

MEETING OF THE TRUST BOARD

**TO BE HELD IN PUBLIC ON THURSDAY 24 APRIL 2014,
10:00AM, BOARDROOM, 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.	DECLARATION OF INTEREST RELATING TO AGENDA ITEMS	Note
3.	DECLARATIONS OF INTERESTS RELATING TO ANY OTHER BUSINESS	Note
4.	MINUTES OF THE OPEN AGENDA – 27 MARCH 2014 <i>To APPROVE the minutes of the meeting held on 27 March 2014</i>	Approve Enclosure 4
5.	ACTION MONITORING SCHEDULE & MATTERS ARISING FROM THE MINUTES <i>To CONSIDER any matters arising from the minutes</i>	Note Enclosure 5
6.	CHAIR'S REPORT <i>To RECEIVE a verbal report from the Chair</i>	Note
7.	CHIEF EXECUTIVE'S REPORT <i>To RECEIVE a report from the Acting Chief Executive</i>	Note Enclosure 7
TO DELIVER HIGH QUALITY PERSON CENTRED MODELS OF CARE (Strategic Goal)		
8.	SPOTLIGHT ON EXCELLENCE <i>To PRESENT the Spotlight on Excellence Team and Individual Awards to staff To be introduced by the Chief Executive and presented by the Chair</i>	Verbal
9.	PRESENTATION FROM THE TEAM SUPPORTING CHILDREN WITH COMPLEX NEEDS TEAM <i>To RECEIVE a presentation from the CAMHS Disability Team supporting children with complex needs from Mr. Matthew Johnson, Consultant Clinical Psychologist</i>	Verbal
10.	QUALITY COMMITTEE REPORT <i>To RECEIVE an update from Mr. P. Sullivan Chair of the Quality Committee from the meeting held on 15 April 2014</i>	Assurance Enclosure 10

TO BE ONE OF THE MOST EFFICIENT PROVIDERS (Strategic Goal)		
11.	FINANCE REPORT – Month 12 (2014/15) <i>To RECEIVE the month 12 financial position from Mr. K Lappin, Director of Finance</i>	Assurance Enclosure 11
12.	ASSURANCE REPORT FROM THE FINANCE & ACTIVITY COMMITTEE CHAIR <i>To RECEIVE the Finance & Activity Committee Assurance report from the Chair, Mr. T Gadsby from the meeting held on 17 April 2014</i>	Assurance Enclosure 12
13.	PERFORMANCE AND QUALITY MANAGEMENT FRAMEWORK REPORT (PQMF) – Month 12 <i>To RECEIVE the month 12 Performance Report from Mr. K Lappin, Director of Finance</i>	Assurance Enclosure 13
14.	AUDIT COMMITTEE REPORT <i>To RECEIVE the Audit Committee report from the meeting held on 10 April 2014 from the Acting Chair of the Audit Committee, Mrs. B Johnson</i>	Assurance Enclosure 14
15.	SELF CERTIFICATIONS FOR THE NHS TRUST DEVELOPMENT AGENCY <i>To APPROVE the Self Certifications for the TDA from Mr. K Lappin, Director of Finance</i>	Assurance Enclosure 15
16.	RISK MANAGEMENT COMMITTEE <i>To RECEIVE the Risk Management Committee report from the meeting held on the 9 April 2014 from the Chair of the Committee, Mrs. B Johnson</i>	Assurance Enclosure 16
TO BE A DYNAMIC ORGANISATION DRIVEN BY INNOVATION (Strategic Goal)		
17.	PEOPLE AND CULTURE DEVELOPMENT COMMITTEE REPORT <i>To RECEIVE the People and Culture Development Committee report from the meeting held on the 14 April 2014 from Mr. P. O'Hagan, Committee Chair</i>	Assurance Enclosure 17
18.	REPORT ON THE IMPLEMENTATION OF THE TRUST'S NEW SAFEGUARDING REPORTING SYSTEM <i>To RECEIVE a report on the implementation of the new Safeguarding System from Mr. P Draycott, Acting Director of Leadership and Workforce</i>	Assurance Enclosure 18
19.	To DISCUSS any Other Business	
QUESTIONS FROM MEMBERS OF THE PUBLIC		
20.	<i>To ANSWER questions from the public on items listed on the agenda</i>	
DATE AND TIME OF THE NEXT MEETING		

21.	<i>The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday 05 June 2014 at 10:00am.</i>	
22.	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

A meeting of the North Staffordshire Combined Healthcare NHS Trust will take place in private at 1:00pm, in the Boardroom, Trust Headquarters.

	DECLARATIONS OF INTEREST	Note
	DECLARATIONS OF ANY OTHER BUSINESS	Note
	SERIOUS INCIDENTS AND FOLLOW UP INCIDENT REPORT	Assurance
	TENDER UPDATES AND OUTPUTS FROM FINANCE & ACTIVITY COMMITTEE	Note
	ANNUAL OBJECTIVES	Assurance
	OUTPUTS FROM QUALITY SURVEILLANCE GROUP MEETING	Note
	LOCAL AWARDS COMMITTEE REPORT	Note

TRUST BOARD

**Minutes of the open section of the North Staffordshire Combined Healthcare NHS Trust Board meeting held on Thursday, 27 March 2014
At 10:00am in the Boardroom, Trust Headquarters, Bellringer Road, Trentham, Stoke on Trent, ST4 8HH**

Present:

Chairman: Mr K Jarrold
Chairman

Directors:

Mr T Gadsby
Non-Executive Director

Mrs C Donovan
Acting Chief Executive

Mr P' O'Hagan
Vice Chair

Dr K Tattum
GP Associate Director

Dr D Okolo
Acting Medical Director

Mr K Lappin
Director of Finance

Mr A Rogers
Director of Operations

Mr P Sullivan
Non-Executive Director

Ms B Johnson
Non-Executive Director

Dr B Adeyemo
Medical Director – observing

In attendance:

Mrs S Storey
Trust Secretary / Head of Corporate and Legal Affairs

Mrs K Walker
Secretariat Manager

Mrs A Roberts
Head of Communication/ Engagement

Mr P Draycott
Associate Director of Training/ OD

Team Spotlight:
Dr P Arshad
Ms J Shenton
Mr I Mountford

Individual Spotlight:
Mr S Profitt
Mr S Wilson

Ms J Harvey
Staff Side Representative

Ms R Elliott
Health-watch

Mr J Gould
Health-watch

Ms M Knight
West End Retirement Village

Ms K Shipley
Urgo Medical

The meeting commenced at 10:00am.

76/2014	Apologies for Absence	Action
	Apologies were received from Roger Carder – Non Executive Director, Karen Wilson – Director of Nursing & Quality and Dr D Sheppard – GP Associate Director.	

	The Chair welcomed all attendees to the meeting.	
77/2014	Declaration of Interest relating to agenda items	
	There were no declaration of interest	
78/2014	Declarations of interest relating to any other business	
	There were no declarations of any other business	
79/2014	Minutes of the Open Agenda – 27 February 2014	
	The minutes of the open agenda of the meeting held on 27 February 2014 were approved as a correct record	
80/2014	Matters arising	
	<p>The Board reviewed the action monitoring schedule and agreed the following:-</p> <ul style="list-style-type: none"> • 264/13 (a) – Performance report, re-admissions. Mr Rogers reported that this action has been completed and can be removed. • 264/13 (b) – Board to review and drill down on the performance information on a quarterly basis. This action is ongoing and can be removed. • 391/13 (a) – Government response to Francis. This is on today's agenda, completed can be removed. • 391/13 (b) – Meeting with UHNS to discuss integrated care. Mr Rogers reported there are 2 streams of work. The Business Manager for the Adult Division has written a paper and this will be submitted for review by the Executive Team on 1 April 2014. • 55/2014 – Formal meeting of Transaction Project Board. Mr Lappin reported that the 	

	TDA have agreed that an e meeting can take place to formally pause the transaction process.	
81/2014	Chair's report	
	<p>The Chair began with a quotation from Shakespeare – “ There is a tide in the affairs of men which taken at the flood leads on to fortune...on such a full sea are we now afloat and we must take the current when it serves”.</p> <p>The Chair said that this is one such moment for the Trust. Of course the Trust needs to continue to serve service users and carers and to support front line staff. That will always come first. Of course the Trust must be aware of the challenges – quality, financial pressures, staffing pressures, cost improvements, and potential redundancy costs associated with Chebsey. The Trust is not alone. Chris Hopson of the Foundation Trust Network has said recently that “with the publication of the Government’s mental health action plan, the far reaching implications of the growing funding gap for mental health services and the spotlight firmly on parity of esteem between mental health and acute services, ..the stakes for mental health providers could not be higher”.</p> <p>However the Trust must also raise its eyes to the changing landscape and see the opportunities it presents. There are two major changes swirling round the Trust. The first is the apparent collapse of the policy that all NHS Trusts should become Foundation Trusts. Even allowing for the fact that he is leaving it was startling to hear Sir David Nicholson say that the government’s policy on providers “that somehow everyone is going to become a foundation trust” was in fact “not a policy at all because it can’t be implemented”. Even more interesting was the response from the Trust Development Authority which simply said that the priority for all trusts is to deliver high quality, sustainable services and made no attempt to rebut Sir David’s comments.</p> <p>The second major change is the growing theme of integration. – integration of physical and mental health services and integration of health and social care services. Indeed the whole relationship between health and social care is being redefined by the Better Care Fund, Personal Budgets and other initiatives.</p> <p>The Trust needs to be part of these changes to see what they mean for the people the Trust serves, for front line staff, and for Trust HQ. The Trust needs to play its full part in these changes earning a reputation as an active and trusted partner. The Trust will only be in a position to play its full part if the Trust is performing well and if the Trust delivers. That is why The Chair warmly welcomes, with no sense of complacency, the performance reports that are being received today and the latest publication by the TDA of the escalation scores –</p>	

	Enclosure 17 on today's agenda. The Trust is now in category 2 – only 14 Trusts are in a better category , 55 Trusts are in a worse category, and 29 share the same category including the Partnership Trust. This is a good place to be. A good place from which to be serving the front line staff who serve the service users and carers. A good place from which to play our part in the “tide in the affairs of men” This is our moment.	
	Received	
82/2014	Chief Executive's Report	
	<p>The Acting Chief Executive updated the Board on activities since the last meeting.</p> <p>The key highlights from the report are:-</p> <p>1. Substance Misuse Services</p> <p>The Trusts substance misuse service is delighted to have been successful in recent tendering for services in Staffordshire. A partnership - known as 'One Recovery' - has been formed with ADS, ADSIS, Changes, Brighter Futures and ARCH. From the start of July, the partnership will be delivering community alcohol and drug services across the whole of Staffordshire (excluding Stoke-on-Trent which is a separate authority).</p> <p>The partnership provides an opportunity to work in truly integrated ways and see improved outcomes for those using services. The roll out of the service will see the partnership liaise with a range of other services, including other NSCHT teams</p> <p>2. Secretary of State for Health Message shared with Staff</p> <p>One year on from Francis, the Secretary of State for Health (SoSfH) released a message to all NHS staff on the important changes to support staff so they can raise concerns about patient care and safety.</p> <p>National changes which underpin this commitment include:</p> <ul style="list-style-type: none"> • all NHS employment contracts include the right to raise concerns about care • the NHS Constitution has been amended to strengthen the commitment to supporting staff who do so. • a national helpline has been set up - independent from employers and the Department of Health and completely confidential - to provide advice to anyone in health or social care who wants to raise a concern. The number is 08000 724 725. • a new duty of candour is being introduced, so that when 	

	<p>things go wrong, organisations have a duty to admit mistakes and tell patients what has happened. The professional regulators will be working together to include a new consistent professional duty of candour in codes of conduct.</p> <p>3. Mental Health Act Select Committee</p> <p>A House of Lords select committee has published a report on the use of the Mental Capacity Act.</p> <p>The committee was set up in May 2013 and has held an inquiry over the course of the last ten months. In its report, the committee says it found that the Act was not being implemented properly. In particular it found: -</p> <ul style="list-style-type: none"> • Capacity is not always assumed when it should be – the Act is very clear that in every case the starting point should be an assumption that a person does have the capacity to make a decision. • Capacity assessments are not always carried out and when they are they aren't always done properly. • Professionals are sometimes unwilling to let people make decisions they think are unwise, and may use the Act to remove a person's right to make that decision. • Decisions are sometimes based on clinical judgments and the resources available, rather than on the wishes of the person concerned. • Deprivation of Liberty Safeguards, which are there to make sure that a person's rights are respected when, for example, they are prevented from freely leaving a care home (because it isn't considered safe for them to do so), are not always being used, or are not being used appropriately. <p>The committee has made two main recommendations. The first is that an independent body is given responsibility for monitoring the use of the Act and for raising awareness and understanding of it by professionals. This will help make sure that the Act is used properly and more widely.</p> <p>The committee is also recommending Deprivation of Liberty Safeguards are scrapped and replaced with an alternative that is easier to understand and implement.</p> <p>The Trust will consider these recommendations in the Mental Health Law Governance Group.</p> <p>4. Staff Survey</p> <p>Overall the Trust has maintained its performance, however when benchmarked against other Trusts there have been some small improvements and areas of deterioration. There is</p>	
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	<p>a fuller report on the survey results and key actions later on the agenda.</p> <p>5. Aston Team Development Programme</p> <p>One of the initiatives which will have a positive impact on staff engagement is the Team Leader Programme. The programme is evidence based and responds to the challenging NHS environment with an emphasis on developing even more effective teams in order to deliver objectives, share good practice and enhance cross team and cross organisational working.</p> <p>To support the Programme, the April Plenary session will include a presentation from Professor Michael West. Michael is an inspirational speaker and is able to breathe life into the research findings about effective team working, using examples that are relevant to us all.</p> <p>Michael's research and team development model is the foundation of the Aston Team Development programme which is being rolled out to all team leaders across Combined Healthcare over the next few months and will form the basis of one of the CQUINS for 2014/5.</p> <p><i>Dr Tattum commented that he welcomes the Mental Health Select Committee recommendations in relation to the independent body and the replacement of the Deprivation of Liberty Safeguards. As a GP he deals with this and awareness needs to be raised with regard to the mental health act. As a Trust this should be an objective for all staff.</i></p> <p>The Chair responded that this is very important, this will need to be done carefully and thoughtfully. The way Mental Health Trusts deal with the Mental Health Act is an important indication of their health as organisations..</p> <p><i>Dr Tattum reported that in his experience there is varying ability from professional to professional.</i></p> <p><i>Mr Gadsby commented that government funding has been removed for patients to be represented by a Solicitor at Manager's Hearing panel's which is a significant point to bear in mind.</i></p> <p>The Chair stated that in relation to the Aston Team Leaders the heart of the work is how people are managed and led. . As a Trust we need to think about the potential of our staff and how this can be released. This is central to what we do.</p>	
	Received	

83/2014	Spotlight on Excellence Awards	
	<p>The Chair presented the individual and team spotlight awards to: -</p> <p><u>Individual Spotlight Award – Steve Proffitt, Support, Time and Recovery Worker, Early Intervention Team, Psychosis Recovery Service Line</u></p> <p>Steve is an STR worker who joined the team in June 2010. This is a crucial role for the service that supports service users in their recovery journeys. The role is specifically there to work with the areas the service user identifies that will help their recovery and is often focused on social inclusion, confidence and trust.</p> <p>Steve is a gentleman that embodies the service's recovery values; he meets people where they are in their lives, often vulnerable and isolated and works to develop a trusting, therapeutic relationship. This is a skill not to be underestimated it takes great warmth, dedication and belief to build trusting relationships with young people who are going through a psychotic episode. Steve epitomises this skill and is someone who respects and validates the people he works with and aims to instil hope, improving people's opportunities and aspirations.</p> <p>Steve is a valued member of the team; his genuine approach brings warmth and often laughter with a well observed quip. He has strong values that shine through to his colleagues and clients, which demonstrate a natural interest in those around him and a desire to champion an individual's citizenship at their most vulnerable.</p> <p>Steve plays an active role in the groups delivered through the Early Intervention team and has a strong sense of competition and fun that brings out the best in those who attend.</p> <p>Steve characterises the trust values, he is honest and open, often exceeding expectations with the service users and staff he works with. The Trust value he best embodies is 'valuing people as individuals' due to his integrity and genuine belief or desire to offer them the best opportunities to hit their potential.</p> <p><u>Team Spotlight Award and Presentation</u> <u>Chebsey Close Specialist Rehabilitation Team, Learning Disabilities Service Line</u></p> <p>This month's team spotlight Award and presentation is from the Learning Disabilities Service Line, for Chebsey Close Specialist Rehabilitation Team, who have been nominated for</p>	

	<p>the Spotlight award in recognition of the significant positive change which has been achieved over the last year.</p> <p>The team provides longer term rehabilitation for individuals with highly complex multiple needs who also present with behaviour which challenges. They provide individually tailored interventions to address psychological, behavioural and communication difficulties specifically associated with the Autistic Spectrum Disorder to maximise an individual's quality of life and provide coping strategies and skills to support discharge to community placements.</p> <p>Over the years Chebsey Close has been a team faced with extreme challenges and the service is due to close in June 2014, however at the centre of this is a team who care passionately about the clients and have gone that extra mile to ensure high quality care is provided.</p>	
	<i>Received</i>	
84/2014	Clinical presentation from the Chebsey Rehabilitation Team	
	<p>The Board received a presentation on the work of the Chebsey Rehabilitation Team and also a patient story.</p> <p>The Chair reported that he visited Chebsey recently and people do not know how challenging looking after these patients can be. The service is due to close in June 2014, staff have had to resettle 17 patients, 10 of these patients have been successfully resettled so far. Following the second CQC visit, the unit is now fully compliant with CQC standards.</p> <p>Ms Harvey commented that this group of service users are both the most challenging and the most vulnerable. The staff have close relationships with the service users, there are always risks with the challenging patients but the staff have done a fantastic job here.</p> <p>Mr Sullivan stated that the first part of the presentation really demonstrated the changes. He was really impressed with the patient story and the degree of complexity when agreeing the transition process for the service user. The issues in relation to management have been achieved in a difficult environment. The team should be commended.</p> <p>Mrs Donovan thanked the team for their presentation and for the excellent work they have done in improving the service in such uncertain circumstances and concurred with the comments so far. She asked what is the learning across the</p>	

	<p>Trust from this, particularly in terms of engaging support workers in decisions about service users and the positive impact this has had for LD. It would be helpful if the service could think about how this practice could be spread and integrated into the HCSW development programme</p> <p>Ms Shenton responded that the team meetings were re-designed to include the staff who deliver the care to the patients. The meetings included family members and social workers.</p> <p>Mr O'Hagan commented on the remarkable journey and the leadership, the best leaders are those at the point of delivery. The challenge from the Board is, can we have more of this please.</p> <p>The Chair thanked the team for their excellent presentation and stated that the patient story demonstrated that the change in the management of the patient reduced the number of violent incidents and a change in the behaviour of the patient. This reminds us that capacity may be there even though we cannot see it.</p>	
	<i>Received</i>	
85/2014	Summary of the Quality Committee meeting held on 18 March 2014	
	<p>Mr Sullivan, Non-Executive Director, provided the Board with a summary report from the meeting held on 18 March 2014 and reported that the committee received assurance in a number of areas.</p> <p>Policies: - The committee received the policy report and recommended ratification by the Trust Board for a period of 3 years, unless otherwise stated:-</p> <ul style="list-style-type: none"> • Interpretation and Translation Policy – extend for 6 months • Policy on the use and reduction of restrictive interventions R1 • Guidelines for the use of restrictive physical holdings for invasive / investigative procedures R3 • Personal Protective Equipment • Policy and guidance on Registration Authority <p>Coroner learning lessons event The committee noted that over 110 staff attended the event with the Coroner on the 19 February 2014. Feedback was that</p>	

	<p>the majority of serious incidents or deaths were not in contact with mental health services. There are new rules regarding jury inquests for detained patients where they are treated as death in custody.</p> <p>Risks The committee discussed the ongoing problems with the pipes leaking in the roof at Harplands Hospital and the actions being taken by Carillion to address this. As the problem is currently ongoing this has been escalated for further discussion by the Board.</p> <p>Quality Impact Assessment of Cost Improvement Programmes (CIP) The committee received an overview of the quality impact assessment (QIA) that had been undertaken against the current CIP schemes for 2014/15. The committee can provide the Trust Board with assurance about the robustness of the process and that any cost savings do not adversely impact on the quality of services.</p> <p>Complaints Review The committee received a report on the planned changes that need to be made to support the Trust's position in responding to the Clwyd/Hart review into the NHS complaints process which was undertaken in 2013. It was noted that the Trust's auditors have also undertaken an audit on compliance with the complaints process and recommendations for improvement have been included in the plan. The committee supported the proposals outlined in respect to this important piece of work.</p> <p>Prone Restraint The committee received a report which covers the first 3 quarters of the year and evidences that the use of prone restraint within the Trust has decreased. While some restraint will be appropriate, the committee were assured from the report findings that this demonstrates that there is close monitoring in place which will be reviewed on a quarterly basis by the committee.</p> <p>Eliminating Mixed Sex Accommodation – annual declaration of compliance Committee members received a detailed report and proposed declaration of compliance was reviewed and approved by the committee. It is recommended to the Board that this compliance statement should be externally displayed on the Trust's website as statutorily required from the 1 April 2014.</p> <p>The Chair commented on the following items:-</p>	
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	<ul style="list-style-type: none"> • The importance of the Coroner event and the importance of ongoing support and thanked Mrs Storey for the strong relationship which has been built up with the coroner over the years. • The leaking pipes issue will be discussed in detail at the Risk Management Committee on 9 April. • The Board can be assured of the process for Quality Impact assessment of the cost improvement programme. • In relation to the Children's division, there is a lot of work being done here. A presentation will be given to the Board in due course on this. • Complaints, there is a way to go here. Mrs Storey is supporting the staff in relation to this. • PALS report, the Trust needs to get better at linking feedback from service users. North Staffs Users Group have a monthly newsletter – the Voice. In the newsletter there is a list of concerns. The Trust needs to think about this together with other sources of information. It was agreed that this will be addressed and brought back in due course. 	Executive Team
	<i>Received/ approved</i>	
86/2014	Francis, Keogh, Berwick, Cavendish and Clwyd Recommendation Implementation	
	<p>Mrs Donovan presented the above report which has been developed to outline the work undertaken to bring together the various reports against current activities within the Trust. Mr Draycott has done a good job in getting the work to this point.</p> <p>Mr Draycott reported that whilst there are 14 pages of ongoing actions, one of the key priorities was to distill the recommendations into themes to help us embed the principles. Into our Organisational Development approach the report has been discussed at both Quality Committee and People & Culture Development Committee. The key themes have been extracted and this is detailed at appendix 2.</p>	

	<p>Ms Harvey stated that the Trust is pulling this work together better than other Trusts. Unison has developed some training which is due to be piloted called 'Be safe training'. There is a presentation which can be delivered to a future Board.</p> <p>Mr Sullivan reported that the comments are helpful. One of the difficulties is being bogged down in the detail. Underpinning this is how we focus on what the key principles are. There is a danger that we lose sight of the key principles.</p> <p>Mr O'Hagan informed the Board that the report was well received at the People & Culture Development Committee. The committee requested that an additional column is added to include what will it look like if we are getting it right and how will be know when we are there.</p> <p>The Chair endorsed what has been said and that the next stage is delivery. It was agreed that the Board will send comments on appendix 1 to Mr Draycott.</p>	Caroline Donovan
	<i>Received/ approved</i>	
87/2014	Financial Performance – Month 11	
	<p>Mr Lappin, Director of Finance, presented this report and highlighted the headline performance and noted that there are 4 days until the end of this financial year. The Trust will balance the books at year end.</p> <p>Headline performance is:</p> <ul style="list-style-type: none"> • A retained deficit of £0.436m, giving a favourable variance against plan of £70k • A year-end forecast that shows a breakeven position against the submitted plan (adjusted financial performance deficit of breakeven and a retained deficit of £0.422m) • A year to date Financial Risk Rating (FRR) of 2, with a year-end forecast rating of 2 • CIP plans in place for the target of £3.5m, with additional schemes under development • Capital expenditure of £0.15m to date and a revised forecast expenditure of £0.26m against the amended limit of £1.64m • A cash balance of £5.9m at the end of February 2014 	

	The Chair commented that the Trust is in a good position overall.	
	<i>Received</i>	
88/2014	Opening Budgets 2014/15	
	<p>Mr Lappin, Director of Finance, presented the opening revenue budget and a progress report on the capital programme for 2014/15. This report has been discussed at the Finance & Activity Committee and takes account of inflation and CIP.</p> <p>The budget includes an increase of 1% for the anticipated National Pay Award. It was noted that the initial award does not apply to enhancements or superannuation and is not consolidated into base pay.</p> <p>Ms Harvey stated that the pay award has been agreed by the independent pay review, there is a meeting next week regarding pay awards, the pay awards for staff are not a done deal.</p> <p>Mr Rogers commented on the capital programme and that a number of proposals did not come to fruition within year. What we need to do is to scope what the Harplands site will look like in 5 years-time through the Estates Strategy and planning for the long term in relation to the Trust's IT requirements.</p>	
	<i>Approved</i>	
	Mr Gould and Ms Elliot (Health-watch) left the meeting at this point 11:40am.	
89/2014	Assurance Report - Finance and Activity Committee Report – 20 March 2014	
	<p>Mr Gadsby, Non-Executive Director, presented the Finance and Activity Committee assurance report to the Board from the meeting held on 20 March 2014.</p> <p>The capital expenditure for the year at 28 February is £0.1m which is an under spend against the profiled capital expenditure shown in the Plan submitted to the NTDA. It was noted that the current financial regime allows the Trust to underspend against its CRL, but not to overspend. The committee however recognised that lack of clarity in</p>	

	<p>commissioner intentions together with uncertainty on the Trusts future were a significant factor in capital developments not proceeding to plan within the year, resulting in the capital underspend.</p> <p>The Committee discussed some of the issues linked to the Chebsey closure, forecast timescale and the continued efforts relating to redeployment and the mitigation of redundancy costs and requested further updates on timing and financial implications as appropriate.</p> <p>The 1% pay award has been allocated but the budgets have not been increased to reflect the incremental drift on pay rates as yet.</p>	
	<i>Received</i>	
90/2014	Performance Report – Month 11 2013/14	
	<p>Mr Lappin, Director of Finance, presented this report which provides the Board with a summary of performance to the end of Month 11.</p> <p>Of the 133 metrics which the Trust has in place to monitor performance, quality and outcomes there are no areas reporting as red (significantly under-performing) and 3 assessed as amber (under-performing).</p> <p>The Chair stated that he takes great satisfaction from this report.</p> <p><i>Mr Gadsby commented on page 4 of the report, KPI 07.3 Delivery of the Trusts Capital Programme, which is assessed as amber. The Trust has significantly underspent on the capital programme for 2013/14, should this be assessed as red?</i></p> <p>Mr Lappin responded that the metric Trusts are assessed against is not over-spending on the capital programme, the Trust has therefore met its target of not over-spending. This issue has been discussed by the Executive Team and agreed to be assessed as amber.</p> <p>Dr Tattum stated that there is an error page 5 of the report, section 4 regarding the Trusts governance risk rating. The Trust is assessed as emerging concerns or minor concerns – the colour should be amber-green but on the report it is green.</p>	

	<p>Mr Lappin noted the error in the report and confirmed that the NDTA escalation rating is 2 and the Monitor governance risk rating is green. The TDA rating is amber-green.</p> <p>Mr Rogers reported that contracts have been signed with commissioners but at the present time no metrics have been agreed.</p>	
	Received	
91/2014	Audit Committee Report	
	<p>Mrs Johnson, Non-Executive Director presented the Audit Committee assurance report to the Board from the meeting held on 13 March 2014.</p> <p>2013/14 Quality Account – Project Plan The committee received the project plan for the management of the 2013/14 Quality Account. It was noted that the plan had also been presented and approved by the Quality Committee at its meeting on the 18 February 2014. Members noted the report and gave assurance that the process was being robustly managed in order to ensure a document of high standard is developed i to meet the publication deadline of the 30 June 2014.</p> <p>Principal Risk Register Assurance Report The purpose of the report is to provide information and assurance to the committee that there is a robust risk management process in place to manage the Trust's Principal Risk Register.</p> <p>Risk Management Strategy and Policy Assurance Report The report provided an overview of the changes to the Risk Management Strategy and Policy since the last update to the committee.</p> <p>Progress Report – Audit Recommendations It was noted that since the last report to committee, 4 audit reports had been finalised and 4 new recommendations had been received. 22 recommendations in total have been implemented; internal audit reports detailing all recommendations are issued to committee members as each review is finalised.</p>	

	<p>Baker Tilly Strategy for Internal Audit 2012/13 – 2014/15 including Annual Plan for 2014/15</p> <p>The purpose of the report is to provide the Trust with a Strategy for Internal Audit based upon the auditors understanding of the risk profile and where assurances are required.</p> <p>Internal Audit Progress Report</p> <p>Since the last meeting of the committee, four audits have been finalised:</p> <ul style="list-style-type: none"> ▪ <i>CQC Compliance Monitoring Review</i> (Green opinion – no recommendations) ▪ <i>Management and Use of the Assurance Framework incorporating an Assurance Stocktake</i> (Green – no recommendations and was found to be adequate to support the Trust's Annual Governance Statement) ▪ <i>IT Key Financial Systems</i> (Amber-Green, 2 medium and 1 low recommendation) ▪ <i>Information Governance Toolkit</i> (Opinion – some assurance, 9 low recommendations). <p>The committee noted the reports and in particular the work that had been undertaken to achieve positive outcomes particularly around the Assurance Framework and the CQC Compliance and Monitoring Review, which puts the Trust in a good position for its Annual Governance Statement (formerly Statement on Internal Control).</p> <p>Baker Tilly Fraud Solutions Annual Work-Plan 2014/15</p> <p>It was noted that the Work-Plan had been devised by the Local Counter Fraud Team based on ensuring compliance with NHS Protect's requirements, assessment of risk and allowance for proactive and reactive work.</p> <p>Cost Improvement Plan (CIP)</p> <p>Following on from the discussion in respect to the 2 year operating plan, the committee discussed the processes and procedures in place to give assurance to the committee around the management of CIP schemes.</p>	
	Received	
92/2014	NHS Trust Development Authority	
	Mr Lappin, Director of Finance, presented for approval the monthly NDTA self certification document which declared compliance with all requirements.	
	Approved	

93/2014	NHS Trust Development Agency – Report on Provider Performance	
	<p>Mr Lappin, Director of Finance presented the report on performance from the NTDA and asked the Board to note the contents of the report. The Trusts performance has improved from category 3 to category 2 (which is the second lowest out of the 5 categories with 1 being best performance).</p> <p>Overall, the report shows:-</p> <ul style="list-style-type: none"> • That there have been no EMSA breaches. • The NHS is meeting cancer standards as a whole. • Healthcare infections have fallen. <p>The Chair commented that the Trust is where it needs to be, category 2 is fine, we do not want to be in categories 3, 4 or 5.</p>	
	<i>Received</i>	
94/2014	People and Culture Development	
	<p>Peter O'Hagan, Non-Executive Director, presented the summary reports from the People and Culture Development Committee meetings which took place on 17 March 2014.</p> <p>Service User Equality Monitoring report The committee received a very well presented report on Equality Act requirements and the Trust's Equality and Monitoring Analysis for 2012/13 and agreed with the need to support equality of access, participation, treatment and outcomes for all service users. The proposed next steps in the report were agreed by the committee which will include an annual review of the Trust's equality objectives, a data cleanse of workforce information and to repeat the equality monitoring on an annual basis.</p> <p>Communications, Membership and Engagement update The committee received a detailed report on the communications, membership and engagement projects in place across the Trust from September 2013 to March 2014 which recognised the positive work that the Communications team were co-ordinating, he also referred to the further developments including more proactive stakeholder management, innovative ways of engaging staff including team brief.</p>	

	<p>The committee welcomed Mr Patrick Sullivan, newly appointed Non-Executive Director and Chair of the Trust's Quality Committee as a member to his first meeting.</p> <p>Learning and Development Policy The Learning and Development Policy has been completely re-written to reflect up to date practice. The committee recommended approval of this important policy by the Trust Board.</p>	
	<i>Received</i>	
95/2014	Staff Survey Results	
	<p>Mr Draycott, , presented the key findings from the Staff Survey 2013 and drew the Boards attention to page of the report, section 5 – our top and bottom ranking key factors (compared to other Mental Health Trusts).</p> <p>After reviewing the results, there is recognition of the need to improve on effective team working and staff engagement. The Healthcare Support Workers programme should help to address this group of staff.</p> <p>Overall, the results are disappointing but the Board@ support is needed to take actions forward.</p> <p>Mrs Donovan commented that it is accepted that the culture needs to change and this needs to be led from the Board and Executive Directors in modelling appropriate behaviours. There are 4 key programmes that we anticipate will have a positive impact:-</p> <ul style="list-style-type: none"> • Michael West Aston team leadership programme • Listening into Action Programme • Healthcare Support Workers Programme • Organisational Improvement Model (Francis et al) <p>Ms Harvey stated that Trusts can be blinded by the benchmarking information. Better team meetings where staff can contribute should help to tackle some of the issues.</p> <p>The Healthcare Support Worker programme can help to raise this staff group, this staff group needs to be raised. If we do what we do right the results should reflect this.</p> <p>Dr Adeyemo commented that in her opinion the Trust needs to develop its leaders.</p>	

	<p>Mr Sullivan reported that the collation of the information is statistical. What is key is how people take ownership at team level. It is important for staff to take ownership at team level.</p> <p>Mr Gadsby drew attention to the fact that on page 2 of the report, response rates and the community teams were discussed and asked if there is a disconnect between what we think and what the teams are feeling.</p> <p>Also, in terms of CIP and the level of administrative support in divisions, should there be increased admin support to community teams so that they can deliver patient care.</p> <p>Dr Okolo responded that this relates to clinical systems to aid clinical practice..</p> <p>The Chair commented that it may be useful to have 360 degree feedback going forward and that he has recently completed one.</p> <p>The Chair requested that the Executive team consider the following issues:-</p> <ol style="list-style-type: none"> 1). A way in which the work of the Healthcare Support Worker staff can be highlighted and celebrated. 2). Simplification of management structure Teams need to be empowered. 3). Comments from the Plenary in relation to the Sickness Policy. 4). Clinical Co-ordinators review, concerns about the effectiveness of this review. 5). Issues have been raised regarding the Corporate HQ reception and the design of the reception area. <p>Ms Harvey commented that staff need to be engaged from the the beginning.</p>	
	<i>Received</i>	
96/2014	Questions from the public	
	There were no questions .	
97/2014	Any other business	
	There was no other business to be discussed.	
98/2014	Date and time of next meeting	
	The next public meeting of the North Staffordshire Combined	

	Healthcare Trust Board will be held on Thursday, 24 April 2014, at 10:00am, in the Boardroom, Trust HQ.	
99/2014	* Motion to Exclude the Public	
	The Board approved a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted.	

The meeting closed at 12:47pm.

Signed: _____

Date_____

Chairman

Board Action Monitoring Schedule (Open Section)

Trust Board - Action monitoring schedule (Open)					
<u>Meeting Date</u>	<u>Minute No</u>	<u>Action Description</u>	<u>Responsible Officer</u>	<u>Target Date</u>	<u>Progress / Comment</u>
28-Nov-13	391/13 (b)	Meeting with UHNS to discuss integrated care, Board to be kept up to date on the discussions being taken forward in relation to this.	Mrs Donovan/Mr Rogers	on-going	Mr Rogers reported there are 2 streams of work. The Business Manager for the Adult Division has written a paper and this will be submitted for review by the Executive Team on 1 April 2014. Verbal update at next board meeting
30-Jan-14	22/2014	Improving Workforce Safety report - a report on the implementation of the new Incident Reporting system will be submitted to the Board 3 months once the roll out has been completed	Mrs Donovan	05/06/2014	For next Trust Board meeting
27-Feb-14	55/2014	Formal meeting on Transaction Project Board to be arranged	Mr Lappin	24-Apr-14	Mr Lappin reported that the TDA have agreed that an e-meeting can take place to formally pause the transaction process and this is being progressed. Verbal update at meeting in terms of any other developments in this regard
27-Mar-14	85/2014	PALS / Complaints report - consideration to be given to brining together various sources of information. It was agreed that this issue will be addressed and brought back in due course via the Quality Cte	Executive Team	05/06/2014	
27-Mar-14	86/2014	Francis, Keogh & Berwick Report - additional column to be added to the action plan to include 'what will it look like if we are getting it right and how will be know.	Mrs Donovan	24-Apr-14	Completed

REPORT TO: Open Trust Board

Date of Meeting:	Thursday 24 April 2014
Title of Report:	Acting Chief Executive's Report to the Trust Board
Presented by:	Mrs Caroline Donovan
Author of Report: Name: Date: Email:	Caroline Donovan, Acting Chief Executive Caroline Donovan 14 April 2014 Caroline.donovan@northstaffs.nhs.uk
Purpose / Intent of Report:	<ul style="list-style-type: none"> • For Information
Executive Summary:	This report updates the Board on activities undertaken since the last meeting and draws the Board's attention to any other issues of significance or interest.
Which Strategy Priority does this relate to: How does this impact on patients or the public?	<ul style="list-style-type: none"> • Customer Focus Strategy • Clinical Strategy • IM and T Strategy • Governance Strategy • Innovation Strategy • Workforce Strategy • Financial Strategy • Estates Strategy
Relationship with Annual Objectives:	To ensure safe provision of clinical services
Risk / Legal Implications:	N/A
Resource Implications:	N/A
Equality and Diversity Implications:	N/A
Relationship with Assurance Framework [Risk, Control and Assurance]	N/A
Recommendations:	To receive this report for information

North Staffordshire Combined Healthcare Trust

Acting Chief Executive's Report to the Board of Directors
24 April 2014

1. 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.

2. TDA STRATEGIC REVIEW - SECURING A HEALTH SERVICE FIT FOR THE FUTURE

Eleven financially-challenged health economies in England are to receive expert help with strategic planning in order to secure sustainable quality services for their local patients. The Staffordshire and Stoke-on-Trent system is one of those areas.

Monitor, NHS England and the NHS Trust Development Authority have agreed to fund a series of projects to help groups of commissioners and providers work together to develop integrated five-year plans that effectively address the particular local challenges they face.

In Staffordshire, external consultancy has been secured from KPMG, with support from Boston Consulting Group, to provide intensive support to the Staffordshire and Stoke on Trent system. This support is intended to facilitate a robust investigation of the financial position across the health economy as a whole, and to identify an appropriate way forward for the system as a whole, rather than individual organisations. The work will feed into the five-year plans being developed by all NHS bodies and the final versions of the separate Stoke and Staffordshire Better Care Fund Plans, which are due to be submitted in June 2014. There is a single planning unit for the six Stoke-on-Trent and Staffordshire CCGs

The eleven areas have been chosen on the basis that they will most benefit from external support in the first few weeks of the new financial year, and potential suppliers are now being invited to tender for the work.

Responsibility for delivering strategic plans remains with the individual commissioners and providers. KPMG, the appointed supplier for Staffordshire and Stoke-on-Trent, will act as a critical friend, seeking to bring together all partners in the health economy and testing whether the organisations are undertaking their long term strategic planning in the most effective way.

A programme of work lasting around 12 weeks across four workstreams has now begun, which involves;

- A diagnosis of supply and demand;
- Solutions development and options analysis,
- Plan development;
- implementation.

This 12-week programme will require ongoing commitment and infrastructure to deliver change in the longer term. It is absolutely in line with the North Staffordshire Clinical Pathways Redesign Project covered in Item 3.

3. CLINICAL PATHWAYS REDESIGN PROJECT UPDATE

The clinical pathways redesign work is a joint development programme between the Trust and North Staffordshire CCGs and was agreed at the recent clinical summit held in January 2014. The aim of the

programme is to design and articulate a number of care pathways that will deliver an improved experience across the wide range of mental health services for those who live with and/or experience a mental illness in the North Staffordshire and Stoke area.

At the heart of the programme is the requirement to deliver integrated care which involves 'joining up' care and support across whole systems at a local level through a process of collaboration, co-operation, and co-production. The work involves health and social care providers as 'agents of change' integrating resources, systems and processes so that the physical and mental health care needs of the individual are seamlessly provided for within the resources available across the health and social care economy.

This approach is underpinned by the concept of person centred care – care that is built around the needs of the individual, their carers and families and gets the most out of every penny we spend. Integrated care is the means to the end of achieving high quality compassionate care resulting in better health and wellbeing for our local communities and is based on the following agencies developing a culture of working together to improve health and wellbeing:

- North Staffordshire Combined Healthcare NHS Trust
- Clinical Commissioning Groups (CCGs)
- Stoke-on-Trent City Council and North Staffordshire Local Authority
- University Hospital of North Staffordshire
- Colleagues in Primary Care/GP practices
- Voluntary/third sector and independent providers

Our Commissioner colleagues have set a number of key objectives for priority action:

- Access: to timely, evidence based interventions according to need
- Interface: between mental health and physical health
- Integration: across health and social care to maximise the delivery of effective outcomes
- Recovery: beyond treating or managing symptoms
- Prevention: providing care closer to home
- Self care: people being able to self-care with wrap around support from primary care

At the heart of this work is the service user and the need to design services that are safe, caring, and effective - key outcomes stakeholders will need to address. By working together to design care pathways that are recovery focused and embrace the extraordinary potential presented by new technology and shared information the system will be best placed to provide integrated, personalised care that is empowering, supportive and results in improved health and wellbeing.

The objectives of the work on care pathways and clinical models would be to create a shared vision of integration along the following workstreams:

- Access and Crisis Response
- Adult Mental Health and Social Care Services including Rehabilitation
- RAID
- CAMHS
- Older People and Dementia
- Neuropsychiatry
- Substance Misuse
- Learning Disabilities

Over the course of the next months, I will ensure a progress report is brought back to Trust Board, to provide a regular update on the work programmes and how we are taking this work forwards.

4. LEARNING DISABILITIES INTENSIVE SUPPORT SERVICE

Over the past 12 months, colleagues in the Learning Disabilities Service Line have been working closely with Staffordshire and Stoke on Trent commissioners to develop an Intensive Support Service (ISS). The ISS has some key objectives which include:

- Supporting people in the community to reduce the need for admission
- Reduction in inpatient care and out of area placements
- Improving service user and carer experience

The ISS is made up of a team of specialist clinical professionals. Their aim is to support people in times of crisis to, to avoid them being admitted to hospital unnecessarily. They will do this through:

- being a multi-disciplinary, responsive team
- offering 7 day community-based specialist support
- providing time-limited support for people in crisis/need
- working with families/carers, professionals and partners
- supporting staff to develop their skills so that they can work with that person to meet their needs more effectively

A Service Specification for the North Staffordshire ISS was recently presented to a joint commissioning panel. We are pleased to report that commissioners have confirmed that in principle they wish to proceed with the commissioning of the Intensive Support Service from North Staffordshire Combined Healthcare NHS Trust, subject to some specific changes and additional information that they would like to see in the policy.

The Trust will be working with Professor Sue Read from Keele University on recruitment of staff to the ISS.

Commissioners commented that the response information to the tender specification was of a high quality and gave them a significant level of assurance that the Trust will be able to meet the requirements of the service specification and that they look forward to what we all hope will be a flagship service locally.

5. ELECTROCONVULSIVE THERAPY SERVICES ACCREDITATION

The Trust's Electroconvulsive Therapy (ECT) Service has recently undergone scrutiny by the ECT Accreditation Service (ECTAS) Project Team and Accreditation Committee with regards to its accreditation.

ECTAS works with ECT services to assure and improve the quality of the administration of electroconvulsive therapy, engaging staff in a comprehensive process of review, through which good practice and high quality care are recognised and services are supported to identify and address areas for improvement.

It takes from six to nine months from the time a service registers with the ECTAS programme to the point of accreditation. Accreditation assures staff, service users and referrers, commissioners and regulators of the quality of the service being provided.

Over 78% of ECT clinics in England and Wales participate in the accreditation programme, with members in Northern Ireland and the Republic of Ireland. ECTAS is an initiative of the College Centre for Quality Improvement. There are four categories of accreditation status:

- | | |
|---------------------------|--------------------------|
| • Accredited as excellent | • Accreditation deferred |
| • Accredited | • Not accredited |

Accreditation is valid for up to three years, subject to satisfactory completion of an interim self review, to be completed after 18 months. After three years, clinics complete the full process again.

North Staffordshire Combined Healthcare NHS Trust's ECTAS accreditation recommendation was ratified by the Royal College of Psychiatrists' Special Committee for Professional Practice and Ethics on 3 April 2014. The ECT Clinic has been accredited with continuing excellence for Year 1 of the three year cycle. Accreditation with continuing excellence covers a period of three years subject to a satisfactory annual review.

Congratulations to all the ECT Team on this continued excellent achievement.

6. TRUST SEEKS SERVICE USER VIEWS

North Staffordshire Combined Healthcare NHS Trust (NSCHT) is carrying out a survey to find out what people who use community mental health services think about the care they receive. The Trust plans to use this feedback to improve service user's experiences. The results will be used to help NSCHT highlight areas where they perform well and to identify the areas where there is most room for improvement.

The Community Mental Health Survey 2014 is being sent to a random sample of people who have used community-based services at NSCHT in the last 12 months. This might include contact with psychiatrists or psychiatric nurses, mental health support workers, occupational therapists, psychologists, psychotherapists or other mental health as well as social care workers. The survey will ask service users about aspects of their care, including the quality of care and treatment, the organising, planning and review of care, treatments and other areas of life. All answers provided are entirely confidential and will provide the Trust with an opportunity to further improve its services.

The results from the survey will be presented to the Trust Board, as well as being made public on the Care Quality Commission website in autumn 2014. To see results from previous surveys, please log onto: <http://www.cqc.org.uk/public/reports-surveys-and-reviews/surveys/>

7. TRUST VALUES MAPPED TO THE NHS CONSTITUTION VALUES

Following the Francis Report there is an increased focus on values and behaviours in the NHS, and the role of the NHS Constitution. Here at Combined Healthcare, we will be working to see that discussions about our values and behaviours that support these are embedded even further into our daily activities, both as a provider of services and as an employer.

To help our own Trust Values sit firmly within the national NHS values framework, and to support smooth transitions for staff moving from one NHS organisation to another, a new tool has been created that enables us to map our Trust Values to those within the NHS Constitution.

We will be working on how we use our Trust Values more effectively in relation to our recruitment, induction, PDR (appraisal) and other HR processes throughout 2014-15.

8. NEW BEGINNINGS

Staff and the Service Users' Group- *New Beginnings*, from The Edward Myers Unit at Harplands Hospital, are holding open morning on Thursday 1 May between 9.15 AM – 12.15 pm. The event is an opportunity to find out more about the work staff do at the Edward Myers Unit and share the experiences of people who have used the centre for addiction issues.

The highlight of the event is an update from the *New Beginnings* members. The group formed in April 2013 and visitors will be able hear how New Beginnings supports patients by listening to their

views, issues and concerns and how they provide an independent voice; to improve the patient experience and assist with communications between medical staff and people who use services at the unit. This is the third event the group has held to inform patients, stakeholders and medical staff on their progress.

If you are interested in attending the event, please contact Kerrie Merriman, Medical Secretary to Dr Watts, on 01782 441716 or email Kerrie.Merriman@northstaffs.nhs.uk

9. NEW INTERPRETATION & TRANSLATION SERVICES

The Trust has recently signed a Service Level Agreement with Capita for the supply of Interpretation and Translation Services due to come into effect from 12 May 14. This will result in a change of provider for the majority of the services currently used by the Trust in the interest of improving and enhancing current interpretation services.

In preparation for this change, briefing sessions have been arranged for clinical staff, with a particular focus for those staff who normally book interpreters on behalf of patients or service users. A representative from Capita will also be present at these sessions.

10. PERSONAL HEALTH BUDGETS

From 1st April 2014 all patients eligible for NHS Fully Funded Continuing Healthcare have had the right to request to have their funding paid for through a personal health budget. A personal health budget is an amount of money provided to someone with an identified health need that enables them to have more choice and control over how their needs are met and how they are supported. This means they can select the treatments and services that meet these needs in a way that is most appropriate to them.

People who are eligible for full NHS Continuing Healthcare will have the right-to-ask for a personal health budget, including a direct payment. From October 2014 this will become a right-to-have to a personal health budget. The right-to-ask will then be extended to people with long term conditions at the beginning of April 2015.

At the centre of a personal health budget is the support plan. This plan helps the person choose their health and wellbeing outcomes in agreement with a health care professional. They know how much money is available and will set out how they will use the budget to achieve the outcomes in their plan and the support needed to do this. The plan should also include information on how the budget will be managed and what will be done to stay healthy and safe.

To provide personal health budgets to people who are eligible for Continuing Healthcare, Staffordshire and Stoke have adopted a seven-step process based on best practice guidance. For further information please visit <http://www.staffordshirecares.info/pages/my-care/planning-my-care/personal-health-budgets.aspx>.

11. BRIGHTER FUTURES TO LEAD MENTAL HEALTH INQUIRY

Brighter Futures, working with local partners, are leading an Inquiry into the experiences of people living with mental ill health in Stoke on Trent and North Staffordshire and the services they use. The findings of the Inquiry will be summarised within a report which will be launched at a day-long conference to be held on Wednesday 4th June.

The Inquiry is asking people about what it is like to live with mental ill health on a daily basis and also the impact services have on their life. It aims to give a voice to people living with mental ill health

and an opportunity to share their experiences. It will allow those whose voice is seldom heard to 'speak' to service commissioners.'

The report will capture people's experiences and give service providers, commissioners and policy makers a greater insight into the lives of people with mental ill health and help to shape the future of support services.

Local people who would like to share their stories can do so by calling 01782 406000, emailing info@brighter-futures.org.uk or by going to the website www.brighter-futures.org.uk

Caroline Donovan
Acting Chief Executive
17 APRIL 2014

REPORT TO: **Open Trust Board**

Date of Meeting:	24 April 2014
Title of Report:	Summary of the Quality Committee meeting held on the 15 April 2014
Presented by:	Mr Patrick Sullivan, Chair of Quality Committee
Author of Report: Name: Date: Email:	Sandra Storey, Trust Secretary, Head of Corporate and Legal Affairs 16 April 2014 sandraj.storey@northstaffs.nhs.uk
Purpose / Intent of Report:	<ul style="list-style-type: none"> For decision / assurance
Executive Summary:	<p>This report provides a high level summary of the key headlines from the Quality Committee meeting held on the 15 April 2014.</p> <p>The full papers are available as required to Trust Board members</p>
Which Strategy Priority does this relate to: How does this impact on patients or the public?	<ul style="list-style-type: none"> Customer Focus Strategy Clinical Strategy - Governance Strategy
Relationship with Annual Objectives:	Ensure provision of safe clinical services
Risk / Legal Implications:	N/A
Resource Implications:	N/A
Equality and Diversity Implications:	N/A
Relationship with Assurance Framework [Risk, Control and Assurance]	The Quality Committee has an integral relationship with Improving Quality/ Registration.
Recommendations:	<ul style="list-style-type: none"> To note the contents of the report Ratify the policies highlighted in the report

Key points from the Quality Committee held on the 15 April 2014 to raise at the Trust Board meeting on the 24 April 2014

1. Introduction

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

Sue Corden, auditor from KPMG, was in attendance to observe the functioning of the committee as part of her assessment of the Trust's Quality Governance Assurance Framework.

2. Director of Quality Report

Dr Adeyemo presented the Director of Quality Report with notable items as follows:

- **2014/15 CQUINS – key headings and overview provided** – the committee discussed how the reporting structures and outcomes will be measured, particularly in respect to the clinical pathway work, and how the committee will receive the information it needs to give assurance to the Trust Board.
- **ECT Accreditation** – the ECT Service has been accredited with continuing excellence for Year 1 of the three year cycle. This was ratified by the Royal College of Psychiatrists Special Committee for Professional Practice and Ethics on 3 April 2014. The committee passed on their congratulations to the team and their thanks for their hard work.
- **Supreme Court overrules the Court of Appeal on what constitutes a deprivation of liberty** – it was noted that this case will have implications for the Trust as the judgement focuses on the objective elements of a deprivation of liberty. The Mental Health Law Governance Group will consider the case and its implications and will report back to the Quality Committee.

3. Policy Review

Mrs Storey presented the policy report on behalf of the director leads, which was approved by the committee subject to minor amendment / clarification, for ratification by the Trust Board for a period of 3 years, as follows:

- **Outdoor Activities Policy 5.14**
- **Psychological Interventions 4.23**
- **Dual Diagnosis 1.44**
- **Dress and Appearance Policy 1.15**

4. Care Quality Commission (CQC)

The committee received a copy of the inspection report relating to 4 & 5 Dragon Square Community Unit following the inspection in February 2014. This gave assurance to the committee that standards had been met in respect to respecting and involving people who use services, staff and record keeping.

The committee also received a CQC MHA monitoring visit report in respect to Ward 3 following a visit in March 2014. The division are currently reviewing the report and will be responding by the deadline of the end of April 2014, with comments around some of the findings particularly around documentation and how the Trust will be learning and responding to this.

5. Divisional reports

The committee reviewed the reports which included a range of information including incidents, complaints, and risks since the last report to the committee.

- **Adult Mental Health** – discussion around risk areas and estates solutions (ligature reduction and pipework)
- **Children and Young Peoples Division** – service currently undertaking a service transformation exercise, which coincides with the Clinical Pathways Programme
- **LDNOAP** – Management of change commenced in respect to Chebsey Close, staff being supported, retrained, and redeployed as appropriate.

6. Risks to Quality of Services

Committee members considered the principal risk report for quality risks at Month 12, noting the risk treatment plans that are in place. This was discussed alongside the divisional reports in respect to their risks that are either emerging or require escalation.

The committee discussed how the presentation and the definition of quality risks could be strengthened in future and this will be considered for future reports. The committee also discussed the mitigating actions and further information for some of the risks that will provide additional assurance to the committee that the risks are being robustly managed. An example of this would be a report showing a gradual reduction in the use of bank staff (trajectory) that mitigates concern about continuity in care provision.

7. Performance Quality Management Framework Report (PQMF) month 12

Committee members reviewed the month 12 report and were assured that performance against the Monitor compliance framework and key national targets, are all on target. A range of 133 metrics are in place to monitor performance. There were one area reported as significantly under-reporting (red) and 2 were assessed as under-performing (amber). The committee discussed the mitigating action plans in place to improve performance for these particular metrics and assurance in respect to the final year end position.

The report noted one possible incident of bacteraemia at Harplands Hospital and that this would be confirmed following root cause analysis investigation.

8. CQC & MHA Visits Log

Dr Adeyemo discussed the Cost Improvement Programme and the Quality Impact Assessment process that is in place which ensures all scheme are assessed for their impact on quality of service provision. The quality directors are developing this process further by developing key performance indicators to closely monitor the future impact of schemes.

9. Q4 2013/14 PALS and Complaints Report

The committee received this report which showed a reduced number of complaints received during Q4 and increased number of contacts through the PALS service in comparison to previous quarter. Complaints and PALS incidents are now reported on the Trust's new safeguard system which will

help with improved reporting as this will enable an analysis alongside incidents and claims. Some teething problems have been identified with some of the initial data, such as response times to complaints. Overall however, the committee welcomed the report and how the reports will be developed in future to help to identify more easily any emerging themes or trends.

10. 2013/14 Quality Account

Mrs Wrench presented the first draft of the Quality Account for review by the committee. The committee were given assurance that the project plan is on target to meet the publication date of the 30 June 2014. It was noted that external auditors will test two quality metrics as part of their review of the Quality Account: 7 day follow up and gate kept admissions. The committee were satisfied with the progress being made and the assurance that plan is on target.

11. Domain Reports

The committee received each of the domain reports for assurance purposes in respect to:

- **Patient safety**
- **Clinical effectiveness**
- **Organisational safety and efficiency**
- **Customer focus**

12. Infection Prevention and Control Group – Terms of Reference

These were approved by the committee subject to minor amendments being made.

13. Meeting dates for 2014-15 and Cycle of Business

The cycle of business is being developed by the Quality Directors, Chair of the Committee and Trust Secretary.

Next meeting: 20 May 2014, 2.00pm

On behalf of the Committee Chair, Mr Patrick Sullivan, Non Executive Director

Sandra Storey
Trust Secretary / Head of Corporate and Legal Affairs
16 April 2014

REPORT TO THE TRUST BOARD (OPEN)

Date of Meeting:	24 April 2014
Title of Report:	Financial Performance – Month 12
Presented by:	Kieran Lappin, Executive Director of Finance
Author of Report: Name: Date: Email:	Andy Turnock 17 April 2014 andrew.turnock@northstaffs.nhs.uk
Purpose / Intent of Report:	Financial Performance monitoring for information
Executive Summary:	<p>The attached report summarises the draft financial performance for the period to the end of March 2014.</p> <p>The Trusts draft financial performance is a retained deficit of £0.403m (£0.001m surplus at 'adjusted financial performance'). This performance is a favourable variance against a Plan of breakeven at 'adjusted financial performance' and delivers the Trust's statutory duty for the year.</p> <p>The initial review prior to the finalisation of the financial position indicates an achievement of CIP of £3.68m against a plan of £3.5m. More detail is reported separately.</p> <p>The cash balance as at 31 March 2014 was £5.45m.</p> <p>Capital expenditure is £0.266m, which represents an undershoot of £1.374m against the CRL of £1.640m</p>
Which Strategy Priority does this relate to: How does this impact on patients or the public?	Financial Strategy Not directly as a result of this report
Relationship with Annual Objectives:	Delivery of financial plan
Risk / Legal Implications:	Not directly as a result of this report
Resource Implications:	Not directly as a result of this report
Equality and Diversity Implications:	Not directly as a result of this report
Relationship with Assurance Framework [Risk, Control and Assurance]	Monitoring delivery of the financial plan

<p>Recommendations:</p>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • <i>note the draft financial performance reported to the NTDA of a retained deficit of £0.403m</i> • <i>note the draft adjusted financial performance of £0.001m surplus delivers the statutory duty for the year</i> • <i>note that the final financial position will be available following receipt of the LGPS information</i> • <i>note the CIP performance for the year</i> • <i>note the cash position of the Trust as at 31 March 2014 of £5.45m</i> • <i>note the capital expenditure position resulting in an undershoot against the Trust's Capital Resource Limit thereby delivering the management responsibility against this target</i>
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DRAFT FINANCIAL OVERVIEW as at 31st March 2014										
Income & Expenditure - Retained Surplus / (Deficit)						Capital Expenditure				
£000	Plan	Actual	Var	%	RAG	£000	Plan	Actual	Var	RAG
Outturn Surplus (Deficit)	-422	-403	19	-4.5	G	Outturn Exp	1,640	266	-1,374	G
Cost Improvement						Cash Balances				
£m	Plan	Schemes	Gap	%	RAG	£m	Plan	Actual	Var	RAG
Outturn	3.50	3.68	0.18	5.00	G	Final Balance	4.0	5.4	1.45	G

1. Financial Position

1.1 Year End Income & Expenditure (I&E) Performance

At the time of writing, financial performance for 2013/14 is being finalised and as at 15 April 2014, the Trust was required to report its forecast outturn to the NTDA. The reported position was a retained deficit of £0.403m (£0.001m surplus at 'adjusted financial performance'). This performance is a favourable variance against a Plan of breakeven at 'adjusted financial performance' and delivers the Trust's statutory duty for the year.

Table 1 below shows the Trust's draft financial position in the Statement of Comprehensive Income (SOCi).

Table 1: Statement of Comprehensive Income - Draft

Detail	£
Income	87,457.0
Expenditure	-84,418.2
EBITDA	3,038.8
Depreciation & Interest	-3,037.8
Adjusted Financial Performance Surplus / (Deficit)	1.0
IFRIC12 Expenditure	-452.0
Retained Surplus / (Deficit) prior to Impairment	-451.0
Fixed Asset Impairment	48.0
Retained Surplus / (Deficit)	-403.0

One particular issue still to be reviewed is the impact of the Local Government Pension Scheme. The information required to undertake this review is due to be received on 16 April 2014. The resulting effect will be reported verbally at the meeting.

The deadline for the submission of the draft Annual Accounts to the Department of Health (DH) and for audit is noon on 23 April 2014.

1.2 Cost Improvement Programme

The overall target for the year was £3.5m and initial reviews prior to the finalisation of the financial position indicate that the achievement will be £3.68m, representing a favourable achievement against plan/target.

1.3 Cash

As at 31 March 2013, the Trust's cash position was £5.45m which represents a decrease during March 2014 of £0.425m. This position leaves the Trust with a healthy cash position moving into the new financial year.

1.4 Capital Expenditure

The CRL for 2013/14 was £1.64m. The capital expenditure for the year was £0.266m which represents an undershoot against the CRL of £1.374m, which is permissible, thereby delivering the management responsibility against this target.

2. Recommendations

The Board is asked to:

- *note the draft financial performance reported to the NTDA of a retained deficit of £0.403m*
- *note the draft adjusted financial performance of £0.001m surplus delivers the statutory duty for the year*
- *note that the final financial position will be available following receipt of the LGPS information*
- *note the CIP performance for the year*
- *note the cash position of the Trust as at 31 March 2014 of £5.45m*
- *note the capital expenditure position resulting in an undershoot against the Trust's Capital Resource Limit thereby delivering the management responsibility against this target*

REPORT TO: Board – Open Section

Date of Meeting:	27 April 2014
Title of Report:	Finance and Activity Committee Report – Committee Meeting 17 April 2014
Presented by:	Tony Gadsby – Committee Chairman
Author of Report: Name: Date: Email:	Yvonne Beech 17 April 2014 yvonne.beech@northstaffs.nhs.uk
Purpose / Intent of Report:	<ul style="list-style-type: none"> • For Decision ✓ • Performance monitoring ✓ • For Information ✓
Executive Summary:	<p>The attached report provides a summary of the Committee meeting held on the 17 April 2014 and provides assurance to the Board over;</p> <ul style="list-style-type: none"> • the level of review and challenge provided by the Committee of financial and other reporting.
Which Strategy Priority does this relate to: How does this impact on patients or the public?	<ul style="list-style-type: none"> • Customer Focus Strategy • IM and T Strategy ✓ • Governance Strategy ✓ • Workforce Strategy ✓ • Financial Strategy ✓ <p>Helps ensure appropriate resources are directed to and protected for appropriate patient care services.</p>
Relationship with Annual Objectives:	Supports achievement of financial targets, the monitoring of CQUIN requirements and the delivery of efficiency programmes
Risk / Legal Implications:	Principle risk register reviewed via committee and reported separately to the Board
Resource Implications:	
Equality and Diversity Implications:	None
Relationship with Assurance Framework [Risk, Control and Assurance]	Provides assurance over the Trust's arrangements for sound financial stewardship and risk management.
Recommendations:	<p>The board are asked to:</p> <ul style="list-style-type: none"> • Note the contents of the report and take assurance from the review and challenge evidenced in the Committee.

Assurance Report to the Trust Board – Thursday, 24 April 2014

Finance and Activity (F & A) Committee Report to the Trust Board - Open Session – 17 April 2014

This paper details the issues discussed at the Finance and Activity Committee meeting on 17 April 2014.

The meeting was quorate, approved the minutes from the meeting on the 20 March 2014 and reviewed the progress and actions taken from previous meetings.

The Committee received the draft financial update for month 12 (March 2014) 2013/14.

The draft reported financial position is a retained deficit of £0.403m (£0.001m surplus at 'adjusted financial performance'). This performance is a favourable variance against a Plan of breakeven at 'adjusted financial performance' and delivers the Trust's statutory duty for the year.

The Capital Resource Limit (CRL) for 2013/14 was £1.64m. The capital expenditure for the year was £0.266m which represents an under-shoot against the CRL of £1.374m, which is permissible, thereby delivering the management responsibility against this target.

The Trusts cash balance at the end of the financial year was £5.45m, which represents a decrease during March 2014 of £0.425m.

The Committee noted a good performance however it also noted the scale of year-end movements and would welcome more detail on a monthly basis in terms of flexibility and upside and downside risk.

The Committee received the Month 12 draft Cost Improvement Programme (CIP) report which showed a CIP delivery of £3.68m against a 2013/14 target of £3.5m, an excess of £0.2m. The Committee noted that the report is currently showing the delivery of recurrent savings of £3.18m and £0.5m non-recurrent. The Committee noted a good performance with no impact on quality reported as a result of the changes.

A further report was also received in relation to the progress and development of Cost Improvement Programme for 2014/15. This outlined the progress to date in identifying schemes to deliver the target of £4.1m. The report stated that £3.98m had been identified and work continues to close the remaining gap. The Committee noted the continued progress in respect of the development of the 2014/15 CIP programme. The committee requested that the "TDA CIP reporting sheet" be included in the monthly accounts pack for information.

The Committee received a report in relation to the Clinical Contracts and Risk 2013/14 and 2014/15 Contract Settlement. The Committee noted the identified risks relating to the Contract and the over-performance against the Stoke and North Staffs Contracts for 2013/14 and the over recovery of income for Child Tier 4 and OATs and the under-performance on Associate Contracts.

The Committee received reports on the progress being made to implement the Patient Level Information Costing System (PLICs). The Committee noted that there needed to be further staff engagement to promote the use of this system.

Other Reports and Updates

A paper was received updating the Committee on the Trust's workforce plan and its implications such as "Management of Change" programmes and potential redundancy costs. The report showed a net workforce reduction of 44 WTE's as at 31 March 2014.

Also contained within the report was the 2014/15 CIP schemes by Division that had an impact on workforce. These equated to approximately 85 WTE's. The Committee noted the content of the report and it was agreed that future reports would have a Workforce/Wider focus.

The Committee received the minutes of the Trust's Capital Investment Group meetings and the updated Terms of Reference of the Group.

The Committee also receive a verbal update from the Director of Finance regarding local issues, operating plan submissions and related work with KPMG.

Recommendation

- **None**

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

On Behalf of Tony Gadsby, Chair Finance and Activity Committee

Yvonne Beech, PA to Executive Director of Finance

17 April 2014

DRAFT FINANCIAL OVERVIEW as at 31st March 2014											
Income & Expenditure - Retained Surplus / (Deficit)						Capital Expenditure					
£000	Plan	Actual	Var	%	RAG	£000	Plan	Actual	Var	%	RAG
Outturn Surplus (Deficit)	-422	-403	19	-4.5	G	Outturn Exp	1,640	266	-1,374	-83.8	G
Cost Improvement						Cash Balances					
£m	Plan	Schemes	Gap	%	RAG	£m	Plan	Actual	Var	%	RAG
Outturn	3.50	3.68	0.18	5.00	G	Final Balance	4.0	5.4	1.45	36.4	G

1. Financial Position

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The CRL for 2013/14 was £1.64m. The capital expenditure for the year was £0.266m which represents an undershoot against the CRL of £1.374m, which is permissible, thereby delivering the management responsibility against this target.

2. Recommendations

The Board is asked to:

- ***note the draft financial performance reported to the NTDA of a retained deficit of £0.403m***
- ***note the draft adjusted financial performance of £0.001m surplus delivers the statutory duty for the year***
- ***note that the final financial position will be available following receipt of the LGPS information***
- ***note the CIP performance for the year***
- ***note the cash position of the Trust as at 31 March 2014 of £5.45m***
- ***note the capital expenditure position resulting in an undershoot against the Trust's Capital Resource Limit thereby delivering the management responsibility against this target***

REPORT TO TRUST BOARD

Date of Meeting:	24 th April 2014
Title of Report:	Performance Report – Month 12 2013/14
Presented by:	Kieran Lappin, Director of Finance
Author of Report: Name:	Kevin Daley, Performance Development Manager
Date:	16 th April 2014
Email:	Kevin.Daley@northstaffs.nhs.uk
Purpose / Intent of Report:	Performance Monitoring
Executive Summary:	<p>This report provides the Board with a summary of performance to the end of Month 12 (March 2014)</p> <p>Performance against the Monitor compliance framework and key National Targets is included within the report, all indicators are on target.</p> <p>A range of 133 metrics is in place to monitor performance, quality and outcomes.</p> <p>The indicators are those set by our commissioners and local trust targets and aligned to the relevant Trust objectives.</p> <p>There was one area reported as significantly under-performing (red) and 2 assessed as under-performing (amber) at end of March 2014.</p> <p>The attached summary by exception expands on the areas that are underperforming and Executive leads will provide a verbal update at the meeting, where appropriate.</p>
Which Strategy Priority does this relate to:	Governance Strategy
How does this impact on patients or the public?	The Performance & Quality management Framework measures performance across National and local indicators, presented against the Trust's enabling strategies, commissioning contract and Monitor's compliance framework.
Relationship with Annual Objectives:	The Performance & Quality Management Framework measures performance across all annual objectives
Risk / Legal Implications:	All areas of underperformance are separately risk assessed and added to the risk register dependent on the outcome of the risk assessments.
Resource Implications:	Not directly as a result of this report
Equality and Diversity Implications:	Not directly as a result of this report
Relationship with Assurance Framework	The Performance & Quality Management Framework is a key control within the Assurance Framework
Recommendations:	<p>The Board are asked to</p> <ul style="list-style-type: none"> consider and discuss reported performance with particular emphasis on areas of underperformance

	<ul style="list-style-type: none">• note the considerable number of metrics reported on target (green)• to confirm sufficient detail and assurance is provided
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1 Introduction to Performance Management Report

The report includes Monitor targets, trends and revised RAG rating

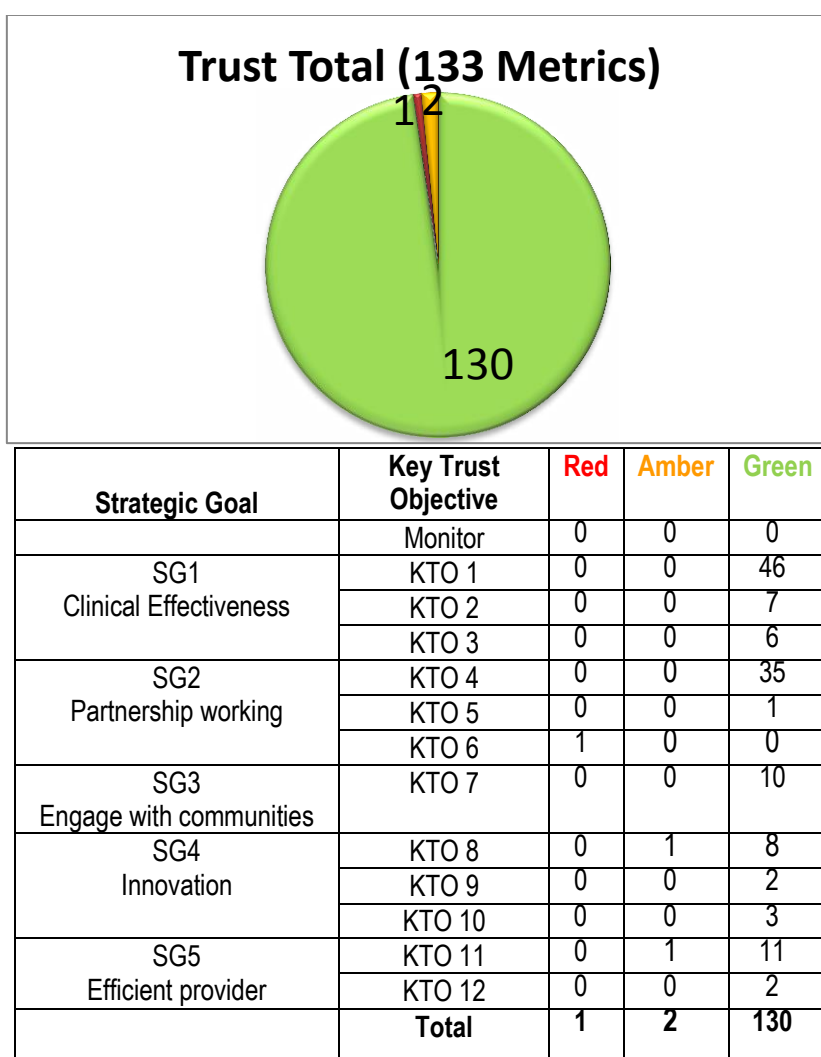
- An Executive Summary (this report)
- Overall performance of metrics with targets (App A)

In addition to the attached appendices a full database (Divisional Drill-Down) has been made available to Divisional Business Managers and Clinical Directors to enable them to scrutinise / check the supporting data and drive improvements based on that data.

2 Executive Summary – Exception Reporting

This section presents an overview and performance by exception across all Key Performance Indicators in place to measure performance, quality and outcomes.

At month 12 there is one metric rated as Red and 2 metrics rated as Amber.



2.1 Monitor Compliance Framework

The Monitor compliance framework is included as these are the key performance indicators against which Foundation Trusts' performance is assessed. There are thirteen key quality indicators, all are rated green on a year to date and forecast year end basis and for this month.

PI	Area	Target	Mar	YTD	Forecast Year End	Data Quality	AMH	LD	CYP
1	Number of FT members	7900	8294	8294	G	G	n/a	n/a	n/a
2	Compliance with the essential standards	100%	100%	100%	G	G	n/a	n/a	n/a
3	Compliance with NHSLA RM standards	Level 1	Level 1	Level 1	G	G	n/a	n/a	n/a
4	AMH Patients on CPA had formal review in the last 12 months	95%	96.3%	96.3%	G	G	96.3%	n/a	n/a
5	CPA 7 Day Follow Up	95%	100%	99%	G	G	100%	n/a	n/a
6	New psychosis by EI Services	62	7	69	G	G	7	n/a	n/a
7	Cases of MRSA	0	0	0	G	G	0	0	0
8	Cases of CDiff	0	0	1	G	G	0	0	0
9	Access to healthcare for people with a LD	100%	100%	100%	G	G	100%	100%	n/a
10	Delayed Transfer of care	<7.5%	3.28%	4.26%	G	G	2.95%	6.99%	n/a
11	CR Gate kept Admissions (ACUTE)	95%	100%	99%	G	G	100%	n/a	n/a
12	Data completeness of MHMDS	99%	99%	99%	G	G	n/a	n/a	n/a
13a	CPA: - employment status recorded	50%	99%	99%	G	G	n/a	n/a	n/a
13b	Completeness - CPA: - accommodation status recorded	50%	98%	98%	G	G	n/a	n/a	n/a
13c	Completeness - CPA: - HoNOS	50%	98%	98%	G	G	n/a	n/a	n/a

3 Exception Reports

Below are exceptions where compliance of the KPIs which support the strategic goals and Key Trust Targets (KTO) are below expected levels of performance and require further action.

SG1: To deliver high quality, person-centred models of care Clinical Effectiveness

KTO 1. To assess the relevant recommendations from the 'Francis Enquiry' ensuring key areas for local action (SG1)

Of the 46 metrics all except one are currently within accepted limits at month 12

KPI	Metric	Target	M11 Perf	YTD	Perf	Comment
4C 5.2 1	Number of cases of E Coli expressed as a percentage of target	0	1	1		1 Combined Healthcare apportioned E.coli bacteraemia - Ward 7 on 17/02/2014, patient suffering with UTI, transferred to UHNS later the same day, Confirmed with HCAI lead that the infection was contracted whilst a patient at NSCHT. Root cause analysis has been undertaken

KTO 2. Embed the 'back to essentials' campaign across our services. (SG1)

Of the 7 metrics all are currently within accepted limits at month 12

KTO 3. To deliver our CQUIN programme for 2013/14, completing projects relating to the NHS Safety Thermometer, progressing pathways to employment of service users, improving user knowledge of treatment clusters, suicide prevention and enhancing client physical health (SG1)

Of the 6 metrics all are currently within accepted limits at month 12

SG2: To be at the centre of an integrated network of partnerships to provide a holistic approach to care

KTO 4. Continue to develop our services to aid seamless care alongside our partner organisations e.g. in relation to RAID, Community plus and IAPT. (SG5)

Of the 35 metrics all are currently within accepted limits at month 12


KTO 5. Work in partnership with the Staffordshire and Shropshire LETC to introduce values based recruitment for all future Health Care Support Workers appointments. (SG5)

Month 11 update The Shropshire & Staffordshire LETC is no longer progressing as the original model. The Trust is now pursuing its own VBR work, including ensuring competency based interview questions are values based; introducing a HCSW programme, ensuring the values are intrinsic to the Trust's Leadership Programme and introducing values statements in our working policies.

- Values Based questions are encouraged/utilised in all interview processes with some Divisions referencing these against Trust values explicitly
- We are including values in the foundation level programme for support workers, so our existing staff will all receive this information. The rollout plan for these staff is two years (ie 100 staff every 6 months starting in April 2014.)
- Denise Hamplett and Lesley Faux have attended a VBR train the trainer session in March and will be sharing this across the Trust through existing leadership programmes and such as PMP. Recruitment training already has a module on VBR
- We are also learning from other trusts across the locality to further inform our approach for 2014/15

KTO 6. To enhance integration of our community mental health and specialist teams to improve the seamless nature of client care

All metrics are currently within accepted limits at month 12 with the exception of the below metric

KPI	Metric	Exec	Op	Target	M12 Perf	YTD	Outturn	Perf	Comment
O4.1	Readmission Rates Quarterly	Dir of Ops	BMs	<5%	RED 10%	AMBER 7%	AMBER		Month 12 – Quarter 3 - Of 283 Eligible discharges 27 were readmitted within 28 days = 10%. YTD - Of 1202 Eligible discharges 83 were readmitted within 28 days 6.9% All readmissions YTD have been reviewed and validated. Weekly reports are sent to service leads where readmissions occur.

SG3 To engage with our communities to ensure we deliver the services they require


KTO 7. To enhance user input into our services through our ongoing delivery of our PPI strategy; enhancing our real time user feedback collection

All metrics are currently within accepted limits at month 12

SG4 To be a dynamic organisation driven by innovation

KTO 8. To enhance standards of team working through the introduction of a team charter to embed best practice. (SG4)

Of the 11 metrics all are currently within accepted limits at month 12 with the exception of the below metrics

KPI	Metric	Exec	Op	Target	M12 Perf	YTD	Forecast Outturn	Perf	Comment
O8.6	Percentage of staff compliant with mandatory training appropriate to their role	WF Dir	CD	95%	AMBER 89%	AMBER 89%	AMBER		89% @ month 12 from 88% @ month 11 Month 12 AMH = 89% LDNAOP = 88% CYP = 90% Corporate =85% Work on-going with teams to ensure that all staff attend statutory & mandatory training and maintain their compliance..

KTO 9. Enhance the level of engagement and empowerment at every level of our service, through involving staff more frequently in the change process (SG4)

The 2 metrics are currently within accepted limits at month 12

KTO 10. Increase the effectiveness of vertical and horizontal information flow across the trust, through enhancing face to face and electronic communications (SG5)

The 3 metrics are currently within accepted limits at month 12

SG5 To be one of the most efficient providers

KTO 11. To take forward plans that will secure long term financial viability to enable our services to operate effectively within a 'Foundation Trust' environment

Of the 12 metrics all except one are currently within accepted limits at month 12

KPI	Metric	Exec	Op	Target	M12 Perf	YTD	Forecast Outturn	Perf	Comment
07.3	Delivery of Capital Programme Income & Expenditure control total	DoF	SB	£1.6m	AMBER	AMBER	AMBER	↓	£1.6m Capital programme - Latest trust forecast identified slippage in the Tier 4 development. NTDA plan revision submitted. Latest projection is that the Trust will spend £0.3m against a target of £1.6m an underspend of £1.3m

KTO 12. To deliver our financial plan for 2013/14

Of the 2 metrics both are currently within accepted limits at month 12

4 Benchmarking - Risk Ratings

Monitor publishes quarterly risk ratings for finance (FRR) and governance (GRR) ratings for Foundation Trusts; Ratings as at April 2014 taken from Monitor website 12/04/14 for local Trusts are set out in the table below:

Trust	Financial risk	Governance risk rating
Birmingham and Solihull Mental Health	3	No evident concerns
Cheshire & Wirral	4	No evident concerns
Derbyshire Healthcare	3	No evident concerns
South Staffordshire	4	No evident concerns
North Staffs Combined Healthcare	2	Fully compliant with Board self certification

Financial risk rating

1. highest risk - high probability of significant breach of authorisation in short term e.g. under 12 months unless remedial action is taken
2. risk of significant breach in medium-term, e.g. 12 to 18 months in absence of remedial action.
3. regulatory concerns in one or more components. Significant breach unlikely
4. no regulatory concerns
5. lowest risk - no regulatory concerns

Governance risk rating

- Red** - Likely or actual significant breach of terms of authorisation
- Amber-red** - Material concerns surrounding terms of authorisation
- Amber-green** - Emerging concerns or minor concerns
- Green** - No evident concerns

In addition to the above the NHS Trust Development Authority measures Trust performance in five different categories as follows:

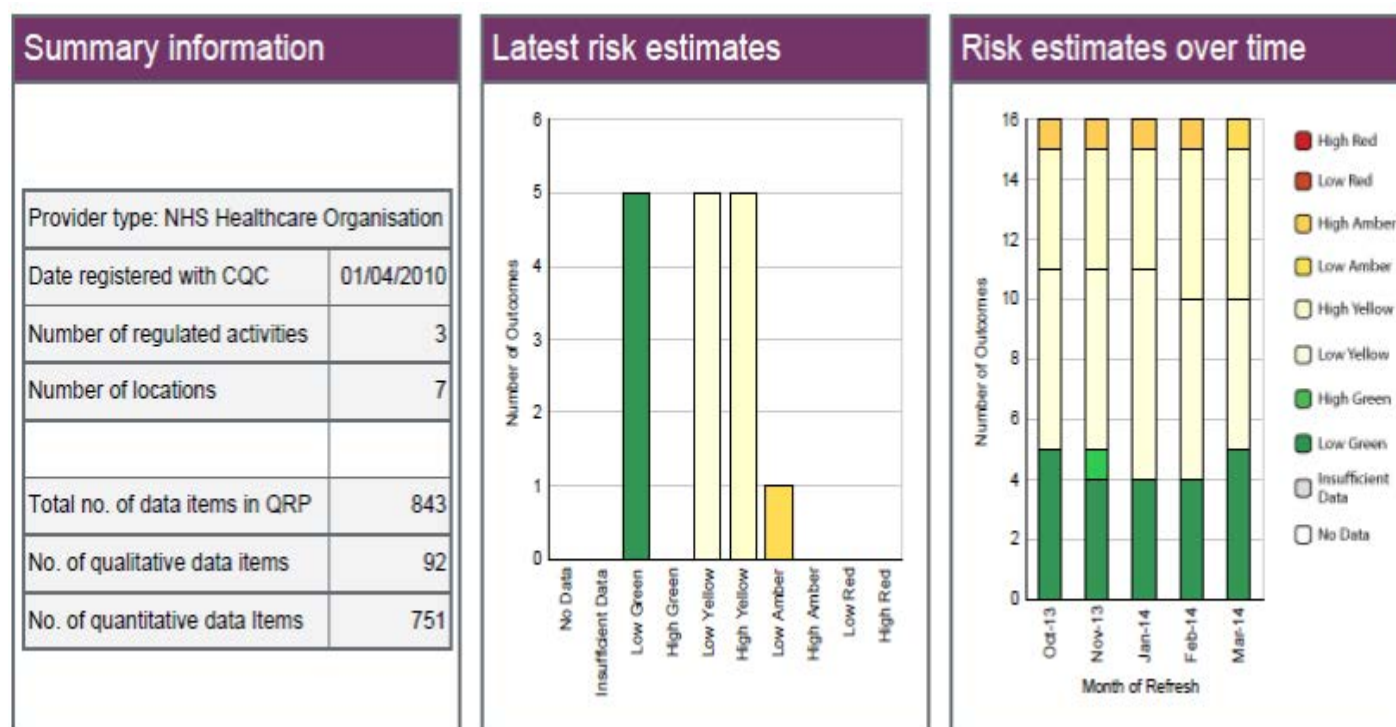
- 1) No identified concerns
- 2) Emerging concerns
- 3) Concerns requiring investigation
- 4) Material issue
- 5) Formal action required

Until recently the TDA defined this Trust performance as category 3. This was favourably revised recently to category 2

5 Quality and Risk Profile (QaRP)

Executive Summary

At Month 12 the overall position remains good, as follows:



The tables above shows minimal change from last month; green and neutral risk ratings have been retained for 15 of the 16 measured Outcomes and that the amber rating for Outcome 2 (Consent) is unchanged as no further data lines have been added for this outcome.

6 Recommendations

The Trust Board are asked to:

- Note the performance reported including the forecast position
- Note that all national targets are being met
- Review areas of underperformance as summarised in this report and identify further action required

REPORT TO: **Open Trust Board**

Date of Meeting:	24 April 2014
Title of Report:	Audit Committee Report
Presented by:	Mrs Bridget Johnson Acting Chair of Audit Committee
Author of Report: Name: Date: Email:	Sandra Storey, Trust Secretary / Head of Corporate & Legal Affairs/ Sandra Storey 11 April 2014 sandraj.storey@northstaffs.nhs.uk
Purpose / Intent of Report:	<ul style="list-style-type: none"> For Information & Performance Monitoring
Executive Summary:	<p>This report provides a summary of the recent meeting of the Audit Committee held on 10 April 2014 .</p> <p>Trust Board members are reminded that the full minutes and papers are available for inspection from the Trust Secretary / Head of Corporate and Legal Affairs.</p>
Which Strategy Priority does this relate to: How does this impact on patients or the public?	<ul style="list-style-type: none"> Governance Strategy Finance Strategy Customer Focus
Relationship with Annual Objectives:	Relates to all annual objectives
Risk / Legal Implications:	N/A
Resource Implications:	N/A
Equality and Diversity Implications:	N/A
Relationship with Assurance Framework [Risk, Control and Assurance]	The Assurance Framework provides the Board with evidence to support the Statement of Internal Control.
Recommendations:	<p>The Board is asked to</p> <ul style="list-style-type: none"> Receive and note the contents of this report

**Audit Committee Report to the 24 April 2014 Trust Board of the meeting
held on
10 April 2014**

2013/14 Quality Account – Project Plan

Mrs Laurie Wrench presented a first draft of the Quality Account in accordance with the project plan that had previously been presented to the committee. It was noted that the role of the committee is to give assurance to the Trust Board that the process for developing the Quality Account is robust and that the Trust meets the target of developing and publishing its Quality Account by the 30 June 2014. The role of the Quality Committee is to give assurance that the content is accurate and contains the required information. It was noted that the Quality Account will be presented to the Quality Committee at its meeting on the 15 April 2014.

Committee members were satisfied that the process for managing the development of the Quality Account is robust, that it was meeting all the deadlines set out in the project plan, and would therefore achieve the publication date of the 30 June 2014.

2013/14 Annual Governance Statement

Mrs Sandra Storey presented the first draft of the Annual Governance Statement (AGS) for 2013/14, which is prepared in accordance with Trust Development Authority guidance. The AGS is a statement from the Trust's Accountable Officer about the system of integrated governance, risk management and internal control across the whole of the Trust's activities.

Mrs Storey advised that the AGS is a positive statement and that during the reporting period the Trust has not experienced any significant control issues that require declaring in the report. An independent audit of the Trust's Assurance Framework was undertaken at the beginning of 2014 and this gave a positive opinion and highlighted many examples of strong practice. This is important as the Assurance Framework is one of the key mechanisms that the Accountable Officer can use to support their AGS.

A subsequent audit on the Assurance Framework and its alignment to the Trust annual objectives also tested the validity of over 100 pieces of assurance. This concluded that the assurances were in existence and up to date. In addition, a further independent review of the Trust's risk management arrangements, as well as an audit on the information flows from committee to the Trust Board, has helped to inform the AGS and the Trust's positive position in this regard.

Mrs Storey noted that Baker Tilly, internal auditors recently issued their draft Head of Internal Audit Opinion and their findings must be reflected in the AGS. Their findings confirmed that "the Trust has no significant control issues and that significant assurance can be given to the Board that there is generally a sound system of internal control". Auditors were satisfied with the draft document presented to the committee and that it contained the required declarations. Mrs Storey informed the committee that the document will be finalised, in particular to reflect the high and significant risks that were discussed at the Trust's 9 April 2014 Risk Management Committee, and will be presented to the next meeting of the Audit Committee alongside the Trust's Annual Accounts.

Internal Audit Progress Report

Since the last meeting of the committee, one audit has been finalised:

- *Complaints – compliance with Trust Policy* (Amber / red opinion – 3 medium and 2 low recommendations were made to ensure full compliance with Trust policy). It was noted that a vacancy within the team had been appointed to following which good progress was being made and actions were being addressed with support from the Deputy Director of Nursing and Trust Secretary.

Draft Head of Internal Audit Opinion – 2013/14

Mrs Alex Hire, Baker Tilly, presented the draft Head of Internal Audit Opinion on the effectiveness of the system of internal control for the year ending 31 March 2014. The purpose of the annual Head of Internal Audit Opinion is to contribute to the assurances available to the Accountable Officer to assist in the completion of the Annual Governance Statement, previously mentioned.

Based on the work undertaken, it was confirmed that significant assurance can be given that there is generally a sound system of internal control and that controls are generally being applied consistently. It was noted that there had been some weaknesses following 3 audits, however none of these on their own or in combination led them to provide an overall negative opinion at the year-end. These were very specific reviews and it was stated by auditors that they were all areas that Management had previously raised concerns about, hence the audits being undertaken.

In conclusion, auditors further noted that the Trust has an overarching compliance with the internal control framework and good compliance with Trust policy and procedure.

External Audit Progress Report

The committee received a report summarising the work that had been completed since the last meeting of the committee. Their work focused on the interim audit in advance of the final accounts. Mr Andrew Bostock reported that he was satisfied with the findings from the initial audit and that he did not expect to identify any significant issues when the final audit is completed. Of particular interest and scrutiny this year will be any off payroll and ad hoc payments to staff.

Their upcoming work ahead of the next Audit Committee includes focussing the audit of the Trust's financial statements, Annual Report and content of the Quality Account, as well as completing their work to help inform the use of resources opinion.

Annual Report on Competition Waivers

The committee received an annual report from Mr Blaise summarising instances when competition waivers had been applied. The committee found this report helpful and asked for this to be developed further to include the name of the staff member who had asked for the waiver and more narrative to explain why in some cases there had been a continuation of contract that resulted in a competition waiver. This will be reported back to the committee.

Cost Improvement Plan (CIP)

Mr Lappin provided the committee with information on the processes and procedures in place in order to give assurance to the committee around the management of CIP schemes. Mr Lappin advised the committee that the Trust had achieved its 2013/14 CIP target in full. The development of CIP for 2014/15 was noted to be making good progress but further work was still required. Mr Lappin also provided information on

the Quality Assurance Process that is in place where schemes are assessed and rejected if they have the potential to impact on the quality of service provision.

The committee was satisfied with the ongoing processes in place to develop and manage CIP schemes. Concern was raised about the deliverability of some schemes and their timing. While owned by the service lines / divisions, Mr Lappin noted that the CIP is being closely monitored by the Executive Team.

Review of the Business of other Board Committees

The committee received the following summary business reports:

- *Quality Committee* – 18 March 2014 meeting;
- *Finance & Activity Committee* – 20 March 2014 meeting;
- *People and Culture Development Committee* – 17 March 2014 meeting.

Cycle of Business

The Committee received the revised cycle of business and meeting dates for the coming year.

Next meeting

3 June 2014.

On behalf of the Committee Chair

Sandra Storey

Trust Secretary / Head of Corporate and Legal Affairs

13 April 2014

REPORT TO TRUST BOARD

Date of Meeting:	24 April 2014
Title of Report:	NHS Trust Development Authority (NTDA) Monthly Self Certifications.
Presented by:	Kieran Lappin, Director of Finance
Author of Report: Name: Date: Email:	Glen Sargeant, Head of Performance and Information 11 April 2014 glen.sargeant@northstaffs.nhs.uk
Purpose / Intent of Report:	Information and approval
Executive Summary:	<p>This report presents the monthly NTDA self-certification documents for Board approval.</p> <p>These self-certification declarations form part of the NTDA Oversight and Escalation Process.</p> <p>Based on March 2014 data, the Trust is declaring compliance with all requirements.</p>
Which Strategy Priority does this relate to:	Clinical, Finance and Governance.
How does this impact on patients or the public?	There is no direct impact on patients or the public.
Relationship with Annual Objectives:	To manage delivery of the milestones towards achieving FT status, in preparation for the Trust's proposed future form.
Risk / Legal Implications:	None
Resource Implications:	None identified
Equality and Diversity Implications:	None identified
Relationship with Assurance Framework [Risk, Control and Assurance]	None
Recommendations:	<p>The Board is asked to :</p> <ul style="list-style-type: none"> • Approve the self-certifications for submission to the NTDA on or before the last working day of April 2014.

OVERSIGHT: Monthly self-certification requirements - Compliance Monitor Monthly Data.

CONTACT INFORMATION:



Enter Your Name:

Enter Your Email Address

Full Telephone Number:

Tel Extension:

SELF-CERTIFICATION DETAILS:



Select Your Trust:

Submission Date:

Reporting Year:

Select the Month

April

May

June

July

August

September

October

November

December

January

February

March

COMPLIANCE WITH MONITOR LICENCE REQUIREMENTS FOR NHS TRUSTS:



1. **Condition G4** – Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions).
2. **Condition G5** – Having regard to monitor Guidance.
3. **Condition G7** – Registration with the Care Quality Commission.
4. **Condition G8** – Patient eligibility and selection criteria.
5. **Condition P1** – Recording of information.
6. **Condition P2** – Provision of information.
7. **Condition P3** – Assurance report on submissions to Monitor.
8. **Condition P4** – Compliance with the National Tariff.
9. **Condition P5** – Constructive engagement concerning local tariff modifications.
10. **Condition C1** – The right of patients to make choices.
11. **Condition C2** – Competition oversight.
12. **Condition IC1** – Provision of integrated care.

Further guidance can be found in Monitor's response to the statutory consultation on the new NHS provider licence: [The new NHS Provider Licence](#)

COMPLIANCE WITH MONITOR LICENCE REQUIREMENTS FOR NHS TRUSTS:



Comment where non-compliant or at risk of non-compliance

1. Condition G4

Fit and proper persons as Governors and Directors.

Timescale for compliance:

2. Condition G5

Having regard to monitor Guidance.

Timescale for compliance:

3. Condition G7

Registration with the Care Quality Commission.

Timescale for compliance:

Comment where non-compliant or at risk of non-compliance

4. Condition G8

Patient eligibility and selection criteria.

Timescale for compliance:

Comment where non-compliant or
at risk of non-compliance

5. Condition P1

Recording of information.

Timescale for compliance:

6. Condition P2

Provision of information.

Timescale for compliance:

7. Condition P3

Assurance report on
submissions to Monitor.

Timescale for compliance:

8. Condition P4

Compliance with the
National Tariff.

Timescale for compliance:

Comment where non-compliant or
at risk of non-compliance

9. Condition P5

Constructive engagement
concerning local tariff
modifications.

Timescale for compliance:

Comment where non-compliant or
at risk of non-compliance

10. Condition C1

The right of patients to
make choices.

Timescale for compliance:

11. Condition C2

Competition oversight.

Timescale for compliance:

12. Condition IC1

Provision of integrated
care.

Timescale for compliance:

OVERSIGHT: Monthly self-certification requirements - Board Statements Monthly Data.

CONTACT INFORMATION:



Enter Your Name:

Enter Your Email Address

Full Telephone Number:

Tel Extension:

SELF-CERTIFICATION DETAILS:



Select Your Trust:

Submission Date:

Reporting Year:

Select the Month

April

May

June

July

August

September

October

November

December

January

February

March

BOARD STATEMENTS:



The NHS TDA's role is to ensure, on behalf of the Secretary of State, that aspirant FTs are ready to proceed for assessment by Monitor. As such, the processes outlined here replace those previously undertaken by both SHAs and the Department of Health.

In line with the recommendations of the Mid Staffordshire Public Inquiry, the achievement of FT status will only be possible for NHS Trusts that are delivering the key fundamentals of clinical quality, good patient experience, and national and local standards and targets, within the available financial envelope.

BOARD STATEMENTS:



For CLINICAL QUALITY, that

1. The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the TDA's oversight model (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.

1. CLINICAL QUALITY

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For CLINICAL QUALITY, that

2. The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.

2. CLINICAL QUALITY

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For CLINICAL QUALITY, that

3. The board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust have met the relevant registration and revalidation requirements.

3. CLINICAL QUALITY

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For **FINANCE**, that

4. The board is satisfied that the trust shall at all times remain a going concern, as defined by the most up to date accounting standards in force from time to time.

4. FINANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For **GOVERNANCE**, that

5. The board will ensure that the trust remains at all times compliant with the NTDA accountability framework and shows regard to the NHS Constitution at all times.

5. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

6. All current key risks to compliance with the NTDA's Accountability Framework have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues in a timely manner.

6. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

7. The board has considered all likely future risks to compliance with the NTDA Accountability Framework and has reviewed appropriate evidence regarding the level of severity, likelihood of a breach occurring and the plans for mitigation of these risks to ensure continued compliance.

7. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

8. The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual operating plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.

8. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

9. An Annual Governance Statement is in place, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (www.hm-treasury.gov.uk).

9. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

10. The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets as set out in the NTDA oversight model; and a commitment to comply with all known targets going forward.

10. GOVERNANCE
Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

11. The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.

11. GOVERNANCE
Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

12. The board will ensure that the trust will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; and that all board positions are filled, or plans are in place to fill any vacancies.

12. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

13. The board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.

13. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

14. The board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual operating plan; and the management structure in place is adequate to deliver the annual operating plan.

14. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

REPORT TO: Open Trust Board

Date of Meeting:	24 April 2014
Title of Report:	Report from the Risk Management Committee
Presented by:	Mrs B Johnson, Chair of the Risk Management Committee
Author of Report: Name: Date: Email:	Sandra Storey, Trust Secretary, Head of Corporate and Legal Affairs 15 April 2014 sandraj.storey@northstaffs.nhs.uk
Purpose / Intent of Report:	<ul style="list-style-type: none"> For assurance
Executive Summary:	This report provides a summary of the Risk Management Committee meeting held on the 9 April 2014
Which Strategy Priority does this relate to: How does this impact on patients or the public?	<ul style="list-style-type: none"> Customer Focus Strategy Clinical Strategy - Governance Strategy Financial Strategy
Relationship with Annual Objectives:	Ensure provision of safe clinical services
Risk / Legal Implications:	N/A
Resource Implications:	N/A
Equality and Diversity Implications:	N/A
Relationship with Assurance Framework [Risk, Control and Assurance]	Risk Management is an integral part of the Trust's Board Assurance Framework and informs the Annual Governance Statement
Recommendations:	To note the contents of the report

**Risk Management Committee Report to the Trust Board on the 24 April
of the meeting held on
9 April 2014**

Q4 2013/14 Principal Risk Register

Mr Sargeant presented this paper which highlighted principal risks, their ratings and mitigating actions. The report noted 11 principal risks, with an additional four risks escalated from the operational risk register. It was noted that the description of some of the risks had been revised following the review of the risk register at the last committee meeting.

Committee members reviewed the Principal Risk Register and discussed at length the significance of the risks being presented at Q4 and the respective mitigations in place. The committee agreed to increase the risk rating in respect to developing the Trust's IT systems and the importance of this work going forward.

The narrative in respect to mitigating actions for all risks was noted to be very high level and this prompted discussion around the level of assurance being provided to the board and the evidence available. It was noted that the register is currently being refreshed for the 2014/15 and that the wording for each risk and their mitigating actions would more be more explicit and would reflect the most up to date information available in order to give full assurance to the committee and Trust Board.

Q1 2014/15 Principal Risk Register – Forward Look

At the previous committee meeting members agreed that they would take a more forward look in respect to the review of risk rather than giving too much of a focus on considering them retrospectively. Mr Sargeant advised that the annual objectives for 2014/15 were currently being finalised. The high and residual risks as at 31 March 2014 and the Trusts objectives for 2014/15 will inform the Principal Risk Register.

The committee had a lengthy discussion about the risks for the coming year. In particular the considerable financial challenge and how the Board ensures that the quality of service provision is sustained. The committee agreed a number of risks that will help inform the Principal Risk Register. It was noted that the committee will review the Principal Risk Register again in May 2014, following which an assurance report will be provided to the Trust Board including detailed plans to mitigate the risks identified.

Cycle of Business

This was received by the committee.

Any emerging or significant issues will be reported to the Trust Board ahead of the committee, as necessary.

On behalf of the Committee Chair, Bridget Johnson
Sandra Storey
Trust Secretary / Head of Corporate and Legal Affairs
15 April 2014

REPORT TO: **Trust Board**

Date of Meeting:	24 April 2014
Title of Report:	People and Culture Development Committee Report
Presented by:	Mr Peter O'Hagan Chair of the People and Culture Development Committee
Author of Report: Name: Date: Email:	Sandra Storey, Trust Secretary / Head of Corporate & Legal Affairs 15 April 2014 Sandraj.storey@northstaffs.nhs.uk
Purpose / Intent of Report:	<ul style="list-style-type: none"> For information / assurance
Executive Summary:	<p>This report provides a summary of the meeting of the People and Culture Development Committee that took place on the 14 2014.</p> <p>The report highlights key points discussed and agreed outcomes.</p>
Which Strategy Priority does this relate to: How does this impact on patients or the public?	<ul style="list-style-type: none"> Workforce Strategy Governance Strategy Customer Focus Clinical
Relationship with Annual Objectives:	Cuts across all objectives
Risk / Legal Implications:	N/A
Resource Implications:	N/A
Equality and Diversity Implications:	None in this report
Relationship with Assurance Framework [Risk, Control and Assurance]	Provides assurance to the Board that the committee is working in according with its Terms of Reference
Recommendations:	<ul style="list-style-type: none"> To receive for information and assurance purposes.

**People and Culture Development Committee Summary Report to
24 April 2014 Trust Board of the meeting held on
14 April 2014**

1. Workforce Service Line Performance

Members reviewed each of the service lines in respect to performance around key workforce indicators. All presented reports which included information in respect to sickness levels, compliance with statutory and mandatory training and expenditure against budget. A slight reduction across the Service Lines was noted in respect to compliance with Statutory and Mandatory training and the committee discussed the actions that have been put in place to address this and improve future compliance.

The committee discussed the information being presented in respect to vacancies and agreed that it would be helpful if this information was presented in future as a percentage against the total establishment for each service line.

It was noted overall that service line performance was good, with extremely good performance being noted for the year in respect to completion of personal development review (PDRs). While statutory and mandatory had slightly dipped it was felt that teams had still performed well particularly in comparison to previous years.

2. Review of Committee Effectiveness

The Chair of the committee noted that it was 12 months since the committee was first established. Over the course of the year it was agreed that there had been a significant shift from discussions primarily focusing on policy and that it was moving towards becoming a developing committee in support and development of its workforce. It was felt that the committee was becoming more creative, particularly around how it looked for solutions to problems.

Members felt that they were working in accordance with the agreed Terms of Reference for the committee and that there had been extremely good attendance as well as engagement at meetings. The Chair congratulated members on the efforts made by the committee in taking forward key areas of work that have helped to empower team working. The journey and subsequent transformation over the last 12 months was considered to be "amazing".

3. Dragon's Den - Update

The meeting of the People and Culture Development Committee held on the 16th December 2013 was a "Dragon's Den" based session. It was designed to promote innovation and development across the Service Lines and Corporate Services.

The following is a reminder of the presentations and ideas generated by the process.

- **Touch Pad Satisfaction – Services for Children and Young People**

Matt Johnson gave the service innovation pitch on behalf of Rob Deller and two service lines.

"Tablets make you better quicker" was the theory behind the pitch that would look to use computer tablets to improve the MH services by enabling the

service to work smarter and in line with the national agenda. Computer tablets would be used within the new children's IAPT service to measure the effectiveness of sessions; this would be tested at the end of every session and the feedback worked upon with the family at the subsequent session.

The new system would enable the service to achieve national agendas, maximise session outcomes by tailoring the session to the client in building on the feedback areas, and provide an openness and honesty. Whilst the feedback could be recorded on paper this produced an unwelcome time lag, required manual input and as the computer tablet information was instantly uploaded this saved time overall.

In terms of update on progress since the presentation, it was noted that this had been limited due to some IT challenges that were being experienced. Consequently progress will be reported back in due course.

- **Rumour Has It! – Neuropsychiatry and Old Age Psychiatry**

Kath Clark and Jackie Wilshaw presented their pitch to the Dragons. They stated that the four main streams of gossip around the Trust came from the following sources:

- Chinese Whispers
- Water Cooler moments
- Burning Bush moments
- Rumour through the grapevine

In order to address this issue they had come up with a low cost humour based activity to encourage staff participation, to provide a two-way staff and management critical information share point. This would take the form of a Rumour-Board placed in all wards and departments as a focal point for staff. Accompanying that board would be a "Have you Heard" box, staff members would complete an information request in the form a speech bubble, place it into the box, and then management would respond accordingly with the correct information. It was hoped that this would quash inaccurate rumours before they started to gather momentum.

It was noted that this initiative was progressing well. The source of the budget for the purchase of the boards had been confirmed and will be progressed within the next two weeks. The boards will be available for staff, to include the capturing of comments, questions and responses. This initiative will be mentioned in the next edition of Newsround.

- **Improving the Patient Experience - At a Glance – Psychosis Recovery**

The pitch was delivered by Jane Clement and Vicky Finney. The acute wards and acute home treatment team was looking for investment into electronic patient status display boards to replace the existing manual whiteboards used to record patient information in the Nursing/Team office. The investment would primarily offer nurses and ward/department managers' real-time information shared across the network (CHIPS) with a drag and drop functionality creating and maintaining patient status information.

This in turn would result in more time to care, more efficient bed management and an improvement in the patient journey experience.

The current whiteboard system relied on manual updating and information could be easily and inadvertently removed, the current system also failed to

consistently highlight risk markers. The electronic system would provide alerts for consent to treatment, renewals and expiry dates for sections; risk markers, alerts via colour RAG rating systems; alerts for risk assessment reviews; record delayed discharges; provide an audit trail of information and this in turn would increase staff morale.

The electronic system would also transfer patient data between wards in readiness for the arrival of the patient on their new ward. There was potential for the electronic system to be used across the whole of the Trust including the community teams. The system was being used successfully in other mental Health trusts, and staff that had seen the system working were motivated to make it a success for the Trust. Board implementation would ensure that staff were subsequently released for an average of 20 minutes per staff member, per shift, per day and that this time would be released to enable direct time to care.

It was noted that this scheme was progressing well. The business case had been approved in terms of capital spend and was going through the governance process for committee approval. This initiative would start with Wards 1 – 3, with the intention of further roll out thereafter.

- **‘Perpetuum Mobile’ – Learning Disability Services**

Faye Pemberton delivered the pitch. “Perpetuum Mobile” is Latin for a composition where a large part of the piece is intended to be repeated a number of times without the “motion” of the melody being halted. She informed the Dragons that service provision felt similar to this, it often felt chaotic, with no time to stop and analyse improved ways of working. Having spoken to families/service users/agencies it was evident that there was no time to plan, and as prevention was key to service provision, a new support and enablement way of working would aim to address the issues with the introduction of a new model of working.

The team was happy with the new model and staff would rotate every 6 months to support the throughput of clients. With the right staffing it was felt that the “only way is up”!

The service required a Project Manager (PM) to deliver the new model, and with a PM in place it was anticipated that the new model would be active within 3-4 months.

It was noted that this initiative was being progressed. A decision had been made not to appoint to the PM role and that this work would be managed within the existing capacity. There was confidence that the work would be completed, but may take a little longer than initially planned.

- **Virtual Innovation Hub – Research and Development team**

This pitch was delivered by Laurie Wrench, with assistance from Sue Wood and Sue Molesworth. They introduced their pitch as a new concept that would require a commitment for resources, and for it to be launched in the Innovation Week in 2014.

Unilever, Amazon and Google already employed innovators to keep their businesses at the fore-front of new ways of working. The Dragons were introduced to a new Trust proposed model for an innovation hub that would be based within the R&D, CESU and Clinical Audit department, with Board level support. This would ensure that new ideas and concepts could be

signposted to resources, and help to build an expert Trust community of ideas, enthusiasm, guides, mentors and innovators. Partners in the form of Universities, Public Health, Voluntary services etc. would form an important part of the innovation address book. It was envisaged that the hub would harness the skills of Trust staff.

It was noted that much work had been done in terms of conversations with Trust staff around how best to engage with staff in order to make this a success. From the feedback received it was felt that face to face contact would be the preferred way to engage and innovate. It was noted that staff are taking forward an initiative of swapping ideas for cup cakes.

During these conversations staff will be asked to give suggestions on shaping an IT solution to progress this piece of work further. Suggestions so far would be to have a virtual innovation hub site, aligned to the Trust website where ideas can be exchanged. It would be an experiential website where staff can get enthused about innovation and when ideas may not be suitable for one area they could be recycled for consideration elsewhere. The team stated that they would be looking to engage services users in this initiative.

- **Practically Perfect Potteries People Partnership (Give P's a chance) – Organisational Development Team**

Delivered by Paul Draycott, Lesley Faux and Carol Bain from the OD team, it was a light-hearted pitch to develop ways of improving community engagement and team spirit. Their “fairy story” highlighted how the Trust had moved away from engaging with the community, and how this linked with the Innovation Hub idea.

The idea was to bring back a sense of community, to engage with individuals and teams to help the teams flourish with ideas and innovation – this in turn would help staff to feel valued and would break down barriers. Michael West's research over the last 10 years had demonstrated that staff engagement was the biggest indicator to influencer of staff.

It was suggested that ideas should be generated from staff but some of the thoughts were in an anniversary year (5/10/15 years of service) staff members would be released to support a charitable organisation, encouraging a sense of partnership. Teams could look at projects they would like to support with schools, young enterprise etc. Past Trust events in the form of quiz nights had generated a sense of community, “It's a Knockout” competition would provide family involvement and engagement, and staff could also come up with suitable suggestions.

The concept gave opportunities for staff at all levels, and it was hoped that it would enrich the working environment, and bring a sense of pride and togetherness.

It was noted that this had progressed well and reference was made to some of the high level strategic plans that had recently been discussed at the committee, in terms of valuing, developing and supporting staff, such as the Aston Team Leaders Course, Listening into Action, Healthcare Support Worker programme, work on aligning culture and values, and so on.

- **Sharing what we do well for the wellbeing of our staff – Non-Psychosis**

Andy Oakes delivered the pitch assisted by Annie Roberts. They reflected on the excellent work of Growthpoint and the Jam Factory and how these initiatives were generating a sense of worthwhile, and gave something valuable back to service users. Great staff are often weighed down by NHS politics and it would be beneficial for staff from the different services to visit the different options on offer, and get to meet the staff and service users involved. This could provide the stimulus to remind staff of the reasons they came into the service, and the interaction could result in something tangible in terms of energy and the impetus to deliver a service that makes a difference. The idea was to share the learning, this could be on film, filmed via a Sensecam, or in the form of stories recounted back from other people and then shared at staff sessions. The filming would require editing, but this could be done in conjunction with the service users from the observatory.

It was noted that this is progressing well. The Service line held an away day in March 2014 to share best practice with the intention of rolling this out across the wider organisation.

- **Total Recall – Old Age Psychiatry**

Lisa Sharrock delivered her pitch to the Dragons, with assistance from Liz Kay and Sue Molesworth. The pitch was for investment in an exciting opportunity to develop digiotherapy to address the issues of neuro-degenerative disease erasing peoples' memories.

The UK was in the grip of a crisis with 750,000 dementia sufferers, and this number was expected to double within 30 years. Dementia services were not proactively delivering a service that addressed early diagnosis, and the consequence of this was increased spending. The Dementia Challenge was launched in 2012, and technology will play a large part of this.

The service was looking to purchase 3 Sensecams and no-one was currently using these as an intervention technique. The Sensecams would be used with patients with mild cognitive problems/early dementia.

The Sensecam had been devised by Microsoft, it used a fish-eye lense with inbuilt GPS, light and motion sensors and could store large amounts of data. It had already been piloted and over 100 papers had been written on the device.

The device could be used on patients with Alzheimers, Dementia or mild cognitive issues. A recent trial at Addenbrookes Hospital had shown fantastic results, and subjects were able to recall memories 3 months on from the trial. By using the Sensecam in conjunction with Flo (Florence – the text messaging service for patients), the benefits were expected to be tremendous. It was often the simplest ideas that were the most effective. Lisa Kay and her team had piloted Flo with 8 patients who received 2 texts per day to measure their mood and well-being. Sue Molesworth had interviewed all the participants, for one patient it had helped to reduce their cigarette consumption, and another had viewed Flo as a friend. As the data was self-generating there were no ethical issues to overcome.

The following update was noted in terms of the good progress that had been made:

FLO – Phase 1

- *Six week pilot complete*

- *Evaluation complete*
- *Signed off by Stoke CCG*
- *NHS Tele-health conference Media City Salford University*
- *March 2014 poster presentation delivered*
- *Symposium application - HSRN conference*
- *Met with Derby University and Staffs University*
- *Publication (in progress!)*

Phase 2

- *Dragons Den information obtained 6/3/14*
- *6/3/14 Meeting with Stoke CCG Dr. Chambers*
- *Proposal -Pilot development and publication*
- *Stoke CCG agreed funding for*

Next Steps

- *Project outline / GANT chart*
- *Team away day*
- *Review ethics*
- *Recruit participants*
- *Run pilot collect data*
- *Complete evaluation*
- *Publish*

• **Bees – Staff Side**

Colin Burgess delivered the pitch. His analogy with bees was that the bee population was declining as were nurses; they worked within a complex environment and there was a two-way communication system. He identified blockages within the Trust's communication system with some issues being reported but were then either watered-down or forgotten about.

He said that staff needed to feel empowered and listened to, and that this could be rectified by enlisting staff-side representatives to engage with the Board. The Board needed to be: accessible; acknowledge issues; consultative; promote equality; considerate; honest; prepared and equal.

The BEES acronym as a Basic, Executive, Engagement Strategy which would give HONEY – Honest, Open, Nurturing, Engaging Yield.

He put forward a few suggestions to support this. The introduction of a "Management Thermometer" would reflect how staff thought the management were performing and "Adopt a Nurse" for one hour a week/month by every Executive and senior management was another idea to readdress the communication issues.

Mr Draycott noted that the progress of this initiative was linked to give 'P's' a chance.

In summary of this part of the meeting, the Chair thanked everyone for their updates and noted that there was good progress being made and that he was impressed with the number of innovations from staff and their teams.

Discussion took place around how to open up the Dragons Den further and whether this could be through the virtual innovation hub, divisional board meetings, etc. All agreed that there should be a central place to collate and properly manage ideas as they come through. The Chair asked committee

members to cascade the message to their teams about the sharing of ideas and a shortlist could be drawn up for a further Dragons Den in the autumn. It was noted that this should not deter staff from progressing any important initiatives that would have the potential to enhance the quality of our services now. Mr Draycott agreed to bring a paper to the next meeting of the committee setting out the process for how the next Dragons Den would be coordinated.

4. Service Line 5 Year Vision

The committee received updates from each of the service lines in respect to the work that is being undertaken in progression of their longer terms plans. Those presenting described their positivity and enthusiasm around this work, particularly as this was engaging staff at various levels who were feeling valued given their contributions to this process. A lot of the work was also being linked to the development of the care pathways. It was noted that common themes emerging from this work will help inform future discussions by the Executive Team and the Trust Board.

5. Next meeting

Changed from 19 May to 23rd May, 9.00 am, Trust HQ

On behalf of the Chair Peter O'Hagan, Non Executive Director and Acting Executive Director of Leadership and Workforce, Paul Draycott

Sandra Storey
Trust Secretary / Head of Corporate and Legal Affairs
15 April 2014

Report To : Trust Board (Open)

Date of Meeting:	24 th April 2014
Title of Report:	Report on the Implementation of the Trust's New Safeguarding reporting system
Presented by:	Paul Draycott
Author of Report:	Carol Sylvester. Head of Patient and Organisational Safety Rebecca Stubbs. Project Manager-Safeguard Risk Management system
Name: Date: Email:	14 th April 2014 Carol.sylvester@northstaffs.nhs.uk
Purpose / Intent of Report:	<ul style="list-style-type: none"> • Performance monitoring • For Information
Executive Summary:	<p>This report details the project implementation of the Safeguard Risk Management System and will detail the project background, system benefits, objectives, implementation and future strategy.</p> <p>The key points contained in the report are detailed below:</p> <ul style="list-style-type: none"> • Project background. A summary of the deficiencies in the EWorks and Delivering Health systems in the integration and triangulation of management of risk and incidents. Disparate systems used for the purposes of data and trend analysis of complaints, PAL's and safeguarding. • System benefits. A summary of the integrated system for increased ease of identification of quality, risk and safety issues, system improvements in external reporting and benchmarking. Regular system updates in response to national enquiry and User feedback • Project implementation. A summary of the 4 modules, Risk, Incident, Safeguarding and Customer Care implemented progress in implementation and operational use. The report will detail the link with the CHIPS patient database and with ESR to ensure monthly refresh of data on staff detail and location, the development of a dedicated Safeguard web page , a programme of staff

	<p>training and education with over 500 staff trained in using the incident reporting module.</p> <ul style="list-style-type: none"> • Future strategy. The report will detail the proposed implementation of the root cause analysis, litigation and inquest module, development of further trend reports and ongoing training for staff.
<p>Which Strategy Priority does this relate to:</p> <p>How does this impact on patients or the public?</p>	<ul style="list-style-type: none"> • Customer Focus Strategy • Clinical Strategy • Governance Strategy • Innovation Strategy • Workforce Strategy
Relationship with Annual Objectives:	Provide safe care for people who access our service.
Risk / Legal Implications:	
Resource Implications:	
Equality and Diversity Implications:	
Relationship with Assurance Framework [Risk, Control and Assurance]	Provides assurance in terms of integrated reported and improved data quality
Recommendations:	That the Trust Board receive the report for information / assurance purposes



Implementation of the Safeguard Risk Management System

Purpose

The purpose of this report is to summarise the implementation progress of the Safeguard Integrated Risk Management system and to provide assurance to the Trust Board of milestones achieved, benefits of the system for use of data to inform improvements in patient and organisational safety.

Project background

North Staffordshire Combined Healthcare has historically captured incident data via a locally developed incident reporting system (EWorks), with the Trust Risk Register recorded on the Trust Delivering Health. Deficiencies in both systems were identified as the business needs of the Trust evolved and the requirement for data analysis and intelligence emerged. Of particular note were the disparate systems and databases used for recording qualitative and quantitative data, limitations of the EWorks system to produce service line incident data and thus trend reports.

The E-works and Delivering Health systems were unable to facilitate a sufficiently robust integrated risk picture for Incidents, Risk, Complaints, PALS and Safeguarding Vulnerable People and a business justification case successfully submitted in 2013 detailing the benefits to the Trust of a commercial risk management system with an options appraisal suggesting that the Trust invest in the purchase of the Safeguard Risk Management System and the approval of the purchase of the risk, incident, customer care and safeguarding vulnerable people modules.

Safeguard is a commercial system owned by Ulysses and commonly used by many NHS Trusts.

Recruitment of a Project Manager in June 2013 to oversee full implementation of the modules ensured that a project mandate was produced to outline the schedule for implementation with monthly review and evaluation of milestone implementation with any barriers and actions to overcome agreed.

Safeguard Risk Management Benefits

The benefits of the system are summarised below;

- One system in use to record and monitor incidents, risks, complaints, PALS and safeguarding vulnerable people with links between each module.
- Triangulation of information through ease of report generation enabling managers to identify areas of risk and initiate immediate actions and learning lessons include weekly team and service line narrative reports and monthly trend reports
- Increased ease in reporting to external agencies including the National Reporting and Learning System (NRLS), Health and Safety Executive (HSE) and NHS Protect thus providing assurance of robust and timely external reporting and therefore contributing to national data collection to inform ongoing safety improvement data.
- A comprehensive package of education and training thus improving staff awareness and understanding of the benefits and responsibilities for incident reporting through a programme of training sessions and guidance documentation.
- Ulysses implementation of regular system updates to meet the changing needs of the NHS in response to external enquiry reports, national policy and user requirements.
- Option to purchase additional modules to further enhance data intelligence. The Trust has purchased the Litigation and Inquest modules to further strengthen links to analyse trends of clinical and non- clinical claims and to ensure that Serious Incident related inquest outcome is recorded in a central database with limited access.

Project Objectives

The main project objectives are summarised below;

- To replace the current incident reporting system (E-Works), Risk Register (Delivering Health) and recording/monitoring systems used by the Patient Experience Team and Safeguarding Vulnerable People Team with the Safeguard Risk Management System in to one integrated system.
- To integrate training in the use of the system with an emphasis on education and awareness of responsibilities for raising concerns through incident reporting, increasing awareness of recording risk, manager responsibilities for reviewing incidents, identifying actions to reduce harm and ensuring feedback of outcomes and learning to teams
- Enable managers to identify areas of high risk and monitor the completion of actions to prevent similar incidents, complaints, enquiries or litigation through improved integrity and accessibility of incident data
- Triangulate information, highlight themes and trends and to enable the production of qualitative and quantitative data to support analysis and reduction strategies to further improve patient and workforce safety and quality via operational and strategic forums.
- To ensure ease of reporting to external agencies, for example NHS Protect, NRLS and the HSE.

Project deliverables

Initial set up of the project team and development of a project plan agreed the following actions.

- Produce a Project Mandate and Project Plan for progression.
- Identify current data collation systems and agree future requirements with wider staff engagement.
- Establish monthly imports from the Trusts Electronic Staff Records (ESR) to Safeguard to ensure accurate team and staff data.
- Initiate CHIPS link into Safeguard to provide patient details where required.
- Recording of the Safeguard Risk Management System on the Trusts Information Asset Register.
- Scheduled meetings to further review and plan objectives with core members for each module of the system.
- To conduct a pilot of the incident module for review prior to Trust wide implementation.
- Development of a training programme and user guides.
- Evaluation of the implementation of each module/phase.
- Presentation of a summary report to the Trust Board upon implementation of the Risk, Incident, Customer Care and Safeguarding Vulnerable People modules and to provide assurance of project delivery and the benefits.

Timeframe

In accordance with the business justification case and project mandate a project plan was developed to outline a phased implementation over a twelve month period with key milestones set. The project plan has been continually updated to reflect work on-going with inclusion of any issues encountered and risks identified.

A Trust wide programme of incident reporting training during September and October 2013 and ongoing dates scheduled has resulted in training delivered to over 500 staff trained to date.

Project implementation May 2013 to March 2014

- All modules have been implemented and are operational with the exception of the litigation and inquest modules which have only recently been purchased and are planned for implementation during April and May.
- Safeguard system recorded on the Trusts Information Asset Register and confidentiality agreement complete.
- Daily system back up established via IT services to ensure ongoing system integrity.

- CHIPS link established for patient information to be linked to incident reporting, customer care and safeguarding vulnerable people.
- Monthly import from ESR to Safeguard to ensure continued updating of staff records and Trust locations.
- Regular system upgrades when further developments made by Ulysses in response to the user feedback and system software developments.
- Safeguard Risk Management page developed on SID along with dedicated Incident Reporting page for ease of staff access to the system and supporting documentation including user guides and system expertise based within the Patient and Organisational Safety Team.
- A visual display of the SID page Safeguard link is illustrated below.



- Regular communications to staff via Team Brief and Newsround including good practice tips, changes to system, new and updated user guides.
- Divisional Business Meeting attendance by the Project Manager to support implementation and to offer ongoing support with report design and system issues.
- Development of a unique Safeguard logo improve staff recognition and awareness the logo based on the concept of a four piece jigsaw with each coloured section representing each Safeguard module as illustrated below. The logo is used in any correspondence, development or training initiative related to the Safeguard system
- Training facilitated by Ulysses personnel and the Project Manager for users of each module.
- Incident and Risk Reports designed and scheduled for regular circulation from Safeguard to Managers for monitoring purposes, implementation of actions/recommendations, learning lessons and trend analysis.

- Development of Service Line Manager monthly incident count reports by team and attendance at Service Line meetings to support discussion of incident data. Most recently incident count reports designed for Service Line Managers to assist with trend analysis.

Risk Module

The Risk Module now encompasses the Trust Risk Register for both Principal and Operational risks. Trust Audits and associated action plans are now recorded and monitored within the module and overseen by the Performance Team.

The risk module went live in June 2013 as planned. Reports have been designed and tailored to include the following data

- All Principal Risks
- Operational Risks by Division
- Operational Risks by Division risk rating 12 plus (illustrated below)
- Operational Risks by Division risk rating 8-10
- Operational Risks by Service Line
- Closed Operational Risks
- Open Audit Report
- Closed Audit Report

Regular review meetings have been held with members of the Performance Team and Divisional Risk Leads to further develop the module and address any queries during the months following implementation with the development of a Manager User Guide for risk rating and recording. Access levels and responsibilities for recording and monitoring risks were agreed by the Performance Team and Divisional Risk Lead.

Incident Reporting Module

A significant amount of work was required in order to prepare the incident module for pilot and live implementation. The Project Manager and Patient & Organisational Safety Team worked jointly in order to achieve this with tasks such as reviewing the layout and content of the incident report form, National Reporting and Learning system (NRLS) data mapping, ensuring that the correct staff notification rules had been set and to create and schedule incident data reports. A two week pilot of the module took place during August 2013 with participation from Ward 1, Harplands and the Recovery & Resettlement Team, Hillcrest.

A programme of training for staff and managers was rolled out during September and October 2013 with evaluations reflecting positive feedback. Further sessions have been delivered in February and March 2014 to refresh and capture those staff previously unable to attend.

Incident go-live was successfully initiated on 1st October 2013 as scheduled and to coincide with Q3 reporting. Following this phase, ongoing developments to the module have taken

place with changes communicated to staff as applicable, for example developments to the process for Safeguarding Vulnerable Adults and Rapid Tranquilization monitoring.

The Patient & Organisational Safety Team undertakes a weekly upload of patient safety incidents reporting directly from Safeguard to the NRLS system.

User Guides and SID page are continually developed and updated as the system evolves with regular feedback of user and administrator issues to the Project Manager

Serious Incident Module

Within the Incident module is a Root Cause Analysis (RCA) tool which has been developed in line with the NRLS RCA Investigation Tools. By using the RCA tool within Safeguard it will be possible to record investigations, monitor progress, evidence implementation of action plans and evaluate impact and improvement. A pilot of the RCA element is underway and the Project Manager and Patient Safety Manager are meeting with colleagues from Birmingham & Solihull Mental Health Foundation NHS Trust to discuss their experience of using the RCA and other modules of the Safeguard System to ensure that the Trust are utilising this module to its maximum benefits.

Once the pilot is reviewed and assurance is given that the RCA element will provide the anticipated benefits, all Serious Incidents will be recorded and monitored on the Safeguard system and Investigating Officers will be required to record RCA investigations using the built in RCA tool. There will be minimal training required for Investigating Officers and a basic user guide will be produced with support provided by the Project Manager and Patient & Organisational Safety Team

Customer Services Module

The Customer Services Module records all Complaints, PALS and MP enquiries as of October 2013 to align with Q3 reporting. The module is used to track and record each stage of a case and to record the final outcome. Reports have been designed and extracted as required, for example to update the weekly Incident Review Group. The benefits of the module will be to have an overview of customer care issues/concerns by area and to triangulate information with incident data, to strengthen recommendations and learning from PAL's concerns and Complaint investigations, provide thematic analysis and to therefore enhance shared learning from the data available.

Safeguarding Vulnerable People Module

The Safeguarding Vulnerable People Module has been used by the Safeguarding Team since November 2013 however cases were back dated so that records within the module begin from 1st October 2013 to align with Q3 reporting. The Project Manager has worked with the team to review and modify the module to meet the needs of Safeguarding Team/Trust. The

team are currently using the module to record and monitor Vulnerable Adult cases. The Safeguarding Vulnerable People Module has been set up to link with the Incident module so that all incidents where an Adult Protection referral is initiated automatically generate a new case within the vulnerable people module. Reports have been produced to enable extraction of key information for reports such as the Integrated Quality Report.

Project Successes and future strategy

Implementation of the Safeguard Risk Management system has provided an opportunity to review the available data and the methods in which we use the data and to redefine current processes to ensure that available information is used in a timely and effective way to define improvements in risk, quality and safety.

In conjunction with the improvements in the ability of the system to produce data in a centralised and consistent way through defined and regular reports, so improvements have been made to the approach taken to share, understand and summarise the information available resulting in changes to the processes for reviewing risk, incidents and customer care.

It is apparent that the implementation will be a dynamic process with ongoing refinements to the Safeguard system to ensure that local and national approaches are utilised in maximising the information available from the system however, it is important to note that the information available will be dependent on the input in to the system and it is therefore imperative that an ongoing programme of education relating , not only to the actual system and the benefits, but also to individual and team responsibilities to ensure that the system is used fully and effectively to report incidents, adverse events, near miss information and risk.

Carol Sylvester, Head of Patient and Organisational Safety

Rebecca Stubbs, Project Manager, Safeguard Risk Management system

1st April 2014