

MEETING OF THE TRUST BOARD

TO BE HELD IN PUBLIC
ON Thursday 24th January 2019, 10:00AM,
BOARDROOM, LAWTON HOUSE, TRUST HEADQUARTERS,
BELLRINGER ROAD, TRENTAM LAKES SOUTH,
STOKE ON TRENT, ST4 8HH

AGENDA		
1.	APOLOGIES FOR ABSENCE <i>To NOTE any apologies for absence</i>	Note
2.	DECLARATIONS OF INTERESTS RELATING TO AGENDA ITEMS	Note
3.	MINUTES OF THE OPEN AGENDA – 22nd November 2018 <i>To APPROVE the minutes of the meeting held on 22nd November 2018</i>	Approve Enclosure 2
4.	ACTION MONITORING SCHEDULE & MATTERS ARISING FROM THE MINUTES <i>To CONSIDER any matters arising from the minutes</i>	Note Enclosure 3
5.	CHIEF EXECUTIVE'S REPORT <i>To RECEIVE a report from the Chief Executive</i>	Note Enclosure 4
6.	CHAIR'S REPORT <i>To RECEIVE a verbal report from the Chair</i>	Note
7.	STAFF RETIREMENTS <i>To EXPRESS our gratitude and recognize staff who are retiring</i> <i>To be introduced by the Chief Executive and presented by the Chair</i>	Verbal
8.	REACH RECOGNITION TEAM AWARD ON EXCELLENCE <i>To PRESENT the REACH Recognition Team Award to AMHP/BIA Team</i> <i>To be introduced by the Chief Executive and presented by the Chair</i>	Verbal

9	FUTURE OF LOCAL HEALTH SERVICES IN NORTH STAFFORDSHIRE <i>To RECEIVE a presentation from Marcus Warnes, Accountable Officer, CCG</i>	Discussion Presentation
QUESTIONS FROM MEMBERS OF THE PUBLIC		
10	<i>To RECEIVE questions from members of the public</i>	Verbal
TO ENHANCE SERVICE USER AND CARER INVOLVEMENT		
11	SERVICE USER AND CARER COUNCIL <i>To RECEIVE an update from Wendy Dutton, Chair of Service User Carer Council</i>	Assurance Verbal
ENCOURAGE, INSPIRE AND IMPLEMENT RESEARCH AND INNOVATION AT ALL LEVELS		
12	TOWARDS OUTSTANDING INNOVATIVE PRACTICE – INNOVATION NATION AND MIDTECH <i>To RECEIVE a briefing re: Towards Outstanding Innovative Practice from Dr Buki Adeyemo, Executive Medical Director</i>	Assurance Enclosure 5
TO PROVIDE THE HIGHEST QUALITY SERVICES		
13	NURSE STAFFING MONTHLY REPORT (OCTOBER 2018) <i>To RECEIVE the Nurse Staffing Monthly Report from Maria Nelligan, Executive Director of Nursing & Quality</i>	Assurance Enclosure 6
14	TOWARDS SMOKE FREE PROGRESS REPORT <i>To RECEIVE the Towards Smoke Free Progress Report from Dr Buki Adeyemo Executive Medical Director</i>	Assurance Enclosure 7
15	ENHANCED PERFORMANCE AND QUALITY MANAGEMENT FRAMEWORK REPORT (PQMF) – Month 8 <i>To RECEIVE the Month 8 Performance Report from Mike Newton, Deputy Director of Finance, Performance and Digital</i>	Approval Enclosure 8 To Follow
CREATE A LEARNING CULTURE TO CONTINUALLY IMPROVE		
16	No items for discussion	

MAXIMISE AND USE OUR RESOURCES INTELLIGENTLY AND EFFICIENTLY

17	FINANCE REPORT – MONTH 8 (2018/19) <i>To RECEIVE for discussion the Month 8 Financial position from Mike Newton, Deputy Director of Finance, Performance and Digital</i>	Approval Enclosure 9
18	ASSURANCE REPORT FROM THE FINANCE, PERFORMANCE & DIGITAL COMMITTEE <i>To RECEIVE the Finance, Performance & Digital Committee Assurance report from the meeting held on the 5th December 2018 and 10th January 2019 from Tony Gadsby, Chair/Non-Executive Director</i>	Assurance Enclosure 10
19	ASSURANCE REPORT FROM THE AUDIT COMMITTEE <i>To RECEIVE the Audit Committee Assurance report from the meeting held on the 5th December 2018 from Gan Mahadea, Chair/Non-Executive Director</i>	Assurance Enclosure 11
20	NORTH STAFFORDSHIRE DIRECTORATE SECTION 75 SOCIAL CARE UPDATE <i>To RECEIVE the North Staffordshire Directorate Section 75 Social Care Update from Jonathan O'Brien, Director of Operations</i>	Assurance Enclosure 12
21	GIFTS AND HOSPITALITY / SPONSORSHIP REGISTER <i>To RECEIVE the Gifts and Hospitality / Sponsorship Register from Laurie Wrench, Associate Director of Governance</i>	Assurance Enclosure 13
22	REGISTER OF SEALED DOCUMENTS <i>To RECEIVE the Register of Sealed Documents from Laurie Wrench, Associate Director of Governance</i>	Assurance Enclosure 14
23	STOKE-ON-TRENT LOCAL SYSTEM REVIEW PROGRESS REPORT <i>To RECEIVE the Stoke-on-Trent Local System Review Progress Report from Laurie Wrench, Associate Director of Governance</i>	Assurance Enclosure 15

ATTRACT AND INSPIRE THE BEST PEOPLE TO WORK HERE

24	ASSURANCE REPORT FROM THE PEOPLE AND CULTURE COMMITTEE <i>To RECEIVE the People and Culture Committee Report from the meeting held 14th January 2019 from Patrick Sullivan, Non-Executive Director</i>	Assurance Enclosure 16
25	ASSURANCE REPORT FROM QUALITY COMMITTEE <i>To RECEIVE the Assurance report from the 6th December 2018 and the 10th January 2019 meetings from Patrick Sullivan, Non-Executive Director</i>	Assurance Enclosure 17

CONTINUALLY IMPROVE OUR PARTNERSHIP WORKING		
26	Received as Item 16 within Closed Trust Board	
ANY OTHER BUSINESS		
	<i>The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday 28th February 2019 at 10:00am.</i>	
	MOTION TO EXCLUDE THE PUBLIC <i>To APPROVE the resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest” (Section 1(2) Public Bodies (Admissions to Meetings) Act 1960)</i>	
THE REMAINDER OF THE MEETING WILL BE IN PRIVATE		
	DECLARATIONS OF INTEREST RELATING TO AGENDA ITEMS	Note
	SERIOUS INCIDENTS	Assurance
	PERFORMANCE	Approve
	ESTATES	Assurance
	WORKFORCE AND AGENCY	Assurance
	ANY OTHER BUSINESS	

TRUST BOARD

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

Present:

Chairman:

Tony Gadsby
Vice - Chairman

Directors:

Lorien Barber
Non-Executive Director

Caroline Donovan
Chief Executive

Dr Dennis Okolo
Associate Medical Director / Clinical Director
Stoke Community

Maria Nelligan
Executive Director of Nursing and Quality

Suzanne Robinson
Director of Finance, Performance
and Digital

Patrick Sullivan
Non-Executive Director

Jonathan O'Brien
Director of Operations

Gan Mahadea
Non-Executive Director

Joan Walley
Non-Executive Director

Andrew Hughes
Joint Director of Strategy and
Development

In attendance:

Laurie Wrench
Associate Director of Governance

Jenny Harvey
Unison Representative

Joe McCrea
Associate Director of Communications

Lisa Wilkinson
Corporate Governance Manager (minutes)

Dr Keith Tattum
GP Associate

Members of the public:

Michael Fenwick - CQC
Linda Clarke - CQC
Lydia Marino - CQC
Hilda Johnson - Healthwatch
Phil Leese - Healthwatch
Janine Burgess / Claire Ward 4
Grant Williams
Elke Henson
Rachel Bloor
Charlotte Hodivala – Daiichi-Sankyo

Retirees

Dean Burgess – Workforce Safety
Lead

REACH Individual Recognition

Award

Adam Chambers - Substance Misuse Nurse Stoke
Heath Prison

The meeting commenced at 10:05am.

236/2018	Apologies for Absence Dr Buki Adeyemo, Medical Director, Wendy Dutton, Chair of Service User Carer Council, David Rogers, Chairman, Linda Holland, Director of Workforce, Organisational Development and Inclusion	Action
237/2018	Declaration of Interest relating to agenda items No declarations of interest	
238/2018	Minutes of the Open Agenda – 25th October 2018 The minutes of the open session of the meeting held on 25 th October 2018 were approved. Patrick Sullivan asked that it be noted that not all of the discussions held at the 27 th September 2018 Quality Committee were included in the minutes further details of all the discussions that took place are however included within the summary.	
239/2018	Matters arising The Board reviewed the action monitoring schedule and agreed the following:- <i>192/2018 – AHP Strategy – Complete - there is now a section on the internet and intranet. Appointed Head of AHP yesterday who will commence 1st December 2018 the successful candidate was Sarah Mountford from Learning Disabilities Services.</i> <i>211/2018 – Matters Arising – Section 75 (Questions from Members of Public) – Update available January 2019</i> <i>212/2018 – New Minister for Suicide Prevention – Complete</i> <i>218/18 - Service User Care Council – Maria Nelligan confirmed the CCG have been contacted and she is awaiting formal feedback as they were not aware of the project Maria has a meeting arranged with the CEO of Healthwatch. Agreed to close as an action and bring back with a plan January 2019.</i> <i>219/2018 – Towards Outstanding Innovative Practice – Suzanne Robinson has confirmed current arrangements go up to 31st March 2019 this will be discussed as part of commissioning round next year. This was shortlisted for HSJ Award last night but sadly unsuccessful</i> 220/2018 – Nurse Staffing Monthly Report August 2018 / Recruitment	

	<p>and Retention – Arrangements are in place for people to request a rota system that suits a work life balance.</p> <p>224/2018 – Mortality Surveillance Quarter 1 Report - Update available January 2019</p> <p>225/2018 – PQMF Month 5 - This has been included within performance reviews monthly not an exception this month as target has been met.</p> <p>228/2018 – Assurance Report from Finance, Performance and Digital Committee – Agenda item</p>	
240/2018	<p>Chief Executive's Report</p> <p>This report updates the Board on activities undertaken since the last meeting and draws the Board's attention to any other issues of significance or interest.</p> <p>CONTINUING OUR STRATEGY OF 'BEING OPEN'</p> <p>The Trust's latest Board Development session focused on being open. The session on openness was led by Freedom to Speak Up Guardian, Zoe Grant. Zoe updated the Board on plans for Freedom to Speak Up Champions and we spent a fascinating session brainstorming how we can move to become truly outstanding in our approach and delivery of being open, allowing staff to raise concerns bringing together the various strands of our listening and responding to concerns and ideas.</p> <p>There was also an opportunity to discuss the launch of the Trust's Freedom to Speak Up Champions. Working with Zoe, the Champions will help to promote a positive culture in which staff feel comfortable and supported to speak up about things that may concern them.</p> <p>By having Freedom To Speak Up Champions across the Trust's localities and diverse staff and professional groups, the aim is to give staff a wide choice of who they may be most comfortable in speaking up to. The Champions will be supported by Zoe, and their role will be supporting staff to speak up and helping her identify themes and trends emerging from the front line.</p> <p>The opportunity to become a Champion is available to all Combined staff.</p> <p>TOWARDS OUTSTANDING AWAYDAY ON PERSON-CENTRED FRAMEWORK</p> <p>Director of Nursing and Quality, Maria Nelligan, led a quality, compliance and person-centredness workshop. The day was an opportunity to meet and greet the newly appointed service managers and quality leads aligned to their new structures. CQC compliance was a key theme, staff were apprised of the core service actions and the relevance to the new structure.</p> <p>There was space in the day to watch the BAME staff member's poem / story and an opportunity to reflect on how improvements can be further accelerated.</p>	

INNOVATION NATION LIVE

Innovation Nation was the Trust's very first research and innovation conference and was a lively and forward-thinking event, which was well attended by staff from across the Trust.

Held at North Staffordshire Conference Centre, the event was a great opportunity to share ideas and promote research findings with colleagues. Oral and poster presentations were delivered throughout the morning, with attendees having the chance to network over lunch and discuss all things research and innovation based.

We also launched a fabulous collection of initiatives celebrating nursing excellence and bringing our nursing strategy to life.

NHS STAFF SURVEY UPDATE

The latest figures up to 16th November show that our staff survey response rate has risen to 46 per cent.

COMBINED FLUFIGHTERS UPDATE

The latest figures show that, as of 15th November 59.87% of our 75% target for patient facing / frontline staff have been vaccinated. This means we have vaccinated 761 patient facing / frontline staff amongst an overall total of just under 900 staff.

STEPPING UP BAME LEADERSHIP PROGRAMME A GREAT SUCCESS

Our leadership programme to empower black, Asian and minority ethnic (BAME/BME) health and care staff to embrace leadership roles in Staffordshire and Stoke-on-Trent is already proving a huge success. More than 20 existing and aspiring BAME leaders from across the local health and care system are looking to the future with a renewed zeal after becoming the first group to complete the Staffordshire Stepping Up programme.

Utilising the NHS Leadership Academy's Stepping Up programme, it is coordinated by the Trust and forms part of the Organisational Development (OD) programme run by the Together We're Better health and care partnership Staffordshire and Stoke-on-Trent. As well as supporting the participants to further develop their leadership skills, it has also helped them to enhance their skills to assist with career progression.

INCLUSION COUNCIL RAMPS UP

Caroline Donovan chaired the second meeting of our Inclusion Council this week. The Council is one of the important initiatives we have established to ramp up our activities and determination to make Combined truly inclusive and equal in the way we treat and support our staff and service users.

We heard some fantastic ideas from our newly established work stream leads and the energy in the room was palpable.

Developing our HR Processes for inclusion – including recruitment and selection; disciplinary and grievance; workforce equality info processes;

	<p>bank and agency staff (building in inclusion from start to finish of the process)</p> <ul style="list-style-type: none"> • Supporting the development of our BAME staff – developing equal and inclusive access to career, leadership and education development opportunities • Reporting, learning and improving following incidents and incidences of racist abuse and aggression (both preventing incidents as far as possible and responding better, and supporting people better when incidents do happen) • Culture of Inclusion – developing clear standards of expected and unacceptable behaviour (policies, training, leadership styles, service user involvement). Addressing how we treat each other day-to-day; inclusive treatment of colleagues; addressing micro-assaults and inequalities). Also considering religion and culture, food, etc. • Communication for inclusion – delivering clear communication, including: feedback from staff (including trainees); BAME network; engaging with our agency staff; events; posters; BAME champions; app to gather staff experiences on exit – and starting with #WearRedDay #19Oct #ShowRacismTheRedCard <p>One of the most striking parts of the meeting was a presentation about the apparent disconnect between the proportion of applicants from BAME backgrounds for posts at Combined compared with the proportion eventually offered jobs. We agreed we should conduct a further deep dive into the processes and data underlying the presentation to see where and how we may need to improve our recruitment training and awareness of those appointing to posts - to see if unconscious bias is playing a part or what else we could do to redress the apparent imbalance.</p> <p>BOARD DEVELOPMENT SESSION LED BY AQUA</p> <p>The Trust's latest Board Development session was led by colleagues from our partners AQUA (Advancing Quality Alliance) and focused on efforts to become truly outstanding in creating the right culture so that everyone feels part of our improvement journey to become outstanding in all we do and how we do it. As a Board it is essential that our culture is open and supportive. We recently asked AQUA to work with our front line staff to hear from them what their experiences of our culture. The feedback was positive which is encouraging with more to do in terms of communication style with our staff and visibility of the Board and Senior Leadership Team. Sometimes the language we are using is strategic and is not as relevant to our front line staff therefore a commitment was made to improve this.</p> <p>One of the major themes we discussed is the importance of ensuring that when people speak up; that they see that something positive has happened as a result of them doing so. Through Dear Caroline we share what actions we have taken but again we are going to see how we can strengthen messages about what has changed and include our freedom to speak up champions. What we would really like is for teams to be discussing these issues on a regular basis as part of their team meetings and looking at how</p>	
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	<p>things have improved as a result of being expressing views,</p> <p>LAUNCH OF “ROSE CHAMPIONS”</p> <p>The Trust’s determination to be amongst the very best in the NHS in the use of digital continues and there is now a further opportunity for staff to play a leading role in our ROSE Digital Programme.</p> <p>The Board heard that are looking to recruit ROSE Champions to help us continue to improve our Lorenzo system and work with us to make Combined a true NHS Digital Exemplar.</p> <p>These will be hugely important roles and a great opportunity for individuals across the Trust to get dedicated skills training not just on Lorenzo, but also in Digital Technology in general.</p> <p>Our new Champions will help develop our systems, support staff on the ground where they are struggling and work with the Executive and Digital Leadership teams to develop new digital solutions and training packages.</p> <p>FINANCE TEAM SHORTLISTED IN TWO HFMA AWARDS CATEGORIES</p> <p>In a year when the HFMA received record numbers of nominations, Combined made the final shortlist in not one - but two - categories.</p> <p>Executive Director of Finance, Performance and Digital - Suzanne Robinson - has been shortlisted in the category of Finance Director of Year and Deputy Mike Newton - is one of only four shortlisted for the post of Deputy Finance Director of the Year.</p> <p>For Combined to have beaten off record competition to secure both of these accolades is truly remarkable and only goes to show what tremendous strength in depth we have throughout our Finance Team.</p> <p>INTRODUCTORY MEETING WITH NEWCASTLE UNDER LYME BOROUGH COUNCIL</p> <p>Caroline Donovan and David Rogers attended a meeting with John Tradewell, CEO, Councillor Simon Tagg and Councillor Jill Waring of Newcastle-under-Lyme Borough Council. We had a positive meeting and discussed how we could be working closer together. They are keen to join our Alliance Board which is really positive.</p> <p>MEIR COMMUNITY MEAL – AN EXAMPLE OF COMMUNITY SPIRIT</p> <p>Community spirit was in full force in Meir as our Trust hosted a free lunch at the Meir Community Centre. Over 100 people attended the meal, from a range of different backgrounds – from local residents and workers in the area, GPs, community police, the fire service and members of the Local Authority were there to share a meal together.</p> <p>Community events such as this are key to our Meir Community Partnership, where we have developed co-located Health, Social care and Community practitioners, responding to individuals within five GP practices across the area.</p>	
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	<p>In addition to the monthly meals, Meir Community Centre hold free Tea, Talk and Toast sessions every Friday morning at 9 – 11am – championed by our STR Worker, John Clayton.</p> <p>Sessions allow people to pop-in for a chat, and/or get any support they might need in a relaxed, friendly environment. Often we are able to sign-post people for support, which can reduce referrals and is a more informal, community orientated way to support.</p> <p>DARWIN DRESS FEATURED IN STOKE SENTINEL</p> <p>Regular visitors to Lawton House will have been greeted over the past few weeks with a fantastic display in Lawton House Reception. The "Darwin Dress" is one of a set of really imaginative creations by a team led by Amanda Smith at the Darwin Centre.</p> <p>The dress was originally produced to mark World Mental Health Awareness Day. The team began thinking about how mental health can be a hidden illness. That we may appear to be perfectly fine on the outside, but beyond the layers we may feel anxious, depressed, frightened or confused.</p> <p>CHANGES TO THE BOARD AND EXECUTIVE TEAM</p> <p>This was the last board meeting for Andrew Hughes our Joint Director of Strategy and Development. Andrew was thanked for his hard work and commitment during the time he has worked with the Trust.</p> <p>Lorien Barber, who had been a Non-Executive Director at Combined since 1 December 2016 has completed her term. Lorien has been a fantastic and highly valued member of the Board and it is with real sadness, but also with huge gratitude, that we say goodbye to her as a natural break of her two-year tenure period comes to a close and with her work commitments making it not possible for her to continue to devote the amount of time she would like to the Trust.</p> <p>Lorien brought to the Board a huge amount of insight, experience and talent, having worked for nearly 20 years in the voluntary sector. For seven years, she served as Director of North Staffs Users Group, the mental health campaign group and voice of service users locally. During that time, she was also elected as Co-Chair of the local Mental Health Partnership Board. More recently, she worked as Strategic Liaison Manager, connecting local health, social care and the voluntary sector at VAST, a charity providing services and support to voluntary and community groups, charities and social enterprises in Stoke-on-Trent and Staffordshire. She was also appointed as Partnership Manager at Macmillan to improve cancer support across Staffordshire and the Black Country.</p> <p>Amongst the many contributions that Lorien has made to Combined, her period serving as the Chair of the People and Culture Development Committee has made a real impact on the day-to-day working lives of staff across the Trust and I know it is an area that is particularly important to her.</p> <p>ON A PERSONAL NOTE</p> <p>Caroline informed the Board that she had been appointed Chief Executive at Lancashire Care Foundation Trust, a provider of Mental Health &</p>	
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	<p>Community services across Lancashire.</p> <p>As our Chairman has said, Caroline will have worked as part of the Combined family for nearly 10 years by the time she leaves. Caroline advised she was, 'truly proud of what the Trust has achieved, dramatically improving the quality of the services it provides, establishing a culture of openness and compassion, and all the time sustaining financial balance.</p> <p>NATIONAL UPDATE</p> <p>NHSI AND HEE ANNOUNCE NEW WORKING ARRANGEMENTS</p> <p>The Board heard that NHS Improvement and Health Education England (HEE) have announced plans to work more closely together to ensure the national workforce system is aligned. This includes the role for both organisations in developing the mandate set by the Government on workforce planning, staff education and training, and the NHS Leadership Academy becoming part of the new People function, which will be hosted by NHS Improvement.</p> <p>The Government's announcement of the five-year funding settlement and the development of the long-term plan has demonstrated the importance of national, regional and local organisations working together effectively to support the NHS.</p> <p>The arrangement will build on the close working arrangement that NHS Improvement and HEE already have on workforce, including jointly overseeing the workstream on workforce for the NHS's long-term plan.</p> <p>Joan Walley asked how much the traveller community needs are included in the strategy we are taking forward for BME. Caroline highlighted one of the Alliance initiatives we have is High Volume Users, traveller communities would be part of this. This group will address the needs of different communities. Caroline advised we would bring a briefing back to February Trust Board around this to provide more detail.</p> <p><i>Received</i></p>	JOB
241/2018	<p>Chair's Report</p> <p>Tony Gadsby, Vice Chairman provided an update.</p> <p>Tony advised the Trust is still engaging with the STP successfully we are awaiting the 10 year forward plan to align with that. Reports will come back to the Board when there has been an opportunity to study them.</p> <p>Tony talked about imminent staff changes and wished Andrew Hughes and Lorien Barber well in the future whilst thanking them for their significant contribution to the Board.</p> <p>Tony also took the opportunity to wish Caroline every success in her new and extremely challenging role. Tony confirmed Caroline could rest assured the direction of travel for the Trust will not change as will not the</p>	

	<p>involvement with STP. Discussions are underway regarding a replacement and a key fundamental of that person is that they are aligned to the strategy of this Board.</p> <p><i>Noted</i></p>	
242/2018	<p>Staff Retirements</p> <p>Dean Burgess – Workforce Safety Lead</p> <p>Dean began his nursing career in Nov 1981 when he started work as a Nursing Assistant on ward 21 at St. Edwards Hospital. He worked in this capacity for 7 months prior to commencing his student nurse training in June 1982.</p> <p>During his time as a student nurse Dean became well known at the hospital via his close association with the staff social club where he played for the pool team, and his “starring” role in a number of hospital pantomimes, performed on stage in the main hall for patients, staff and friends.</p> <p>Dean’s love of sport also saw him play for both the Hospitals cricket team who played at St Edwards and also the hospital football team.</p> <p>He qualified as a staff nurse in September 1985 and immediately started his new role at Wilkins House, an adult admission ward. His first charge nurse being Patrick Sullivan who is now one of our Non Execs.</p> <p>After approximately 12 months (1986) Dean went to work at Wall Lane House young person’s unit where he would stay for almost 6 years. During his time at Wall Lane House Dean earned promotion to the role of deputy manager and it was as a deputy manager that he would move to the City General Hospital in 1992 and successfully being appointed to Ward Manager in 1994.</p> <p>In 1998 Dean applied for, and was successful in securing a clinical nurse specialist role at the City General working as part of a small group of staff with architects around the design of the Harplands Hospital.</p> <p>The role of Senior Nurse/Clinical Nurse Specialist was changed at this time to “Modern Matron” and Dean enjoyed a long period working with Ian Wain and Glynnis Owen developing the Harplands service and being a visible presence across the hospital site, supporting ward staff.</p> <p>In 2004 Dean decided on a career change and undertook a 40 day MAPA trainer’s course linked with Keele University then taking on the role of Head of MAPA Training / Work Safety Lead for the Trust.</p> <p>Dean can only be described as a constant source of support and advice for staff. He keeps up to date with all matters relating to the reduction of violence and aggression. He is there to support staff who have been verbally or physically assaulted, he is a passionate advocate of patient care and staff support, believing that when staff are supported to do a good job, staff morale and patient care noticeably improve.</p> <p>Dean is kind, sensitive and thoughtful but not afraid to challenge in ways that ensure that poor practices are identified but is always on hand to improve care.</p>	

	<p>Of course there's always the jokes and those people who know him best will say that a story is never a story without a joke or quip attached. In short, Dean has been a fantastic role model for staff, he is a knowledgeable and kind nurse and he is always willing to share his vast knowledge.</p> <p>Fortunately, Dean is not leaving us completely – he aims to continue to work part time in the MAPA training role however we shall miss Dean and would like to thank him for his service and dedication and wish him all the best in his retirement.</p> <p>Patrick Sullivan wished to say a few words having known Dean for a long time. Patrick said how impressed he had always been with Dean's kindness, his passion with service users and his humour, and added it had been a great pleasure to work with Dean. Hilda Johnson stated she had worked in various roles as a volunteer with Dean adding he had been fantastic as service user and staff representative.</p> <p><i>Noted</i></p>	
243/2018	<p>REACH Individual Recognition Award November 2018</p> <p>Adam Chambers – Substance Misuse Nurse Stoke Heath Prison</p> <p>Adam is a nurse in the Prison Healthcare team specialising in Substance Misuse. This clinical role entails assessing prisoners for substance misuse and offering interventions to support withdrawal, harm reduction and abstinence. He is training to be a non-medical Prescriber to extend the range of support he can offer.</p> <p>Over the last 6 months Adam, with minimal support, has driven the change process for the Substance Misuse clinical team to adopt data entry to System-One and stop using paper records.</p> <p>Since being awarded the new contract for services at Stoke Heath Prison, to commence from April 1st 2019, Adam has lead a needs assessment for all Healthcare services, (that is Primary Care, Mental Health, Psychosocial Interventions and Substance Misuse) to identify IT support that underpins the new integrated care model being implemented.</p> <p>This work, although related to his clinical role, would not be considered usual for a Band 6 nurse. Adam has recognised the significance of shared records with the reduced duplication of effort and resources these offer but also the opportunity they present to improve care for patients through a better informed healthcare service.</p> <p>A key concern identified by the Ministry of Justice and NHS England in their Health Needs Assessment prior to the recent tender, was lack of information on prevalence and what healthcare services were delivering for patients with Mental Health and Substance Misuse needs in the Stoke Heath population. This was a direct result of staff using paper records and not systematically recording data in a format that could be monitored, evaluated and reported.</p>	

	<p>Critical in successfully winning the tender was the Partnerships ability to convince commissioners that the new service would address this issue. Adam's success in moving his team to using System-One was used as an example that the new service could and would succeed in this area.</p> <p>The new integrated Healthcare Team at Stoke Heath offers their patients a new approach to service, where the patient is seen as having multiple needs that the whole team need to address and not as it has been in the past, where each service offered their intervention in isolation. This new way of working will require shared records that are easily accessible and conform to a set of common standards. Adam has commenced an assessment of the current workflows and hardware to support this development across the services.</p> <p>This has not only been praised by NHS England commissioners but has been recognised as a key enabler in offering improved services to patients at Stoke Heath.</p> <p><i>Noted</i></p>	
244/2018	<p>PATIENT STORY – FAMILY GROUP FOR WARD 4 HARPLANDS HOSPITAL</p> <p><i>Family Group for Ward 4</i></p> <p>The Family Group is a support group set up by staff on Ward 4 who wanted to ensure that family members of patients also received support that they need.</p> <p>Often family members will have been or exist to be carers for patients who are staying on the ward. This can take a toll on their own health and wellbeing, whilst they are also managing the difficulties surrounding having their relative or friend in hospital. Whatever their individual circumstances, everyone is welcome and it is a relaxed and informal group.</p> <p>The Family group meet every Monday – tea and cake is available as they chat about their experiences, often sharing tips and strategies ranging from emotional tools to cope with the upsetting nature of dementia, to practical advice on getting prescriptions.</p> <p>Anyone is welcome to come to the group and share their story, or simply listen and feel that they are in a safe space amongst people going through similar experiences.</p> <p>Maria Nelligan added that this is one of the initiatives that Ward 4 have undertaken with carers themselves, they link with other groups from other wards but they are within the remit of the ward and the ward environment. We are encouraging volunteers into the organisation and introducing peer mentors which the Board will hear more about as this progresses. Janine stated that group initially met once a month now once weekly. In the new year the group will run twice weekly and will be linking with other services.</p>	

	<p>Patrick Sullivan stated that having visited the Ward recently and seeing what a nice environment it is, should a member of his family need to use the services of the ward he would be more than happy for them to access the service.</p> <p>Hilda Johnson added it is a credit to the staff that the constant changes over the ward have continued to be developed adding she was pleased to hear about this group as it is really good to support carers they have nowhere to go. Janine advised Healthwatch visited this year and the ward received positive feedback.</p> <p>Tony noted Ward 4 provided a presentation at the Innovation Nation Conference and added this is a brilliant initiative answering questions people do not know to ask at the outset answering from a carer to carer point of view; there is no greater support than that.</p> <p>Tony thanked the team for the presentation and the work they are undertaking and facilitating.</p>	
245/2018	<p>QUESTIONS FROM MEMBERS OF THE PUBLIC</p> <p>Mr Williams referred to the impact of the Staffordshire Section 75 arrangements and the difficulties his wife has experienced since the transfer of provision to Staffordshire County Council, as per the Council plan, the lack of support received in the community and the absence of a care coordinator.</p> <p>Mr Williams added that the Trust were very good and have provided support through the night via the Access Team. Home Treatment have made much progress but they are not able to come to and see the patient anymore. Mr Williams asked if there was anything NSCHT could do as there is no advice coming from Social Services provided by Staffordshire County Council. Mr Williams is looking to NSCHT to provide a 'safety net' in the interim to support in the community whilst the process is ongoing.</p> <p>Dr Okolo commented that some patients undergo both mental health and social care issues which are difficult; to manage, NSCHT are working through the challenges of the Section 75 agreement. Dr Okolo acknowledged the difficulties Mrs Williams is experiencing adding there is a Care Coordinator in place for Mental Health Services but the social care provision is now via Staffordshire County Council and is not a change the Trust supported. However we are committed to supporting the individuals affected by the Section 75 changes.</p> <p>Jonathan O'Brien, Director of Operations confirmed that Staffordshire County Council had advised that all patients have a care coordinator. By way of Trust support there has been intensive input from the NSCHT Home Treatment Team. Jonathan added if there is more the Trust could do he was happy to meet with Mr and Mrs Williams. In terms of wider issues the Trust reallocated Care Coordinators.</p>	

	<p>Teams affected are both Lymebrook and Ashcombe and are being asked to look at cases and themes where the level of input required is not being received. The Trust will raise this with the Council.</p> <p>Hila Johnson commented that the North Staffs User Group had tried to help to fight the disintegration of Mental Health and Social Care Services and suggested Mr Williams contact Healthwatch Staffordshire.</p> <p>Caroline Donovan reiterated that the Trust had done all it could to challenge the decision.</p> <p>Joan Walley wished to reiterate that this is a contract that has been moved away to Staffordshire County Council and it needs to be said it was not a decision NSCHT wanted and one it tried to stop. We are aware of the ongoing concerns and there is an action for a report to come back to Board in January 2019. This needs taking up with council and a cabinet member. At a time when we are talking about more integrated care at the very least we need to learn the lessons from this if we are really going to be a joined up NHS and social care in the future.</p> <p>Patrick Sullivan highlighted the consultation led by the council very clearly said to the public there will be absolutely no change in the service those individuals receive; Patrick felt this was disingenuous. Patrick queried whether there was any leverage in actually drawing attention to the fact of what appears to be happening. What we thought might happen is happening and could be a breach in what was outlined in the consultation.</p> <p>Dr Tattum commented that this was meant to be an example of integration and this is exactly the opposite.</p>	
246/2018	<p>SERVICE USER AND CARER COUNCIL</p> <p>Maria Nelligan, Director of Nursing and Quality provided an update.</p> <p>Since the last Board meeting there has not been a meeting of the Council.</p> <p>Wendy Dutton has been poorly therefore we send best wishes to her. In the interim Sue Tams Carer Rep is taking Vice Chair of the Service User Carer Council.</p> <p><i>Noted</i></p>	
247/2018	<p>PERSON CENTREDNESS FRAMEWORK</p> <p>Maria Nelligan, Executive Director of Nursing and Quality provided an update.</p> <p>The Trust has coproduced a Person Centredness Framework with service users, carers and staff. This consists of tools and approaches to help us to practically apply person-centred principles in all we do. The Framework will be underpinned by 6 person centredness principles; this paper details these</p>	

	<p>principles and the approach used to devise them. The paper has been presented to all Trust committees as person-centredness applies to all staff, service users and carers with the framework being applied across all areas of Trust business.</p> <p>Caroline Donovan added that she was pleased to see Trust values so clear within the paper and asked if a clear connection can be made as part of SPAR.</p> <p>Dr Tattum asked how we could be assured this is happening 6 months down the line. Maria stated that the work of the task and finish group will be underpinning the tools we are going to use.</p> <p>Maria will bring a progress report back to Board in 6 months.</p> <p><i>Received / Approved</i></p>	MN
248/2018	<p>TOWARDS OUTSTANDING INNOVATIVE PRACTICE – INNOVATION NATION</p> <p>Dr Dennis Okolo, Associate Medical Director / Clinical Director provided an update in Dr Buki Adeyemo's absence.</p> <p>Innovation Nation was the Trust's first research and innovation conference and was a lively and forward-thinking event, well attended by staff from across the Trust. The team received positive verbal feedback on the day from attendees.</p> <p>Innovation Nation was the idea of Dr Rebecca Chubb, Locum Consultant (Older People's Community Health Team) in response to clinicians sharing that they would like to find out more about what is going on in research and innovation - exploring a platform to share good practice.</p> <p>A prize for best presentation was given to Dr Jenni Watson and Dave Jefferson from ADHD CAHMS Team, for their insightful presentation about their ADHD pathway development and journey titled: "How a questionnaire influenced a pathway".</p> <p>The R&D team will be working with the Communications Department to explore an Innovation Event booklet to showcase photos, presentations and poster from the day.</p> <p>Joan Walley queried if there is comprehensive list of research or follow up steps and how we can keep track and follow up on this? Caroline advised there is a research strategy which will be coming back to Board in terms of delivery. Joe McCrea, Associate Director of Communications will also be bringing all research items into one place on the Trusts website.</p>	JMc
249/2018	<p>UPDATE ON DIGITAL EXEMPLAR</p> <p>Suzanne Robinson, Executive Director of Finance, Performance and Digital</p>	

	<p>provide an update.</p> <p>The Lorenzo Digital Exemplar (LDE) is a digital initiative for and co designed with Children and Young People (CYP) within the service. It is an online portal which brings together information for clinicians, carers, schools and community services; fully integrating with our Electronic Patient Record (Lorenzo).</p> <p>The Trust received approval for the project from NHS Digital on the 14th September 2018.</p> <p>Funding was agreed for an early start of the LDE project and the Trust commenced the implementation on the 1st October 2018. There are 8 key workstreams over a period of sixteen months concluding in September 2019.</p> <p>Next steps will be:</p> <ul style="list-style-type: none"> • Appointment of a business change lead and clinical lead from the Trust. • Approval of the future state processes • Commencement of the development of the information portal • Continued optimisation of the Lorenzo EPR • Expansion of engagement workshop and activities to include the wider CAMHs teams. <p>Caroline Donovan requested a paid post be organised for a young child to be part of the team. Suzanne confirmed the business case was part of the CYP Council therefore service users will be part of the groups and will be ensuring we are testing the development.</p> <p>Jonathan O'Brien added that he is supporting Suzanne in providing operational support to the project.</p> <p><i>Received</i></p>	
250/2018	<p>NURSE STAFFING MONTHLY REPORT (September 2018)</p> <p>Maria Nelligan, Executive Director of Quality and Nursing presented the report.</p> <p>The paper outlines the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during September 2018 in line with the National Quality Board requirements. The performance relating to fill rate (actual numbers of staff deployed vs numbers planned) during September 2018 was 75% for registered staff and 103% for care staff on day shifts and 82% and 109% respectively on night shifts. Overall a 93% fill rate was achieved. Where 100% fill rate was not achieved, safety was maintained on in-patient wards by use of additional hours, cross cover and Ward manager supporting clinical duties. The data reflects that Ward Managers are staffing their wards to meet increasing patient needs as necessary.</p>	

	<p>There has been no reported harm to service users as a result of staffing.</p> <p>29 newly qualified registered nurses who commenced in October continue to be employed.</p> <p>The next report will demonstrate the improved position for registered nurse fill rates.</p> <p>The Trust Board is asked to:</p> <ul style="list-style-type: none"> • Receive the report • Note the challenges with recruitment and mitigations and action plan in place • Note the challenge in filling shifts in September • Be assured that safe staffing levels have been maintained. <p><i>Received</i></p>	
251/2018	<p>SIX MONTHLY SAFER STAFFING REPORT</p> <p>Maria Nelligan, Executive Director of Quality and Nursing presented the report.</p> <p>The Safer Staffing (SS) Mid-Year Review is a follow up from the 2017 Safer Staffing Annual Report and a requirement of the National Quality Board Safer Staffing Guidance (2016). The review focused on the progressions of workforce plans and identified continued and sustained acuity, dependency and demand on Ward 6.</p> <p>Recommendations agreed have all been actioned.</p> <p>The Nurse Associate role was discussed. This role will support the Trust in 'growing our own' workforce by supporting committed on-registered staff to develop within the organisation. This will promote career development and alliance with the organisation. In line with the 2017 Safer Staffing Annual Report, 4 Trainee Nursing Associates (TNAs) commenced their training in September 2018 and will be due to complete the programme in 24 months. There is the potential for a further cohort of TNAs in March 2019 and this is being explored as part of the directorate workforce transformation planning. To improve patient care and experience, in relation to meaningful engagement, it was recommended that Activity Worker cover was extended across 7 days.</p> <p>The 2017 Safer Staffing Annual Report also recommended the development of Advanced Nurse Practitioners within workforce plans. A further 2 Trainee Advanced Nurse Practitioners (ANPs) commenced their training within the Trust in September 2018. This is in addition to the 4 Trainee ANPs already in training; all of the current Trainee ANP posts are within community services.</p>	

	<p>The Safer Staffing review continued the extension of reviews into the community and covered the Mental Health Liaison Team. It was also noted that the Access and Home Treatment (HT) Team staffing has been challenging since the introduction of 24/7 HT from February 2018 to support the local health and social care economy.</p> <p>Jenny Harvey noted the move back towards longer working days and cancelled breaks and asked if the Trust had a handle on if this has had an effect on retention of staff are we able to can we benchmark this? Maria advised she was not aware there had been any impact in terms of retention in changing shift patterns. Maria advised she would include in the next report that we have a good assurance system. We have retained all but 1 of the registered nurses we have last year. Positively we have provided a lot of support to them. The Trust will also be enhancing CPD this year.</p> <p>Jenny asked if the Trust is using the incentive of flexible shifts for recruitment. Maria confirmed there is a safer staffing group that has developed an action plan as part of the NHSI retention programme and she will ensure this is within the offer.</p> <p>Dr Keith Tattum highlighted the 75% fill rate for Registered Nurses and asked how that compares to other Trusts and how safety is being maintained on inpatient wards. Maria advised weekly meetings are held to look at staffing and incidents which gives us real time information. Quality Improvement Leads also monitor staffing on a daily basis. Monitoring goes on shift by shift, e-rostering helps with this. Teams work hard to deploy people across the Harplands and the new structure has helped with this we now have a Site Manager that takes an overview too. Suzanne Robinson highlighted we are starting to take the e-roster feed into the patient costing system to better plan going forward. Jonathon O'Brien confirmed he has oversight of all agency requests have reduced over the last 4-5 weeks which is a reflection of the 29 new starters which is positive.</p> <p>Hilda Johnson enquired as to whether there is a Service User Carer Council representative at the Safer Staffing group. Maria will advise.</p> <p>The Trust Board is asked to:</p> <ul style="list-style-type: none"> • Note the progress in implementing safer staffing recommendations • Approve the recommendations to increasing Ward 6 staffing and liaising with commissioners regarding sustained increase in occupancy, acuity and dependency • Maintaining Mental Health Liaison staffing at its current level <p><i>Received / Approved</i></p>	MN
252/2018	<p>QUARTER 2 SERIOUS INCIDENT REPORT</p> <p>Dennis Okolo, Associate Medical Director presented the report in Dr Buki Adeyemo's absence.</p> <p>The report provided assurance to the Quality Committee of the Trust</p>	

	<p>processes relating to Serious Incidents (SIs) and Duty of Candour. The report covers the period from 1st July to 30th September 2018 (Quarter 2, 2018/19) and details the following:</p> <ul style="list-style-type: none"> • The status of SIs currently open and trend data for Q1 2018/19 and Q2 2018/19. • Serious Incidents by category reported by quarter. • Themes, learning and change arising from Serious Incident investigations. • 6 and 12 month updates to completed SI actions plans (Closing the loop) • The quarterly Duty of Candour report. <p>Board heard that during Q2, 26 incidents were reported into StEIS and have undergone or are in the process of undergoing SI investigation.</p> <p>Recommendations and learning from investigations are disseminated upon completion of the SI investigation. The learning that was found from this quarter and the previous Q1 investigations is outlined within the report.</p> <p>During this quarter, the Trust has received the independent panel review report following the serious self-harm attempt and subsequent death of a person admitted to ward 3. This report has been submitted to commissioners and members of the panel and the Medical Director and Director of Nursing will meet with the commissioners to discuss the report.</p> <p>As part of the determination to strengthen Trust processes, the Patient and Organisational Safety Team (P+OST) have developed and implemented an overarching action plan from SI investigations.</p> <p>The number of falls meeting SI criteria has increased during Q2 despite the ongoing implementation of a number of falls reduction initiatives. The age and physical frailty of the client group on ward 4 appears to be a contributory factor.</p> <p>The learning from investigations is cascaded across the Trust through a variety of governance processes. From the internal team and directorate processes across to full Trust cascade and through the Learning Lessons framework. This is to ensure that the learning from investigations is not completed in isolation and that a positive learning culture is maintained, through supporting staff with the opportunity to reflect and share learning.</p> <p>Caroline Donovan noted the slight rise in trend over the last couple of years, particularly Ward 4, falls being part of that. More information is also required around Substance Misuse Service issues post commissioner funding reduction – a report regarding which will be coming to January Trust Board.</p> <p><i>Approved / Received</i></p>	
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253/2018	<p>QUARTER 2 MORTALITY SURVEILLANCE REPORT</p> <p>Dennis Okolo, Associate Medical Director presented the report in Dr Buki Adeyemo's absence.</p> <p>During Quarter 2 the mortality surveillance group reviewed the care of 22 people.</p> <p>The Trust continues to monitor the deaths of people whose deaths are outside of the Serious Incident process. The monthly Mortality Surveillance Group receives and reviews investigations in order to provide assurance as to the quality of the care provided by the Trust. The group identifies any learning from the reviews and offers recommendations for practice when required. In the deaths reviewed during Q2, there was no evidence of deficits in the healthcare provided by the Trust which may be considered to have contributed to the death of any individuals</p> <p>Caroline Donovan referred to the care of one individual reported as 'adequate' and added that we need to show how we going to improve on this and ensure this is included in future report.</p> <p><i>Received</i></p>	
254/2018	<p>MHA COMPLIANCE ACTION PLAN QUARTER 1 & 2 REPORT</p> <p>Dennis Okolo, Associate Medical Director presented the report in Dr Buki Adeyemo's absence.</p> <p>During the year the CQC carried out unannounced Mental Health Act reviewer assurance visits to Trust services.</p> <p>Areas visited were:</p> <ul style="list-style-type: none"> • Ward 1 • Darwin Centre • Florence House <p>A high level summary of each visit is included within the Board paper.</p> <p>Individual responses are sent to the CQC for each service visited detailing actions and timescales for completion.</p> <p>While specific action has been taken in response to individual visits, general learning points have been shared across the Trust in order to raise awareness and continue to improve practice.</p> <p>Patrick Sullivan noted there are four issues that constantly arise around the MHA and asked if we can be assured that we are getting on top of these issues. Dennis confirmed there is ongoing work being undertaken. Capacity to treatment is now built into Lorenzo</p>	

	<p>Maria Nelligan highlighted the Trust is reinforcing and supporting people with what they need to do to comply with the Act. There have been a number of meetings where these issues have been discussed and reinforced. Additional guidance has been produced along with checklists issued by the Medical Director. There is a lot of work to strengthen practice and sustain improvement. Additional audits have been commissioned to take place for greater assurance around performance.</p> <p><i>Received</i></p>	
256/2018	<p>TOWARDS SMOKE FREE PROGRESS REPORT</p> <p>Dr Dennis Okolo, Associate Medical Director presented the report in Dr Buki Adeyemo's absence.</p> <p>The report provided an update and assurances in relation to the progress made since the Q1 and Q2 report were received at October Trust Board meeting.</p> <p>To note, all in-patient areas are now smoke free. A number of initiatives / issues continue to be addressed; The Directorates will now take leadership of continuing to implement the Smoke Free Policy and related procedures.</p> <ul style="list-style-type: none"> • Physical Health Training continues. • Directorates will be responsible for advising and responding to responses to Dear Caroline's or any other communication requests including Freedom of Information. • Ward 3 continues to have significant issues with some patients concealing and sharing ignition sources and tobacco products. The Trust's Fire Officer and Patient & Organisational Safety Team are awaiting a response in relation to the legal framework of people smoking in a public place. • The vending machine should be on site by end of November and information regarding purchase by patients on discharge have been distributed. <p>Joan Walley queried whether the purchase of an E-Cig Vending Machine was the right route to take. Caroline Donovan highlighted no one knows the long term effects of E-Cigs but evidence suggests this is the safer than cigarettes.</p> <p><i>Received</i></p>	
257/2018	<p>DIRECTOR OF INFECTION PREVENTION AND CONTROL (DIPC) QUARTER 2 REPORT</p> <p>Maria Nelligan, Director of Nursing and Quality presented the report.</p>	

	<p>During the Q2 period there were no HCAs to report, in relation to Blood Stream Infections, MRSA Bacteraemia or C-difficile.</p> <p>MRSA screening continues to result in a zero return in terms of positive results, and no exceptions have been reported externally in relation to the Safety Thermometer for Catheter Associated Urinary Tract Infections (CAUTIs).</p> <p>With regards to the Trusts Flu campaign, 59.8% of staff have been vaccinated. For the 75% CQUIN we will need to vaccinate or receive declaration forms for 873 frontline staff. We will vaccinate any other staff that request the vaccine including Student Nurses, Social Workers and Volunteers.</p> <p><i>Received</i></p>	
258/2018	<p>PATIENT LED ASSESSMENT OF THE CARE ENVIRONMENT (PLACE) 2018</p> <p>Maria Nelligan, Director of Nursing and Quality presented the report.</p> <p>The Trust PLACE assessments have been completed in accordance with national guidelines with at least 50% Patient Representation and an independent validator on each assessment.</p> <p>The Patient Led Assessment Care Environment (PLACE) for NSCHT has been completed in line with the target dates set by NHS Digital in the following areas:</p> <p>Harplands Hospital Darwin Centre Florence House A&T Summer View Dragon Square</p> <p>All results are included within the report. The Trust achieved very pleasing PLACE scores in all areas and received very positive feedback from patient assessors who have actively been engaged in the process.</p> <p>Score are well above the National average and the National average scores per Mental Health/Learning Disability sites in all domains.</p> <p>This year's scores are a credit to the all staff and clearly demonstrate the hard work and high standards that are being delivered and maintained within the organisation.</p> <p>Clinical Leads, Support Services, Infection Prevention Control Team and on- going audits will continue to monitor, our internal performance to enable us to maintain the environmental standards.</p> <p>Hilda Johnson advised she and Phil Leese congratulated the Trust adding</p>	

	<p>they were both involved in the visits to A & T and Darwin and were impressed with changes on both areas</p> <p><i>Received</i></p>	
259/2018	<p>ENHANCED PERFORMANCE AND QUALITY MANAGEMENT FRAMEWORK REPORT (PQMF) – Month 6</p> <p>Suzanne Robinson, Executive Director of Finance, Performance and Digital, presented the report highlighting key points.</p> <p>The report provided an overview of performance for September 2018 covering Contracted Key Performance Indicators (KPIs) and Reporting Requirements.</p> <p>Access and Waiting Times:</p> <ul style="list-style-type: none"> • 87.5% of clients referred for treatment through the Early Intervention team have been treated within 2 weeks (Target 50%) • 100% of CAMHS Urgent Cases referred with suspected Eating Disorder started treatment within 1 week of referral (Target 95%) • 60.3% of IAPT patients are moving to recovery (Target 50%) <p>CPA compliance:</p> <ul style="list-style-type: none"> • 98% of those on a Care Programme Approach (CPA) have received a follow up contact within 7 days of discharge (Target 95%) <p>Exceptions</p> <ul style="list-style-type: none"> • IAPT - 4.6% at Quarter 2 from 4.8% at Quarter 1. • CPA - 93.4% at Month 6 from 93.8% at Month 5. This measure has been consistently achieved year to date and has dipped during the last 2 months. All Directorates have action plans in place to ensure that the standard is achieved in Month 7 and sustained going forward. • 7 day follow up. 83.5% at Month 6 from 87.3% at Month 5. This was a new contractual requirement introduced in Month 4 to ensure that all patients discharged from an inpatient admission receive a 7 day follow up, both CPA and non CPA. For patients on a CPA, 98% were followed up within 7 days. • Agency - 2.0% above ceiling at Month 6 from -2.0% under at Month 5. Agency spend is £24k above the agency ceiling year to date. The majority of expenditure relates to medical locum where there is a national shortage. Agency spend is forecast to be within the agency ceiling by Month 8. <p>Single Oversight Framework (SOF)</p> <p>The report provided information on the Quality of Care, Operational Performance and Finance & Use of Resources metrics relevant to Mental Health Trusts for Quarters 1 and 2 2018/19. Performance is assessed based on national standards and targets where available, or the development of proxy measures to replicate what is published on the Model Hospital site.</p>	

	<p>The report is informed by an analysis of Model Hospital, NHSE or NHS Digital published national data to identify the latest national average/ median position and areas of comparatively high or relatively poor performance.</p> <p>Maria Nelligan advised NHSI have developed a document Developing Workforce Safeguards which looks at governance arrangements around staffing and how this can be strengthened, this will be implemented from the 1st April 2019 and will report to the Single Oversight Framework, Maria will bring a briefing back to January Board.</p> <p>Jonathan O'Brien referred to the 7 day follow up adding that the Performance Team have completed recording for Month 7 this is now over 95% for all patients.</p> <p><i>Received</i></p>	MN
260/2018	<p>BEING OPEN QUARTERLY REPORT</p> <p>Jonathan O'Brien, Director of Operations presented the report.</p> <p>The Being Open report provides a combined report of Dear Caroline, FSUG and Raising Concerns submissions, reporting on their collective activity providing details regarding the themes, trends and patterns for assurance at Trust Board. It provides a full summary of activity covering a 12 month period for October 2017 – September 2018 and a detailed quarterly review for the period of July 2018 – September 2018.</p> <p>Combined Being Open Key themes – October 2017 – September 2018 Top three themes were:</p> <ul style="list-style-type: none"> • Policies, Procedures and Processes • Service Changes • Other <p>Combined Being Open key themes – July 18 – September 18</p> <p>Top themes were:</p> <ul style="list-style-type: none"> • Policies, Procedure and Processes • Service Changes • Quality and Safety • Staffing Levels' <p>It is proposed that the Trust will:</p> <ul style="list-style-type: none"> • Continue to utilise all four mechanisms to support staff to raise concerns and issues • Support the ongoing development of an open and transparent culture through development and embedding of the Trust Values and supporting Behaviours Framework • Continuation of the Freedom to Speak Up Guardian (FSUG) role including further strengthening of approach/ development of a range of 	

	<p>Freedom to Speak Up Champions to further support the FSUG role.</p> <ul style="list-style-type: none"> Continue and strengthen communication to the wider Trust to help promote speaking to managers, professional leads, trade union representatives as well as the more formal routes that are available. <p>Jonathan highlighted that some organisations have an Exec as the Freedom to Speak Up Guardian but felt Zoe Grant, our FSUG was at the right level within the organisation as he felt it needed to be someone that staff have confidence they can go to in terms of being a peer and not going to board level but also someone who can challenge the board.</p> <p><i>Received</i></p>	
261/2018	<p>FREEDOM TO SPEAK UP (FTSU) BOARD SELF ASSESSMENT</p> <p>Caroline Donovan, Chief Executive Officer presented the report.</p> <p>On 23rd October 2018 the Trust board completed the National Guardians office Freedom to Speak Up Self-Assessment.</p> <p>The report provided a summary update of the findings; an action plan is currently being progressed.</p> <p>Caroline highlighted the Trust is already looking at strengthening the approach and has looked at the leadership competency framework. FTSU corporate induction needs strengthening at local level.</p> <p>Caroline advised the Trust needs to celebrate and spotlight where people have spoken up.</p> <p>There are also plan to undertake an annual conference jointly with staff side.</p> <p><i>Received / Approved</i></p>	
262/2018	<p>MONTH 6 FINANCE REPORT</p> <p>Suzanne Robinson, Executive Director of Finance, Performance and Digital, presented the report highlighting key points.</p> <p>The report summarises the finance position at Month 6 (October 2018).</p> <p>The Trust Board are asked to note:</p> <ul style="list-style-type: none"> The reported YTD surplus of £359k against a planned surplus of £264k. This is a favourable variance to plan of £95k. The Month 6 CIP achievement: <ul style="list-style-type: none"> YTD achievement of £538k (52%); an adverse variance of £499k; 2018/19 forecast CIP delivery of £1,492k (53%) based on schemes identified; an adverse variance of £1,303k to plan; 	

	<ul style="list-style-type: none"> • The recurrent value of schemes transacted at £1,053k, 38% of target. • The recurrent risk adjusted forecast of £1,813k; 65% of target. <p>There are schemes identified at 75% and currently are going through QIA process.</p> <ul style="list-style-type: none"> • The cash position of the Trust as at 30th September 2018 with a balance of £9,894k; £1,327k better than plan; • Month 6 capital expenditure at £192k compared to planned capital expenditure of £455k; not achieve urgent care plan • Use of resource rating of 2 against a plan of 2 we anticipate this will improve to a 1. <p>Approve:</p> <ul style="list-style-type: none"> • The month 6 position reported to NHSI. <p>Patrick Sullivan asked if there was cause for concern for next year. Caroline Donovan highlighted the Trust is less worried about next year as we need to see the benefit of the redesign of this year and the Phase 4 transformation work will provide CIP of some benefit.</p> <p>Jonathan O'Brien highlighted that plans are in place this year for a recurrent 75% we need to stretch this over the next few months. For next year we want to take a three pronged approach and more investment through 10 year plan, MH investment standard commitment to maintain as we invest we can gain some economies of scale we need to draw CIP from those schemes. We will also look at team by team in the new structure what the opportunities are within that skill mix. We need to expand more opportunities around High Volume Users and more to do around Out of Area placement. Finally we need to start looking at vacancies across the Trust how we can use the vacancy rate intelligently to accumulate an underspend.</p> <p><i>Received / Approved</i></p>	
263/2018	<p>ASSURANCE REPORT FROM THE FINANCE, PERFORMANCE & DIGITAL COMMITTEE</p> <p>Tony Gadsby Non-Executive Director and Chair of the Finance, Performance and Digital Committee presented the report for assurance from the meeting that took place on 11th October 2018; highlighting the following:</p> <ul style="list-style-type: none"> • Q2 Deep Dive – A presentation providing a deep dive analysis into the 2018/19 financial position, which outlined the current forecast and sensitivity analysis to consider best and worst case forecast scenarios. Key risks to the financial position were presented, as well as mitigations, with a particular focus around the shortfall in identified schemes for Cost Improvement. 	

	<p>Tony Gadsby reported the committee were assured around the delivery of control in 2018/19, but were concerned proportion of the surplus which is non recurrent.</p> <ul style="list-style-type: none"> • Q2 Enhanced Performance Report - The committee received a Q2 performance report outlining PQMF, Single Oversight Framework Metrics and 5YFV for Mental Health. The committee were assured with performance, noting that the Trust has achieved the Delayed Transfer of Care target in M6. • CAMHs Waiting Times Report Q2 - The committee received a Q2 report on Waiting Times which demonstrated the improvement against both the 18 week target, now being delivered, and 4 week target. <p>Tony Gadsby reported that the committee noted that the 4 week referral to assessment was not yet being delivered, but acknowledged the improvement of nearly 12% to 67.5% between April and September.</p> <ul style="list-style-type: none"> • PBR Care Cluster Activity Report - The committee received the Q2 update on PBR Care Clustering Compliance. Whilst the proportion of the suspense "Cluster 99" codes was reducing, progress appears to be starting to flat line after drastic improvements in Q1. <p>The following policies were received and approved by the committee, requesting ratification from Trust Board:</p> <ul style="list-style-type: none"> • Lease Car Policy • Petty Cash Procedure • Official Orders Procedure • Security of Assets Procedure • Information Governance Policy • Mobile Information Handling Policy • Disposal of Items Surplus to Requirements. <p><i>Ratified</i></p> <p>Awards - Suzanne Robinson and Mike Newton (DDoF) were congratulated for their two successful shortlists for Finance Director of the Year and Deputy Finance Director of the year in the National HFMA Awards. The success was noted by all Board members.</p> <p>Hilda Johnson talked about national funding for LED lighting and suggested it would be beneficial to have an energy efficiency group to look at the strength of lighting during winter months. It was agreed that Suzanne Robinson would look into this.</p> <p><i>Received / Approved</i></p>	<p>SR</p>
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264/2018	<p>ANNUAL DECLARATION OF EMERGENCY PREPAREDNESS</p> <p>Jonathan O'Brien, Director of Operations presented the report.</p> <p>The report contained the annual declaration of Emergency Planning Resilience & Response (EPRR) Core Standards. The Executive Lead is required to present the annual declaration and outcome regarding EPRR to the Trust Board.</p> <p>The Trust has been rated as 'green' which is fully/substantially compliant.</p> <p><i>Received/ Approved</i></p>	
265/2018	<p>FIRE ANNUAL SAFETY REPORT</p> <p>Jonathan O'Brien, Director of Operations presented the report.</p> <p>The Annual Fire Safety report for 2017/18 is presented to Trust Board for approval. The report reflects compliance with mandatory training standards, an analysis of incidents during the 2017/18 year and confirmation of fire safety processes and procedures in place.</p> <p>At 31st March 2018 mandatory fire training compliance across the Trust was at 88% (excluding bank staff) against a Trust target 85%.</p> <p>The Board noted each year the Chief Executive is required by NHS to confirm compliance with the Department of Health fire safety policy, by applying Firecode standards or some other suitable method in satisfying these arrangements.</p> <p>Joan Walley asked how much our best practice and behavior has changed in terms of fire risks since the recent fire in the north of the city. Jonathan explained that site by site risk assessments are undertaken, Mick Daniels, Fire Security Officer is an ex-firefighter and is satisfied by our compliance and our mitigated risks. Maria Nelligan advised this issue is discussed in detail at the Health & Safety Wellbeing meeting.</p> <p><i>Received / Approved</i></p>	
266/2018	<p>ASSURANCE REPORT FROM THE PEOPLE AND CULTURE COMMITTEE</p> <p>Lorien Barber Non-Executive Director and Chair of the People and Culture Committee presented the report for assurance from the meeting that took place on 16th November 2018.</p> <ul style="list-style-type: none"> Board Assurance Framework – Q2 2018/19. This report was deferred and will be circulated to members virtually. Highlighted BAF Q1 was not received by committee 	

	<p>The Board noted:</p> <ul style="list-style-type: none"> • Sickness absence days lost remained within 4.95% target (2.5%). • Staff Turnover remains at 1.6% for M6. • 90.5% of staff have completed their statutory and mandatory training. • Workforce Race Equality Standard (WRES) full report and Equality and Diversity Update - The Committee received the Workforce Race Equality Standard (WRES) which is based on the principle NHS employees from black and ethnic minority (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. This included an update from the recent Inclusion Council. <p>A number of other reports were received by the People and Culture Development Committee:</p> <ul style="list-style-type: none"> • Retention and Exit Interviews • Guardian of Safe Working report • Mid-Year review of effectiveness <p>The policies below were recommended for ratification by the Board.</p> <p>3.01 Disciplinary Policy 1.75 Domestic Abuse Policy 3.15 Personal Relationships at work policy 3.19 Retirement policy 3.12 Inclusion Policy</p> <p><i>Ratified</i></p> <p>The meeting ended with Patrick Sullivan and Jonathan O'Brien thanking Lorien for her time as Chair of PCD, being her last meeting, and wishing her the best</p> <p>Jenny Harvey echoed the above and commented on how more engaged our Non Executives are with staff and workforce. We have come to appreciate the value of Non Executives and she wished to thank them for improving working lives.</p> <p>Jonathan O'Brien added that the Performance Improvement Policy was also extended but this was not included within the summary. This was noted.</p> <p>Received / Approved</p>	
267/2018	<p>VIRTUAL QUALITY COMMITTEE</p> <p>Patrick Sullivan, Non-Executive Director presented the report for assurance from the meeting that took place on 27th September 2018.</p> <p>During the month of November 2018, members of the Quality Committee were asked to consider a number of reports and policies. This was undertaken by virtual review in the absence of meeting. The purpose of this</p>	

	<p>report is to notify the Trust Board of the outcome of this work and to recommend ratification and removal of policies as noted.</p> <p>Recommendations were supported by the Committee for ratification of policies by the Trust Board for 3 years or otherwise stated as follows:</p> <ul style="list-style-type: none"> • 3.43 Serious placement issues Policy – extend to 28.2.19 • 5.32 Serious Incident Policy • 5.01 Incident Reporting Policy • R05 Management of locked doors, access and egress Policy • 5.19 Management of Violence and Aggression with Police Partnership Protocol • Water Systems Management Policy – remove 5.31 Legionella Policy as this is now incorporated into new Policy. • 5.40 Non Urgent Patient Transport Policy • 5.06 Waste Policy – extend to 31.01.19 • 5.25 New & Expectant Working Mothers – remove as now part of 3.16 Maternity, Paternity, adoption and Special Leave Policy. • 5.37 Pinpoints (PITS) – extend to 31.01.19 • An Organisation Wide Document for Undertaking and Learning from Clinical Audit – replace 4.39 Clinical Audit Policy • 4.41 Responding to Patient Opinion – remove as part of 4.26 Listening and responding PALS and Complaints • 1.04 Complimentary Therapies – extend to 31.01.19 • 1.55 Advanced Statements – extend to 31.01.19 • 1.78 Palliative Care – extend to 31.01.19 • 4.20 Volunteer Policy – extend to 31.01.19 • 4.40 Duty of Candour – extend to 31.01.19 • MHA01 – Community Treatment Order • 4.34 Intellectual Property <p><i>Ratified</i></p> <p>Reports received for review, information and/or approval were:</p> <ul style="list-style-type: none"> • Board Assurance Framework Q2 2018/19 • Patient Story – Ward 4 • Mental Health Act Compliance - themes and actions Q1 & Q2 2018/19 • Smoke free update • Serious incidents Q2 2018/19 • Mortality Surveillance Q2 2018/19 • Safer Staffing monthly report – September 2018 • Safe Staffing mid-year review • Person Centredness Framework • Director of Infection Prevention and Control (DIPC) Quarter 2 • OFSTED Action Plan <p><i>Ratified / Received</i></p>	
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268/2018	CONSENT AGENDA ITEM NHS PROVIDERS: THE STATE OF HEALTH AND ADULT SOCIAL CARE IN ENGLAND 2017/18 Laurie Wrench, Associate Director of Governance presented the report for information only. <i>Received</i>	
269/2018	Any Other Business No other business was discussed	
270/2018	Date and time of next meeting The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday 24 th January 2019 at 10:00am, in the Boardroom, Lawton House, Trust HQ.	
271/2018	* Motion to Exclude the Public The Board approved a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted.	

The meeting closed at 1.20pm

Signed: _____
Chairman

Date _____

Board Action Monitoring Schedule (Open Section)

Trust Board - Action monitoring schedule (Open)						
Action	Meeting Date	Minute No	Action Description	Responsible Officer	Target Date	Progress / Comment
1	25-Oct-18	211/18	Matters Arising - Section 75 (Questions from Members of the Public) David Rogers asked for an update re: Section 75 to come to January Trust Board	Jonathan O'Brien	24-Jan-19	Agenda item
2	25-Oct-18	224/18	Mortality Surveillance Quarter 1 Report Dr Adeyemo has commissioned work independently. Dr Adeyemo to bring a briefing back to Closed Trust Board re: drugs and alcohol deaths and cuts	Dr Adeyemo	24-Jan-19	Agenda item in Closed Trust Board.
3	22-Nov-18	240/18	CEO Update - Caroline highlighted one of the alliance initiatives we have is High Volume Users, traveller communities would be part of this. This group will address the needs of different communities. Caroline advised we would bring a briefing back to February Trust Board around this to provide more detail.	Jonathan O'Brien	28-Feb-19	
4	22-Nov-18	247/18	Person Centredness Framework Maria Nelligan will bring a progress report back to Board in 6 months.	Maria Nelligan	23-May-19	
5	22-Nov-18	248/18	Towards Outstanding Innovative Practice - Innovation Nation Joe McCrea, Associate Director of Communications will also be bringing all research items into one place on the Trusts website.	Joe McCrea	24-Jan-19	
6	22-Nov-18	251/18	Six Monthly Safer Staffing Report Maria Nelligan to advise if there is a Service User Carer Representative on the group.	Maria Nelligan	24-Jan-19	
7	22-Nov-18	259/18	PQMF Month 6 Maria Nelligan will bring a briefing to January Board re: NHSI Developing Workforce Safeguards	Maria Nelligan	24-Jan-19	Verbal update
8	22-Nov-18	263/18	FPD Summary National funding for LED lighting- Hilda Johnson suggested it would be beneficial to have an energy efficiency group to look at the strength of lighting during winter months. It was agreed that Suzanne Robinson would look into this.	Suzanne Robinson	24-Jan-19	Verbal update

REPORT TO TRUST BOARD

Enclosure No:

Date of Meeting:	24 th January 2019		
Title of Report:	CEO Board Report		
Presented by:	Caroline Donovan, Chief Executive Officer		
Author:	Caroline Donovan, Chief Executive Officer		
Executive Lead Name:	Caroline Donovan, Chief Executive Officer	Approved by Exec	<input type="checkbox"/>

Executive Summary:		Purpose of report	
This report updates the Board on activities undertaken since the last meeting and draws the Board's attention to any other issues of significance or interest.		Approval	<input type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs <input type="checkbox"/>	Document	
	Date:	Version No.	
Committee Approval / Review	<ul style="list-style-type: none"> Quality Committee <input type="checkbox"/> Finance & Performance Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> People & Culture Development Committee <input type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Business Development Committee <input type="checkbox"/> Primary Care Integration Programme Board <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> To enhance service user and carer involvement. <input checked="" type="checkbox"/> To provide the highest quality services <input checked="" type="checkbox"/> Create a learning culture to continually improve. <input checked="" type="checkbox"/> Encourage, inspire and implement research & innovation at all levels. <input checked="" type="checkbox"/> Maximise and use our resources intelligently and efficiently. <input checked="" type="checkbox"/> Attract and inspire the best people to work here. <input checked="" type="checkbox"/> Continually improve our partnership working. <input checked="" type="checkbox"/> 		
Risk / legal implications: Risk Register Reference	None		
Resource Implications:	None		
Funding Source:			
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	Includes update on Inclusion Council and responses to the NHS Staff Survey		
STP Alignment / Implications:	Includes update on Capital Investment, NHS Long Term Plan and Trust Operational Plan Submission		
Recommendations:	To receive for information		
Version	Name/group	Date issued	
1.0	Caroline Donovan	17 th January 2019	

Chief Executive's Report to the Trust Board 24th January 2019

PURPOSE OF THE REPORT

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

LOCAL UPDATE

1. CQC INSPECTION

The CQC core service inspections that have taken place this month built on the Adult Community Core Service positive inspection in December. The CQC chose to inspect our Crisis Core Services, including our Access team, Home Treatment, Liaison team and Place of Safety. In addition they inspected our Older Peoples wards 4, 6, and 7. The feedback has been very positive from all the clinical visits. The CQC also ran a number of focus groups with psychologists, support workers, BME staff, AHPs, nurses, modern matrons, pharmacy staff and managers, MHA staff and managers, a patient focus group and a couple of general focus groups, which overwhelmingly were positive.

The last part of the inspection is the Well-Led Inspection, which takes place the week commencing 21st January. This will involve a presentation from me, as well as a number of one-to-one interviews with senior management and members of the Board

A number of partner interviews also took place throughout this period including with some of our local MPs.

All the hard work and preparations we have put in place over recent weeks and months really bore fruit and the feedback we have had so far has been really positive. So, well done and congratulations to all of our staff and teams for demonstrating to the CQC the excellent work they do day in and day out and showcasing excellent practice and innovation that they are leading to continually improve services for our service users and carers.

2. FANTASTIC NEWS FOR CAMHS

We ended 2018 on a real high as our fantastic CAMHS service received the best possible Christmas present – the news that Combined Healthcare has been selected as a Wave 1 pilot site, to receive almost £2 million a year from April 2019 to invest in children's mental health services across Stoke-on-Trent and North Staffordshire.

This is excellent news for our CAMHS service and further real testament to their reputation for delivery, quality and innovation. Congratulations to everyone involved in the bid and a big thank you to those who have worked behind the scenes over the past few weeks to start planning the implementation of the new services!

The money is split into two parts. The first part will deliver over 30 new posts in CAMHS to form four educational mental health support teams of children's mental health specialists and trainees to work directly with schools. There will be two teams in each of the locality Directorates of Stoke-on-Trent and North Staffordshire, serving between 10 and 20 schools per team.

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

We have begun a major recruitment drive for trainee educational mental health practitioners as well as qualified mental health practitioners to form the new mental health support teams covering both Stoke-on-Trent and North Staffordshire. The Trust will also begin working with the existing community teams to ensure the new staff are recruited as soon as possible to help expand our services and start to deliver reduced waiting times.

This major development will benefit parents, children and schools across Stoke-on-Trent and North Staffordshire. We are simply thrilled to have been chosen to deliver this multi-million transformation for children's mental health and are raring to go.

3. MAJOR CAPITAL INVESTMENT IN MENTAL HEALTH CRISIS CARE CENTRE AT HARPLANDS

Our we also had the fantastic news that £1.6m has been approved by the Government to develop a mental health crisis care centre and detoxification suite at Harplands Hospital, as well as four crisis cafes in the county.

The crisis care centre will include a crisis lounge and three places of calm for people experiencing mental health issues. It will also provide working space for social care staff, police and voluntary sector workers so they can support patients once they are ready for discharge.

The urgent care and detoxification centre will allow people experiencing substance misuse issues to recover in safety and for care and support to be planned once they are ready to go home. The crisis cafes will be located in East Staffordshire, Stoke-on-Trent, Stafford and Staffordshire Moorlands and support people experiencing mental health problems.

Currently, people who are having a mental health crisis can feel they have nowhere to go. Very often, they will go to A&E because they know it will be open. However, A&Es are staffed and equipped to deal with physical and not mental health emergencies. A&E also specialises in dealing with immediate life-saving problems and is not there to plan on-going care or assessment.

These new specialist facilities will be able to offer more appropriate places for people experiencing crises involving either mental health or substance misuse problems. They will not just see them through the immediate problem but help provide joined-up care once they leave the Trust.

The NHS Operational Planning and Contracting Guidance 2019/20 were published on 10th January, alongside CCG 5 Year Allocations and NHS Control Totals. Within the new guidance comes a new financial framework will give local organisations and systems the space and support to shape their operational and financial plans to their circumstances, whilst reducing those with deficits year-by-year. The guidance is clear that CCGs must continue to increase investment in mental health services, in line with the Mental Health Investment Standard (MHIS).

For 2019/20 the standard requires CCGs to increase spend by at least their overall programme allocation growth, 5.8% for Staffordshire CCGs, plus an additional percentage increment to reflect the additional mental health funding included in CCG allocations for 2019/20. We will be working with CCG colleagues over the coming weeks to agree this in line with NHS Long Term Plan, both of which will feature heavily in our Operational Plan for 2019/20.

The first draft of our organisational Operational Plan will be submitted on 12th February with the final version due on April 4th 2019

4. WELLBEING ACADEMY LAUNCHED

One of key initiatives being taken forward this year by our Director of Nursing and Quality, Maria Nelligan, is the creation of our Wellbeing Academy. The Academy will offer, together with our partners, a wide range of courses, workshops and activities to support people to discover interests and develop their skills on their mental health recovery journey.

All of our course facilitators are dedicated to recovery and wellbeing and have a range of personal and/or professional experience in adult education; activities related to mental Health recovery or lived experience of mental health issues.

Wellbeing Academy courses will be open to anyone, regardless of their past experience. Everyone is welcome to attend the Wellbeing Academy and we will promote equality & diversity in all of our settings. We hope to support everyone who becomes a student to accomplish their learning and recovery ambitions. We will do this by providing a safe, welcoming and non-judgmental learning environment to help them to get the best out of their experience. Participants don't need any formal qualifications or experience to attend the college.

January saw the internal 'soft launch' of the Academy, hosted by our Medical Director, Buki Adeyemo, and it was incredibly well attended by a range of service users and staff.

The Wellbeing Academy is supported by a fantastic new website, where people can get details of courses, book places and learn more about the initiative. You can visit it at <https://wellbeingacademy.combined.nhs.uk> to find out more.

5. 'NEW' LEADERSHIP ACADEMY LAUNCHED

I really enjoyed welcoming everyone to our 'new format' Leadership Academy in December. Under our new approach, we are looking to increase the range of masterclasses we can offer, drawing on outside speakers and organisations. The Academy is focused on supporting our senior leadership community but we will continue to support the leadership development needs of all our staff.

This first session featured our improvement partners AQuA, who will be co-creating with us a Leadership Development Programme, complementing our move to a locality structure and really bringing to life our leadership competency framework. Details of this will be sent out in due course.

We also kicked off the session with a hugely enjoyable 'Human Bingo' ice-breaker, where everyone learnt something new about their colleagues! It was enormous fun and congratulations to Jane Rook and the OD Team on supporting the event.

6. INCLUSION COUNCIL GOES FROM STRENGTH TO STRENGTH

I was really delighted to chair the latest meeting of our Inclusion Council. The energy in the room was really palpable as we heard about all that's being delivered – from recruitment, to HR policies and appraisal, plans for reverse mentoring and increasing staff confidence in reporting incidents. We also heard about the impact the Stepping Up programme has in building confidence and stories of our BAME staff subsequently getting promotions.

We have created a new dedicated section on the Trust Intranet and on the Trust website, where everyone can keep up to date with all the work of the Council.

Our intention for each Inclusion Council meeting is to choose one topic each time where we can have a more in-depth discussion and for this meeting we chose the topic of micro-aggression.

Micro-aggression is a term used for brief and commonplace daily verbal, behavioural, or environmental indignities, whether intentional or unintentional, that communicates hostile, derogatory, or negative prejudicial slights and insults toward any group. Often it can be subtle, even unconscious on the part of those demonstrating it, but the cumulative effects over time can be to make someone feel devalued, demotivated or lower their confidence or mental wellbeing.

As part of the Council Action Plan, we will be shortly launching an awareness campaign and survey so we can understand the degree to which our staff may be experiencing micro-aggression, to be followed by specific programme to tackle it and support those affected by it.

7. CAMHS DIGITAL EXEMPLAR ENGAGES IN CO-PRODUCTION WITH YOUNG PEOPLE

Our programme to become a CAMHS Digital Exemplar continues and as part of this, the digital team, our CAMHS Team and our digital partners DXC, held an engagement session this week with young people at the Watermill School, in Tunstall. This was an opportunity to get feedback and ideas from service users to inform the co-production, co-design and development of a key part of the exemplar project, an Engagement Portal, where young people can go for advice and support.

I'm told that the event was really positive and the feedback from attendees was both enthusiastic and informative. We'll be releasing details of the portal once it's ready for launch. In the meantime, congratulations to our Chief Information Officer, Dave Hewitt, our CAMHS teams and all involved in bringing forward this exciting development.

8. STP ZERO SUICIDE CONFERENCE

I was pleased to open a major Suicide Conference attended by over 300 delegates, jointly organised by the Mental Health workstream of the STP and a team from Combined Healthcare and chaired by our Medical Director, Dr Buki Adeyemo.

The conference brought together a whole range of experts, service users, clinicians and others from across Staffordshire and Stoke-on-Trent and beyond, including Switzerland to share perspectives and knowledge.

The most impactful part of the day for me was the sharing of heartfelt personal stories from service users and carers. It was incredibly brave of the individuals and made such a difference to us all being able to think about the personal and emotional consequences of suicide and what we could do better as organisations and the wider community.

It also was an opportunity for the partners across our area to sign a **Suicide Charter**, setting out their determination to work together with an ambitious aim for nothing less than zero suicide in Staffordshire and Stoke-on-Trent from 2019 onwards.

Well done to all involved in organising and delivering a fantastic event and initiative.

9. CRITICAL INCIDENT STRESS MANAGEMENT CONFERENCE

Our 2nd Annual Critical Incident Stress Management Conference took place in December 2018 and was a great success.

We welcomed a variety of speakers including RCN rep Colin Burgess, our very own Maxine Tilstone, Professor Stephen Regel OBE, DS Mark Naylor, A&E Consultant Julie Norton and PSA's Angela Lewis.

It was a fantastic day of insightful theories, emotional experiences, collaborative approaches to CISM and engaging Q&A sessions. Attendees left the day not only with a certificate and a badge, but with a buzz and enthusiasm about CISM and how to put it to practice.

Thank you to everyone who attended and to those who organised the day and thank you to RCN for sponsoring the event. Its success goes to show how many people stress affects, so we hope to make next year bigger and better yet again positive

10. HEALTH AND WELLBEING BOARD

I was pleased to attend the latest meeting of the Stoke-on-Trent Health & Wellbeing Board. It was great to be able to celebrate the really positive CQC system review outcome. When the CQC returned to visit the Stoke system before Christmas, they recognised the excellent progress that has been achieved – well done and thank you to everyone. [The report can be found here.](#)

There was also discussion about the really great system working supporting the high use of monkey dust in Stoke. This has resulted in partners from UHNM, GP Federation, the Council, the police and Combined working collaboratively and being very responsive so again thank you particularly to our substance misuse teams.

11. WELCOME TO OUR NEW KEELE UNIVERSITY GRADUATES

I attach great pride and importance to our relationship with Keele University. We are proud to be able to call ourselves a Keele University teaching Trust.

In this vein, it was great to be able to welcome 25 new graduates from Keele University, who have started their preceptorship programme with us. The programme will include masterclasses, action learning sets and rotation across specialties. Thank you to Maria Nelligan for her leadership of this really important initiative.

I was also really pleased to be invited to our medical leadership programme at Keele University and privileged to be able to share my personal leadership journey including insights into challenges and personal resilience. Our group of medical leaders were really fantastic in engaging in the programme and each sharing their quality improvement project. Well done to Dr Buki Adeyemo for sponsoring this important programme which I hope will continue with action learning support.

12. GREAT RESPONSE TO NHS STAFF SURVEY

I used my blog each week to keep all staff updated on progress on our NHS Staff Survey and urge everyone to take part and have their say.

The survey came to an end in November, and I am thrilled that we had the highest response rate since 2015 and one of our best rates of 58%, meaning 797 staff shared their views.

Congratulations to staff working in Workforce and Leadership for posting a perfect 100% response rate and thanks to everyone throughout Combined who took this opportunity to tell us what they think about working at Combined and where we can do even better. We will be publishing the results of the survey, as well as an action plan, setting out precisely how we intend to respond to its findings once the national figures are collated and published in February by NHS England.

We have given many thanks to everyone who engaged – their feedback is so important.

13. COMBINED FLU FIGHTERS UPDATE

By the end of December and 12 weeks into our Flu Fighters campaign, we hit our target of 75%, which is excellent. That means that a total of 1070 vaccines were given, which includes declaration forms received. Congratulations and thank you to all staff working hard and supporting our campaign.

NATIONAL UPDATE

14. NHS LONG TERM PLAN PUBLISHED

The NHS Long Term Plan was published in January, with the overall stated aim “to make the NHS fit for the future, and to get the most value for patients out of every pound of taxpayers’ investment.”

NHS England says the new 10-year plan could save up to 500,000 lives by focusing on prevention and early detection. GPs, mental health and community care will get the biggest funding increases to shift the focus away from hospitals.

The plan, unveiled by Simon Stevens and the Prime Minister, commits to giving a third of the extra £20bn the NHS will get by 2023 on GPs, community care and mental health.

Mental health is due to get £2.3bn extra of the £20bn, while GP and community care is to get £4.5 bn. Highlights include:

- Investment in mental health services will grow faster than the overall NHS budget, creating a new ring-fenced local investment fund worth at least £2.3 billion a year by 2023/24.
- By 2023/24, an additional 380,000 adults and older adults will be able to access NICE-approved IAPT services.
- NHS England will test four-week waiting times for adult and older adult community mental health teams in selected local areas to understand how to introduce achievable improvements in access, quality of care and outcomes
- local areas “will be supported to redesign and reorganise core community mental health teams to move towards a new place-based, multidisciplinary service across health and social care aligned with primary care networks”, with “new models of care, underpinned by improved information sharing” by 2023/24.
- A 24/7 community-based mental health crisis response for adults and older adults available across England by 2020/21, offering intensive home treatment as an alternative to an acute inpatient admission, and all-age mental health liaison service in Emergency Departments and inpatient wards by 2020/21.
- Specific waiting times targets for emergency mental health services to take effect from 2020.
- The Five Year Forward View for Mental Health programme is working to eliminate inappropriate out of area placements for non-specialist acute care by 2021.
- Work to bring units with a long length of stay down to the national average of 32 days.
- NHS England will design a new Mental Health Safety Improvement Programme, which will have a focus on suicide prevention and reduction for mental health inpatients.
- 70,000 more children and young people will access mental health treatment each year by 2020/21.
- Funding for children and young people’s mental health services will grow faster than both overall NHS funding and total mental health spending.
- By 2023/24, at least an additional 345,000 children and young people aged 0–25 will be able to access support via NHS funded mental health services and school or college-based mental health support teams.
- New mental health support teams working in schools and colleges will be rolled

- Out to between one-fifth and a quarter of the country by the end of 2023.
- Testing approaches to delivering four week waiting times for access to NHS support, ahead of introducing new national waiting time standards for all children and young people who need specialist mental health services.
- STPs and ICSs are expected to ensure that reasonable adjustments are being made to support people with learning disabilities

A link to the full NHS Confederation Briefing document can be found at https://www.nhsconfed.org/-/media/Confederation/Files/public-access/NHS_Confederation_LTP_member_briefing.pdf

Moving forward, NHS England says that Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs), now need to develop and implement their own strategies for the next five years.

These strategies have been given the task by NHS England of setting out how they intend to take the ambitions that the NHS Long Term Plan details, and work together to turn them into local action to improve services and the health and wellbeing of the communities they serve – building on the work they have already been doing.

NHS England also says that over the next few months, NHS staff, patients and members of the public will have the opportunity to help shape what the NHS Long Term Plan means for their area, and how the services they use or work in need to change and improve.

15. NHS PROVIDERS LAUNCH NEW WORK PROGRAMME ON RELATIONSHIP BETWEEN NHSE/I AND THE PROVIDER SECTOR

NHS Providers have announced their intention to create a new work programme on the relationship between NHSE/I and the provider sector and have invited feedback and involvement as they develop this work.

NHS Provides sets the context for this work as being five intertwined developments:

- The next stages in the move from individual institutions to local system working
- The future shape of the provider landscape including provider sector consolidation
- How the new NHSE/I structure will work in practice
- Two workstreams in the long-term plan on future system architecture and potential legislative changes and
- How all of the above interacts with current provider governance and the 2012 Act, within the context of the best way to oversee and assure delivery of local healthcare services.

Taken together, NHS Providers think these developments could result in far-reaching changes to the strategic environment in which providers operate.

Although there are formal proposals for legislative changes being developed for consultation, NHS Providers believes that the way that the new NHSE/I structure actually operates will be just as important. NHSI's chair and chief executive have both said they want to create a new, more collaborative, relationship with the NHS frontline that works for both NHSE/I and providers – one based more on support and improvement and less on regulation and performance management.

NHS Providers believe there are a number of things NHSE/I could do to deliver this new relationship, including:

- Collaborative agreement of the behaviours and processes governing how the new NHSE/I regional directors and frontline trust, CCG and STP leaders will work together
- New approaches to reduce the volume of ALB requests and 'all trust' communications, for example, through setting up a formal gateway with frontline input
- A formal, collaboratively agreed, protocol setting out how NHSI will intervene in chair and CEO appointments so everyone knows where they stand when providers start a new appointment process
- Development of a new "strategic support not tactical performance management" approach to special measures, based on trust feedback on what works and doesn't
- A genuinely collaborative planning process covering all elements of planning, not just the tariff where formal consultation is required by law
- A collaborative approach to designing the new financial architecture including what will replace control totals and the Provider Sustainability Fund and a much needed new capital regime
- A return to genuine and full consultation on all major new policy developments, for example, the development of system working.

The proposed work programme will continue to push for the importance of developing this type of collaborative approach and in ensuring that provider views are fully represented if and when this work is undertaken.

REPORT TO TRUST BOARD

Enclosure No: 5

Date of Meeting:	24 th January 2019		
Title of Report:	Innovation Pathway Development		
Presented by:	Dr Buki Adeyemo		
Author:	Kerri Mason		
Executive Lead Name:	Dr Buki Adeyemo	Approved by Exec	<input type="checkbox"/>

Executive Summary:		Purpose of report	
<p>Significant progress has been made to support Innovation across the Trust, with current initiatives including Innovation Nation 2018 and the upcoming Dragons Den; supporting the development of small-scale projects. To support Innovation further the Trust will be undertaking a process mapping exercise, supported by the West Midlands Academic Health Science Network, to review and evaluate existing innovation practices/processes. The aim of the review is to streamline, develop new and join up existing innovation processes, promote resources to support innovation and ensure timely sign off.</p>		Approval	<input type="checkbox"/>
		Information	<input type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs <input type="checkbox"/>	Document	
	Date:	Version No.	
Committee Approval / Review	<ul style="list-style-type: none"> Quality Committee <input type="checkbox"/> Finance & Performance Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> People & Culture Development Committee <input type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Business Development Committee <input type="checkbox"/> Digital by Choice Board <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> To enhance service user and carer involvement. <input type="checkbox"/> To provide the highest quality services <input type="checkbox"/> Create a learning culture to continually improve. <input type="checkbox"/> Encourage, inspire and implement research & innovation at all levels. <input checked="" type="checkbox"/> Maximise and use our resources intelligently and efficiently. <input type="checkbox"/> Attract and inspire the best people to work here. <input type="checkbox"/> Continually improve our partnership working. <input type="checkbox"/> 		
Risk / legal implications: Risk Register Ref	No current risk or legal implications, no current risks open on Risk Register related		
Resource Implications: Funding Source:	No current resource implications		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	No diversity or inclusion implications		
Recommendations:	No Recommendations		

Developing and supporting Innovation processes in Combined: MIDTECH and the Academic Health Science Network (AHSN) Process Mapping

Background

Significant progress has been made to support Innovation across the Trust, with a number of developments and initiatives, with some due to take place in 2019:

- **Innovation Nation 2018** - An engagement event, held in October 2018, showcased research, evaluation and innovation projects and practice across the Trust. Innovation Nation was the Trust's first research and innovation conference and was a lively and forward-thinking event, well attended by staff from across the Trust;
- **Dragons Den Relaunch** - The Combined Dragons Den style initiative will reflect the format of the television programme, whereby applicants will be given an opportunity to pitch their ideas to Combined's decision makers. The focus of Dragons Den will be support and develop small-scale projects that look at innovative ways to; deliver a better service for the same money, use innovation to do something more effectively or efficiently or introduce a new way of working. This has been developed in collaboration with Service User Carer Council
- **Innovation Engagement** - The Trust holds a membership with MIDTECH, the NHS Innovation Hub for the West Midlands, which all staff can utilise for expertise and resources and has also previously linked in with the West Midlands Academic Health Science Network (AHSN) to showcase innovative projects and practice.

Dragons Den will ensure a joined up process to support the development, review and sign off of innovative projects across the Trust.

Developments

Building on the existing work and developments, Combined will be undertaking a process mapping exercise to review and evaluate existing innovation practice; working to streamline processes, promote resources to support innovation and ensure timely sign off. A process mapping workshop will take place in March 2019. Combined are working with MIDTECH and West Midlands AHSN to scope out training and resource needs for staff, including training on Intellectual Property.

The relaunch of the Dragons Den initiative will commence shortly, with applications opening on the 31st January 2019. Dragons Den will invite shortlisted applicants to pitch their idea the Combined decision maker panel, which will take place on the 26th April 2019 at Longton Rugby Club.

REPORT TO TRUST BOARD

Enclosure No:6

Date of Meeting:	24 th January 2019		
Title of Report:	October 2018 Monthly Safer Staffing Report		
Presented by:	Maria Nelligan, Executive Director of Nursing & Quality		
Author:	Alastair Forrester, Head of Nursing & Professional Practice		
Executive Lead Name:	Maria Nelligan, Executive Director of Nursing & Quality	Approved by Exec	<input type="checkbox"/>

Executive Summary:		Purpose of report	
<p>This paper outlines the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during October 2018 in line with the National Quality Board requirements. The performance relating to fill rate (actual numbers of staff deployed vs numbers planned) during October 2018 was 77% for registered staff and 103% for care staff on day shifts and 87% and 109% respectively on night shifts. Overall a 94% fill rate was achieved. Where 100% fill rate was not achieved, safety was maintained on in-patient wards by use of additional hours, cross cover and Ward Managers supporting clinical duties. The data reflects that Ward Managers are staffing their wards to meet increasing patient needs as necessary.</p>		Approval	<input type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs <input type="checkbox"/>	Document	v1
	Date:	Version No.	
Committee Approval / Review	<ul style="list-style-type: none"> Quality Committee <input checked="" type="checkbox"/> Finance & Performance Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> People & Culture Development Committee Charitable Funds Committee <input type="checkbox"/> Business Development Committee <input type="checkbox"/> Digital by Choice Board <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> To enhance service user and carer involvement. <input type="checkbox"/> To provide the highest quality services <input checked="" type="checkbox"/> Create a learning culture to continually improve. <input type="checkbox"/> Encourage, inspire and implement research & innovation at all levels. <input type="checkbox"/> Maximise and use our resources intelligently and efficiently. <input checked="" type="checkbox"/> Attract and inspire the best people to work here. <input checked="" type="checkbox"/> Continually improve our partnership working. <input type="checkbox"/> 		
Risk / legal implications: Risk Register Reference	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). See wider D&I Guidance	None		
STP Alignment / Implications:	None		
Recommendations:	To receive the report for assurance and information		
Version	Name/Group	Date	
1	SLT	11 th December 2018	
2	Quality Committee	10 th January 2018	
2	Trust Board	24 th January 2019	

1 Introduction

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

2 Background

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

In addition to the monthly reporting requirements the Executive Director of Nursing & Quality is required to review ward staffing on a 6 monthly basis and report the outcome of the review to the Trust Board of Directors. A comprehensive annual report for 2017 was presented to April 2018 Board and the recommendations agreed. These are being progressed through the Safer Staffing Group.

3 Trust Performance

During October 2018 the Trust achieved a staffing fill rate of 77% for registered staff and 103% for care staff on day shifts and 87% and 109% respectively on night shifts. Taking skill mix adjustments into account an overall fill-rate of 94% fill was achieved. Where 100% fill rate was not achieved, staffing safety was maintained on in-patient wards by nurses working additional unplanned hours, cross cover, Ward Managers (WMs) and the multi-disciplinary team (MDT) supporting clinical duties and the prioritising of direct and non-direct care activities. Established, planned (clinically required) and actual hours alongside details of vacancies, bed occupancy and actions taken to maintain safer staffing are provided in Appendix 1. A summary from WMs of issues, patient safety, patient experience, staff experience and mitigating actions is set out below.

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

4 Care Hours per Patient Day (CHPPD)

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

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

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

5 Impact

WMs report the impact of unfilled shifts on a shift by shift basis. Staffing issues contributing to fill rates are summarised in Appendix 2. The report will be reviewed and summarised going forward on a quarterly basis.

5.1 Impact on Patient Safety

There were no incidents related to ward nurse staffing reported during October 2018.

5.2 Impact on Patient Experience

Staff prioritise patient experience and direct patient care. During October there were 4 occasions (4 hours in total) when patient activity had to be cancelled to support safe staffing levels. This had a minimal impact on patient experience and direct patient care.

5.3 Impact on Staff Experience

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

- 124 staff breaks were cancelled (equivalent to approximately 2.6% of breaks).
- There were 0 occasions reported during October when staff supervisions, PDRs or mandatory training sessions had to be cancelled to support safe staffing levels.

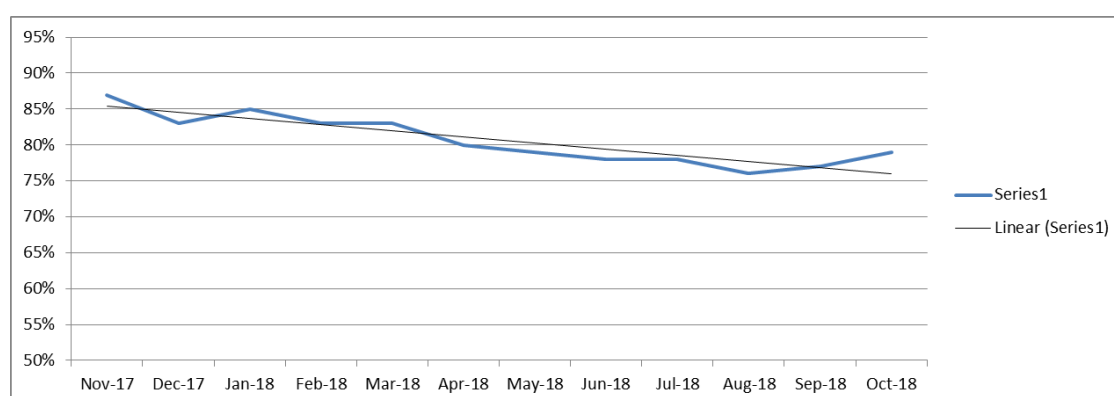
Any time accrued due to missed breaks is taken back with agreement of the Ward Manager.

5.4 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. For example a total of 487 RN shifts were covered by HCSW where RN temporary staffing was unavailable. A total of 103 HCSW shifts were covered by RN staff where HCSW temporary staffing was unavailable. Additionally, as outlined in section 5.3, staff breaks have been shortened or not taken (time is given in lieu) and wards have cross covered to support safe staffing levels.

5.5 RN Staffing Recruitment

In line with the national picture RN recruitment remains challenging. The RN 12 month fill-rate has increased for the second consecutive month; this is due to the successful recruitment and commencement of 29 RN's during October 2018.



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

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

The 29 newly qualified nurses who commenced with the Trust in October 2018 are being supported by a robust preceptorship programme; this programme has been refined and strengthened annually since 2016 and, with the exception of one nurse, all newly qualified RNs have been retained in the Trust in the past 2 years.

The nursing career pathway has been strengthened and 4 Trainee Nursing Associates and 2 Trainee Advanced Nurse Practitioners commenced their training in September 2018. These are academic programmes which run alongside significant work based and placement learning. The education programme to support CPD and career progression for all RNs is also being strengthened. Additionally, a potential increase in Band 6 RNs is being considered. It is anticipated that career pathways will be further enriched as Directorates begin to finalise their workforce plans for 2019/20.

6. Summary

Safe staffing reporting indicated challenges in staffing wards during October 2018. Over the past 2 years a significant number of RN vacancies have been filled by newly qualified RNs; and in October 2018 the Trust employed a further 29 newly qualified nurses. 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 is participating in the NHSI Retention Support Programme. A project team visit has been completed and learning shared, this has been incorporated into the Trust Recruitment and Retention Action Plan.

7. Recommendations

The Trust Board is asked to:

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

Appendix 1 October 2018 Safer Staffing

Oct-18	HCSW						RMN						Care Staff		Registered Nurse		Overall HCSW	Overall RN	Overall staffing	Total Hours Per Day	Patients	CHPPD	Safe staffing was maintained by	RN Vacancies	HCSW Vacancies	Bed occupancy	Movement
Date	Day Establishment Hours	Day Clinically Required	Day Actual	Night Establishment Hours	Night Clinically Required	Night Actual	Day Establishment Hours	Day Clinically Required	Day Actual	Night Establishment Hours	Night Clinically Required	Night Actual	Day Fill Rate (%)	Night Fill Rate (%)	Day Fill Rate (%)	Night Fill Rate (%)	Overall HCSW	Overall RN	Overall staffing	Total Hours Per Day	Patients	CHPPD	Safe staffing was maintained by	RN Vacancies	HCSW Vacancies	Bed occupancy	Movement
Ward 1	1395.0	1270.5	1590.4	664.6	710.4	1157.6	1567.5	1412.5	1219.3	664.6	688.2	533.5	125%	163%	86%	78%	139%	83%	110%	4500.8	373.0	12.1	Nurses working additional unplanned hours, support of MDT and altering the skill mix	-0.20	4.41	85%	↓
Ward 2	1395.0	1674.0	1656.7	664.6	1032.3	1249.5	1567.5	1428.0	968.3	664.6	688.2	390.4	99%	121%	68%	57%	107%	64%	88%	4264.8	537.0	7.9	Nurses working additional unplanned hours, support of MDT and altering the skill mix	3.20	1.21	75%	↓
Ward 3	1395.0	1255.5	1226.8	664.6	688.2	797.0	1567.5	1428.0	1232.9	664.6	688.2	567.0	98%	116%	86%	82%	104%	85%	94%	3823.8	505.0	7.6	Nurses working additional unplanned hours and altering the skill mix	2.20	1.07	68%	↓
Ward 4	1860.0	1255.5	1345.1	871.4	1032.3	1015.2	1567.5	1428.0	1175.4	290.5	344.1	356.1	107%	98%	82%	103%	103%	86%	96%	3891.7	444.0	8.8	Nurses working additional unplanned hours, support of MDT and altering the skill mix	4.40	2.00	96%	↓
Ward 5	1395.0	2002.5	2206.1	871.4	1265.4	1300.6	1567.5	1567.5	1021.3	290.5	344.1	365.8	110%	103%	65%	106%	107%	73%	94%	4893.7	395.0	12.4	Nurses working additional unplanned hours and altering the skill mix	0.50	-1.00	90%	↓
Ward 6	1395.0	1829.3	2074.0	871.4	1509.6	1519.9	1567.5	1428.0	914.0	290.5	344.1	390.3	113%	101%	64%	113%	108%	74%	96%	4898.2	427.0	11.5	Nurses working additional unplanned hours and altering the skill mix	0.10	1.29	92%	↓
Ward 7	1395.0	1215.0	1407.5	843.3	1032.3	1015.7	1065.0	1428.0	1025.2	281.1	344.1	377.4	116%	98%	72%	110%	108%	79%	95%	3825.8	590.0	6.5	Nurses working additional unplanned hours and altering the skill mix	0.80	0.00	95%	↓
Assessment & Treatment	1860.0	2205.8	1976.5	999.8	1032.3	1318.7	1102.5	1009.5	863.8	666.5	688.2	399.6	90%	128%	86%	58%	102%	74%	92%	4558.5	155.0	29.4	Nurses working additional unplanned hours and altering the skill mix	3.08	5.23	83%	↔
Darwin Centre	1627.5	1437.8	1436.9	666.5	743.7	733.1	1335.0	1137.8	941.8	333.3	344.1	345.1	100%	99%	83%	100%	99%	87%	94%	3456.9	247.0	14.0	Nurses working additional unplanned hours and altering the skill mix	3.10	0.20	62%	↓
Edvard Myers	930.0	837.0	755.0	580.9	688.2	688.2	1102.5	1009.5	895.7	290.5	344.1	345.1	90%	100%	89%	100%	95%	92%	93%	2684.0	330.0	8.1	Nurses working additional unplanned hours and altering the skill mix	2.26	0.82	89%	↑
Florence House	930.0	930.0	689.3	332.3	332.3	322.6	637.5	637.5	571.0	332.3	332.3	333.3	74%	97%	90%	100%	80%	93%	86%	1916.2	167.0	11.5	Nurses working additional unplanned hours and altering the skill mix	0.08	-0.30	83%	↓
Summers View	930.0	930.0	974.6	664.6	664.6	632.5	930.0	930.0	548.5	332.3	332.3	332.3	105%	95%	59%	100%	101%	70%	87%	2487.9	285.0	8.7	Nurses working additional unplanned hours and altering the skill mix	2.08	0.85	99%	↓
PICU	1215	1215	101.3	66.6	66.6	66.6	103.5	103.5	93.8	66.6	66.6	66.6	83%	100%	91%	100%	89%	94%	92%	328.2	9.0	36.5	Nurses working additional unplanned hours and altering the skill mix	7.80	0.80	5%	NA
Totals	16629.0	16964.3	17440.0	8762.2	10798.3	11817.0	15681.0	14947.8	11470.9	5167.9	5548.6	4802.5	103%	109%	77%	87%	105%	79%	94%	45530.5	4464.0	10.2	Total	29.40	16.58		

Appendix 2 Staffing Issues

- At the end of October 2018, including PICU, there were 29.40 WTE RN vacancies in in-patient areas. This is a reduction from September 2018 of 10.23 WTE vacancies. This decrease is due to a number of newly qualified nurses having taken up post; the majority of these posts have been within in-patient areas. We continue to advertise for the remainder of the vacancies in a variety of part and whole time roles.
- At the end of October 2018, there were 16.58 WTE HCSW vacancies reported within in-patient wards. This is an increase from September 2018 of 12.84 WTE. We are continuing to recruit to these vacancies.
- Ward teams are supported by Quality Improvement Lead Nurses, Nurse Practitioners and a Site Manager who is further supported by an On-Call Manager out of hours.
- RN night shift cover remained challenging during October 2018. This is a result of increasing night cover to 2 RNs on the acute wards (1, 2 and 3) with the number of vacancies on these wards also making it difficult to achieve. Staffing numbers have been maintained through the use of HCSW's.
- Occupancy reduced for all but one of the inpatient wards during October and this has also helped to achieve an overall improved fill rate.

REPORT TO TRUST BOARD

Enclosure No:7

Date of Meeting:	24 January 2019		
Title of Report:	Towards Smoke Free progress report		
Presented by:	Dr Adeyemo, Medical Director		
Author:	Amanda Miskell, Consultant Nurse, Physical health (PH)		
Executive Lead Name:	Dr Adeyemo, Medical Director	Approved by Exec	<input type="checkbox"/>

Executive Summary:		Purpose of report	
To provide the Board with assurance and update in relation to the "Smoke Free" arrangements within the Trust.		Approval	<input type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
		Discussion	<input checked="" type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input type="checkbox"/>	Date:	
	Execs <input type="checkbox"/>	Date:	
Committee Approval / Review	<ul style="list-style-type: none"> ✓ Quality Committee <input checked="" type="checkbox"/> ✓ Finance & Performance Committee <input type="checkbox"/> ✓ Audit Committee <input type="checkbox"/> ✓ People & Culture Development Committee <input type="checkbox"/> ✓ Charitable Funds Committee <input type="checkbox"/> ✓ Business Development Committee <input type="checkbox"/> ✓ Primary Care Integration Programme Board <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> 1. To enhance service user and carer involvement. <input type="checkbox"/> 2. To provide the highest quality services. <input checked="" type="checkbox"/> 3. Create a learning culture to continually improve. <input checked="" type="checkbox"/> 4. Encourage, inspire and implement research & innovation at all levels. <input type="checkbox"/> 5. Maximise and use our resources intelligently and efficiently. <input checked="" type="checkbox"/> 6. Attract and inspire the best people to work here. <input type="checkbox"/> 7. Continually improve our partnership working. <input checked="" type="checkbox"/> 		
Risk / legal implications: Risk Register Ref			
Resource Implications:	Ongoing Nicotine Replacement (NRT) and advice leaflets for welcome pack costs.		
Funding Source:			
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	There is no direct impact on protected characteristics in relation to the completion of this report.		
Recommendations:			
Version	Name/group	Date issued	
V1	QC	10/01/2019	

1. Purpose of the report

This report will update and provide assurances in relation to the progress made in Q3 since the Q1 and Q2 report were received at October, and further progress on 22nd November Trust Board meeting.

2. Progress

Progress continues to be maintained in relation to the Trust 'Towards Smoke-Free' initiative. As previously reported the Trust achieved full payment in relation to the Smoke-Free Interventions CQUIN as it was acknowledged by commissioners that there continues to be no commissioned smoking cessation service provision for Staffordshire patients. Going forward the provision of NRT etc. should be described in the discharge letter and referral back to primary care services. Referrals for Stoke patients to smoking cessation services are now forwarded to "Secret Potions" and the IPC/PH team are meeting with new providers re training etc.

2.1 Incidents

During Q3 there were 192 smoking related incidents reported. This is an increase in comparison to Q2 (90 incidents) and Q1 (79 incidents). All incidents are reviewed and discussed at the weekly incident review group.

As we move into the colder, wetter months it is anticipated that patients will be reluctant to leave the shelters and reception areas to smoke. Teams will continue to monitor this and staff have been reminded that they should be positive in challenging smoking in the hospital grounds, where safe to do so. Revised information posters have been delivered to all Trust premises to support the 'Towards Smoke-Free' agenda.

2.2 E-cigs and vending machine

The initial one off purchase, patient usage and opinions have been collated and are with the audit team for analysis; these will be reported in Q4. The e-cig vending machine is now available in Harplands reception and information regarding purchase by wards or patients on discharge have also been distributed.

3. Recommendations

- The Board is asked to note and comment on the 3rd Q3 Smoke Free progress report.
- A review into implementation and lessons learnt will be commissioned and reported through to Quality Committee

REPORT TO Trust Board

Enclosure No:9

Date of Meeting:	24/01/2019		
Title of Report:	Finance Position Month 8		
Presented by:	M Newton – Deputy Director of Finance		
Author:	L Dodds - Assistant Director of Finance		
Executive Lead Name:	Suzanne Robinson – Executive Director of Finance, Performance and Digital	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:		Purpose of report	
The report summarises the finance position at month 8 (November 2018)		Approval	<input checked="" type="checkbox"/>
		Information	<input type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs <input checked="" type="checkbox"/>	Document Version No.	
Committee Approval / Review	Date: _____ • Quality Committee <input type="checkbox"/> • Finance & Performance Committee <input checked="" type="checkbox"/> • Audit Committee <input type="checkbox"/> • People & Culture Development Committee <input type="checkbox"/> • Charitable Funds Committee <input type="checkbox"/> • Business Development Committee <input type="checkbox"/> • Primary Care Integration Programme Board <input type="checkbox"/>		
Strategic Objectives (please indicate)	1. To enhance service user and carer involvement. <input type="checkbox"/> 2. To provide the highest quality services <input type="checkbox"/> 3. Create a learning culture to continually improve. <input type="checkbox"/> 4. Encourage, inspire and implement research & innovation at all levels. <input type="checkbox"/> 5. Maximise and use our resources intelligently and efficiently. <input checked="" type="checkbox"/> 6. Attract and inspire the best people to work here. <input type="checkbox"/> 7. Continually improve our partnership working. <input type="checkbox"/>		
Risk / legal implications: Risk Register Reference	Ref 1035: Trust top 3 risks around delivery of cost improvement target.		
Resource Implications:	None applicable		
Funding Source:			
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	There is no direct impact on the protected characteristics as part of the completion of this report;		
STP Alignment / Implications:	Part of the aggregate STP reported financial position		
Recommendations:	The Trust Board are asked to: Note: The reported YTD surplus of £851k against a planned surplus of £751k. This		

	is a favourable variance to plan of £100k.	
	<p>The M8 CIP achievement:</p> <ul style="list-style-type: none"> • YTD achievement of £726k (48%); an adverse variance of £637k; • 2018/19 forecast CIP delivery of £1,458k (52%) based on schemes identified; an adverse variance of £1,337k to plan; • The recurrent value of schemes transacted at £1,104k, 39% of target. 	
	<p>The cash position of the Trust as at 30th November 2018 with a balance of £9,970k; £2,097k better than plan;</p>	
	<p>Month 8 capital expenditure at £345k compared to planned capital expenditure of £890k;</p>	
	<p>Use of resource rating of 1 against a plan of 1.</p>	
	<p>Approve:</p>	
	<p>The month 8 position reported to NHSI.</p>	
Version	Name/group	Date issued
1	N/A	17/12/2018
2	FPD	10/01/2019

Financial Overview as at 30th November 2018

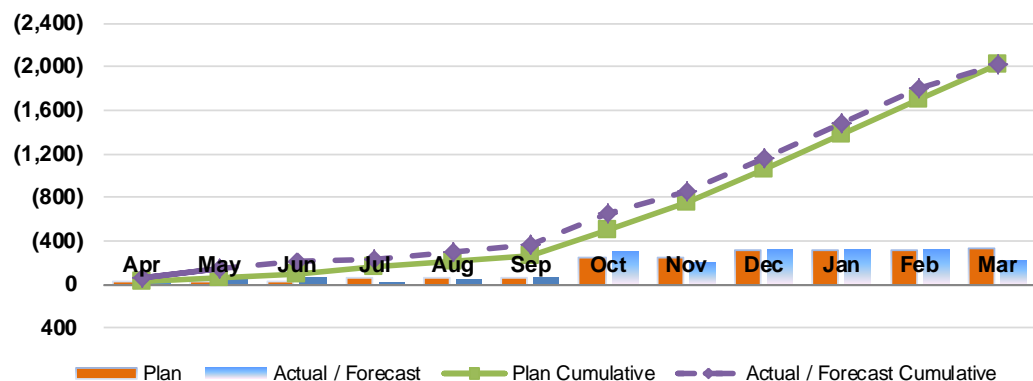
Income & Expenditure - Control Total (Surplus) / Deficit

£000	Plan	Actual	Var	%	RAG
YTD	(751)	(851)	(100)	(13)	G
FOT	(2,023)	(2,023)	0	0	G

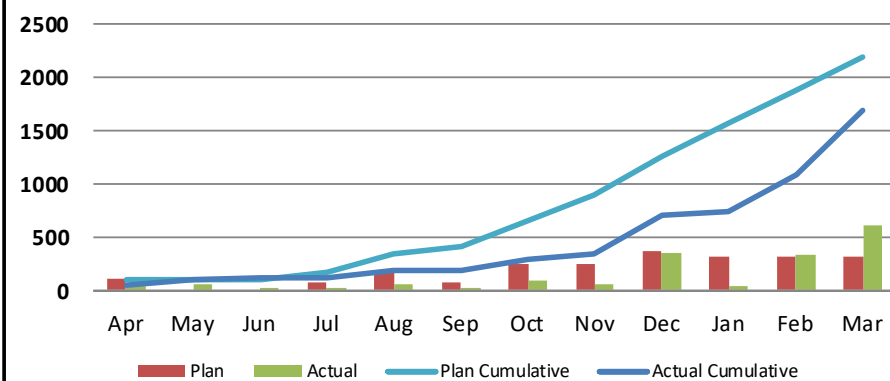
Charge to CRL

£000	Plan	Actual	Var	%	RAG
YTD	342	345	3	1	G
FOT	2,185	1,685	(500)	(23)	R

Retained (Surplus) / Deficit Run Rate 2018/19



Net Capital Expenditure - Plan / Forecast 2018/19



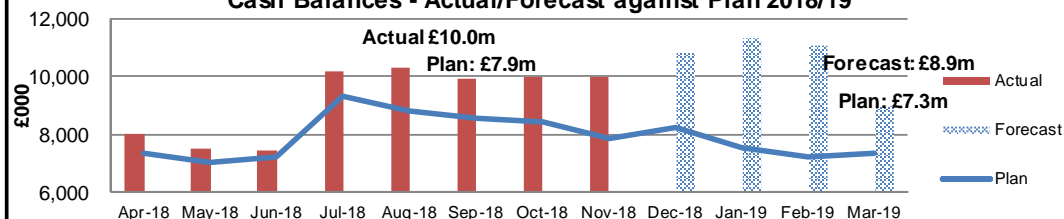
Cash Balances

£000	Plan	Actual	Var	%	RAG
YTD	7,873	9,970	2,097	27	G
FOT	7,339	8,962	1,623	22	G

Cost Improvement

£000	Plan	Actual	Var	%	Rec Var	RAG
Clinical	1,275	492	(783)	(61)	(770)	R
Corporate	227	234	7	3	(211)	R
Total	1,502	726	(776)	(52)	(981)	R

Cash Balances - Actual/Forecast against Plan 2018/19



Use of Resource

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

1. Introduction:

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

2018/19 Forecast Improvement

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

	2018/19 Plan Control (£m)	M7 Agreed Forecast Improvement (£m)	2018/19 Forecast Outturn (£m)
Trading Surplus	(0.720)	(0.200)	(0.920)
Provider Sustainable Funding (PSF)	(0.703)	(0.400)	(1.103)
(Surplus) / Deficit	(1.423)	(0.600)	(2.023)

2. Income & Expenditure (I&E) Performance

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

- During month 8, the trust had an in month trading position of £37k surplus against a plan of £86k surplus; **giving an adverse variance of £49k**. Provider Sustainability Funding (PSF) has been assumed at £157k for month 8, bringing the overall trust control total to a £194k surplus against plan of £243k; **giving an adverse variance of £49k**.
- Year to date, the trust has a trading position of £291k surplus against a plan of £191k surplus, **giving a favourable variance of £100k**. Provider Sustainability Funding (PSF) is assumed at £560k, bringing the overall year to date trust control total to £851k surplus, **giving a favourable variance of £100k**.

Table 1: Summary Performance	Annual Budget £'000	Month 8			Year to Date			Forecast		
		Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000
Income	(84,496)	(7,027)	(7,036)	(9)	(56,040)	(56,072)	(32)	(86,076)	(85,797)	279
Pay	62,725	5,312	5,060	(253)	42,030	40,439	(1,591)	62,822	60,755	(2,067)
Non Pay	18,086	1,395	1,722	326	11,990	13,507	1,517	19,214	21,012	1,798
EBITDA	(3,684)	(320)	(255)	65	(2,020)	(2,126)	(106)	(4,040)	(4,030)	11
Other Non-Op Costs	2,764	234	218	(15)	1,829	1,835	6	2,764	2,754	(11)
Trading Surplus	(920)	(86)	(37)	49	(191)	(291)	(100)	(1,276)	(1,276)	0
Provider Sustainability Funding	(1,103)	(157)	(157)	0	(560)	(560)	0	(1,103)	(1,103)	0
(Surplus)/Deficit for the year	(2,023)	(243)	(194)	49	(751)	(851)	(100)	(2,379)	(2,379)	0

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. Under performance to date relates to 2017/18 quarter 4 under performance of CQUIN, which was not confirmed until June 2018 and further CQUIN under performance in quarter 1 of 2018/19.
- Specialised Services are under performing year to date by £233k due to a reduction in activity at the Darwin Centre as a result of lower length of stay for service users.
- OATs income is over performing year to date by £244k due to out of area patients in A&T; one patient now discharged which is reflected in the forecast.
- Other income is over-performing by £125k year to date due to Estates maintenance charges, pay recharges to other organisations and training income.

Table 2: Income	Annual Budget £'000	Month 8			Year to Date			Forecast		
		Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000
NHS Stoke-on-Trent CCG	(37,586)	(3,101)	(3,101)	0	(24,702)	(24,693)	9	(38,008)	(37,999)	9
NHS North Staffordshire CCG	(25,643)	(2,110)	(2,110)	0	(16,781)	(16,775)	6	(25,712)	(25,706)	6
Specialised Services	(3,189)	(266)	(219)	47	(2,126)	(1,893)	233	(3,189)	(2,840)	350
Stoke-on-Trent CC s75	(3,999)	(333)	(333)	0	(2,666)	(2,666)	0	(3,999)	(3,990)	9
Staffordshire CC s75	(527)	(0)	0	0	(527)	(528)	(1)	(527)	(528)	(1)
Stoke-on-Trent Public Health	(1,190)	(123)	(111)	12	(986)	(884)	102	(1,655)	(1,506)	149
Staffordshire Public Health	(613)	(51)	(51)	(0)	(409)	(409)	0	(613)	(613)	0
ADS/One Recovery	(1,467)	(122)	(122)	0	(978)	(977)	1	(1,467)	(1,461)	6
Associates	(666)	(55)	(62)	(7)	(444)	(448)	(4)	(1,022)	(1,018)	4
OATS	(1,236)	(150)	(170)	(20)	(627)	(871)	(244)	(1,236)	(1,354)	(118)
Department of Health	(810)	(68)	(68)	(1)	(543)	(544)	(1)	(810)	(811)	(1)
Private Patients	0	0	(2)	(2)	0	(7)	(7)	0	(7)	(7)
Total Clinical Income	(76,927)	(6,379)	(6,349)	30	(50,789)	(50,696)	93	(78,237)	(77,832)	405
Other Income	(7,569)	(648)	(687)	(39)	(5,251)	(5,376)	(125)	(7,838)	(7,965)	(126)
Total Income	(84,496)	(7,027)	(7,036)	(9)	(56,040)	(56,072)	(32)	(86,076)	(85,797)	279
Provider Sustainability Funding	(1,103)	(157)	(157)	0	(560)	(560)	0	(1,103)	(1,103)	0
Total Income Incl. PSF	(85,599)	(7,184)	(7,193)	(9)	(56,600)	(56,632)	(32)	(87,179)	(86,900)	279

4. Expenditure

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

- Underspend of £1,591k at month 8 on pay is due to vacancies across the trust, partially covered by temporary staffing.
- Agency costs at month 8 are £1,224k, **£33k below the M8 agency ceiling of £1,257k.**
- Non-Pay over spend at month 8 of £1,517k mainly due to residential payments and unachieved Cost Improvement.

Table 3: Expenditure	Annual Budget £'000	Month 8			Year to Date			Forecast		
		Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000
Medical	7,421	629	543	(86)	4,994	4,370	(624)	7,473	6,615	(857)
Nursing	29,809	2,553	2,385	(168)	19,967	19,104	(863)	29,838	28,776	(1,062)
Other Clinical	14,698	1,218	1,124	(93)	9,998	8,757	(1,241)	14,706	12,924	(1,783)
Non-Clinical	10,583	894	894	(1)	6,928	6,837	(91)	10,591	10,343	(248)
Apprenticeship Levy	214	18	19	1	143	147	4	214	221	7
Agency	0	0	95	95	0	1,224	1,224	0	1,876	1,876
Total Pay	62,725	5,312	5,060	(253)	42,030	40,439	(1,591)	62,822	60,755	(2,067)
Drugs & Clinical Supplies	2,175	183	205	22	1,454	1,619	164	2,369	2,610	241
Establishment Costs	1,616	133	145	12	1,103	957	(146)	1,843	1,467	(376)
Information Technology	711	59	43	(16)	475	470	(5)	715	718	4
Premises Costs	2,178	186	206	20	1,471	1,664	193	2,215	2,562	347
Private Finance Initiative	4,349	339	367	28	2,890	2,899	9	4,349	4,368	20
Services Received	3,396	284	353	70	2,268	2,405	136	3,407	3,598	191
Residential Payments	1,760	147	169	23	1,174	1,650	477	1,760	2,444	684
Consultancy & Prof Fees	136	9	41	32	101	307	206	136	405	269
External Audit Fees	65	5	5	(0)	43	42	(2)	65	62	(3)
Legal Fees	65	5	(4)	(9)	43	47	4	65	75	11
Unachieved CIP	(1,721)	(139)	0	139	(776)	0	776	(1,337)	0	1,337
Other	3,356	184	190	6	1,744	1,449	(295)	3,627	2,702	(925)
Total Non-Pay	18,086	1,395	1,722	326	11,990	13,507	1,517	19,214	21,012	1,798
Finance Costs	1,239	103	94	(9)	826	826	0	1,239	1,239	0
Local Government Pension Scheme	0	0	0	0	0	0	0	0	0	0
Unwinding of Discounts	0	0	0	0	0	0	0	0	0	0
Dividends Payable on PDC	592	53	53	0	381	408	28	592	629	37
Investment Revenue	(14)	(1)	(6)	(5)	(9)	(32)	(23)	(14)	(56)	(42)
Fixed Asset Impairment	0	0	0	0	0	0	0	0	0	0
Depreciation (excludes IFRIC 12)	947	79	77	(1)	631	633	1	947	942	(5)
Total Non-op. Costs	2,764	234	218	(15)	1,829	1,835	6	2,764	2,754	(11)
Total Expenditure	83,576	6,941	7,000	58	55,849	55,781	(68)	84,800	84,521	(279)

Agency Breakdown		
Agency Type	YTD (£000)	%
Medical	815	67%
Nursing	339	28%
Other Clinical	1	0%
Non Clinical	70	6%
Total	1,224	100%

Directorate Summary

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

Table 4: YTD Expenditure	Pay			Non Pay			Income			Total		
	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000
Acute Services & Urgent Care	9,226	9,259	33	341	453	112	(145)	(146)	(1)	9,421	9,566	144
North Staffordshire Community	6,227	5,735	(492)	534	742	207	(1,100)	(1,143)	(44)	5,662	5,334	(328)
Specialist Care	10,771	10,165	(606)	977	1,244	267	(1,499)	(1,423)	76	10,249	9,986	(263)
Stoke Community	8,210	7,555	(655)	1,923	3,018	1,096	(679)	(724)	(45)	9,454	9,850	396
Corporate	7,453	7,578	125	7,858	8,049	191	(53,177)	(53,189)	(12)	(37,866)	(37,561)	305
Trustwide	143	147	4	1,829	1,479	(350)	0	(8)	(8)	1,972	1,619	(353)
Total	42,030	40,439	(1,591)	13,462	14,985	1,523	(56,600)	(56,632)	(32)	(1,107)	(1,207)	(100)

- North Staffordshire Community, Specialist Care and Stoke Community are underspent on pay due to vacancies partially offset with bank and agency.
- Adverse variances on non-pay are due to an under delivery of cost improvement against the target and overspends on residential payments (Stoke-on- Trent section 75).
- The residential placement budgets are forecast to overspend by £684k. The Trust has agreed a risk share for 2018/19 which is not included in the forecast figures. The Trust and Stoke-on-Trent City Council are working closely to design a sustainable service model for 2019/20, which will be factored into the new contract.

5. Cost Improvement Programme

The Trust target for the year is £2,795k, as reported to NHSI. This takes into account the requirement to deliver a £2,023k control surplus for 2018/19. The table below shows the achievement by Directorate towards individual targets at M7. The Trust wide cost improvement achievement is 48% at M8 compared to plan.

CIP Delivery	Annual CIP Target 2018/19	YTD M8			Forecast				Recurrent Transacted	Recurrent Position
		Plan	Transacted	(Under)/Over Achievement	Plan	Total Schemes	(Under)/Over Achievement	RAG		
		£'000	£'000	£'000	£'000	£'000	£'000			
Clinical										
Acute Services & Urgent Care	538	300	192	(108)	538	506	(32)	94%	323	529
North Staffordshire Community	458	258	59	(199)	458	115	(343)	25%	101	315
Specialist Care	533	336	178	(157)	533	249	(284)	47%	214	214
Stoke Community	685	380	62	(319)	685	252	(433)	37%	124	385
Total Clinical	2,214	1,275	492	(783)	2,214	1,122	(1,092)	51%	763	1,444
Corporate										
CEO	15	10	10	0	15	15	0	100%	15	15
Finance, Performance & Digital	43	29	40	11	43	60	17	140%	60	60
MACE	9	6	9	3	9	14	4	144%	14	14
Operations	6	4	4	(0)	6	6	0	100%	6	6
Quality & Nursing	41	27	17	(10)	41	30	(10)	74%	42	42
Strategy	11	7	7	(0)	11	11	0	100%	11	11
Trustwide	384	96	106	10	384	141	(243)	37%	133	163
Workforce & OD	72	48	40	(8)	72	60	(13)	82%	60	60
Total Corporate	581	227	234	7	581	336	(245)	58%	340	370
Total	2,795	1,502	726	(776)	2,795	1,458	(1,337)	52%	1,104	1,814

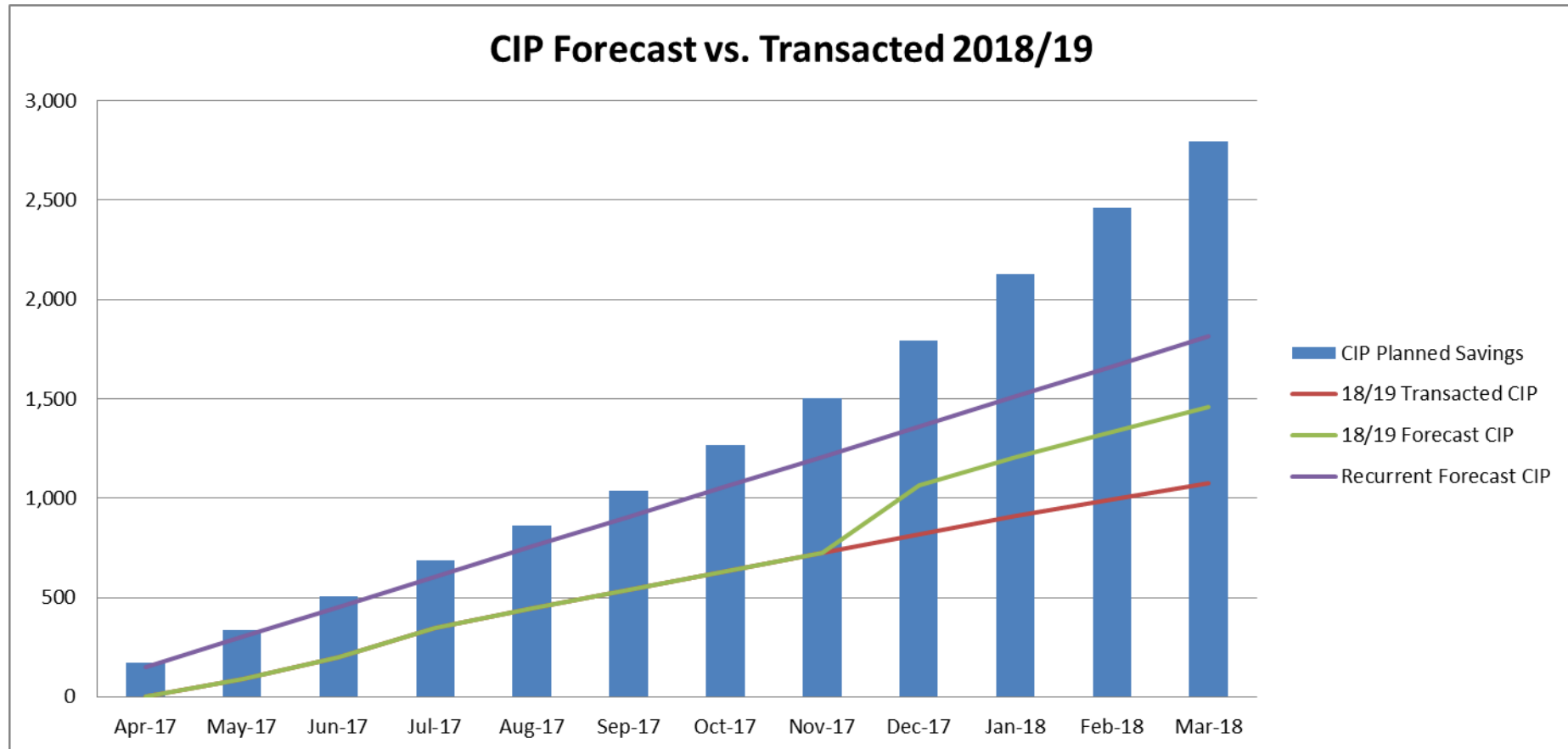
Below 75%

Below 90%

Target	2,795
Variance	(981)

- The forecast position as at M8 for 2018/19 is £1,458 (52%), which represents an in year shortfall against the annual target of £1,337k.
- The recurrent risk adjusted forecast is £1,814k (65%); whereas schemes have been identified to the value of £2,141k (77%).

a. Cost Improvement Programme Forecast & Transacted 2018/19



6. Statement of Financial Position

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

Table 6: SOFP	31/03/2018	30/09/2018	31/10/2018	30/11/2018
	£'000	£'000	£'000	£'000
Non-Current Assets				
Property, Plant and Equipment - PFI	16,185	16,170	16,233	16,219
Property, Plant and Equipment	14,841	14,609	14,568	14,571
Intangible Assets	277	239	233	227
NCA Trade and Other Receivables	608	0	0	0
Other Financial Assets	1,089	1,089	1,089	1,089
Total Non-Current Assets	33,000	32,108	32,123	32,106
Current Assets				
Inventories	79	85	79	74
Trade and Other Receivables	7,347	5,322	5,266	5,932
Cash and Cash Equivalents	6,633	9,894	9,997	9,948
Non-Current Assets Held For Sale	0	0	0	0
Total Current Assets	14,058	15,301	15,341	15,953
Current Liabilities				
Trade and Other Payables	(7,166)	(7,534)	(7,345)	(7,813)
Provisions	(621)	(532)	(530)	(516)
Borrowings	(633)	(635)	(635)	(635)
Total Current Liabilities	(8,420)	(8,701)	(8,510)	(8,964)
Net Current Assets / (Liabilities)	5,639	6,600	6,831	6,989
Total Assets less Current Liabilities	38,639	38,708	38,954	39,095
Non Current Liabilities				
Provisions	(458)	(458)	(458)	(458)
Borrowings	(11,557)	(11,267)	(11,214)	(11,161)
Total Non-Current Liabilities	(12,015)	(11,725)	(11,672)	(11,619)
Total Assets Employed	26,624	26,983	27,282	27,475
Financed by Taxpayers' Equity				
Public Dividend Capital	7,648	7,648	7,648	7,648
Retained Earnings reserve	7,943	8,302	8,601	8,795
Other Reserves (LGPS)	1,089	1,089	1,089	1,089
Revaluation Reserve	9,944	9,944	9,944	9,944
Total Taxpayers' Equity	26,624	26,983	27,282	27,475

Current receivables are £5,932k, of which:

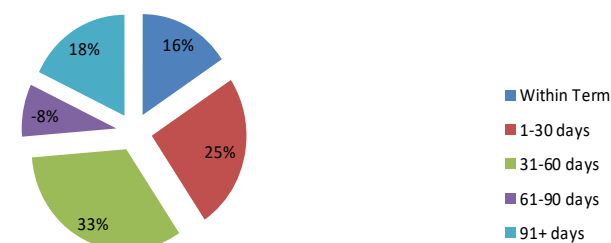
- £3,262k is based on accruals (not yet invoiced) and relates to income accruals for services invoiced retrospectively at the end of every quarter.
- £2,670k is awaiting payment of invoice. (£504k within terms)

£799k is overdue by 30 days or less. £1,367k is overdue by 31 days or more and therefore subject to routine credit control processes.

The negative receivables are as a result of two credit notes raised to the CCG (NHS) and the Local Authority (Non NHS) which have not yet been taken.

Table 6.1 Aged Receivables/Payables	Within Term	Days Overdue					Total
		1-30 Days	31-60 Days	61-90 Days	91+ Days		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Receivables Non NHS	53	414	434	0	253		1,154
Receivables NHS	451	385	629	(270)	321		1,516
Payables Non NHS	597	148	23	6	82		856
Payables NHS	525	(1)	6	1	26		557

Aged Receivables M8

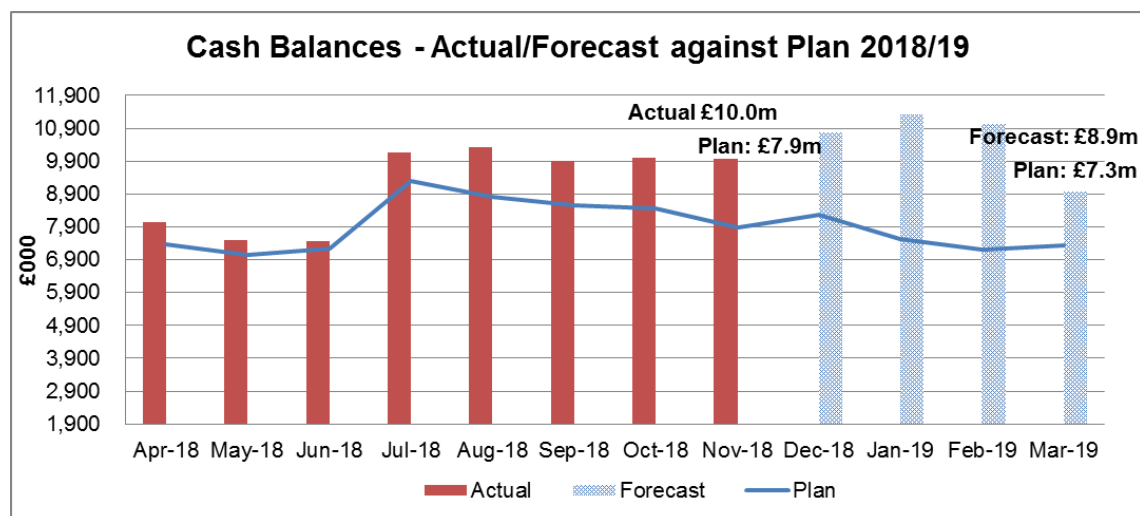


7. Cash Flow Statement

The Trust cash position at 30th November 2018 is £9.970m, **£2.097m higher than planned**. The cash forecast is being closely monitored and the Trust anticipates being £1.621m above plan by March 2019, mainly due to additional surplus and PSF agreed at M7 as well as slippage on the Capital Programme.

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

Table 7: Statement of Cash Flows	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Annual
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Net Inflows/(Outflow) from Operating Activities	927	(281)	159	2,908	408	(178)	395	227	1,290	740	255	(1,238)	5,613
Net Inflows/(Outflow) from Investing Activities	676	(60)	(8)	(6)	(54)	(6)	(88)	(54)	(359)	(5)	(330)	(627)	(921)
Net Inflows/(Outflow) from Financing Activities	(193)	(193)	(202)	(202)	(203)	(230)	(206)	(199)	(111)	(208)	(209)	(208)	(2,364)
Net Increase/(Decrease)	1,410	(534)	(51)	2,701	151	(414)	101	(26)	820	527	(284)	(2,073)	2,327
Opening Cash & Cash Equivalents	6,633	8,043	7,509	7,458	10,159	10,310	9,896	9,997	9,970	10,790	11,317	11,033	6,633
Closing Cash & Cash Equivalents	8,043	7,509	7,458	10,159	10,310	9,896	9,997	9,970	10,790	11,317	11,033	8,960	8,960
Plan	7,366	7,055	7,255	9,307	8,825	8,568	8,445	7,873	8,263	7,523	7,204	7,339	7,339
Variance	(677)	(454)	(203)	(852)	(1,485)	(1,328)	(1,552)	(2,097)	(2,527)	(3,794)	(3,829)	(1,621)	(1,621)

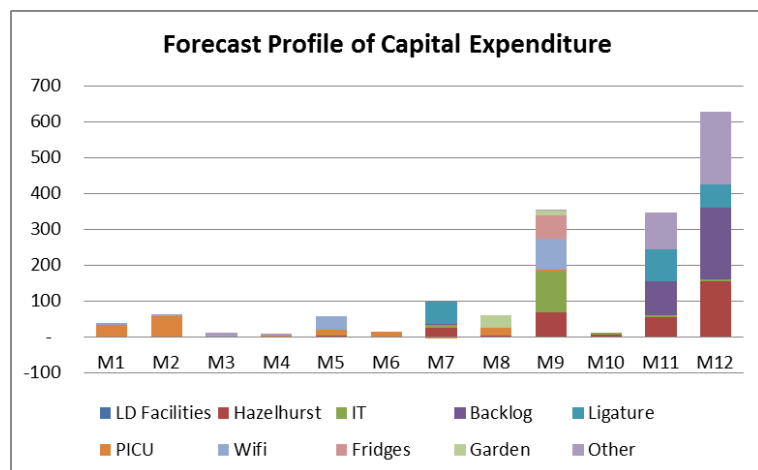


8. Capital Expenditure

The Trust's permitted capital expenditure agreed within the 2017/18 plan is £2,058k. Further PDC funding has been granted for £127k for 2020 Wifi – Secondary care implementation. Table 7 below shows the planned capital expenditure for 2018/19 as submitted to NHSI.

Capital Expenditure	Annual Plan £'000	Revised Plan £'000	Year to Date			Forecast		
			Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Learning Disability Facilities	400	100	0	0	0	100	0	(100)
Mental Health Crisis Care Centre	1,000	827	276	33	(242)	827	319	(508)
Information Technology Replacement Programme	108	108	108	10	(98)	108	137	29
Backlog Maintenance	150	150	125	4	(121)	150	300	150
Reduced Ligature Risks	250	250	209	62	(147)	250	215	(35)
Equipment Replacement Programme	50	50	16	0	(16)	50	167	117
Psychiatric Intensive Care Unit	0	100	100	135	35	100	150	50
Darwin	0	0	0	(1)	(1)	0	0	0
Generator	0	0	0	33	33	0	34	34
Garden Redesign CYP Short Breaks	0	0	0	36	36	0	48	48
Pharmacy Temperature Monitoring System	0	0	0	0	0	0	65	65
Contingency	100	473	56	(5)	(61)	473	123	(350)
Sub Total Gross Capital Expenditure	2,058	2,058	890	307	(583)	2,058	1,558	(500)
Wifi	127	127	0	38	38	127	127	0
Total Gross Capital Expenditure	2,185	2,185	890	345	(545)	2,185	1,685	(500)

- Actual capital expenditure as at month 8 is **£345k** mainly relating to PICU, Wifi, MH Crisis Care Centre, Reduced Ligature Risks and the Estates generator.
- It has been agreed by the Business Development Committee and Trust Board to support the re-phasing of the MH Crisis Care Centre Project. This results in planned expenditure in 2018/19 reducing by £500k.



9. Use of Resource Metrics

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

<i>Table 9: Use of Resource</i>	Year to Date Plan	Year to Date Actual	RAG Rating
Liquidity Ratio (days)			
Working Capital Balance (£000)		6,916	
Annual Operating Expenses (£000)		53,946	
Liquidity Ratio days		31	
Liquidity Ratio Metric	1	1	
Capital Servicing Capacity (times)			
Revenue Available for Debt Service (£000)		2,718	
Annual Debt Service (£000)		1,626	
Capital Servicing Capacity (times)		1.7	
Capital Servicing Capacity Metric	3	3	
I&E Margin			
Normalised Surplus/(Deficit) (£000)		851	
Total Income (£000)		56,632	
I&E Margin		1.50%	
I&E Margin Rating	1	1	
I&E Margin Variance from Plan			
I&E Margin Variance		0.1%	
I&E Margin Variance From Plan	1	1	
Agency Spend			
Providers Cap (£000)		1,257	
Agency Spend (£000)		1,224	
Agency %		(3%)	
Agency Spend Metric	1	1	
Use of Resource	1	1	

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

10. Better Payment Practice Code

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

During month 8, the Trust has achieved above the 95% target in terms of the value of invoices paid, and has but has under achieved against the 95% target for the total number of invoices paid. Table 10 below shows the Trust's BPPC performance split between NHS and non-NHS suppliers.

Table 10: Better Payment Practice Code	2017/18			2018/19 Month 8			2018/19 YTD		
	NHS	Non-NHS	Total	NHS	Non-NHS	Total	NHS	Non-NHS	Total
Number of Invoices									
Total Paid	659	10,933	11,592	33	679	712	430	7,168	7,598
Total Paid within Target	575	9,527	10,102	33	617	650	401	6,449	6,850
% Number of Invoices Paid	87%	87%	87%	100%	91%	91%	93%	90%	90%
% Target	95%	95%	95%	95%	95%	95%	95%	95%	95%
RAG Rating (Variance to Target)	-8%	-8%	-8%	5%	-4%	-4%	-2%	-5%	-5%
Value of Invoices									
Total Value Paid (£000s)	7,164	33,211	40,375	567	2,563	3,130	4,506	21,994	26,500
Total Value Paid within Target (£000s)	6,258	31,653	37,911	567	2,450	3,017	4,320	21,180	25,500
% Value of Invoices Paid	87%	95%	94%	100%	96%	96%	96%	96%	96%
% Target	95%	95%	95%	95%	95%	95%	95%	95%	95%
RAG Rating (Variance to Target)	-8%	0%	-1%	5%	1%	1%	1%	1%	1%

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

11. Recommendations

The Trust Board are asked to:

Note:

- The reported YTD surplus of £851k against a planned surplus of £751k. **This is a favourable variance to plan of £100k.**
- The M8 CIP achievement:
 - YTD achievement of £726k (48%); **an adverse variance of £776k;**
 - 2018/19 forecast CIP delivery of £1,458k (52%) based on schemes identified; **an adverse variance of £1,337k to plan;**
 - The recurrent value of schemes transacted at £1,104k, **39% of target.**
- The cash position of the Trust as at 30th November 2018 with a **balance of £9,970k;** £2,098k better than plan
- Month 8 capital expenditure at £345k compared to planned capital expenditure of £890k;
- Use of resource rating of **1** against a plan of 1.

Approve:

- The month 8 position reported to NHSI.

REPORT TO OPEN TRUST BOARD

Enclosure No:10

Date of Meeting:	24 th January 2019		
Title of Report:	Finance, Performance and Digital Committee Assurance Report		
Presented by:	Tony Gadsby Chair/Non-Executive Director		
Author:	Mike Newton - Deputy Director of Finance		
Executive Lead Name:	Suzanne Robinson – Executive Director of Finance, Performance and Digital	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:		Purpose of report	
<p>This paper details the issues discussed at the Finance, Performance and Digital Committee meeting on the 5th December 2018. The meeting was quorate with minutes approved from the previous meeting on the 8th November 2018. Progress was reviewed and actions confirmed from previous meetings.</p>		Approval	<input type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs X	Document	
	Date:	Version No.	
Committee Approval / Review	<ul style="list-style-type: none"> Quality Committee <input type="checkbox"/> Finance & Performance Committee X Audit Committee <input type="checkbox"/> People & Culture Development Committee <input type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Business Development Committee <input type="checkbox"/> Digital by Choice Board <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> To enhance service user and carer involvement. <input type="checkbox"/> To provide the highest quality services X <input type="checkbox"/> Create a learning culture to continually improve. <input type="checkbox"/> Encourage, inspire and implement research & innovation at all levels. <input type="checkbox"/> Maximise and use our resources intelligently and efficiently. X Attract and inspire the best people to work here. <input type="checkbox"/> Continually improve our partnership working. <input type="checkbox"/> 		
Risk / legal implications: Risk Register Ref	Oversees the risk relevant to the Finance & Performance Committee		
Resource Implications: Funding Source:	None applicable directly from this report		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	There are no direct impact of this report on the 10 protected characteristic of the Equality Act		
STP Alignment / Implications	The Trust Financial performance feed into the overall STP Financial Position. The Digital priorities include support in delivery of STP Digital Programme; Integrated Care Record.		
Recommendations:	The Trust Board is asked to note the contents of this report and take assurance from the review and challenge evidenced in the Committee.		

Assurance Report to the Trust Board 24th January 2019

Finance, Performance and Digital Committee Report to the Trust Board – 5th December 2018.

This paper details the issues discussed at the Finance, Performance and Digital Committee meeting on the 5th December 2018. The meeting was quorate with minutes approved from the previous meeting on the 8th November 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;

- **2019/20 Planning Approach** – An update on the approach to 2019/20 planning based on guidance issued to date.
- **STP Financial Performance (M7) and Q2 Stocktake** – A summary of the STP financial position and quarterly stock take exercise which measure variations between commissioner and provider YTD and forecast. North Staffordshire Combined currently has an immaterial contract variance.
- **NHSI Model Hospital** – Lord Carter review of Mental Health and Community Services, published in May 2018, outlining a lack robust benchmarking data. In response to this, NHSI has published the Benchmarking information on the 6 key mental health services delivered in the community.
- **Carbon Energy Fund and L.E.D Lighting National Funding** – The STP has commissioned the Carbon Energy Fund to undertake a Staffordshire Wide Energy proposal, following a desktop exercise which identified £1.4m savings per year before Capital repayments.

North Staffordshire Combined has submitted a bid for £90k to the LED lighting fund and £90k ringfenced in the 2019/20 Capital programme. This is to replace lights at Harplands and Darwin to energy efficient LED bulbs.

- **HSLI** – An update on the Health Sector Led Investment, specifically for investing in Information Technology. Staffordshire and Stoke on Trent has received a fair share allocation of £8.3m for the period 2018/19 and 2020/21. Work is ongoing to understand the organisational impact of scheme, benefits and investment flows.

Finance

▪ Monthly Finance Report – M7

The Finance position was presented, showing £151k favourable variance to plan. Notable forecast underperformance against the Darwin contract was highlighted, due to a reduction in length of stay and was being investigated by the Finance Team with Operations.

The committee noted the improvement in performance around the Better Payment Practice Code compared to previous years.

Use of resource rating is 2 against a plan of 1.

▪ Agency

The Year to Date Agency position breached the ceiling at M7, by £12k (1.1%) against a target of £1.12m. As a result, the Agency Metric within the Use of Resources is a 2 compared to a plan of 1.

Whilst the majority of expenditure on Agency is Medical Locum spend, the Trust has incurred unplanned, non-clinical spend of £36k as a direct result of the decision to support the System with the STP Director of Finance appointment.

The committee are assured that the Agency expenditure will be in line with the ceiling by the end of the year

▪ Cost Improvement Programme (CIP)

The Committee received an update for Cost Improvement for M7 and were concerned that the total identified was significantly short of the target. CIP achievement in M7 was £632k, giving an adverse variance of £637k. The recurrent shortfall is forecast to be £982k, which has been 'risk adjusted' down to reflect an element of uncertainty for schemes not yet worked up fully.

The Committee were assured that there was sufficient focus being placed on Cost Improvement but are unable to give assurance around the ability to deliver the target for 2018/19, particularly given the level of unidentified schemes.

Performance

▪ PQMF Month 7

The committee received the M7 performance report outlining performance exceptions against the Trust Key Performance Indicators. CPA Review has reduced from M6 to M7, following the restructure of clinical teams and work is underway with service managers to validate the data under the new Directorates.

Digital

- **Lorenzo Action Plan**

An Action plan was presented which addressed the concerns raised as part of the recent questionnaires and feedback from users around Lorenzo. The committee were assured around the progress to date and would continue to monitor the progress against plan.

Other:

- **Additional Assurance Reports:**

The Committee received additional assurance reports as follows:

- Digital Update
- Finance, Performance and Digital Risk Register
- Cycle of Business 2018/19 (*For Information*)
- Finance, Performance and Digital Monitoring Schedule (*For Information*)

Recommendation

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

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

REPORT TO OPEN TRUST BOARD

Enclosure No:10

Date of Meeting:	24 th January 2019		
Title of Report:	Finance, Performance and Digital Committee Assurance Report		
Presented by:	Tony Gadsby Chair/Non-Executive Director		
Author:	Mike Newton - Deputy Director of Finance		
Executive Lead Name:	Suzanne Robinson – Executive Director of Finance, Performance and Digital	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:		Purpose of report	
<p>This paper details the issues discussed at the Finance, Performance and Digital Committee meeting on the 10th January 2019. The meeting was quorate with minutes approved from the previous meeting on the 5th December 2018. Progress was reviewed and actions confirmed from previous meetings.</p>		Approval	<input type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs X	Document	
	Date:	Version No.	
Committee Approval / Review	<ul style="list-style-type: none"> Quality Committee <input type="checkbox"/> Finance & Performance Committee X Audit Committee <input type="checkbox"/> People & Culture Development Committee <input type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Business Development Committee <input type="checkbox"/> Digital by Choice Board <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> To enhance service user and carer involvement. <input type="checkbox"/> To provide the highest quality services X <input type="checkbox"/> Create a learning culture to continually improve. <input type="checkbox"/> Encourage, inspire and implement research & innovation at all levels. <input type="checkbox"/> Maximise and use our resources intelligently and efficiently. X Attract and inspire the best people to work here. <input type="checkbox"/> Continually improve our partnership working. <input type="checkbox"/> 		
Risk / legal implications: Risk Register Ref	Oversees the risk relevant to the Finance & Performance Committee		
Resource Implications: Funding Source:	None applicable directly from this report		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	There are no direct impact of this report on the 10 protected characteristic of the Equality Act		
STP Alignment / Implications	The Trust Financial performance feed into the overall STP Financial Position. The Digital priorities include support in delivery of STP Digital Programme; Integrated Care Record.		
Recommendations:	The Trust Board is asked to note the contents of this report and take assurance from the review and challenge evidenced in the Committee.		

Assurance Report to the Trust Board 24th January 2019

Finance, Performance and Digital Committee Report to the Trust Board – 10th January 2019.

This paper details the issues discussed at the Finance, Performance and Digital Committee meeting on the 10th January 2019. The meeting was quorate with minutes approved from the previous meeting on the 5th December 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;

- **2019/20 Planning Update** – The draft Budget and Financial Plan for 2019/20, and Capital plan from 2019/20 to 2023/24 was presented at the committee.

The planning assumptions were outlined based on the planning guidance issued. This includes:

- a net tariff inflator of 3.1% which includes recurrent funding for the 2018/19 and 2019/20 A4C pay uplift.
- A national efficiency requirement of 1.1%
- An uplift in employer pension contribution of 6.3%, currently out to consultation, which is assumed to be fully funded if approved.
- A provisional Cost Improvement Target of c£2.2m, which is dependent on receiving organisational control total, 2018/19 Cost Improvement Delivery and further budget pressures that materialise.
- Central procurement top slice (0.1% of operating income)

The negotiated Trust position for new service developments of £6.5m (10.1%) increase in main CCG contracts, which is risk adjusted down to £4.2m (6.7%) after taking into account commissioner investment being limited to Mental Health Investment Standard.

The updated 5 Year Capital Plan, which outlines Strategic Schemes, Operational Replacement / Maintenance schemes and a focus on Digital investment, including Business Intelligence. The committee also received assurance on the successful Detoxification Suites and Crisis Café PDC bid, which have been factored into the Capital Programme from 2020/21.

- **Preparatory Planning Guidance** – issued jointly by NHSE and NHSI on 21st December 2018. It provides an overview of system planning, financial settlement and operational planning. Key points include a focus on system planning and system controls, greater emphasis on Mental Health Investment Standard and 1.1% provider efficiency over the next 5 years.
- **System Planning Approach** – A proposal from the STP outlining a new approach whereby the CCG and local providers work together to minimise system deficit. This

would involve each providers income and expenditure position being agreed at the start of the year through a set of principals agreed with the STP. This could, if agreed by the Trust, result in an increase or reduction in contractual income, depending on the system impact.

- **Impact of New Accounting Standards** – Following a request from Audit Committee, FPD received an update on the Trust impact of changes to international accounting standards. The impact of changes is minimal in 2018/19.
- **HSLI** – North Staffordshire Combined has signed up to 4 schemes; for Cyber Defence, E Appointments, Speech Recognition and Robotics as part of the STP bidding process. The approval is subject to receiving full VFM analysis, benefits evaluation and CIO overseeing an operational delivery plan to roll out at organisational level.
- **Supplier Brexit Plan** – Through the Trust Procurement Team at UHNM, the trust have undertaken an initial review of contracts to identify any that are high risk; of which there are none.

Pre Planning guidance issued by NHSE / NHSI outline a requirement for NHS organisations to factor a “no deal” Brexit scenario into contingency plans. Further operational guidance is due to be published in late January 2019.

Finance

▪ Monthly Finance Report – M8

The Finance position was presented, showing £0.1m favourable variance to plan. The committee noted the improvement in performance around the Better Payment Practice Code compared to previous years.

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

Agency Expenditure is £33k (2.7%) under the planned agency ceiling of £1.26m.

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

▪ Cost Improvement Programme (CIP)

The Committee received an update for Cost Improvement for M8 and were concerned that the total identified was significantly short of the target. CIP achievement in M8 was £726k, giving an adverse variance of £776k. The recurrent shortfall is forecast to be £982k, which has been ‘risk adjusted’ down to reflect an element of uncertainty for schemes not yet worked up fully.

The Committee were assured that there was sufficient focus being placed on Cost Improvement but are unable to give assurance around the ability to deliver the target for 2018/19, particularly given the level of unidentified schemes.

- **2019/20 Outline Cost Improvement Plan**

A presentation from the Director of Operations around the approach to identification of Cost Improvement schemes for 2019/20. This outlined a change in focus to larger, transformational scheme with a longer term focus. The committee were assured by the approach.

Activity and Performance

- **PQMF Month 8**

The committee received the M8 performance report outlining performance exceptions against the Trust Key Performance Indicators. CPA Review has reduced from M7 to M8, due to reviews falling out of date and work is being undertaken with Associate Directors to improve the performance. The committee noted that this is the fourth month the Trust has fallen short of the standard but recognise the work being undertaken to improve performance.

- **Activity Information Dashboard**

The committee received an overview presentation of AID developed by the North Staffordshire Combined Costing Team. The dashboard provides an almost real time reporting solution for Activity allowing clinical services to monitor and scrutinise activity. The model was well received by the committee, who noted that the platform was a first for mental health services.

Digital

- **Gold Standards Cyber Framework**

As part of the BAF, the Digital team have developed a Gold Standard Framework regarding Cyber Security, presented to committee. The Trust is currently at Bronze and has commissioned an external review to identify actions to support the Trust to achieve Silver. The committee approved the framework.

Other:

- **Committee Self Assurance Framework**

The committee produced an assessment of effectiveness against an Trust wide framework. Overall, it was agreed that the committee governance was strong, with member questionnaires being positive overall.

- **Additional Assurance Reports:**

The Committee received additional assurance reports as follows:

- Agency Utilisation
- Digital Update

- Finance, Performance and Digital Risk Register
- Cycle of Business 2018/19 (*For Information*)
- Finance, Performance and Digital Monitoring Schedule (*For Information*)

Recommendation

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

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

REPORT TO OPEN TRUST BOARD

Enclosure No:11

Date of Meeting:	24 TH January 2019		
Title of Report:	Summary of the Audit Committee held on 5 th December 2018		
Presented by:	Gan Mahadea, Chair / Non Executive		
Author:	Laurie Wrench, Associate Director of Governance		
Executive Lead Name:	Suzanne Robinson	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:		Purpose of report	
This report provides a summary of the key headlines from the Audit Committee held on the 5 th December 2018. The full papers are available as required to members.		Approval	<input checked="" type="checkbox"/>
		Information	<input type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs <input type="checkbox"/>	Document Version No.	
Committee Approval / Review	Date: _____ • Quality Committee <input type="checkbox"/> • Finance & Performance Committee <input type="checkbox"/> • Audit Committee <input checked="" type="checkbox"/> • People & Culture Development Committee <input type="checkbox"/> • Charitable Funds Committee <input type="checkbox"/> • Business Development Committee <input type="checkbox"/> • Digital by Choice Board <input type="checkbox"/>		
Strategic Objectives (please indicate)	1. To enhance service user and carer involvement. <input checked="" type="checkbox"/> 2. To provide the highest quality services <input checked="" type="checkbox"/> 3. Create a learning culture to continually improve. <input checked="" type="checkbox"/> 4. Encourage, inspire and implement research & innovation at all levels. <input checked="" type="checkbox"/> 5. Maximise and use our resources intelligently and efficiently. <input checked="" type="checkbox"/> 6. Attract and inspire the best people to work here. <input checked="" type="checkbox"/> 7. Continually improve our partnership working. <input checked="" type="checkbox"/>		
Risk / legal implications: Risk Register Ref	To ensure that the committee meets its terms of reference by receiving reports of the work of its sub groups		
Resource Implications:	n/a		
Funding Source:	n/a		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	n/a		
STP Alignment / Implications	None		
Recommendations:	Receive the report for assurance		

Assurance Report of the Audit Committee

5th December 2018

LCFS Progress Report Q2

The Committee received a report which summarised the work delivered against the 2018-19 Counter Fraud plan for the period September to November 2018.

The plan is on track in terms of delivery. There has been one referral since the last meeting via the NHS Counter Fraud Authority reporting website however the referral was associated with theft and not fraud, therefore this issue has been passed through to the HR Team. Simon Stanyer, KPMG is happy in terms of the plan and a full risk assessment has been completed

Information Governance Disclosures

The Committee received an overview of key information Governance risks, training compliance and incidents. Breaches of confidentiality are the main areas for this Committee to address and further work will be undertaken in raising awareness across the Trust. Laurie Wrench advised that in terms of good practice we have briefed the staff to ensure that they lock all PC screens when they are not in use , do not leave accounts logged into Lorenzo etc.

Freedom of Information Quarterly Report Q2

The Committee received the Freedom of Information Quarter 2 Report which detailed requests received during Q2 within the Trust. There has been a slight dip in the number of requests received from Q1 which is generally down to summer break as we tend to receive a lot of requests from students who are undertaking research. Some common themes relate to eating disorders and CAMHS services due to this service being high profile in terms of national scrutiny. The highest number of requests received are for OD & HR apprenticeships; agency spend; nurse staffing levels and Locum Doctors.

There has been an increase in the percentage of requests that breach the 20 day deadline since an increase in compliance in Quarter 1 for which a number of initiatives will be implemented. To overcome this we have committed to bringing in some training for people dealing with responses to try and increase knowledge and awareness together with knowing and assessing what is commercially sensitive. An assurance paper regarding deadline delays will come back to the next Audit Committee.

Risk by Level and Committee

The Committee received the Risk Report presented by Laurie Wrench, Associate Director of Governance. KPMG supported the presentation of the report stating this was an excellent way of summarising where the risks sit. Directorate risks scored between 8 and 12 were

discussed. Assurance given regarding the escalation and de-escalation process. Extra assurance is on-going for risks scoring 8 and below which has to have Directorate sign-off. It was agreed the Committee would receive a full report back on an annual basis to include all risks associated with Directorates scoring 8 or below.

KPMG – Internal Audit Progress Reports – Reports were received as follows and discussed in terms of detail and future actions.

- **IT General Controls**

The Committee received a report which summarised the work delivered against the 2018-19 Internal Audit plan for the period September to November 2018.

The main findings within the report related to leavers still being active in the system long after they had left the Trust. If that employee then returns to the Trust then a new profile should be raised. This was a high risk recommendation.

- **Risk Management** – Significant assurance

The Committee received a report from KPMG following a review of the Trust RM system. Assurance was given that papers and information discussed at Directorate level were all detailed and the minutes were considered as appropriate. SLT reinforces this process however whilst every risk had been transferred to the new Risk Register, some detail required updating to reflect the new structure.

- **DSP Toolkit Review**

The Committee received an update following review of the DSP Toolkit. There are various recommendations to improve the level of evidence to prepare the final submission in March.

- **Progress Report: Audit Recommendations**

The Committee received a report which summarised the progress of implementing recommendations agreed as part of the internal Audit work programme. 9 actions have been implemented successfully since the last Audit Committee and an extension is requested for 1 action. The action highlighted relates to action number 5 that Finance, Estates and Facilities and Human Resources/Recruitment receive counter-fraud bespoke training to ensure they are aware of their roles and responsibilities. Dates are planned however training has not yet taken place and will now be January 2019.

Other Reports received were:

- **Review of Single Tender Actions (over £20k) – 1 August to 31 October 2018**

The Committee received a report that reviewed all Waivers over £20k between 1st August 2018 – 31st October 2018. There have been 4 waivers over £20k.

- **Self-Assessment (Mid-Year Review of Effectiveness)**

The Committee received the report which all sub-committees of the Trust Board have received for assurance. The Effectiveness Framework has been implemented and assessments have been completed.

- **Review of Losses and Special Payments**

The Scheme of Delegation requires the Audit Committee to review all Losses and Special Payments. This report details all approved Losses and Special Payments from 1 April 2018 to 31 October 2018. The Trust had losses and special payments totalling £200.

- **Finance Policies**

The Committee approved renewal of the following policy for 3 years and request formal ratification at January 2019 Trust Board.

1. Scheme of Delegation Policy

- **Board Assurance Framework 2018/19 Quarter 2**
- **Review of Medicines Management and Mental Health**
- **Agreement of Annual Accounts Process and Timetables**
- **Person Centred Framework**

Laurie Wrench, Associate Director of Governance
On behalf of
Gan Mahadea, Chair
18th January 2019

REPORT TO TRUST BOARD

Enclosure No: 12

Date of Meeting:	24 th January 2019		
Title of Report:	North Staffordshire Directorate - Section 75 Social Care Update		
Presented by:	Jonathan O'Brien, Director of Operations		
Author:	Sam Mortimer, Associate Director of Urgent Care		
Executive Lead Name:	Jonathan O'Brien, Director of Operations	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:		Purpose of report	
<p>The paper provides a briefing on current situation with access to social care support within the North Staffordshire Directorate and Adult Community Mental Health Teams in particular, following the end of the Section 75 agreement between Staffordshire County Council and North Staffordshire Combined Healthcare NHS Trust for the provision of adult social care.</p>		Approval	<input type="checkbox"/>
		Information	<input type="checkbox"/>
		Discussion	<input checked="" type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input checked="" type="checkbox"/>	Date: 15 th January 2019	
	Execs <input type="checkbox"/>	Date:	
Committee Approval / Review	<ul style="list-style-type: none"> • Quality Committee <input type="checkbox"/> • Finance & Performance Committee <input type="checkbox"/> • Audit Committee <input type="checkbox"/> • People & Culture Development Committee <input type="checkbox"/> • Charitable Funds Committee <input type="checkbox"/> • Business Development Committee <input type="checkbox"/> • Digital by Choice Board <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> 1. To enhance service user and carer involvement. <input type="checkbox"/> 2. To provide the highest quality services. <input checked="" type="checkbox"/> 3. Create a learning culture to continually improve. <input type="checkbox"/> 4. Encourage, inspire and implement research & innovation at all levels. <input type="checkbox"/> 5. Maximise and use our resources intelligently and efficiently. <input type="checkbox"/> 6. Attract and inspire the best people to work here. <input type="checkbox"/> 7. Continually improve our partnership working. <input checked="" type="checkbox"/> 		
Risk / legal implications: Risk Register Ref	NA		
Resource Implications: Funding Source:	NA		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	NA		
Recommendations:	<p>The Trust Board is recommended to receive this paper for:</p> <ul style="list-style-type: none"> • DISCUSSION regarding the impact of the removal of social care staff within the North Staffordshire County Adult CMHTs. • ASSURANCE that processes have been followed to ensure smooth transfer of staff; produce new pathways for social care input into patient care and; review caseloads to maintain high quality patient care. 		
Version	Name/group	Date issued	

1. Introduction

Adult Social Care was delivered to North Staffordshire residents through Community Mental Health Teams for over a decade prior to the agreement being dissolved by Staffordshire County Council (the commissioner) on 30th September 2018.

The formal process of transfer of services and social care staff, in accordance with Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) regulations into Staffordshire County Council from North Staffordshire Combined Healthcare NHS Trust took place on the 1st October 2018 following a formal 30 day process.

The affected services include the Adult Community Mental Health Teams (CMHTs) within Newcastle-Under-Lyme (Lyme Brook) and Moorlands (Ashcombe) and a small amount of provision which was incorporated into the 24/7 Access Team based at the Harplands Hospital.

From the outset it should be noted that the development was not supported by the Trust and the Trust actively objected to the dissolution of the agreement, but that following formal and final notification by the County Council as commissioner, the Trust committed to working to ensure the impact on staff and current and future service users was minimised.

2. Pre-Transfer Preparation - Staffing

The staff providing social care support were integrated into the Adult CMHTs based in Lyme Brook and Ashcombe Centre with a small number of staff identified within the Access Team, based at Harplands Hospital.

The identification of staff took place following a review of the staff who transferred into North Staffordshire Combined Healthcare NHS Trust when the agreement was originally set up, along with those who had been recruited to primarily undertake social care work within the teams. Vacant posts were also identified for transfer and in the month leading up to the transfer itself, these posts were frozen on the basis the vacancy would be transferred back to the County Council.

On a budget basis, the staff and vacancies identified were of equal value to the Section 75 agreement value in place. Therefore there have been no financial losses incurred as a result of the agreement being dissolved.

The Trust placed significant importance on the transfer of staff being an open and transparent process throughout and in the preceding three months (July – September 2018), fortnightly meetings were set up with the staff affected. These meetings had Executive attendance from the Trust via the Director of Operations and Human Resources presence via a senior HR Business Partner, to ensure timely decisions could be made on procedural matters and that questions could be fully answered. County Council representatives also attended a small number of the meetings so that staff could meet their new managers and ask any questions they had about the transfer. Staff side representatives were present at all meetings, were briefed by the Trust at regular intervals and successfully supported the staff affected throughout the process.

All staff were afforded 1-1 discussions with the Trust management team and the relevant County Council members of staff. During these discussions a number of staff expressed their desire to remain employed at the Trust for a variety of reasons. The Trust circulated available vacancies to these staff. Appointment processes followed the normal HR procedures and a small number of staff were successful in gaining posts which were not affected by the end of the Section 75 agreement and remained employed by the Trust.

Full Employment Liability Information (ELI) was shared with the County Council on 30th August 2018, in accordance with TUPE regulations which require a minimum period of 30 days for the process to complete. The due diligence associated with this information was completed by the County Council on 13th September 2018.

At the end of the process the total number of staff who transferred to the County Council was 13. This included seven registered social workers, five social care support workers and one administrator. This figure is net of those who had been successful in gaining continuing employment at the Trust and the vacancies to be transferred.

3. Pre-Transfer Preparation – Future Pathways / Service Delivery

Several clinical pathway meetings were held and led by Sam Mortimer, Associate Director for North Staffordshire Locality Directorate. These meetings were well attended by clinicians from the Trust and managerial representatives from the County Council. Representation from all staff groups was encouraged in order to ensure that future pathways were robustly designed and that service users would continue to receive multi-disciplinary input, despite the different professions no longer being integrated into one team and/or location.

Agreements regarding pathways were influenced by clinical expertise, the underlying premise being to ensure safe, effective and responsive social care input continued for service users.

The following processes / pathways were reviewed and agreed:

- The Mental Health to Social Care referral pathway
- The Social Care to Mental Health referral pathway
- Mental Health Act (MHA) assessment procedure
- A CTO referral & review process
- Crisis Response process
- Social Care MDT attendance
- Record keeping / case note completion processes

4. Pre-Transfer Preparation - Open Cases / Existing Service Users

A full list of service users and carers in receipt of social care specific interventions was identified in collaboration with the CMHTs and County Council. Work commenced in August to ensure that the multiple needs of these individuals were taken into account. At a high level, service users tended to fall into three categories; those with purely health needs, those with joint health and social care needs and those with purely social care needs.

Care coordination and case management for service users in any category could be performed by a range of professionals within the CMHTs (nurses, AHPs, social workers) as the teams operated as a multi-disciplinary team (MDT). As such, it was clear that those with purely social care needs would need to either transfer with their social worker or be transferred to the County Council for their needs to be met by the future social care provision. This meant that some patients, who for example had predominantly social care needs, but had their care coordinated and managed by a health member of staff, would may need their care coordinator reallocating. It was recognised from the outset that this may case disruption for a number of vulnerable service users and carers and that risks associated with this needed to mitigated as closely as possible.

Following this review, any patients with purely health or health and social care needs continued to be care coordinated by the Trust, which has been confirmed as appropriate by the Clinical Director for North Staffordshire Directorate.

Communication with service users, carers and their families about the transfer and potential changes to their individual practitioners was circulated. This was only done once information could be provided regarding the specific dates of transfer, backstop arrangements for contacting support were agreed (duty professionals and Access) and the work had been completed to clarify the needs of service users on active caseloads (i.e. to which category they fit). Only service users who were expected to be affected by the transfer were contacted (i.e. those with a health need who would continue their care in CMHTs were not contacted). This approach was agreed with the positive intention of reducing cause for concern or uncertainty among service users and carers. However, it was agreed from the outset that staff and the Trust would openly answer any queries in relation to the transfer in order to ensure transparency of the process.

It should be noted that in a small number of cases, the above approach to communication was interpreted as the Trust and County Council not being open and transparent with regard to the impact on individual service users. Where this has been raised, service users have been contacted by the relevant member of staff in their CMHT and received support as appropriate to meet their needs, preventing unnecessary distress.

At all times patients were appraised of how to access care via their care coordinator, duty professional service within the CMHT or via the Access Team in the case of crisis.

5. Post-Transfer Collaboration & Review

For the service users who were identified as being in receipt of care by both health and social care professionals, it was agreed that a formal joint review of care provided would take place following the transfer and this work would be completed within three months (i.e. by January 2019). Following this review, a number of patients have been discharged appropriately to the care of the GP, but remain able to directly access care with their former CMHT if required.

A post-transfer operational group was established by the senior managers and continues to meet on a regular basis to ensure that any issues arising from the transfer are addressed as soon as possible. Issues that have been discussed and resolved have included:

- Consistent attendance of social workers at CMHT MDTs.
- Education for CMHTs on the criteria for eligibility for social care support for service users and carers
- Input for patients with complex social care needs in the Criminal Justice team
- Progress with reviews of joint cases
- Information sharing regarding progress of cases (due to different electronic records being used)

The Trust and County Council have continued to liaise on any arising matters. Whilst there have been no formal incidents or complaints arising from the transfer of services, it is noted that this has caused concern for a number of service users, in particular those who have had long term care from members of staff who have now transferred out of the Trust. This has been evident through discussions at public Trust Board.

The Trust and County Council will continue to work together to ensure the impact on service users and carers of the dissolution of the agreement is minimal and that the teams affected continue to provide high quality patient care.

6. Recommendations

The Trust Board is recommended to receive this paper for:

- **DISCUSSION** regarding the impact of the removal of social care staff within the North Staffordshire County Adult CMHTs.
- **ASSURANCE** that processes have been followed to ensure smooth transfer of staff; produce new pathways for social care input into patient care and; review caseloads to maintain high quality patient care.

REPORT TO: OPEN TRUST BOARD

Enclosure No: 13

Date of Meeting:	24 TH January 2019		
Title of Report:	Gifts and Hospitality Register		
Presented by:	Laurie Wrench, Associate Director of Governance		
Author:	Lisa Wilkinson, Corporate Governance Manager		
Executive Lead Name:	Suzanne Robinson, Director of Finance, Performance and Digital	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:		Purpose of report	
<p>The Trust acknowledges that many patients, their carers and relatives wish to give gifts to members of staff as a token of their gratitude and that refusal of such gifts can cause offence. Gifts of cash are not accepted under any circumstances. Money should be donated to the Trust's Charitable Funds.</p> <p>Under the Trust's policy personal gifts with a value of less than £25 may be accepted. Such acceptance does not need to be declared unless several small gifts worth a total of over £100 are received.</p>		Approval	<input type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs <input type="checkbox"/>	Document	
	Date:	Version No.	
Committee Approval / Review	<ul style="list-style-type: none"> Quality Committee <input type="checkbox"/> Finance & Performance Committee <input type="checkbox"/> Audit Committee <input checked="" type="checkbox"/> People & Culture Development Committee <input checked="" type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Business Development Committee <input type="checkbox"/> Primary Care Integration Programme Board <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> To enhance service user and carer involvement. <input type="checkbox"/> To provide the highest quality services <input type="checkbox"/> Create a learning culture to continually improve. <input type="checkbox"/> Encourage, inspire and implement research & innovation at all levels. <input type="checkbox"/> Maximise and use our resources intelligently and efficiently. <input checked="" type="checkbox"/> Attract and inspire the best people to work here. <input type="checkbox"/> Continually improve our partnership working. <input type="checkbox"/> 		
Risk / legal implications: Risk Register Reference	N/A		
Resource Implications:	N/A		
Funding Source:			
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	N/A		
STP Alignment / Implications:	N/A		
Recommendations:	The Board receive the register for information and assurance purposes.		

Version	Name/group	Date issued
1	Laurie Wrench	26 th November 2018

REGISTER OF GIFTS / HOSPITALITY and SPONSORSHIP

North Staffordshire Combined Healthcare NHS Trust

The Trust acknowledges that many patients, their carers and relatives wish to give gifts to members of staff as a token of their gratitude and that refusal of such gifts can cause offence. Gifts of cash are not accepted under any circumstances. Money should be donated to the Trust's Charitable Funds.

Under the Trust's policy personal gifts with a value of **less than £25 may be accepted**. Such acceptance does not need to be declared unless several small gifts worth a total of over £100 are received.

Name & details of person receiving Gift / Hospitality / Sponsorship	Date received	Details of person providing Gift / Hospitality / Sponsorship	Gift details & approximate value	Personal Relationship Y / N	Accepted / Declined / Donated	Form completed Y / N	Signed by Line Manager
Robert Walley Medical Staffing & Resourcing Officer, Lawton House.	13/05/16	Gift Locum Agency – Doctors on Call	Bottle of champagne £30	N	Internal raffle held – proceeds donated to Growthpoint.	Y	Yes Georgina Evans
Dr Dennis Okolo Consultant Psychiatrist, Lynnebrook Centre, Bradwell Hospital.	13/06/16	Sponsorship – Lundbeck Ltd	One day conference - Facilitating Recovery and Action in Mental Health, Birmingham. No value detailed	N	Accepted	Y	Yes Dr Buki Adeyemo
Dr Richard Hodgson Consultant Psychiatrist Lynnebrook Centre, Bradwell Hospital.	May 16 (conference)	Sponsorship – Janssen & Co	American Psychiatric Association Meeting. Included: registration cost, some hotel costs. Presentation of paper. £1,000	N	Accepted	Y	Yes Dr Buki Adeyemo
Dr Derrett Watts Clinical Director, Edward Myers Unit, Harlands Hospital.	May 15	Gift in kind – Lundbeck Ltd	Scratchcards (alcohol screening cards) to enable members of the public to access services. No monetary value or monetary redemption for card. Equivalent value £1,000	N	Accepted	Y	Yes Dr Buki Adeyemo

Name & details of person receiving Gift / Hospitality / Sponsorship	Date received	Details of person providing Gift / Hospitality / Sponsorship	Gift details & approximate value	Personal Relationship Y / N	Accepted / Declined / Donated	Form completed Y / N	Signed by Line Manager
Caroline Thomsett / Joe McCrea Interim Associate Director of Communications	Sept 16	Sponsorship towards staff REACH event from Foursight Management Consultants	Donation in kind - £600	N	Accepted	Y	Yes Director of Leadership & Workforce
Caroline Thomsett / Joe McCrea Interim Associate Director of Communications	Nov 16	Sponsorship towards staff REACH event from Mills and Reeve Law Firm.	Donation in kind - £500	N	Accepted	Y	Yes Director of Leadership & Workforce
Caroline Thomsett / Joe McCrea Interim Associate Director of Communications	Nov 16	Sponsorship towards staff REACH event from Town Hospitals	Donation in kind - £500	N	Accepted	Y	Yes Director of Leadership & Workforce
Staff members x 6	Dec 16	Patient JB	Gift – 6 x £10 gift vouchers for individual staff members = £60	N	Accepted	Y	Yes Head of Directorate NOAP
Ward Manager, Ward 3, Harplands Hospital.	Dec 16	Garners Garden Centre, Silverdale, Stoke on Trent.	4 x £10 garden gift vouchers for use within hospital grounds	N	Accepted	Y	Yes Head of Directorate AMH Inpatient
Nick Wildin Accountant	Feb 2017	HFMA Awards – token of appreciation for giving presentation (HFMA winner) John Richards	Gift voucher Amazon worth £25	N	Accepted	Y	Yes Deputy Director of Finance
Clinical Education Team	Sep 2016	Sunovion (pharmaceutical company)	CPD event £180	N	Accepted	Y	Yes Associate Medical Director
Clinical Education Team	Sep 2016	Lundbeck (pharmaceutical company)	CPD event £180	N	Accepted	Y	Yes Associate Medical Director

Name & details of person receiving Gift / Hospitality / Sponsorship	Date received	Details of person providing Gift / Hospitality / Sponsorship	Gift details & approximate value	Personal Relationship Y / N	Accepted / Declined / Donated	Form completed Y / N	Signed by Line Manager
Clinical Education Team	Nov 2016	Janssen-Cilag (pharmaceutical company)	CPD event £180	N	Accepted	Y	Yes Associate Medical Director
Clinical Education Team	25.01.17	Lundbeck (Pharmaceutical Company)	CPD Event £180	N	Accepted	Y	Signed by Line Manager
Clinical Education Team	08.03.17	Lundbeck (Pharmaceutical Company)	CPD Event £180	N	Accepted	Y	Signed by Line Manager
Clinical Education Team	29.03.17	Janssen-Cilag (Pharmaceutical Company)	CPD Event £180	N	Accepted	Y	Signed by Line Manager
Rachel Coops, Administrator AMHP and BIA Team	29.06.17	Dr Ade Olasupo DOLS contracted GP	£50 M & S Voucher	N	Donated to Iris Cats in Need	Y	Signed by Line Manager
Suzanne Robinson, Director of Finance	24.11.17	HFMA	X 2 £25 Amazon Gift Vouchers for presenting and chairing x 2 conferences	N	Accepted and donated to the team	Y	Signed by Line Manager
Ian Ball, Head of Estates	22.12.17	Creative Parking at Harplands Hospital	12 x 75cl bottles of wine as a Christmas gift	N	Accepted and shared with x12 members of Estates staff	Y	Signed by Line Manager
Geoff Neild, Associate Director of Estates	14/5/18	Fully sponsored place at the 2018 HBIMA leadership forum. I am chair of the west midlands branch deputy chair of national council and was a keynote speaker at the forum.	£590 + VAT	N	Accepted - Yes	Y	Signed by Line Manager

Name & details of person receiving Gift / Hospitality / Sponsorship	Date received	Details of person providing Gift / Hospitality / Sponsorship	Gift details & approximate value	Personal Relationship Y / N	Accepted / Declined / Donated	Form completed Y / N	Signed by Line Manager
Marie Cheshire	10.09.18	30.08.18- silver pendant and 2 year insurance cover. Gift received from service user.	£34.74	N	Accepted	Y	Signed by Line manager
Robert Sillito	23/10/18	I Pad Mini 4 To be received from staff benefits to assist with Flu project. Plan is to use IPad as a prize/incentive. In order to be have the IPad, the communication team will need to put in a link to staff benefits website on the trusts intranet.	£300	N	Accepted	Y	Signed by line manager
Mike Newton, Deputy Director of Finance	20.10.18	Amazon gift voucher for the value of £25.00 for chairing at the 'induction to costing in the NHS' conference Senders - HFMA	£25.00 voucher	N	Y	Y	Yes Director of Finance.

Updated 23rd November 2018

REPORT TO

Enclosure No:14

Date of Meeting:	24 th January 2019		
Title of Report:	Register of Signed and Sealed Documents		
Presented by:	Laurie Wrench, Associate Director of Governance		
Author:	Mandy Brown		
Executive Lead Name:	Caroline Donovan	Approved by Exec	<input type="checkbox"/>

Executive Summary:		Purpose of report	
<p>The attached table provides a report on the use of the common seal of the Trust in the period 1 January 2018 to 31st December 2018.</p> <p>The Standing Orders require that a report on the Register of Sealing shall be made to the Board at the least half yearly.</p> <p>Section 8 of the Standing Orders governs the sealing of documents and the Register of Sealing.</p>		Approval	<input type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs <input type="checkbox"/>	Document Version No.	1
Committee Approval / Review	Date: _____ <ul style="list-style-type: none"> Quality Committee <input type="checkbox"/> Finance & Performance Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> People & Culture Development Committee <input type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Business Development Committee <input type="checkbox"/> Primary Care Committee <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> To enhance service user and carer involvement. <input type="checkbox"/> To provide the highest quality services <input type="checkbox"/> Create a learning culture to continually improve. <input type="checkbox"/> Encourage, inspire and implement research & innovation at all levels. <input type="checkbox"/> Maximise and use our resources intelligently and efficiently. <input checked="" type="checkbox"/> Attract and inspire the best people to work here. <input type="checkbox"/> Continually improve our partnership working. <input type="checkbox"/> 		
Risk / legal implications: Risk Register Reference	Requirement of Standing Orders		
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). See wider D&I Guidance	There are no direct impact of this report on the 10 protected characteristic of the Equality Act		
STP Alignment / Implications:	None applicable directly from this report		
Recommendations:	The Board is asked to note the contents for information and assurance		
Version	Name/Group	Date	
1	Laurie Wrench	18.01.19	

In accordance with regulation 9.4 of the Trust's Standing Orders, listed below are the documents that have been officially sealed for the period 1 January 2018 – 31 December 2018

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

SEAL REF	DATE OF SEAL	DETAILS OF DOCUMENT SUBJECT TO THE OFFICIAL	VALUE IF KNOWN	MINUTE REF
CHS 59/18	10.1.18	Deal of Surrender New Lease for Hope Street	£86,500.43	Execs 3.10.17
CHS 60/18	17.1.19	Settlement Agreement Release	£480,000	Execs July 2017
CHS 61/18	6.2.18	Bagnall Heights – Sale of Land	£7,500	CIG 10.1.18
CHS 62/18	15.2.18	PICU Site re: larger area to maintain	£44,508	Costs agreed in CIG 7.2.18
CHS 63/18	15.2.18	46 Roundwell Street	£16,000 annually	Annual Renewal
CHS 64/18	3.4.18	Land Registry – cancellation of entries re: registered charge	£712,889	477/2015

CHS 65/18 (Duplicate of CH62/18 which did not arrive)	3.4.18	Deed of rectification of contract re: PICU	£44,508	Costs agreed in CIG 7.2.18
CHS 66/18	12.7.18	Lease of Units 1 – 6, 21 and Ashtenne storage unit	3/18 – 2/19 = £56,000 3/19 – 2/22 = £57,750 3/22 – 2/23 = £59,500	Annual Renewal
CHS 67/18	12.7.18	Lease of Units 22 – 24 at Ashtenne	3/18 – 2/19 = £24,000 3/19 – 2/22 = £24,750 3/22 – 2/23 = £25,500	Annual Renewal
CHS 68/18	12.7.18	Harplands PFI – Replacement of Carillion Services by Serco	Not Known	Trust Board 91/2018
CHS 69/18	24.8.17	Lease Ratton Street Car Park	£24,296.77 per annum	6d Execs on 7.8.18 - will go in BDC Summary for Sept Board
CHS 70/18	30.11.18	Business Transfer Agreement – Moorcroft & Moss Green	Not Known	PCIPB 34/18 Trust Board 188/2018

REPORT TO TRUST BOARD

Enclosure No:15

Date of Meeting:	24 th January 2019		
Title of Report:	CQC Local System Review Follow-up		
Presented by:	Laurie Wrench, Associate Director of Governance		
Author:	Laurie Wrench, Associate Director of Governance		
Executive Lead Name:	Mrs Caroline Donovan	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:		Purpose of report	
<p>Following the budget announcement of additional funding for adult social care, CQC was requested by the Secretary of State for Health to undertake a programme of targeted reviews in local authority areas. These reviews were focused on the interface of health and social care. Stoke-on-Trent has been selected as a local authority for review.</p> <p>The reviews focussed specifically at how people move between health and social care, including delayed transfers of care, with a particular focus on people over 65 years old.</p> <p>Following the initial review in September 2017 a comprehensive action plan was developed to address the improvements required across the system. CQC conducted a follow-up review in September 2018 to determine if those improvements had been achieved and sustained.</p> <p>The attached report details the findings from the follow-up review and describes significant progress made across the system.</p>		Approval	<input type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs <input checked="" type="checkbox"/>	Document Version No.	1
Committee Approval / Review	<ul style="list-style-type: none"> Quality Committee <input type="checkbox"/> Finance & Performance Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> People & Culture Development Committee <input type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Business Development Committee <input type="checkbox"/> Digital by Choice Board <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> To enhance service user and carer involvement. <input checked="" type="checkbox"/> To provide the highest quality services <input checked="" type="checkbox"/> Create a learning culture to continually improve. <input checked="" type="checkbox"/> Encourage, inspire and implement research & innovation at all levels. <input checked="" type="checkbox"/> Maximise and use our resources intelligently and efficiently. <input checked="" type="checkbox"/> Attract and inspire the best people to work here. <input checked="" type="checkbox"/> Continually improve our partnership working. <input checked="" type="checkbox"/> 		
Risk / legal implications: Risk Register Ref	n/a		
Resource Implications:	n/a		

Funding Source:	n/a
STP Alignment	n/a
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	n/a
Recommendations:	The Board receive the paper for information purposes

Stoke-on-Trent

Local system review progress report

Health and Wellbeing Board

Date of local system review:

4 September to 8 September 2017

Date of progress review:

21 November to 22 November 2018

Summary of findings from progress review

What were the key areas for improvement identified in the Local System Review?

Following the Local System Review of Stoke-on-Trent on September 2017, we revisited the system to look at progress against the submitted action plan. We revisited in November 2018 and found that there had been significant improvement. Relationships and joint working towards shared goals had improved, a collaborative approach and culture was emerging and we found that system leaders, in particular the City Director had worked hard to engage and lead the required change agenda. The appointment of a new Director of Adult Social Care and a Managing Director for the local Clinical Commissioning Group, coupled with strong leadership and support from the STP were also having a positive impact on both planning and performance.

We found that leaders had started to create conditions for real and sustained improvement in outcomes for older people living in Stoke on Trent.

In this report we have begun by highlighting the key areas for improved reported as part of the first Local System Review in September 17 and then made detailed comments regarding the progress made. The report should be read in this context.

For ease of reference, the key areas for improvement were:

- There must be better and more effective communication between leaders of the system.
- There must be effective joint strategic planning based on the needs of the local population with clear shared and owned outcomes.
- Attention should be given to long-term strategic planning across the system within an agreed performance framework.
- System leaders should ensure effective delivery of their integrated strategic plans.
- Strategic commissioning should be aligned to the agreed strategic plans and must include primary care.
- System leaders should ensure an integrated approach to market development which should include the monitoring of quality in the care and voluntary sectors.
- An effective system of integrated assessment and reviews of the needs of people using services should be introduced urgently.
- There should be integrated delivery plans which include resources and workforce.
- The trusted assessor scheme should be implemented as soon as possible.

What progress has been made following the Local System Review?

- System leaders should be commended on the significant progress they have made to build relationships and enable more effective communication across the system. When we conducted the Local System Review in September 2017, relationships between health and social care system leaders, and elected members, were particularly challenged. There was a lack of transparency between organisations. At our progress review we found that the culture had shifted. System leaders, including elected members, shared the same vision and were supportive of each other, which had enabled them to make progress. Greater transparency between leaders meant that they could address barriers jointly which was leading to improved outcomes for people. This was mirrored by operational staff across the CCG and the local authority who, within the new organisational culture, were enabled and empowered to develop solutions together.

- The quality of care in the independent social care market and how commissioners worked with providers had improved. At the time of the Local System Review, 16% of nursing homes, 2% of residential care homes and 3% of domiciliary care agencies were rated as inadequate. By September 2018, there were no services rated as inadequate and the percentage of nursing homes rated as good had increased from 26% to 42%. This was good progress given the timescales and would improve the lives of people receiving these services. There is still a need to continue this work at pace as the numbers of people living in services rated as good are still comparatively low compared to across England. Providers and people who use services had been engaged with in the development of a new domiciliary care contract framework which meant that the services delivered were more likely to meet people's needs and to reflect the strategic intent of the system.
- We had identified a need for effective joint strategic planning based on the needs of the local population. While there was still a lot of work to do around the wider system, there had been some good joint strategic work to develop plans for the forthcoming winter of 2018/19. At the last review the process for winter planning had been disjointed and reflected the lack of overall partnership working between organisations and sectors in the system. At this progress review we saw evidence that the plan had been jointly developed from the outset. The last winter had been particularly difficult for Stoke-on-Trent and system leaders had developed this year's plan around evidence based learning and a willingness for leaders and staff at all levels across the system to work together. Patient flow through the Royal Stoke Hospital had improved considerably and system leaders were confident that they would be able to maintain this throughout the winter and the additional pressures that would arise.

What improvements are still needed to be made?

- We had identified that system leaders needed to include the voluntary, community and social enterprise (VCSE) sector in an integrated approach to market development. This would support the transformation of services towards a more preventative approach. However, while system leaders focused on immediate pressures regarding the pathways for people out of hospital, work with the VCSE sector remained underdeveloped. VCSE sector representatives, system leaders and operational managers all acknowledged that this needed to be improved. Although the attendance of VCSE representatives at the Health and Wellbeing Board had been agreed in principle it had not yet happened in practice. There was still frustration from the sector owing to short-term contracts and short notice procurement.

- Workforce development was being undertaken within a Staffordshire-wide workstream linked to the Staffordshire Sustainability and Transformation Plan (STP). It was a truly multidisciplinary and cross sector approach. There was long term planning with the support of Health Education England (HEE) and Skills for Care (SfC) with some positive initiatives being developed. However, some strategies to recruit staff had not been successful yet they were being repeated. Leaders had not fully engaged with the local university and colleges, missing out on opportunities to broaden the portals of entry into health and social care careers and employ some quick wins. Workforce in primary care was still a challenge. Although a programme of physician associates was being rolled out across Staffordshire, when system leaders sent us their updated action plan, only one of these was based in Stoke-on-Trent.
- The Local System Review identified that integration across health and social care needed to be a priority. Key to the success of this would be improved information and data sharing across health and social care organisations. This was still a challenge and there was not a shared care record that could be accessed by professionals supporting people in Stoke-on-Trent. A procurement exercise had concluded with no contracts awarded and another one would be undertaken in January 2019. This meant that the earliest dates for implementation would be around December 2019. In the meanwhile, staff were reliant on workarounds to share information. There was a continued risk that people would have to tell their story many times and that professionals would not always be able to share the right information at the right time.

Background to the review

Introduction and context

Between August 2017 and July 2018 CQC undertook a programme of 20 reviews of local health and social care systems at the request of the Secretaries of State of Health and Social Care and for Housing, Communities and Local Government. These reviews looked at how people move between health and social care services, including delayed transfers of care, with a focus on people aged 65 and over. The reports from these reviews and the end of programme report, [*Beyond Barriers*](#) can be found on our [website](#).

CQC was asked by the Secretaries of State to revisit a small number of the areas that received a local system review to understand what progress has been made. This report presents the findings from our progress review in Stoke on Trent.

Findings from original Local System Review

When we undertook the Local System Review in September 2017 we identified the following areas for improvement:

- There must be better and more effective communication between leaders of the system.
- There must be effective joint strategic planning based on the needs of the local population with clear shared and owned outcomes.
- Attention should be given to long-term strategic planning across the system within an agreed performance framework.
- System leaders should ensure effective delivery of their integrated strategic plans.
- Strategic commissioning should be aligned to the agreed strategic plans and must include primary care.
- System leaders should ensure an integrated approach to market development which should include the monitoring of quality in the care and voluntary sectors.

- An effective system of integrated assessment and reviews of the needs of people using services should be introduced urgently.
- There should be integrated delivery plans which include resources and workforce.

How we carried out the progress review

Our review team was led by:

- Ann Ford, Local System Review Programme Delivery Lead, CQC
- Deanna Westwood, Lead Reviewer, CQC

The review team included: The review team included two Inspection Managers, an Analyst and an Integrated Care Manager. We were supported by three Specialist Advisors; one from a health background and two from the Local Government Association.

This progress review considered system performance against the action plan that was developed in response to the findings of the initial Local System Review.

We looked at:

- Performance across key indicators
- Performance against the system action plan
- Stakeholder reflections on progress

We highlight areas where the system is performing well, and areas where there is scope for further improvement.

Prior to visiting the system, we developed a local data profile containing analysis of a range of information available from national data collections as well as CQC's own data. We requested the local system provide an update on the progress made against the action and feedback on this progress through a System Overview Information Request (SOIR). We consulted with national partners involved in supporting the system following the initial review and we also consulted with organisations that represent people who use services, their families and carers.

The people we spoke with included:

- System leaders from the local authority, the Staffordshire Clinical Commissioning Groups (CCGs), the Midlands Partnership Foundation Trust, the North Staffordshire Combined Healthcare NHS Trust and the Health and Wellbeing Board.

- Staff members including nursing and healthcare staff, physiotherapists, occupational therapists, social work staff
- Local Healthwatch, voluntary, community and social enterprise (VCSE) services
- Provider representatives
- The views of people who use services, their families and carers, gathered by Healthwatch.

Detailed findings

System progress against key indicators

When we carried out Stoke-on-Trent's Local System Review in September 2017 we produced a local data profile containing analysis of a range of information from national data collections as well as CQC's own data. A refreshed local data profile was produced in September 2018.

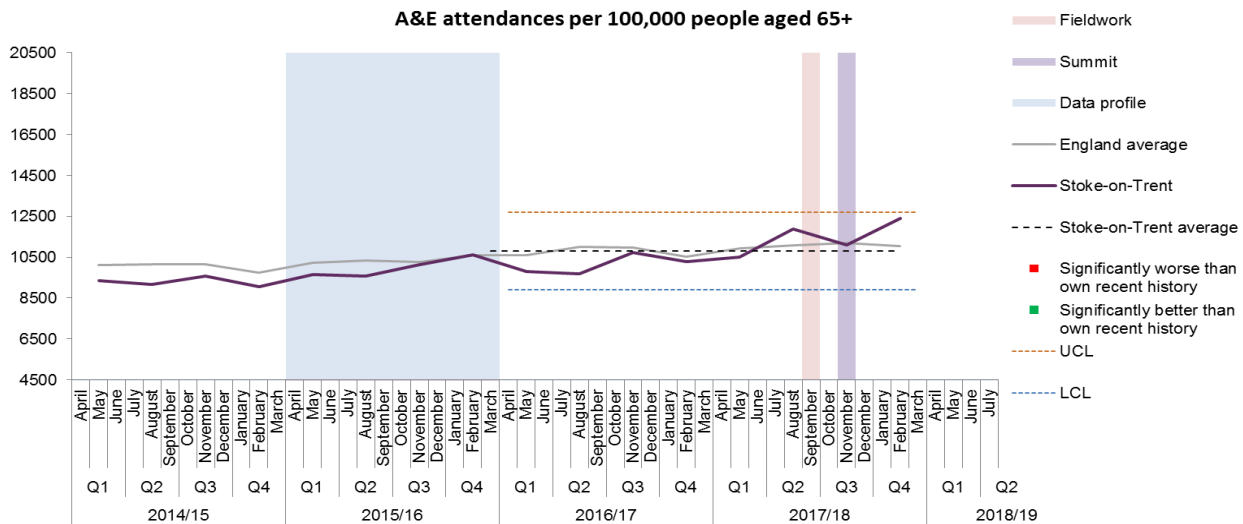
For the purpose of this progress review we also analysed Stoke-on-Trent's performance over time for six indicators:

- A&E attendance (65+)
- Emergency admissions (65+)
- Emergency admissions from care homes (65+)
- Hospital length of stay (65+)
- Delayed transfers of care (DToC) (18+)
- Emergency hospital readmissions (65+)

We looked at how Stoke-on-Trent's performance against the England average has changed since the original data profile was produced, and at how performance has changed against their own history. With the exception of DToC, the data goes up to March 2018. DToC data goes up to July 2018.

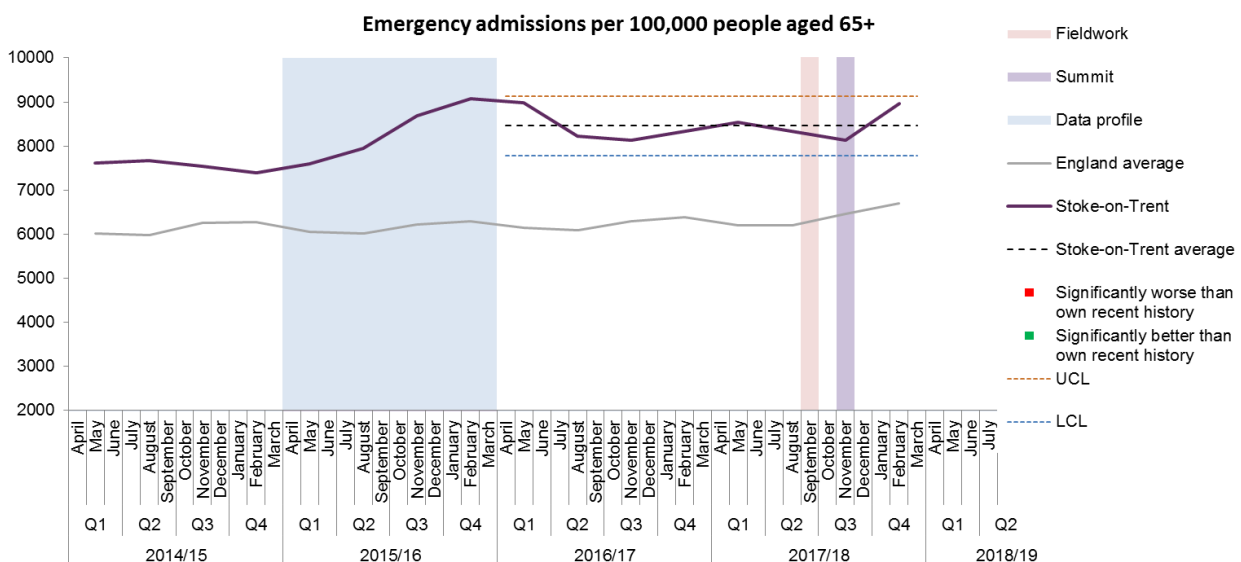
The graphs below show the data for the six indicators. Overall, our analysis of the data shows that attendances at A&E, including those from care homes remained higher than the England average and admissions to hospital for people aged over 65, including those from care homes, were higher than the England average. Fewer people who had been admitted as an emergency stayed for longer than 7 days although this figure was rising and was nearly in line with the England average. People who did stay in hospital were more likely to be delayed in returning to their home or new place of residence. This was improving however it remained higher than the England average.

Figure 1: A&E attendances (65+)



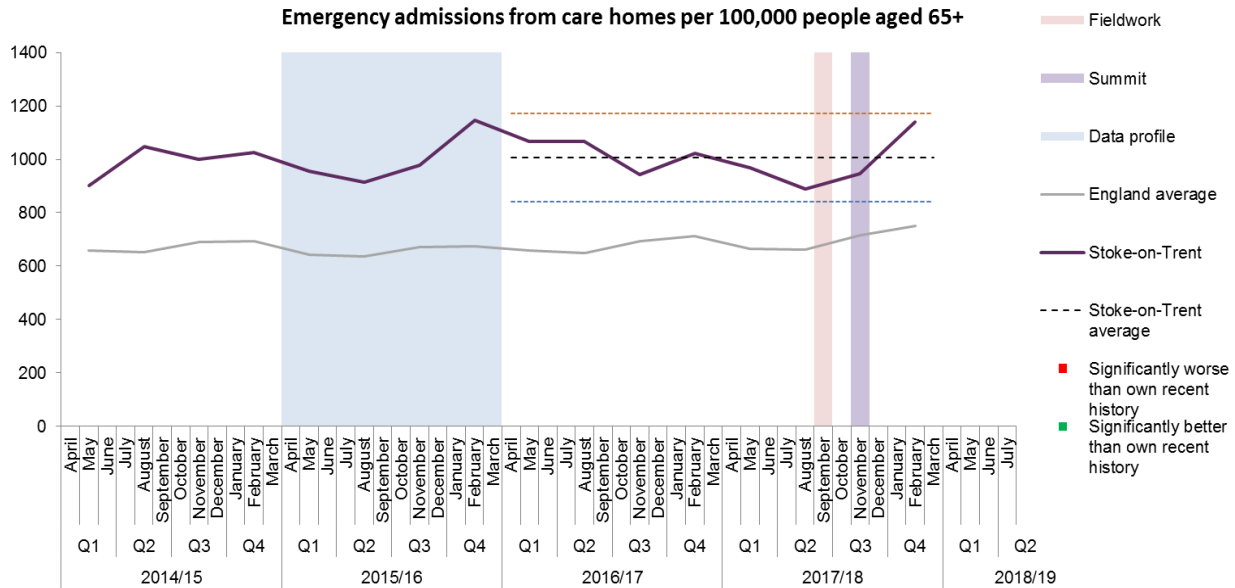
Since we produced the data profile for the original Local System Review, Stoke-on-Trent's performance for A&E attendance (65+) has declined. Rates of A&E attendance were higher than the England average (January to March 2018).

Figure 2: Emergency admissions (65+)



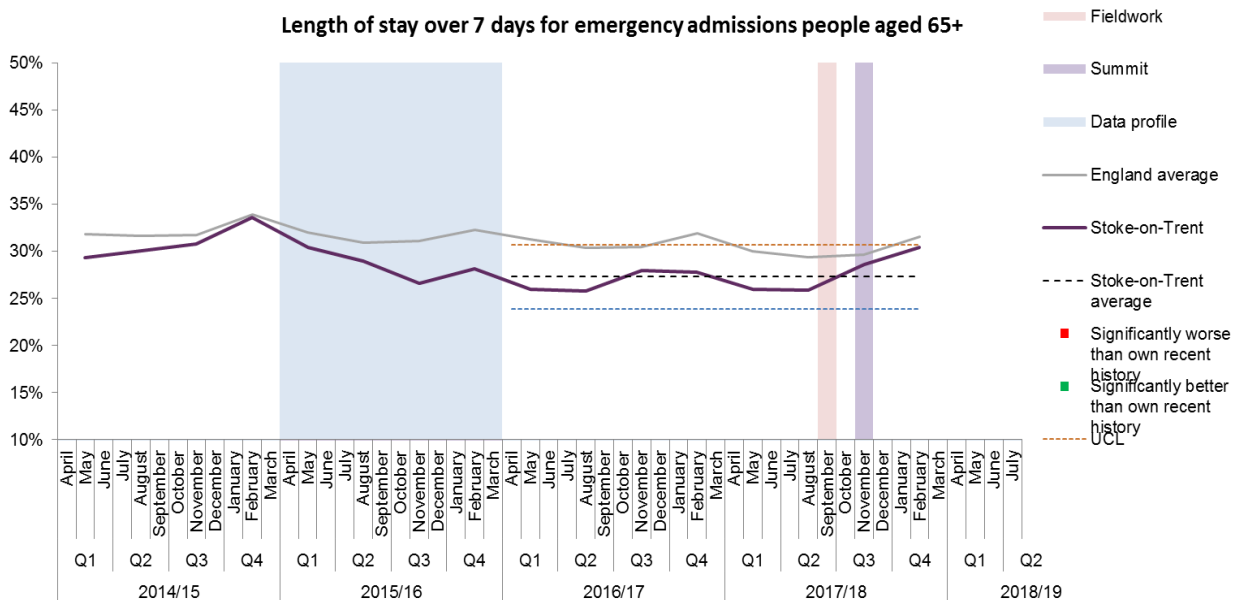
Rates of emergency admission (65+) have continued to remain significantly higher than the England average and activity is now similar to the high levels reported late 2015/16.

Figure 3: Emergency admissions from care homes (65+)



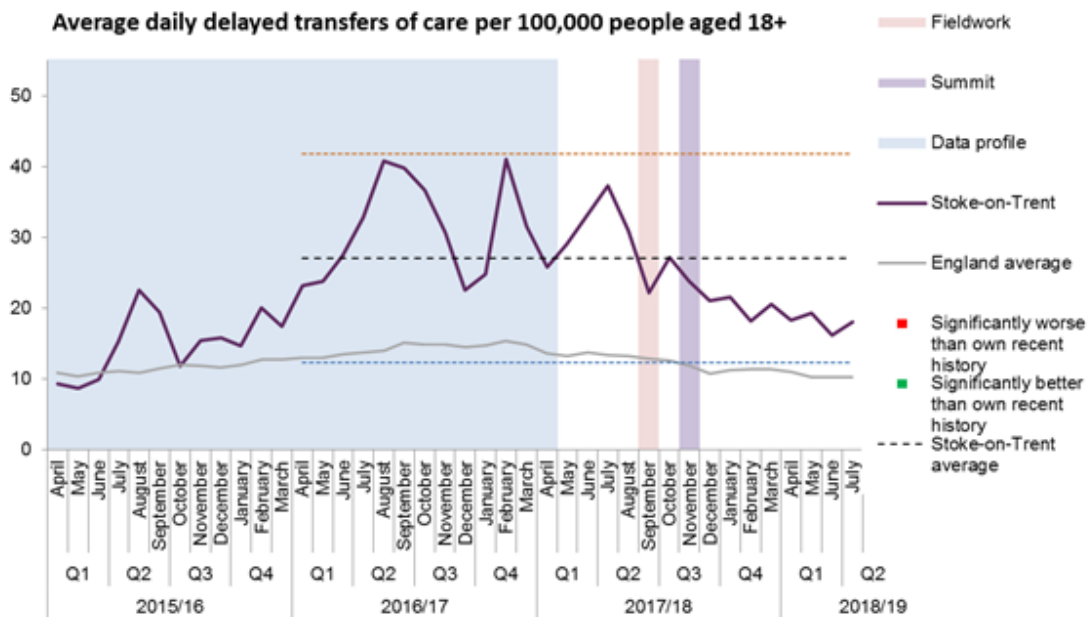
Since we produced the original data profile, rates of emergency admissions from care homes (65+) have continued to be higher than the England average. Despite previous improved performance activity returned to the level reported 2015/16.

Figure 4: Length of stay (65+)



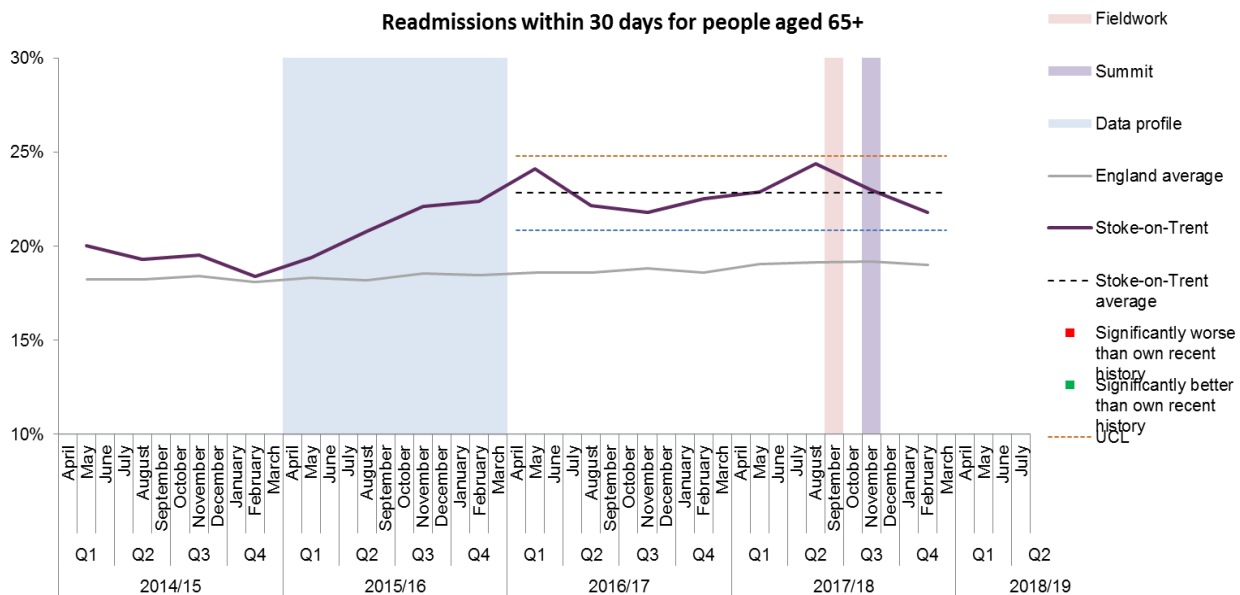
Percentage of emergency admissions (65+) who have a length of stay over seven days increased during 2017/18 from 26% to 30%, although remains better than the England average, 32%.

Figure 5: Delayed transfers of care (18+)



Since we produced the original data profile, Stoke's rate of DToC (18+) initially increased and performance was significantly worse than the England average up until Q3 2017/18. Performance has since improved overall, however it continues to remain worse than the England average.

Figure 6: Readmissions within 30 days (65+)



The percentage of emergency hospital readmissions (65+) within 30 days of discharge continues to remain worse than the England average. Although the rate has reduced slightly overall, it has not changed significantly in the last two years.

System progress against the action plan

What progress has been made since the Local System Review?

System leaders built their action plan around the areas for improvement identified by CQC in the September 2017 Local System Review report. In addition, they identified other concerns that had been raised throughout the report and used the action plan as an opportunity to address these. At the time of our progress review, the system was one year into a two-year action plan. The action plan was built around six improvement themes and service improvement workstreams:

1. Leadership and governance
2. Strategy and commissioning
3. Information and data sharing
4. Performance and outcomes
5. Workforce
6. Service Improvement (this was supported by seven operational subsets)

Leadership and Governance

- In September 2017 our Local System Review identified that relationships across the system needed development. The relationships between system leaders and elected members of the council lacked transparency which led to tensions between organisations and prohibited joint working to address pressures in the system. There had been numerous changes in leadership, and frontline staff felt that they would benefit from more visible stable leadership.
- At the time of the Progress Review in November 2018 there had been further changes in leadership owing to restructures within the CCG and the local authority. The six CCGs across Staffordshire and Stoke-on-Trent were led by a single Accountable Officer supported by an executive management team. The North Staffordshire and Stoke-on-Trent CCGs were led by a managing director. The restructure of the local authority had resulted in an interim Director of Adult Social Services (DASS) who had taken up the post on a permanent basis in July.
- The City Director of Stoke-on-Trent City Council had shown exemplary leadership in addressing the findings of the Local System Review, supported by strong leadership at the STP. The City Director and the Accountable Officer of the Staffordshire CCGs had worked

together to address the issues of relationships and culture. The Chief Executive Officer of the North Staffordshire Combined NHS Trust led on the development and oversight of the action plan. The improvement in relationships between system leaders extended to elected members. There was greater transparency between leaders and constructive and meaningful challenge where appropriate. This meant that elected members felt engaged with system developments and could work with health and social care organisations to develop the strategic direction for services.

- Frontline staff we spoke with were engaged and enthusiastic about the new leadership. We could see how they had fostered a culture of collaborative working and staff felt enabled and empowered to make change. The DASS was visible and frontline staff stated that he would 'join in and roll his sleeves up' which made them feel valued. Staff were enthusiastic about trying new ways to overcome barriers to joint working.
- Our Local System Review in September 2017 identified that system leaders were missing opportunities to share learning and best practice. In the progress review we found learning and evaluation being used to inform planning and practice. This was particularly evident in their 2018/19 winter planning. System leaders had analysed and evaluated previous winter pressures and worked together to put a robust plan in place. They felt assured that recent performance improvements made in terms of patient flow and people's discharges from hospital would be maintained over winter. The system had previously been inward-looking. At this review we found staff were enabled to visit and learn from other areas, undertake research, and use this knowledge to develop services and better outcomes for the people of Stoke-on-Trent.

Strategy and Commissioning

- Our Local System Review in September 2017 identified the need for more effective joint strategic planning and that strategic commissioning should be aligned to joint strategic plans. At the progress review we found that some steps had been taken towards the development of this. An integrated strategy had been approved by the Health and Wellbeing Board in April 2018. A joint commissioning board had been established and immediate priorities to address operational pressures identified.
- The Northern Staffordshire and Stoke-on-Trent Alliance Board had been formed bringing together health organisations, local authorities and the voluntary sector. The Alliance Board aimed to improve strategic partnerships and to develop as a potential provider of integrated care across north Staffordshire and Stoke-on-Trent. This would be the accountable care system that interfaced with the Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership (STP). The Alliance Board would focus on service delivery initially with the potential to develop into a broader commissioning role.

- The winter following our Local System Review had been particularly challenging. At the time of our review, staff told us that winter planning had been reactive and crisis driven without taking into account lessons learned from the previous winter. At this progress review we found that a collaborative winter plan had been developed across health and social care organisations. An external consultancy had been commissioned to undertake an evaluation so that learning could be incorporated into planning for this winter. Operational managers had greater confidence in the plan and felt that they had been given an opportunity to input to it. Providers from the VCSE sector and the independent social care sector had not been engaged with in the same way and there was further progress to be made in this regard.
- The quality of care in the independent social care market and how commissioners worked with providers had improved. This was good progress given the timescales and would improve the lives of people receiving these services. There was still a need to continue this work at pace and to ensure that improvements are sustained as the numbers of people living in services rated as good are still comparatively low. At the time of the Local System Review, 16% of nursing homes were rated as inadequate, 2% of residential care homes and 3% of domiciliary care agencies were rated inadequate. By September 2018, there were no services rated as inadequate and the percentage of nursing homes rated as good had increased from 26% to 42%.
- Independent social care providers told us that the tendering process for contracts was 'reasonably' collaborative and there had been some improvements. We heard from commissioning managers that people who used services had supported the development of a new domiciliary care commissioning framework.

Information and data sharing

- Progress on this theme in the action plan was limited. A 'track and triage' system provided by the Midlands Partnership Foundation Trust (MPFT) and based at Royal Stoke University Hospital consisted of a multidisciplinary team including social care, clinical, administration, voluntary sector and mental health staff who could share information from people's care records to determine the most appropriate and prompt route out of hospital.
- In our Local System Review we identified that people who needed support had difficulties finding information about what was available, particularly for non-statutory low-level support such as befriending schemes and lunch clubs. At the progress review we heard that a project was underway, with a dedicated commissioning officer, to produce a single directory of services across health and social care. This was due to be completed in February 2019. In addition, there was collaboration with the VCSE sector to provide neighbourhood based

community link workers who would enable people to access local services that support them to remain well at home.

Performance and outcomes

- In our Local System Review in September 2017, we found that system leaders did not have shared metrics to jointly monitor management information. Without shared data they could not resolve system pressures jointly which entrenched siloed working. At this progress review system leaders were transparent about their performance and seeking ways to support each other. An agreed set of performance indicators had been developed and would be shared through the Urgent and Emergency Care (UEC) Programme dashboard following ratification at the UEC board at the end of October 2018. We heard from system leaders that shared data was trusted which meant they could agree where to jointly focus activity to improve pathways for people into, through, and out of hospital. A set of metrics was under development to support wider system monitoring across health and social care at the Health and Wellbeing Board.
- Meetings known as 'Multi-agency discharge events' (MADE) were taking place three times a day in the hospital. These meetings relied on shared data to support discussions about patient flow. We heard that this had been effective and that people were being discharged from hospital sooner as a result.

Workforce

- At the time of our revisit, the STP Workforce Programme Board had completed a primary care workforce strategy and work had started on the design of a domiciliary care strategy. There was health and social care leadership directing these workstreams and system leaders told us in their SOIR that they had developed a data capture tool which would enable them to model demand. This information would inform the workforce plans. Long-term workforce planning involved Health Education England and Skills for Care.
- The system was collaborating with local schools to develop apprenticeship schemes that would encourage young people to work in the care sector. This work was still in its infancy with the first cohort due to begin in May 2019. It will take some time before the benefits could be felt in Stoke-on-Trent.

Service Improvement

- A&E attendances for the general population in Stoke-on-Trent (65+) in 2017/18 were lower than the comparators' average, and slightly above the England average. A&E attendances (65+) for people living in care homes however were higher than both the comparators and the

England averages and at the end of 2017/18 they were at their highest level for the year. A 'Care home Admission Avoidance Pilot' had been implemented at the end of 2017 and supported 28 care homes in North Staffordshire which included Stoke-on-Trent. This provided enhanced support from GPs who would contact the care homes daily to provide support. Visits were coordinated with the paramedic acute visiting service and there was also nursing support. We were told that admissions from the care homes that were supported by this pilot were not rising at the same rate as those that were not.

- Our analysis and data profile for the original Local System Review showed that Stoke-on-Trent's rate of delayed transfers of care (18+) for 2016/17 was significantly higher than the England average. Our analysis for the progress review showed that in 2017/18 the rate of delayed transfers of care remained higher than England and comparator averages, but had reduced over the year and was no longer a significant outlier. Some of the success in reducing delayed transfers of care was attributed to the implementation of a 'Home First' model which provided community reablement, assessment, end of life care and clinical care. A range of initiatives had been introduced to support timely discharge. The hospital had implemented a 'track and triage' service provided by the MPFT using data that was updated on a daily basis. The 'discharge to assess' model provided by the Home First service was in place and this meant that people requiring continuing healthcare or complex assessments were more likely to receive these out of hospital, rather than waiting in hospital for an assessment. A newly implemented patient choice policy was understood to be contributing to a reduction in delays due to patient and family choice.
- Our Local System Review in September 2017 found that relationships between GPs and the local CCG had been tense and adversarial. We found on the Progress Review that relationships had improved. We heard that there were good relationships between the GP federation and the Northern Staffordshire and Stoke-on-Trent Alliance Board. GPs described receiving improved support from the CCG and there were more opportunities to jointly work to improve outcomes for people living in Stoke-on-Trent. The move to a 'hub' model of GP working, where GPs collaborated in a locality, was welcomed as this would help to manage workforce pressures such as sickness. GPs welcomed the Care Homes Admissions Avoidance Pilot, but also shared concerns about the gap in provision when the pilot ended. A primary care commissioning strategy had been published in September prior to the progress review but this was yet to translate into a cohesive care homes support provision.
- We previously raised concerns around how older people living with dementia were supported by the system. We were assured that this had been addressed. From December 2018 the mental health liaison service at A&E would be available 24 hours a day. Training had been delivered to staff to improve their understanding of a range of related topics including dementia, mental capacity and behaviour management. We heard that pathways were streamlined and that there had been positive feedback from people who used services.

Discharges of people with mental health needs were being managed more appropriately to ensure that people received support in care homes or the community from people who could meet their needs. However independent social care providers felt that mental health support to their services had reduced. It was important that system leaders communicated changes in practice clearly to providers so that they could understand different pathways of support available.

- We previously highlighted that people often had poor experiences with services when they were at the end of their lives. System leaders were monitoring this and fast track pathways had been agreed across the system including work with the Track and Triage team and the hospice. Training was being delivered system-wide and we heard about non-statutory support organisations arranging for access to this training as they sometimes supported people with hospital appointments. There was an End of Life Programme Board that was chaired by the Accountable Officer of the CCGs. The End of Life Programme Board identified that documentation to support end of life care planning was identified as a barrier to seamless transition between services. Different parts of the system were using different forms. Work was underway to streamline this to ensure that information flowed smoothly between services.

What improvements are still needed to be made?

Leadership and governance

- System leaders in Stoke-on-Trent had made some progress in developing the role of the Health and Wellbeing Board (HWB). In our Local System Review in September 2017 we found that the HWB was not functioning well. As a consequence, members of the board were considering its role and reshaping to better focus on challenging and monitoring system priorities and performance, however we found little evidence of it carrying out this role. At the progress review membership of the board had been extended to representation from the GP federation and the VCSE sector. This would enable wider system stakeholders to be partners in setting the strategic direction for Stoke-on-Trent, which in turn would ensure greater buy-in to delivery of the transformation of services.
- Engagement with the VCSE sector had been slow to develop and at the time of our progress review the VCSE sector representatives had not yet attended a meeting. A miscommunication meant the VCSE sector representatives believed they were awaiting sign off to do so, while system leaders believed that it had been agreed. All system leaders we spoke with, and frontline staff, acknowledged that engagement with the VCSE sector was still underdeveloped

and that there were opportunities to harness the expertise and resources in the sector more effectively.

- Although more stakeholder partners now had a seat at the board, there were still challenges around ensuring attendance and active engagement at meetings. System leaders were candid about the current position and although some progress had been made, it was described as being 'still on a journey'.
- There was still work to do to develop a single compelling vision for the people of Stoke-on-Trent. There was an overarching Staffordshire-wide vision articulated through the STP. Many of the actions on the STP's action plan were being replicated throughout Staffordshire as well as wider developments in Staffordshire informing the Stoke-on-Trent action plan. The focus for improvement had rightly been on resolving immediate pressures in the system. We heard that the action plan would be incorporated into business as usual, but there was not a clearly articulated vision for Stoke-on-Trent that would ensure these improvements would continue. Through the refreshed HWB there was now an opportunity to develop a vision and strategy which the people of Stoke-on-Trent with their particular demographic challenges could sign up to.

Strategy and Commissioning

- The Integrated Commissioning Strategy that had been agreed by the HWB in April 2018 was high level but did not describe operational plans for delivery. Joint commissioning across the CCG and local authority was underdeveloped and focused on priorities related to Home First, discharge to assess and care homes. These were important areas to be addressed, but there had been little development in terms of wider commissioning of services across health and social care.
- Our Local System Review in September identified that commissioning arrangements with the VCSE sector were not effective. At the progress review VCSE representatives told us that there had been some improvement but that the pace of change was slow. A 'Think Tank' had been reformed which enabled dialogue between system leaders and the VCSE sector. We heard that the sector had been asked to put forward proposals to support the winter planning, but system leaders were not able to tell them what budget they needed to work to. This meant that the sector was unable to formulate realistic proposals based on resources. Representatives were concerned that they would be asked to provide support at the last minute, when the system was experiencing severe pressures.
- Uncertainty about the availability of long-term funding arrangements from health and social care commissioners was causing pressures in the VCSE sector. Representatives felt frustrated by this. We heard an example of an agency that had had to put staff on redundancy

notice on an annual basis for six years running because contracts were not renewed until shortly before they were due to end. This risked losing skills as staff left for more secure employment and it could be distressing for people who did not know if the services that supported them would be continued.

- There was still work to do to engage effectively with independent social care providers to develop strategies for commissioning of services. Providers had been invited to an event to support winter planning but they acknowledged that attendance at the event had been poor. There was a need for system leaders to ensure that lines of communication were open and to actively encourage provider involvement.

Information and data sharing

- Our Local System Review in September 2017 found that owing to a lack of record sharing across health and social care organisations, people were having to tell their story numerous times. This impacted on frontline health, primary and social care staff's ability to work together to meet people's needs. Since then an exercise to procure an integrated care record had been unsuccessful and would be repeated in January 2019 with a view to a system being in place by December 2019. Staff were managing the development of this work alongside their other roles and there was a risk of further slippage as staff might have competing priorities.

Workforce

- The STP's Workforce Programme Board was responsible for developing a workforce strategy across Stoke-on-Trent and Staffordshire. However, we found that work to support recruitment and retention within Stoke-on-Trent was still underdeveloped and there were missed opportunities to secure quick wins. Although there was engagement with schools through the apprenticeship team, we did not see engagement with the local university to provide opportunities for students of health and social care to that would encourage them to work in Stoke-on-Trent.
- The domiciliary care workforce strategy for Stoke-on-Trent was available in draft but not agreed at the time of the progress review. We heard that domiciliary care workforce and training was a problem in Stoke-on-Trent, although our analysis of data showed that estimated adult social care vacancy rates for 2017/18 were lower than the England and comparators averages. The estimated rate of staff turnover had also reduced. Some work had been undertaken to attract care workers into the market such as the 'Can you put Care into your CAREer' campaign, however this attracted very few responses. There were plans to relaunch the campaign with a different strapline and system leaders referred to creating a 'drip feed effect into the public consciousness'. System leaders needed to consider a more proactive approach.

- Part of the strategy to alleviate GP shortages in Stoke-on-Trent was the training and development of physician associates. This was also a Staffordshire wide approach and shortly before our progress review we were told that there were nine physician associates across Staffordshire but only one was based in Stoke-on-Trent. System leaders were aware of the difficulties in recruiting and retaining GPs in Stoke-on-Trent particularly as many GPs were due to retire in the following years.

Service Improvement

- Although we heard that the Care Home Admission Avoidance Pilot had reduced the rate of A&E attendances from participating care homes to be lower than the rate from care homes overall in Stoke-on-Trent, there was no formal evaluation to support this. The pilot was due to end in March 2019 and there was some anxiety from primary care, health and social care staff about this. A similar pilot had been running in south Staffordshire and staff understood the need for a consistent approach. There was a risk that the support to the 28 care homes would end in the interim and that the relationships built through the pilot and buy-in across the system would be lost. It is important that support is put in place quickly for the remaining care homes given the rate of increased A&E attendances from care homes.
- Delayed discharges from hospital for all adults in Stoke-on-Trent had reduced, however more people were still staying in hospital longer than they should than in comparator areas. The Home First service which included community reablement had workforce capacity issues and a diagnostic undertaken by an independent consultancy showed that there were delays in people being able to access the service. There were also some concerns about the focus on quick discharges resulting in people being discharged from hospital too soon and inappropriately, risking them being readmitted to hospital. We heard this from people who used services, independent social care providers and frontline staff. It is important that system leaders are able to measure and assure themselves that discharges are safe and appropriate.
- GPs, despite improved relationships, still did not feel fully engaged with by system leaders. Membership Engagement Groups (MEGs) were in their infancy and primary care representatives did not feel as though they had a voice with regard to transformation plans, particularly within the STP.
- There were high numbers of people in Stoke-on-Trent attending A&E and people in Stoke-on-Trent were more likely to be admitted to hospital than the England average. Although people were less likely to wait on trolleys in A&E than they had been at our last review, and would be seen quicker, there was still work to do to prevent people arriving at A&E. There was some activity to better support people in the community and social prescribing was due to be rolled out across 20 GP practices from early 2019. The VCSE sector would be integral to this

approach, but VCSE sector representatives felt that there was still a lack of understanding of their offer and missed opportunities to harness this. There was frustration from the VSCE sector that they had not been engaged with in the development of these services.

- While work was being undertaken to improve end of life pathways at a strategic level, through training and through streamlining documentation and processes, this was not happening on a practice level, at a pace that could make a difference to people now at the end of their lives. Care homes were being encouraged to have discussions with people about advanced care planning and their preferred place of death. However too many people were being admitted to hospital and dying in hospital. Providers we spoke with identified some of the same concerns as we heard the previous year about people arriving at their services with only hours to live.

What are the reflections of system leaders in Stoke-on-Trent?

- Greater transparency and improved relationships between the CCG and the local authority were noted by all the people we spoke with during our progress review. We found an increase in confidence and trust in the leadership which in turn meant that frontline staff, and stakeholder partners were more willing to engage in the transformation of services.
- System leaders across health and social care had gained the support of elected members of the council. This meant that consideration could be given to difficult decisions following constructive and respectful challenge.
- We found that there were still barriers to be overcome to deliver improvements for the system. System leaders had brought the health and social care systems, including the hospital, through a period of significant change in structure and leadership. This meant that some changes could not be delivered as quickly as they needed to be while the new structures bedded in. We heard from the VCSE and independent sector providers that there had been some loss of organisational memory and relationships had to be built afresh. This highlighted the importance of stronger strategic engagement with these sectors.
- The CCG and acute trust were particularly financially challenged and the local authority was also required to make savings. This meant that system improvements had to be made while at the same time achieving savings. Again, this impacted on commissioning arrangements particularly around the VCSE sector who found it hard to put forward proposals when information about funding streams was limited.

- System leaders told us that conflicting regulatory frameworks of NHS England and NHS Improvement were a barrier to transforming services as regulation could reinforce contradictory actions. For example, the CCG was working towards developing preventative services to reduce hospital attendance and admission, while the trust needed to make up a financial deficit which would be achieved by delivering more care to people in hospital.

Direction of travel

Areas for future focus

We recommend the following areas for future focus in Stoke-on-Trent:

- System leaders should continue to build on the steady progress that has been made since our last review.
- The joint commissioning strategy is high-level and should be developed into a deliverable operational plan that enables the integration of health and social care pathways.
- Engagement with the VCSE sector needs to be further developed and embedded with opportunities for VCSE organisations to contribute to the development of strategies and delivery plans.
- System leaders should increase the pace at which preventative support is offered in localities. Analysis of admissions and readmissions to hospital should be undertaken so that admissions to hospital can be reduced.
- System leaders should consider the rollout of the enhanced support offer to care homes to reduce A&E attendances and admissions from care homes. Plans should be in place before the end of the Care Home Admission Avoidance Pilot in March 2019.
- Work with the GP Membership Engagement Groups should extend at pace and the role of GPs in supporting the design of transformed services should be developed.

- Delayed transfers of care from hospital, while improving, should continue to be closely monitored. System leaders should seek assurance that discharge and reablement pathways are being applied appropriately and at the right time.
- While the development of end of life pathway processes continues, system leaders should ensure that people who are in the last days of their lives are receiving the care they need in their preferred setting.

REPORT TO OPEN TRUST BOARD

Enclosure No: 16

Date of Meeting:	24 January 2019												
Title of Report:	Assurance Report from the People and Culture Development Committee												
Presented by:	Patrick Sullivan, Non-Executive Director												
Author:	Linda Holland, Director of Workforce, OD, Inclusion & Communications												
Executive Lead Name:	Linda Holland	Approved by Exec	<input checked="" type="checkbox"/>										
Executive Summary:	<table border="1"> <thead> <tr> <th colspan="2">Purpose of report</th> </tr> </thead> <tbody> <tr> <td>Approval</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Information</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Discussion</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Assurance</td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>			Purpose of report		Approval	<input checked="" type="checkbox"/>	Information	<input checked="" type="checkbox"/>	Discussion	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
Purpose of report													
Approval	<input checked="" type="checkbox"/>												
Information	<input checked="" type="checkbox"/>												
Discussion	<input type="checkbox"/>												
Assurance	<input checked="" type="checkbox"/>												
This report is a summary of the People & Culture Development Committee meeting held on 14 January 2019 and chaired by Patrick Sullivan.													
Seen at:	SLT <input type="checkbox"/> Execs <input type="checkbox"/> Date: N/A	Document Version No.											
Committee Approval / Review	<ul style="list-style-type: none"> Quality Committee <input type="checkbox"/> Finance & Performance Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> People & Culture Development Committee <input checked="" type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Business Development Committee <input type="checkbox"/> Primary Care Integration Programme Board <input type="checkbox"/> 												
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> To enhance service user and carer involvement. <input checked="" type="checkbox"/> To provide the highest quality services <input checked="" type="checkbox"/> Create a learning culture to continually improve. <input checked="" type="checkbox"/> Encourage, inspire and implement research & innovation at all levels. <input type="checkbox"/> Maximise and use our resources intelligently and efficiently <input checked="" type="checkbox"/> Attract and inspire the best people to work here <input checked="" type="checkbox"/> Continually improve our partnership working. <input type="checkbox"/> 												
Risk / legal implications: Risk Register Ref	N/A												
Resource Implications:	N/A												
Funding Source:	N/A												
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	<p>The Committee plays a significant role in actions and assurance related to Diversity and Inclusion and the oversight of the Public Sector Equality Duty under the Equalities Act. This duty requires the Trust to</p> <ul style="list-style-type: none"> Eliminate unlawful discrimination Advance equality of opportunity Foster good relations 												
STP Alignment / Implications	None												
Recommendations:	The Board are asked to approve the policy extension for ratification and receive the summary for assurance purposes.												

PEOPLE & CULTURE DEVELOPMENT COMMITTEE, SUMMARY TO TRUST BOARD
Monday 14th January 2019, 9.30 – 11.45am

Mr Sullivan chaired the meeting.

1. STAFF STORY

The Committee received a staff story centred on the opening of the new PICU and the PICU team building week that was held in October 2018, the rationale for taking a whole week out was:

- A whole new team
- A new high tech unit
- Limited PICU knowledge and experience
- Unique opportunity to have a full team in place
- Research into effective team working
- Aspirations to be the best

The week concentrated on team development; therapeutic intervention; compassion; what care the team would want for themselves /family and the “walking in my shoes” exercise. Experiences were also shared from a BAME perspective and work was conducted on personal drivers. Patient experiences were also shared, and the week culminated in a video of the event that has been posted to YouTube - <https://youtube/bsxlFxsbkVU>

Commissioners have reviewed the PICU unit and comments have been very positive.

It was noted that the environment is not as simulating as on an acute ward, and one of the main benefits is the fact that patients no longer have to be sent out of area for treatment. Experience is that patients improve much quicker with the higher patient/staff ratio on PICU. Challenge within the team is positive, and the togetherness is strong, with levels of sickness, seclusion, incidents and rapid tranquilisation low which is reflective of the supportive compassionate unrestrictive environment. The interviews for the posts on the PICU were values-based and this had been fundamental in bringing together a compassionate and supportive team for patients and staff. A lot of work is also conducted with patient families which is considered very important for recovery.

It was suggested that the PICU team should be nominated for the forthcoming HPMA awards.

2. ITEMS REFERRED FROM OTHER COMMITTEES

Audit Committee – 5th December 2018

Mr Gadsby had asked Mr Sullivan to highlight to the Committee that a deep-dive was required with regard to mandatory training compliance and training cancellations due to low attendance numbers.

It was noted, for clarity and understanding that it was the KPMG report that had identified low compliance for new starters; and as a consequence the Trust needed to understand this further as logically training would be undertaken though induction.

The only training cancelled is due to insufficient numbers, where training cannot run below a minimum number:

- Mapa: training requires a minimum of 4 people to attend in order to be able to complete the practical elements of the training i.e.1 to be a patient and 3 to practise the holds and communication required
- Resuscitation: 2 people: 1 respiratory, 1 compressions
- Safer People Handling: 3 people: 1 patient and 2 for lifts/hoist

Mandatory Compliance: New staff have 6 weeks to become compliant with all Mandatory education – with access to on-line training for all staff from their start date. Managers need to allocate staff the time

to access and complete all e-learning. Ideally their first day should be Corporate Induction, 2nd day all e-learning and then face-to-face training could be delivered on the first day on the ward/team area for: Fire, Safer People Handling and Resus. Other elements of face to face need to be booked in thereafter. The Training Team are currently delivering a number of Train the Trainer courses with the objective that each inpatient area will have a trainer in: Safer People Handling, Resus and Fire. (Fire Train the Trainer courses available: Jan, Feb & Mar and currently 30 places remain). All senior managers have been advised of all of the Train the Trainer courses and the subsequent benefits of each inpatient/team area having these resources embedded.

Mandatory training will be an agenda item at the next meeting with a review of processes to provide further assurance.

3. COMMITTEE EFFECTIVENESS – AQUA WELL-LED DEVELOPMENT REVIEW ACTION PLAN

The Committee have not yet:

- Approved the report prior to submission to Trust Board on January 24th 2019 for assurance purposes.
- Agreed a statement of sign-off against the action plan.

The Committee had received comments on the questionnaires about the key sources of assurance and attendance and these were a little concerning, it was decided to meet outside of the Committee to discuss resolution of some of the issues. The self-assessment had also been completed which raised some issues given the changes in committee membership, and in light of this it was felt that this required further investigation.

Not Approved

REVIEW OF THE TERMS OF REFERENCE

The Terms of Reference were approved for a further 12 months, and extended until March 2020.

4. DIRECTOR OF WORKFORCE UPDATE

Ms Holland updated the Committee on the following:

- Flu Vaccine
- Staff Survey
- GP TUPE
- CAMHS TRAILBLAZING
- CQC
- Director of Finance and Performance
- Director of Strategy & Planning
- CEO Interviews

5. LOCALITY WORKING

The Trust was entering into Phase 4 of the plan which will now be a formal Management of Change; starting with the provision of the administrative infrastructure to support the new teams.

6. BOARD ASSURANCE FRAMEWORK (BAF)

The BAF is in the process of being updated and once refreshed will be circulated virtually to all members by the end of January 2019.

7. WORKFORCE & OD RISKS

All risks were reviewed and noted:

12 There is a risk that there is insufficient staff to deliver appropriate care to patients because of staffing vacancies and increased referrals. This has a consequence of potential failure to achieve performance targets, inability to deliver service user expectations and increased pressure upon existing staff.

The committee noted;

- The Trust now has a Recruitment and Retention action plan for medics and nursing.
- PICU recruitment is ongoing; not opened to 6 beds yet although demand has required more than 4 beds.
- The Trust is keeping a close eye on agency and usage has been low recently.
- The Trust has also appointed approx. 26 new student nurses

868 There is a risk that the Trust will breach its Agency cap for the use of temporary staffing with a consequence of increased spend and reputational harm due to reduced segmentation by NHSI. The YTD agency spend to M7 is £1103k against an agency ceiling of £1118k, giving an overspend of £12k.

900 There is a risk that the Trust does not provide inclusive services that recognise the diverse nature of our service users, therefore services may not be accessible or of sufficient quality and the Trust may not be responsive to the diversity and inclusion needs of our local communities.

Steps have been taken to address this risk including holding the first meeting of the Trust's Inclusion Council in November 2018 and progress has been noted on all 5 BAME inclusion workstreams. The Trust also has a Diversity & Inclusion Strategy and is developing an action plan to further strengthen this.

901 There is a risk that the Trust does not have an inclusive and diverse workforce as reflected in the WRES, thus impacting on our ability to support the needs of diverse communities and ability to attract and retain staff. In mitigation the WRES report and action is closely monitored by the PCD and the Inclusion Council has been established.

1111 There is a risk that staff engagement scores, turnover and retention for the Trust will be impacted on as a result of the change and transition to implement the integrated locality working structure. In mitigation, an OD plan is being implemented throughout the change to support both staff and teams, and the effectiveness will be monitored via JNCC and PCD.

Mr Sullivan had asked for a review of the wording of this risk, as it was evident that the risk was actually the engagement and not the scores

1034 There is a risk that staff are not effectively engaged do not have sufficient clarity of purpose and do not realise their potential through not having an up to date PDR. This can adversely effect their ability to work efficiently and effectively and impact on delivery of services. The Staff Survey results have been received and the priority areas now identified. These will be reviewed and will help to inform additional improvements that can be made to the PDR process.

1072 There is a risk that staff may not be accessing clinical supervision on a regular basis to ensure that they fulfil requirements of their professional responsibilities and as a result may not feel supported in practice. Compliance at M7 is 74%. PCD will actively monitor compliance with AD's and Business Partners on a regular basis.

8. PERFORMANCE REPORT

The following performance highlights were noted;

- Use of Locums has decreased to 10.6% in M8 from 14.5% in M7 (target 14.2%)
- Statutory/mandatory training compliance continues to improve to 93.0% (target 85.0%)

Vacancy Rate shows a minor decrease to 11.7% at M8 from 11.8% at M7

- Corporate – 1.3% at M8 from 1.2% at M7
- Acute Services & Urgent Care – 14.8% at M8 the same as at M7
- North Staffordshire Community – 7.8% at M8 the same as at M7
- Specialist Care – 13.7% at M8 from 12.8% at M7
- Stoke Community – 16.2% at M8 from 17.6% at M7

The Trust vacancy rate is 11.7% taking into account those posts that:

- have recently been brought into establishment
- have been recruited to (but not yet started); and
- are part of a transformation schemes not yet transacted

The Trust is incorporating a number of strategies to recruit and retain staff to reduce the vacancy rate.

PDR compliance overall has increased to 79.5% at M8 from 69.2% at M7, which is positive

- Corporate – 86.1% at M8 from 73.3% at M7
- Acute Services & Urgent Care – 74.3% at M8 from 61.7% at M7
- North Staffordshire Community 69.8% at M8 from 60.5% at M7
- Specialist Care – 77.2% at M8 from 71.7% at M7
- Stoke Community – 90.9% at M8 from 91.0% at M7

All directorates are being provided with weekly performance updates to support compliance being brought back in to line by end of January 2019.

Clinical Supervision compliance has increased overall from 78.0% at M8 from 74.0% at M7

- Acute Services & Urgent Care – 76.0% at M8 from 77.0% at M7
- North Staffordshire Community – 80.0% at M8 from 74.0% at M7
- Specialist Care – 73.0% at M8 from 70.0% at M7
- Stoke Community – 94.0% at M8 from 82.0% at M7

All directorates are being provided with weekly performance updates to support compliance being brought back in to line by end of January 2019.

9. WORKFORCE METRICS

It was noted that sickness absence for November was 4.61% against a target of 4.95%. There had been a shift in sickness reasons though anxiety/stress remains the main reason for absence at 35.41% up from 28.58% in October, and this will be monitored. Stat/Mand training is at 93% against a target of 85%. Vacancies – positively there were more starters than leavers in November and there has also been a TUPE out of Section 75 staff. DBS compliance was at 97.2% with plans in place to address the shortfall. All posts are risk-assessed for DBS compliance. Bank/agency costs have increased partly due to winter pressures, and nursing and agency continues to be a challenge.

It was agreed to invite Directorate representatives to the March Committee to provide assurance over the metrics.

10. WORKFORCE PLAN

The Trust was awaiting the workforce plan template from NHS Improvement. The plan would be circulated once updated.

11. STP WORKFORCE PLAN

The plan has been reviewed, with no intentions for major increases from a Trust perspective, however, this is not what was expected from the STP, and a review is again required for aspirational numbers but with no identified funding. It was hopeful that as part of the long-term plan further funding will be made

available.

It was noted that the CAMHS Trailblazing initiative will provide temporary funding.

12. WORKFORCE DISABILITY EQUALITY STANDARD (WDES) & SEXUAL HARASSMENT IN THE WORKPLACE GUIDE

The WDSE will be a requirement for all NHS Trusts from April 2019 as part of the NHS Standard Contract (monitored by the CQC and Commissioners). The paper also included an advance briefing on the Sexual Harassment in the Workplace Guide that is due out in 2019.

It was noted that the undefined data for staff in ESR on the disclosure of declaring a disability is 41.58%, and the reasons for this needed to be explored further.

The WDES will report into the People & Culture Development Committee on an annual basis.

13. EMPLOYEE RELATIONS CASEWORK

A snapshot of Q1-3 data was provided, and Q1 onwards there were 12 new disciplinary cases, which is comparable to other years; the majority of cases were in AMH Community. The allegation themes have been roughly grouped to maintain confidentiality. Reasons varied from under the influence of alcohol, breach of confidentiality, and failure to follow Trust policies and procedures.

All investigations that have moved to formal investigations are due to serious allegations.

As the Trust only has a small number of investigations it is not always reflective of the national profile.

It was noted that there have been no appeals against disciplinary sanctions in 2018/19 and no Employment Tribunal Claims. Four sickness absence cases progressed to a Stage 3 dismissal hearing and 155 cases are being actively managed. The Trust historically has a low number of formal grievances with many issues resolved informally with the assistance of staff side.

There have been two TUPE processes completed in 2018/19:

- 1st October 2018 TUPE transfer out of Staffordshire Section 75 staff to Staffordshire County Council
- 1st December 2018 TUPE transfer in of two GP Practices involving 48 staff

14. TOWARDS OUTSTANDING ENGAGEMENT (ToE)

The Committee was provided with the highlights of the Q1 and Q2 reporting. The decline in response rates from 3.94% in Q1 to 3.80% in Q2 was significant and attributed primarily to the recent locality restructure.

The highest scoring enabler continued to be working relationships, with the lowest being recognition and perceived fairness.

A continued area of focus in both Q1 and Q2 was AMHC with several enablers significantly lower than the Trust norm. It was noted that this had been the largest Directorate prior to the locality restructure, and that feedback from the current CQC visit may well reveal that the new leadership now in situ is starting to demonstrate beneficial improvements.

15. ACCESSIBLE INFORMATION STANDARD (AIS)

The AIS was introduced in July 2017, and requires all health and social care organisations caring for people with disabilities that impact on their communication and information needs to ask, record, flag, share and act on the information and communication needs of the individual.

Whilst the Trust has the mechanisms in place to be fully compliant with the requirements of the AIS, a further piece of work is required to further review the data with Trust services to understand the reasons for differences and to identify remedial action if required to ensure that all areas are consistently operating within the requirements of the AIS Standard.

There will be a further review of data to the Committee.

16. INCLUSION COUNCIL UPDATE

The Inclusion Council will focus exclusively on 5 BAME projects for the first 6 months of its lifespan. Beyond this, the Inclusion Council's scope will move to the broader Diversity & Inclusion (D&I) agenda. The Inclusion Council will become the key body reviewing and providing critical friend scrutiny to the Trust's approach and delivery in relation to D&I.

17. POLICIES

Extensions were approved until the end of March 2019 on the following policies:

- 1.76 Job Planning Policy (policy is drafted, requires approval at JNCC, LMC and BMA)
- 3.09 Freedom to Speak Up Policy
- 3.32 Performance Development Review – (was awaiting clear guidance from NHS England)

It was noted that the following are guidance documents only and do not require monitoring at Committee:

- 3.40 Local Government Pension Scheme (request approved to remove this as a policy as it is classed as guidance)
- 3.41 Management Supervision
- 3.42 Medical and Dental Starting Salary

Extensions had been approved at the September PCD meeting until the end of December 2018 for the following policies, these were further extended until the end of March 2019:

- 3.36 Supporting Staff Policy – expired 30.09.2018
- 3.39 Medical Appraisal Policy – expired 30.09.2018, JLNC was postponed and the policy could not be ratified, it will now be presented to the March 2019 meeting

It was noted that policy 1.79 Job Planning Associate Specialists and Speciality Doctors – is no longer classed as a policy and approval was granted to remove this from the policy folder.

It was also noted that the following extensions were agreed at the November PCD meeting but not noted in the summary. Extensions were approved until the end of December 2018 for the following policies:

- 3.09 Freedom to Speak Up Policy expired 30.09.2017
- 3.12 Equality of Opportunity – expired 30.07.2018
- 3.41 Management Supervision Guidance – expired 02.03.2018
- 3.01 Disciplinary Policy – expired 30.09.2018
- 3.19 Retirement Procedure – expired 30.09.2018
- 3.36 Supporting Staff Policy – expired 30.09.2018
- 3.39 Medical Appraisal Policy – expired 30.09.2018
- 3.40 Local Government Pension Scheme – expired 30.09.2018
- 3.42 Medical & Dental Starting Salary Procedure – expired 31.10.2018

Extend until end of March 2018

- Performance Improvement Policy – expires 30.11.18

18. PCD REPORTING GROUPS for information

- **Strategic Education & Learning Group (SEAL)** – the January 23rd 2019 meeting was cancelled due to low attendance, the next meeting will take place on February 20th 2019
- **Joint Negotiating Consulting Committee (JNCC)** – January 3rd 2019
The minutes from the meeting will be circulated once approved.
- **Professional Leads Advisory Group (PLAG)** – no meeting took place in December

19. DATE AND TIME OF NEXT MEETING

Monday 11th March 2019

9.30am, Boardroom, Lawton House

REPORT TO OPEN TRUST BOARD

Enclosure No:17

Date of Meeting:	24 th January 2019		
Title of Report:	Assurance Report from Quality Committee		
Presented by:	Patrick Sullivan, Non-Executive Director and Chair of Quality Committee		
Author:	Helen Sweeney, Deputy Director of Medicines and MACE		
Executive Lead Name:	Maria Nelligan, Executive Director of Nursing and Quality	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:		Purpose of report	
This report provides a high level summary of the work of the Committee during December 2018 and request for the Trust Board to ratify policies and endorse recommendations in the report.		Approval	<input type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs <input type="checkbox"/> Date:	Document Version No.	
Committee Approval / Review	<ul style="list-style-type: none"> Quality Committee <input checked="" type="checkbox"/> Finance & Performance Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> People & Culture Development Committee <input type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Business Development Committee <input type="checkbox"/> Primary Care Integration Programme Board <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> To enhance service user and carer involvement. <input checked="" type="checkbox"/> To provide the highest quality services <input checked="" type="checkbox"/> Create a learning culture to continually improve. <input checked="" type="checkbox"/> Encourage, inspire and implement research & innovation at all levels. <input checked="" type="checkbox"/> Maximise and use our resources intelligently and efficiently. <input checked="" type="checkbox"/> Attract and inspire the best people to work here. <input checked="" type="checkbox"/> Continually improve our partnership working. <input checked="" type="checkbox"/> 		
Risk / legal implications: Risk Register Reference	None identified		
Resource Implications:	N/A		
Funding Source:	N/A		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	None identified.		
STP Alignment / Implications:	N/A		
Recommendations:	To note the contents and ratify policies.		



**Key points from the Quality Committee meeting held on 10 January 2019
For the Trust Board meeting on 24 January 2019**

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. Reports received for review, information and/or approval



2a Reports:

- ✓ **Learning from Experience Report –September and October 2018 -** Summary Report on patient related incidents / events and action and learning. Of note was the work being carried out to reduce falls and spread the learning from the Q1 Falls project; the engagement work by the Patient Safety Team to improve the reporting of self-harm incidents; and the Trusts work to strengthen partnership working with the police. Further work is being undertaken to develop a Trust protocol for police attendance.
- ✓ **CCG, Healthwatch and Trust Visits Q3 2018/19 -** This paper summarised the findings from the CCG, Healthwatch and Trust visits. In Q3 visits took place they visited three teams. The report identified areas of good practice and highlighted recommendations to support improvement.
- ✓ **Performance and Quality Management Framework Month M8 2018/19** M8 dashboard and exception report in respect to contracted key performance indicators (KPIs). The committee discussed at length the indicators that are underperforming and improvement actions being taken. Month 8 was noted to have 8 target related metrics rated as red and 2 target related metrics as amber, with all other indicators within expected tolerances.
- ✓ **CQC Preparation update -** The committee received a verbal update. It was confirmed that CQC were currently undertaking their inspection. The Quality Committee was assured that the Trust is continuing to share all action plans with the CQC. Of note was the implementation of an improved mechanism and policy for non-clinical supervision.
- ✓ **Sexual Safety Action Plan** The committee received the Trust's Action plan following the CQC report 'Sexual Safety on Mental Health Wards'. The actions within the plan have been implemented and will be monitored going forward by the Quality Committee.
- ✓ **Safe Staffing Report – October 2018 -** Assurances were provided to the Committee on the fill rate for R/N staff and care staff on day and night shifts and actions being taken to ensure the Trust complies with the National Quality Board requirements. During October 2018 there was a fill rate of 77% for registered staff and 103% for care staff on day shifts and 87% and 109% respectively on night shifts. Overall a 94% fill rate was achieved.

- ✓ **Quality Impact Assessment (QIA) of Cost Improvement (CIPS)** - Assurance report on the 'look back' on the performance of schemes that have been CIP transacted and had a QIA. Within the report CIP schemes transacted in Q1 were reviewed against agreed KPIs to scrutinise their impact in terms of quality. Going forward this will act to improve the robustness of the CIP framework.
- ✓ **Smoke Free Report Q3 2018/19** - Assurance on the smoke free arrangements in place. The Committee members agreed that they could not declare this action closed as on-going work is required to challenge patients smoking behaviours, it is the responsibility of all staff to champion 'Smoke Free'.
- ✓ **Quality Committee Mid-Year Review of Effectiveness including Sub-Committee Proposal and Committee Terms of Reference** - Returns completed and this will be addressed through a separate meeting in February 2019.
- ✓ **Infection Control Report Q3, 2018/19** - Overview of the IPC activities, highlighting achievements and progress against annual work programme priorities. Of note was influenza vaccination campaign which achieved the 75% CQUIN targets just 12 weeks into the campaign. This extends the great performance also achieved in the 2017/18 campaign.
- ✓ **Medicines Management Update** – To provide the committee with a summary of activities occurring within the Trust to ensure safe medicines management practices are followed in order to deliver high quality care of patients. Of note were improvements to address medicines management issues raised by the CQC during their previous inspections, workforce development, collaborative work with the Physical Health Team and work to improve pharmacy input into the community teams.
- ✓ **Quality Account Project Plan 2018/19** – The committee received the project plan and given assurance that work in respect of the Quality Account will be on schedule and completed by June 2019.
- ✓ **Modernising the Mental Health Act** – Provides information to the committee in respect of the landmark review of the Mental Health Act
- ✓ **Quality Improvement Strategy** – Provides a summary of the Trust's Quality Improvement approach. The next steps for the plan are for the roll out of training to teams and embedding the Quality Improvement methodology throughout the Trust.
- ✓ **Clinical Effectiveness report** – Provides a summary and outputs from;
 - Clinical effectiveness Group (CEG) including Clinical Audit, CQUINs, NICE and Physical Health
 - Clinical Records and Systems Design Group
 - Medicines Optimisation
 - Mental Health Law Governance Group
 - Research and Development Steering Group
- ✓ **Directorate Clinical Dashboard / Balance Scorecards** - These reports will be discussed in detail at Performance meetings. The Clinical Leads presented the areas of good practice highlighted and areas of continued improvement noted. It was noted that the Consent form had been changed within Lorenzo

and further training was required. Further work is being undertaken to improve staff compliance with recording Consent.

✓ **Terms of Reference – Clinical Effectiveness group** - Approved.

3b Policy report – the recommendations supported by the Committee for ratification of policies by the Trust Board for 3 years, or otherwise stated as follows:

The following policies were all approved for 3 years;

- 5.11 Security Policy
- 5.39 CCTV Policy
- 5.44a Oxygen therapy SOP part of 5.40 Medical Gases policy
- 1.24a Sub cutaneous Hydration (part of 1.24 Nutrition and Hydration)
- 1.04 Complimentary Therapies
- 1.55 Policy and Procedure for Advanced Statements and Advanced Decision to refuse treatment
- 4.20 Volunteer policy
- 4.40 Being open incorporating duty of candour
- 5.04 Safer Manual Handling policy
- 1.78a End of Life care and care of the deceased standard operating procedure
- 1.62 Physical Health policy v 11
- 5.37 Pinpoint policy
- NHS choice – Standard Operating policy
- 4.36 External visits policy
- 1.78 Palliative Care SOP

3. **Trust Risks to Quality Committee**



There are currently 10 Trust risks for Quality Committee. Committee members considered these risks in detail and how they interrelate to Directorate risks. Risk treatment plans and actions being taken were noted in order to provide the committee with the required assurance.

5. **Next meeting: 7 March 2019**

On behalf of the Committee Chair, Mr Patrick Sullivan, Non-Executive Director
Sandra Storey Associate Director Medical and Clinical Effectiveness
17 January 2018