North Staffordshire Combined Healthcare **NHS**

NHS Trust

MEETING OF THE TRUST BOARD

TO BE HELD IN PUBLIC ON THURSDAY 26 FEBRUARY 2015, 10:00AM, BOARDROOM, TRUST HEADQUARTERS, BELLRINGER ROAD, TRENTHAM LAKES SOUTH, STOKE ON TRENT, ST4 8HH

	AGENDA	
1.	**APOLOGIES FOR ABSENCE** *To NOTE any apologies for absence*	Note
2.	**DECLARATION OF INTEREST RELATING TO AGENDA ITEMS**	Note
3.	**DECLARATIONS OF INTERESTS RELATING TO ANY OTHER BUSINESS**	Note
4.	**MINUTES OF THE OPEN AGENDA – 29 JANUARY 2015** *To APPROVE the minutes of the meeting held on 29 January 2015*	Approve Enclosure 2
5.	**ACTION MONITORING SCHEDULE & MATTERS ARISING FROM THE MINUTES** *To CONSIDER any matters arising from the minutes*	Note Enclosure 3
6.	**CHAIR'S REPORT** *To RECEIVE a verbal report from the Chair*	Note
7.	**CHIEF EXECUTIVE'S REPORT** *To RECEIVE a report from the Chief Executive*	Note Enclosure 4
	TO DELIVER HIGH QUALITY PERSON CENTRED MODELS OF CARE (Strategic Goal)	
8.	**SPOTLIGHT ON EXCELLENCE** *To PRESENT the Spotlight on Excellence Team and Individual Awards to staff* *To be introduced by the Chief Executive and presented by the Chair*	Verbal
9.	**PRESENTATION FROM THE LEARNING DISABILITIES DIRECTORATE** *TO RECEIVE an introduction to the team led by Mr. A Forrester, Interim Head of Directorate*	Verbal
10.	**QUALITY COMMITTEE REPORT** *To RECEIVE the Quality Committee assurance report from the meeting held on 17 February 2015 from Mr. P Sullivan, Chair of the Quality Committee*	Assurance Enclosure 5

11.	**QUALITY COMMITTEE ANNUAL REPORT - 2014** *To RECEIVE the Quality Committee Annual report from Mr. P Sullivan, Chair of the Quality Committee*	Assurance Enclosure 6
12.	**NURSE STAFFING MONTHLY REPORT – January 2015** *To DISCUSS and APPROVE the assurance report on the planned versus actual staff variances from Mr. M Dinwiddy, Interim Director of Nursing & Quality*	Assurance Enclosure 7 *To follow*
13.	**FEEDBACK FROM THE TRUST DEVELOPMENT AGENCY SURVEILLANCE GROUP MEETING** *To RECEIVE for assurance the summary of the outcome from the Quality Surveillance Group meeting from Mrs. C Donovan, Chief Executive*	Assurance Enclosure 8
	TO BE ONE OF THE MOST EFFICIENT PROVIDERS (Strategic Goal)	
14.	**FINANCE REPORT – Month 10 (2014/15)** *To RECEIVE for discussion the month 10 financial position from Mrs. A Harrison, Interim Director of Finance*	Assurance Enclosure 9
15.	**ASSURANCE REPORT FROM THE FINANCE & PERFORMANCE COMMITTEE CHAIR** *To RECEIVE the Finance & Performance Committee Assurance report from the Committee Chair, Mr. T Gadsby from the meeting held on 19 February 2015*	Assurance Enclosure 10
16.	**PERFORMANCE AND QUALITY MANAGEMENT FRAMEWORK REPORT (PQMF) – Month 10** *To RECEIVE the month 10 Performance Report from Mrs. A Harrison, Interim Director of Finance*	Assurance Enclosure 11
17.	**SELF CERTIFICATIONS FOR THE NHS TRUST DEVELOPMENT AGENCY** *To APPROVE the Self Certifications for the TDA from Mrs. A Harrison, Interim Director of Finance*	Assurance Enclosure 12
18.	**REFORMING PAYMENT SYSTEM (Payment Metrics for Multi-speciality providers)** *To RECEIVE a briefing on the Reforms to the Payment System from Mrs. A Harrison, Interim Director of Finance*	Note Enclosure 13
	TO BE A DYNAMIC ORGANISATION DRIVEN BY INNOVATION (Strategic Goal)	
19.	**PEOPLE AND CULTURE DEVELOPMENT COMMITTEE REPORT** *To RECEIVE the People and Culture Development Committee assurance report from the meeting held on the 16 February 2015 from Mr. P. O'Hagan, Committee Chair*	Assurance Enclosure 14
20.	**ASTON TEAM OUTPUTS** *To RECEIVE an update on the Aston Team work from Mr. P Draycott, Director of Leadership and Workforce*	Assurance Enclosure 15
21.	**IMPROVING WORKFORCE SAFETY** *To RECEIVE for assurance a report on improving Workforce Safety, including*	Assurance Enclosure 16

	initiatives to reduce staff assaults, from Mr. M Dinwiddy, Interim Director of Nursing & Quality	
22.	**EMOTIONAL LABOUR – SUPPORTING COMPASSIONATE CARE THROUGH PROVISION OF EMOTIONAL SUPPORT TO STAFF** *To APPROVE a proposal on provision of emotional support to staff from Mr. P Draycott, Director of Leadership & Workforce*	Approve Enclosure 17
23.	**To *DISCUSS* any Other Business**	

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QUESTIONS FROM MEMBERS OF THE PUBLIC

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24.	*To ANSWER questions from the public on items listed on the agenda*	

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DATE AND TIME OF THE NEXT MEETING

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	The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday 26 March 2015 at 10:00am.	
25.	**MOTION TO EXCLUDE THE PUBLIC** *To APPROVE the resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1(2) Public Bodies (Admissions to Meetings) Act 1960)*	

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THE REMAINDER OF THE MEETING WILL BE IN PRIVATE

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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	Assurance
	BUSINESS PLAN UPDATE	Approve
	LEADERSHIP & WORKFORCE REPORT AND SERVICE REVIEW	Assurance
	ANY OTHER BUSINESS	

North Staffordshire Combined Healthcare NHS
NHS Trust

TRUST BOARD

Minutes of the open section of the North Staffordshire Combined Healthcare NHS Trust Board meeting held on Thursday, 29 January 2015 At 10:00am in the Boardroom, Trust Headquarters, Lawton House Bellringer Road, Trentham, Stoke on Trent, ST4 8HH

Present:

Chairman:	Mr K Jarrold Chairman	Mr P O'Hagan Vice Chair
Directors:		
Mrs C Donovan Chief Executive	Dr K Tattum GP Associate member	Mr D Rogers Non-Executive Director
Dr B Adeyemo Medical Director	Mr P Sullivan Non-Executive Director	Ms B Johnson Non-Executive Director
Ms A Harrison Interim Director of Finance	Mr P Draycott Director of Leadership &Workforce	Mr T Gadsby Non-Executive Director
Mr A Hughes Interim Director of Strategy and Development	Mr M Dinwiddy Interim Director of Nursing and Quality	

In attendance:	Team Spotlight:	Individual spotlight
Mrs J Scotcher Executive PA	Diversional Activity Workers Ms J Cope Ms S Lenighan Mrs J Clement	Mrs K Day Business Development Manager
Staff Retirements Mr N Brown Mrs F Dutton		

Members of the public:

Hilda Johnson – NSUG		
Kate da Costa – Janssen	Chris Fieldhouse	Wensley Naylor – Councillor
Karen Carter – Janseen	Grant Williams	Newcastle under Lyme
		Nick Griffiths – BT

The meeting commenced at 10:00am.

356/2015	**Apologies for Absence** Apologies were received from Mrs S Storey, Trust Secretary/Head of Corporate and Legal Affairs and Mr A Rogers, Director of Operations and Dr Sheppard, GP Associate Member.	**Action**
357/2015	**Declaration of Interest relating to agenda items** There were no declarations of interest relating to agenda items.	

358/2015	**Declarations of interest relating to any other business**	
	There were no declarations of interest	
359/2015	**Minutes of the Open Agenda –27 November 2014**	
	The minutes of the open session of the meeting held on 27 November 2014 were approved as a correct record, with the exception of ;.	
	Page 3, 295/14 Mrs Donovan confirmed this is progressing well, we now have a proposal and that Health Education West Midlands have offered starting in January 2015.	
	Mr Draycott commented that this was not confirmed and was still under negotiation.	
	Page 13, 327/2014 - Dr Tattum added that information regarding waiting times and referrals would be beneficial to share with the LMC.	
	Dr Adeyemo stated that the action was listed correctly in the minutes with her responsibility however, the action schedule stated Mr Dinwiddy. Action schedule to be amended	
360/2015	**Matters arising**	
	The Board reviewed the action monitoring schedule and agreed the following:-	
	287/14 KPMG Review of the Trust's Quality Governance Arrangements and Action Plan - Mrs Donovan clarified Board to ward visits need to be embedded and strengthened. It was further noted there will be a Quality dashboard for the 6 new directorates. ***Mrs Donovan stated this was in relation to two issues;*** ***1. The Quality Dashboard for the new Directorates has been developed and submitted to Quality Committee;*** ***2. Board to ward visits - there is still work taking place regarding this and Mr Dinwiddy will bring back in March 2015. The Chair commented that the Board to Ward Visits were important and the NEDs would like to see these going forward, he also appreciated the pressures on everyone in order to formalise this.*** ***295/14 – People and Culture Development Committee Report -*** The Trust is developing a piece of work with Birmingham University which will look to build on the research base that exists to improve how we support staff to replenish and maintain emotional support.	**Mr Dinwiddy**

	As discussed previously, Mr Draycott stated that the Trust is finalising proposals and that a paper would come to the next Trust Board. It was noted that there had been workshop last week in relation to Compassionate Leadership.	**Mr Draycott**

325/14 - Activity Workers, Neuropsychiatry and Old Age Psychiatry Directorate - Mrs Donovan commented on the Activity Box and the uniqueness of this initiative and the fact that this does not carry a cost. This could be used in other areas. Mr Draycott to speak to Mrs Clark regarding the possibility of entering for an Innovation Award in this respect.
Mr Draycott confirmed he had spoken with Mrs Clark regarding the opportunity of submission for a HSJ award – remove from schedule .

327/14 - **PALs/Complaints Report Q1 and Q2** - Dr Tattum added that information regarding waiting times and referrals would be beneficial to share with LMC. *As discussed under matters arising – remove from schedule*

329/14 - Quality Committee Summary held on 18 November 2014 - Mrs Johnson queried did the statutory and mandatory training figures include bank and agency staff ?– Mr Draycott stated if they are employed should be included in the report, the vast majority are employed by us. –Mr Draycott to do a drill down for next time
Mr Draycott commented that the substantive bank staff do form the majority of figures and are part of that report. However, the non-substantive employed bank staff are on a separate database and this is being amalgamated and will have further details by the next Trust Board in February 2015. He further clarified that Agency staff are not employed by us, but we do ensure that the necessary checks are carried out – remove from schedule

331/14 - Financial Performance – Month 7 – Capital spending is currently being reviewed and the Trust needs to invest wisely, in particular in areas to support 2015/16 capital plans .
Ms Harrison stated that Capital spend resource limit has been identified. There are a number of reiterations of Capital Plans which are being reviewed. The Trust has prioritised investment in areas to benefit patients, with support from CCGs. All Board members have been made aware of the plans. In preparation for this business cases are being prepared - **remove from schedule**

	331/14 - Financial Performance – Month 7 - Ms Harrison noted the pressure on beds. PICU is covered, however pressures on acute beds were noted and this had been discussed at Commissioning Board with the possibility of negotiating our current contract. Ms Harrison to pick up with Mr A Rogers in order to give the Trust more protection for the future. ***The Chair noted for members of the public that PICU is an abbreviation for Psychiatric Intensive Care Unit. Ms Harrison stated that some out of area Acute Emergency Admissions have been occurring and the Trust is not currently able to obtain the funding from the CCG. However, the CCG have agreed to review this and Ms Harrison noted that the Trust needs to ensure there is protection within the contract.*** ***333/14 – PQMF Month 7 – 08.5 Annual (rolling 12 months) appraisal and personal development***. Mr Draycott stated the report records performance at 59%, however PDR position as of 21 November 2014 is now 77% it is anticipated that we will hit target by next Trust Board ***Mr Draycott reported that the PDR performance had improved and was now at 91% for the end of December 2014 – remove from schedule***	Ms Harrison
361/2015	**Chair's Report** The Chair commented that there seems to be two very different things going on in the NHS. The first is very obvious because you cannot avoid it in the media and that is that the NHS is having a very tough time. The real difficulties of pressure on Accident and Emergency beds, services of all kinds and financial pressures are being made more dramatic by the increasingly febrile atmosphere generated by a closely fought election campaign in which the NHS has been identified as the issue that is of most concern to the public. The second is much less obvious. If we look beyond the sound and fury there is a very important development that is much more positive and encouraging. A clear consensus is emerging, both politically and professionally, of support for the 5 Year forward view set out by Simon Stevens and in particular a widespread agreement that the most important issue facing us, the issue that we must resolve is what Simon calls triple integration – integration of primary and secondary care, of physical and mental health and of health and social care. To quote John Oldham's excellent report, which presents an	

	overwhelming case for integration, " *one person. one team, one system".* There has never been a better chance of achieving real integration. If we can succeed it will make a huge difference to service users, carers, and front line staff and it will be a significant factor in helping the NHS to survive and flourish. *Received*	
362/2015	**Chief Executive's Report** Mrs Donovan, Chief Executive, presented this report which updates on the activities undertaken since the last meeting in November 2014 and draws the Board's attention to any other issues of significance or interest. **Supporting the Health Economy Pressures** The local health economy has been under significant pressures over Christmas and January 2015, resulting in a major incident due to the bed situation at the University Hospital of North Midlands NHS Trust. To support this the Trust opened up Ward 4, and there has been some positive early signs of joint integration with staff working together. **Parent and Baby Unit Student Placement of the Year Award** Our Parent and Baby Unit has been recognised for the quality of its student mentoring with an award. The unit was nominated for Placement of the Year by Keele University student nurse Alexa Carney. The services specialises in the assessment and treatment of mental health issues for expectant parents from the 20 week stage of pregnancy up to 12 months after baby is born. The award is thoroughly deserved and congratulations to the team. **Additional funding for Autographer Project** A really innovative Autographer pilot project is being expanded following the announcement of additional funding. The scheme helps people with dementia or memory problems to take photos of activities during their daily lives which can then be downloaded onto a PC to help act as a memory aid. The project is being funded by Stoke-on-Trent Clinical Commissioning Group. Mr O Hagan was pleased to see this had been implemented following the original idea being presented to the Dragons Den in 2013. It was good to see this had a real impact and he commended the staff for their very creative ideas.	

Community Triage Team Success

The Community Triage Team is made up of 3 Community Psychiatric nurses for our Trust who work daily with frontline police officers in Stoke-on-Trent and North Staffordshire to provide support in response to calls involving people with a mental health issue. The Team have made great impact and during the period December 2013 – November 2014, it was noted that there had been 64 fewer people spending time in custody suite compared to the previous 12 month period.

Access 24/7

From the 5 January 2015, the Access Service has extended to 24 hours a day, 7 days per week service. As well as extending the hours of the Access team, there has also been an integrated role for crisis into the Access team. There is also improvements being made with the development of a new telephone system. A big thank you to the team.

Mr Sullivan noted the significant development and change that the Access Team have recently gone through and were there any early indicators of how this was working? Mrs Donovan stated that the service was in its early days but there had been nothing that has come to our attention and she had recently met with the team. One of the key issues to really improve was the telephone system and this is being developed

Mrs B Johnson queried whether the telephone calls were received by the Access Team were recorded? Mrs Donovan commented not at the moment. There will be an interim system developed and this will be able to show if GPs are waiting. Mr Gwynn Thomas is helping to develop the new system.

Patient Council

On Tuesday, 24 February 2015 we will be holding a scoping event at Lawton House to listen to ideas on how to take forward a Patients' Council across the Trust. Invites will be sent out to all local service user support groups.

Appointments

It was noted that there is a now a full compliment of Clinical Directors across the 6 Directorates, with the recent appointment of Dr Darren Carr to Neuropsychiatry and Old Age Psychiatry. Next steps to complete appointments for the Head of Directorates, it is anticipated that this will be completed by the end of February 2015.

Midway Project

The Trust is working in partnership alongside Newcastle-under-Lyme Borough Council and has committed to contribute £15,000 to install physical barriers at the Midway multi-storey car park in

Newcastle-under-Lyme, in order to prevent this being used by people who may be considering suicide. The Trust has identified this as a suicide risk area and we have the role of the Public Health to prevent harm wherever possible.

Listening into Action
Listening into Action work continues to progress and several areas were highlighted out of the 15 Pioneering Teams leading on clinical improvements;
Pioneering Team 10 – Place of Safety, this team is focussing on "improving the experience of people who are detained under Section 136". It has developed a service user survey which will be carried out with anyone detained under Section 136. Already we have seen a significant decrease in the times the suite has been unavailable for admissions.

Councillor Naylor queried was the place of safety a physical place? Mrs Donovan confirmed the place of safety was a physical place located at the Harplands Hospital, previously called Section 136 suite. She further noted that the Trust has tried to radically improve partnership with the police and ensuring that this is service user focused.

With regard to the Place of Safety, Mr Sullivan queried had there been any occasions when this had been unavailable for admissions? Mrs Donovan clarified there had been one incident in October, however there had also been some issues this month whereby we were struggling with nursing staff. A request to the police was made to come to the suite however they had refused. This resulted in South Staffs taking the patient, although they also had staffing issues. Some lessons to be learnt from that

Pioneering Team 5 – Safer inpatient environments (acute wards) – has been capturing feedback to ensure that every person, patient, carer, visitor and staff feel safe in our inpatient areas. A display was held outside the acute wards at Harplands inviting feedback and ideas on making their mission statement a reality.

Pioneering Team 7 – Improve access to Psychological Services – is focusing on the waits service users currently face to access these services. Clinician feedback has been reviewed and a letter sent to service users who have used Stoke Healthy Minds, inviting them to a focus group meeting. A week-by-week action plan is being developed to work on reducing waits.

Compliments corner
Two areas to note this month ;
- A poem written by a service user on Ward 2, who was so impressed with the staff that looked after him.

	Dawn Burston, manager of Criminal Justice Mental Health Team has received a wonderful commendation from colleagues at NHS England. **Launch of GP newsletter** The Trust has launched a GP Newsletter in December 2014 to help continue to strengthen our links. The e-brief is sent t**o** all Stoke-on-Trent and North Staffordshire GPs. Mr Williams, member of the public, commented on the Midway car park and stated this had taken some time to set up. Mrs Johnson, NSUG, clarified that the Trust only recently got involved and the funding had been the issue which was holding the work up. However the Trust responded very quickly which allowed the work to start. ***Received***	
363/2015	**Spotlight Awards -** **<u>Individual Spotlight Award – Karen Day</u>** **<u>Business Development Manager , Programme Management</u>** **<u>Office, Corporate Services</u>** Karen is our Business Development Manager, heading up the Programme Management Office based here at Lawton House. Karen joined the Trust in 1989, when she was appointed as PA to the General Manager of the Learning Disabilities service.. After sixteen years in that role Karen moved to the Adult Mental Health Division in 2005 as Senior Management Assistant with particular responsibility for projects – and so began her journey in project management. Project managers focus on three things – time, cost and quality – and Karen is a *very* good project manager. She is never late in delivering a tender, a plan or a proposal; she is fastidious with the public purse; and the quality of her work is best measured by the Trust's success in its planning and development activities. Since joining the PMO in 2011 Karen has been at the forefront of the Trust's strategic journey from Model of Care Consultation, to appraising options for our future, to co-production of our emerging five year plan and leading on delivery of next year's one year plan. If the future's bright, Karen's holding the light bulb.	

Karen is a rare breed. Part Rottweiler, part Old English sheepdog, she has gained the full respect of her peers and the Executive Team for her insight, her teamwork and her no nonsense approach. She is the very best of corporate managers, helping operational teams to achieve their targets by taking on work not just allocating action. Whether she's managing the command room during a major incident or focusing on the deadline for delivery of a tender return or compiling information for the latest TDA return, Karen is always in the thick of it. She just won't go away.

Karen's qualities have made her a target for work elsewhere but we can only be grateful for her continued loyalty to *this* Trust. And our service users can be assured that she lives our values daily, always seeking to do whatever she can to support clinical teams in the delivery of high quality innovative care. She follows her heart but always remembers to take her brain there too.

Seeker of opportunities, voice of ambition, analyst, commercial thinker, valued member of the emergency planning team, giver and bringer of smiles, provider of toffee, Karen is a worthy Spotlight winner.

Team Spotlight Award and Presentation
Acute Activity Workers Team, Adult Inpatient Directorate

The Acute Inpatient service has 3 Activity Workers who provide input across the three acute wards. All team members are relatively new to the team following staff turnover in 2013/14, with 2 members of staff being successfully redeployed following changes in learning disabilities services.

Each post is linked to a ward, however, the team have worked hard since its inception to work cohesively and flexibly across the 3 acute wards to ensure there is some cross cover for wards when a staff member is off duty or on leave. They all possess individual skills and experience which can be used to benefit each ward.

The team exude enthusiasm and creativity in their roles, implementing new ideas for activities in the acute ward areas. They are always willing to try things and possess a "can do" approach to whatever they come across. They work with individuals and groups, helping to improve social skills and confidence within a safe space. Their work also has the potential to change service users perspectives on mental health care and develop trust where previously there might have been apprehension or fear.

Staff, patients and in particular the North Staffs Users Group have all commented positively on the difference the activity workers have made to the patient experience and their outcomes.

Mrs J Clements, Head of Directorate, introduced the presentation together with Jessica Cope and Sarah Lenighan. Martin Cork is also a member of the team but was not able to be present today.

Members of the Board thanked the team and commended them for all their hard work

Mr Hughes queried whether the Activity workers are able to assess what they do has a longer term benefit ie readmission or follow-ups or is that too difficult? Jessica stated perhaps in the in the future, when the role grows we should be able to see when a patient is readmitted. Plus it is easier the second time the patient is admitted, you have a familiar face

Mrs Clements commented that the Activity Worker roles do have an impact on incidents and their input helps to eliminate boredom.

Mrs Donovan thanked the team and their impact around the patient experience. It was further noted that volunteers could have a clear benefit to providing support to the Activity Workers. It was agreed to increase links with volunteers through Mrs Johnson. Mrs Johnson also commented that she has raised concerns in the past regarding the lack of activity, but with these roles in place and their dedication, it has created a more positive environment and the wards are much calmer. In particular, she commented that the 'Movie nights' are a great success with patients and said keep up the good work.

Dr Adeyemo queried how are the Multi-disciplinary team exploiting their work and involving them in the treatment and assessments? On Ward 1, Jessica stated she did get involved with the patient activity plans and sat with the patient and their main nurse to discuss what referrals they may need.
However, it was noted that Ward 3 did not involve their Activity Workers with the MDT.

Mrs B Johnson praised the team and asked what happens when the patient goes home? Jessica stated that the Activity Workers were ward based, but the patients can take home a relaxation pack, with a CD and breathing techniques or arts and crafts, other distraction techniques for anxious situations, a pack can be put together depending on the needs of the patient.

	Mr Sullivan commented on the excellent presentation and he had seen the impact on the wards and this makes a significance difference. He further queried was there anything that we could improve on? Jessica stated some improvements could be made with referrals to the therapeutic practitioner role. Mr Draycott noted the great stories and success of the Activity Workers, the way they enthuse people and get them to learn new skills. How could we help signpost the voluntary sector and the community and can we help to do that? Jessica commented sadly this stops at the ward. Mrs Clements raised the benefits of extending the number of workers and how we can continue through to the community and linking in with care coordinators – how we can connect with voluntary service? Finally, the Chair thanked the team and noted how important it was for service users to have a place of safety and diagnosis of treatment. However it is also very important for service users to be occupied and have something to do.. ***Received***

364/2015	**Staff Retirements** The Chair noted this was a new agenda item to celebrate those staff due to retire. **Nigel Brown** Nigel retried from the Trust on 31 December 2014 after working in mental health services as a support worker for over 20 years. He began working as a care assistant initially with Stoke on Trent City Council before being transferred to North staffs Combined Healthcare in 2008. Nigel progressed to the role of Support, time and recovery worker. During his career Nigel has supported many individuals in the community making a real difference to people's lives . A Highly respected member of the team, he will be missed by all that had the pleasure of working with him. **Fiona Dutton** Fiona Dutton is retiring on 31st January 2015 following 27 years employment with the Trust. Fiona, is the Consultant Clinical Psychologist and Lead for Adult Psychological Services has been involved with North Staffs Combined for most of her career. She has been instrumental in working hard to provide quality psychological services to the people of Stoke and the Moorlands over many years. She is a conscientious and dedicated psychologist who will be missed within her professional group and also in the wider adult services system. Many staff have known and worked closely with Fiona and all wish her well in her retirement and for her future plans.

	The following members of staff are also due to retire but have been unable to make today's meeting ; Gill Simcock, Jennifer Taylor, Paula Degg and Karen Liversley The Chair thanked everyone for their long service and wished them well on their retirements. ***Received***
365/2015	**Quality Committee Summary held on 20 January 2015** Mr Sullivan, Non-Executive Director, presented the summary of the Quality Committee held on 20 January 2015 for assurance purposes. It was noted that the role and function of the committee is being reviewed to ensure the committee remains effective, with the right membership. The following policies were approved by the committee and for ratification today ; 7.19 Mobile information handling policy 7.10 Clinical coding policy 4.26 Listening and responding 7.2 Access to Health and employees health records IC9 Food Safety Policy ***Agreed*** The following reports were received and noted ; - Director or Quality Report - Domain reports in respect of ; Patient safety, clinical effectiveness, organisational safety and efficiency and customer focus Safe Staffing monthly and six monthly updates; issues were discussed by the committee and this is also on today's agenda. Updates were received regarding the Quality Impact Assessment (QIA) update of Cost Improvement Schemes (CIP) and also around the CQC Internal Overall process in preparation for visits. Finally, the committee received a report on the progress and associated risks with achieving Goal 4 Rehabilitation Accreditation process. Evidence has been submitted and awaiting confirmation in relation to the CQUIN payment. ***Received***

366/2015	**Safe staffing Monthly report and Safe Staffing Six Monthly Report (Part 1)** Mr Dinwiddy, Director of Nursing and Quality presented the monthly assurance report in relation to planned vs actual nurse staffing levels during the data collection (1 – 31 December 2014). • The performance relating to the fill rate (actual numbers of staff deployed vs numbers planned) on the wards for December was 104.11%: being a total fill rate of 105.16% for registered nurses and 103.07% for HCSWs. The position reflects that ward managers are effectively deploying additional staff to meet increasing patient needs as necessary. • During the current data collection period 1st -31st December 266 shifts were not able to be filled as planned Mr Dinwiddy gave assurance that the wards have managed to maintain a safe level of nurse staffing for all grades - Band 6 and below, not including the Ward manager, Activity workers or Therapy workers. *Received*	
367/2015	**Safe Staffing Six monthly report** Mr Dinwiddy, Interim Director of Nursing, presented the Safe Staffing Review (Six Month update). This paper provides the outcomes from the review of nurse staffing establishments at the Harplands Hospital. It also provides an analysis of the inpatient staffing requirements of Ward 1 – 7. The core data utilised was inclusive of April to November 2014. The report outlines an under-establishment on a number of wards at the Harplands and makes a number of recommendations to address this. The Board noted that ; • Safe staffing levels have been achieved • Required staffing levels have often been higher than ward establishments • Staffing levels assessed using the safer staffing tool were higher than the actual number of staff on duty in almost all cases • Safe staffing levels have been established using professional judgement of ward managers The Board is asked to consider the data and accept the findings	

and recommendations:

- To reassess the staffing levels independently and as part of the MHI LETC workforce development plan (Spring 2015)
- To extend this work to all inpatient areas- previously completed x2 for Harplands inpatient areas.
- To complete the assessment of the community team staffing levels as part of the MHI LETC workforce development plan (Spring 2015)
- To ensure robust and timely site wide vacancy management
- To recommend a request for an uplift of circa £300,000 to support the continued staffing of the Harplands inpatient wards

Members of the Board noted the graphical displays for each ward and the estimated deficit is approx £286,815.

Mr Sullivan raised concerns in that in order to maintain safe staffing levels and to achieve the number of staff required, the Trust is having to overspend with staff working either additional hours in terms of bank or overtime. This indicates that there needs to be a review of ward establishments and it currently seems like we are investing in the short term rather than in a planned longer term approach.

Mr Sullivan also commented that in respect of the Safe Staffing Monthly report in respect of the Darwin Centre, the Darwin Centre had reduced its staffing levels in response to a significantly lower than expected bed occupany (during the Christmas period). However, there seems to be a lack of staff to meet the planned levels in that unit and further assurances are required to make sure this is safe.

Mr Dinwiddy responded in respect of the Darwin Centre and gave further clarity that this was during the Christmas holiday period and the children had returned home.   Mrs Donovan requested that there should be more narrative to support this.

Mr Dinwiddy

Mr Draycott stated that the Trust is conscious that we are using supplimentary staffing to provide service users with the care they need that is pre-dominantly from our existing staff. As part of the review, Mr Dinwiddy and Mr Draycott are working closely with the workforce model to ensure staffing is at the right level.

Mr Draycott and Mr Dinwiddy

Mr Rogers commented that the graphs are not consistent ie the top left hand corners begin at different points and should be set at the same point. Mr Dinwiddy to take forward.

Mr Dinwiddy further clarified that Ms J Wilshaw, Interim Head of Patient and Organisational Safety, has been leading on the Safe Staffing report and this has been reliant in the main on the Ward Managers.

Some debate took place regarding the safer staffing tool. Mr O'Hagan stated that the Trust does not need to conform to the model if it does not fit our services. Mrs Donovan confirmed this has been the issue as the safe staffing tool is in relation to acute services and not mental health. Mr Sullivan and Mr Hughes agreed that the tool is an acute sector model and historically it is down to professional judgement.

Mrs H Johnson stated that the volunteers from NSUG are picking up issues with staffing levels. Patients are commenting that staff are working late and then on the next day. It does not appear that staff are forced to do this, but it is concerning. She also noted that on occasions Ward Managers have to ring staff to get cover for the wards and this is concerning, particularly when bed occupancy rises.

The Chair thanked Mrs H Johnson for her comments and the concerns around achieving safe staffing levels. The implications of staff working extra shifts is being monitored and the trust is extremely grateful for staff doing extra shifts. Mrs Donovan agreed and commented that nationally occupancy levels are high and this is concerning. However, locally as previously mentioned there has been some redesign with Access and Home Treatment teams, which it is anticipated will have an impact with occupancy levels.

Ms Harvey remarked on staff working too many hours and those that may be struggling financially. She further commented that there may not be sufficient systems in place to capture this information and this needed to be addressed. Equally when staff are working in other organisations with a second job. Ms Harvey also queried whether roles such as the Activity Workers are pulled into do nursing duties to help cover and this will have an impact on quality of care.

Mr Draycott confirmed that staff are asked to declare if they are working elsewhere and the process is being strengthened internally. There had also been a comminique in October 2014, in relation to staff working in excess of 48 hours; there has definitely been a decrease, but it has not been entirely eliminated.

	Mr Dinwiddy agreed to give further assurance to Ms Harvey.	**Mr Dinwiddy**
	Mrs H Johnson stated that she had been aware that Activity workers were pulled off to do observations particularly on Ward 5 and agreed to keep an eye on this.	
	The Chair summarised and commented on the importance of front line staff being aware that the Board are discussing the issues that are of most concern to them such as safer staffing.. The following points were noted;	
	1. The impact of the Francis Report on the whole of the NHS;	
	2. The board is assured staffing is safe, but we need to understand how that is being achieved and the impact of providing extra cover and the implications;	
	3. The Safe staffing report has improved however the process could be enhanced further ie basis of graphs being compiled. Given they were also tabled, board members need to review and comment back;	**ALL**
	4. Safe staffing has been achieved at financial cost and the Trust has financial stability, but this needs to be carefully monitored.	
	Received and approve the recommendations	
368/2015	**Feedback from the Trust Development Agency Quality Surveillance Group Meetings – November 2014**	
	Mrs Donovan, Chief Executive, presented the letter to the Trust CEO from the Quality Surveillance Group – November 2014 The letter indicates that the Trust is rated as Green – Regular Surveillance – there are no specific concerns.	
	At this point Mr O'Hagan took over as Chair.	
	Received	
369/2015	**Risk Management Committee**	
	Mrs Johnson, Non-Executive Director, presented the summary of the Risk Management Committee held on 10 December 2014.	

Mrs Johnson confirmed that the Trust has engaged support from the Good Governance Institute (GGI) to develop our approach to risk management and they observed the Risk Management committee on 10 December 2014, as part of that review .

The Risk Management Committee reviewed the Principal Risk Register which had been updated to include risks relating to committees. There was also comment made regarding the high risk which is is *317 Lack of investment in Mental Health services as a member of a challenged health and social care economy*.   The Trust is endeavouring to promote further investment as far as it possibly can, although difficult at present

Ms Harrison stated that there may be some way forward additional funding for significant investment in Acute and Mental Health services, of which we are endeavouring to get a minimum of 50% (£1m). The Trust is being proactive to secure this so this risk may go amber.

There has been 3 risks that had been reduced due to mitigations in place;
316 – Failure to achieve 'good' as an outcome of the CQC inspection
280 – Failure to develop effective 5 year strategic plan
10 – Failure to develop and implement fit for purpose information systems that provide real time information for pateints and fully support mobile working and efficiency

It was further noted that a new risk had been added
349 – Failure to develop and implement processes that fully support PbR – Ms Harrison confirmed she is leading a Working Group that is now well established and support from clinicians. Training is taking place and promotion through a blog in order that the Trust can appropriately maximise its income. Initially, we will be reporting in shadow format.   A Plenary session and Board of Directors scheduled in due course.

Mrs B Johnson noted that the next Risk Management Committee would be held on 11 March 2015.

Mr A Hughes queried what is the role of the Audit Committee in relation to risk management? Mr D Rogers confirmed that the role of the Audit Committee is to monitor a whole range of processes across all the committees. Risk management is more significant to quality and finance.   The Audit Committee tries to satisfy that the Risk Management Committee is working effectively.

Mr O' Hagan noted that assurance with risk is being made more pro-active to ensure that we govern risk appropriately.

	Received	
	Mr Jarrold rejoined the meeting at this point.	
370/2015	**Q4 Principal Risk Register Report 2014/15** Mrs Donovan, Chief Executive, presented the Q4 Principal Risk Register 2014/15 It was noted that this could be an appendix to the Risk Management Committee Summary Report in future. *Received*	**Mrs Storey**
371/2015	**Financial Performance – Month 9** Ms Harrison, Interim Director of Finance, presented the Financial Performance – Month 9 report and highlighted the headline performance as follows . - A retained deficit of £0.258m giving a favourable variance against the plan of £0.005m - A year- end forecast that indicates an achievement of a retained surplus of £0.290m (£0.756m surplus at adjusted financial performance level) representing a favourable variance of £0.022m against plan - A year to date Continuity of Service Risk Rating of 3 with a year-end forecast rating of 3 - CIP target of £4.08m with a forecast delivery - Capital expenditure of £0.087m to-date and a forecast net capital expenditure of £0.545m - A cash balance of £6.8m at the end of December 2014. Ms Harrison commented that the financial performance to-date is on plan and the Trust is in a very good position. As the Board are aware, the Capital expenditure position is currently behind plan and the forecast outturn has been revised. **Received**	

372/2015	**Assurance Report - Finance and Performance Committee Report – 22 January 2015**	
	Mr Gadsby, Non-Executive Director, presented the assurance report to the Trust Board from the Finance and Performance Committee held on 22 January 2015.	
	As stated by Ms Harrison, Interim Director of Finance, the Trust is in a very favourable position and the Board can take a high level of assurance that we are hitting targets in relation to our financial position for this year.	
	The Trust's cash balance at the end of December was £6.8m, which is £3.2m more than plan at this stage of the year.	
	The Trust received the Month 9 Cost Improvement Programme (CIP) 2014/15. The paper highlighted the requirement to deliver £4.08m of CIP, of which plans are in place to deliver this requirement It was noted there are several non-recurring schemes which may cause problems in 2015/16. It was further noted that the profile for CIP is currently behind and back end-loaded, even though we are forecasting achievement we need to try to change the profile for future delivery.	
	Payment by Results was discussed and a high level of assurance given by Ms Harrison and her team that ongoing work is being undertaken to prepare the Trust for PbR.	
	Performance Quality Management Framework ; the metrics were reviewed and will be discussed later on today's agenda, members were assured that work was progressing and discussed in details those areas underperforming.	
	Risks to the current Financial Plan; members made some recommendations to the risk ratings and those changes would be reflected in the risk register. The Chair commented that we need to continue to monitor these risks and give them priority.	
	Received	
373/2015	**Performance and Quality Management Framework Report (PQMF) Month 9**	
	Ms Harrison, Interim Director of Finance, , presented this report. The report provides the Board with a summary of performance to the end of Month 9. It was noted there is a range of 122 metrics in place to monitor performance, quality and outcomes. 45 metrics were rated as green, 7 rated as amber, 4 rated as red and 66 unrated due to the absence of targets which are monitored to identity and respond to trends.	

Ms Harrison confirmed that the report is completed by the Performance team with support from operational and clinical staff. The report has been improved upon and is presented in a revised format which includes the financial risk.	
Some concerns raised with the *CQUIN Goal 2 – Nationally mandated Physical Health CQUIN* which is forecast outturn red. There is some concern around full achievement at Q4 and this will be a financial risk however the national targets are extremely high and the Trust has made significant progress in this area predicting a compliance rate of between 80-85% which results in 75% achievement of the CQUIN. A re-audit is scheduled to take place in Q4 for part 2 of the CQUIN and a Working Group liaising with Care Co-ordinators to try to improve achievement against targets.	
Mr Sullivan stated this was a concern and to be mindful that commissioners may not always be supportive in this area.	
Dr Adeyemo commented that historically written diagnoses particularly for secondary mental health diagnoses are not being correctly coded and that is the difficulty. This has been communicated to ensure that reporting is key and is part of national methodology.	
The Chair noted that the number of amber ratings has increased and this is a concern. Ms Harrison stated that CQUINs were now reported separately so that could be partly contributing.	
Mr Draycott commented on *4C 5.53 DBS Compliance Rate – ALL* this was underperforming due to staff who had been TUPED over to Substance Misuse and this was the main area of non –compliance. This has now been risk assessed and DBS forms are being processed that is main reason and similar with bank staff.	
Received	
374/2015 **Self-Certifications for the NHS Trust Development Agency**	
Mrs Harrison, Interim Director of Finance,, presented the executive summary on behalf of the author, Mr Sargeant, Head of Performance and Information. The summary indicates that the Executive Team have reviewed and there are no changes from last month's position of compliance and no exceptions to report.	
Received	

375/2015	**Audit Committee Report held on 13 November 2014**	
	Mr D Rogers, Non-Executive Director, presented the summary of the Audit Committee held on 15 January 2015 for assurance purposes.	
	Mr D Rogers stated that the Internal Audit Progress Report was received and that progress has been made against the Internal Audit Plan 2014/15.	
	The Audit Committee raised concerns regarding the sizeable PFI arrangement. As Board members are aware there is some assessment being carried out with various expertise. Board members received a presentation at the Board of Directors' session whereby we identified areas that may be worth further consideration and we are following up on that.	
	The Audit Committee received the 2014/15 Assurance Framework – Mid- year review, which is a key component towards the Trust's Annual Governance Statement, the committee satisfied itself that there has been an effective Assurance Framework in place for 2014./15. However, it was noted that the Trust is working closely with the Good Governance Institute to review the Trust's governance arrangements, particularly in respect to risk. Mr Rogers commented that the Trust needs to be more in tune with risks and shift the balance of some of the routine assurance.	
	The Chair agreed and stated that our governance cannot become too over complicated as we will fail to give proper attention to important risks.	
	Received	
376/2015	**Declarations of Interests**	
	Mrs Donovan, Chief Executive, presented the Register of Declared Interests as of 31 December 2014.	
	Mr Draycott noted that his declarations needed to be removed and he would contact Mrs Storey direct.	**Mr Draycott**
	Received	
377/2015	**Register of Sealed Documents**	
	Mrs Donovan, Chief Executive, presented the Register of documents subject to the Trust's official Seal during 1 January 2014 to 31 December 2014. *Received*	

378/2015	**People and Culture Development Committee Report**	
	Mr O'Hagan, Non-Executive Director, presented this report. The report was a summary report from the People and Culture Development Committee meetings which took place on 15 December 2014 and 19 January 2015.	
	The meeting of the People and Culture Development in December was a further Dragon's Den session and proved both exciting and entertaining. The ideas do have an impact with the environment and efficiency savings, etc. At the following pitches were presented;	
	• Gatekeeping Streamlining	
	• Added Value and Best Skills Matches for Generic Work	
	• Ways to a Wellbeing Garden	
	• Save £££s using PODs (Patients Own Drugs)	
	At the meeting held on 19 January 2015, the People and Culture Development Committee approved the following policies and for ratification today;	
	• Learning and Development Policy	
	• Personal relationships at Work Policy	
	The committee were informed of the Fit and Proper Person's Test (FPPT) which falls within regulation 5 of the Health and Social Care Act 2008. This sets out the criteria that a director must meet, and good character and unfit person's test. A plan is being developed and this will be presented to the People and Culture Development then onto the Trust Board.	
	Ms Summerfield and the Staff Counselling Team were acknowledged and praised for the work they do in relation to stress management	
	Ms Harvey informed the Board that the potential industrial action had been suspended due to take place today. There are approximately 10 unions involved; with the two main unions for our Trust being Unite and UNISON. Talks have taken place regarding a new deal of a pay offer. There are some implications for different grades of staff and redundancies and the offer is quite complicated. The main benefits are for low paid staff, however this is still not technically a living wage and they are refusing to commit to a living wage. Ms Harvey commented that further details would be available by the next Trust Board.	**Ms Harvey**

	Ms Harvey also endorsed Mr O'Hagan's comments regarding the People and Culture Committee's role, she was most impressed by the group in relation to staff in the workplace and impact with service users. The Chair agreed and thanked all involved with the committee. Mr O'Hagan expressed his gratitude at the comments made. The Chair queried the update on the Healthcare Support Worker Programme and was there a need for financial investment to take this forward? Mr Draycott clarified this was in relation to the next steps for the Cavendish report and how we take that forward it was not in relation to the main programme. ***Received***	
379/2015	**People and Culture Development Committee Annual Report** Mr O'Hagan, Non-Executive Director, presented the People and Culture Development Committee Annual Report to satisfy its Terms of Reference. Mr O' Hagan noted that the committee was fully established and very effective. The work of the committee is about development, innovation and monitoring performance. He was pleased to recall the Autographer project mentioned in the CEO report, which had originally come from an idea at Dragon's Den. Furthermore, Mr O'Hagan thanked the HR Team and Staff Side team for their involvement and collaborative working. He also thanked Mr Sullivan who had also stood in as Chair in Mr O'Hagan's absence. ***Received***	
380/2015	**People and Culture Development Committee Terms of Reference** Mr O'Hagan, Non-Executive Director, presented the Terms of Reference, which have recently been updated at its meeting on 19 January 2015 and for Trust Board's ratification. ***Approved***	
381/2015	**Progress against Annual Objectives 2014/15** Mrs Donovan, Chief Executive, presented the review of progress against 2014/15 Annual Objectives statement as at 31 December 2014.	

	Delivery against each of the 6 objectives is on track and work continues to ensure this is maintained. It was further noted that the headlines of next year's objectives 2015/16 have been agreed. *Received*	
382/2015	**Remuneration and Terms of Service Committee – Annual Report 2014/15** The Chair presented the Remuneration and Terms of Service Committee Annual Statement 2014, which summarises the actions it has taken during the year. *Received*	
383/2015	**Remuneration and Terms of Service Committee – Terms of Reference** The Chair presented the Terms of Reference for the Remuneration and Terms of Service Committee *Approved*	
384/2015	**Trust Board and Committee Calender of Meetings** Mrs Donovan, Chief Executive, presented the schedule of Trust Board and Committees Calendar of meetings 2015/16. *Received*	
385/2015	**Questions from the public** Mr G Williams queried how many beds were available at the Harplands last night? He also asked how many patients were being sent out of area since October 2014? Mrs Donovan referred to the bed state and last night there were approx 14 beds available. Occupancy levels can be high on occasions and this may result in patients being sent out of area, if this occurs the Trust makes every effort to bring them back to the Trust.	
386/2015	**Any other business** **Cyber Security** Mr O'Hagan raised cyber security and the need for every public body to have a sound security policy, this may need reviewing.	

387/2015	**Date and time of next meeting**	
	The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday, 26 February 2015 at 10:00am, in the Boardroom, Lawton House, Trust HQ.	
388/2015	*** 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 12.50pm.

Signed: _____   Date_____
        Chairman

Board Action Monitoring Schedule (Open Section)

Meeting Date	Minute No	Action Description	Responsible Officer	Target Date	Progress / Comment
		Trust Board - Action monitoring schedule (Open)			
30-Oct-14	287/14	**KPMG Review of the Trust's Quality Governance Arrangements and Action plan -** Mrs Donovan clarified Board to ward visits need to be embedded and strengthened. It was further noted there will be a Quality dashboard for the new 6 directorates.	Mr Dinwiddy	26-Mar-15	Mrs Donovan stated this was in relation to two issues; 1. The Quality Dashboard for the new Directorates has been developed and submitted to Quality Committee; 2. Board to ward visits - there is still work taking place regarding this and Mr Dinwiddy will bring back in March 2015. The Chair commented that the Board to Ward Visits were important and the NEDs would like to see these going forward, he also appreciated the pressures on everyone in order to formalise this.
30-Oct-14	295/14	**People and Culture Development Committee report** - The Trust is developing a piece of work with Birmingham University and will be the regional lead for mental health.	Mr Draycott	26-Feb-15	On today's agenda
27-Nov-14	331/14	**Financial Performance - Month 7 -** Ms Harrison noted the pressure on beds. PICU is covered, however pressures on acute beds were noted and this had been discussed at the Commissioning Board with the possibility of negotiating our current contract. Ms Harrison to pick up with Mr A Rogers in order to give the Trust more protection for the future.	Ms Harrison	26-Feb-15	The Chair noted for members of the public that PICU is an abbreviation for Psychiatric Intensive Care Unit. Ms Harrison stated that Acute Emergency Admissions have been occurring and the Trust is not currently able to obtain the funding from the CCG. However, the CCG have agreed to review this and Ms Harrison noted that the Trust needs to ensure there is protection within the contract. Verbal update at the next meeting.F11

Board Action Monitoring Schedule (Open Section)

Meeting Date	Minute No	Action Description	Responsible Officer	Target Date	Progress / Comment
29-Jan-15	367/15	**Safe Staffing Six Monthly Update** - Mr Draycott stated that the Trust is conscious that we are using supplimentary staffing to provide service users with the care they need that is pre-dominantly from our existing staff. As part of the review, Mr Dinwiddy and Mr Draycott are working closely with the workforce model to ensure staffing is at the right level.	Mr Draycott/Mr Dinwiddy	26-Feb-15	This is ongoing piece of work as part of the review - suggest remove from schedule.
29-Jan-15	367/15	**Safe Staffing Six Monthly Update** - Ms Harvey remarked on staff working too many hours and those that may be struggling financially. She further commented that there may not be sufficient systems in place to capture this information and this needed to be addressed. Mr Draycott confirmed that staff are asked to declare if they are working elsewhere and the process is being strengthened internally. There had also been a comminique in October 2014, in relation to staff working in excess of 48 hours; there has definitely been a decrease, but it has not been entirely eliminated. Mr Dinwiddy agreed to give further assurance to Ms Harvey.	Mr Dinwiddy	26-Feb-15	To discuss as part of Nurse staffing report - on today's agenda
29-Jan-15	367/15	**Safe Staffing Six Monthly Update - .** The Chair summarised and noted the Safe staffing report has improved however the process could be enhanced further ie basis of graphs being compiled. Given they were also tabled, board members need to review and comment back;	ALL	26-Feb-15	
29-Jan-15	370/15	**Q4 Principal Risk Register 2014/2015 -** It was noted that this could be an appendix to the Risk Management Committee Summary Report in future.	Mrs Storey	26-Mar-15	Noted and will ensure future reports are appended.
29-Jan-15	376/15	**Declarations of Interest** - Mr Draycott noted that his declarations needed to be removed and he would contact Mrs Storey direct.	Mr Draycott/Mrs Storey	26-Feb-15	Completed

North Staffordshire Combined Healthcare **NHS**
NHS Trust

REPORT TO: Open Trust Board

Date of Meeting:	Thursday 26 February 2015
Title of Report:	Chief Executive's Report to the Trust Board
Presented by:	Mrs Caroline Donovan
Author of Report: **Name:** **Date:** **Email:**	Caroline Donovan, Chief Executive Caroline Donovan 19 February 2015 Caroline.donovan@northstaffs.nhs.uk
Purpose / Intent of Report:	• For Information
Executive Summary:	This report updates the Board on activities undertaken since the last meeting and draws the Board's attention to any other issues of significance or interest.
Which Strategy Priority does this relate to: **How does this impact on patients or the public?**	• Customer Focus Strategy • Clinical Strategy • ~~IM 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

Chief Executive's Report to the Board of Directors
26 February 2015

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.

LOCAL UPDATE

2.   NHS TRUST DEVELOPMENT AUTHORITY (TDA) OVERSIGHT AND ESCALATION SCORES
At the end of January, the TDA published a quarterly report setting out its oversight and escalation scores. These scores are designed to give NHS trusts an indication of where they currently are in terms of quality, delivery and sustainability, and importantly how far they have to go before they are providing sustainable, high quality care. They also provide the TDA with an indication of where it should be focusing its support more closely.

I am pleased to report that the scores for NSCHT place us in the '4 - Standard Oversight' category, the highest (positive) category in the local health economy and the second highest of the overall categories (5 – Standard Oversight being the highest). Standard Oversight means:

- The organisation has limited or no delivery issues; the TDA has confidence in the board's capacity to deliver any improvements needed and make significant progress towards sustainability.
- No interventions likely at this level of escalation, but standard TDA oversight processes continue.
- Support focussed on movement through the foundation trust application or alternative sustainability plan.

The Trust is also listed in Category C, in terms of its future organisational model. The categories stand at:

- Category A1 - Organisations with a clear and credible plan for reaching Foundation Trust status and a timeline of less than two years for doing so
- Category A2 - Organisations with a clear and credible plan for reaching Foundation Trust status and a timeline of less than four years for doing so
- Category A3 - Organisations with the potential to reach Foundation Trust status but which currently lack a clear and credible plan and timeline for doing so. This is a small, time-limited group which can be targeted for intensive development support
- Category B1 - Organisations that cannot reach Foundation Trust status in their current form and where acquisition by another organisation is likely to be the best route to sustainability
- Category B2 - Organisations that cannot reach Foundation Trust status in their current form and where a franchise, management contract or other innovative organisational form is likely to be the best route to sustainability
- Category C - Organisations where further work is needed to determine the best route to sustainability. This would be a small, time-limited group with any further work to be undertaken by April 2015

We continue to work closely with the NHS TDA to secure the best model for mental health services in North Staffordshire; that ensures high quality, safe clinical care based on sound financial balance.

3. ONE YEAR BUSINESS PLAN

The Trust Board submitted its first draft of its 2015/16 Operating Plan and supplementary information on 13th January 2015. Directors have received initial feedback on the submission from the TDA, outlining further actions and recommendations required in preparation for the 27th February 2015 submission.

The Plan is aligned to the national Five Year Forward View, published by NHS England in 2014, which sets out the vision of the future of the NHS. The One Year Plan, supported by the Five Year Integrated Business Plan, sets out how we will achieve sustainability as a Trust whilst delivering high quality services across Stoke on Trent and North Staffordshire, based on sound financial balance.

4. FIVE YEAR INTEGRATED BUSINESS PLAN

The Trust's Five Year Integrated Business Plan (IBP) sets out how we will achieve sustainability as a Trust whilst delivering high quality services across Stoke on Trent and North Staffordshire, based on sound financial balance.

An IBP has been drafted, which sets out our goals and objectives for the next five years. The IBP is still under development, with a final submission to the NHS Trust Development Authority required by June 2015.

We have, in addition, developed an 'IBP on a Page' – an overview of the content of the IBP set out on one page. We are encouraging staff and partners' views on whether the areas on which we are focusing will meaningfully deliver the two goals set out in the five year plan. The IBP On a Page can be found here - http://www.combined.nhs.uk/Documents/IBP%20on%20a%20page.pdf

Our two main goals and the measures by which we will achieve them are as follows:

Goal 1 - To improve patient experience and pathways
- A focus on quality and safety
- Consistently meeting standards
- Core provider of local mental health, social care and learning disability services
- Growing our specialised services
- Engaging in national research programmes
- Developing academic partnerships and education and training initiatives
- Being an employer of choice

Goal 2 - To use our resources more efficiently and intelligently
- Becoming Digital by Choice
- Reviewing and rationalising our accommodation
- Devolving accountability through local decision-making that is clinically-led
- Exploring new models of organisational form and service delivery

To support communication of the document, we have developed an 'IBP on a Page' – an overview of the content of the IBP set out on one page. The IBP on a Page can be found here - http://www.combined.nhs.uk/Documents/IBP%20on%20a%20page.pdf

5. PATIENT SAFETY CAMPAIGN

Sign up to Safety is a national safety campaign launched by NHS England. The mission is to strengthen patient safety in the NHS and make it the safest health system in the world.

Organisations and individuals who sign up to the campaign commit to setting out actions they will undertake in response to the following five pledges:

- Put safety first. Commit to reduce avoidable harm in the NHS by half and make public the goals and plans developed locally.
- Continually learn. Make their organisations more resilient to risks, by acting on the feedback from patients and by constantly measuring and monitoring how safe their services are.
- Honesty. Be transparent with people about their progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong.
- Collaborate. Take a leading role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use.
- Support. Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate the progress.

The NHS Trust Development Authority (TDA) is providing support to organisations in their plans to further reduce harm to patients.

Locally, we have signed up to the campaign and are currently developing our pledges. A report will be presented to the Quality Committee and Trust Board in March 2015 setting out the details.

6. APPOINTMENTS

We continue to progress the Director of Nursing and Director of Finance recruitment. Mark Dinwiddy is providing interim support as the Director of Nursing and Ann Harrison provides ongoing support as the Interim Director of Finance.

Congratulations to Dr Darren Carr who has been appointed as the Clinical Director of the Neuro and Old Age Psychiatry Directorate. All Clinical Directors are now in post.

At the beginning of February, Dr John Sorensen was appointed to the Lead for Psychological Services for the Adult Community and the Adult Acute Directorates.

The new Directorates came into force in November 2014. A structure chart is available on our website under the 'About Us' section, here –
http://www.combined.nhs.uk/aboutus/CS/Pages/default.aspx

7. LEARNING DISABILITIES INTENSIVE SUPPORT SERVICE

I am pleased to report that we have launched a new service providing specialist support and treatment to people with learning disabilities.

The Intensive Support Service (ISS) works with people aged 18 and over who have a learning disability and complex needs, including severely challenging behaviour, autism and other mental health needs.

It supports those who are reaching crisis and may otherwise require a hospital admission, while also assisting people during the transition from the Trust's Assessment and Treatment inpatient learning disability unit and Telford Unit Rehabilitation service to a community setting or their own home. In

CEO Report 26 February 2015
NSCHT

addition, the team offers learning and support to families and carers. The overall aim of the ISS is to enable those using it to remain in the community and to prevent unnecessary hospital admissions.

The team is able to support a maximum of 15 people at any one time and works with those using the service and their carers to agree a personalised care plan that provides the most effective long-term solution to their individual needs.

The multi-disciplinary service is made up of a Consultant Psychiatrist, Occupational Therapists, Social Worker, Psychologists, Community Nurses, Speech and Language Therapist and other professionals, while referrals are received from a GP or private care provider via the Trust's Community Learning Disability Teams.

I'm pleased that feedback indicates the ISS is already making a difference in responding to out-of-hours emergency calls and preventing admissions to our bed-based services.

It is also encouraging that feedback from our partnership agencies, families and service users has been excellent and has highlighted the definite need for this service.

For more information about the Intensive Support Service, please visit the ISS page North Staffordshire Combined Healthcare NHS Trust's website at www.combined.nhs.uk/ourservices/LD/ISS/Pages/default.aspx

8.   FREEDOM TO SPEAK UP
Sir Robert Francis QC has published his report on whistleblowing in the NHS entitled Freedom to Speak Up.

Sir Robert's report to Secretary of State for Health, Jeremy Hunt, identifies an ongoing problem in the NHS, where staff are deterred from speaking up when they have concerns and can face shocking consequences when they do. His review found that NHS staff want to speak up and heard lots of examples of organisations supporting them to do so. But he heard that many staff are put off speaking up because they fear victimisation.

Openness and honesty is one of the Trust's core Values and both I and the rest of the Trust Board are committed to ensuring the reporting culture within the organisation is both open and transparent for all.

We take the recommendations outlined in Sir Robert's report extremely seriously and wholeheartedly support staff's **Freedom to Speak Up** if they have any concerns over patient safety. To this end, we have launched a 'Dear Caroline' website. The website supports the other mechanisms in place in the Trust for staff to speak up, supported by our Raising Concerns policy. The Dear Caroline website provides staff with an online portal where they are able to raise any concerns they might have securely and anonymously.

You can find the executive summary and a full version of the Freedom to Speak Up report here - http://freedomtospeakup.org.uk/the-report/. These documents, along with a letter from David Flory, Chief Executive of the NHS Trust Development Authority (TDA), about Freedom to Speak Up have been shared with Combined Healthcare staff.

For more information about Freedom to Speak Up, visit www.freedomtospeakup.org.uk

9. 'HELLO, MY NAME IS…' CAMPAIGN

I'm delighted to be supporting the 'Hello my name is…' campaign, which has been spearheaded by Dr Kate Granger, a young hospital consultant from Yorkshire who works in elderly care, to improve the patient experience not only here in the UK, but across the world.

Dr Granger, who has terminal cancer, became frustrated with the number of staff who failed to introduce themselves to her when she was in hospital. Her campaign on social media platform Twitter is inspiring nurses, doctors, therapists, receptionists, porters, domestics and staff in all roles. She has made it her mission to get as many members of NHS staff as possible pledging to introduce themselves to their patients.

The campaign is simple – reminding staff to go back to basics and introduce themselves to patients properly. Kate talks about this as "the first rung on the ladder to providing compassionate care" and sees it as the start of making a vital human connection, beginning a therapeutic relationship and building trust between patients and healthcare staff.

NSCHT has joined forces with more than 80 NHS organisations to launch or reaffirm their commitment to the 'Hello my name is…' campaign. As well as asking staff to share with patients their names, we're also reminding them to introduce colleagues who are taking over an individual's care following a shift change. That way, our patients and their families will always know who is looking after them, which in turn will help them to relax and feel safe whilst in our care. We are also reminding staff to ask the patient how they wish to be addressed and ensure staff name badges are visible at all times.

10. PATIENT COUNCIL

I'm pleased to report that we're holding an event at the end of February to take another step forwards in involving our service users and their representatives in how our services are designed and delivered.

On Tuesday 24 February we will be holding a scoping event at Lawton House, to listen to ideas on how to take forward a Patients' Council in the Trust. The aim of the event is to hear from those who use our services and those who represent them, on what would make a meaningful Patients' Council and how they would like to see it developed. I'll update more in future reports.

11. ASTON TEAM LEADERS PROGRAMME

The Aston team development programme is continuing to rollout across all teams within the Trust. Eight cohorts of staff have completed their training and 93 team leaders are now actively working with their teams to progress through the Aston Team Journey.

The Trust will continue to integrate the Aston team processes into normal business planning cycle over the next 12 months and that we anticipate that this will result in continuing improvements in effective team working as measured by the Aston Real Team (ART) Profile scores. Research has shown that where teams work in a highly effective way (ie have a 'teamness' score that is 4 or above), benefits such as improved patient outcomes, staff well-being and increased productivity result and we firmly believe that continued investment in team working is key for our organisation.

The results that are emerging about the 'teamness' scores shows that we still have work to do but it is very pleasing to note that 27 of the 66 teams who have completed so far have scores of 4 and above. We are also beginning to make comparisons between first and second time ART+ scores. The

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research indicates that at the point of the second ART+ most teams could expect to have a similar or even slightly lower ART+ score due to raising awareness about effective team working processes coupled with the fact that the work to improve these has not yet been completed. It is very promising to see that for some teams we are already seeing improvements.

On Tuesday 20th January our senior leadership team met to examine their team purpose statements and to ensure that there was alignment between each of these statements, and no gaps or significant overlaps between them. Senior leaders have also been encouraged to check alignment of team purpose statements within the new directorate structures. You may be contacted by your directorate lead to check that each team has a purpose statement and that these fit together in a coherent way to deliver directorate services.

12. LISTENING INTO ACTION

Our Listening in Action programme continues to go from strength to strength. At the end of January, the LiA team held a Masterclass for staff to engage with senior staff who had not previously been involved with LiA. The Masterclass was designed as an opportunity for leaders, managers and supervisors to come together to hear about the progress of the Trust's LiA journey, listen to stories emerging from the 15 Pioneering Teams and Enabling our People Schemes and discuss how best to apply LiA within their area. It was an excellent event with loads of great new ideas from across the Trust as to where the LiA approach can be used going forward.

The Masterclass also led to a number of Quick Wins being identified. These are being assessed by the LiA team and will be actioned on in due course.

Meanwhile, all the Pioneering Teams and Enabling our People Schemes are up and running and busy focusing on the changes they can deliver by the deadline of 27th March, which is also NHS Change Day. We have chosen to hold a 'Pass it On' event on this day, to share the changes that have come about as a direct result of LiA and to give other areas in the organisation an insight into what could be achieved in their service or area.

13. COMPLIMENTS CORNER

I'd like to draw attention to a couple of compliments that have been shared with the Trust via our 'Compliments Corner' regarding the Sutherland Centre.

A patient who had received care from the team wrote the following:
"I owe the person I am today down to you and you and the care you gave me. At some of the lowest moments of my life, you were always there for me and my family. Thank you."

Another wrote: *"Thank you for your professionalism, attitude to the job, your ability to be genuine and helpful, and your general excellent ability to do your job."*

The Patient Experience Team share cards, emails and letters they have received via Compliments Corner, to share positive learning across teams. If you have a compliment, please share it with the Patient Experience Team by calling 0800 389 9676 (free phone), 01782 275 171 or 07841 730 821 (text and speech); or emailing PatientExperienceTeam@northstaffs.nhs.uk .

14. COMBINED CATCH UP

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The latest edition of our stakeholder newsletter is available. The e-brief, which is sent to a wide range of Stoke on Trent and North Staffordshire partners by email, provides a snapshot of developments in mental health services. Copies of the Combined Catch Up newsletter, and other Trust bulletins and staff magazines are available on our website at http://www.combined.nhs.uk/news/newsletters/Pages/default.aspx.

NATIONAL UPDATES

- Care Act launch
- New Models of Care Programme publication
- New Mental Health Act code of practice publication
- Monitor has published the NHS National Tariff for 2014/15

Caroline Donovan
Chief Executive
Thursday 26 February 2015

North Staffordshire Combined Healthcare NHS

NHS Trust

REPORT TO: Open Trust Board

Date of Meeting:	26 February 2015
Title of Report:	Summary of the Quality Committee meeting held on the 17 February 2015
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 18 February 2015 sandraj.storey@northstaffs.nhs.uk
Purpose / Intent of Report:	• For decision / assurance
Executive Summary:	This report provides a high level summary of the key headlines from the Quality Committee meeting held on the 17 February 2015. The full papers are available as required to Trust Board members
Which Strategy Priority does this relate to: How does this impact on patients or the public?	• 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:	• To note the contents of the report • Ratify the policies highlighted in the report

Key points from the Quality Committee meeting held on 17 February 2015 for the Trust Board meeting on the 26 February 2015

1. **Introduction**

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

   The Chair welcomed Ms Claire Holmes to the meeting. Ms Homes has joined the trust as the interim Care Quality Commission (CQC) programme lead and had been invited to the meeting to discuss the new CQC inspection process.

   It was noted that the agenda had been reordered on this occasion to support this important presentation and to ensure other key items of business were given appropriate time for consideration by committee members.

2. **CQC Compliance- presentation**

   Ms Holmes provided the committee with information on recent changes to the CQC in respect to their new inspection process, including how they will source evidence in terms of key lines of enquiry (KLOE's).

   The committee were informed that a CQC programme structure will be established in the Trust with the emphasis on increasing ownership and awareness to the new fundamental standards. A presentation had been made to the Trust Board, People and Culture Development Committee and Senior Leadership Team with plans to roll this out further.

   It was agreed that a structure should be put in place to identify and work on areas for improvement, particularly taking into account learning from reviews undertaken by the CQC at other organisations. The focus should be on ensuring the continuous delivery of high quality, safe services and to use this as a vehicle to build on what is already being done, rather than focus on getting ready for an inspection.

   Given the importance of this work particularly around ownership and awareness of the new standards, the Chair noted that this would become a standing item on the agenda.

3. **CQC Mental Health Act Inspection Visits – Q3 2014/15**

   The committee received the overarching summary action plan detailing the work around actions from Mental Health Act visits and CQC visits to the Trust. The committee noted that this was a detailed report highlighting a number of completed actions. Going forward more work will be undertaken to identify common themes and recurring trends and building this into the programme of work around awareness sessions. It was also noted that the mock inspection process undertaken by teams is also being reviewed to ensure it is fit for purpose particularly emphasising the importance of the cross reporting of learning and action.

4. **CQC Compliance – Older Peoples Service CMHT Stoke**

   Further to a follow up visit by the CQC to the service, an action plan had been completed and was presented to the committee for review and comment. The deadline for response to the

CQC was noted to be the following day. Following discussion it was agreed that the action plan would be finalised outside of the meeting.

The committee also discussed the process for circulation of reports and action plans and it was agreed that this would be reviewed as part of the work being undertaken by Ms Holmes.

5. **Director of Quality Report**
   The Director of Quality Report was received with notable items as follows:

- **Zero Suicides ambition.** At a mental health conference in January 2015, Nick Clegg called on all Trusts to commit to a new ambition for zero suicides, a programme of work previously undertaken in the USA. The report notes actions that can be taken such as improved training for staff and sharing best practice. This is being noted and considered by the Trust in terms of work already being done.
- **Mental health after stopping smoking.** Current NICE guidance recommends that everyone who smokes should be advised to quit, unless there are exceptional circumstances. A report has been published which shows that quitting smoking was associated with a significant decrease in anxiety depression together with improvements in psychological quality of life and positive affect. This will be discussed further within the Trust.
- **CQC Monitoring the Mental Health act** – report showing key findings in 2013/14. Action was taken to show how the Trust compares, which showed an improved score with patients receiving their rights. Amongst a number of things, the acute admission pathway has also been reviewed to include capacity to consent to treatment at the point of admission and also now includes a process to monitor the same.

6. **Policy Review**
   The proposals were supported by the committee for ratification of the policies by the Trust Board for a period of 3 years or to be extended as follows:

- **Observation & monitoring of patients 1.50 – to bring the review date in line with the Observation Policy 1.35 – 31 October 2015**
- **R08 Personal Searches – approve for 12 months**
- **IC24 Nutrition and Hydration – approve for 3 years**
- **Zero Tolerance Policy 5.19 – extend until 30 June 2015 while work is ongoing to combine with the Violence & Aggression Policy.**

Mrs Storey also presented the forward look report for policies that require review and consideration. It was noted that there were some nursing policies beyond their review date and that this had resulted from a number of key staff changes within the directorate. A plan of work was underway to address this and a further report will be made to the committee next month to give assurance on progress made to address these policies.

7. **Directorate Performance Reports**
   The Committee received the monthly performance reports from each of the Directorates, the performance of which was discussed during the discussion of other reports on the agenda to the committee.

8. **Quality Metrics from the Performance Quality Management Framework Report (PQMF) month 9**

   The Quality Committee has retained responsibility for monitoring quality metrics following transfer of the PQMF to the Finance & Performance Committee in September 2014. The committee reviewed the quality metrics being extracted from the wider PQMF. As noted previously, the role of the committee is to consider the impact of metrics potentially going off track. There were no items of particular concern raised by the report.

9. **Quality Impact Assessment (QIA) update of Cost Improvement Schemes (CIP)**

   The committee received information from Mrs Harrison, Interim Director of Finance on the refreshed process for the CIP scheme identification and approval process. It was noted that this replaced the information previously presented to the committee in respect to the use of a 'star chamber'. This new five stage CIP process is recommended by the Audit Commission and Monitor and is intended to bring more challenge and debate and more confidence to the overall process.

   The committee reviewed the documentation and the Chair sought further information to seek assurance retrospectively on schemes and for those planned. It was agreed that the new paperwork would be adopted for the current schemes and as this work develops more information will be presented to the committee. This will also be a standing item on the agenda.

10. **Risks to Quality of Services – December 2014**

    Committee members considered the report for quality risks, noting the risk treatment plans in place. Of note was the continuing high risk relating to a lack of investment in mental health services as member of a challenged health & social care economy and actions to respond to this. This and the other significant risks to the provision of quality services are being closely monitored by the committee.

11. **Patient Advice and Liaison Service (PALS) and Complaints Report – Q3 2014/15**

    Mr Dinwiddy presented this report, focussing specifically on the number of compliments received by services. It was noted that this was a much condensed version of the previous report to the committee and that it would be helpful to include information on learning outcomes in order to provide a richer picture to the board on the intelligence received from this important area of work.

12. **Community Mental Health Survey 2013/14 summary and plan**

    The annual community mental health survey was sent out between 1 September 2013 and 30 November 2013. A sample of 850 service users were selected at random with a total of 259 useable questionnaires received. Analysis was undertaken by the Picker Institute who standardised the data based on age and gender. The paper to the committee presented the results and action plan, which highlighted for the majority of questions that the Trust fell into the expected range. Some areas fell into the lower part of the expected range and these areas are being addressed as part of the action plan.

13. **Nurse Staffing Performance monthly report**

The committee received the nursing staff performance on a shift by shift basis for the month of January 2015, including exception reports by area. Reports are prepared to give assurance on the delivery of safe nurse staffing levels. The position reflects that ward managers are effectively deploying additional staff to meet increasing patient needs as necessary. The report also noted occasions when shifts were not able to be filled as planned.

Committee members also discussed the service being provided on ward 4 and that staffing had been problematic on occasions as there is no defined staffing establishment for this temporarily opening ward. All shifts had been covered with the assistance of other wards in redeploying staff to assist when necessary.

The report noted that work is ongoing to refine staffing data and activity reporting to gain a more dynamic and informed perspective of nursing activity within inpatient areas. There will be clearer performance indicators to capture activity that actually reflects acuity, vacancy and other factors. The establishment for each of the ward areas is also being reviewed. Mr Dinwiddy will present these report to the next meeting of the Trust Board.

14. **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**

It was intended that the committee trial a deep dive into individual domains on a month by month basis to gain further assurance to the committee and the board. This will commence from next month.

15. **Quality Account 2014/15 Project Plan**

The committee received the action plan for the production of the 2014/15 Quality Account. It was acknowledged that this is an established process and therefore gave assurance to the committee that all key stages would be delivered.

16. **Serious Incidents Q3 2014/15**

The committee received a summary report of the statistical and trend detail for incidents received during Q3. The report noted a spike in incidents during October 2014 but no clear themes were identified following investigation. There are also no apparent seasonal or monthly trends. This report will also be discussed in detail at the next meeting of the Trust Board.

17. **Monitors Quality Governance Assurance Framework – action plan**

At the September 2014 meeting of the committee, members received the outcome report and action plan following the independent review by KPMG of the Trust's performance against Monitor's quality governance arrangements. The outcome of the review showed an improved score from 3.5 to 2.5 demonstrating that the Trust is likely to meet Monitor's requirements for quality governance. An action plan was produced to help further improve the Trust's performance.

Mrs Storey informed committee members of the progress being made against the plan and that much work had been completed. Some areas were ongoing such as the refresh of the board to ward visits programme. In addition, the Good Governance Institute is working with the Trust to review its governance arrangements and approach to risk management and this will inform the action plan accordingly.

18. **Quality Committee Annual Report 2014**

In order to satisfy its Terms of Reference, the committee should produce an annual report on actions taken by the committee during the year. Mrs Storey presented this report which drew attention to the work undertaken by the committee including reviewing its effectiveness, cycle of business and priority business areas. The report concluded that the committee has met its terms of reference and that assurance can be given to the Trust Board that the committee has discharged its duties during the reporting period.

Committee members agreed with the contents and the Chair welcomed this report as a comprehensive analysis of the work of the committee. The report was approved for presentation to the next meeting of the Trust Board.

19. **Leadership & Workforce update**

Mr Draycott advised the committee that some concerns had been raised anonymously about a clinical area. No immediate care issues were identified following an initial review. The committee will be briefed on the outcome following the more detailed investigation.

It was also noted that some concerns had been raised by Health Care Support Workers during their developmental programme. This related to areas concerning induction, use of equipment etc. Feedback was welcomed and these points were being addressed as part of the learning from the programme.

20. **Integrated Quality report Q3 2014/15**

Committee received the executive summary from the overarching integrated quality report following the analysis of intelligence received during Q3. There were no exceptional areas of concern highlighted in the report. Members also have access to the full report.

21. **Improving Workforce Safety – Violence against staff statistics 2013/14**

Committee members received the full report which summarised trend detail for patient assaults against staff and the strategies implemented by the Trust to improve workforce safety and reduce incidents.

22. **Clinical Dashboard**

Mr Dinwiddy presented a first draft of the proposed clinical dashboard for review by the committee. The majority of the information will be presented by the use of Statistical Process Control in order to gain a more informative presentation and picture of directorate performance. It was noted that this was work in progress and that a further iteration would be presented to the committee in due course.

23. Adult Mental Health Community Team Merge – briefing note

Dr Okolo provided the committee with information on the planned changes to adult community mental health teams. This is looking at increasing capacity through new caseload management and consolidation of duty professional system.

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

Sandra Storey
Trust Secretary / Head of Corporate and Legal Affairs
18 February 2015

North Staffordshire Combined Healthcare NHS

NHS Trust

REPORT TO: **Trust Board (open)**

Date of Meeting:	26 February 2015
Title of Report:	Quality Committee – Annual Report / Statement 2014
Presented by:	Patrick Sullivan – Non Executive Director Chair of Quality Committee
Author of Report: Name: Date: Email:	Sandra Storey Trust Secretary / Head of Corporate and Legal Affairs 17 February 2015 Sandraj.storey@northstaffs.nhs.uk
Purpose / Intent of Report:	• For review and approval
Executive Summary:	In order to satisfy its Terms of Reference, the Quality Committee has produced an annual report on actions it has taken during the year. The attached report draws attention to the work that the committee has undertaken, including reviewing its Terms of Reference, a review of its effectiveness, cycle of business and priority business areas. Committee members have also undertaken a detailed self-assessment to establish areas for further improvement. This work is ongoing and will inform ongoing development of the committee and its effectiveness. The Committee discussed and approved this report at its meeting on the 17 February 2015 and wish to give assurance to the Trust Board that it has discharged its duties in meeting its Terms of Reference during 2014. Members of the Trust Board are asked to consider and accept this report for assurance purposes. Given the transformation agenda, for the committee to continue with its present Terms of Reference for the next 12 months (the Terms of Reference have recently been reviewed by the committee and presented to the Trust Board), and that the Trust Board accept this proposal.
Which Strategy Priority does this relate to: How does this impact on patients or the public?	• Customer Focus Strategy • Clinical Strategy • Governance Strategy
Relationship with Annual Objectives:	The report has been produced to satisfy the committee's Terms of Reference. Terms of Reference underpin activity required to develop the Annual Governance Statement and Trust Annual Report
Risk / Legal Implications:	N/A
Resource Implications:	N/A

Equality and Diversity Implications:	N/A
Relationship with Assurance Framework [Risk, Control and Assurance]	The establishment and constitution of the Quality Committee is mandated by the Trust's Standing Orders. This report is intended to provide assurance that the committee has satisfied its Terms of Reference.
Recommendations:	Review the draft report and agree that it gives assurance to the Board that the committee has met its Terms of Reference and that the Terms of reference are approved for a further 12 months.

Quality Committee of North Staffordshire Combined Healthcare NHS Trust

Annual Report 2014

1. Purpose of the Report

The Quality Committee (the committee) has prepared this report to the Trust Board. It provides information about actions taken by the committee to satisfy its terms of reference in the year 2014.

2. Background

The establishment and constitution of a Quality Committee is mandated by the Standing Orders of the Trust Board.

The functions of the committee are concerned with the arrangements for the purpose of monitoring and improving the quality of healthcare for which the Trust has responsibility and providing assurance to the Trust Board in this regard.

The committee oversees the planning and development of clinical governance activities in the Trust in line with the NHS Executive Guidance: Clinical Governance – Quality in the new NHS (HSC 1999/065) and in accordance the Health and Social Care Act 2012 and its Registration with the Care Quality Commission.

A dedicated board development session took place in September 2014 to refresh the Board's approach to providing quality services and review of the top strategic risks to quality. The committee is now taking forward this piece of work.

The committee oversees the Trust's strategy for quality governance and monitors the development of the Trust's quality governance plans. The Trust's Integrated Business Plan has also been refreshed and the Trust's Quality Strategy underpins this. The committee ensures that any risks to the quality of service provision are identified early and that there are adequate controls and mitigating/risk treatment plans in place.

During the course of the year the committee transferred responsibility for the activity aspect of the Performance Management Quality Framework (PQMF) to the Finance & Performance Committee in order for this committee to focus on monitoring performance alongside activity.

The Quality Committee retained responsibility for the monitoring of quality metrics and this is a key business item for the committee. A clinical dashboard is being introduced with quality outcome measures which will be populated with information from the newly formed six directorates early in 2015. New performance meetings are in place with improved granularity of information that will help inform the clinical dashboard. Additional quality metrics have been developed that will further refine and enhance the stakeholder contribution to quality.

The committee also received an updated report on service user standards and action plan at its January 2015 meeting. This will help to further inform the work of the committee going forward.

The committee also reviews the Trust's policies and management arrangements covering all aspects of information governance.

3. Governance, Establishment and Duties

3.1 Members of the committee are appointed by the Board from directors and other senior managers from within the Trust and to be quorate during this time the terms of reference required four members to be in attendance, including at least one executive director, one a non executive director and one a clinical director (or nominated deputy). Membership and the number to be quorate will change in 2015 given the introduction of the new directorate structure.

Mr Patrick Sullivan, Non Executive Director, was appointed by the Board as the Chair of the committee and has held this post since February 2014. Mr Tony Gadsby, Non Executive Director, is the Vice Chair of the committee.

3.2 The committee meets regularly and in accordance with its cycle of business, the focus of which is to effectively manage matters such as clinical performance, patient experience and the quality of service provision. At the discretion of the Chair extraordinary meetings can be called during the year.

3.3 The committee is authorised by the Trust Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any reasonable request made by the committee. The committee is authorised by the Board to obtain reasonable outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

3.4 The minutes of the committee are formally recorded by a member of the Trust Board Secretariat Team and are available to all members of the Trust Board. On behalf of the Chair, a summary report to the Trust Board is prepared by the Trust Secretary after each meeting of the committee. The Chair of the committee, the directors leading on quality and the Trust Secretary ensure that the report draws to the attention of the Board (or any other committee of the Board) any urgent issues that require further discussion or executive action.

4. Quality Committee Effectiveness

4.1 There were eleven formal committee meetings held during 2014. All committee meetings were quorate. A register of attendance is maintained and members are required to not be absent for more than two consecutive meetings.

4.2 Members have discussed the effectiveness of the committee at two of its meeting during the year (as noted further in this report), as well as this being considered by external auditors as part of their review of the Trust's Quality Governance Assurance (QGAF) arrangements.

4.3 At its September 2014 meeting, the committee undertook a review of its effectiveness. Members discussed quality priorities and how they translate into a quality strategy and plan. Going forward it was felt that the business of the committee should focus more on the quality plan and monitoring quality metrics that underpin the quality structure. Members also discussed revising reporting arrangements and rationalising reports to ensure that they are much more succinct in terms of drawing out the key issues for the committee.

It was agreed that there is a transformation agenda required for the committee. Building on what is working well, as concluded by the independent review of the Trust's QGAF

arrangements, and what additional work is required to enhance arrangements further. The Trust is also working with the Good Governance Institute to review the Trust's current integrated governance arrangements and how these may be strengthened. The outputs of which will be reported to the committee to inform its work plan and further review of effectiveness.

4.4 Members also discussed how best service user representatives could be supported in becoming members of the committee. Mechanisms for hearing the patient's voice, such as through patient stories, are also being further progressed during 2015/16.

A further time out session was held in December 2014 by the committee, the purpose of which was to consolidate some of the work previously undertaken to improve its effectiveness, with a subsequent forward plan agreed for the new-year.

It was reported to the Trust Board in January 2015 that work is ongoing with a commitment to ensuring that the committee remains fit for purpose, with membership and continuously seeking assurance on quality and improvements, remaining high on the agenda

5. **Governance, Risk to Quality of Services and Internal Control**
5.1 From September 2013, the overarching responsibility for risk moved from the Quality Committee to a newly established Risk Management Committee. The purpose of which was to allow the Quality Committee focussed time in addressing any key risks relating to quality supported by the introduction of quality metrics.

The committee has continued to look at ways to improve the flow of information from its sub groups, meetings and to the Board. Following the assessment against Monitor's QGAF, the reporting arrangements and detail of reports have continued to develop over the course of year. The Committee has 4 domains reporting into it, each led by an Executive:

- Patient Safety
- Clinical Effectiveness
- Customer Focus
- Organisational Safety and Effectiveness

The Domain lead ensures that a report of the activities and progress of the groups within their domain is presented to the committee.

5.2 Managing and controlling risks related to information is a key element on the risk and control framework. The Information Governance (IG) Toolkit, is a tool by which the Trust assesses its compliance with current legislation, Government directives and other national guidance, is a key part of the organisation's Assurance Framework. Reports on progress are presented to the committee through the organisational safety and effectiveness domain. An action plan was in place to improve performance from the previous year and much progress has been made resulting in the Trust maintaining Level 2 at 31 March 2014. This work has continued throughout the year and it is expected that the Trust will maintain its current level of compliance at year end, March 2015.

The committee has an extensive agenda and the following list of items is by no means exhaustive but is intended as a high level summary of business addressed by the committee during the course of the year and reported to the Trust Board.

➢ **Monthly Director of Quality Report** – horizon scanning, items of interest for the Trust or those which may have an impact on the Trust

- **Monitor's Quality Governance Assurance Framework** – monitoring progress with the Trust's compliance against the framework
- **Quality Impact Assessment of Cost Improvement programme** – review of CIP business rules
- **Reports on implementing the recommendations from Francis, Berwick, Keogh, Cavendish and Clwyd reports**
- **Policy Management** – Approval of policies and forward view
- **Directorate Quality / Safety reports** – review of directorate performance and wider review of emerging themes and trends across Trust services
- **Safe Staffing Review** – review of process to review the nurse staffing establishment and performance reports (monthly and six monthly)
- **Performance against quality metrics** – monthly review of performance
- **Risks relating to quality of service** – monthly review of risks that are emerging or requires escalation, alongside consideration of risk treatment plans
- **CQC compliance reports, MHA visits and overarching action plan**
- **Community and Inpatient survey results** – review of findings and action plans
- **Integrated Quality Report** – quarterly review of the data following serious incidents, complaints, PALS, claims, infection control, safeguarding issues, etc.
- **Annual Declarations of compliance**
- **Quality Account** – oversight of project plan and document sign off
- **Business Cases** – discussion of the quality aspects of business proposals
- **Patient Led Assessment Care Environment** – review of results and action plan
- **Commissioning for Quality & Innovation Payments** – oversight of annual CQUINS and quarterly reports on progress (through clinical effectiveness domain)
- **Compliance with Emergency Planning, Resilience and response** – self assessment of core standards and endorsement by committee
- **Reports in relation to the Freedom of Information Act and Access to Health Records** – compliance with Act, volume and type of request

- **Domain updates** – monthly report from the sub groups that report into one of the four domains:
  - PALS & Complaints
  - Serious incidents, violence & aggression, falls reduction, health & safety
  - Pharmacy
  - Infection Control
  - Safeguarding
  - Nutrition
  - Information governance, data quality, records management
  - Clinical Effectiveness, clinical audit
  - Resuscitation & Emergency, Medicines Management
  - Mental Health Law
  - Communication & Membership
  - Care Programme Approach (CPA) Development group

6. Summary

The committee must produce an annual report to the Trust Board on the actions taken to comply with its terms of reference. The annual report includes information about its governance arrangements, including reporting arrangements into the committee from its sub-groups.

The committee has been responsive to emerging issues and challenges and has dealt with a wide ranging and extensive workload during the course of the year. Consequently the committee has needed to review its effectiveness and priority business areas with a particular focus on ensuring that the quality of service is maintained during periods of change. In recognition of this the committee revised its terms of reference to emphasise the focus on quality.

As noted earlier in the report, as part of the ongoing review of the effectiveness of the committee, two time out sessions took place during for 2014. Members discussed what was working well and identified areas where strengthening and improvements were needed. This included reporting arrangements in order that papers draw out more effectively the issues that require attention.

The overarching risk management responsibility transferred to the Risk Management Committee thereby ensuring that the committee can dedicate its time to focusing on risks to the quality of Trust services. In addition, the reporting on performance transferred to the Finance & Performance Committee in order that they focus on activity and related issues in this regard.

The view of the committee members is that assurance can be given to the Trust Board that the committee has focused its efforts on monitoring the Trust's quality governance arrangements. It has a clear plan going forward to keep its effectiveness under review and has fully discharged its duties.

End of report

Document Change Control

Version	Date	Author(s)	Description of Change
1.0	11/2/14	S Storey	First draft created.
2.0	17/2/14	S Storey	Approved at committee

REPORT TO TRUST BOARD

Date of Meeting:	26 February 2015
Title of Report:	Letters to Trust CEO from Quality Surveillance Group –January 2015
Presented by:	Caroline Donovan, Chief Executive
Author of Report: Name: Date: Email:	Shropshire & Staffordshire Area Team Quality Surveillance Group –January 2015
Purpose / Intent of Report:	Information and assurance
Executive Summary:	NHS England now uses a Surveillance Rating System. The letter indicates that the Trust is rated as Green – Regular Surveillance – no specific concerns but watching eye on any dips in performance .
Which Strategy Priority does this relate to: How does this impact on patients or the public?	Clinical, Finance and Governance.
Relationship with Annual Objectives:	Delivery of high quality, evidence based services.
Risk / Legal Implications:	None
Resource Implications:	None identified
Equality and Diversity Implications:	None identified
Relationship with Assurance Framework [Risk, Control and Assurance]	None
Recommendations:	The Board is asked to : • Receive for assurance purposes

Caroline Donovan
Chief Executive
North Staffordshire Combined Healthcare NHS Trust
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Letters to CEOs post Quality Surveillance Group

Dear Caroline.

Following the Quality Surveillance Group held on the 26 January 2015. I am writing to inform you of the discussion which took place regarding your organisation.

NHS England now uses a Surveillance Rating System and your organisation is rated as Green: Regular Surveillance:- The definitions for the ratings are explained at the end of this letter.

- The challenges in re-opening of ward 4 to help address the pressures in the urgent care system was noted
- Nil concern raised

With Kind Regards

Yours Sincerely.

Brigid Stacey
Director of Nursing and Quality
Shropshire and Staffordshire Area Team

Cc
Jan Warren, NSCCG
Lee George, NSCCG
Lorraine Cook, SOTCCG
Steve Eley, NSCHCT

Definitions

Green: Regular Surveillance:- No specific concerns but watching eye on any dips in performance

Amber: Enhanced Surveillance:- Concerns need to be reviewed at every meeting due to existence of recover action plans/ increased visits/ contractual measures.

Red: Risk Summit Required:- Significant concerns beyond the need for enhanced surveillance, which reinstate further action in the form of a risk summit.

North Staffordshire Combined Healthcare **NHS**

NHS Trust

REPORT TO THE TRUST BOARD (OPEN)

Date of Meeting:	26 February 2015
Title of Report:	Financial Performance – Month 10
Presented by:	Ann Harrison, Interim Director of Finance
Author of Report: Name: Date: Email:	 Andy Turnock 18 February 2015 andrew.turnock@northstaffs.nhs.uk
Purpose / Intent of Report:	Financial Performance monitoring for information
Executive Summary:	The attached report summarises financial performance for the period to the end of January 2015. Headline performance is: • A retained deficit of £0.101m, giving a favourable variance against plan of £0.008m. • A year-end forecast that indicates an achievement of a retained surplus of £0.268m (£0.734m surplus at adjusted financial performance level), representing a breakeven against Plan • A year to date Continuity of Service Risk Rating of 3, with a year-end forecast rating of 3 • CIP target of £4.08m, with a forecast delivery • Gross capital expenditure of £0.112m to date and a forecast net capital expenditure of £0.545m • A cash balance of £7.8m at the end of January 2015.
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 D iversity Implications:	Not directly as a result of this report
Relationship with Assurance Framework [Risk, Control and Assurance]	Monitoring delivery of the financial plan
Recommendations:	The Board is asked to: • *note that financial performance to date is on plan, with a favourable variance reported of £0.008m* • *note the delivery of CIP is forecast to be in line with plan, however this has been supported by the addition of a number of non-recurring schemes* • *note the cash position as at 31 January 2015 of £7.8m* • *note the capital expenditure position as at 31 January 2015 is currently behind plan and the forecast outturn is a net capital expenditure of £0.545m* • *note the year to date Continuity of Service Risk Rating of 3 and also the forecast rating of 3.*

FINANCIAL OVERVIEW as at 31 January 2015

Income & Expenditure - Retained Surplus / (Deficit)

£000	Plan	Actual	Var	%	RAG
YTD Surplus / (Deficit)	(109)	(101)	8	7.3	G
FOT Surplus / (Deficit)	268	268	0	0.0	G

Net Capital Expenditure

£000	Plan	Actual	Var	%	RAG
YTD Exp	65	(548)	(613)	943	R
FOT Exp	1,500	545	(955)	(63.7)	R

Retained Surplus / (Deficit) Run Rate 2014/15
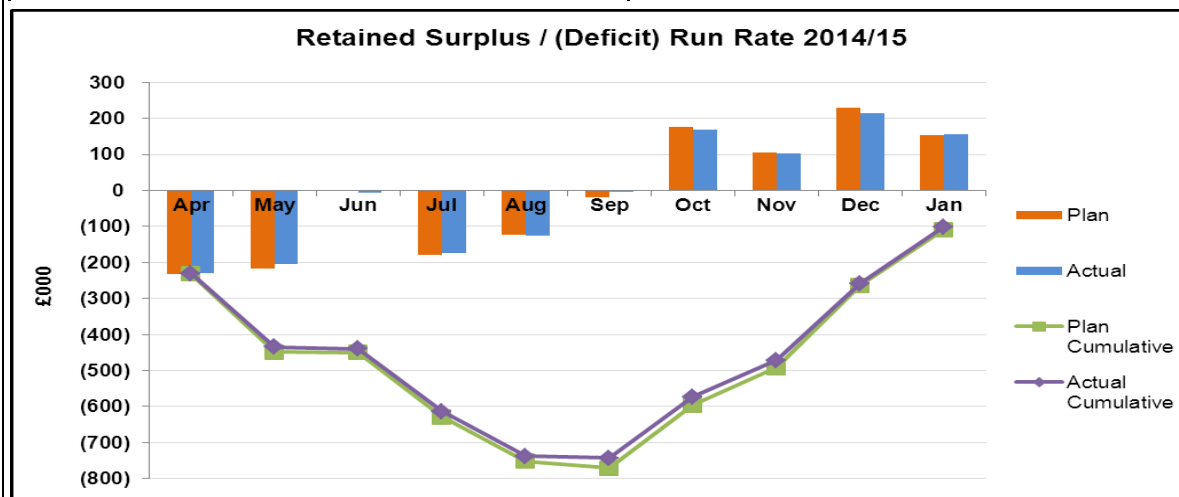
Cost Improvement

£m	Plan	Actual	Var	%	RAG
YTD - Rec	3.05	1.88	(1.2)	(38.4)	
YTD - Non-rec	0.20	1.02	0.8	411.0	
YTD - Total	3.25	2.90	-0.35	(10.7)	A
FOT - Rec	3.72	2.58	(1.1)	(30.7)	
FOT - Non-rec	0.36	1.50	1.1	320.2	
FOT - Total	4.08	4.08	0.00	0.0	G

Cash Balances

£m	Plan	Actual	Var	%	RAG
YTD Balance	4.4	7.8	3.4	78.1	G
FOT Balance	4.5	5.6	1.0	22.8	G

Continuity of Service Risk Rating

	Plan YTD	YTD	Plan Forecast	Forecast
Overall Risk Rating	3	3	3	3
Metrics:	Plan YTD	YTD	Plan Forecast	Forecast
Liquidity Ratio	4	4	3	4
Capital Servicing Capacity	2	2	2	2

Notes

Risks: Achievement of income targets and CQUIN.

Delivery of the CIP requirement.

Managing cost pressures.

Charges against provisions provided for last year exceed the value provided.

Assumptions: Clinical income targets are predominately achieved.

Charges against provisions provided for last year which exceed the value provided can be mitigated by other reductions in expenditure.

1. Financial Position

1.1   Introduction

As detailed in the Operating Plan the Trust was planning to make a retained surplus of £0.268m in 2014/15.

This report details the Trust's performance against the Plan for the period ending 31 January 2015.

1.2   Income & Expenditure (I&E) Performance at Month 10

At the end of Month 10, the Trusts budgeted plan was a retained deficit of £0.109m. The reported retained position is a deficit of £0.101m, giving a favourable variance of £0.008m from plan.

Table 1 below shows this position in the Statement of Comprehensive Income (SOCI) for the Trust. A more detailed SOCI is shown in Appendix A, page 1.

Table 1: Statement of Comprehensive Income

Detail	Full Year Annual Budget £000	Current Month £000			Year to Date £000		
		Budget	Actual	Variance	Budget	Actual	Variance
Income	75,503	6,499	6,393	-106	60,675	61,184	510
Pay	-55,225	-4,618	-4,534	84	-45,992	-44,765	1,226
Non pay	-16,887	-1,480	-1,435	46	-12,215	-13,948	-1,732
EBITDA	3,392	401	424	23	2,467	2,471	3
Other Costs	-2,658	-208	-228	-20	-2,190	-2,186	4
Adjusted Financial Performance	734	193	196	3	277	285	8
IFRIC 12 Expenditure	-466	-39	-39	0	-386	-386	0
Retained Surplus / (Deficit) prior to Impairment	268	154	157	3	-109	-101	8
Fixed Asset Impairment	0	0	0	0	0	0	0
Retained Surplus / (Deficit)	268	154	157	3	-109	-101	8

Contained within non-pay are the CIP targets for divisions and directorates. As at month 10, only schemes with a high degree of complexity or uncertainty have yet to be transacted.

Also contained within non-pay, specific budgets have been set and held centrally. Table 2 shows these central reserves forecast budgets which equate to £1.386m, against which the Trust is forecasting expenditure of £1.004m. This highlights that the Trusts achievement of the forecast retained surplus of £0.268m is predicated on the support to the operational position from reserves totalling £0.381m.

Table 2: Reserves Held Centrally

Description	Forecast Annual Budget (£)	Committed within FOT (£)
Contingency	212,000	210,000
Family & Friends	60,000	60,000
Cleanliness in Hospitals	61,808	20,000
Out of Area Treatments	100,000	0
Support from CCG's *	300,000	300,000
CCG developments **	148,511	148,511
Other Earmarked reserves	503,461	265,928
Total	**1,385,780**	**1,004,439**

∗ Support from local CCGs on a non-recurring basis.

** The Dementia service development included in the Stoke-on-Trent CCG contract.

1.3   Workforce Analysis

Graph 1 below shows the whole time equivalent (wte) numbers for the last 12 months, incorporating Bank and Agency usage[1]. Graph 2 shows the usage of Bank and Agency staff in isolation. Table 3 shows the data being represented by the graphs.

Graph 1: WTE Anaylsis

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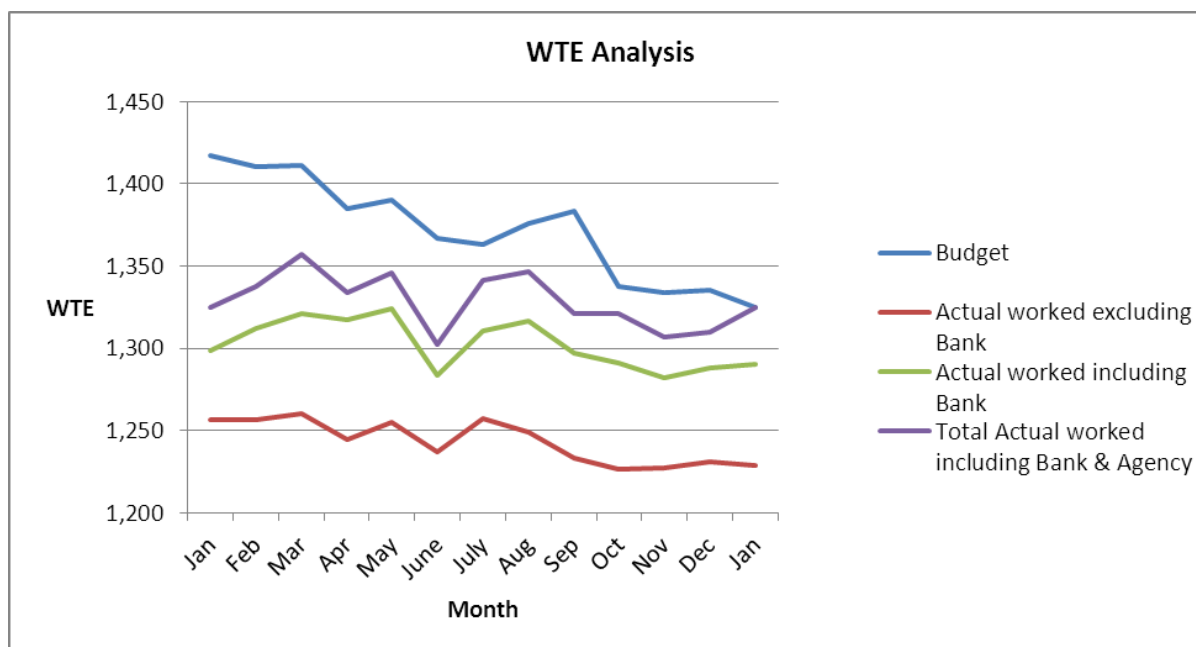
[1] Agency wte is calculated using an average cost per month per staff category.

Graph 2: WTE Anaylsis
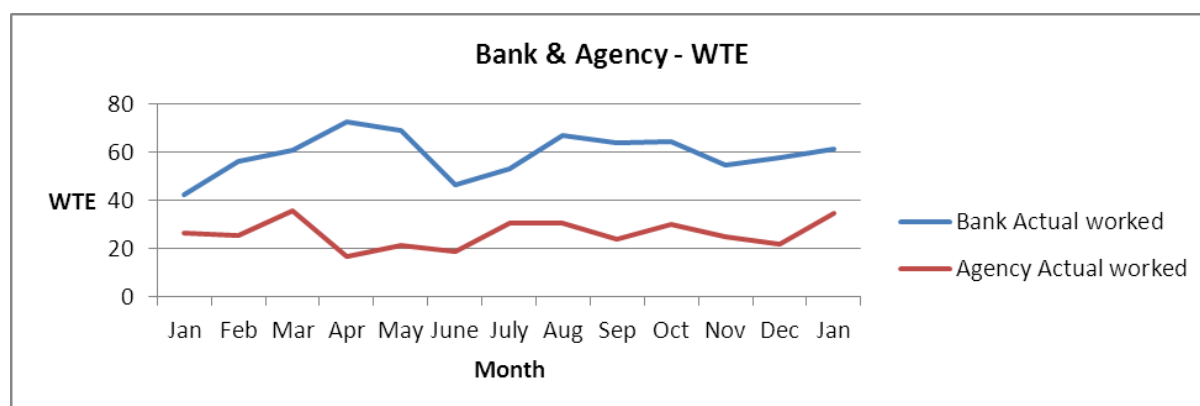
Table 3: WTE Analysis

	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan
Bank Actual worked	56.12	60.74	72.68	69.09	46.28	52.86	66.99	63.72	64.51	54.59	57.71	61.35
Actual worked excluding Bank	1256.21	1260.30	1244.73	1255.17	1237.35	1257.55	1249.38	1233.55	1226.74	1227.37	1230.73	1228.82
Actual worked including Bank	**1312.33**	**1321.04**	**1317.41**	**1324.26**	**1283.63**	**1310.41**	**1316.37**	**1297.27**	**1291.25**	**1281.96**	**1288.44**	**1290.17**
Agency	25.63	35.87	16.64	21.51	18.56	30.79	30.35	24.12	29.85	24.93	21.58	34.74
Total Actual worked inc Bank & Agency	**1337.96**	**1356.91**	**1334.05**	**1345.77**	**1302.19**	**1341.20**	**1346.72**	**1321.39**	**1321.10**	**1306.89**	**1310.02**	**1324.91**
Budget	1410.78	1410.90	1384.91	1390.09	1367.02	1363.04	1375.82	1383.61	1337.46	1333.66	1335.72	1325.06

Bank usage has increased since November 2014 due to usage on Ward 4 for the Shared Care service with UHNM plus the ongoing delay in the transfer of clients from Chebsey.

1.4   Forecast Year End Performance

Following the finalisation of the month 10 position, a worked up forecast outturn has been undertaken which supports the retained surplus of £0.268m (£0.734m at adjusted financial performance level) which is in line with Plan. This outturn position is dependent on achieving the cost improvement programme. The Trust's forecast position has been shared with the NTDA as part of their financial monitoring regime.

The Trust is forecast to over perform against its clinical and non-clinical income budgets. In terms of clinical income, there is a slight over performance of £0.5m. This is a result of an over performance of circa £0.3m which is predominately the anticipated Out of Area Treatments (OATs) and Non Contract Activity (NCA). Non-clinical income is forecast to over achieve by circa £0.1m due to an increase in services provided and recharges to other NHS bodies, including property and pay recharges.

It should be noted that within the clinical income values the CQUIN target of £308k associated with AIMS for rehab (£0.293m) and Physical Health (£0.016m) is at risk. Dialogue with commissioners and the review of the recording of information remain ongoing to mitigate this risk.

1.5   Cost Improvement Programme

The target for the year is £4.08m which is approximately 6% of clinical income. This takes into account the requirement to deliver the 1% surplus referred to above, plus hold a 0.5% contingency of £0.367m.

As at month 10, the Trust is reporting a position of £2.9m CIP delivery against a plan of £3.25m. It should be noted that the year to date performance has been supported by the addition of a number of non-recurring CIP schemes.

2.   Summary of Financial Position

A Statement of Financial Position is shown in Appendix A, page 2.

2.1   Fixed Assets

Property, Plant & Equipment and Intangible assets balances of the Trust have remained relatively static. The movement is the net result of capital additions and the depreciation charge for the period April 2014 to January 2015.

2.2   Cash

As at 31 January 2015, the Trust's cash position was £7.8m which represents an increase during the month of £1.0m. This majority of this movement relates to a decrease in debtors of £0.8m and capital receipts of £0.2m. A monthly cash flow forecast is shown in Appendix A page 3.

2.3   Debtors

Trade & Other Receivables balances have decreased during the month by £0.7m. This movement relates to a decrease in other debtors of £0.4m and local authority debtors of £0.3m.

Within the overall value, £2.3m relates to invoiced debt. Invoiced debt is summarised by age in Appendix A, page 4, along with the analysis of the stage of recovery.

2.4   Creditors

There has been no material change in the level of creditors during the month.

2.5   Non-Current Liabilities

The Trust's PFI scheme (Harplands Hospital) is accounted for on the "borrowings" line, reflecting the requirements of International Financial Reporting Standards.

3.   Capital Expenditure and Programme

The Trust's permitted capital spend in 2014/15 is £2.64m; this is the combination of the Trust's £1.5m Capital Resource Limit (CRL) and its planned asset sales of £1.14m.   The gross capital expenditure for the year as at 31 January 2015 is £0.112m which represents an under spend against the profiled gross capital expenditure (excluding envisage proceeds from sales) shown in the Plan submitted to the NTDA.

As communicated previously, the forecast net capital expenditure for the year has been revised to £0.545m (£1.345m expenditure less £0.8m capital receipts). This represents an under shoot of £0.955m against the CRL for the year, which is allowed. This under shoot has been reported to the NTDA as part of their month 10 financial monitoring returns.

Appendix A, page 5 shows the expenditure to date and the forecast outturn.

4.   Risk Rating

As reported in the Operating Plan, the Trust is planning to achieve a Continuity of Service Risk Rating of 3 by the end of the financial year. As at month 10 this is calculated as 3 which is in line with the rating of 3 planned at this stage in the year. The forecast outturn rating is also 3, in line with the planned rating previously mentioned.   Appendix A, page 6 shows the separate metrics and the outputs in detail.

5.   Closure of Chebsey Close

The Board has been updated on an on-going basis upon the closure and associated risks and other issues. The year to date trading account is detailed in Table 4 below and confirms that the service is in operational surplus. As the facility has now been closed there is no further income anticipated for this service. It should be noted that some residual costs will continue to be incurred until all staffing issues have been resolved.

Table 4: Chebsey Close Trading Account

Detail	£'000
Income	
Clinical Income	
North Staffs & Stoke-on-Trent CCG	651.4
East Staffs CCG	183.9
Staffs & Surrounds CCG	172.1
Cannock CCG	172.1
Telford & Wrekin	106.9
Total income	1,286.4
Expenditure	
Pay	-1,026.7
Non-pay	-52.9
Total expenditure	-1,079.6
Net Position Surplus / (Deficit)	**206.8**

6.   Recommendations

The Board is asked to:

- *note that financial performance to date is largely on plan, with a small favourable variance of £0.008m reported*

- *note the delivery of CIP is forecast to be in line with plan, however this has been supported by the addition of a number of non-recurring schemes*

- *note the cash position of the Trust as at 31st January 2015 of £7.8m*

- *note the gross capital expenditure position as at 31st January 2015 is behind plan and the forecast outturn is a net capital expenditure of £0.545m*

- *note the year to date Continuity of Service Risk Rating of 3 and also the forecast rating of 3, both in line with Plan.*

Statement of Comprehensive Income including Forecast Outturn – Trust Wide

	Full Year Budget £000	< < < Current Month > > >			< < < Year to Date > > >			< < < Forecast Outturn > > >		
		Actual £000	Budget £000	Variance £000	Actual £000	Budget £000	Variance £000	Actual £000	Budget £000	Variance £000
Income:										
Revenue from Patient Care Activities	66,271	5,631	5,588	43	53,937	53,528	409	66,645	66,240	405
Other Operating Revenue	9,232	762	911	-150	7,247	7,146	101	9,367	9,232	134
	75,503	6,393	6,499	-106	61,184	60,675	510	76,011	75,472	539
Expenses:										
Pay										
Medical	-6,733	-519	-575	56	-5,070	-5,604	534	-6,154	-6,713	559
Nursing	-25,638	-2,105	-1,977	-127	-21,183	-21,493	310	-25,395	-25,708	313
Other clinical	-13,377	-1,051	-1,273	222	-10,118	-11,026	908	-12,304	-13,398	1,093
Non-clinical	-9,102	-679	-765	86	-6,979	-7,548	569	-8,394	-9,099	705
Non-NHS	-396	-180	-29	-152	-1,415	-340	-1,075	-1,806	-427	-1,379
Cost Improvement	22	0	1	-1	0	19	-19	0	22	-22
	-55,225	-4,534	-4,618	84	-44,765	-45,992	1,226	-54,053	-55,322	1,269
Non Pay										
Drugs & clinical supplies	-1,903	-108	-165	56	-1,577	-1,570	-6	-2,025	-1,903	-122
Establishment costs	-1,980	-137	-184	47	-1,177	-1,634	457	-1,457	-1,979	522
Premises costs	-2,309	-289	-190	-99	-2,357	-1,970	-387	-2,867	-2,309	-558
Private Finance Initiative	-3,823	-319	-319	0	-3,222	-3,186	-36	-3,870	-3,823	-47
Other (including unallocated CIP)	-5,336	-581	-623	42	-5,614	-3,855	-1,759	-7,414	-5,428	-1,986
Central Funds	-1,536	0	0	0	0	0	0	-1,004	-1,386	381
	-16,887	-1,435	-1,480	46	-13,948	-12,215	-1,732	-18,637	-16,827	-1,810
EBITDA *	3,392	424	401	23	2,471	2,467	4	3,322	3,323	-2
Depreciation (excludes IFRIC 12 impact and donated income)	-884	-94	-74	-21	-740	-739	-1	-884	-884	0
Investment Revenue	11	1	1	1	13	9	4	13	11	2
Other Gains & (Losses)	162	27	27	0	162	162	0	231	230	0
Local Government Pension Scheme	0	0	0	0	0	0	0	0	0	0
Finance Costs	-1,400	-117	-117	0	-1,167	-1,167	0	-1,400	-1,400	0
Unwinding of Discounts	0	0	0	0	0	0	0	0	0	0
Dividends Payable on PDC	-547	-46	-46	0	-456	-456	0	-547	-547	0
Adjusted Financial Performance - Surplus / (Deficit) for the Financial Year *	734	196	193	3	285	277	8	734	734	0
IFRIC 12 Expenditure ***	-466	-39	-39	0	-386	-386	0	-466	-466	0
Retained Surplus / (Deficit) for the Year excluding Impairment	268	157	154	3	-101	-109	8	268	268	0
Fixed Asset Impairment ****	0	0	0	0	0	0	0	0	0	0
Retained Surplus / (Deficit) for the Year	268	157	154	3	-101	-109	8	268	268	0

* EBITDA - earnings before interest, tax, depreciation and amortisation

** NTDA expected surplus or deficit against which the Trust is measured

*** Additional costs in respect of the Trust's PFI scheme following the introduction of IFRS, classed as technical adjustments.

Statement of Financial Position – including forecast

Detail	Period End Date 31/03/2014 £000	31/11/2014 £000	31/12/2014 £000	31/01/2015	FOT 31/03/2015 £000
NON-CURRENT ASSETS:					
Property, Plant and Equipment	33,834	32,989	32,971	32,862	30,997
Intangible Assets	109	80	66	66	66
Trade and Other Receivables	52	52	52	52	52
TOTAL NON-CURRENT ASSETS	33,995	33,121	33,089	32,980	31,115
CURRENT ASSETS:					
Inventories	98	96	97	96	84
Trade and Other Receivables	3,525	4,787	5,118	4,369	3,627
Cash and cash equivalents	5,445	6,041	6,772	7,825	5,561
SUB TOTAL CURRENT ASSETS	9,068	10,924	11,988	12,290	9,272
Non-current assets held for sale	1,148	888	683	488	2,520
TOTAL ASSETS	44,211	44,934	45,760	45,759	42,907
CURRENT LIABILITIES:					
NHS Trade Payables	-929	-518	-798	-678	-754
Non-NHS Trade Payables	-4,880	-7,703	-8,148	-8,181	-5,962
Borrowings	-360	-360	-360	-360	-351
Provisions for Liabilities and Charges	-2,502	-1,525	-1,442	-1,402	-1,008
TOTAL CURRENT LIABILITIES	-8,671	-10,105	-10,749	-10,621	-8,075
NET CURRENT ASSETS/(LIABILITIES)	1,545	1,707	1,922	2,157	3,717
TOTAL ASSETS LESS CURRENT LIABILITIES	35,540	34,828	35,011	35,138	34,832
NON-CURRENT LIABILITIES					
Borrowings	-13,343	-13,103	-13,073	-13,043	-12,993
Trade & Other Payables	0	0	0	0	0
Provisions for Liabilities and Charges	-401	-400	-400	-400	-400
TOTAL NON- CURRENT LIABILITIES	-13,744	-13,503	-13,473	-13,443	-13,393
TOTAL ASSETS EMPLOYED	21,796	21,325	21,538	21,695	21,439
FINANCED BY TAXPAYERS EQUITY:					
Public Dividend Capital	7,998	7,998	7,998	7,998	7,998
Retained Earnings	150	-321	-108	49	616
Revaluation Reserve	13,596	13,596	13,596	13,596	12,773
Other reserves	52	52	52	52	52
TOTAL TAXPAYERS EQUITY	21,796	21,325	21,538	21,695	21,439

Cash-flow Forecast

Statement of Cash Flows (CF)	Actual Apr 14 £000	Actual May 14 £000	Actual Jun 14 £000	Actual Jul 14 £000	Actual Aug 14 £000	Actual Sep 14 £000	Actual Oct 14 £000	Actual Nov 14 £000	Actual Dec 14 £000	Actual Jan 15 £000	Forecast Feb 15 £000	Forecast Mar 15 £000	2014/2015 Full Year £000
Cash Flows from Operating Activities													
Operating Surplus / (Deficit)	-62	-36	162	-56	44	164	336	271	232	290	310	317	1,972
Depreciation and Amortisation	123	123	85	125	107	99	126	113	92	133	112	112	1,350
Impairments and Reversals	0	0	0	0	0	0	0	0	0	0	0	0	0
Interest Paid	-117	-117	-117	-117	-116	-117	-116	-117	-117	-117	-117	-115	-1,400
Dividend Paid	0	0	0	0	0	-294	0	0	0	0	0	-253	-547
Inflow / (Outflow) prior to Working Capital	**-56**	**-30**	**130**	**-48**	**35**	**-148**	**346**	**267**	**207**	**306**	**305**	**61**	**1,375**
(Increase) / Decrease in Inventories	13	-7	0	11	-7	-7	3	-4	-1	1	3	9	14
(Increase) / Decrease in Trade and Other Receivables	-754	239	-370	-632	-41	-3,955	4,560	-310	-331	749	435	512	102
Increase / (Decrease) in Trade and Other Payables	599	778	-555	924	243	4,627	-4,757	428	820	-131	-1,044	-1,119	813
Provisions (Utilised) / Arising	-23	-13	-66	-35	11	-60	-683	-109	-82	-40	-76	-318	-1,494
Increase/(Decrease) in Movement in non Cash Provisions	0	0	0	0	0	0	0	0	0	0	0	0	0
Inflow / (Outflow) from Working Capital	**-165**	**997**	**-991**	**268**	**206**	**605**	**-877**	**5**	**406**	**579**	**-682**	**-916**	**-565**
Net Cash Inflow / (Outflow) from Operating Activities	**-221**	**967**	**-861**	**220**	**241**	**457**	**-531**	**272**	**613**	**885**	**-377**	**-855**	**810**
Cash Flows from Investing Activities													
Interest Received	1	2	1	1	1	2	1	1	2	1	0	0	13
(Payments) for Property, Plant and Equipment	-11	0	-5	0	-1	0	-5	-6	-59	-25	-364	-869	-1,345
Proceeds of disposal of assets held for sale (PPE)	0	0	0	310	0	0	0	0	205	222	260	0	997
Net Cash Inflow / (Outflow) from Investing Activities	**-10**	**2**	**-4**	**311**	**0**	**2**	**-4**	**-5**	**148**	**198**	**-104**	**-869**	**-335**
NET CASH INFLOW / (OUTFLOW) BEFORE FINANCING	**-231**	**969**	**-865**	**531**	**241**	**459**	**-535**	**267**	**761**	**1,083**	**-481**	**-1,724**	**475**
Cash Flows from Financing Activities													
Capital Element of Payments in Respect of Finance Leases PFI	-30	-30	-30	-30	-30	-30	-30	-30	-30	-30	-30	-29	-359
Net Cash Inflow/(Outflow) from Financing Activities	**-30**	**-30**	**-30**	**-30**	**-30**	**-30**	**-30**	**-30**	**-30**	**-30**	**-30**	**-29**	**-359**
NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS	**-261**	**939**	**-895**	**501**	**211**	**429**	**-565**	**237**	**731**	**1,053**	**-511**	**-1,753**	**116**
Cash and Cash Equivalents (and Bank Overdraft) at YTD	**5,184**	**6,123**	**5,228**	**5,729**	**5,940**	**6,369**	**5,804**	**6,041**	**6,772**	**7,825**	**7,314**	**5,561**	

Aged Debtor Analysis

Analysed as	Within Term	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 +	Overall Balance
	£000	£000	£000	£000	£000	£000
NHS	690	43	357	8	233	**1,331**
Local Authorities	302	192	0	0	0	**494**
Other Debtors	234	47	19	0	171	**471**
Total	**1,226**	**282**	**376**	**8**	**404**	**2,296**

Invoiced Debtors Age - 2014/15
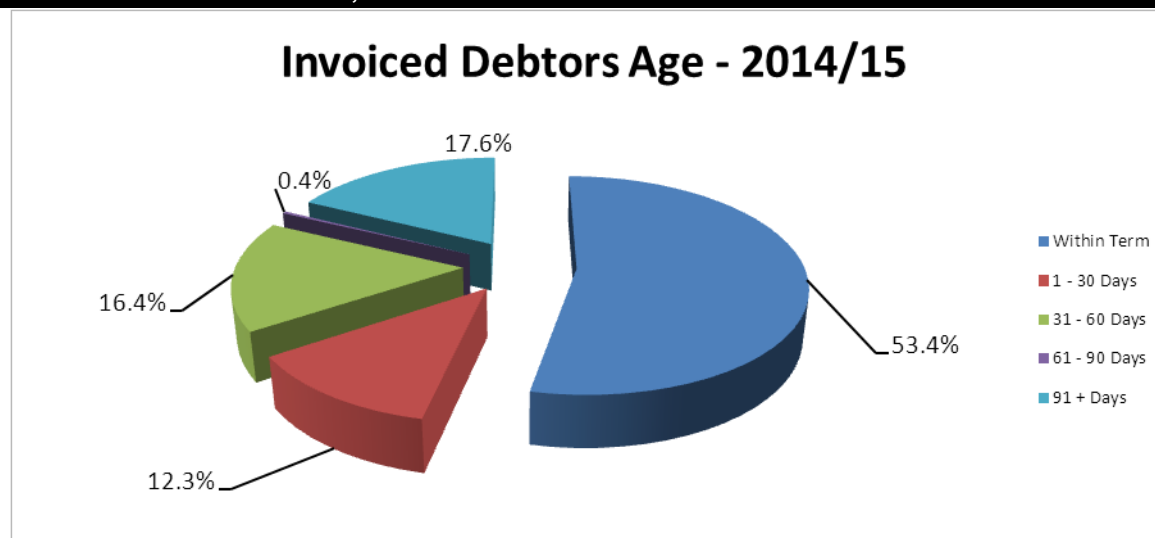
Analysed by Credit Control Stage	Within Term	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 +	Overall Balance
	£000	£000	£000	£000	£000	£000
No formal dispute received - full payment anticipated	1,226	282	376	8	33	**1,925**
Routine credit control processes activated	0	0	0	0	241	**241**
Resolved - Awaiting Credit Note to be issued	0	0	0	0	0	**0**
Escalated to Management / Solicitors	0	0	0	0	130	**130**
Total	**1,226**	**282**	**376**	**8**	**404**	**2,296**

Capital Programme and Expenditure

Site	Detail	2014/15 Original Scheme Value £000	Year to Date £000	Forecast Outturn £000
Schemes Committed				
Developments				
Ward 4 Upgrade		750	7	50
Acquired Brain Injury		150	1	10
Ward Upgrade		400	10	50
AT & T and Telford Unit		250	5	605
Tackling Green Issues		100	0	10
Victoria Surgery & other minor schemes		190	41	50
Total for Service Redesign schemes		**1,840**	**64**	**775**
Maintenance of Infrastructure				
Other	Other	200	13	20
Total for Maintenance of Infrastructure schemes		**200**	**13**	**20**
Other Schemes				
Other equipment purchases - IT	Various	100	0	229
Various	Various	400	21	21
Estate rationalisation – Childrens		0	0	20
Harplands - Ward 4/5		0	0	85
Harplands - Ed Myers	Additional beds	0	13	40
Parking		0	1	10
Harplands feasibility scheme		0	0	15
Electronic Patient Status Display		0	0	80
Total for Other Schemes		**500**	**35**	**500**
Not Yet Committed				
Harplands	Lifecycle	100	0	50
Total Expenditure		**2,640**	**112**	**1,345**
Disposals				
Sale of former Learning Disability properties		-1,140	-660	-800
Net Expenditure		**1,500**	**-548**	**545**

Capital Allocations	£000
Initial CRL (per NTDA Plan submission)	**1,500**
Revisions to Plan:	
None	-
Final CRL	**1,500**
Value of Schemes as at 31/01/15	**545**
Potential (Over) / Undershoot against CRL	**955**

Continuity of Service Risk Rating

Continuity of Services Risk Ratings	Current Month Metrics			Forecast Outturn Metrics		
	Plan	Actual	Variance	Plan	Forecast	Variance
	£000s	£000s	£000s	£000s	£000s	£000s
Liquidity Ratio (days)						
Working Capital Balance	331	1,573	1,242	-90	1,113	1,203
Annual Operating Expenses	58,038	58,713	675	69,514	72,691	3,177
Liquidity Ratio Days	1.71	8.04	6.33	-0.47	5.51	5.98
Liquidity Ratio Metric	4	4	0	3	4	1
Capital Servicing Capacity (times)						
Revenue Available for Debt Service	2,767	2,484	-283	3,715	3,334	-381
Annual Debt Service	1,996	1,922	-74	2,389	2,305	-84
Capital Servicing Capacity (times)	1.4	1.3	-0.1	1.6	1.4	-0.1
Capital Servicing Capacity metric	2	2	0	2	2	0
Continuity of Services Rating for Trust	3	3	0	3	3	0

Risk Assessment Framework Parameters				
Liquidity Ratio (days)				50% Weighting
Rating	4	3	2	1
Tolerance	0	-7	-14	<-14
Capital Servicing Capacity				50% Weighting
Rating	4	3	2	1
Tolerance	2.5	1.75	1.25	<1.25

North Staffordshire Combined Healthcare NHS
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REPORT TO: Trust Board – Open Section

Date of Meeting:	26 February 2015
Title of Report:	Finance and Performance Committee Report – Committee Meeting 19 February 2015
Presented by:	Tony Gadsby – Committee Chairman
Author of Report: Name: Date: Email:	Steve Blaise 19 February 2015 Steve.blaise@northstaffs.nhs.uk
Purpose / Intent of Report:	• For Decision ✔ • Performance monitoring ✔ • For Information ✔
Executive Summary:	The attached report provides a summary of the Committee meeting held on the 19 February 2015 and provides assurance to the Board over the level of review and challenge provided by the Committee of financial and other reporting as well as forecasting.
Which Strategy Priority does this relate to: How does this impact on patients or the public?	• Customer Focus Strategy • IM and T Strategy ✔ • Governance Strategy ✔ • Workforce Strategy ✔ • Financial Strategy ✔ Helps ensure appropriate resources are directed to and protected for appropriate patient care services.
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:	The Trust Board are asked to: • 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, 26 February 2015

Finance & Performance (F&P) Committee Report to the Trust Board – 19 February 2015

This paper details the issues discussed at the Finance and Performance Committee meeting on 19 February 2015.

The meeting was quorate, approved the minutes from the meeting on the 22 February 2015 and reviewed the progress and actions taken from previous meetings.

The Committee received the financial update for month 10 (January 2015) 2014/15.

The income and expenditure position to Month 10 was slightly ahead of plan at a deficit of £0.109m against a plan deficit of £0.101m, a favourable variance of £0.008m. The paper also reported that the year-end forecast of £0.268m equating to a £0.734m surplus at adjusted financial performance level.

The Trust's cash balance at the end of January was £7.8m, which is £3.5m more than plan at this stage of the year.

As previously reported, the capital programme position remains significantly behind plan and the Trust is now forecasting an under spend of £0.955m in 2014/15. The Trust continues to monitor its year end capital spend forecast.

The Trusts Continuity of Service Risk Rating at month 10 was an overall rating of 3 against a planned year to date level of 3. The Trusts liquidity metric remains high (level 4) but the Trusts slight deficit at 31 January reduces the Capital Servicing Capacity to level 2. The year end forecast overall rating of level 3.

The Committee received the Month 10 Cost Improvement Programme (CIP) 2014/15 report which incorporated elements of the Workforce paper linked to CIP schemes. The paper highlighted the requirement to deliver £4.08m of CIP with plans in place to deliver this requirement.

The paper also showed a year to date position of £2.9m delivery against the plan of £3.2m although it was noted that a significant element of that year to date delivery was on non-recurring schemes. In addition, it was explained that the forecast delivery was predicated on the achievement of schemes scheduled for the last 2 months of the year.

The report also included details of the CIP schemes that are being developed for the 2015/16 financial year totalling £3.14m.

Other Reports and Updates

The Committee received additional reports and verbal updates as follows:

- Contract Information. The report noted the current position and outstanding issues to be resolved before the 2015/16 contract round can be successfully concluded. The Committee also received an u pdate from the Director of Finance on the 2015/16 offer received from the local health economy CCG's.

- Patient Level Information Costing System (PLICS). A paper updating the Committee on the ongoing development of the Trusts Patient Level Costing system. The Committee noted that the implementation of this development was still planned to be delivered on time.

- Closure of Chebsey Close. This report provided a final summary of the costs associated with the closure of Chebsey Close. The Committee noted the clarity contained within this paper.

- Performance Quality Management Framework. This report provided the Month 10 performance against TDA metrics and key national targets. The Committee noted that nearly all the national targets are being met and discussed in some detail the targets currently rated red and amber.

- A verbal update was provided on the Trusts current position in respect of the negotiation and signing of the Trusts Non Clinical Service Level Agreements.

- Budget Setting 2015/16. This report briefed the Committee on the key principles applied to the budget setting process for the next financial year as well as the progress made to date.

- Key Risks to the Current Year Financial Plan. A schedule was provided which described the key risks to the delivery of the 2014/15 financial plan. The committee discussed the risk ratings to determine the appropriateness of those risks and made amendments where appropriate.

- Tender Update. This verbal report highlighted the Trust's current tender activity. It was noted that the majority of the potential tenders related to the Substance Misuse Service.

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

Tony Gadsby – Chair of Finance and Performance Committee

19 February 2015

North Staffordshire Combined Healthcare NHS

NHS Trust

REPORT TO TRUST BOARD

Date of Meeting:	26th February 2015
Title of Report:	Performance Report – Month 10 2014/15
Presented by:	Ann Harrison, Interim Director of Finance
Author of Report: Name:	Kevin Daley, Performance Development Manager
Date: Email:	13th February 2015 Kevin.Daley@northstaffs.nhs.uk
Purpose / Intent of Report:	Performance Monitoring
Executive Summary:	This report provides the Board with a summary of performance to the end of Month 10 (January 2015) Performance against the Monitor compliance framework and key National Targets is included within the report, all indicators are on target. A range of 115 metrics is in place to monitor performance, quality and outcomes. The indicators are those set by our commissioners and local trust targets and aligned to the relevant Trust objectives. Performance against these KPIs has been reviewed by the Finance & Performance Committee prior to being presented to the Trust Board. At month 10 of the 115 metrics 34 metrics were rated as Green, 3 rated as Amber, 2 rated as Red and 76 Unrated due to the absence of targets which are monitored to identify and respond to trends. 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.
Which Strategy Priority does this relate to: How does this impact on patients or the public?	Governance Strategy 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:	The Board is asked to • consider and discuss reported performance with particular

	emphasis on areas of underperformance
	• note the considerable number of metrics reported on target (green)
	• to confirm sufficient detail and assurance is provided

North Staffordshire Combined Healthcare **NHS**

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PERFORMANCE MANAGEMENT REPORT TO TRUST BOARD

Date of meeting:	26th February 2015
Report title:	**Performance & Quality Management Framework** **Performance Report – Month 10 2014/15**
Executive Lead:	Interim Director of Finance
Prepared by:	Kevin Daley, Performance Development Manager
Presented by:	Glen Sargeant, Head of Performance & Information

1   Introduction to Performance Management Report

 The report includes TDA metrics, targets where agreed, 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 Directorate Heads of Service 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 10 there are 115 metrics with 2 rated as Red, 3 rated as Amber, 34 metrics rated as Green and 76 Unrated due to the absence of targets which are monitored to identify and respond to trends.

Month 10			
Red	**Amber**	**Green**	Unrated
2	3	34	76

3   Exception Reports

Metric	Exec/Op Lead	Target	M10 Perf	YTD Perf	Forecast Outturn	Trend	Commentary
Admission of under 18 to an adult acute bed	Dir of Ops Op Lead M Hart	0	RED 1	RED 1	RED	↗	17 year old admitted to Darwin under MHA Section 2. Following issues with behaviour a decision was made by the on-call Exec to transfer him to Ward 1 at Harplands (but still nursed by Darwin staff). Patient is now 18.
IAPT - Min data set	Dir of Ops Op Lead S Woodall	90%	RED 84%	RED 84%	RED	↔	Last reported HSCIC data is provisional: 83% compliance for November. (Final for **October** was **84%**) National average: 72%
- No. entering psychological therapies		3458 YTD (385 M10)	RED 339	RED 2684	RED	↗	From **270** @ M9
- Proportion receiving psychological therapies		12.3% YTD (1.4% M10)	RED 1.20%	RED 9.5%	RED	↗	From **0.96%** in M9, **8.3%** YTD @ M9. Back-loaded target.
- No. moving to recovery		50%	RED 43%	RED 43%	RED	↗	From **35%** @ M9
Physical Health CQUIN (National)	Dir of Nursing Op Lead L Wrench		AMBER	AMBER	GREEN	↔	Part A - Cardiometabolic risk factors. Due to the high % targets set for this CQUIN, there is some concern around full achievement at Q4 – value **£42,250**. Part B - Communication with GPs. Re-audit scheduled to take place in Q4. Due to the high % targets set for this CQUIN, there is some concern around full achievement at Q4 - value **£22,750.**

Metric	Exec/Op Lead	Target	M10 Perf	YTD Perf	Forecast Outturn	Trend	Commentary
Listening and Responding to Feedback CQUIN	Dir of Nursing Op Lead L Wrench		AMBER	AMBER	GREEN	↔	All Q2 targets deferred to Q3. Commissioners have advised that an action plan needs to be put in place before they can confirm achievement. Despite not receiving the Commissioner report we have already started the production of an action plan based on verbal feedback and the Telford Unit have already put actions in place. Once action plan has been produced it is anticipated that this CQUIN will be rated **Green**.
% staff compliant with mandatory training	WF Dir Op Lead B Dawson	95%	AMBER 87%	AMBER 87%	AMBER	↘	From **88%** @ M9 Corporate = 90% AMH Community = 90% AMH In Patient = 81% Substance Misuse = 89% CAMHS = 88% Learning Disabilities = 85% NOAP = 83%

Exceptions Reported to Clinical Quality Review Meeting (CQRM) (NB: not part of the 115 metrics)

Metric	Exec/Op Lead	Target	M10 Perf	YTD Perf	Forecast Outturn	Trend	Commentary
% Staff who have received / are compliant with Safeguarding training	WF Dir Op Lead B Dawson	95%	AMBER 89%	AMBER 89%	GREEN	↘	From **90%** @ M9 Corporate = 91% AMH Community = 93% AMH In Patient = 84% Substance Misuse = 100% CAMHS = 95% Learning Disabilities = 89% NOAP = 80%

4   Risk Ratings

The TDA measures Trust performance in five categories:

At month 10 we have maintained our rating of Level 4 (out of 1 to 5), where 5 is best.

5   Recommendations

The Trust Board is asked to:

- Review areas of underperformance as summarised in this report and identify further action required

REPORT TO TRUST BOARD

Date of Meeting:	26 February 2015
Title of Report:	NHS Trust Development Authority (NTDA) Monthly Self Certifications.
Presented by:	Ann Harrison, Interim Director of Finance
Author of Report: Name: Date: Email:	Glen Sargeant, Head of Performance and Information 18 February 2015 glen.sargeant@northstaffs.nhs.uk
Purpose / Intent of Report:	Information and approval
Executive Summary:	This paper confirms that the monthly NTDA self-certification documents have been reviewed by the executive team and are ready to be submitted, with no changes from last month's position of compliance and no exceptions to report. Declarations include: • Fit & proper directors • Registration with CQC • Provision of integrated care • Effective arrangements for monitoring and continually improving the quality of healthcare • Compliance with TDA Accountability Framework In all there are 26 self-certification declarations and these form part of the NTDA Oversight and Escalation Process. Based on January 2015 data, the Trust is declaring compliance with all requirements.
Which Strategy Priority does this relate to: How does this impact on patients or the public?	Clinical, Finance and Governance. There is no direct impact on patients or the public.
Relationship with Annual Objectives:	5: Robust plans delivering quality and sustainable services
Risk / Legal Implications:	None

Resource Implications:	None identified
Equality and Diversity Implications:	None identified
Relationship with Assurance Framework [Risk, Control and Assurance]	Supports the wider framework
Recommendations:	The Board is asked to : • Approve the submission for January 2015 data declaring compliance with all requirements. This is to be sent to the NTDA on or before the last working day of February 2015.

REPORT TO TRUST BOARD

Date of Meeting:	26 February 2015
Title of Report:	Reforming the Payments System for NHS Services – 5 year Forward View
Presented by:	Ann Harrison Interim Director of Finance
Author of Report: Name: Date: Email:	Ann Harrison 20 February 2015 Ann.harrison@northstaffs.nhs.uk
Purpose / Intent of Report:	For Information
Executive Summary:	The attached report provides a summary of the reforming of the payments system for NHS services – 5 year forward view in line with NHS England and Monitor.
Which Strategy Priority does this relate to: How does this impact on patients or the public?	• Customer Focus Strategy • IM and T Strategy ✔ • Governance Strategy ✔ • Workforce Strategy ✔ • Financial Strategy ✔ Helps ensure appropriate resources are directed to and protected for appropriate patient care services.
Relationship with Annual Objectives:	For successful delivery and supporting achievement of financial targets whilst reforming payment innovation in line with NHS England and Monitor.
Risk / Legal Implications:	N/A
Resource Implications:	N/A
Equality and Diversity Implications:	N/A
Relationship with Assurance Framework [Risk, Control and Assurance]	Provides assurance over the Trust's arrangements for sound financial stewardship and risk management
Recommendations:	N/A

**REFORMING THE PAYMENTS SYSTEM FOR NHS SERVICES – 5 YEAR FORWARD VIEW
– NHS ENGLAND & MONITOR**

BACKGROUND
- To implement the 5 year forward view there is a requirement for a rapid shift to new models of care by 2020, for example MCPs and PACs.

- This requirement for a change in payment systems is driven by the integrated care models such as multi-specialty community providers, primary and acute care systems and forms of capitated payments for;

  - Primary
  - Secondary
  - Community
  - Mental Health
  - Social care where possible

NATIONAL LEVEL – NHS ENGLAND & MONITOR
Local Level – Providers & Commissioners;
- In 2014/15 focus on permitting commissioners and providers varying payment arrangements to support innovation whilst remaining stable national prices.

- 2015/16 publishing local area examples of their changes.

Local areas can be at the forefront of payment innovation;
- Working with Monitor any provider can help to develop best practise costing standards.

- Working with Monitor and NHS England, Commissioners and providers can help to design and/or demonstrate local payment examples.

MONITOR & NHS ENGLAND WANT ALL PARTIES TO GET INVOLVED IN PAYMENT INNOVATION
- Development of urgent and emergency care networks on a three part payment approach.

- High quality elective care and specialised services based on payments for episodes and year of care payments into lifelong conditions.

- Parity of esteem for mental health services. A mix of payment approaches linked to outcomes and recovery with mental and physical health integrated. Moving to mandatory national prices.

- NHS England and Monitor will work together to create the framework of payment rules, prices and regulatory arrangements over the next five years.

PATIENT LEVEL COSTING

- Introduction of single mandated patient–level cost collection across all care settings (2019/20 for MH trusts);

- Develop nationally standardised ways of classifying/grouping patient–level activity;

- Phased transition from using reference costs to patient–level costs for price setting.

TIMESCALE

- 3 phases over 5 years broadly in line with developing the care models described in the Forward View and the reserves available.

  - Phase 1
    - build payment system infrastructure
    - refine existing payment approaches
    - support new payment approaches

  - Phase 2
    - improve collection and use of cost data
    - scale up adoption of new payment approaches

  - Phase 3
    - assurance and compliance

To realise the potential benefits for patients as quickly as possible, everyone involved in the NHS needs to play their full part introducing the payment reforms.

North Staffordshire Combined Healthcare **NHS**
NHS Trust

REPORT TO: **Trust Board**

Date of Meeting:	26 February 2015
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 19 February 2015 Sandraj.storey@northstaffs.nhs.uk
Purpose / Intent of Report:	• For information / assurance
Executive Summary:	This report provides a summary of the meeting of the People and Culture Development Committee that took place on the 16 February 2015. The report highlights key points discussed and agreed outcomes.
Which Strategy Priority does this relate to: How does this impact on patients or the public?	• 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:	• To receive for information and assurance purposes.

Summary to Trust Board of the People and Culture Development Committee meeting held on the 16 February 2015

1. **Workforce Directorate Performance – December 2014 and Development Session**

The committee received presentations from each of the directorate leads on their performance against key workforce indicators.

Members discussed in detail areas such as sickness absence across the services which had increased during the month of December 2014. The position was noted to be the same when comparing performance with December 2013 and the reason was felt to be seasonal in respect to absence generally relating to cold and flu.

Committee members discussed at length the importance of the health and wellbeing of staff, the various means of help and support available, and any additional work that should be considered following the programme of work that had been undertaken last year, including stress awareness week and the committee development session on organisational stress and work pressure.

It was noted that compliance with statutory and mandatory training needed to improve with an ongoing commitment by teams to ensure this continues. Members agreed to report this back to their various teams and reinforce the need to improve performance in this area.

This led to a very rich and detailed discussion about Personal Development Reviews (PDR). It was noted previously that the cascade from the Board down to teams started slightly later last year. As forecast however, performance had risen significantly and was anticipated to exceed the target of 90% at year end.

Members discussed the importance of staff members have a PDR with their manager and monitoring compliance levels in this regard. In addition, the importance of the quality of those reviews was felt to be paramount. As a way of evaluating the quality of PDR's, Mr Draycott informed the committee that this would be subject to an independent audit, the outputs of which would help inform the current process and its effectiveness.

This led to discussions in respect to the staff development and engagement workstreams in respect to Aston Team leaders programme, clinical and management supervision, Health Care support workers development programme, revalidation processes, Listening into Action, and how all these important areas are consolidated to crystallise the work around the personal growth and development of trust staff.

It was noted that PDR is not a 'one off event' and that this should form part of a series of initiatives for listening to and support staff, including 1:1's, supervision, team meetings, and so on. Discussion took place in respect to having team PDRs as some staff had found this to be an effective way of working.

Given the nature of the discussion around PDR, committee members concluded that this should be further explored as a topic for the next meeting of the committee.

2. Next meeting: 23 March 2015

On behalf of the Committee Chair, Mr Peter O'Hagan and Paul Draycott, Director of Leadership & Workforce

Sandra Storey
Trust Secretary / Head of Corporate and Legal Affairs
19 February 2015

North Staffordshire Combined Healthcare **NHS**

NHS Trust

REPORT TO: Trust Board

Date of Meeting:	26 February 2015
Title of Report:	Update of the Aston Team Leader Programme
Presented by:	Paul Draycott
Author of Report: Name: Date: Email:	 Beverley Dawson 30/1/2015 Beverley.dawson@northstaffs.nhs.uk
Purpose / Intent of Report:	For assurance
Executive Summary:	This report presents a summary of the Aston Team Leaders programme and related CQUIN, at the end of January 2015 with recommendations for action in terms of achieving the maximum return on investment. These recommendations have been agreed by Senior Leadership Team and are currently being implemented.
Which Strategy Priority does this relate to:	Workforce Strategy
How does this impact on patients or the public?	Effective leadership of highly effective teams leads to increased productivity, staff engagement and positive service user outcomes (research evidence of Professor Michael West)
Relationship with Annual Objectives:	Supports the strategic goal to be a provider of high quality care.
Risk / Legal Implications:	Amongst other effects the risk of not developing highly effective teams carries consequent outcomes of lower productivity, higher absenteeism, reductions in staff wellbeing and lack of innovation
Resource Implications:	Funding for the Aston team development training has been secured from strategic training funds within the current year.
Equality and Diversity Implications:	Non anticipated
Relationship with Assurance Framework [Risk, Control and Assurance]	Not applicable
Recommendations:	1. All CQUIN teams have been invited to participate in preparatory activities for submission of the final CQUIN data set in mid March. Choice of activities has been offered to reflect learning styles and the varying levels of support required ranging from an action learning set through to a telephone contact.

The meetings will cover

- Progress to date
- Preparation for the final administration of the ART+
- Support with input of data to the online system
- Tailored advice about additional tools from the online set, which may be useful for this specific team
- Coaching in relation to the context that the team faces, including the use of the Aston tools in time of structural change, incoming team members etc.

2. Circulation of the Aston team / structural mapping exercise has taken place to all Clinical and Corporate Directors and heads of directorate to allow each to encourage comprehensive coverage of the Aston team journey within their area of responsibility
3. HR business managers continue to receive reports on the progress of the teams in their business areas and to offer support as part of their regular communication with their teams
4. Support sessions from Aston OD consultants are organised for March 2,3,4 for teams who have not yet started their team journey or are struggling in the early stages of the team journey.
5. Continued preparation to share Aston team development messages on twitter
6. Alumni masterclasses will be provided throughout the year to update team leaders on the latest thinking in relation to team development
7. It is proposed that team development forms part of the business planning cycle and that all teams include a review of their Aston Team journey in their annual planning cycle.

Aston Team Leader Programme Update

February 2015

Current Position

- 151 team leaders have registered for the Aston Team Leader Programme.
- All 8 cohorts and the executive cohort have completed the 5 day programme – (we have a small waiting list which will form a smaller cohort 9 in the spring of 2015 and are currently checking with all Directorate leads within the new structure if there are any other team leaders who will need to join this cohort.)
- 91 of these teams are initiating team journeys.
- Of these 91 teams 75 have commenced work on the team journey

Cohort	Total Registered on Programme	Total actively taking team on ATJ	Number of active team leaders who have not yet started team journey
Cohort 1	18	12	0
Cohort 2	19	11	0
Cohort 3	18	13	2
Cohort 4	18	13	0
Cohort 5	21	18	3
Cohort 6	18	7	2
Cohort 7	12	7	4
Cohort 8	19	5	1
Execs	7	5	3
Total	**151**	**91**	**15**

Alignment of Team Purpose Statements

On 20th January a series of activities were planned as part of our Senior Team Leadership meeting to ensure that there was both horizontal and vertical alignment of team purpose statements and that there were no gaps or significant overlaps between team purpose statements. Actions local to the senior leadership team included a review of the senior team purpose statement to ensure that each was unique and strategically focussed, examination of the purpose and decision making processes of SLT vis-à-vis executive team and an examination of the relationship SLT has to other teams in the immediate community.

In addition a directorate mapping of teams who are currently working through the Aston Team Journey was produced for each Clinical Director/directorate lead to support comprehensive coverage of team working activities across the whole Trust and vertical alignment of team purpose statements. Mapping results have been circulated to Clinical Directors and Heads of Directorate together with recommendations for encouraging clarity and complete coverage within their areas of responsibility.

Teamness Components Analysis

There has been no change in the number of teams submitting their first score since the time of the previous report so the averages for the 67 returns remain as per last 2 month report as indicated below

Red text indicates those areas of team working falling below 4 – areas where we may wish to pay particular developmental attention when working with teams and in planning future leadership development interventions.

Factor	Average Score
Team Autonomy	3.44
Team Reflexivity	3.54
Lack of team conflict	3.57
Inter team working	3.62
Team innovation	3.78
Team member role clarity	3.83
Team Communication	3.86
Team contribution	3.91
Team objectives	4.02
Team Identity	4.04
Team member interdependence	4.06
Team focus on Quality	4.18
Team Leader Clarity	4.20

Variance between first and second ART+ scores

This is the third report where analysis of the variance between first and second ART+ scores has been possible. Four more teams have now completed their second ART+ and the graph below shows a comparison of first score averages (based on returns from 67 teams) and the second score averages (based on returns from 25 teams).

As with last month's report, the positive variance is our first indicator of the impact that the Aston Team journey is having for participating teams.
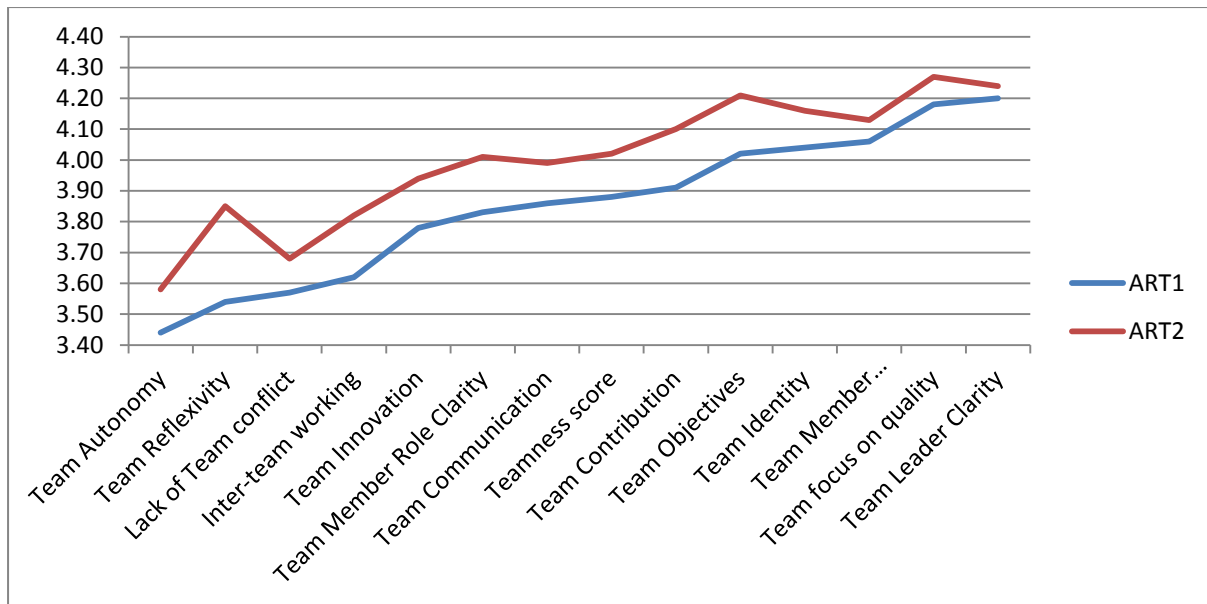
This month for the first time it is possible to include a more detailed analysis of the increases and decreases for specific teams between first and second ART+ scores.

Direct Comparisions Between Specific Teams First and Second ART+ Score
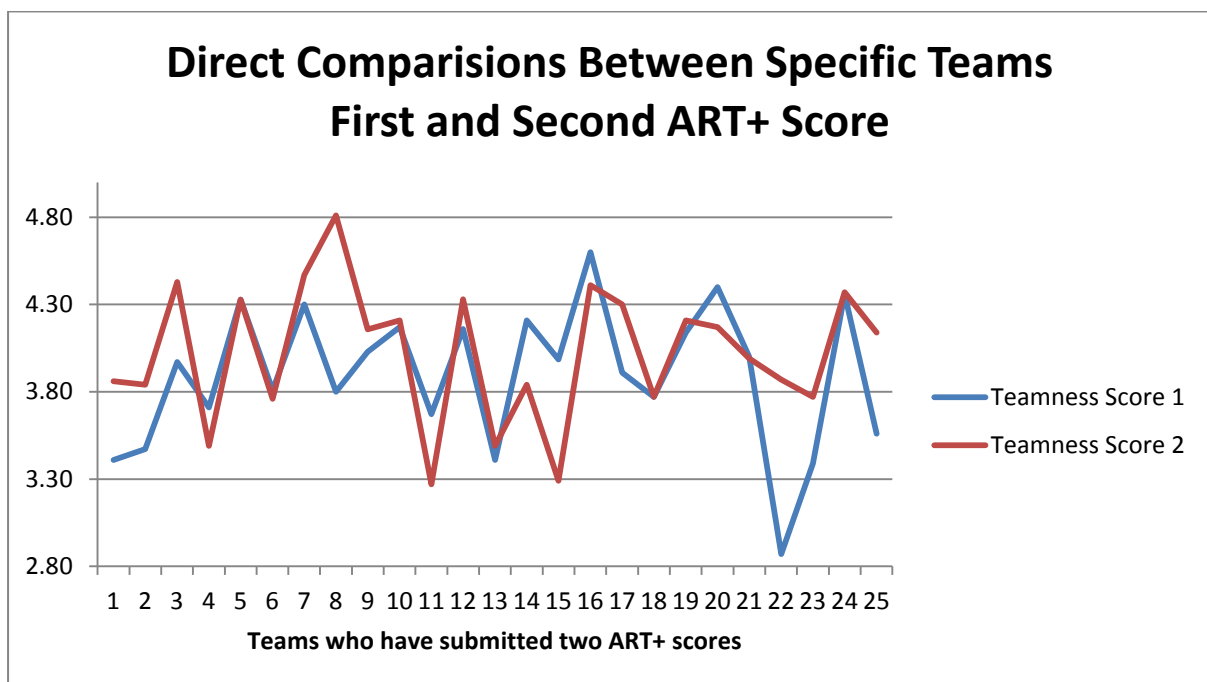
As the graph shows for some teams there have been decreases in their specific teamness score, which fits with Edmundson's research predictions that most teams would remain stable or have made a decrease in their scores due to increased awareness to team issues for the participants. We would anticipate that the increases in teamness scores will begin to emerge 3-6 months post course and will be demonstrated when the 3rd ART+ scores are completed.

CQUIN Update

The achievement of the Team leader CQUIN requires 13 teams of the 25 selected, to show an improvement between their ART+ score 1 and their ART+ score 3. The table below summarises the results received so far for the 32 CQUIN teams from which the 25 teams will be selected*.

> *Please note that the additional 7 teams have been included to account for the significant change agenda that is taking place in the Trust which may result in some of the selected CQUIN teams inability to complete the team journey.

KEY:

% complete scores in green text indicate an increase in the % complete since the previous report

Orange text indicates date that the 2nd teamness scores are due by end February

Team	Leader	Teamness Score 1	Teamness Score 2	% complete	Comments
Adult Family Team	Gillian Wallis	4.17	4.21	36%	
AOT Team	Lynne Pulley	4.14	4.21	41%	Team change
CAHMS Disability	Matthew Johnson	3.97	Report in Feb	14%	Leader change / no leader at present.
CEMH Leadership	Claire Halsey	3.60	Report in Feb	5%	
Clinical Audit / R&D	Laurie Wrench	4.60	4.41	45%	
Clinical Education	Dawn Ainsworth	3.80	4.81	14%	
Communications Team	Annie Roberts	3.61	Report in Feb	5%	
Community LD Team	Sarah Mountford	3.77	Report in Feb	9%	
COMMUNITY TRIAGE TEA	Julie Elden	4.21	3.84	73%	
Connect camhs-StokeN	Cathy Regan	3.81	3.76	23%	
Finance Directorate Team	Steve Blaise	3.56	4.14	14%	
Human Resources Team	Amy Garside	3.41	3.86	73%	
Memory Service	Wendy Mountford	3.86	Report in Feb	5%	
Mental Health Law	Samantha Dawson	4.36	Report in Feb	23%	
OD and Training Team	Beverley Dawson	3.71	3.49	73%	
OPMH Outreach	Fiona Platt	4.56	Report in Feb	18%	
Parent and Baby Unit	Nicola Matless	4.00	3.99	32%	
Pharmacy	Louise Jackson	3.77	3.77	45%	
Psychosis Recovery	Jane Clement	3.41	3.49	18%	
RAID Liaison	Julie Farrar	4.10	Report in Feb	5%	
Rehab and Recovery	Don Walsh	3.83	Report in Feb	23%	
Rehab CPN Team	Lynne Pulley	4.40	4.17	41%	Team change
Staff Support & Coun	Jan Summerfield	4.16	4.33	41%	
Support Services	Anne Melville	3.97	Report in	14%	

			Feb		
Vascular Wellbeing	Lisa Sharrock	**3.91**	**4.30**	41%	
Ward 7	Penny McDonough	**3.96**	**Report in Feb**	9%	Team change
Acute Home Treatment	Jacqueline Bailey	**3.29**	**Report in Feb**	5%	
Ashlands Team	Susan Wheatcroft	**3.32**	**Report in Feb**	5%	Leader change – this is reflected in the change of the team name from Blurton to Ashlands
Care Home Liaison	Linda Simcock	**4.14**	**Report in Feb**	32%	
ECT Team	Christine Forrester	**4.30**	**Report in Feb**	14%	
MACE	Olubukola Adeyemo	**3.39**	**3.77**	32%	
Patient Experience Team	Norah Smith	**2.87**	**3.87**	41%	Leader change

As part of the CQUIN we have collected data about interim actions taken by teams in relation to improving their team working practices and last month these comments were reported in full. Below is a summary of the action themes that teams are working on

As some teams mentioned more than one theme in their response the number of themes listed is greater than the number of teams responding

Main theme	No of teams	Sub theme	No of teams
Communication	15	Team meetings improved	9
		Supervision arrangements improved	2
		Audit results communicated widely	1
		Handover arrangements improved	1
		Inter team working improved	6
Role Clarity	5	Reduced Duplication / better role understanding	2
		Review of unique roles in team	1
		Functioning differently in constrained staffing position	1
		Clarity about cover arrangements	1
Team Climate	4	Improve climate at difficult time	1
		Improve feeling of belonging	2
		Build new team following change	2
Objectives	2	Review objectives	2
Decision making	2	Promote good decision making	1
		Increase problem solving	1
Raise Public Awareness	2	Increase profile with public	1
		Leaflet production	1
Closure	2	Support team to closure due to structural change	2
Purpose	2	Review purpose and roll out new way of working	1
		Re-evaluate purpose following structural changes	1
Innovation	1		
Autonomy	1		
Leadership clarity	1		

Planned Future Actions

1. All CQUIN teams have been invited to participate in preparatory activities for submission of the final CQUIN data set in mid March. Choice of activities has been offered to reflect learning styles and the varying levels of support required.
   a. Action learning set
   b. 1:1 meeting with OD and training facilitator
   c. Telephone meeting with OD and Training facilitator

   The content covered in these meetings will include

   - Progress to date
   - Preparation for the final administration of the ART+
   - Support with input of data to the online system
   - Tailored advice about additional tools from the online set, which may be useful for this specific team
   - Coaching in relation to the context that the team faces, including the use of the Aston tools in time of structural change, incoming team members etc.

2. Circulation of the Aston team / structural mapping exercise to all Clinical and Corporate Directors and heads of directorate to allow each to encourage comprehensive coverage within their area of responsibility

3. HR business managers continue to receive reports on the progress of the teams in their business areas and to offer support as part of their regular communication with their teams

4. Planned support sessions from Aston OD consultants for teams who have not yet started their team journey or are struggling in the early stages of the team journey.

5. Continued planning to share Aston team development messages on twitter

6. Alumni masterclasses will be provided throughout the year to update team leaders on the latest thinking in relation to team development

7. It is proposed that team development forms part of the business planning cycle and that all teams include a review of their Aston Team journey in their annual planning cycle.

North Staffordshire Combined Healthcare **NHS**

NHS Trust

REPORT TO: **Trust Board (open)**

Date of Meeting:	26 February 2015
Title of Report:	Improving Workforce Safety including: Report detailing annual VAS (Violence Against Staff) Statistics for period 2013-14.
Presented by:	Mark Dinwiddy, Interim Executive Director of Nursing & Quality
Author of Report: Name: Date: Email:	Dean Burgess, Workforce Safety Lead Dean Burgess 11 February 2015
Purpose / Intent of Report:	• Performance monitoring / assurance
Executive Summary:	The report summarises statistical and trend detail for patient assaults against staff for the period April 2013 to March 2014. • The report will present staff assault figures by service line for the period highlighted above. • NHS Protect published their annual VAS (violence Against Staff) report in November and this report is a comparison between national and local figures • The report also gives a comparison regarding the last three reporting years and demonstrates considerable reductions in the number of reported assaults locally • The updated Violence Reduction Action Plan gives an update on identified actions.
Which Strategy Priority does this relate to: How does this impact on patients or the public?	• 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]	
Recommendations:	That the Trust Board receive this report for review and discussion.

North Staffordshire Combined Healthcare NHS Trust

Report to the Executive Team, Quality Committee and Trust Board on VAS Return (Violence Against Staff) to NHS Protect for period 2013-14 and Process for Submission

Introduction: NHS Protect annually collects and collates figures for physical assaults against NHS staff from all NHS bodies across England. These figures are then published in an annual report detailing all the information collected. Prior to the publication of the annual figures, a representative sample of Health bodies are visited and audited in order to verify and validate the National figure. Individual Trust figures are then adjusted based on this accuracy measure. Thus our submitted figure of 390 was adjusted up to 398 by NHS Protect. The information collected is made public and used by the Department of Health to inform policy.

NHS Protect define physical assaults as:-

"The intentional application of force against the person of another without lawful justification resulting in physical injury or personal discomfort".

Process: Each year, around the beginning of June, the Security Management Director (SMD) and Local Security Management Specialist (LSMS) are contacted via email and advised of the need to submit the annual Violence Against Staff (VAS) return. A simple questionnaire is attached to the email to be completed by the LSMS and re-submitted by the end of June. The information required is for the previous financial year and the following information is required:-

- Total number of assaults against staff
- Declaration of total workforce, including "bank staff"
- Whether the assault is deemed to be due to "medical factors" i.e. did the assault arise due to mental illness, mental distress, learning disability or whilst being administered treatment
- Total number of criminal sanctions following an assault

The final report is made public usually around November time and is again sent to SMD's and LSMS's via email.

The Report: The data is categorised into 6 distinct service types:

- Acute sector
- Ambulance services
- Mental Health
- Primary Care Trusts
- Strategic Health Authority
- Special Hospitals

The report also cautions against comparing local data with the National figures because of:-

- Demographic/Geographic variables
- Levels of service provision for mental health, learning disability and older persons services
- Changes in service provision

- Health body amalgamations/Acquisitions
- Embedding of reporting cultures

Comparison Tables by Service Line of 2011-12, 2012-13 submitted figure and 2013-14 submitted figure.

YEAR	2011/12	2012/13	2013/14
Children and Young People	72	46	17
Learning Disability Service	790	723	216
Neuro & Old Age Psychiatry	93	125	75
Non Psychosis Service Line	73	7	7
Psychosis & Recovery Service Line	214	144	75
Substance Misuse	0	2	0
Unknown	22	0	0
Totals	1264	1047	390
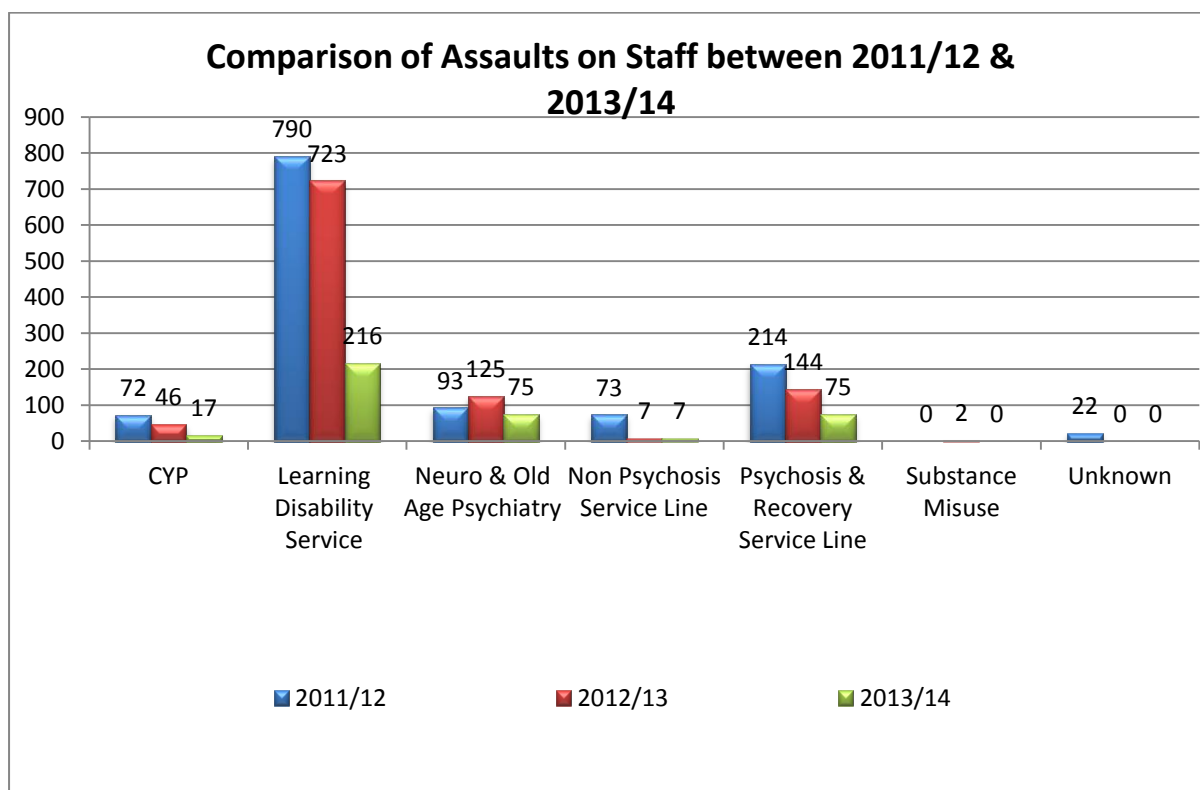
As can be seen from the table and graph above the Trust has made considerable progress in reducing patient to staff assaults in the last three years. There was almost a 63% reduction in this year's submission compared to the previous year and as can be seen above, there were significant reductions in all service lines. The biggest reduction occurred in the Learning Disability service line

which has always historically been the highest reporter and it should be noted that this was prior to the closure of Chebsey bungalows.

Comparison of NSCHT Data with the National Picture

59 Mental Health/Learning Disability Trusts submitted assault figures to NHS Protect this year and although the report is not published in "league table" format it can be identified that in terms of total number of assaults 42 Trusts reported a higher figure than North Staffordshire Combined Healthcare NHS Trust.

In previous years the Trust has featured highly in the category of "assaults per 1000 staff" partly due to the decreasing size of the Trust in terms of work force but also due to the high number of incidents perpetrated by the small number of clients at Chebsey Bungalows. This year the Trust is 23rd out of 59 in this category.

In reducing "patient to staff" assaults by almost 63% in the last year, the Trust has bucked the national trend which saw an overall increase of 8.7%. So much so that on submission of the data, NHS Protect contacted the Trust to seek clarification over the accuracy of the submission. The Workforce Safety Lead gave a detailed response to this query which included acknowledgement that a number of complex clients from Chebsey bungalows had moved to other (non Trust) services and were therefore no longer impacting on our figures. This service has subsequently closed although a small number of former Chebsey clients remain in other Trust services.

The introduction of the Safeguard incident reporting system and its ability to record a higher degree of detail and therefore accuracy was also cited as a contributory factor; incidents of attempted assault may have been logged as actual assault under the previous incident reporting system which contributed to a higher "patient to staff" assault rate. However this change and the closure of Chebsey Bungalows should not detract from the amount of work undertaken by various members of the Patient and Organisational Safety Team (detailed below) in achieving this outcome.

Strategies implemented to reduce Staff Assaults

- The introduction of the Safeguard Incident reporting system in October 2013 has enabled significant work to be undertaken on ensuring that incidents are categorised correctly, meeting NHS Protect's definition of assault. This has also re-focused staff attention on the importance of incident reporting and data quality. This is an ongoing initiative in terms of data quality control and maintaining staff focus in this important area.
- Timely review of all incident forms relating to violence and aggression by the workforce safety team has allowed for targeted support to be given to clinical areas in relation to the care planning and implementation of violence reduction initiatives.
- The "learning Lessons" initiative has enabled early dissemination and sharing of information and learning from incidents of violence and aggression.
- Violence and aggression training for staff has been further reviewed to ensure that the focus of the training is on proactive management strategies geared to avoiding violence

- The establishment of a violence reduction group in October 2013 by the Workforce Safety Lead has created a forum for in patient areas to harness ideas and share good practice with regard to violence and restraint reduction initiatives.

- Ongoing support from Workforce Safety team to areas encountering difficulties with particularly challenging clients. We have tried to make this support more structured and proactive rather than reacting to calls for advice when difficulties have already been encountered.

- Introduction of Positive Behaviour Support training for staff working with particularly challenging clients. This is an area that requires further strengthening over the coming year in terms of training provision and support/supervision of teams utilising PBS approaches.

- The Local Security Management Specialist (LSMS) forging stronger links with our local police force to ensure that where necessary and subject to the patient's capacity, suitable and appropriate sanctions are applied to those who assault our staff thus giving a clear message to both patients and staff of the Trust's commitment towards reducing incidents of this nature. During the reporting period there were seven police sanctions applied to patients out of a total of seventeen incidents reported to the police. These ranged from official cautions to documented verbal warnings.

- Revision and refresh of a violence reduction action plan to detail the planned actions and progress against the actions to ensure a dynamic and measurable approach to the violence reduction strategy for the Trust.

Conclusion

Overall patient to staff assaults have increased across the whole of the NHS. They increased by 5.8% from 59,744 in 2011-12 to 63,199 in 2012-13, and have increased by almost 8.7% to 68,683 during 2013-14. The Trust have therefore fared much better that the national picture having seen a 17% fall in assaults (1264 in 2011-12 compared to 1047 in 2012-13) last year and a mammoth 62.8% reduction (1047 in 2012-13 compared to 390 in 2013-14) this year thus bucking the National trend. With such a reduction in incidents of patient to staff assaults this year, it will be challenging to maintain the downward trend in the next reporting period especially as the admitting of one or two challenging individuals can have a dramatic effect on figures but it is hoped that the measures already in place would minimise the impact of such an eventuality.

Dean Burgess

Workforce Safety Lead

Date of report – 2nd January 2015

Report into the prevalence of Staff assaults

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Total
Number of Staff Assaults	29	31	23	32	29	20							164
Number of Assaults resulting in Harm	17	15	8	15	17	7							79

Report into the prevalence of Staff assaults

■ Number of Staff Assaults   ■ Number of Assaults resulting in Harm
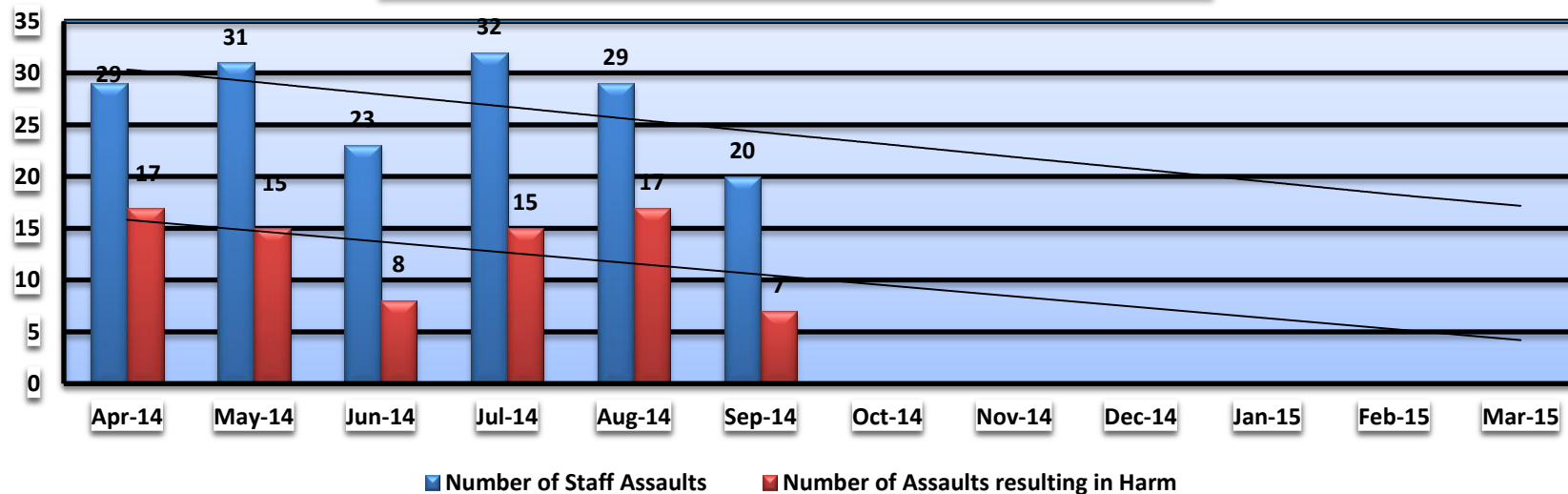
Supporting Narrative

The Assessment and Treatment Unit remains the highest reporter for staff assaults, with 25% off all incidents occuring there. All the assaults in this service would be classed as being related to the client's clinical condition due to their lack of capacity. This doesn't mean that they cannot be prevented but does often mean that the trigger factors are often complex and difficult to identify. The Adult Division's figures have remained relatively stable and the Children's division continues to report very low numbers of incidents. If the current trend is repeated in the next 6 months and remain at their current average; it is anticipated that the Trust will be able to announce a further reduction when the annual report is sent to NHS Protect in June 2015

North Staffordshire Combined Healthcare **NHS**

NHS Trust

Adult Division Totals

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Total
Number of Staff Assaults	9	4	4	10	8	15							50
Number of Assaults resulting in Harm	6	2	2	4	5	8							27
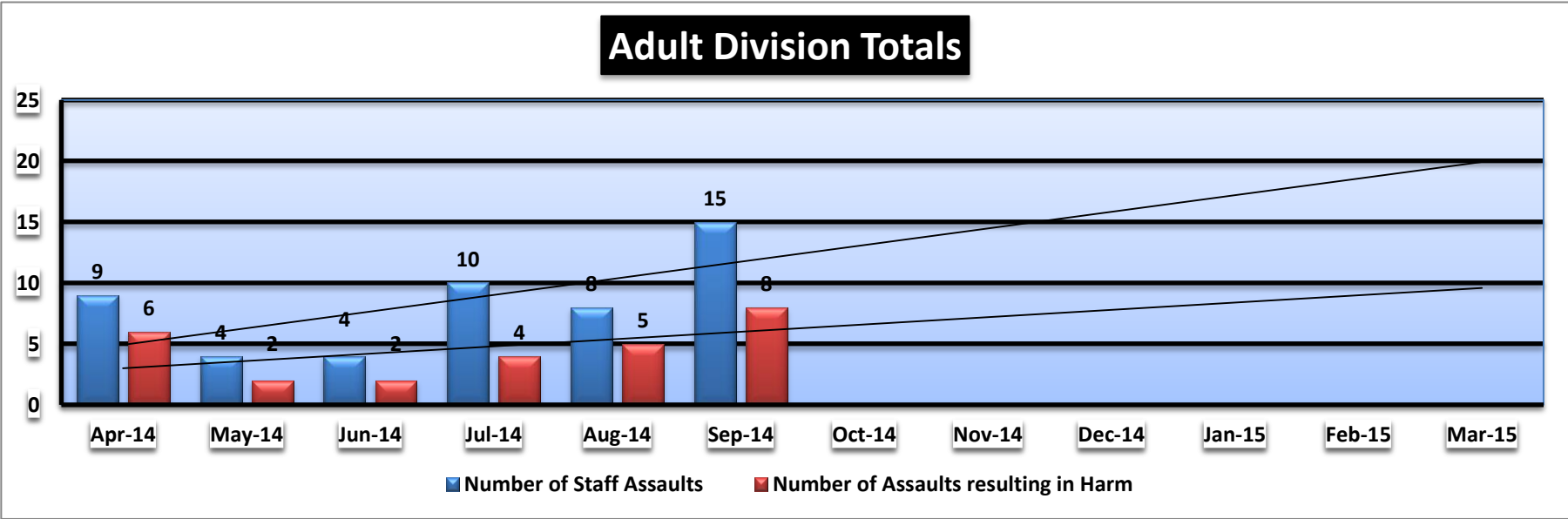
Supporting Narrative

There was a year high figure for this Division for staff assaults in September; this is attributed to a very small number of clients. The ward teams were supported throughout this period inorder to ensure best clinical practice was maintained and to provide additional psychological support to staff.

North Staffordshire Combined Healthcare **NHS**

NHS Trust

LDNOAP Division

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Total
Number of Staff Assaults	19	26	18	21	20	5							109
Number of Assaults resulting in Harm	10	13	6	11	11	0							51

LDNOAP Division

Number of Staff Assaults — Apr-14: 19, May-14: 26, Jun-14: 18, Jul-14: 21, Aug-14: 20, Sep-14: 5

Number of Assaults resulting in Harm — Apr-14: 10, May-14: 13, Jun-14: 6, Jul-14: 11, Aug-14: 11, Sep-14: 0
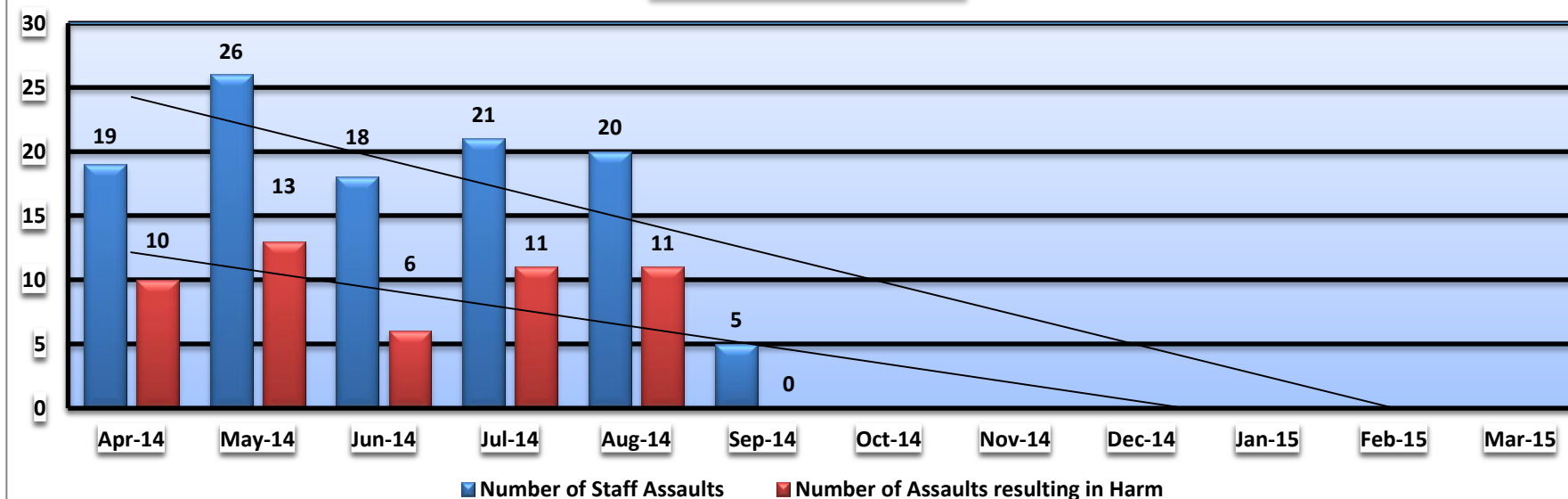
Whilst the overall trend is pleasing, the high throughput of clients mean that this trend cannot be predicted for the next 6 months, as these incidents involve clients who lack capacity and thus would be classified as being linked to the client's clinical condition.

North Staffordshire Combined Healthcare **NHS**

NHS Trust

Children's Division

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Total
Number of Staff Assaults	1	1	1	1	1	0							5
Number of Assaults resulting in Harm	1	0	0	0	1	0							2

Children's Division chart showing Number of Staff Assaults and Number of Assaults resulting in Harm, Apr-14 to Mar-15.
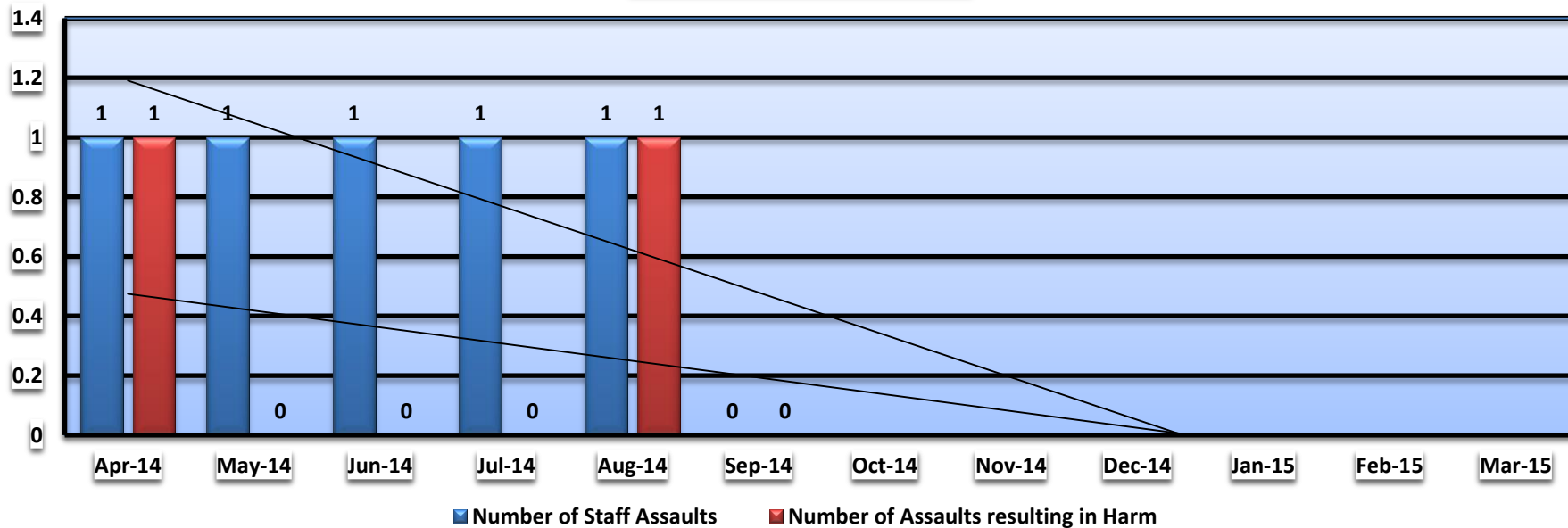
The low number of reported incidents continued in this division with only one staff assault in each of the two months reported on. Both occured at Dragon Square children's respite unit.

North Staffordshire Combined Healthcare **NHS**

NHS Trust

Chebsey Bungalows Staff Assaults

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Total
Number of Staff Assaults In Bungalow 1	3	3	0	0	1	0	0	0					7
Number of Staff Assaults in bungalow 2	2	4	3	2	3	1	0	0					15
Number of Staff Assaults in bungalow 4													

ChebseyBungalows Staff Assaults

Number of Staff Assaults In Bungalow 1 Number of Staff Assaults in bungalow 2 Number of Staff Assaults in bungalow 4
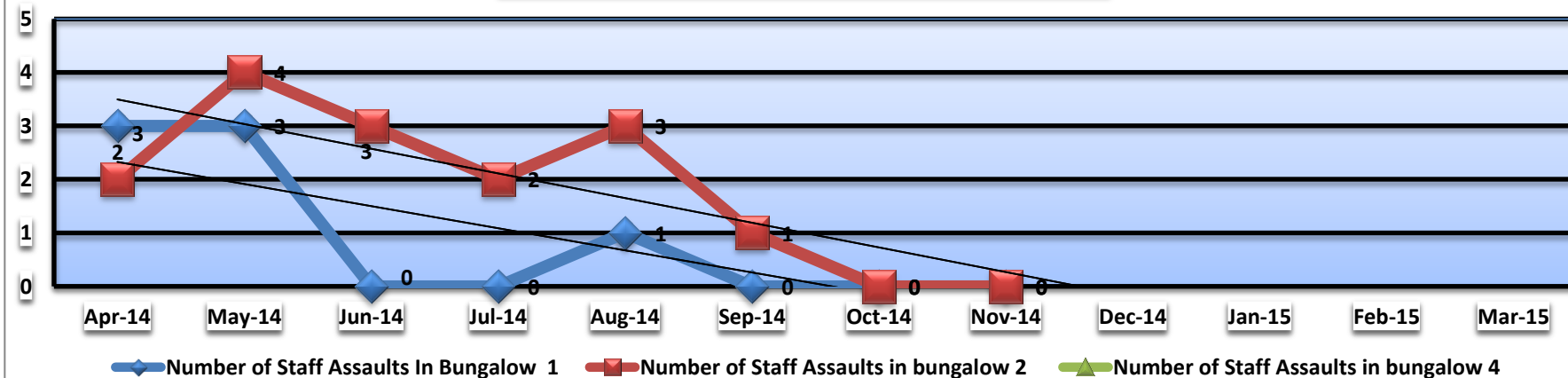
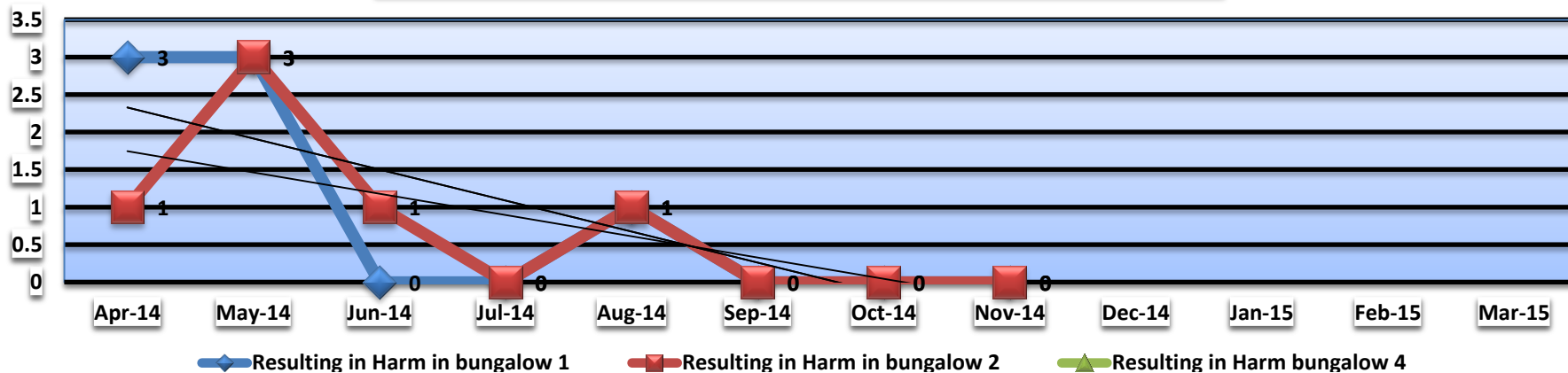These are the final figures for Chebsey Bungalows as the service has now closed. One client responsible for a number of incidents has now moved to the Telford Unit.

North Staffordshire Combined Healthcare **NHS**
NHS Trust

Chebsey Bungalows Assaults resulting in harm

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Total
Resulting in Harm in bungalow 1	3	3	0	0	1	0	0	0					7
Resulting in Harm in bungalow 2	1	3	1	0	1	0	0	0					6
Resulting in Harm bungalow 4													

Chebsey Bungalows Assaults resulting in harm

North Staffordshire Combined Healthcare NHS

NHS Trust

REPORT TO: TRUST BOARD

Date of Meeting:	26 February 2015
Title of Report:	Emotional Labour – Supporting Compassionate Care through provision of emotional support to staff
Presented by:	Paul Draycott – Director of Leadership and Workforce
Author of Report: Name: Date: Email:	Yvonne Sawbridge (University of Birmingham) and Paul Draycott 18 February 2015 paul.draycott@northstaffs.nhs.uk
Purpose / Intent of Report:	For Board support
Executive Summary:	The report outlines the proposals for the introduction of a research project to improve compassionate care through recognising Emotional Labour requirements of staff to deliver services and how we can support this as an organisation. The proposal is to work with University of Birmingham.
Which Strategy Priority does this relate to:	• A values based workforce that demonstrates high quality leadership with a focus on providing high quality care • A workforce that is engaged, committed and motivated • A workforce able to provide quality evidence-based safe car • A dynamic and productive workforce that is fit for purpose • A competent, skilled and appropriately trained workforce • A workforce responsive to the business priorities
How does this impact on patients or the public?	By increasing compassionate care and providing greater understanding of emotional labour. This will have an impact both for the patients/service users of Stoke-on-Trent and North Staffordshire and potentially further afield with research evidence produced.
Risk / Legal Implications:	We will require ethical approval.
Resource Implications:	The estimated cost is £20000 which will be funded from development money.
Equality and Diversity Implications:	None
Relationship with Assurance Framework [Risk, Control and Assurance]	Stress of staff is an issue identified on the Risk Register highlighted through the PCD Committee. It is anticipated that this approach will support staff and be part of our solution to reduce stress.
Recommendations:	The Board is asked to support the implementation of this approach.

Emotional Labour – Supporting Compassionate Care through provision of emotional support to staff

1.0 Proposal

To increase the organisational capability in North Staffs Combined Healthcare NHS Trust to deliver compassionate care, through developing a staff support system within teams and additionally reduce stress in the workplace, this will be delivered in partnership with University of Birmingham.

2.0 Background

The reports analysing service failures (Francis 2013, Berwick 2013 et al); conclude that a fundamental change in culture is needed if compassionate care is to be provided. Supervision systems may be part of this however they will only be effective if a different approach to the provision of care and staff support is taken throughout the organisation.

North Staffs Combined Healthcare Trust want to develop a support system for staff in recognition of the toll emotional labour can exact unless recognised and remedied. The evidence emerging from the *Time to Care Project* (Sawbridge and Hewison 2014) provides some building blocks for the successful introduction of a model. There is no 'one size fits all' approach for the development of compassionate care. Examination of how it has been approached in two trusts, based on experience and evidence to date, will serve as a foundation for extending the work within the Trust and building momentum for what will be a long term approach. A clear requirement is the principle of ownership by front line staff, resulting in a number of bespoke models being developed which may be unique to each team.

The approach will build on and is consistent with existing approaches the Trust has taken such as Aston Team Development and Listening into Action.

3.0 Summary Proposal

To enable staff to develop systems of support which can be generalised across the organisation will require a number of phases and support.

    a. <u>Awareness raising</u>

Design and delivery of an initial workshop to all team leaders across the Trust

    b. <u>Team sign up</u>

The team leaders that express an interest at the initial workshop will be offered a workshop for the team and would then be followed up by a final workshop for all those who have consented to the project. These workshops will identify the model of support and ongoing plans for implementation. The team leader will then be supported to take their plans forward.

Skills training and support will be assessed and provided to teams depending on which model they select/develop. For example, if they wished to have a model which relied on holding a specific meeting to allow formalised discussion of emotions and offer support, then they may need support and/or training re: enhanced communication and listening skills; or a "dummy run" meeting to be co-facilitated by the researcher with the team leader.

c. Ongoing support for leaders

The leaders of each of the teams involved will be offered ongoing support from the researcher via facilitated action learning sets (ALS). Focusing on issues with a group of fellow learners in an ALS enables members to access the ideas and experiences of peers and develop new and often deeper insights into the challenges they face. This increased understanding then provides an impetus for action, with what has been learnt being applied to bring about change. Clear, specific actions will be agreed at the end of each meeting and the participants will report on, and demonstrate progress at the next meeting.

d. Evaluation

In order to assess evidence of change, an evaluation framework will be developed in partnership between the University of Birmingham and the Trust. The purpose of the evaluation would be to show what actually occurred, whether it had an impact, expected or unexpected, and the links between the programme and its observed impacts.

Ethics approval will be required and the Trust will need to sign this off under the research governance framework.

It is expected to be a twelve month initial approach to introduce and embed beginning with a series of workshops. A report is anticipated to be produced in March 2016.

4.0 Conclusion

The challenge of changing the culture of health care organizations so that the central focus is on care is considerable. There is no single, or quick fix. Indeed, working within a complex adaptive system requires 'new conceptual frameworks that incorporate a dynamic, emergent, creative and intuitive view of the world' rather than the 'traditional 'reduce and resolve' approaches to clinical care and service' (Plsek and Greenhalgh 2001).

This project is designed to focus on a particular aspect of staff support, which recognises that staff are required to undertake emotional labour as part of their role, just as a chauffeur is required to be able to drive and that the organisation therefore has a responsibility to recognise and support their emotional labourers.

The approach will also support the raising of the Trust profile in respect to research which is one of the objectives outlined in our Integrated Business Plan.

5.0 Recommendations

The Board is asked to support the implementation of this approach.