 • Bed Occupancy - 94.2% at M8 from 96.4% at M7 for other wards Caroline Donovan highlighted one of the areas that is worrying is the agency / locum spend. This is the highest risk for us from a quality and financial perspective. Dr Adeyemo is leading a group to address this. We will have more data in March and a deep dive in April around a medical workforce plan. Dr Adeyemo confirmed a paper is coming to board in February 2018. Gan Mahadea enquired if the bed occupancy target of 85% is a national target. Suzanne Robinson confirmed this is the national expectation. Maria Nelligan commented this is positive for us we do very well in terms of activity and the support we are giving to patients. Suzanne Robinson highlighted the single oversight framework has closed consultation on some of the metrics that will be considered as part of our governance ratings going forward. Suzanne will bring a report to the next board to look at how this impacts on the Trust. Suzanne advised the format of this report will change from April 2018. ***Received / Approved***	**BA** **SR**
15/2018	**QUARTER 3 SERIOUS INCIDENT REPORT** Dr Adeyemo, Executive Medical Director presented the report and highlighted the following.	

	This is the Q3 report which details serious incidents since 1st October 2017 – 31st December 2017. There has been a reduction in the number of serious incidents from quarter 2 There were 7 unexpected deaths in the Substance Misuse Directorate. There were a further 2 unexpected deaths where the person was open to other Trust services in addition to Substance Misuse Services. In these cases, the investigations underway are joint mental health (in-patient and community services) and substance misuse investigations. In the Adult Mental Health-Community Directorate there were 4 unexpected deaths and 1 incident of serious self-harm. In this quarter there was a slight reduction in the number of SIs involving slips, trips and falls in the NOAP Directorate. There were 2 incidents of fractures caused through falling and 1 incident of a lapsed section/illegal detention within the Directorate. Within the Adult In-Patient Directorate, there was 1 Mental Health Act (MHA) incident which resulted in a lapsed section/illegal detention. This was recognised and rectified within 24 hours of the section lapsing. Improved knowledge around dual diagnosis remains an issue for some teams. This has been addressed through the development of substance misuse champions in some teams and the Trust held a listening event in October 2017, which aimed to support staff learning and development in dual diagnosis. There have been two incidents related to duty of candour. The Duty of Candour incident in October was in relation to a slip, trip, fall on one of the NOAP ward and a letter was sent to the next of kin. The letter apologised for the patient's experience and offered the family the opportunity to be involved in the feedback with regards to the incident. The Trust continues to monitor all incidents on a weekly basis Mr Gadsby asked if we can decide if we are going to report by quarter or calendar years as the report is mixed which could equate in there being a difference in numbers. ***Received***	
16/2018	**LEARNING FROM DEATHS QUARTERLY REPORT** Dr Adeyemo, Executive Medical Director presented the report and highlighted the following. This report provides a review of the unexpected deaths from Serious Incident Investigations and 'natural cause' deaths of service users which	

	occurred during October to December 2017. This report has previously been included in the Serious Incident quarterly reports but in response to the national Learning from Deaths guidance, this analysis is now provided as a separate report. The scope for mortality surveillance investigations will cover the following criteria: • Deaths of people open to Mental Health services, where the person has a diagnosis of Serious Mental Illness and has died at an age which may be reasonably considered to be premature. Therefore the natural deaths of people over the age of 75 will not be included in learning from deaths investigations. • Deaths of people open to Substance Misuse Services, where alcohol abuse is considered to be a factor • The Trust has established a process to undertake mortality surveillance in line with national guidance. • Deaths which meet the criteria for SI investigation and natural cause deaths are identified and processes are in place to monitor the care provided by the Trust clinical teams. • It is recognised that the input and effectiveness of primary and secondary physical health care provision is not available to the reviewers but as far as is practicable, the Learning from Deaths Group identify the physical health aspects of care required and determine if the support offered by our clinical teams is person-centred and holistic in its approach. • Therefore the Trust is asked to accept this report as assurance of that mortality surveillance processes are in place. ***Received***	
17/2018	**CQC LOCAL SYSTEM REVIEW ACTION PLAN** Caroline Donovan, Chief Executive presented the report Between 4th and 8th September 2017, the Care Quality Commission (CQC) undertook a Local System Review of the Stoke-on-Trent health and care system. The Review considered system performance along a number of 'pressure points' on a typical pathway of care with a focus on older people aged over 65. In response to the publication of the report, NSCHT CEO on behalf of the system agreed to lead on the development of an action plan to address concerns raised within report. This action plan was shared with the Health and Wellbeing Board 14th December, CQC 18th December, Alliance Board 20th December and Stoke OSC 15th January. There are 6 strategic themes and 7 improvement themes aimed to support transformation We have collectively taken different roles across organisations. All organisations have been very supportive. The key will be in the execution of the plan	

	Tony Gadsby asked what our responsibility is as a board. Caroline Donovan advised there are certain work streams we are accountable for delivering. This is a system plan. The governance needs to be system governance we have an operational group, the Alliance Board and ultimately the Stoke Health and Wellbeing Board. Update reports will eb brought to future Boards. Reinforcing the role of the Alliance it was agreed the document can be added to the new Alliance new website. Joan Walley highlighted the document states 'The role of the Health and Wellbeing Board is being reconfigured queried this has been reconfigured? The Government has ring fenced a certain amount of funding when setting up the Board therefore are we sure the Board has the accountability into its governance and secondly it makes you close to Jeremy Hunt is that a way of being able to revisit the whole issue of the ring fencing for the H&WB board. Caroline Donovan advised there will be a revise and refresh of the H & WB boards. Caroline Donovan thanked Andrew Hughes and Laurie Wrench for supporting this process. ***Received***	**JMc**
18/2018	**FINANCE REPORT – MONTH 8 (2017/18)** Suzanne Robinson, Executive Director of Finance, Performance and Digital, presented the report: The Trust Board is asked to Note: The reported YTD surplus of £724k against a planned surplus of £563k. This is a favorable variance to plan of £161k. The M8 CIP achievement: • YTD achievement of £1,021k (58%); an adverse variance of £744k; • 2017/18 forecast CIP delivery of £2,646k (83%) based on schemes identified so far; an adverse variance of £551k to plan; • The recurrent forecast delivery at month 8 of £2,804k representing a recurrent variance to plan of £393k. • The cash position of the Trust as at 30th November 2017 with a balance of £5,824k; £639k better than plan • Agency forecast is currently £372k above ceiling (£2,068k) • Year to date Capital receipts for 2017/18 is £471k compared to a net planned capital expenditure of £1,317k; • The original operating plan submitted to NHSI in December 2016 planned net capital expenditure of £2,201k by Month 8 • Use of resource rating of 2 against a plan of 2. Dr Adeyemo commented on the agency forecast and a large portion being	

	locum spend. And the benefit of switching some to bank. Suzanne Robinson advised on annual benefit the benefit would be £150K we would be in a healthy position next year ***Approved***	
19/2018	**ASSURANCE REPORT FROM THE FINANCE, PERFORMANCE & DIGITAL COMMITTEE** Tony Gadsby Chair of the Finance, Performance and Digital Committee / Non-Executive Director presented the report for assurance from the meeting that took place on 11TH January 2018. The Committee received an update for Cost Improvement for month 8 and were concerned that the total identified was still significantly short of the target. £2.804m is currently forecast to be recurrently delivered against the £3.197m target. This is a recurrent shortfall of £393k. There has been a number of workshops with Directorates throughout November and December to support the identification of recurrent schemes to bridge the gap. The Committee were assured that there was sufficient focus being placed on Cost Improvement but are unable to give assurance around the ability to deliver the target for 2017/18. The Cluster 99 activity has significantly increased since the implementation of Lorenzo due to operational staff not assigning care clusters on assessment and/or reviewing all care clusters within cluster review period. In view of remaining data quality issues, the Committee is not able to give any assurance around the activity reported and noted the lack of progress being made due to issues with the quality of recording by operational staff. A Task and Finish Group has been established and an action is in plan in place to improve compliance with clustering guidance. The Committee requested an update on action plan implementation to be provided to the next Committee meeting. This is to include a breakdown of the issues around compliance and data recording by Directorate, and a trajectory for the elimination of Cluster 99s. Suzanne Robinson advised the clustering is a national challenge we are hopefully going to get support from NHSI and NGSE to raise the profile. PQMF - Compliance remains an issue in respect of CPA 12 month reviews undertaken, with performance improving in month 8. Guidance has been fully embedded to encourage staff to use quick reference guides, and this is resulting in a reduction in the number of recording errors. Delayed Transfers of Care has improved in month for NOAP and AMH IP, which is thought to be the impact of additional beds being commissioned over winter. There is a notable difference between Stoke and Staffordshire Local Authority in terms of DTOC performance, which the	

	committee requested oversight of at the next meeting. Trust vacancies remain a challenge; however it is on an improving trajectory, thought to be due to the implementation of TRAC. ***Received***	
20/2018	**DECLARATION OF INTERESTS – DECEMBER 2017** Laurie Wrench, Associate Director of Governance presented the report. The report provides an update as at the 31st October 2017 of current Board members interests given the change in membership since the last report of the 30th April 2017. It is the Trust Board's responsibility to ensure the Trust operates its services in an open and transparent way. In line with the Code of Conduct and Accountability for NHS Board members and the Trust's Standards of Business Conduct Policy this information is published on the website and available for public view. Laurie Wrench advised there are updates to the report for January 2018 prior to making available on the public website. Due to the number of changes it was agreed a full refresh of the register will be undertaken. Laurie Wrench to clarify if declaration is required for seconded CQC Executive Reviewers	**LW**
21/2018	**REGISTER OF SIGNED AND SEALED DOCUMENTS – 1 JANUARY 2017 – DECEMBER 2017** The attached table provides a report on the use of the common seal of the Trust in the period 1 January 2017 to 31st December 2017. The Standing Orders require that a report on the Register of Sealing shall be made to the Board at the least half yearly. Section 8 of the Standing Orders governs the sealing of documents and the Register of Sealing. Laurie Wrench, Associate Director of Governance presented the report. Tony Gadsby noted a seal for the sale of the Greenfields site was included within the report and queried whether this transaction actually took place. Laurie wrench to clarify	**LW**
22/2018	**ASSURANCE REPORT FROM THE PEOPLE AND CULTURE COMMITTEE** Patrick Sullivan Chair of the Quality Committee / Non-Executive Director presented the report in Lorien Barber's absence for assurance from the meeting that took place on 15th January 2018.	

	The Committee received a positive staff story regarding an individual who has accessed training, leadership and education courses over her 16 years in nursing with the Trust. The Committee then discussed more effective methods of publicising staff stories within the Trust, and the possibility of using videos/recordings more effectively. Key to this item going forward is how these stories link to, and inform, the work of the Committee and how we learn from these. A new risk was discussed. Risk 1072 – There is a risk that staff may not be accessing clinical supervision on a regular basis to ensure that professional responsibilities and as a result may not feel supported in practice. The Committee were informed that the unweighted nationally embargoed Staff Survey results have been received, the detailed results which will be shared at the next meeting. The Committee noted the CQUIN update against the three elements required: Goal 1a: Health and wellbeing for staff Goal 1b: Healthy food for NHS staff, visitors and patients Goal 1c: Improving the uptake of flu vaccinations for frontline clinical staff The Committee also received details of the improvements made in terms of nutrition for both staff and patients. It was noted that uptake for the flu campaign currently stands at 65% which is slightly short of 70% target; not meeting this target will have a financial impact and is important to protect staff and patients. The trust has seen a significant increase in flu cases. All measures are being taken to ensure that those staff members still wishing to have the vaccine have access to the roving vaccinators. The following policy was approved by the Committee and the Trust Board are requested to approve it: Flexible Working & Employment Break Policy Mobile Devices Policy ***Ratified/ Received***	
23/2018	**ASSURANCE REPORT FROM THE QUALITY COMMITTEE** Patrick Sullivan Chair of the Quality Committee / Non-Executive Director presented the report for assurance from the meeting that took place on 21st December 2017. The meeting opened with a story from the Trust's CYP Team. The presentation described a patient`s journey through CAMHS which was illustrated through a series of photographs set in a Photo Book. This is being published. The Photo Book will be available in CAMHS waiting rooms. It was noted that this individual's story was very inspirational and demonstrates how far she has come with excellent support from the	

	CAMHS service. This was a powerful story illustrating what can be achieved for the benefit of patients and was well received by the Committee. The Department of Health and Home office have produced new guidance for Police Forces, Mental Health Services, Clinical Commissioning Groups, Ambulance and emergency services, on the practical application of changes to provisions in the Mental Health Act 1983, made by the Policing and Crime Act 2017, on Police powers and Places of Safety. This comes into force on 11 December 2017. The impact of the changes and emerging issues will be discussed at the Staffordshire County wide Policy Working Group and issues escalated to the Mental Health Law Governance Group accordingly. The recommendations supported by the Committee for ratification of policies by the Trust Board (approval for 3 years otherwise stated as follows:- • 1.67 - Smoking Policy - Review of current arrangements – new policy comes into force on 1 April 2018. • 1.52a - Research Governance and Management Policy. • Commercial Research Policy • R01 - Policy on Restrictive Interventions • R03 - Policy on Restrictive Holding - this was reviewed alongside R01 Policy - contents amalgamated with R01 - remove as separate policy is no longer applicable. • 5.41 - Lone Worker Policy • 7.10 - Clinical Coding • 1.46 - Prevention of Management of Slips, Trips and Falls • 1.02 - Professional Registration • Choice - new policy Patrick Sullivan advised a report had been received around the Substance Misuse Service staff survey this was undertaken internally and presented by Dr Watts. Managers were concerned re: staff morale but results were very positive ***Ratified / Received***	
24/2018	**ASSURANCE REPORT FROM THE AUDIT COMMITTEE** Tony Gadsby presented the report for assurance from the meeting that took place on 30th November 2017 The committee received the report detailing the Internal Audit actions and progress in terms of implementation as of November 2017. The committee noted the following: • 53 actions completed in total • 28 actions not yet due • 6 actions for extension which were approved by the committee • 2 reports completed with no recommendations	

	RSM Internal Audit, presented this report which included the agreed action plans in respect of the finalised reports since the last Audit Committee meeting. In terms of delivery, 9 reports have been finalised with executive summaries and action plans as follows: 1. Unexpected Deaths – Incident Management (substantial assurance) 2. Child and Adolescent Mental Health Services – RTT Data Quality and waiting list (reasonable assurance) 3. Risk Assessment (reasonable assurance) 4. Creditors (substantial assurance) 5. General Ledger and Budgetary Reporting (substantial assurance) 6. Credit Cards (reasonable assurance) 7. Income and Debtors (substantial assurance) 8. PFI contract (partial assurance) 9. Follow up – Phase one (substantial assurance) The committee received the report which provided an update in respect of Counter Fraud work undertaken within the Trust since 31 May 2017. Work is currently ongoing with Finance, HR and IT in respect of Fraud Risk Assessment to develop a Fraud Risk Register The committee noted the launch of the NHS Counter Fraud Authority on 1 November 2017, which replaces NHS Protect. The Charitable Funds Annual Accounts and Report were presented to the committee having been completed and ratified at the CFC on 22 November 2017. Trust Board have delegated approval authority to the Audit Committee to allow submission to the Charity Commission in January 2018. The letter of representation was signed by Mr Gadsby on behalf of the Chairman. Members noted the report and that there were only two waivers issued in Q2 totalling £56k. ***Received***	
25/2018	**TO RECEIVE A VERBAL UPDATE ON PROGRESS FROM ANDREW HUGHES, JOINT DIRECTOR OF STRATEGY, DEVELOPMENT AND ESTATES (NSCHT / GP FEDERATION)** No update available	
26/2018	**ANY OTHER BUSINESS** No items to discuss	
27/2018	**Date and time of next meeting** The next public meeting of the North Staffordshire Combined Healthcare	

	Trust Board will be held on Thursday, 22nd February 2018 at 10:00am, in the Boardroom, Lawton House, Trust HQ.	
28/2018	*** Motion to Exclude the Public** The Board approved a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted.	

The meeting closed at 12.58pm

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
05-Oct-17	830/2017	Safer Staffing Nursing Report 25.01.18 : The 6 monthly reporT was put on hold due to the management of change of the shift patterns being consulted upon - the next 6 monthly report is now due therefore an annual report is being produced which will come to Trust Board 22nd March 2018.	Maria Nelligan	22-Mar-18	
05-Oct-17	841/2017	Partnership Strategic Plan - Mr Rogers asked to see the list of partners we have at a future Trust Board meeting. 25.01.18 - Partnerships are a fundamental part of the one year plans which are being developed and will come to Trust Board in February 2018.	Andrew Hughes	25-Jan-18	Agenda item 22.02.18. within Closed Board and inlcuded with the One Year Directorate, Two Year and Five Year Plans
09-Nov-17	865/2017	PCD Assurance Report - Updated Communications Strategic Plan will be presented to PCD and Trust Board in January 2018. 25.01.18 - Some changes to be made to be approved at PCD and presented at March Trust Board.	Joe McCrea	22-Mar-18	
25-Jan-18	12/2018	R & D Partnership with Keele - Update on Stategic Engagement to come to April Trust Board.	Dr Adeyemo	18-Apr-18	
25-Jan-18	13/2018	Nurse Staffing Monthly Report November 2018 - Alex Brett to undertake an execise to map reasons for staff leaving and calculate the length of time staff remain with the Trust. Report to come to March Trust Board.	Alex Brett	22-Mar-18	
25-Jan-18	14/2018	PQMF M8 - Deep dive into medical workforce plan required to come to Trust Board.	Dr Adeyemo	18-Apr-18	
25-Jan-18	14a/2018	PQMF M8 - Single Oversight Framework has closed consultaiton on some of the metrics that will be considered as part of our governance ratings going forward Suzanne Robinson to bring a report to February Trust Board that reflects how this impacts on the Trust.	Suzanne Robinson	22-Feb-18	Agenda item 22.02.18
25-Jan-18	17/2018	CQC Local System Review Action Plan - Confidential watermark to be removed from document and uploaded to Alliance Board website.	Joe McCrea	22-Feb-18	Actioned
25-Jan-18	20/2018	Declarations of Interest - Laurie Wrench to look into whether Executive Reviewers and new appointment of STP DoF should be declared. Total refresh of register to be undertaken	Laurie Wrench	22-Feb-18	All declaration forms being updated and register being refreshed amended paper to come to March Trust Board

Board Action Monitoring Schedule (Open Section)

Meeting Date	Minute No	Action Description	Responsible Officer	Target Date	Progress / Comment
25-Jan-18	21/2018	Register of Signed and Sealed Documents - Query regarding an entry for the sale of the Greenfields Site. Laurie Wrench to clairify	Laurie Wrench	22-Feb-18	Complete

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REPORT TO TRUST BOARD

Enclosure No:4

Date of Meeting:	22nd February 2018		
Title of Report:	CEO Board Report		
Presented by:	Caroline Donovan, Chief Executive		
Author:	Caroline Donovan, Chief Executive		
Executive Lead Name:	Caroline Donovan, Chief Executive	Approved by Exec	☐

Executive Summary:		Purpose of report	
This report updates the Board on activities undertaken since the last meeting and draws the Board's attention to any other issues of significance or interest.		Approval	☐
		Information	☒
		Discussion	☒
		Assurance	☐
Seen at:	SLT ☐ Execs ☐ Date:	Document Version No.	
Committee Approval / Review	• Quality Committee ☐ • Finance & Performance Committee ☐ • Audit Committee ☐ • People & Culture Development Committee ☐ • Charitable Funds Committee ☐ • Business Development Committee ☐ • Digital by Choice Board ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer involvement.☒ 2. To provide the highest quality services ☒ 3. Create a learning culture to continually improve.☒ 4. Encourage, inspire and implement research & innovation at all levels.☒ 5. Maximise and use our resources intelligently and efficiently.☒ 6. Attract and inspire the best people to work here.☒ 7. Continually improve our partnership working. ☒		
Risk / legal implications: Risk Register Ref	N/A		
Resource Implications: Funding Source:	N/A		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	N/A		
Recommendations:	1. To receive		

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Chief Executive's Report to the Trust Board
22nd February 2018

PURPOSE OF THE REPORT

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

LOCAL UPDATE

1. CARILLION

We have now received a proposal from Town Hospitals regarding an alternative supplier for facilities management services. This proposal sits outside of the national negotiations being led by PWC and we are assessing the benefits and potential risks of this alternative provision.

In the meantime, all services have continued to be supplied with no disruption and staff attrition no higher than would be normally expected in the relevant staff group.

The Associate Director of Estates is in daily contact with Town Hospitals Senior Director and there is a weekly meeting between relevant management teams to which local Carillion staff are invited to attend to receive information on behalf of their colleagues.

2. CARE QUALITY COMMISSION INSPECTION

The results of the Care Quality Commission inspection were published on Wednesday 14th February. For the first time in the Trust's history every Combined Service as "Good" or "Outstanding". The Trust's overall rating is "Good". The CQC results confirm that the Trust's journey of improvement - labelled last year by the CQC as the fastest improving mental health trust in the country - has continued without let-up.

The results mean that Combined Healthcare is the best rated mental health trust across the whole of the Midlands and East of England and the third highest in the country – as only 1 of 3 with every service rated at least Good and at least two Outstanding. The CQC said

- "The overall culture of the trust was very patient-centred. Staff treated patients with dignity, respect and compassion and most experienced high morale and motivation for their work."
- There had been significant improvement in the reduction of waiting lists in the child and adolescent mental health services and the adult community mental health services since the last CQC inspection. All teams were meeting the national waiting time standards."
- "We found staff to be dedicated, kind, caring and patient focused. The local management and leadership of services were both knowledgeable and visible. Staff we talked to during inspection spoke highly of their managers and told us that a more positive and open culture had developed since our last inspection."
- "We were particularly impressed by the level of care offered to patients in the long stay and rehabilitation wards and the community based mental health services for older people, both of which were rated Outstanding overall."

We are simply delighted at this official recognition by CQC that our journey of improvement continues. To be able to continue to improve upon last year's fantastic results - described by CQC at the time as the fastest improving mental health trust in the country - is something quite remarkable. It is a tribute to the continuing sheer determination, talent, dedication and ability of our fantastic staff.

We are delighted that the most recent inspection rated our Community CAMHS services as “Good” and our Adult Rehab services as "Outstanding".

But we are not complacent and we want our journey of improvement to continue. We will be continuing our quality strategy to deliver Safe, Personalised, Accessible and Recovery focused services based on integrated locality working across North Staffordshire and Stoke-on-Trent.

These latest inspection results comes on top of our Community CAMHS Team being spotlighted in the latest edition of the CQC regional publication highlighting great practice and innovation.

We are also proud that we have been chosen by the CQC as a mental health national exemplar and will be delighted to share our journey of improvement with other organisations.

3. CAMHS ACHIEVEMENTS IN THE CQC SPOTLIGHT

The achievement of CAMHS was particularly praised by CQC. CAMHS Community rating moved from Inadequate in 2015 to Good and CAMHS Wards moved from Requires Improvement to Good over the same period.

CQC’s comments included:

“There had been significant improvement since the last inspection. There were no long waiting lists and all children and young people open to the service could be tracked and monitored at any time during their pathway.

“Staff completed comprehensive, holistic mental health assessments and developed care plans that were person centred and recovery orientated. They also monitored and reviewed patients’ physical health needs in line with guidance.

“All staff displayed positive attitudes and were caring towards young people and their families. Parents of young people told us they felt involved in their care and the staff they worked with had a good understanding of the young people’s needs”

“All staff spoke positively about their managers and the service director. They felt valued and supported by senior staff and all staff were proud to have been nominated for the REACH Awards”

4. MOVE TO LOCALITY WORKING GATHERS PACE

We are making great strides in preparing to move to our new structures to align with the STP localities and enhance integrated teams enabling a smoother patient journey. Thanks are due to everyone across the Trust for their input and really positive attitude so far towards the changes we're looking to make. We think our proposals will enable us to be even more responsive and effective in delivering compassionate care to our local service users, their carers and families.

We are in the process of engaging with internal and external stakeholders prior to an internal consultation process.

Our key considerations in making the change to locality working are:

- Ensuring the engagement of clinical staff through various forums (e.g. SUCC, JNCC). Engagement to date has been at:
    - Leadership Academy
    - SLT and SMT
    - Board Development
- Progressing at a steady pace to ensure delivery of Integrated Locality Working programme within the agreed timeline
- Consideration of CQC alignment
- Adopting a phased approach to implementation to 'smooth' change process
- Completing the impact assessment; and
- Consideration of new roles

We are planning to progress in 2 phases. Phase 1 to go live on 1st July 2018 will implement the leadership structure and include the current team configurations under the new leadership structure. Phase 2 to go live on 1st October 2018 will see the reconfiguration of clinical teams to account for demography and activity. Corporate structures will be aligned by July as appropriate.

5. NATIONAL DIGITAL EXEMPLAR FOR CHILDREN AND YOUNG PEOPLE

On the back of our success last year in implementing the Lorenzo system, we put in a bid to NHS Digital to join a collaborative digital exemplar programme. Our bid was centred on delivering a digital transformation programme with the CYP Directorate. We are currently working with DXC (the suppliers of Lorenzo), NHS Digital and the Directorate to develop a business case and mobilisation plan to move towards implementation.

We aim to deliver a future where young people and their families are empowered to use technology to revolutionise their care. We want to remodel the referral and assessment functions within our CYP service by increasing the proportion of children with the ability to self-care and self-refer into services. This self-referral approach improves recovery, and enables a person to seek prompt treatment at an early stage, and it also reduces the likelihood of lower degree problems becoming more severe.

We see this as a transformation from traditional clinician referrals to a self-empowered model where children, families and professionals are able to access advice, materials and appropriate support. We'll be working closely with local schools and Julia Ford, Dawn Burston and Matt Johnson have been brilliant helping us think how technology can really change the lives of children, young people and their families.

6. TRUST STRENGTHENS APPROACH TO QUALITY IMPROVEMENT

We have been working to strengthen our approach to quality improvement, building on valuable work carried out to date.

The latest Board Development session centred on a presentation and interactive session led by NHS Improvement on quality improvement. The NHSI team had prepared for the session by looking carefully at what we have done as a Trust to date and it was really heartening to hear their positive views of the Trust.

We spent some time considering how we could strengthen our strategy of "Towards Outstanding", particularly building on the Listening into Action success and continuing to improve. We will be asking staff for their thoughts and views as we progress.

Our latest session of the Leadership Academy saw Maria Nelligan and Julie Anne Murray leading an interactive session on our strategy and programme for Quality Improvement. Their session explained how there is no single definition of quality improvement. However, a number of definitions describe it as a systematic approach that uses specific techniques to improve quality.

One important ingredient in successful and sustained improvement is the way in which the change is introduced and implemented. Taking a consistent approach is key. That is the approach we are taking.
The Academy session included presentations of two great examples of teams adopting the quality improvement methodology –

- the falls reduction project (working with our partners AQuA), looking at extended reasons why patients might fall and what could be done to reduce falls – including safe footwear, walking aids and even Dentures or Hearing Aids; and
- the Ward 3 Mental Health Observation and Engagement 90-day Improvement Collaborarative, bringing together frontline ward staff and our finance team to look at how adopting a new approach could save thousands of pounds.

7. FLU VACCINATION SUCCESS

Thank you to all our staff and colleagues who have taken the opportunity to protect their loved ones, our patients and their colleagues by receiving the vaccine for three of the Influenza A and B strains that we know are still causing symptoms. We know that flu is still circulating across the region and nationally. We are pleased to have exceeded our national target of 70 per cent of relevant staff taking up the vaccination.

8. FURTHER FINANCE AWARD SUCCESS

The Finance Team has begun 2018 where it left off in 2017, with another series of national award shortlisted nominations. The team has been chosen as a finalist in the following four awards in this year's Public Finance Innovation Awards:

- Finance Team of the Year – Health
- Achievement in Financial Reporting and Accountability
- Finance Training and Development Initiative
- Innovation in Treasury and Asset Management

Congratulations to the team, who have enjoy plenty of awards success of late, most recently the Healthcare Financial Management Association (HFMA) Awards where it won the Havelock Training Award. The team will find out whether they have won one or more awards when they are held on 25 April – it's further fantastic news and recognition for the team.

9. NEW WEB, SOCIAL AND DIGITAL PILOT FOR PICU RECRUITMENT DELIVERS RESULTS

The challenge of recruitment and retention is ever present and with the impending opening of our new Psychiatric Intensive Care Unit, we wanted to look at all avenues and techniques for advertising the job opportunities available and attracting potential recruits.

We will be continuing with our traditional recruitment channels and activities via NHS Jobs, One Stop Shops and our new TRAC system via http://jobs.combined.nhs.uk

But we augmented these traditional means by piloting a new approach using the digital and social communications infrastructure the Trust has been building over the past year. We combined our website, Twitter, Facebook, YouTube and Campaign Monitor in a co-ordinated approach to raise awareness of the available jobs and log those expressing an interest. This enabled us to send instant and personalised communications to everyone expressing an interest in one of the jobs.

The results were really encouraging. In the first 48 hours alone of the campaign, we secured expressions of interest from over 70 potential candidates for the various jobs on offer - Ward Manager, Deputy Manager, Registered Nurses, Occupational Therapist, HCSW and Admin Support. By the end of the pilot, over 130 expressions of interest had been received.

Carol Sylvester, Interim Director of Operations, and Ward 1 Manager Maxine Tillstone helped to boost our campaign by appearing on the Liz Ellis and John Acres breakfast show on BBC Radio Stoke - thank you both.

Moving forward, the pilot has enabled us to build up a list of potential recruits who we can now approach with other employment opportunities, including going onto our bank.

The pilot was so successful, we are now looking to extend the approach to other areas, beginning with our student nurses.

10. DAVID HEWITT – NATIONAL ACHIEVEMENT

We're delighted that our Chief Information Office, Dave Hewitt has been accepted on the first national leadership cohort of CIOs for the NHS Digital Academy.

The NHS Digital Academy is a virtual organisation set up to develop a new generation of excellent digital leaders who can drive the information and technology transformation of the NHS.

The Academy will provide a year long world class digital health training course to Chief Clinical Information Officers, Chief Information Officers and aspiring digital leaders from clinical, and non clinical, backgrounds.

Commissioned by NHS England the Academy is delivered by a partnership of Imperial College London, the University of Edinburgh and Harvard Medical School

NATIONAL UPDATE

11. NHS 2018/19 PLANNING GUIDANCE PUBLISHED

The 2018/19 planning guidance was published in January is a refresh of plans already prepared under the two-year **NHS Operational Planning and Contracting Guidance 2017-2019.** It sets out detail of how the additional funding from the November 2017 budget will be allocated and the developments in national policy with regards to system level collaboration.

Key headlines include:

- The A&E performance recovery trajectory has been pushed back one year. Trusts will be expected to meet 90% by September 2018, and return to 95% by March 2019.

- On the referral to treatment standard, the expectation is that the waiting list should not be any higher in March 2019 than in March 2018, alongside the expectation to halve the number of patients waiting 52 weeks in the same period.
- The Sustainability and Transformation Fund is to become the Provider Sustainability Fund (PSF), with total funding of £2.45bn (up from £1.8bn currently). Access to 30% of the fund remains linked to A&E performance. A new £400m commissioner sustainability fund (CSF) will also be introduced to enable CCGs to return to in-year financial balance.

- The eight shadow Accountable Care System sites and two devolved health and care systems are now to be known as Integrated Care Systems (ICS). ICSs are expected to prepare a single system operating plan and to work within a system control total. They are expected to move to a more 'autonomous' regulatory relationship with NHS England and NHS Improvement over time.

- The guidance states that there will be no additional winter funding in 2018/19. Systems are required to produce a winter demand and capacity plan with actions and proposed outcomes. Guidance on submitting these winter plans will be available by March 2018.

- The two-year National Tariff Payment system is unchanged, with local systems encouraged to consider local payment reform in certain areas.

- There is no new detail on how funding for the lifting of the pay cap will be administered. Trusts are urged, however, to ensure their workforce plans are robust as they will be used to inform pay modelling nationally.

The full guidance document can be downloaded at https://www.england.nhs.uk/wp-content/uploads/2018/02/planning-guidance-18-19.pdf

On mental health, it states

"The November 2017 budget announced additional NHS revenue funding of £1.6 billion for 2018/19, which will increase funding for emergency & urgent care and elective surgery. In addition, for other core frontline services such as mental health and primary care, the Department of Health & Social Care (DHSC) is making a further £540 million available through the Mandate over the coming financial year. It is now our collective responsibility to ensure we deliver the best possible health service within the funds available.

"…we will build on the progress made in 2017/18 and protect investment in mental health, cancer services and primary care in line with the available resources and agreed plans. Recognising the scale of unmet need in mental health, the importance of cancer services and the intense pressures on primary care we believe it would be unacceptable to compromise progress on these services. This means a continued commitment to deliver the cancer waiting time standards, achievement by each and every CCG of the Mental Health Investment Standard, service expansions set out by the Mental Health Taskforce and General Practice Forward View commitments, consistent with the expectations already set out in the 2017-19 planning guidance."

The guidance also states:

"The next cohort of Integrated Care Systems will be selected from STPs with… compelling plans to integrate primary care, mental health, social care and hospital services using population health approaches to redesign care around people at risk of becoming acutely unwell. These models will necessarily require the widespread involvement of primary care, through incipient networks."

REPORT TO: TRUST BOARD

Enclosure No:5

Date of Meeting:	February 2018		
Title of Report:	Service User & Carer Council Report		
Presented by:	Wendy Dutton, Chair, Service User & Carer Council		
Author:	Wendy Dutton, Chair, Service User & Carer Council		
Executive Lead Name:	Maria Nelligan, Executive Director of Nursing & Quality	Approved by Exec	☒

Executive Summary:		Purpose of report	
This report has been prepared to provide an update of the Service User & Carer Council since the last meeting held on 31st January 2018.		Approval	☐
		Information	☒
		Discussion	☐
		Assurance	☒
Seen at:	SLT ☐	Date:	
	Execs ☐	Date:	
Committee Approval / Review	• Quality Committee ☐ • Finance & Performance Committee ☐ • Audit Committee ☐ • People & Culture Development Committee ☐ • Charitable Funds Committee ☐ • Business Development Committee ☐ • Digital by Choice Board ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer involvement. ☐ 2. To provide the highest quality services. ☒ 3. Create a learning culture to continually improve. ☐ 4. Encourage, inspire and implement research & innovation at all levels. ☐ 5. Maximise and use our resources intelligently and efficiently. ☐ 6. Attract and inspire the best people to work here. ☐ 7. Continually improve our partnership working. ☒		
Risk / legal implications: Risk Register Ref	None identified		
Resource Implications: Funding Source:	None identified		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	The Service User & Carer Council supported the principle of increasing representation across the Protected Characteristics when reviewing the Diversity and Inclusion Strategy. They also committed to supporting inclusive services and workforce in their review of the Strategy.		
Recommendations:	The Trust Board receives the update for information and assurance.		

Version	Name/group	Date issued

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SERVICE USER AND CARER COUNCIL UPDATE
FOR TRUST BOARD ON 22 February 2018

1. **Welcomed 3 service user's keen to view SUCC (with Veronica)**

2. **Actions from Informal workshop, November 2017**
   Reviewed **Care Plans** on Lorenzo, feedback and suggestions are being collated and fed through workstreams by Ben Boyd before coming back to SUCC
   Open Space event – Open discussion, to book venue, date for diary, SUCC members asked for suggestions regarding agenda, format, speakers asap

3. **Items covered in business meeting 31 January**,
   Continued SUCC involvement ;

   - **Smoke Cessation** – 2 SUC supporting task and finish group
   - **Citizens Jury** – still waiting for a report outlining findings
   - **CCG** attended 2nd round 'help shaping your local healthcare services' meeting with accountable officer 22nd Jan cancelled short notice
   - **RAID** interviews 4 out of 5 posts filled
   - **PICU** continued input and dates in the diary for interviews for a range of posts
   - **BAME** informal meetings continue, looking at setting up 'buddy system'

3.1 Discussed **Sutherland Centre Information Pack** (AQuA) discussed and further comments to be forwarded to Veronica to feedback to the centre questioned opportunity to standardise information pack across centres

3.2 Discussed **Quality Priorities/improvement** for 2018/19 to further explore quality improvements in more depth at February's workshop

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REPORT TO Trust Board (Public)

Enclosure No:6

Date of Meeting:	22/02/2018		
Title of Report:	Lorenzo Digital Exemplar – Children's & Young People		
Presented by:	Suzanne Robinson - Executive Director of Finance, Performance and Digital		
Author:	Dave Hewitt – Chief Information Officer		
Executive Lead Name:	Suzanne Robinson - Executive Director of Finance, Performance and Digital	Approved by Exec	☒

Executive Summary:	Purpose of report	
The Trust ambition is to become a Digital by Choice organisation, with a national reputation as a leader in the use of digital technology to improve services for the whole population. The Lorenzo implementation was the start of a larger programme to improve services to patients through cultural change and organisational development; from this the ROSE programme was born. The ROSE – Raising Our Service Excellence and Reducing Our Service Errors underpins the Trust's quality priorities SPAR to deliver services which are; Safe, Personalised, Accessible and Recovery Focused. The Trust has been successful in moving forward as part of the National Lorenzo Digital Exemplar (LDE) programme that will deliver a digital transformation programme with the CYP Directorate. The Trust is working with DXC (the suppliers of Lorenzo) and NHS Digital to develop a business case and mobilisation plan to move towards implementation in autumn 2018.	Approval	☒
	Information	☐
	Discussion	☐
	Assurance	☐

Seen at:	SLT ☐ Execs x Date:	Document Version No.	
Committee Approval / Review	• Quality Committee ☐ • Finance & Performance Committee X • Audit Committee ☐ • People & Culture Development Committee ☐ • Charitable Funds Committee ☐ • Business Development Committee ☐ • Digital by Choice Board ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer involvement.☐ 2. To provide the highest quality services ☐ 3. Create a learning culture to continually improve.☐ 4. Encourage, inspire and implement research & innovation at all levels.☐ 5. Maximise and use our resources intelligently and efficiently. X 6. Attract and inspire the best people to work here.☐ 7. Continually improve our partnership working. ☐		
Risk / legal implications: Risk Register Ref	None applicable.		
Resource Implications:	The Programme is fully resourced by NHS Digital via DXC. Any Trust		

Funding Source:	investment will require a business case.
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	There is no direct impact on the protected characteristics as part of the completion of this report however this is an important consideration of the business case and implementation of the project.
Recommendations:	The Trust Board is asked to: • Receive the presentation for information and discussion • Note the achievement of the objectives set out on the Digital Strategy • Support the direction of travel for the LDE programme

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Lorenzo Digital Exemplar – Children's & Young People

Dave Hewitt
Chief Information Officer

PROUD TO CARE

DIGITAL BY CHOICE ROSE

spar

Our digital story so far

Our ambition is to become a Digital by Choice organisation, with a national reputation as a leader in the use of digital technology to improve services for the whole population.

The Lorenzo implementation was the start of a larger programme to improve services to patients through cultural change and organisational development, from this the ROSE programme was born. The ROSE – Raising Our Service Excellence and Reducing Our Service Errors underpins the Trust's quality priorities SPAR to deliver services which are; Safe, Personalised, Accessible and Recovery Focused.

Our digital future facilitates a dynamic care plan pathway, aiding communications, preventing duplication and supporting a more efficient patient journey. The groundwork for pursuing an accessible digital future, had been already established with investments made in our people, technology and transformational change and will continue with the Lorenzo Digital Exemplar.

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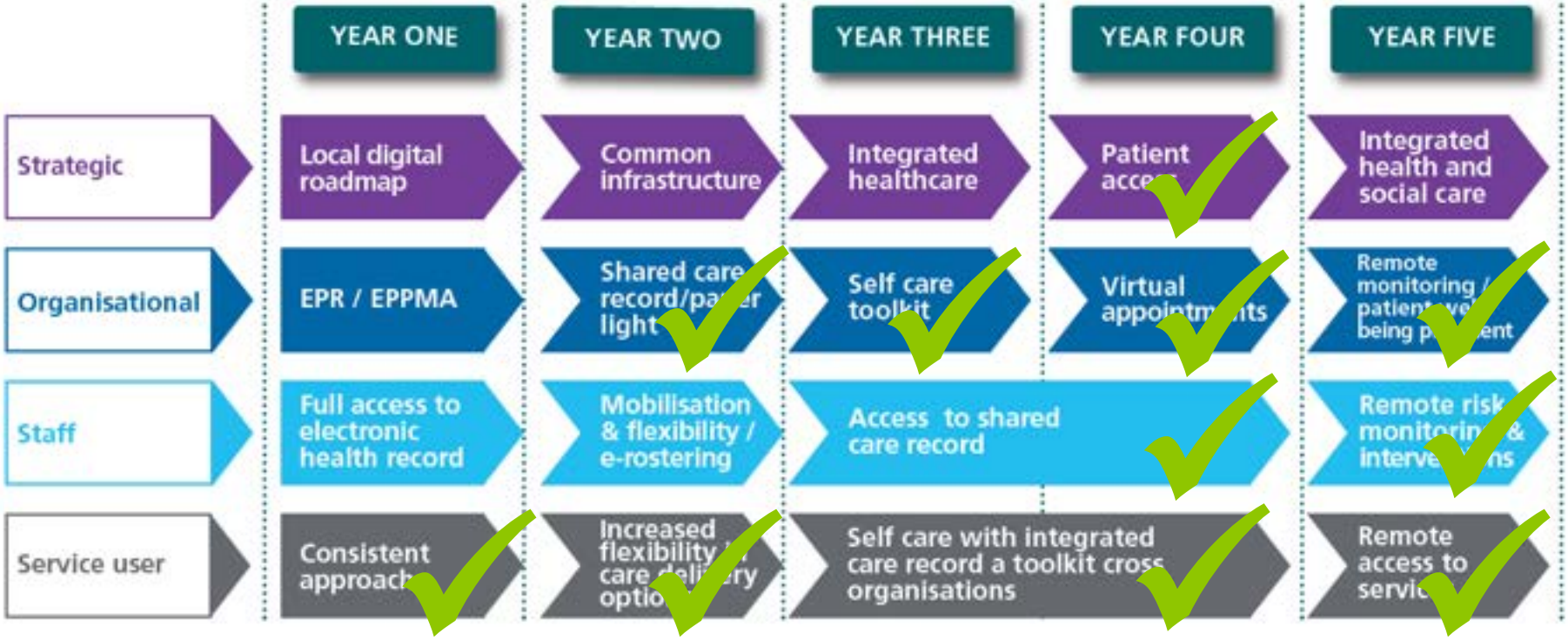
Digital strategy

STRATEGIC
We want to become a Digital by Choice organisation with a national reputation as a leader in the use of digital technology.

ORGANISATIONAL
We will adopt the principles that our technology must support the delivery of high quality safe effective care fit-for-purpose for today and future-proofed for tomorrow.

STAFF
Our technology will be fast and accessible for everyone, providing the right information for staff and users anytime, any place and anywhere that care is delivered.

SERVICE USER
We will adopt the principles that our technology must be able to allow us to share information effectively with service users and support their involvement in the management of their care.



Lorenzo Digital Exemplar

The Trust has been successful in an expression of interest to become a Lorenzo Digital Exemplar delivering a digital transformation programme with the CYP Directorate.

We are currently working with DXC (the suppliers of Lorenzo) and NHS Digital to develop a business case and mobilisation plan to move towards implementation.

Why children's and young peoples

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North Staffordshire Combined Healthcare NHS Trust

We have selected Children Young People (CYP) to be Lorenzo Digital Exemplar program for the following reasons:

- A strong narrative and case for change around strengthening the education and awareness of services to support:
  - Self-care model and appropriate referrals to services
  - Multi-channel approach required to become Digital by Choice
- An opportunity to build on an established programme of work with local schools which would be enhanced with digital enablement.
- There is opportunity to strengthen the participation of young people in the co-design of the service model.
- The CYP model is representative of those in other service areas, which would make the model replicable at scale across other mental health and physical health services within the NHS.
- The Lorenzo Digital Exemplar (LDE) programme would make a huge impact to the lives of children within Staffordshire and Stoke on Trent.

PROUD TO CARE

spar

Aims and objectives

We aim to deliver a future where young people and their families are empowered to use technology to revolutionise their care. We want to remodel the referral and assessment functions within our CYP service by increasing the proportion of children with the ability to self-care and self-refer into services.

This self-referral approach improves recovery, and enables a person to seek prompt treatment at an early stage, and it also reduces the likelihood of lower degree problems becoming more severe.

We see this as a transformation from traditional clinician referrals to a self-empowered model where children, families and professionals are able to access advice, materials and appropriate support.

Scope

- From the overall strategic aims and objectives, we have a resulting set of high level requirements. From these requirements, we can formulate a solid set of outputs for the LDE program which are:
  - Children's & Adolescent Mental Health Services (CAMHS) Self-Care Web Portal
  - Integration with Lorenzo and other systems of record to enable actionable insights and analysis
  - Clinical Decision Support Tool that can be accessed from the new portal

Concept

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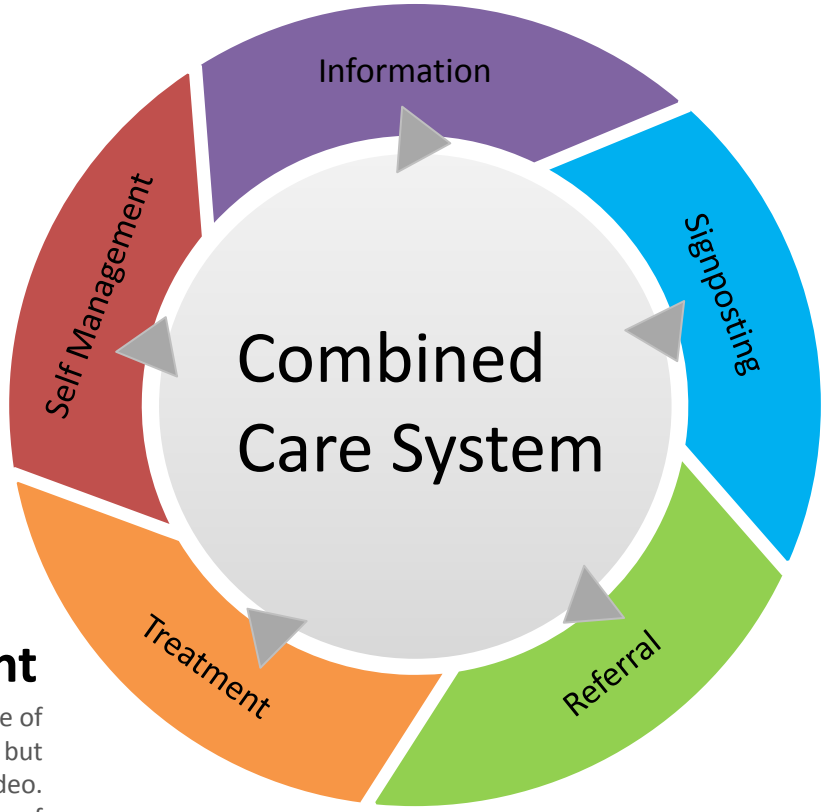
Information

Supporting people by building their knowledge providing tools and information to support them gaining a greater understanding about their health and wellbeing through educational materials..

Self Management

Supporting people to manage their conditions, building their skills, knowledge and confidence to self- manage their condition(s).
Also an supporting improvement in wellbeing through tailored plans, self-management apps and educational materials.



Signposting

Providing a service to signposting people to relevant local health services, from information regarding local partners and directory of services.

Directing people based on information entered and assessments completed recommendations could be generated automatically or transferred for clinical review.

Referral

The aim of this is to improve self referral and professional access to services. The system will collect information and assessment details to help ensure that people are treated in the most appropriate and timely way for their condition

Treatment

Supporting treatment through the use of apps, messaging or traditional sessions but done at a distance via video.
Supporting the collection and availability of information before and in-between sessions to support the delivery of appropriate care to the service user.

Patient stories

Current state

- Teacher thinks that a child has ADHD or Autism and contacts their education psychology service but there are no slots left.
- Teacher contacts parents and asks them to book an appointment with the GP to raise the issue.
- GP meets with the parents and child and then refers to a Paediatrician.
- Paediatrician assesses the child and makes a referral to the Hub for an ADHD / Autism assessment.
- Following the assessment the child does not have ADHD or Autism.

Future state

- Teacher thinks that a child has ADHD or Autism and accesses the portal completing an online assessment.
- The results of the assessment indicate that the issue is not within the normal bounds of ADHD or Autism.
- Teacher meets with the parents about the behaviour and discovers the parents are getting divorced.

Patient stories

Current state

- Parent visits GP with concerns regarding the presentation of their child.
- GP refers to the Hub based on child having depression and anxiety symptoms.
- Hub allocate to team for initial assessment, within 18 weeks and send out a ROM's questionnaire.
- ROM is brought into the team and entered into Lorenzo.
- Following the initial assessment the parent is recommended to contacts North Staffs Young Minds.

Future state

- Child picks up information about the portal from an assembly at school.
- Child and parents access portal and complete and online assessment and review self help materials.
- They decided they don't need to see a GP

Patient stories

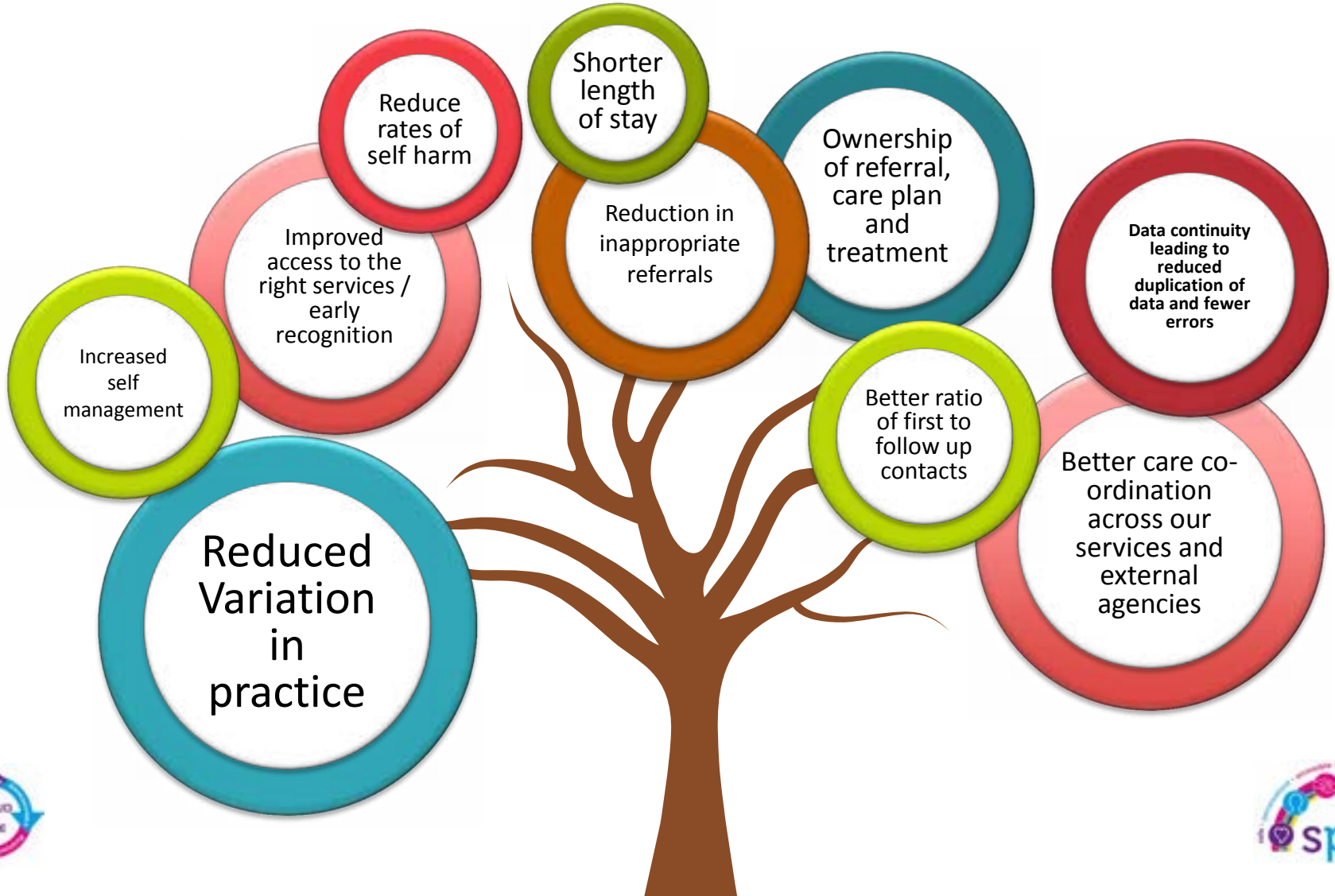
Current state

- A GP refers a child with anxiety and depression symptoms.
- The Hub review and accept the referral and schedule an appointment within 18 weeks and send out a SDQ.
- Meanwhile the child self harms and attends A&E.
- A&E make a priority referral to the hub and a face to face assessment is offered within 72 hours.
- The child is referred to a team for treatment and is seen over the next 2 years before being discharged with support from the voluntary sector.

Future state

- GP signposts the child to the portal.
- Child and parents make a self referral via the portal filling in an anxiety and depression assessment.
- Answers provided within the assessment trigger an alert which is picked up in the Hub and a web chat is offered.
- Based on the responses to the questionnaire and web chat the child is offered a priority assessment.
- The child/parents choose to have this over a video link, before this meeting the child will have completed a ‘CAMHS Ready’ preparation pack online.
- Based on the assessment meeting and responses to the preparation pack the child is offered a support group to join.
- Using self help tools as part of their recovery they are able to reduce their time in service to 18 months.

Benefits – What could it do for everyone?



Time line

North Staffordshire Combined Healthcare NHS Trust

EXPRESSION OF INTEREST

Articulate vision, objectives, scope, status and value

1

MOBILISATION

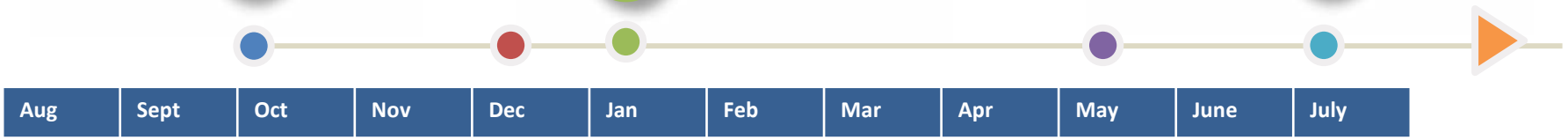
- Defined Vision
- Digital Roadmap
- Implementation plan
- Transformation plan
- Investment Case
- Measures for Success
- MOU

3

IMPLEMENTATION

Proactive review of outputs, outcomes & benefits
Blueprints developed, tested and adopted
Sharing of learning

5



2

ASSESSMENT

- Selection Panel
- Scale & Ambition
- DMA 2017
- Evidence of past performance – digital delivery, collaboration and contribution
- Organisational Performance

4

APPROVAL

Approval required by North Staffordshire Combined NHS Trust Board and NHS Digital

Key dates

- Expression of interest submission – October 2017 ✓
- Approval for the mobilisation phase – December 2017 ✓
- Submission of business case to Trust Board – May 2018
- Submission of business case to NHS Digital – May 2018
- Moving into the implementation phase – July 2018

Questions

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REPORT TO EXECS

Enclosure No: 7

Date of Meeting:	22nd February 2018		
Title of Report:	December 2017 Monthly Safer Staffing Report		
Presented by:	Maria Nelligan, Executive Director of Nursing & Quality		
Author:	Julie Anne Murray, Deputy Director of Nursing, AHP & Quality		
Executive Lead Name:	Maria Nelligan, Executive Director of Nursing & Quality	Approved by Exec	☒

Executive Summary:		Purpose of report	
This paper outlines the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during December 2017 in line with the National Quality Board requirements. The performance relating to fill rate (actual numbers of staff deployed vs numbers planned) during December 2017 was 82% for registered staff and 95% or care staff on day shifts and 84% and 101% respectively on night shifts. Overall a 91% fill rate was achieved. Where 100% fill rate was not achieved, safety was maintained on in-patient wards by use of additional hours, cross cover and Ward manager supporting clinical duties. The data reflects that Ward Managers are staffing their wards to meet increasing patient needs as necessary.		Approval	☐
		Information	☒
		Discussion	☐
		Assurance	☒
Seen at:	SLT ☐	Date:	
	Execs ☒	Date:	
Committee Approval / Review	• Quality Committee ☐ • Finance & Performance Committee ☐ • Audit Committee ☐ • People & Culture Development Committee ☐ • Charitable Funds Committee ☐ • Business Development Committee ☐ • Digital by Choice Board ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer involvement. ☐ 2. To provide the highest quality services. ☒ 3. Create a learning culture to continually improve. ☐ 4. Encourage, inspire and implement research & innovation at all levels. ☐ 5. Maximise and use our resources intelligently and efficiently. ☒ 6. Attract and inspire the best people to work here. ☐ 7. Continually improve our partnership working. ☐		
Risk / legal implications: Risk Register Ref	Delivery of safe nurse staffing levels is a key requirement to ensuring that the Trust complies with National Quality Board standards.		
Resource Implications: Funding Source:	Temporary staffing costs. Budgeted establishment and temporary staffing spend.		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	None		
Recommendations:	To receive the report for assurance and information		

Version	Name/group	Date issued
1	Maria Nelligan	01 Feb 2018

1 Introduction

This report details the ward daily staffing levels during the month of December 2017 following the reporting of the planned and actual hours of both Registered Nurses (RN) and Health Care Support Workers (Care Staff) to Unify. Appendix 1 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 monthly review covering January to June 2017 is currently underway and is concentrating on workforce planning. This was originally planned to be reported to November Board however, due to the current management of change (MoC) relating to shift patterns, it was agreed at October Quality Committee to delay the report in order to capture the outcome of the MoC. Due to the timeline of the MoC, the Jul-Dec 2017 is now due to commence and therefore the 2 six monthly reports will be amalgamated into a comprehensive annual report for 2017.

3 Trust Performance

During December 2017 the Trust achieved a staffing fill rate of 82% for registered staff and 95% for care staff on day shifts and 84% and 101% respectively on night shifts. Taking skill mix adjustments into account an overall fill-rate of 91% fill was achieved. This was during the Christmas holiday period and also during a period of exceptional demand in the local health economy due to the flu-like illness. Where 100% fill rate was not achieved, staffing safety was maintained on in-patient wards by nurses working additional unplanned hours, cross cover, Ward managers (WMs) and the multi-disciplinary team (MDT) supporting clinical duties and the prioritising of direct and non-direct care activities. Established, planned (clinically required) and actual hours alongside details of vacancies, bed occupancy and actions taken to maintain safer staffing are provided in Appendix 2. A summary from WMs of issues, patient safety, patient experience, staff experience and mitigating actions is set out below.

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

4 Impact

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

4.1 Impact on Patient Safety

There were 5 incidents reported by in-patient wards during December 2017 relating to patient safety and nurse staffing issues. Breakdown by ward is summarised as follows:

Ward	Incident Reports
Darwin	1 occasion where it was challenging to maintain clinical observations 1 occasion when a clinical intervention was delayed due to staffing levels
Ward 2	1 incident where a member of staff had to escort a patient to A&E
Ward 4	1 shift where it was challenging to maintain enhanced clinical observations 1 night shift where the DSN was based on the ward due to agency RN failing to report for duty 1 incident form relating to difficulties in increasing staffing levels in response to acuity over a weekend

Additionally, across the in-patient areas there were 144 occasions where there was only one RN on duty (excluding nights on wards where the planned staffing is for one RN).

4.2 Impact on Patient Experience

Staff prioritise patient experience and direct patient care. During December 2017 it was reported that 20 activities were cancelled or shortened (and not rearranged) due to nurse staffing levels.

4.3 Impact on Staff Experience

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

- 180 staff breaks were cancelled (equivalent to approximately 4% of breaks)
- 102 staff breaks were shortened equivalent to approximately 2% of breaks)
- 305 hrs of ward cross cover (nursing staff were reallocated to cover shortfall within other clinical areas).

4.4 Mitigating Actions

Ward Managers and members of the multi-disciplinary team have clinically supported day shifts to ensure safe patient care. Skill mix has been altered to backfill shortfalls. A total of 229 RN shifts were covered by HCSW 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 4.3, staff breaks have been shortened or not taken (time is given in lieu) and wards have cross covered to support safe staffing levels.

4.5 RN Staffing Trend

Although there has been recruitment of RNs over the last 12 months, including 18 RNs commencing preceptorship in October 2017, this increase in demand for staffing has also resulted in the RN fill rate trend line is static (Figure 2).

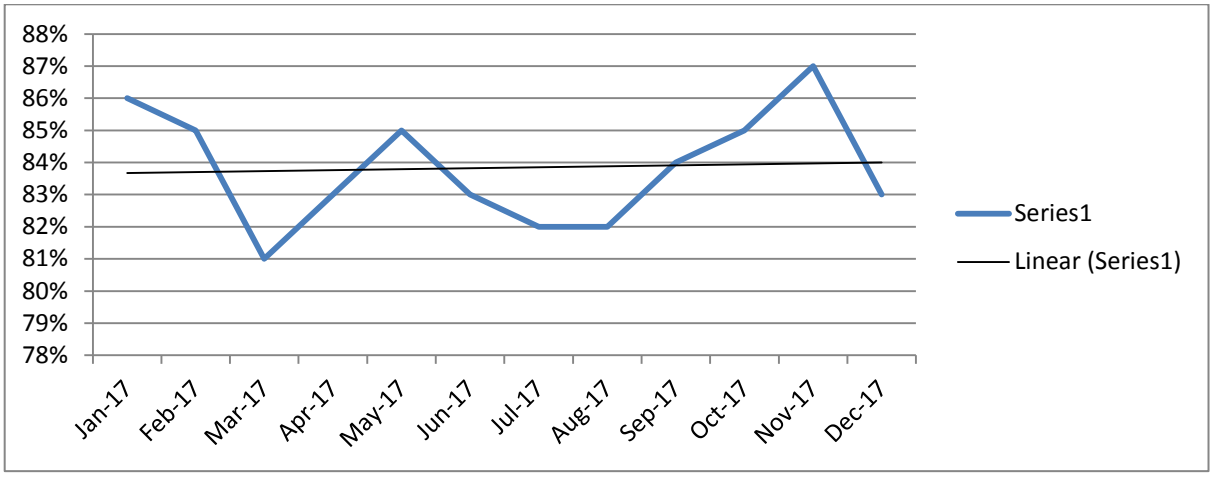

Table 1 Twelve month RN fill rate trend line

The following actions have been taken to strengthen RN staffing:

- 18 RNs commenced preceptorship in October 2017
- A further 26 third year Keele nursing students have accepted a conditional offer to commence with Trust in Oct 2018
- Shift patterns have been altered in response to staff feedback (with further NOAP consultation ending 22 Feb 2018)
- Recruitment opportunities for RNs continue to be advertised (including bank)
- Increased the presence of Duty Senior Nurses (DSN), Nurse Practitioners and WM on wards
- The Trust has joined the NHSI MH recruitment and retention programme
- Recruitment campaign launched for PICU

5. Summary

Safe staffing reporting indicated challenges in staffing wards during December 2017. Vacancies across all wards have contributed to this coupled with the increase in sickness due to flu like illness seen locally and nationally. Additionally the use of temporary staffing to support Ward 4 has reduced the availability of temporary staff to backfill other wards. A significant number of RN vacancies have been filled by newly qualified RNs during October 2017; these nurses are going through a period of preceptorship. The Board should note the further challenges associated with the temporary increase of beds on Ward 4 in the response to the winter pressure in the health economy. During 2018 it is anticipated that challenges will also be experienced with the planned opening of PICU, therefore the 2017 annual nurse staffing review will make recommendations in relation to this. The Trust continues to employ alternate strategies with the support of the HR and communication teams to attract RNs during this national shortage.

The trust have joined the NHSI Retention Support Programme. A project team is being identified to deliver this programme and a visit from NHSI is arranged for March 2018.

6. Recommendations

The Trust Board is asked to:-

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

Appendix 1 December 2017 Safer Staffing

Dec-17	DAY						NIGHT						DAY		NIGHT									
Ward name	Registered nurses			Care staff			Registered nurses			Care staff			Average fill rate - registered nurses (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses (%)	Average fill rate - care staff (%)	Overall RN	Overall HCSW	Overall	Safe staffing was maintained by:	RN Vacancies	HCSW 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	1523	1395	1299	1395	1395	1266	665	665	343	729	665	922	93%	91%	52%	139%	80%	106%	93%	Nurses working additional unplanned hours and altering skill mix cross cover was provided to other wards	1.40	2.01	93%	↑	6.57%
Ward 2	1485	1485	917	1395	1395	1543	665	665	472	665	665	815	62%	111%	71%	123%	65%	114%	89%	Nurses working additional unplanned hours and altering skill mix	5.20	0.21	98%	↑	7.21%
Ward 3	1553	1553	1360	1395	1395	1297	665	665	475	665	665	815	88%	93%	71%	123%	83%	103%	92%	Cross cover was provided to other wards.Altering skills mix	0.80	1.44	95%	↑	1.55%
Ward 4	1553	1553	1198	1395	2010	1909	300	581	446	698	965	903	77%	95%	77%	94%	77%	95%	87%	Nursing working additional unplanned hours, cancelling non-direct care activity and altering skills mix.	6.80	2.20	93%	↓	0.00%
Ward 5	1080	1545	875	930	1530	1603	290	290	290	871	974	850	57%	105%	100%	87%	63%	98%	83%	Cross cover was provided to other wards.Altering skills mix	2.30	-0.20	105%	↑	1.42%
Ward 6	1088	1095	1110	1860	1995	1835	291	291	300	872	1088	985	101%	92%	103%	91%	102%	91%	95%	Cross cover was provided to other wards.Altering skills mix	1.10	3.55	104%	↑	7.28%
Ward 7	1088	1155	743	1395	1395	1600	290	290	319	581	871	787	64%	115%	110%	90%	73%	105%	93%	Altering skills mix	-0.20	0.00	101%	↑	9.97%
A&T	1551	1350	1419	1395	1395	1111	333	333	333	1000	1333	1322	105%	80%	100%	99%	104%	89%	95%	Cross cover was provided to other wards.Altering skills mix	1.83	5.11	97%	↑	7.36%
Edward Myers	1043	1107	1021	930	930	897	291	291	293	572	563	582	92%	96%	101%	104%	94%	99%	97%	Cancelling non-direct care activity and altering skills mix.	1.70	3.14	90%	↑	0.79%
Darwin Centre	1320	1253	1097	1163	1340	1143	324	324	324	667	967	881	88%	85%	100%	91%	90%	88%	89%	Nursing working additional unplanned hours, cancelling non-direct care activity, cross cover was also provided to other wards and altering skills mix.	0.85	0.20	84%	↓	8.57%
Summers View	1009	986	819	930	878	794	332	332	323	665	579	579	83%	90%	97%	100%	87%	94%	91%	Altering skills mix	0.00	1.79	86%	↑	6.80%
Florence House	544	553	488	930	930	691	332	332	332	332	332	332	88%	74%	100%	100%	93%	81%	86%	Altering skills mix	1.00	2.23	100%	↓	11.68%
Trust total	**14834**	**15029**	**12345**	**15113**	**16588**	**15687**	**4778**	**5059**	**4251**	**8316**	**9667**	**9773**	**82%**	**95%**	**84%**	**101%**	**83%**	**97%**	**91%**						

Appendix 2 Staffing Issues

- There have been challenges and limited success in recruiting band 5 adult RNs to Ward 4 therefore the team are seeking to recruit RNs from other fields who have physical health experience, this will be supported by an education programme. An Advanced Nurse Practitioner has been recruited and will commence in April 2018.

- There are currently 23 WTE RN vacancies reported within in-patient wards. Of these, 16.6 WTE are in the recruitment process. We continue to advertise for the remainder.

- Ward 2 and 4 have the highest RN vacancies of 5.2 and 6.6 WTE respectively; 6 WTE of these have been recruited to. The remaining posts have been advertised externally and have been included within the recruitment events with limited success. Therefore we are reviewing skill mix and shift patterns.

- Ward teams are supported by Modern Matrons and a Duty Senior Nurse who are further supported by an on-call manager out of hours. These staff are not included in the safer staffing returns and are based on wards as opposed to Nursing Office from September.

- RN night shift cover remains challenging. This is a result of increasing night cover to 2 RNs on the acute wards (1, 2 and 3) however the number of vacancies on these wards has made this challenging to achieve consistently.

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

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REPORT TO Trust Board

Enclosure No:8

Date of Meeting:	22 February 2018		
Title of Report:	Performance & Quality Management Framework Month 9		
Presented by:	Director of Finance, Performance & Digital		
Author:	Performance & Information Team		
Executive Lead Name:	Suzanne Robinson	Approved by Exec	☒

Executive Summary:	Purpose of report	
The report provides an overview of performance for December 2017 covering Contracted Key Performance Indicators (KPIs) and Reporting Requirements. In addition to the performance dashboards a full database (Divisional Drill-Down) has been made available to Directorate Heads of Service and Clinical Directors to enable them to interrogate the supporting data and drive directorate improvement. This is summarised in the supporting PQMF dashboard. Data Quality (DQ) work is ongoing to validate and refine metrics reported in this paper, in relation to the transition to the Lorenzo EPR, which went live in May 2017.	Approval	☒
	Information	☒
	Discussion	☒
	Assurance	☐

Seen at:	SLT ☐ Execs ☒ Date:	Document Version No.	
Committee Approval / Review	• Quality Committee ☒ • Finance & Performance Committee ☒ • Audit Committee ☐ • People & Culture Development Committee ☒ • Charitable Funds Committee ☐ • Business Development Committee ☐ • Digital by Choice Board ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer involvement.☐ 2. To provide the highest quality services ☒ 3. Create a learning culture to continually improve.☐ 4. Encourage, inspire and implement research & innovation at all levels.☐ 5. Maximise and use our resources intelligently and efficiently.☒ 6. Attract and inspire the best people to work here.☒ 7. Continually improve our partnership working. ☐		
Risk / legal implications: Risk Register Ref	In Month 9 there are 3 target related metrics rated as Red and 1 target related metric as Amber; all other indicators are within expected tolerances. All areas of underperformance are separately risk assessed and a rectification plan is developed, overseen by the relevant sub-committee of the Trust Board.		
Resource Implications: Funding Source:	There are potential contractual penalties if the Trust is not able to meet reporting requirements. There is an agreement with Commissioners for the Trust to have 6 months period following the implementation of the new EPR		

	in order to ensure that all reports can be made available, or to identify further actions and timescales for delivery agreed in the Data Quality Improvement Plan. There have been significant improvements in data completeness and data quality which have mitigated the risk. There are plans to address remaining issues and to support further developments in the Data Quality Improvement Plan agreed with commissioners.
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	The PQMF includes monitoring of ethnicity as a key national requirement. The Trust is seeking to ensure that all Directorates are recording in a timely way the protected characteristics of all service users to enable monitoring of service access and utilisation by all groups in relation to the local population.
Recommendations:	The committee is asked to • Receive the Trust reported performance, management action and committee oversight on the Month 9 position

PERFORMANCE & QUALITY MANAGEMENT FRAMEWORK
REPORT TO TRUST BOARD

Date of meeting:	22 February 2018
Report title:	**Performance & Quality Management Framework** **Performance Report – Month 9** **2017/18**
Executive Lead:	Director of Finance, Performance & Digital
Prepared by:	Performance & Information Team
Presented by:	Director of Finance, Performance & Digital

1 Introduction to Performance Management Report

The report provides an overview of performance for December 2017 covering national and contracted Key Performance Indicators (KPIs) and reporting requirements. The format of the report has changed to reflect changes to the Single Oversight Framework metrics and measures, and to group like measures together. In addition, there has been a review of metrics to be reported to Board and Committees to focus on measurable KPIs and high value measures.

A full suite of metrics continues to be provided to the Executive Team.

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.

Data Quality (DQ) work is ongoing to validate date behind the KPI reported in this paper, following the transition to the new Lorenzo EPR, which went live in May 2017.

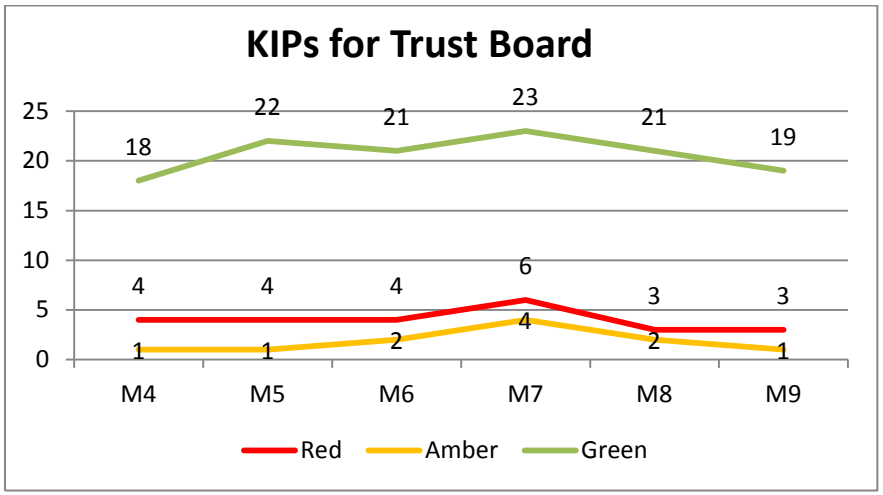
2 Executive Summary – Exception Reporting

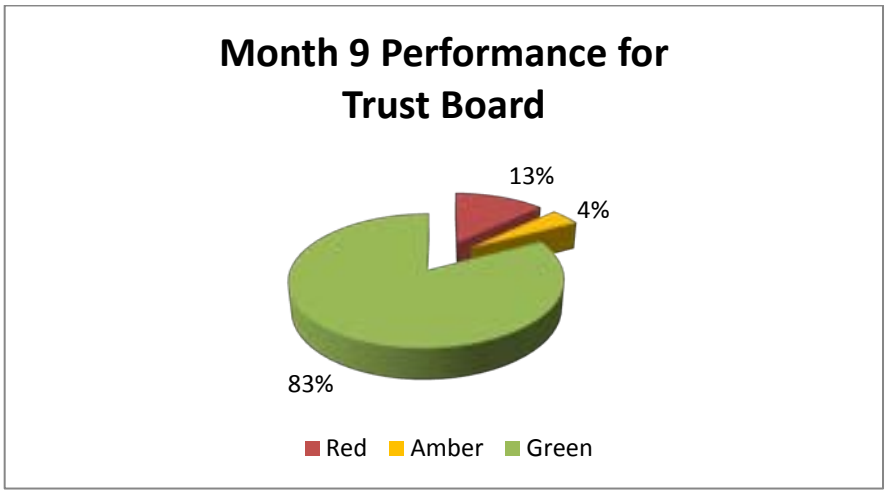
The following performance highlights should be noted;

- Emergency readmissions continue to reduce to 3.9% in December 2017 (4.1% in November 2017.)
- 96% of all service users on CPA received their review within 12 months (against a target of 95%)
- 100% of patients assessed within 12 weeks of referral to the Memory Assessment service

- The RAID waiting time target response rates have been met.
- 100% of service users referred to IAPT services treated within six weeks of referral and 60% of people accessing IAPT services moved in to recovery (against a 50% target)

In Month 9 there are 3 target related metrics rated as **Red** and 1 as **Amber**; all other indicators are within expected tolerances.





3 Exceptions - Month 9

KPI Classification	Metric	Exec/Op Lead	Target	M8	M9	Trend	Commentary
NHSI	Agency: % year to date agency spend compared to year to date agency ceiling	Dir of Workforce and Leadership	0.0%	RED 30.4%	RED 29.7%	↘	30.4% at M9 from 29.7% at M8 The cumulative YTD plan is £1,647k against actual of £2,135k - £488k worse than plan (30.4%) The main drivers of the negative variances are: • ROSE: £143k: The Trust extended the use of additional agency staff as part of the implementation of the ROSE project to ensure a safe Transition. The use of agency has now ceased on this project. • Medical Locums - £324k: This reflects the national shortage of medics. The Trust is Exploring a number of ways to attract and retain medical staff. The Trust is forecasting that the agency ceiling will not be achieved in 2017/18, however the run rate has reduced significantly since April 2016 and therefore expects to deliver the 2018/19 ceiling.

<table>
<tr><th>KPI Classification</th><th>Metric</th><th>Exec/Op Lead</th><th>Target</th><th>M8</th><th>M9</th><th>Trend</th><th>Commentary</th></tr>
<tr><td>NHSI</td><td>Delayed Transfers of Care:

DTOC</td><td>Dir of Ops</td><td>7.5%</td><td>RED
12.5%</td><td>RED
10.2%</td><td>↘</td><td>10.2% at M9 from 12.5% at M8

AMH IP – 8.2% at M9 from 13.8% at M8
NOAP – 10.3% at M9 from 10.7% at M8
Ward 4 – 20.7% at M9 from 16.1% at M8

<table>
<tr><th>Trust - Reason for Delay</th><th>Total Pts</th><th>Total Days</th><th>Days as % of Total</th></tr>
<tr><td>Care Home Placement</td><td>11</td><td>152</td><td>34.1%</td></tr>
<tr><td>Patient or family choice</td><td>16</td><td>117</td><td>26.2%</td></tr>
<tr><td>Public Funding</td><td>7</td><td>65</td><td>14.6%</td></tr>
<tr><td>Completion of assessment</td><td>8</td><td>61</td><td>13.7%</td></tr>
<tr><td>Housing-patients not covered by NHS and Community Care Act</td><td>4</td><td>41</td><td>9.2%</td></tr>
<tr><td>Dispute</td><td>1</td><td>7</td><td>1.6%</td></tr>
<tr><td>Care package in own home</td><td>1</td><td>2</td><td>0.4%</td></tr>
<tr><td>Further non acute NHS care (including intermediate care, rehabilitation etc.)</td><td>1</td><td>1</td><td>0.2%</td></tr>
<tr><td>Total</td><td>49</td><td>446</td><td>100.0%</td></tr>
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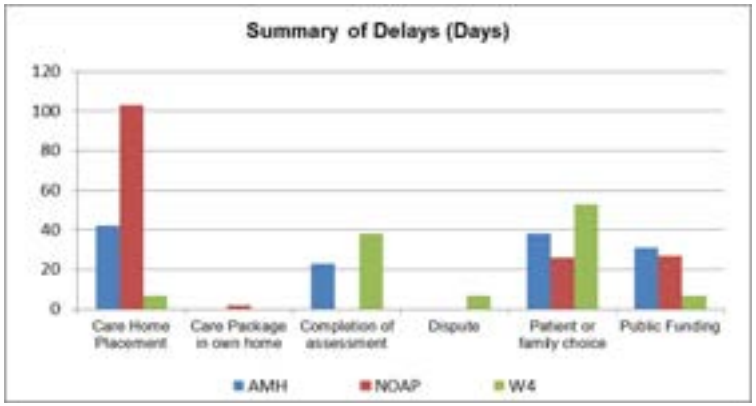
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</table>

KPI Classification	Metric	Exec/Op Lead	Target	M8	M9	Trend	Commentary
							There has been a decrease in NOAP to 10.3% in December from 10.7% in November. Adult Inpatient DToCs have decreased to 8.2% in December from 13.8% in November. Delays continue to be mainly associated with system wide issues such as access to NHS or residential funding or placement and family choice. The Directorates are strengthening operational standards to ensure consistent approach across the trust.
CCG	Bed Occupancy: Bed Occupancy (Including Home Leave) AMH Inpatient - 90% Other Wards – 85%	Dir of Ops	85%	RED 89.0% 95.2%	RED 96.0% 94.4%	↗ ↗ ↘	AMH IP – 96.0% at M9 from 89.0% at M8 Trust excl. AMH IP – 94.4% at M9 from 95.2% at M8 The pressure on adult inpatient beds is impacted by the levels of delayed transfers of care. These are consequence system wide pressures. An action plan is in place and is being monitored through the A&E Delivery Board.
NHSI	CPA: The proportion of those on CPA receiving follow up contact within 7 days of discharge	Dir of Ops	95.0%	GREEN 97.4%	AMBER 90.9%	↘	90.9% at M9 from 97.4% at M8 3 patients (out of 33 in total) were not followed up within the timescale. NOAP (4 out of 7 had recorded follow ups.) There were three clients within the NOAP directorate who were not followed up within 7 days over the bank holiday period. Staff have been reminded of the SOP.

KPI Classification	Metric	Exec/Op Lead	Target	M8	M9	Trend	Commentary
							All patients were followed up on day 9 and there were no clinical issues arising from the delays.

4 Recommendations

The Trust Board is asked to;

- Receive the Trust reported performance, management action and committee oversight on the Month 9 position

Month: **December**
9
Key:-

PQMF Report to Trust Board

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

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

	Metric	Frequency	Target (2016/17) Refs 17/18 target	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Trend
EFFECTIVE																	
NHSI	Early Intervention in Psychosis - A maximum of 2 week waits for referral to treatment (Target-17/18-50%, 18/19-53%)	Monthly	50%	76.9%	81.8%	63.6%	100.0%	70.0%	50.0%	62.5%	61.5%	72.7%				71.0%	↗
CCG	Compliance with 18 week waits (Referral to Treatment or Intervention)	Monthly	92%	93.5%		82.4%	94.3%	95.1%	94.9%	92.5%	93.6%	94.2%				92.6%	↗
CCG	AMH IP	Monthly	92%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				100.0%	↔
CCG	AMH Community	Monthly	92%	89.0%		77.5%	91.9%	94.9%	95.9%	95.6%	91.6%	93.5%				91.2%	↗
CCG	Substance Misuse	Monthly	92%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				100.0%	↔
CCG	LD	Monthly	92%	100.0%		85.2%	100.0%	94.1%	92.3%	91.9%	90.0%	92.3%				93.2%	↗
CCG	NOAP	Monthly	92%	97.4%		82.3%	94.3%	94.9%	95.4%	90.5%	95.3%	95.4%				93.2%	↗
CCG	C&YP	Monthly	92%	100.0%		93.7%	100.0%	95.4%	90.3%	93.1%	92.2%	93.0%				94.7%	↗
CCG	Zero tolerance RTT waits over 52 weeks for incomplete pathways	Monthly	0	0.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0				0	↔
CCG	RAID response to A&E referrals within 1 hour	Monthly	95%	94.0%	94.0%	97.0%	96.0%	98.0%	97.0%	96.0%	95.0%	97.0%				96.0%	↗
CCG	Patients will be assessed within 12 weeks of referral to the Memory Assessment service	Monthly	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				100.0%	↔
CCG	Number of people seen for crisis assessment within 4 hours of referral	Monthly	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					↔
National/CCG	Overall safe staffing fill rate	Monthly	No Target	95.2%	95.3%	94.8%	93.4%	91.2%	90.4%	91.8%	94.3%	91.0%				93.0%	↘
National	Mental health delayed transfers of care (target NHSI) (M1-4.7%, M2-4.5%, M3-4.2%, M4-4.0%, M5-3.7%, M6-3.5%) Target revised to 7.0% in M3	Monthly	7.5%	11.0%	8.4%	13.0%	12.7%	10.8%	8.8%	13.5%	12.5%	10.2%				11.2%	↘
CCG	Emergency Readmission rate (30 days). Percentage of patients readmitted within 30 days of discharge.	Monthly	7.5%	15.0%	5.2%	5.1%	5.0%	4.7%	3.0%	6.9%	4.1%	3.9%				5.9%	↘
NHSI	Total bed days patients have spent Out of Area	Monthly	No target	0.0	0.0	160.0	295.0	259.0	22.0	1.0	28.0	131.0				896.0	↗
NHSI	Ratio of days Out of Area to baseline (M9 2017/18)	Monthly	<1.0									1.0				1.0	↔
SAFE																	
CCG	Number of patients 16/17 years old admitted to Adult Psychiatric wards	Monthly	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				0.0	↔
NHSI	Admission to adult facilities of U16s	Monthly	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				0.0	↔
CCG	Bed Occupancy (Including Home Leave)	Monthly	85%	93.6%	89.4%	92.9%	92.6%	92.3%	90.0%	93.1%	93.3%	94.9%				92.5%	↗
CCG	AMH IP	Monthly	90%	94.0%	89.0%	97.0%	93.0%	96.0%	89.0%	86.0%	89.0%	96.0%				92.1%	↗
CCG	LD	Monthly	85%	100.0%	79.0%	71.0%	68.0%	76.0%	79.0%	88.0%	74.0%	76.0%				79.0%	↗
CCG	Neuro	Monthly	85%	90.6%	91.3%	107.7%	113.7%	108.4%	103.1%	102.3%	108.0%	105.0%				103.3%	↘
CCG	Old Age Psychiatry	Monthly	85%	95.0%	92.0%	90.0%	92.0%	92.0%	93.0%	98.0%	98.0%	99.0%				94.3%	↗
CCG	C&YP	Monthly	85%	94.2%	88.6%	98.0%	93.9%	77.2%	73.1%	97.2%	96.6%	84.1%				89.2%	↘
CCG	IAPT: The proportion of people who have depression and/or anxiety disorders who receive psychological therapies (Target: 3.75% per quarter, 1.25% p/month)	Monthly	3.75% quarterly (1.25% monthly)	1.05%	1.28%	1.21%	1.29%	1.30%	1.25%	1.5%	1.3%	0.9%				1.23%	↘
NHSI / CCG	IAPT : The number of people who are moving to recovery. Divided by the number of people who have completed treatment minus the number of people who have completed treatment that were not at caseness at initial assessment	Monthly	50%	67.1%	68.5%	65.1%	65.9%	69.5%	64.9%	60.8%	66.3%	60.8%				65.4%	↘
NHSI / CCG	Improving Access to Psychological Therapies (IAPT) Programme: the percentage of service users referred to an IAPT programme who are treated within 6 weeks of referral	Monthly	75%	99.7%	99.3%	100.0%	100.0%	100.0%	99.7%	100.0%	99.0%	100.0%				99.7%	↗
NHSI / CCG	Improving Access to Psychological Therapies (IAPT) Programme: the percentage of service users referred to an IAPT programme who are treated within 18 weeks of referral	Monthly	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				100.0%	↔
CCG	S136 (Place of Safety) Assessments	Monthly	No Target	23.0	33.0	35.0	43.0	22.0	20.0	28.0	21.0	12.0				237.0	↘
National	The proportion of those on Care Programme Approach (CPA) for at least 12mnths having formal review within 12mnths *NHSI*	Monthly	95%	94.3%	93.9%	91.5%	91.8%	94.5%	92.2%	90.3%	94.1%	95.9%				93.2%	↗
NHSI	The proportion of those on Care Programme Approach (CPA) receiving follow-up contact within 7 days of discharge	Monthly	95%	95.7%	96.9%	91.2%	90.0%	86.7%	97.4%	92.9%	97.4%	90.9%				93.2%	↘
NHSI/CCG	Never Events	Monthly	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				0.0	↔
CCG	Mixed Sex Accommodation Breach	Monthly	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				0.0	↔

	Metric	Frequency	Target (2016/17) Red= 17/18 target	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Trend
CARING																	
National	Inpatient Scores from Friends and Family Test – % positive	Monthly	No Target	89.0%	88.0%	83.0%	83.0%	85.9%	85.9%	93.8%	93.6%	85.9%				87.6%	↘
National	Percentage of complaints responded to in line with timescale agreed with complainant	Monthly	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				100.0%	↔
CCG	Duty of Candour Each failure to notify the Relevant Person of a suspected or actual Reportable Patient Safety Incident	Monthly	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				0.0	↔
ORGANISATIONAL HEALTH																	
National	% Year to Date Agency Spend compared to Year to Date Agency Ceiling	Monthly	0%		7.0%	20.0%	10.0%	26.0%	24.0%	28.0%	30.0%	29.7%					↘
National	Sickness Absence Percentage: Days lost	Monthly	4.95%	4.20%	3.95%	3.95%	4.20%	4.90%	4.88%	4.88%	4.68%					4.5%	↘
National	Staff Turnover (% FTE)	Monthly	>10%	0.9%	1.1%	0.6%	0.6%	1.5%	1.4%	0.7%	0.3%	1.0%				0.9%	↗

1 Updated metrics and targets

The following measures and targets have been updated for Month 9 following further audit and data quality work with the Lorenzo extracts and scripts:

- The sickness absence target has been amended from 5.1% to 4.95%, year to date figures have been amended as data has been refreshed. October and November absences are provisional figures.

The following measures and targets have been added in Month 9 to reflect the updated Standard Operating Framework:

- Out of Area measures x4 replaced with a total count of bed days adult out of area and a baseline marker to evidence a continual reduction (baseline = M9)
- Admission to adult facilities of U16s

A full review of the revised SOF has been undertaken and any further changes to the PQMF will be made (and flagged) in Month 10.

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REPORT TO Trust Board

Enclosure No:9

Date of Meeting:	22 February 2018		
Title of Report:	Updated Single Oversight Framework		
Presented by:	Director of Finance, Performance & Digital		
Author:	Performance & Information Team		
Executive Lead Name:	Suzanne Robinson	Approved by Exec	☒

Executive Summary:	Purpose of report	
NHS Improvement (NHSI) published the updated Single Oversight Framework in November 2017. This briefing summarises the changes, including the specific metric changes under each SOF theme that impact directly on Mental Health Trusts. It describes the changes to be made to the PQMF in Month 10 in response to the new metrics and clarification of measure definitions.	Approval	☒
	Information	☒
	Discussion	☒
	Assurance	☐

Seen at:	SLT ☐ Execs ☐ Date:	Document Version No.	
Committee Approval / Review	• Quality Committee ☐ • Finance & Performance Committee ☐ • Audit Committee ☐ • People & Culture Development Committee ☐ • Charitable Funds Committee ☐ • Business Development Committee ☐ • Digital by Choice Board ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer involvement.☐ 2. To provide the highest quality services ☒ 3. Create a learning culture to continually improve.☐ 4. Encourage, inspire and implement research & innovation at all levels.☐ 5. Maximise and use our resources intelligently and efficiently.☒ 6. Attract and inspire the best people to work here.☒ 7. Continually improve our partnership working. ☒		
Risk / legal implications: Risk Register Ref	Providers are expected to notify NHS Improvement of actual or prospective changes in performance or risks that fall outside the routine Single Oversight monitoring, where these are material to the provider's ability to deliver safe and sustainable services. NHSI use the information collected on provider performance to identify where providers may need support across the five themes. There may be interventions from NHSI if the Trust is not able to meet the Single Oversight Framework performance requirements. Risks in determining national performance measures, CPA 7 day follow up target and reduction in adult acute out of area placements against the Quarter 3 2017/18 baseline reported in the paper, with mitigations.		
Resource Implications: Funding Source:	Business cases under consideration by commissioners to ensure 24/7 Acute Home treatment service is recurrently funded.		
Diversity & Inclusion Implications: (Assessment of issues connected to the	The Data Quality Maturity Index has been added to the SOF as a new mental		

Equality Act 'protected characteristics' and other equality groups)	health metric. This includes monitoring of ethnicity and other demographic information as a key national requirement. The Trust is seeking to ensure that all Directorates are recording in a timely way the protected characteristics of all service users to enable monitoring of service access and utilisation by all groups in relation to the local population.
Recommendations:	The Trust Board is asked to: ➢ Note the changes to NHS Improvement's Single Oversight Framework ➢ Note the Trust's baseline Single Oversight Framework dashboard (Appendix 1) and the further changes to be made to the PQMF in Month 10

NHS Improvement - Updated Single Oversight Framework
Open Trust Board
February 22nd 2018

1. Background

NHS Improvement (NHSI) published the updated Single Oversight Framework (SOF) in November 2017.

This briefing summarises the changes which followed an extensive consultation exercise. It includes the specific metric changes under each SOF theme that impact directly on Mental Health Trusts. It describes the changes to be made to the PQMF in Month 10 in response to the new metrics and clarification of measure definitions.

2. Consultation Exercise

The first version of the SOF was published in September 2016. NHSI conducted a feedback exercise in light of developments in 2017, and to reflect feedback from the Framework's first year of operation.

NHSI did not propose any changes to the underlying framework itself and there are no changes to the five themes:

- Quality of care (safe, effective, caring, responsive)
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability

There are no changes to the NHSI's approach to monitoring, how support needs are identified, and how providers are segmented. Rather, the changes proposed were to improve the structure, format and presentation of the document, and also to some metrics.

3. Changes by Theme for Mental Health Providers

Quality of Care		
Added	*Removed*	*Amended*
E.coli bacteraemia bloodstream infection(BSI) rates to quality indicators	Aggressive cost reduction plans metric from list of quality indicators	Change to triggers of potential support needs regarding quality of care. CQC rating of 'inadequate' or 'requires improvement' in overall rating, or against any of the safe, effective, caring or responsive key questions.
Medticillin-sensitive Staphylococcus Aureus (MSSA) rates to quality indicators		
Finance and use of resources		
Added	*Removed*	*Amended*
Reference to the new Use of Resources (UoR) framework, with explanation of how UoR assessments will be used under the SOF		
'Finance and use of resources score' is re-labelled as 'Finance score'.		

Operational Performance		
Added	*Removed*	*Amended*
Reduction of inappropriate adult mental health out-of-area placements as standard for mental health providers		
	Patients requiring acute care who received a gatekeeping assessment as standard for mental health providers (no longer considered a useful indicator of performance. New metric being developed).	Where relevant, NHSI will use performance against the national standard rather than the Sustainability and Transformation Fund (STF) trajectories as the trigger of potential support needs in relation to operational performance standards
Data Quality Maturity Index (DQMI)- Mental Health Services Data Set (MHSDS) Data score replaces Previous standards for submitting 'priority' and 'identifier' metrics to MHSDS		
Strategic Change		
Added	*Removed*	*Amended*
NHSi will review the assessment of system-wide leadership in relevant sustainability and transformation partnership (STP) ratings when considering providers' performance under this theme.		
Leadership and Improvement Capability		
Added	*Removed*	*Amended*
Reference to NHS Improvement and CQCs new, fully joint well-led framework and guidance on developmental reviews		

4. Summary of changes to the Single Oversight Framework

Finances and use of resources

NHSI and CQC have now published the Use of Resources (UoR) assessment framework, summary of responses to the consultation on the assessment framework, and a brief guide for acute non-specialist trusts on UoR assessments.

It should be noted that NHSI recognise that currently the availability and quality of productivity metrics for non-acute trusts are not sufficient to support a robust UoR assessment. NHSI is undertaking a programme of work to understand the productivity of community, mental health and ambulance trusts. The emerging metrics and benchmarking in these areas will be available to providers via the Model Hospital portal, in due course. These will be reported to the Board as they emerge.

Operational Performance

The SOF clarifies that consideration of support needs should be based on absolute performance. Failure to meet any of the absolute national standards for more than two months will trigger consideration of a provider's support needs. Where providers have an agreed trajectory for improvement toward any national standard, progress against this will be taken into account when determining whether they have an actual

underlying support need. However, as all providers are expected to meet national standards, NHSI would consider what support may be required if performance consistently falls below this level.

Changes to Mental Health metrics

Mental Health Out of Area Placements

Metric	Impact
The ambition to reduce the number and duration of inappropriate out of area placements is supported and is in line with the priorities in the Five Year Forward View for Mental Health which sets out the national ambition to eliminate inappropriate out of area placements (OAPs) in mental health services for adults in acute inpatient care by 2020 to 2021 In recognition of whole system issues, the out-of-area indicator is already a key indicator for clinical commissioning groups (CCGs) and it is recognised that addressing this issue requires a joined-up approach. The Department of Health has published guidance on what counts as an adult acute out-of-area placement (summarised as Appendix 1). STP mental health leads, supported by NHS England and NHSI regional teams, have been asked to develop STP and provider-level baselines and trajectories for eliminating out-of-area placements. The baseline will be based on 2017/18 Q3 activity levels and an assessment of the reduction by quarter from this position.	This new metric in the SOF is a cause of concern and contention for providers as the reduction of out of area placements may not be within the control of mental health providers that are not part of a new mental health care model, which gives them control over the commissioning budget. Nationally, there has been a sustained reduction in Adult Acute beds over the last 5 years although the rate of reduction has started to slow. It is of note that the Trust has the third lowest number of Adult Acute Beds per 100,000 weighted population nationally, and does not have the same level of reported resource and activity in crisis care compared to other Trusts. Adult Acute Beds per 100,000 weighted population (2017): NSCHT 12.2; National average 19.5

Data Quality Maturity Index (DQMI)- Mental Health Services Data Set (MHSDS)

Metric	Impact
The Data Quality Maturity Index (DQMI) is a quarterly publication intended to raise the profile and significance of data quality in the NHS and provides healthcare data submitters with timely and transparent information about their data quality. The DQMI is an overall score calculated for each provider; it is defined as the average of the percentage of valid and complete entries in each field of each dataset and is proportional to the coverage. The core data items including NHS number date of birth, gender, ethnicity, postcode, speciality and consultant. A target has not been set in the SOF.	Despite the challenge of moving to Lorenzo in 2017, the latest published figures for Quarter 2 shows Trust performance at 97.4%. NSCHT is currently: • 7th highest regionally (NHS England Midlands and East) • 22nd nationally out of the 72 Mental Health Trusts who submit MHSDS data.

Strategic change

While NHSI is developing its work on the governance and oversight of STPs and accountable care systems, further work is necessary to clarify how NHSI intends to measure the contribution of individual providers to local systems as currently the strategic change theme is underdeveloped.

6. Single Oversight Dashboard

Trust performance against the SOF Quality of Care and Operational Performance metrics is summarised in Appendix 1, based on the development of proxy measures to replicate what is published on the Model Hospital site.

7. Recommendations

The Trust Board is asked to;

- Note the changes to NHS Improvement's Single Oversight Framework
- Note the Trust's baseline Single Oversight Framework dashboard (Appendix 1) and the further changes to be made to the PQMF in Month 10

Appendix 1

NSCHT Single Oversight Dashboard

Single Oversight Metrics	Frequency	Target	2017/18 YTD (Q3)	Month 9 2017/18	Comment
QUALITY OF CARE					
Written complaints rate	Quarterly	No Target	7.0	Qtr 3 - 9.3	To be added to PQMF M10
Staff Friends and Family Test % recommended – care –	Quarterly	No Target	63.5%	Qtr 2 – 66.7%	To be added to PQMF M10
Occurrence of any Never Event	Monthly	0	0	0	Reported in PQMF
Patient Safety Alerts not completed by deadline	Monthly	0	0	0	To be added to PQMF M10
Mental health scores from Friends and Family Test – % positive (inpatient)	Monthly	No Target	88.2%	85.9%	Reported in PQMF
Admissions to adult facilities of patients under 16 years old	Monthly	0	0	0	Reported in PQMF
Care programme approach (CPA) follow-up – proportion of discharges from hospital followed up within seven days – Mental Health Services Data Set	Monthly	95.0%	93.5%	90.9%	Reported in PQMF
% clients in settled accommodation	Monthly	No Target	3.1%	2.1%	Reported in PQMF
% clients in employment	Monthly	No Target	16.6%	16.6%	Reported in PQMF
Potential under-reporting of patient safety incidents (This indicator is valid only at the level of extreme outliers for under-reporting as per CQC Intelligent Monitoring methodology)	N/A	N/A	N/A	N/A	N/A
OPERATIONAL PERFORMANCE					
People with a first episode of psychosis begin treatment with a NICE-recommended care package within two weeks of referral	Monthly	50%	71%	72.7%	Reported in PQMF
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas: a. inpatient wards b. early intervention in psychosis services c. community mental health services (people on care programme approach)	a) Annual (Q4) b) Annual (Q4) c) Annual (Q4)	a) 90% b) 90% c) 90% (17/18 CQUIN is 65%)	a)N/A b)N/A c)N/A	a)N/A b)N/A c)N/A	Reported in CQUIN report to Quality Committee at year end. To be added to PQMF for M12 reporting
Data Quality Maturity Index (DQMI) – MHSDS dataset score	Quarterly	No Target	96.7%	Qtr 2 - 97.4%	To be added to PQMF M10

Improving Access to Psychological Therapies (IAPT)/talking therapies a. proportion of people completing treatment who move to recovery (from IAPT minimum dataset) b. waiting time to begin treatment (from IAPT minimum dataset) i) within 6 weeks ii) within 18 weeks	a)Monthly bi) Monthly bii) Monthly	a)50% bi) 75% bii) 95%	a) 65.6% bi) 99.6% bii) 99.9%	a)60.8 % bi) 100% bii) 100%	Reported in PQMF
Inappropriate out-of-area placements for adult mental health services. (Total no. of bed days patients have spent out of area in last quarter)	Monthly	Reduc-ing trend against M9 base-line	896	Q3 160	Reported in PQMF

NHS
North Staffordshire
Combined Healthcare
NHS Trust

REPORT TO Trust Board (Public)

Enclosure No:10

Date of Meeting:	22ND February 2018		
Title of Report:	Finance Position Month 9		
Presented by:	Suzanne Robinson - Executive Director of Finance, Performance and Digital		
Author:	Lisa Dodds - Assistant Director of Finance		
Executive Lead Name:	Suzanne Robinson - Executive Director of Finance, Performance and Digital	Approved by Exec	☒

Executive Summary:	Purpose of report	
The report summarises the finance position at month 9 (December 2017)	Approval	☒
	Information	☐
	Discussion	☐
	Assurance	☒

Seen at:	SLT ☐ Execs x Date:	Document Version No.	
Committee Approval / Review	• Quality Committee ☐ • Finance & Performance Committee X • Audit Committee ☐ • People & Culture Development Committee ☐ • Charitable Funds Committee ☐ • Business Development Committee ☐ • Digital by Choice Board ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer involvement.☐ 2. To provide the highest quality services ☐ 3. Create a learning culture to continually improve.☐ 4. Encourage, inspire and implement research & innovation at all levels.☐ 5. Maximise and use our resources intelligently and efficiently. X 6. Attract and inspire the best people to work here.☐ 7. Continually improve our partnership working. ☐		
Risk / legal implications: Risk Register Ref	None applicable		
Resource Implications: Funding Source:	None directly from the report None applicable		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	There is no direct impact on the protected characteristics as part of the completion of this report.		
Recommendations:	The Trust Board are is asked to: Note: The reported YTD surplus of £943k against a planned surplus of £774k. This		

	is a favourable variance to plan of £169k. The M9 CIP achievement: • YTD achievement of £1,195k (57%); an adverse variance of £918k; • 2017/18 forecast CIP delivery of £2,672k (84%) based on schemes identified so far; an adverse variance of £525k to plan; • The recurrent forecast delivery at month 9 of £2,962k representing a recurrent variance to plan of £235k. The cash position of the Trust as at 31st December 2017 with a balance of £6,432k; £1,101k better than plan Agency forecast is currently £515k above ceiling (£2,068k) Year to date Capital receipts for 2017/18 is £998k compared to a net planned capital expenditure of £1,471k; • The original operating plan submitted to NHSI in December 2016 planned net capital expenditure of £2,400k by Month 9. • Based on the NHSi plan the forecast underspend would be £667k. Use of resource rating of 2 against a plan of 2. Approve: The month 9 position reported to NHSI. Approve the forecast Agency Ceiling breach of £515k.

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NHS Trust

Financial Overview as at 31st December 2017

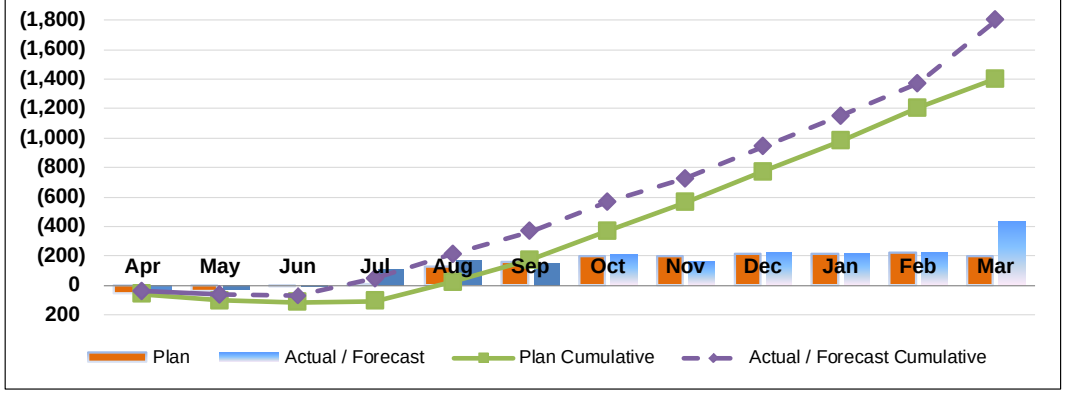
Income & Expenditure - Control Total (Surplus) / Deficit

£000	Plan	Actual	Var	%	RAG
YTD	(774)	(943)	(169)	(22)	G
FOT	(1,400)	(1,800)	(400)	29	G

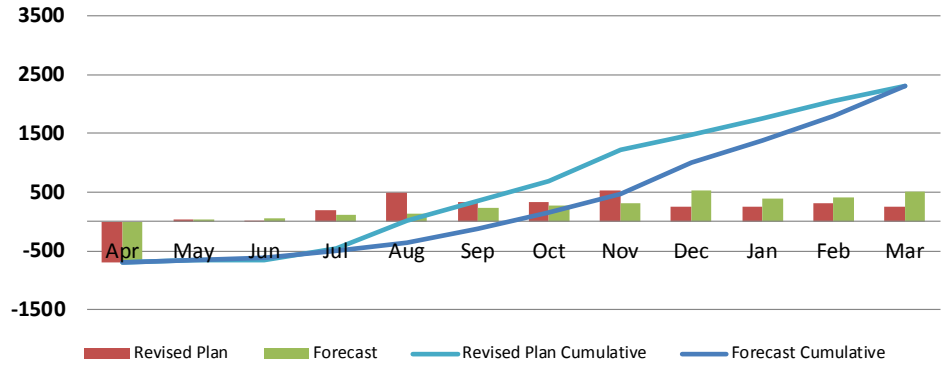
Charge to CRL

£000	Plan	Actual	Var	%	RAG
YTD	1,471	998	(473)	68	G
FOT	2,312	2,312	0	100	G

Retained (Surplus) / Deficit Run Rate 2017/18



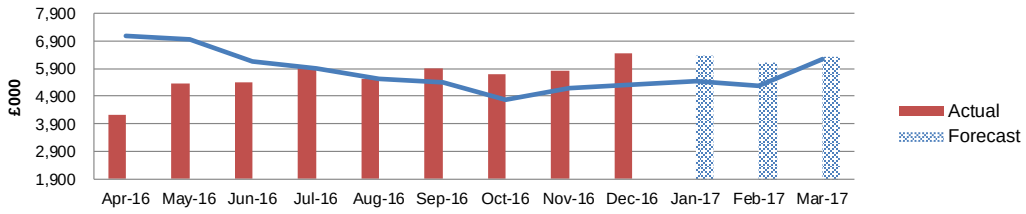
Net Capital Expenditure - Plan / Forecast 2017/18



Cash Balances

£000	Plan	Actual	Var	%	RAG
YTD	5,331	6,432	1,101	17	G

Cash Balances - Actual/Forecast against Plan 2017/18



Cost Improvement

£000	Plan	Actual	Var	%	Rec Var	RAG
Clinical	1,683	1,065	(618)	(37)	(652)	R
Corporate	430	130	(300)	(70)	417	G
Total	2,113	1,195	(918)	(43)	(235)	R

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

1. Introduction:

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

1.1 2017/18 Forecast Improvement

In Month 9, NSCHT Trust Board agreed to improve the 2017/18 forecast outturn position by £0.2m, increasing the trading surplus for 2017/18 to £1.1m. This would allow the Trust to attract an additional £0.2m STF funding, to deliver an overall surplus of £1.8m for 2017/18:

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

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

2. Income & Expenditure (I&E) Performance

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

- During month 9, the trust had an in month trading position of £169k surplus against a plan of £161k surplus; **showing a £8k surplus**. Sustainability and Transformation funding has been assumed at £50k for month 9, bringing the overall trust control to a £219k surplus against plan of £211k; **showing £8k surplus to plan**.

- The trust has a year to date trading position of £618k surplus against a plan of £449k surplus; **a favourable variance to plan of £169k**. After Sustainability and transformation funding (£325k), the trust has a Control Total surplus of £943k against a planned surplus of £774k; **a favourable variance to plan of £169k**.

		Month 9			Year-to-Date			Forecast		
Table 1: Summary Performance	**Annual Budget £'000**	**Budget £'000**	**Actual £'000**	**Variance £'000**	**Budget £'000**	**Actual £'000**	**Variance £'000**	**Budget £'000**	**Actual £'000**	**Variance £'000**
Income	(82,928)	(7,280)	(6,988)	292	(62,470)	(61,986)	484	(83,037)	(82,517)	520
Pay	62,350	5,180	5,228	49	47,069	45,287	(1,782)	62,490	59,880	(2,610)
Non Pay	17,015	1,723	1,375	(348)	12,937	14,058	1,121	16,983	18,835	1,852
EBITDA	**(3,563)**	**(377)**	**(384)**	**(7)**	**(2,463)**	**(2,641)**	**(178)**	**(3,564)**	**(3,801)**	**(238)**
Other Non-Op Costs	2,664	216	215	(1)	2,015	2,023	9	2,664	2,701	38
Trading Surplus	**(900)**	**(161)**	**(169)**	**(8)**	**(449)**	**(618)**	**(169)**	**(900)**	**(1,100)**	**(200)**
Sustainability & Transformational Funding	(500)	(50)	(50)	0	(325)	(325)	0	(500)	(700)	(200)
Control Total	**(1,400)**	**(211)**	**(219)**	**(8)**	**(774)**	**(943)**	**(169)**	**(1,400)**	**(1,800)**	**(400)**

3. Income

Table 2 below shows the trust income position by contract:

- The NHS Stoke-on-Trent CCG and NHS North Staffordshire CCG contracts are set on a block basis. The variance across the two CCG's is due to a reduction in non-recurrent income compared to plan.

- £81k under recovery on Out of Area Treatments (OATs) due mainly to the underperformance of the sale of substance misuse beds;

- STF is earned quarterly for trusts operating within its agreed control. The total for 2017/18 was originally £500k and is phased 15% for Q1, 20% for Q2, 30% for Q3 and for 35% Q4 plus a further £200k based on matching the increase in the forecast outturn of £1.6m (originally £1.4m). **£325k is reflected at month 9.**

		Month 9			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	(35,991)	(3,266)	(3,086)	180	(26,991)	(26,769)	222	(35,984)	(35,763)	222
NHS North Staffordshire CCG	(24,498)	(2,215)	(2,095)	120	(18,368)	(18,248)	120	(24,517)	(24,397)	120
Specialised Services	(3,077)	(259)	(253)	5	(2,301)	(2,348)	(46)	(3,298)	(3,351)	(53)
Stoke-on-Trent CC s75	(3,947)	(329)	(329)	0	(2,961)	(2,961)	(0)	(3,947)	(3,947)	(0)
Staffordshire CC s75	(1,056)	(88)	(88)	0	(792)	(792)	0	(880)	(880)	0
Stoke-on-Trent Public Health	(1,392)	(134)	(144)	(11)	(991)	(969)	22	(1,392)	(1,355)	38
Staffordshire Public Health	(613)	(51)	(51)	0	(460)	(460)	0	(613)	(613)	0
ADS/One Recovery	(1,497)	(125)	(125)	0	(1,123)	(1,123)	0	(1,497)	(1,497)	0
Associates	(756)	(63)	(61)	2	(567)	(485)	82	(756)	(665)	90
OATS	(760)	(63)	(62)	1	(570)	(489)	81	(760)	(690)	70
Total Clinical Income	**(73,587)**	**(6,592)**	**(6,295)**	**297**	**(55,123)**	**(54,643)**	**480**	**(73,645)**	**(73,158)**	**486**
Other Income	(9,341)	(688)	(692)	(5)	(7,346)	(7,343)	3	(9,392)	(9,359)	34
Total Income	**(82,928)**	**(7,280)**	**(6,988)**	**292**	**(62,470)**	**(61,986)**	**484**	**(83,037)**	**(82,517)**	**520**
Sustainability Transformation Funding	(500)	(50)	(50)	0	(325)	(325)	0	(500)	(700)	(200)
Total Income Incl. STF	**(83,428)**	**(7,330)**	**(7,038)**	**292**	**(62,795)**	**(62,311)**	**484**	**(83,537)**	**(83,217)**	**320**

4. Expenditure

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

		Month 9			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	7,519	626	623	(3)	5,658	4,983	(675)	7,519	6,619	(900)
Nursing	28,040	2,264	2,275	12	21,065	20,597	(468)	28,288	27,162	(1,125)
Other Clinical	14,749	1,220	1,129	(91)	11,053	9,766	(1,287)	14,617	12,998	(1,618)
Non-Clinical	10,925	900	895	(5)	8,245	7,646	(599)	10,914	10,305	(609)
Apprenticeship Levy	214	160	160	0	160	160	0	214	214	0
Non-NHS	903	10	146	136	888	2,135	1,247	940	2,583	1,643
Total Pay	**62,350**	**5,180**	**5,228**	**49**	**47,069**	**45,287**	**(1,782)**	**62,490**	**59,880**	**(2,610)**
Drugs & Clinical Supplies	2,354	185	187	2	1,761	1,670	(91)	2,354	2,268	(86)
Establishment Costs	1,685	141	121	(21)	1,263	1,120	(143)	1,668	1,537	(131)
Information Technology	562	49	64	15	439	673	233	562	752	190
Premises Costs	2,099	177	235	58	1,580	1,656	76	2,099	2,293	194
Private Finance Initiative	4,087	341	352	11	3,065	3,184	119	4,087	4,243	156
Services Received	3,338	281	351	70	2,516	2,582	67	3,338	3,454	116
Residential Payments	1,708	142	182	40	1,281	1,463	182	1,708	2,268	560
Consultancy & Prof Fees	465	28	(4)	(32)	382	507	125	473	643	170
Unacheived CIP	(1,500)	(173)	0	173	(915)	0	915	(552)	0	552
Other	2,217	552	(113)	(664)	1,566	1,203	(363)	1,246	1,377	131
Total Non-Pay	**17,015**	**1,723**	**1,375**	**(348)**	**12,937**	**14,058**	**1,121**	**16,983**	**18,835**	**1,852**
Finance Costs	1,293	108	108	0	970	970	0	1,293	1,293	0
Local Government Pension Scheme	0	0	0	0	0	0	0	0	0	0
Unwinding of Discounts	0	0	0	0	0	0	0	0	0	0
Dividends Payable on PDC	561	47	47	0	421	430	10	561	578	17
Investment Revenue	(14)	(1)	(2)	(1)	(11)	(9)	2	(14)	(13)	1
Fixed Asset Impairment	0	0	0	0	0	0	0	0	0	0
Depreciation (excludes IFRIC 12)	824	63	63	(0)	635	632	(3)	824	843	19
Total Non-op. Costs	**2,664**	**216**	**215**	**(1)**	**2,015**	**2,023**	**9**	**2,664**	**2,701**	**38**
Total Expenditure	**82,028**	**7,119**	**6,819**	**(300)**	**62,021**	**61,368**	**(652)**	**82,137**	**81,417**	**(720)**

Pay

- There is a net underspend on pay of £1,782k year to date mainly due to vacancies across the trust, particularly Other Clinical (£1,287k), Nursing (£468k) and Medical (£675k) being backfilled with agency, bank and overtime where appropriate.

- Agency expenditure is £2,135k year to date, with £790k being attributable to implementation of ROSE (40%).
  - M9 YTD agency is £488k above the agency ceiling.
  - This is mainly driven by agency expenditure for the implementation of ROSE, which is £130k above the planned spend, but within the overall project envelope and locums expenditure which is £324k above plan.

- The Agency forecast is currently £417k above ceiling (£2,068k). The trust is currently liaising with NHSi around the classification of expenditure. The NHSi returns are reporting the month 9 agreed forecast of £515k over the ceiling.

Non Pay

- Residential payments are overspent by £182k year to date. NSCHT are in discussions with the Council to resolve funding shortfalls in 2017/18 and in the 2018/19 contract.

- Consultancy and Professional Fees are overspent by £125k year to date on Trust Board, Strategy and Clinical systems. This is mainly for Consultancy Services around ROSE (£34k – funded by external recharges to NHS Digital), £38k for the Integrated Care Record, £27k on Trust Board for Aqua and £20k for Meridian.

4. Directorate Summary

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

Table 4: YTD Expenditure	Pay			Non Pay			Income			Total		
	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000
AMH Community	13,131	11,960	(1,171)	3,202	3,541	339	(1,649)	(1,666)	(18)	14,685	13,835	(850)
AMH Inpatients	4,847	4,907	60	69	289	220	(113)	(116)	(3)	4,803	5,081	277
Children's Services	4,738	4,294	(444)	470	556	86	(480)	(475)	5	4,728	4,375	(354)
Substance Misuse	2,138	2,056	(82)	713	623	(90)	(354)	(272)	82	2,498	2,407	(91)
Learning Disabilities	3,998	3,656	(342)	241	239	(2)	(42)	(34)	8	4,198	3,861	(337)
Neuro & Old Age Psychiatry	8,351	8,147	(204)	580	523	(58)	(732)	(789)	(58)	8,200	7,880	(319)
Corporate	9,866	10,267	402	9,674	10,310	636	(59,427)	(58,959)	467	(39,887)	(38,381)	1,505
Total	**47,069**	**45,287**	**(1,782)**	**14,951**	**16,081**	**1,130**	**(62,795)**	**(62,311)**	**484**	**(774)**	**(943)**	**(169)**

- AMH Community is underspent on pay due to a vacancies not fully covered by Agency and Bank. The adverse variance on Non Pay results from under delivery of CIP against the target and overspends against residential payments.

- AMH Inpatient is overspent on pay mainly due to vacancies on medics being covered by Agency at a premium cost. Overspends on Non Pay are driven by under achievement of CIP against the plan.

- Other Directorates are underspent, mainly due to the level of trust vacancies.

5. Cost Improvement Programme

The trust target for the year is £3.2m, as reported to NHSI. This takes into account the requirement to deliver a £1.4m control surplus for 2017/18. The table below shows the achievement by Directorate towards individual targets at M9. The Trust wide CIP achievement is 57% at M9 compared to plan.

		YTD M9			Forecast					
CIP Delivery	Annual CIP Target 2017/18	Plan	Transacted	(Under)/Over Achievement	Plan	Total Schemes	(Under)/Over Achievement	RAG	Recurrent Transacted	Recurrent Forecast
	£'000	£'000	£'000	£'000	£'000	£'000	£'000		£'000	£'000
Clinical										
AMH Community	1,084	716	349	(367)	1,084	871	(213)	80%	442	763
AMH Inpatients	379	250	10	(240)	379	56	(323)	15%	24	69
Children's Services	333	220	211	(9)	333	293	(40)	88%	333	333
Learning Disabilities	256	169	175	5	256	258	2	101%	260	260
NOAP	495	327	319	(8)	495	495	0	100%	470	470
Total Clinical	**2,547**	**1,683**	**1,065**	**(618)**	**2,547**	**1,974**	**(573)**	**78%**	**1,529**	**1,895**
Corporate										
CEO	26	17	6	(11)	26	13	(13)	51%	8	23
Finance, Performance & Digital	61	40	51	10	61	69	8	112%	71	71
MACE	62	41	15	(26)	62	41	(21)	66%	22	105
Operations	29	19	25	6	29	34	5	116%	35	35
Quality & Nursing	13	9	9	1	13	14	1	107%	14	14
Strategy (Core)	10	7	12	5	10	17	7	168%	20	20
Trustwide	388	256	0	(256)	388	467	79	120%	1	778
Workforce & OD	61	40	12	(28)	61	17	(44)	28%	21	21
Total Corporate	**650**	**430**	**130**	**(300)**	**650**	**671**	**21**	103%	**192**	**1,067**
Total	**3,197**	**2,113**	**1,195**	**(918)**	**3,197**	**2,645**	**(552)**	**83%**	**1,721**	**2,962**

Below 75%	
Below 90%	

Target	**3,197**
Variance	**(235)**

- The recurrent forecast as at M9 is £2.962m (93%), which represents a recurrent shortfall against the target of £235k (7%). This assumes **£1,241k to be recurrently** transacted before the 31st March 2018.

- The risk adjusted recurrent forecast, considering schemes not yet transacted, **is £2,439k or 76% against the £3.2m target**

6. Statement of Financial Position

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

Table 6: SOFP	31/03/2017 £'000	31/10/2017 £'000	30/11/2017 £'000	31/12/2017 £'000
Non-Current Assets				
Property, Plant and Equipment	28,037	28,395	28,621	29,185
Intangible Assets	222	228	252	258
NCA Trade and Other Receivables	1,426	1,426	1,426	608
Other Financial Assets	897	897	897	897
Total Non-Current Assets	**30,581**	**30,946**	**31,195**	**30,947**
Current Assets				
Inventories	88	84	81	84
Trade and Other Receivables	5,146	5,928	6,925	7,286
Cash and Cash Equivalents	6,964	6,407	5,825	6,432
Non-Current Assets Held For Sale	0	0	0	0
Total Current Assets	**12,198**	**12,419**	**12,832**	**13,802**
Total Assets	**42,780**	**43,365**	**44,027**	**44,750**
Current Liabilities				
Trade and Other Payables	(7,472)	(7,831)	(8,387)	(8,933)
Provisions	(333)	(256)	(245)	(241)
Borrowings	(457)	(633)	(633)	(633)
Total Current Liabilities	**(8,262)**	**(8,720)**	**(9,265)**	**(9,807)**
Net Current Assets / (Liabilities)	**3,937**	**3,699**	**3,567**	**3,995**
Total Assets less Current Liabilities	**34,518**	**34,645**	**34,762**	**34,943**
Non Current Liabilities				
Provisions	(474)	(474)	(474)	(474)
Borrowings	(12,189)	(11,746)	(11,708)	(11,670)
Total Non-Current Liabilities	**(12,663)**	**(12,220)**	**(12,182)**	**(12,144)**
Total Assets Employed	**21,855**	**22,425**	**22,580**	**22,799**
Financed by Taxpayers' Equity				
Public Dividend Capital	7,648	7,648	7,648	7,648
Retained Earnings reserve	3,987	4,556	4,711	4,930
Revaluation Reserve	9,323	9,323	9,323	9,323
Other Reserves	897	897	897	897
Total Taxpayers' Equity	**21,855**	**22,425**	**22,580**	**22,799**

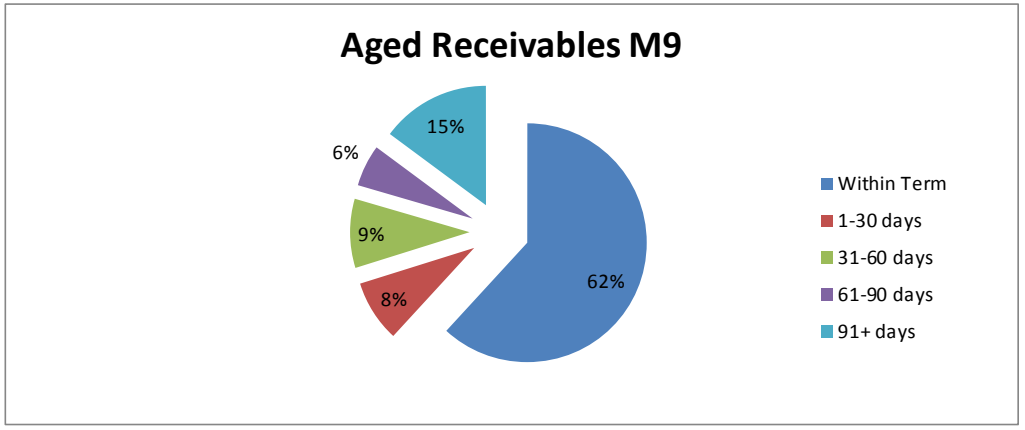
Current receivables are £7,286k, of which:

- £3,844k is based on accruals (not yet invoiced) and relates to income accruals for services invoiced retrospectively at the end of every quarter.
- £3,442k in awaiting payment on invoice. (£2,128k within terms)

£1,027k is overdue by 31 Days or more and therefore subject to routine credit control processes;

- £3k has been escalated to management /solicitors;
- £1,024k has not been formally disputed and full payment is anticipated.

		Days Overdue				
Table 6.1 Aged Receivables/Payables	Within Term £'000	1-30 Days £'000	31-60 Days £'000	61-90 Days £'000	91+ Days £'000	Total £'000
Receivables Non NHS	1,155	38	155	68	62	1,478
Receivables NHS	973	249	167	126	449	1,964
Payables Non NHS	514	63	68	29	34	708
Payables NHS	488	164	98	22	58	830



7. Cash Flow Statement

The cash balance at 31st December 2017 has decreased to **£6.432m** due to an decrease in the value of receivables; the Trust cash position at 31st December 2017 is **£1.1m higher than planned** due to slippage in capital expenditure**.** The Trust anticipates to be slightly better than plan by March 2018**.**

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
Net Inflows/(Outflow) from Operating Activities	(2,674)	1,184	116	702	(221)	635	121	479	1,201
Net Inflows/(Outflow) from Investing Activities	(21)	(31)	(45)	(120)	(134)	(237)	(279)	(311)	(554)
Net Inflows/(Outflow) from Financing Activities	(38)	(38)	(38)	(38)	(38)	(38)	(38)	(38)	(39)
Net Increase/(Decrease)	**(2,732)**	**1,115**	**32**	**544**	**(393)**	**360**	**(196)**	**130**	**608**
Opening Cash & Cash Equivalents	**6,964**	**4,232**	**5,346**	**5,379**	**5,923**	**5,530**	**5,890**	**5,694**	**5,824**
Closing Cash & Cash Equivalents	**4,232**	**5,346**	**5,379**	**5,923**	**5,530**	**5,890**	**5,694**	**5,824**	**6,432**
Plan	7,064	6,964	6,164	5,889	5,517	5,381	4,756	5,185	5,331
Variance	**2,832**	**1,618**	**785**	**(34)**	**(13)**	**(509)**	**(938)**	**(639)**	**(1,101)**

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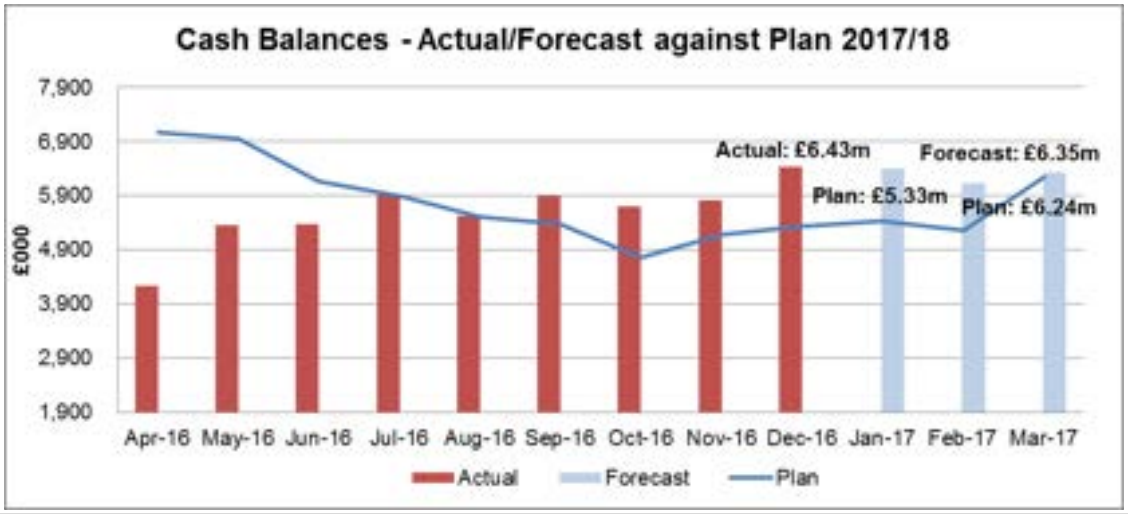

8. Capital Expenditure

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

		Year to Date M9			Forecast		
Capital Expenditure	Original Plan £'000	Plan £'000	Actual £'000	Variance £'000	Affordability Plan £'000	Actual £'000	Variance £'000
A&T Refurbishment	400	0	0	0	0	0	0
Hazelhurst Unit Development	325	0	0	0	0	0	0
Substance Misuse Additional Beds	125	0	0	0	0	0	0
Place of Safety	0	0	9	9	100	9	(91)
Temporary Place of Safety	0	83	6	(77)	94	113	19
Psychiatric Intensive Care Unit	2,120	1,717	1,302	(415)	2,153	1,974	(179)
E-rostering	102	92	99	7	102	121	19
Information Technology	50	235	243	8	235	243	8
Environmental Improvements (backlog)	120	55	71	16	120	67	(53)
Reduced Ligature Risks	300	7	7	(0)	200	0	(200)
Equipment	50	0	0	0	0	0	0
Darwin	0	0	84	84	26	84	58
Ward 4	0	30	0	(30)	30	30	0
Lymebrook MHRC	0	43	0	(43)	43	43	0
NOAP Airlock	0	27	0	(27)	27	27	0
VAT Recovery on 2016/17 Schemes	0	0	(1)	(1)	0	(7)	(7)
Dementia Pods	0	0	12	12	0	20	20
BitJam	0	0	(19)	(19)	0	0	0
Contingency	100	0	0	0	0	0	0
Fire Alarm System	0	0	0	0	0	40	40
A&T Unit BMS	0	0	0	0	0	10	10
Trust HQ BMS	0	0	0	0	0	12	12
Generator	0	0	0	0	0	35	35
Defibrillators	0	0	0	0	0	30	30
Estates Software System	0	0	0	0	0	39	39
ECT Maintenance	0	0	0	0	0	40	40
LD Beds	0	0	0	0	0	10	10
Upgrade Greenfields Reception	0	0	0	0	0	14	14
AMH Community Vehicle	0	0	0	0	0	24	24
Building Improvement Broom Street	0	0	0	0	0	5	5
Ward 4 Beds	0	0	0	0	0	31	31
ICT	0	0	0	0	0		0
Total Gross Capital Expenditure	**3,692**	**2,289**	**1,816**	**(473)**	**3,130**	**3,014**	**(116)**
Bucknall Hospital (Part)	(713)	(818)	(818)	0	(818)	(818)	0
Total Capital Receipts	**(713)**	**(818)**	**(818)**	**0**	**(818)**	**(818)**	**0**
Total Charge Against CRL	**2,979**	**1,471**	**998**	**(473)**	**2,312**	**2,196**	**(116)**

- The **Operating Plan** as reported to NHSI forecast there would be a total charge against the CRL of £2,400k by month 9, including (£713k) Capital Receipts for the sale of Bucknall Hospital and £3,113k Capital Expenditure.
- **Actual Capital Expenditure** as at month 9 is £1,816k against an updated Capital Expenditure plan of £2,289k
- Contingency schemes have been identified to utilise the forecast shortfall in the capital expenditure in 2017/18.

9. Use of Resource Metrics

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

Table 9: Use of Resource	Year to Date Plan	Year to Date Actual	RAG Rating
Liquidity Ratio (days)			
Working Capital Balance (£000)		3,911	
Annual Operating Expenses (£000)		59,345	
Liquidity Ratio days		18	
Liquidity Ratio Metric	1	1	
Capital Servicing Capacity (times)			
Revenue Available for Debt Service (£000)		2,975	
Annual Debt Service (£000)		1,743	
Capital Servicing Capacity (times)		2	
Capital Servicing Capacity Metric	2	3	
I&E Margin			
Normalised Surplus/(Deficit) (£000)		943	
Total Income (£000)		61,986	
I&E Margin		1.52%	
I&E Margin Rating	1	1	
I&E Margin Variance from Plan			
I&E Margin Variance		0.24	
I&E Margin Variance From Plan	1	1	
Agency Spend			
Providers Cap (£000)		1,708	
Agency Spend (£000)		2,136	
Agency %		25	
Agency Spend Metric	1	3	
Use of Resource	2	2	

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%	-1%	-2%	<=(2%)
Agency Spend	0	25	50	>50

10. Better Payment Practice Code

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

At month 9, the Trust has under-performed against this target for the number of invoices, having paid 88% of the total number of invoices, and paid 94% based on the value of invoices

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

	2016/17			2017/18 Month 9			2017/18 YTD		
Table 10: Better Payment Practice Code	**NHS**	**Non-NHS**	**Total**	**NHS**	**Non-NHS**	**Total**	**NHS**	**Non-NHS**	**Total**
Number of Invoices									
Total Paid	508	13,183	13,691	76	953	1,029	491	8,042	8,533
Total Paid within Target	459	11,610	12,069	74	898	972	421	7,076	7,497
% Number of Invoices Paid	90%	88%	88%	97%	94%	94%	86%	88%	88%
% Target	95%	95%	95%	95%	95%	95%	95%	95%	95%
RAG Rating (Variance to Target)	**-4.6%**	**-6.9%**	**-6.8%**	**2.4%**	**-0.8%**	**-0.5%**	**-9.3%**	**-7.0%**	**-7.1%**
Value of Invoices									
Total Value Paid (£000s)	6,860	29,380	36,240	646	2,888	3,534	5,234	24,002	29,236
Total Value Paid within Target (£000s)	6,385	27,914	34,299	635	2,837	3,472	4,712	22,813	27,525
% Value of Invoices Paid	93%	95%	95%	98%	98%	98%	90%	95%	94%
% Target	95%	95%	95%	95%	95%	95%	95%	95%	95%
RAG Rating (Variance to Target)	**-1.9%**	**0.0%**	**-0.4%**	**3.3%**	**3.2%**	**3.2%**	**-5.0%**	**0.0%**	**-0.9%**

11. Recommendations

The Trust Board is asked to:

Note:

- The reported YTD surplus of **£943k against a planned surplus of £774k**. This is a favourable variance to plan of £169k.

- The M9 CIP achievement:
  - YTD achievement of £1,195k (57%); **an adverse variance of £918k**;
  - 2017/18 forecast CIP delivery of £2,672k (84%) based on schemes identified so far; an adverse variance of £525k to plan;
  - The recurrent forecast delivery at month 9 of £2,962k representing a **recurrent variance to plan of £235k**.
  - A risk adjusted recurrent forecast delivery of £2,439 (76%)

- The cash position of the Trust as at 31st December 2017 with a **balance of £6,432k**; £1,101k better than plan

- Agency forecast is currently £515k above ceiling (£2,068k)

- Year to date Capital receipts for 2017/18 is £998k compared to a net planned capital expenditure of £1,471k;
  - The original operating plan submitted to NHSI in December 2016 planned net capital expenditure of £2,400k by Month 9.
  - Based on the NHSi plan the forecast underspend would be £667k.

- Use of resource rating of **2** against a plan of 2.

Approve:

- The month 9 position reported to NHSI.

- Approve the forecast Agency Ceiling breach of £515k.

NHS
North Staffordshire
Combined Healthcare
NHS Trust

REPORT TO Public Trust Board

Enclosure No:11

Date of Meeting:	22ND February 2018		
Title of Report:	Finance & Performance Committee Assurance Report		
Presented by:	Chair of Finance & Performance Committee		
Author:	Deputy Director of Finance		
Executive Lead Name:	Suzanne Robinson	Approved by Exec	☒

Executive Summary:		Purpose of report	
This paper details the issues discussed at the Finance, Performance and Digital Committee meeting on the 8th February 2018. The meeting was quorate with minutes approved from the previous meeting on the 11th January 2018. Progress was reviewed and actions confirmed from previous meetings.		Approval	☐
		Information	☒
		Discussion	☐
		Assurance	☒
Seen at:	SLT ☐ Execs X Date:	Document Version No.	
Committee Approval / Review	• Quality Committee ☐ • Finance & Performance Committee X • Audit Committee ☐ • People & Culture Development Committee ☐ • Charitable Funds Committee ☐ • Business Development Committee ☐ • Digital by Choice Board ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer involvement.☐ 2. To provide the highest quality services X☐ 3. Create a learning culture to continually improve.☐ 4. Encourage, inspire and implement research & innovation at all levels.☐ 5. Maximise and use our resources intelligently and efficiently.X 6. Attract and inspire the best people to work here.☐ 7. Continually improve our partnership working. ☐		
Risk / legal implications: Risk Register Ref	Oversees the risk relevant to the Finance & Performance Committee		
Resource Implications: Funding Source:	None applicable directly from this report		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	There are no direct impact of this report on the 10 protected characteristic of the Equality Act		
Recommendations:	The Trust Board is asked to note the contents of this report and take assurance from the review and challenge evidenced in the Committee.		

Assurance Report to the Trust Board
Thursday, 22nd February 2018

Finance, Performance and Digital Committee Report to the Trust Board – 22nd February 2018.

This paper details the issues discussed at the Finance, Performance and Digital Committee meeting on the 8th February 2018. The meeting was quorate with minutes approved from the previous meeting on the 11th January 2018. Progress was reviewed and actions confirmed from previous meetings.

Executive Director of Finance, Performance and Digital Update

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

- Q3 Quarterly Deep Dive, outlining the key risks for delivering the 2017/18 control and sensitivity forecasts modelling different scenarios. The most likely forecast is a £1.8m surplus, as agreed with NHSi. Mitigations in year are mostly non-recurrent and therefore not financially sustainable in absence of recurrent CIP delivery.

- An action plan for Finance, Performance and Digital Committee, to deliver recommendations highlighted in the AQUA report. Finance, Performance and Digital Committee were noted as an exemplar organisational committee in the report.

- Q3 affordability update for Capital, which provided assurance around the deliverability of statutory Cash and Capital limits. A high level 5 year cash projection suggests the draft 5 year capital plan is affordable within the £3.5m minimum cash limit set by the trust.

- The revised 2018/19 financial control total for the trust, showing a reduction from £1,457 (incl. £500k STF) to £1.423m (incl. £703k STF.) This reduces the trading surplus requirement from £957k to £720k; a £237k reduction.

Finance

- **Monthly Finance Report – Month 9**

The Finance position was presented showing a position that is £169k better than plan. This is supported non-recurrently through benefits associated with ROSE implementation.

The trust has increased the trading surplus to £1.1m from M9, which will allow the trust to attract an additional £200k STF funding in 2017/18. This increases the overall surplus from £1.4m to £1.8m but does not include any share of remaining national STF funding, which will be agreed in M12 2017/18.

- **Cost Improvement Programme (CIP)**

The Committee received an update for Cost Improvement for month 9 and were concerned that the total identified was still significantly short of the target. £2.962m is currently forecast to be recurrently delivered against the £3.197m target. This is a recurrent shortfall of £235k.

A risk adjusted forecast was presented, considering any schemes that are included in the forecast position but not transacted, which highlighted a £0.5m risk in the forecast CIP position. This in the main, related to a small number of schemes.

The Committee were assured that there was sufficient focus being placed on Cost Improvement but are unable to give assurance around the ability to deliver the target for 2017/18. The committee also noted a significant risk; that CIP plans were not yet worked up for 2018/19.

- **Agency Utilisation Report**

The Committee were presented with the Agency utilisation report at M9 which showed a forecast breach of the Agency ceiling by £515k, mainly due to Medics and ROSE. The committee acknowledged the national shortage of medical locums but were assured that the trust was doing everything possible to recruit substantive posts. It was also noted that expenditure on ROSE agency was non recurrent.

The committee noted the significant reduction since April 2016 and was confident the Trust would deliver against the 2018/19 ceiling, which has now reduced from £2.068m to £1.887m in the updated 2018/19 plan.

It was also noted that the percentage Agency nursing as a % of total nurse pay was exceptionally low at 1%.

Performance:

- **Activity Report**

The report detailed M9 activity against plan using traditional reporting methods and care clustering. The SLA and PbR activity reports are within contract tolerances.

There has been an improvement in the PBR report, particularly for admitted cluster days as a direct result of the impact of data quality improvements made to date. Cluster 99 continues to be over reported due to data quality issues, although the upwards trajectory has levelled out. A Task and Finish Group has been established and the committee received updated action plan and a breakdown of the issues around compliance and data recording by Directorates.

Whilst improvements have clearly been made around data quality, the Committee is still not able to give any assurance around the activity reported due to issues with the quality of recording by operational staff.

The committee also noted that in a recent Q&A visit community staff were still experiencing difficulty around system usability and reporting. The committee were however, assured that

the Digital team were doing everything reasonable possible to support, through investigating any issues logged on the portal and by offering team specific support through 'ROSE on the Road.'

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- **Performance Report (PQMF)**

The report provides the Committee with a summary of performance to the end of Month 9 (December 2017)

Compliance is no longer an issue for CPA 12 month reviews undertaken, with performance improving in month 9 to the point there is no longer a requirement to report an exception. This is following embedding of clear guidance for staff around quick reference guides.

CPA 7 day follow-up is reported as an exception in month, due to breaches in NOAP over the Christmas period.

Delayed Transfers of Care has improved in month for NOAP and AMH IP, which is thought to be the impact of additional beds being commissioned over winter.

Trust vacancies remain a challenge; however it is on an improving trajectory, thought to be due to the implementation of Trac, which is a custom recruitment system used widely across the NHS..

Digital:

- **Lorenzo Exemplar Update**

The Trust has been selected to move to the mobilisation phase of the Lorenzo Digital Exemplar programme with a digital proposal for Children's services along with two other Trusts. The Committee received the report for information which gave a high level mobilisation plan. The resource requirements are to be agreed.

Other Reports and Updates

The Committee received additional assurance reports as follows:

- A report from NHS Providers on the Government response to the Naylor review.
- Capital Spend and Forecast M9
- Partnerships and Contracted Activity
- Treasury and Cash Management
- Finance Performance and Digital Risk Register
- Board Assurance Framework
- New Business Opportunities (for information)
- Finance and Performance Monitoring Schedule (for information)
- Cycle of Business (for information)

The committee approved 6 month extensions on the following policies:

- Access to Health and Employee Records
- Information Governance Policy
- Information Governance Strategy

Recommendation

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

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

REPORT TO: Trust Board

Enclosure No:12

Date of Meeting:	22ND February 2018		
Title of Report:	Assurance Report from the Quality Committee		
Presented by:	Patrick Sullivan Non-Executive Director and Chair of Quality Committee		
Author:	Laurie Wrench, Associate Director of Governance		
Executive Lead Name:	Dr Buki Adeyemo, Executive Medical Director	Approved by Exec	☒

Executive Summary:		Purpose of report	
This report provides a high level summary of the work of the committee during January 2018 and request for the Trust Board to ratify policies and endorse recommendations in the report.		Approval	☐
		Information	☒
		Discussion	☐
		Assurance	☒
Seen at:	Approved by Chair of Quality Committee and Executive Lead	Document Version No.	
Committee Approval / Review			
Strategic Objectives (please indicate)	1. To enhance service user and carer involvement. 2. To provide the highest quality services 3. Create a learning culture to continually improve. 4. Encourage, inspire and implement research & innovation at all levels. 5. Maximise and use our resources intelligently and efficiently. 6. Attract and inspire the best people to work here. 7. Continually improve our partnership working. The business of the Quality Committee is applicable to all strategic objectives.		
Risk / legal implications: Risk Register Ref	None identified		
Resource Implications: Funding Source:	N/A N/A		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	None identified		
Recommendations:	To note policy approval		

North Staffordshire Combined Healthcare NHS
NHS Trust

Key points from the Quality Committee meeting held on 8 February 2018 for the Trust Board meeting on 22 February 2018

1. Introduction

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

2. Safer Staffing Monthly Reports

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

The Safer Staffing Report for November 2017 was submitted to the Trust Board at its January 2018 meeting and to the Quality Committee for information only.

During December 2017, a fill rate of 82% for R/N staff and 95% for care staff on day shifts was achieved, with 84% and 101% respectively on night shifts. Taking skill mix into account, an overall 91% fill rate was achieved.

3. Performance & Quality Management Framework Month 9 2017/18

Committee members discussed performance by exception and the rectification plans in place. Month 9 was noted to have 8 targets rated as red and 0 as amber, with all other indicators within expected tolerances. The following performance highlights were noted as follows:

- 100% of in-patient admissions have been gate kept by the Crisis resolution/Home Treatment Team.
- Emergency readmissions continued to reduce to 3.9% in December 2017.
- No patients have waited over 52 weeks from referral to treatment year to date.
- 72.7% of EIP patients waited less than 2 weeks for referral to treatment (target 50%).

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

- Delayed Transfers of Care
- IAPT
- Care Programme Approach
- Complaints
- Vacancy Rate
- Clinical Supervision
- Waiting Times

4. Reports received for Assurance

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

- ✓ ***Data Quality Forum Update.*** The Committee received minutes from the December 2017 Data Quality Forum, providing information on the business discussed by the group.

- ✓ ***Clinical Effectiveness Report.*** Noting outputs of the work of Mental Health Law Governance Group, Medicines Optimisation, Clinical Records and System Design Group, Research and Innovation Steering Group and the Clinical Effectiveness Group.

- ✓ ***Junior Doctor Staffing.*** In May 2017, it was identified that NSCHT would have a high number of Junior Doctor vacancies. The paper highlighted the reasons for these vacancies, the expected impact of these vacancies and what the Trust has done to minimise the disruption caused by them.

- ✓ ***CQC Core Services Action Plan.*** The actions contained in the plan are in response to a Core Services visit conducted by the CQC during 6 October 2018. The actions address the issues highlighted by CQC.

- ✓ ***Review of Quality Committee Effectiveness.*** At the last CQC Well-Led Inspection, the Trust also had a developmental Well Led Review undertaken with AQuA. Each Committee of the Board has been allocated a KLoE under the new 8 Well Led KLoEs to lead on. Observed strengths were noted as well as observed development opportunities for which an action plan will be devised prior to submission to Audit Committee. A questionnaire has been devised for all Committee members to complete and return to Laurie Wrench for evaluation as part of the committee annual review and annual report.

- ✓ ***SI Report Q3 - 2017/18.*** The report provides assurance to the Board of the Trust processes relating to Serious Incidents (SI`s) and Duty of Candour. The report covers the period from 1 October 2017 to 31 December 2017 (Q3 2017/18).

- ✓ ***DIPC Report Q3 – 2017/18.*** The report assures the Board in relation to the IPC arrangements within the Trust and gives an overview of the Influenza situation, our external reporting responsibilities, confirmed Influenza activity and Influenza vaccine update including the CQUIN requirements.

- ✓ ***Q3 report on Safeguarding Activity.*** The detailed report provides information to the Committee on current case reviews, themes and trends in safeguarding and pertinent issues from the Trust`s Safeguarding Team.

- ✓ ***Community Mental Health Survey Amalgamated Action Plan.*** The 2017 Community Survey results have been collated into an amalgamated action plan which is monitored on a 3 monthly basis through Directorate Business meetings. The Community Mental Health Survey for 2018 is due to be circulated

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

- ✓ RO2 Bed Rails Policy
- ✓ 1.74 Environment Ligature Risk Assessment
- ✓ Staffordshire & Stoke-on-Trent - supporting Patients Choices to Avoid Long Hospital Stays Operational Policy - Multi-Agency
- ✓ IC4a Hand Hygiene Policy
- ✓ IC4b Personal Protective Equipment Policy
- ✓ IC5 Isolation Policy
- ✓ IC7 Innoculation Policy
- ✓ OC8 Cleaning & Disinfection Policy
- ✓ IC9 Food Safety Policy
- ✓ IC10 Management of Pulmonary Tuberculosis Policy
- ✓ IC121 MRSA Policy
- ✓ OC12 Outbreak Policy
- ✓ IC13 Linen & Laundry Policy
- ✓ IC17 Specimen Management Policy

Pan Staffordshire Mental Health Act Related Policies:-
Section 135 Policy
Section 136 Policy
Mental Health Act Transportation Policy

7. Learning from Experience Report December 2017

The Committee received a verbal bi-monthly Learning from Experience report detailing emerging issues, including learning and action taken following the feedback from Trust services. The following points were noted:

- There is a slight increase in incidents compared to previous months and the monthly average this year, however they are all either of minor harm or no harm.
- Slight increase in self-harm, however there has been a reduction in staffing issues due to recruitment during October 2017.
- Medicines incidents now being reported, majority of which were of no harm. Pharmacy alerts circulated to teams. There have been a couple of Controlled Drug incidents, however a Practice Note has been issued to ensure assurance and monitoring.
- 10 complaints received and investigated.
- Received 566 compliments. Using FFT to ensure that all compliments or otherwise is captured. 91% of people would recommend receiving treatment at the trust.
- 4 compliments and one negative feedback received through NHS Choices**.**

8. Directorate Performance Reports

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

9. Board Assurance Framework Q3 2017/18 Quality Objectives

The Board Assurance Framework (BAF) for 2017/18 aligns the Trust`s new strategic objectives to our quality priorities and key risks. The 2017/18 BAF provides describes the key control and

assurances to ensure delivery of the seven strategic objectives. The paper details the strategic objectives and risks associated with the Quality Committee.

10. Quality Account Project Timeline

All organisations are required to develop and publish a Quality Account which if designed well will assure Commissioners, patients and the public that Trust Boards are regularly scrutinising each and every one of their service. The draft Project Plan has been agreed at Quality Committee for onward submission to the Trust Board where delegated authority will be requested to be given to the Quality Committee to take forward accordingly

14. Trust Risks to Quality Committee

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

15. Next meeting:
Thursday 4 April 2018 at 2pm

On behalf of the Committee Chair, Mr Patrick Sullivan, Non-Executive Director
Laurie Wrench, Associate Director of Governance
09 February 2018