

MEETING OF THE TRUST BOARD

**TO BE HELD IN PUBLIC ON THURSDAY 26 MARCH 2015,
10:00AM, BOARDROOM, LAWTON HOUSE, TRUST HEADQUARTERS,
BELLRINGER ROAD, TRENTAM LAKES SOUTH,
STOKE ON TRENT, ST4 8HH**

AGENDA		
1.	APOLOGIES FOR ABSENCE <i>To NOTE any apologies for absence</i>	Note
2.	DECLARATION OF INTEREST RELATING TO AGENDA ITEMS	Note
3.	DECLARATIONS OF INTERESTS RELATING TO ANY OTHER BUSINESS	Note
4.	MINUTES OF THE OPEN AGENDA – 26 FEBRUARY 2015 <i>To APPROVE the minutes of the meeting held on 26 February 2015</i>	Approve Enclosure 2
5.	ACTION MONITORING SCHEDULE & MATTERS ARISING FROM THE MINUTES <i>To CONSIDER any matters arising from the minutes</i>	Note Enclosure 3
6.	CHAIR'S REPORT <i>To RECEIVE a verbal report from the Chair</i>	Note
7.	CHIEF EXECUTIVE'S REPORT <i>To RECEIVE a report from the Chief Executive</i>	Note Enclosure 4
TO DELIVER HIGH QUALITY PERSON CENTRED MODELS OF CARE (Strategic Goal)		
8.	SPOTLIGHT ON EXCELLENCE <i>To PRESENT the Spotlight on Excellence Team and Individual Awards to staff To be introduced by the Chief Executive and presented by the Chair</i>	Verbal
9.	PRESENTATION FROM – the Substance Misuse Stoke Heath Prison Team <i>To RECEIVE an introduction to the team led by Ms J Burgess, Lead Nurse, Stoke Health Team</i>	Verbal
10.	STAFF RETIREMENTS <i>To EXPRESS our gratitude and recognise staff who are retiring. To be introduced and presented by the Chair</i>	Verbal

11.	QUALITY COMMITTEE REPORT <i>To RECEIVE the Quality Committee assurance report from the meeting held on 17 March 2015 from Mr. P Sullivan, Chair of the Quality Committee</i>	Assurance Enclosure 5
12.	NURSE STAFFING MONTHLY REPORT – February 2015 <i>To DISCUSS and APPROVE the assurance report on the planned versus actual staff variances from Mr. M Dinwiddy, Interim Director of Nursing & Quality</i>	Assurance Enclosure 6
13.	RISK MANAGEMENT COMMITTEE <i>To RECEIVE for assurance the summary of the outcome from the Risk Management Committee held on the 11 March 2015, and the Quarter 4 2014/15 Principal Risk Register, from Mrs. B Johnson, Committee Chair</i>	Assurance Enclosure 7
14.	SIGN UP TO SAFETY CAMPAIGN <i>To RECEIVE and APPROVE the pledges to the Sign up to Safety Campaign from Mr. M Dinwiddy, Interim Director of Nursing and Quality</i>	Approval Enclosure 8
TO BE ONE OF THE MOST EFFICIENT PROVIDERS (Strategic Goal)		
15.	FINANCE REPORT – Month 11 (2014/15) <i>To RECEIVE for discussion the month 11 financial position from Ms. A Harrison, Interim Director of Finance</i>	Assurance Enclosure 9
16.	ASSURANCE REPORT FROM THE FINANCE & PERFORMANCE COMMITTEE CHAIR <i>To RECEIVE the Finance & Performance Committee Assurance report from the Committee Chair, Mr. T Gadsby from the meeting held on 19 March 2015</i>	Assurance Enclosure 10
17.	PERFORMANCE AND QUALITY MANAGEMENT FRAMEWORK REPORT (PQMF) – Month 11 <i>To RECEIVE the month 11 Performance Report from Ms. A Harrison, Interim Director of Finance</i>	Assurance Enclosure 11
18.	SELF CERTIFICATIONS FOR THE NHS TRUST DEVELOPMENT AGENCY <i>To APPROVE the Self Certifications for the TDA from Ms. A Harrison, Interim Director of Finance</i>	Assurance Enclosure 12
19.	OPENING BUDGETS 2015/16 <i>To APPROVE the budget setting for 2015/16 from Ms. A Harrison, Interim Director of Finance</i>	Approve Enclosure 13
TO BE A DYNAMIC ORGANISATION DRIVEN BY INNOVATION (Strategic Goal)		
20.	PEOPLE AND CULTURE DEVELOPMENT COMMITTEE REPORT <i>To RECEIVE the People and Culture Development Committee assurance report from the meeting held on the 23 March 2015 from Mr. P. O'Hagan, Committee Chair</i>	Assurance To follow Enclosure 14

21.	NHS STAFF SURVEY RESULTS 2014 <i>To RECEIVE the NHS Staff Survey Results from Mr. P Draycott, Director of Leadership & Workforce</i>	Assurance Enclosure 15
22.	To DISCUSS any Other Business	
QUESTIONS FROM MEMBERS OF THE PUBLIC		
23.	<i>To ANSWER questions from the public on items listed on the agenda</i>	
DATE AND TIME OF THE NEXT MEETING		
	<i>The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday 30 April 2015 at 10:00am.</i>	
24.	MOTION TO EXCLUDE THE PUBLIC <i>To APPROVE the resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1(2) Public Bodies (Admissions to Meetings) Act 1960)</i>	
THE REMAINDER OF THE MEETING WILL BE IN PRIVATE		

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

	DECLARATIONS OF INTEREST	Note
	DECLARATIONS OF ANY OTHER BUSINESS	Note
	SERIOUS INCIDENTS	Assurance
	ANY OTHER BUSINESS	

TRUST BOARD

**Minutes of the open section of the North Staffordshire Combined
Healthcare NHS Trust Board meeting held on Thursday, 26 February 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 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	Dr K Tattum GP Associate member
Mr A Hughes Interim Director of Strategy and Development	Mr M Dinwiddy Interim Director of Nursing and Quality	Mr A Rogers Director of Operations
Mr T Gadsby Non-Executive Director	Mr D Rogers Non-Executive Director	

In attendance:

Mrs S Storey Trust Secretary	Mrs J Scotcher Executive PA
---------------------------------	--------------------------------

Ms J Harvey
UNISON

Mrs A Roberts
Head of Communications

Members of the public:

Hilda Johnson
North Staffs Users Group

Team Spotlight:
Learning Disabilities
Services – Admin Team

Julie Brookes
Anne Wooton
Carol Arthan
Janet Zyg
Chris Mobberley
Kerry Casey
Lisa Wilkinson
Presented by: Dr. Matt Johnson and
Alastair Forrester

Individual spotlight:

Dr. Rebecca Haigh,
Older Peoples Service

The meeting commenced at 10:00am.

401/2015	Apologies for Absence	Action
402/2015	Apologies were received from Mr Sheppard, GP Associate member and Dr Tattum was delayed and attended at 10.20am.	

403/2015	Declaration of Interest relating to agenda items There were no declarations of interest relating to agenda items.	
404/2015	Declarations of interest relating to any other business There were no declarations of any other interests	
405/2015	Minutes of the Open Agenda – 29 January 2015 The minutes of the open session of the meeting held on 29 January 2015 were approved as a correct record with the exception of ; Mr Sullivan noted that on page 11 his comments should read ‘ <i>I had seen a number of wards in different parts of the country</i> ’. Mrs Johnson said that her question, recorded on page 6, had been were there any calls that had been missed and did we have a log of those?	
406/2015	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. Mr Dinwiddy confirmed the Quality Dashboard is being developed and that the Board to ward visits had now been scheduled. The Chair noted that he welcomed the reintroduction of these visits Report back in March 2015 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. On today’s agenda – 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	Mr Dinwiddy

	<p>negotiating our current contract. Ms Harrison to pick up with Mr A Rogers in order to give the Trust more protection for the future.</p> <p><i>Mr Rogers noted that the specific issue is over occupancy, and this was agreed to be picked up as part of the contract negotiations, which were unresolved at present. Will be reported back as part of the normal reporting arrangements to the Board – remove from schedule</i></p> <p><i>367/15 Safe Staffing Six Monthly Update</i> - Mr Draycott stated that the Trust is conscious that we are using supplementary 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.</p> <p><i>On today's agenda – remove from schedule</i></p> <p><i>367/15 Safe Staffing Six Monthly update</i> - 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 communiqué 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.</p> <p><i>On today's agenda – remove from schedule</i></p> <p><i>370/ 15 Q4 Principal Risk Register Report 2014/15</i> - 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.</p> <p><i>Mrs Storey noted that this will be appended to the summary going forward – remove from schedule</i></p> <p><i>376/15 Declarations of Interests</i> -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.</p>	
--	---	--

	Actioned – remove from schedule	
407/2015	<p>Chair's Report</p> <p>The Chair commented that this is an astonishing time in the development of policy for the NHS.</p> <p>He had expected that the Lansley reforms, introduced less than two years ago, would be dismantled – to a greater or lesser extent – after the election.</p> <p>He further commented that he did not expect that the process would begin before the election.</p> <p>However on the 10th of February 2015, Simon Stevens gave an interview to the Health Service Journal. Anyone who knows anything about Simon knows that he chooses his words very carefully and would always make sure that he had political support for what he says.</p> <p>It was therefore no less than astonishing to hear Simon say that;</p> <ul style="list-style-type: none"> • There should be a mixed model of health economy accountability in which CCGs could delegate responsibilities to local authorities or providers of new care models • Monitor and the Trust Development Authority should be merged because “ they are founded on a “distinction without a difference” • The new models of care should bring in primary care on a large scale and that the involvement of GPs is the most important and most challenging factor facing any area that wants to trail one of the new models • The system of payment by procedure tariffs is probably not the right way of funding boarder aspects of what the health service is doing. <p>The Chair further noted that yesterday the BBC carried a story predicting that tomorrow, 27 February 2015, the Chancellor of the Exchequer will announce that £6bn budget for health and care in Greater Manchester will be taken over by the Local Authorities under devolved powers.</p> <p>Taken together these announcements begin the process of dismantling reforms which are less than 2 years old.</p> <p>At this time of rapid change there is a need for leadership.</p>	

	<p>Leadership is showing the way, showing what to do next.</p> <p>This Trust may be small. This Trust may not have the massive budgets of other local NHS organisations. However size is not a precondition for leadership. Leadership can be shown by those who know the way and we believe, with all appropriate humility, that we do know the way. The way forward must be about what Simon Stevens calls triple integration. Integration of;</p> <ul style="list-style-type: none"> • Secondary and primary health services • Physical and mental health care • Health and social care <p>Integration is in the best interests of the people we serve – in the words of John Oldham’s masterly report - one person, one team, one system.</p>	
408/2015	<p>Chief Executive’s Report</p> <p>Mrs Donovan, Chief Executive, presented this report which updates on the activities undertaken since the last meeting in January 2015 and draws the Board’s attention to any other issues of significance or interest.</p> <p>NHS Trust Development Authority Oversight and Escalation process</p> <p>At the end of January, the TDA published a quarterly report setting out its oversight and escalation scores. The scores for our Trust place us in the ‘4 – Standard Oversight’ category, the highest (positive) category in the local health economy. The Trust is also listed in Category C in terms of its future organisational model as below defined below;</p> <p><i>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.</i></p> <p>One year Business Plan</p> <p>It was noted that there has been some issues with the national tariff and this has had an impact on timescales and the TDA are asking Trusts to submit at a later date in April/May, in the meantime the Trust is continuing to progress this work.</p> <p>Five year Business Plan</p> <p>The Five year Business Plan is progressing well and Mrs Donovan noted that she was pleased that we now have the main themes. The plan had been shared in summary to the newly developed Patient Council and had been well received.</p>	

	<p>Patient Council On 24 February 2015, the Trust held a Patient Council event, whereby approximately 70 people attended including service users, clinicians and managers. There were presentations from New Beginnings, North Staffs Users Group, Reach Learning Disability Advocacy Group, together with videos from the Children and Young People's Division. Discussion took place on the concept of changing the name of the group, ensuring representation across the 6 newly formed directorates and how we take forward the excellent work that is happening. A further event is to be scheduled.</p> <p>Thanks were extended to everyone involved in the event.</p> <p>Patient Safety Campaign Sign up to Safety is a national safety campaign launched by NHS England. Locally we have signed up to the campaign and we are currently developing our pledges. A report will be presented to the Quality Committee and Trust Board in March 2015</p> <p>Appointments Congratulations to Dr. Darren Carr recently appointed as the Clinical Director for the Neuropsychiatry Old Age Psychiatry Directorate. All Clinical Directors are now in post.</p> <p>Dr John Sorenson has also been appointed to the Lead for Psychological Services for the Adult Community and the Adult Acute Directorates.</p> <p>Learning Disabilities Intensive Support service As the Board are aware, the Intensive Support Service (ISS) is a new service providing specialist support and treatment to people with Learning Disabilities. The service is progressing well and the team is able to support people in the community and to prevent unnecessary hospital admissions.</p> <p>The Chair stated that he was delighted that the ISS team are now up and running and he was looking forward to the presentation shortly on today's agenda.</p> <p>Freedom to speak up Sir Robert Francis has published his report on whistleblowing in the NHS entitled 'Freedom to Speak up' to encourage staff and service users to speak up, and for openness and transparency within the NHS. It was noted that this has been taken very seriously and that as a Board we wholeheartedly support staff's 'Freedom to Speak Up' if they have any concerns over patient</p>	<p>Mr Dinwiddy</p>
--	--	------------------------

	<p>safety.</p> <p>Hello my name is Campaign The Trust is supporting the 'Hello my name is ...' campaign which was launched by Dr Granger, a medic who has been diagnosed with terminal cancer and through her own personal experience launched this to help improve the patient experience not only in the UK but across the world. It was further noted that there has been a 'Dear Caroline' email address set up which can be emailed anonymously.</p> <p>Aston Team Leaders Programme The Aston Team development programme is continuing to be rolled out across the Trust. This is also being discussed later on today's agenda.</p> <p>Listening into Action The Listening into Action programme is also continuing to go from strength to strength. There will be a 'Pass it on' event on 27 March 2015 involving all the 15 Pioneering teams who have been involved in progressing the changes and to help give other areas an insight into what could be achieved in their service or area.</p> <p>Compliment's Corner The Board noted the compliments received regarding the Sutherland Centre.</p> <p>Mr O'Hagan commented that the report is very informative and was this available to staff on SID? Ms Roberts confirmed this is shared in the weekly newsletter. Mrs Donovan further suggested adding a link to her BLOG and Mrs Roberts agreed to action this.</p>	<p>Mrs C. Donovan/ Ms Roberts</p>
409/2015	<p>Spotlight Awards - February 2015 Individual Spotlight Award – Dr Rebecca Haigh, Foundation Year 1 Old Age Psychiatry, Neuro and Old Age Psychiatry Directorate</p> <p>Dr Rebecca Haigh is a Doctor based on Ward 6 at the Harplands Hospital. Ward 6 is an assessment and complex needs ward and she is responsible for assessing and reviewing inpatients and offering advice and support to the Consultant Psychiatrist and the Multi-Disciplinary Team.</p> <p>When the University Hospital of the North Midlands declared a Major Incident and the Trust agreed to open up additional beds – without exception staff of all disciplines and grades gave their all to ensure that the newly opened ward 4 would be a safe</p>	

	<p>therapeutic environment.</p> <p>This could not have been achieved without medical input – Dr Udeze took on medical responsibility and Rebecca was asked to take on the role of ward doctor in addition to her responsibilities on Ward 6.</p> <p>She undertook this new role with very little preparation, but did this without any issues, embracing the role, working alongside the ward team to support the patients and medical decision making.</p> <p>Rebecca attends the ward on a daily basis, even when not requested, she engages immediately with all staff, explaining her role and offering support and assistance, demonstrating excellent interpersonal skills.</p> <p>Rebecca's regular presence and commitment is vital in ensuring consistency to the whole Multi Disciplinary Team, providing expert knowledge of both physical and mental health issues for all patients on the ward.</p> <p>All staff on the ward feel they can pick up the phone and speak to Rebecca at any time, and she will be accommodating and very helpful. She is truly committed to her work, is quick to flag up potential problems and never leaves the ward until tasks are complete. Consequently, she has become a respected and valued member of the team.</p> <p>Usually we choose only one value to sum up an individual – but Rebecca in conjunction with the Ward 4 team embody the following:</p> <p>Working together to ensure better lives, by valuing people as individuals through the provision of high quality innovative care. The reflection of these values can be summarised by a quote from the Modern Matron:</p> <p>"Rebecca has been approachable at all times, flexible, committed and supportive of the whole ward 4 team in ensuring the physical and mental health needs of all patients are met"</p> <p>Team Spotlight Award and Presentation Learning Disabilities Directorate - Administration Team</p> <p>The selection of the Administration team for this award was unanimously agreed upon by the Learning Disability management team. The admin team comprises 10 members of staff working across various locations. During the past 12 months much has been asked of them. Not only have they been through their own restructure but they have been asked to</p>	
--	---	--

	<p>support many new and different ways of working across the Directorate.</p> <p>The admin team are the people who hold the important knowledge surrounding the many administrative processes. They provide both efficient and effective support to the Multi-disciplinary teams and the Team and Service Managers. During times of change they are often the consistent presence; they are the people who help to navigate difficult situations, organising competing priorities and keeping each of the teams on track.</p> <p>It is difficult to quantify the true impact of the admin team. Their flexibility, motivation and ability to problem-solve is a crucial element of our service delivery. Their ideas are often innovative and they help to provide the teams with straight-forward solutions to sometimes difficult situations.</p> <p>They all demonstrate a professional outlook and insight into service delivery that is invaluable. Their understanding of service user need and an ability to respond sensitively to the unexpected is vital when delivering specialist learning disability health services during times of significant service development and organisational change. As such, they demonstrate all of the trust values, but particularly help the Directorate to work together for better lives through their support to the team in its widest sense and person centred approach.</p> <p>Mr Rogers noted that there had been some very positive feedback and letters received on the work of the ISS team and on behalf of the Board commended the team for the fabulous work and the impact this is having.</p> <p>Dr Johnson delivered the presentation and gave a brief background to the changes that have been implemented during the last 12 months following recommendations of the NDTi local commissioning review and the Transforming Care Recommendations (Winterbourne Review).</p> <p>Mr Forrester then took over and talked about the challenges of reprovion of treatment and care for the complex group of service users and the high level of staff required. The staff have played a crucial role in supporting the admin around the reprovion of those services and the organisation involved, together with the development of a referral system. It was also recognised that the admin team have reproduced 'easy to read' documents in order to help service users.</p> <p>Ms Harvey commented that it is good that the Board are recognising admin staff as we often talk about front line staff referring to clinicians, but we need to recognise everyone as part of one team. UNISON recognises all staff as one team and that</p>	
--	---	--

	<p>all members of staff can bring a benefit to patients. She recognised the difficulties of managing the changes and that the team had done a remarkable job under the circumstances.</p> <p>Mr D Rogers stated that he appreciated the complexity of what has been achieved and the diversity of needs together with the resources available. Further stating the he felt this had given confidence to the Board. Well done to the team.</p> <p>Mr O'Hagan felt humbled by the presentation and stated that this is clearly a whole team approach. He commended their use of technology and asked whether this could enhance other areas?</p> <p>Mrs Donovan thanked the team and the massive input they had had in particular with the transformation at Chebsey and ISS. She noted that there may be some learning from the Care pathway and for a piece of work to be undertaken with support from the Trust's Communication team. She further commended the team for their focus on working inclusively and for being supportive of each other.</p> <p>Mr Draycott referred to the Aston Team paper later on today's agenda and that what has been described with this team is what we are trying to build on with the Aston Team programme. Well done!</p> <p>Mr Dinwiddy remarked on the key philosophies, everyone has a gift to bring and everyone can contribute.</p> <p>Dr Adeyemo congratulated the team and also stated that without the support of her medical secretary she would not be able to function effectively with her clinics. She also commented on the skills admin staff have in dealing with people in difficult or distressing situations.</p> <p>Mrs H Johnson commented that she was pleased that admin staff were being recognised and hopefully this will be rolled out across the trust.</p> <p>One of the admin team, Kerry Casey personally thanked all her colleagues. In her previous role she had worked as a Health Care Support Worker for 11 years and her role changed to an administration role last year during the Management of Change process for the LD service. Another member of the admin team, Mr Mobberley noted the time he had spent with the Communications team and how the skills he had learnt helped him adapt accordingly.</p> <p>The Chair commented on the political debate to reduce administrators and the impact that this would have on others for</p>	
--	--	--

	the delivery of patient care. He further noted that the service has been through a fundamental change and is now looking to the future – a huge thanks to all of the team	
410/2015	<p>Quality Committee Summary held on 17 February 2015</p> <p>Mr Sullivan, Non-Executive Director, presented the summary of the Quality Committee held on 17 February 2015 for assurance purposes.</p> <p>During the meeting there was focus on ;</p> <ul style="list-style-type: none"> • CQC Compliance – presentation on the new inspection process. • CQC Mental Health Act Inspection Visits – Q3 2014/15 • CQC Compliance – Older People Service CMHT Stoke <p>The Director of Quality Report was received and noted. Directorate Performance Reports were received, together with the Quality metrics from the Performance Quality Management Framework Report (PQMF) Month 9.</p> <p>Further items were reviewed as follows ;</p> <ul style="list-style-type: none"> • Complaints and Patient Advice and Liaison Service (PALs) Q3 2014/15 • Community Mental Health survey 2013/14 • Nurse Staffing Performance Monthly report • Improving Workforce Safety - Violence and Aggression statistics are on today's agenda. <p>Further updates received on the Project Plan for the Quality Account, this reflects the approach taken in previous years and therefore the committee supported this.</p> <p>Progress against the action plan following the review of the Trust's Quality Governance Assurance Framework was noted to be on track and complete in a number of areas.</p> <p>Mr O'Hagan commented on the items received by the committee and the benefits of absorbing information by division through pictorial presentation or as a clinical dashboard. Mr Sullivan agreed with Mr O'Hagan and stated this is one of the challenges as Chair of the Committee and that the concept of a clinical dashboard would be extremely helpful. This is currently being developed.</p>	

	<p>Dr Adeyemo commented that the clinical dashboard is an ongoing piece of work Mrs Donovan further commented that NHS Elect are supporting us to progress this and it is intended that it will be a quadrant dashboard to include;</p> <p style="text-align: center;">Quality Workforce Finance Performance</p> <p>Mr Draycott clarified there is a meeting scheduled to progress this. It is anticipated that this will be completed by end of Spring/May and will be presented to the relevant committees.</p> <p>Mr O'Hagan further commented that the Non-Executive Directors would certainly welcome the new dashboard for assurance purposes.</p> <p>The Chair noted that the CIP quality impact assessment is an important piece of work and this will give further assurance to Non-Executive Directors.</p> <p>The committee had approved the following policies for ratification by the Board:</p> <ul style="list-style-type: none"> • 1.50 Observing and monitoring of patients 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 Policy– approve for 3 years <p style="padding-left: 40px;">Zero Tolerance Policy 5.19 – extend until 30 June 2015 while work is ongoing to combine with the Violence and Aggression Policy</p> <p><i>Received</i></p>	
411/2015	<p>Quality Committee – Annual Report/Statement 2014</p> <p>Mr Sullivan, Non-Executive Director, presented the Annual Report/Statement 2014. The report is prepared in order to satisfy the board, that the Quality Committee has discharged its duties.</p> <p>Mr Sullivan also noted that the committee has recently undertaken a further review to establish areas for further</p>	

	<p>improvement and had also recently increased the membership in line with the new directorates.</p> <p>It was further noted that there is a transformation agenda for the committee and therefore progress is ongoing.</p> <p><i>Received</i></p>	
412/2015	<p>Safe staffing Monthly report</p> <p>Mr Dinwiddy, Interim Director of Nursing and Quality presented the assurance report which outlines the monthly performance of the Trust in relation to planned vs actual nursing staffing levels during the data collection period (1 – 31 January 2015) in line with the National Quality Board expectation.</p> <p>The Board noted the following;</p> <ul style="list-style-type: none"> • The performance relating to the fill rate (actual numbers of staff deployed vs numbers planned) on the wards for January was 102.41%: being a total fill rate of 96.92% for registered nurses and 107.9% 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 1 -31January some shifts were not able to be filled as planned <p>It was noted that Ward managers at Band 7 are not included in these figures.</p> <p>There were 222 shifts not filled according to plan, some of that is as a result of Ward 4 building up its capacity to take full cohort of patients (as attributed in Appendix A) and therefore it is no way in reflection of the quality of service provision.</p> <p>In addition, the Senior Nurse Officer for NHS England has circulated a request for an additional metric to be incorporated into the report; the nursing team are currently working with HR staff to progress.</p> <p>Mr O Hagan raised his concerns about a member of staff who was seemingly put under pressure to cover a shift and the language used; <i>'the trust would find itself exposed to problems if they did not'</i> He felt that this was totally unacceptable and Mr Dinwiddy noted that this had been followed up after the recent People, Culture and Development Committee.</p> <p>Mr Sullivan commented that although we have enough staff on the wards, it appears that a significant percentage of the staff</p>	

	<p>are bank or agency which is not tenable as a long term solution. This has clearly led to the contributory factor to the situation which Mr O'Hagan described and he queried what are we doing to resolve some of these issues? In terms of incidents, there have been no significant problems however this is concerning and is an area that is generally reviewed by the CQC when undertaking inspections.</p> <p>Mr A Rogers confirmed that the Trust is currently overspending on staff, however, there is an additional cohort which is not currently funded. He further commented that commissioner agreement/responsibility is based on ward occupancy levels at 85 and the wards are currently running above that. This is regularly debated by senior managers within the Trust.</p> <p>Mr Sullivan stated that assurance is required with regards to the numbers of staff working within community services.</p> <p>Mrs Donovan gave assurance that the matter was being taken seriously and discussed with commissioners. It is anticipated by the end of March 2015, that those discussions will reach a conclusion. Mr Draycott clarified he was working with the directorates to build up their plans for recruitment.</p> <p>The Chair commented that he understood it is not a sustainable solution and important decisions need to be made and put into place.</p> <p>Mrs B Johnson said that she had noted there were a number of occasions whereby Ward Managers were working themselves to provide cover and is that putting a strain on them? Mr Dinwiddy commented that this was an interesting debate and that Ward Managers are not included in figures. However, a Ward Manager is a member of the nursing team and therefore part of the frontline. The issue is the form of our reporting mechanism does not include when a Ward Manager works as a member of the nursing team. Mr Dinwiddy further commented that the Ward Manager on Ward 2 worked as a member of the nursing team and yes it does have an impact, but this is seen as good practice.</p> <p>Mr Gadbsy referred to the amount of bank and agency staff, was there a breakdown of how many staff and hours this involved and are we monitoring this? Mr Draycott referred to last month's meeting when this has been discussed and he confirmed that we do have a monthly report of staff working excessive hours. It is clear this is still too many. Last month there was 8 members of staff, which is a reduction, working over 48 hours. The Trust is continuing to monitor this closely and take remedial action where appropriate to do so.</p>	
--	---	--

	<p>Mrs H Johnson raised concerns regarding the observation levels on wards, sometimes it could be that there is not enough time for staff to talk to patients.</p> <p>The Chair summarised and concluded that the Trust is staffing wards in terms of numbers safely, however this is not sustainable by using regular bank and agency staff and therefore this needed to be addressed. However, the reports are becoming easier to understand and he particularly liked the ward by ward breakdown which helped the Board in their interpretation of the reports.</p> <p><i>Received</i></p>	
413/2015	<p>Feedback from the Trust Development Agency Quality Surveillance Group Meetings –January2014</p> <p>Mrs Donovan, Chief Executive, presented the letter to the Trust CEO from the Quality Surveillance Group –January 2015. The letter indicates that the Trust is rated as Green – Regular Surveillance, no specific concerns.</p> <p><i>Received</i></p>	
414/2015	<p>Financial Performance – Month 10</p> <p>Ms A Harrison, Interim Director of Finance, presented this report and highlighted the headline performance for the period to the end of January 2015 as follows</p> <ul style="list-style-type: none"> • A retained deficit of £0.101m giving a favourable variance against the 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 	

	<ul style="list-style-type: none"> • A cash balance of £7.8m at end of January 2015 <p>The Board is asked to note the significant capital expenditure underspend position as at 31 January 2015, and that there is a more robust Capital Plan going forward.</p> <p><i>Received</i></p>	
415/2015	<p>Assurance Report - Finance and Performance Committee Report – 19 February 2015</p> <p>Mr Gadsby, Non-Executive Director, presented the assurance report to the Trust Board from the Finance and Performance Committee meeting held on the 19 February 2015.</p> <p>Mr Gadsby was pleased to confirm the favourable position and that he felt that there would be no surprises between now and the end of the financial year. He reiterated the underspend on the Capital Plan as discussed earlier.</p> <p>It was also noted that the committee received a paper on the Patient Level Information Costing System (PLICS) which outlined ongoing development and assurance that this was on plan for delivery.</p> <p>The Chair thanked Mr Gadsby and was very pleased to hear the positive report and the importance of this should be recognised by others.</p> <p><i>Received</i></p>	
416/2015	<p>Performance and Quality Management Framework Report (PQMF) Month 10</p> <p>Ms Harrison, Interim Director of Finance, presented this report . The report provides the Board with a summary of performance to the end of Month 10.</p> <p>It was noted there is a range of 115 metrics in place to monitor performance, quality and outcomes. 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.</p> <p>Unrated metrics have increased and some of the old measures have been removed and replaced with new measures.</p> <p>Ms Harrison noted an omission, in relation to the CQUIN for Accreditation. This has now been resolved and received. Dr</p>	

	<p>Adeyemo had led on this process.</p> <p>The Board were asked to note red ratings and the arrows, which show some improvement, however there is still further work to be carried out.</p> <p>Mr Sullivan drew attention to ; Admission of under 18 to an acute adult bed ; and questioned whether by admitting someone under 18 (days away from going into ward) are we actually breaching guidance? Secondly, is nursing someone on Ward 1 at Harplands, but still nursed by Darwin staff a breach ? The Chair queried whether the categorisation is correct and what is the policy for this age group?</p> <p>Mr Rogers confirmed that this was the best clinical option at the time and he would look into this in respect of Mr Sullivan's comments.</p> <p>Mr Sullivan and Dr Tattum both raised concerns and drew attention to IAPT in relation to waiting times. At times it can be perceived in a negative light and needs to be seen to work in a more efficient way. Mr Rogers clarified that there is clearly work in terms of mandated waiting times, the team have started reporting against the indicators this month.</p> <p>In respect of IAPT not hitting targets, there is a financial element to that. It was further noted there is some national funding. Initial monitoring suggests we are meeting EIP (Early Intervention Psychosis) targets. Mrs Donovan noted we deliver this in partnership with Healthy Minds and Changes who we are working with collaboratively to improve the situation.</p> <p>The Chair noted that the Trust needs to be aware of the new Mental Health targets for next year. Mrs Donovan confirmed that this will be in the performance report for next month's Trust Board.</p> <p>Received</p>	<p>Mr Rogers</p> <p>Ms Harrison</p>
417/2015	<p>Self-Certifications for the NHS Trust Development Agency</p> <p>Ms Harrison, Interim Director of Finance, presented the executive summary on behalf of the author, Mr Sargeant, Head of Performance and Information. Ms Harrison gave assurance that there are no changes from last month's position of compliance and no exceptions to report.</p> <p>Received</p>	

418/2015	<p>Reforming Payment System (Payment Metrics for Multi-speciality providers)</p> <p>Ms A Harrison, Interim Director of Finance, presented this report which provides a summary of the reforming of the payments system for NHS services – 5 year forward view in line with NHS England and Monitor.</p> <p>The Board noted the contents. This was quite complex and particularly difficult for our Trust as we have not yet embedded Payment by Results. Ms Harrison will lead on this work and keep the Board informed accordingly.</p> <p>The Chair commented that this is a huge exercise and the uncertainty about tariff systems still remains.</p> <p><i>Received</i></p>	
419/2015	<p>People and Culture Development Committee Report</p> <p>Mr O'Hagan, Non-Executive Director, presented this report. The report was a summary report from the People and Culture Development Committee meeting which took place on 16 February 2015.</p> <p>The committee took the format of a development Session. It was noted that compliance with statutory and mandatory training need to improve.</p> <p>The committee then discussed the Personal Development Reviews (PDRs) A debate took place regarding the significant increase from approx 50% to 90%. The debate focused on the quality and value of this particular process and whether this was just a 'box ticking' exercise. The committee discussed how could the process of PDRs improve. It was recognised that this would require further consideration and would be raised at the next meeting of the People and Culture Development Committee.</p> <p>Mr Dinwiddy agreed with the importance of the PDR process and the importance equally of clinical supervision.</p> <p>Mrs Storey commented that the People and Culture Development Committee has a broad range of membership and this would help to bring discussion on how we take forward and transform work that it is ongoing.</p> <p>Dr Tattum referred to a similar process he had led on for GPs looking at the quality of PDRs. It was clear some staff felt unskilled in this area, particularly in respect to carrying out PDRs</p>	

	<p>and as a consequence a programme of support was set up. This led to improvements with the PDR process and was felt to be a helpful tool.</p> <p>Mrs Donovan commented that the Trust has requested that Internal Audit carry out a review of the quality of PDRs the outcome of which would be reported back to the People and Culture Development Committee in due course.</p> <p>The Chair commented that during his 36 years as a manager, he could only recall 6 or 7 decent PDRs and if this works well it can be really beneficial as part of the relationship with the manager and member of staff.</p> <p>Ms Harvey commented on the recent national guidelines for PDRs which involves now an incremental pay element to the process. It almost feels like the current process is a bit of a burden and is not of benefit. Sometimes PDRs can also be unrealistic whereby staff may be stretched within their current job roles in order to complete their objectives in a timely manner and obtain their incremental pay award. It was noted that the focus on this area by the committee would help to address some of these issues.</p> <p><i>Received</i></p>	
420/2015	<p>Aston Team Outputs Mr P Draycott, Director of Leadership and Workforce</p> <p>Mr Draycott, Director of Leadership and Workforce presented this report which 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.</p> <p>The Board noted the progress made.</p> <p><i>Received</i></p>	
421/2015	<p>Improving Workforce Safety</p> <p>Mr Dinwiddy, Interim Director of Nursing, presented this report which summarises statistical and trend detail for patient assaults against staff for the period April 2013 – March 2014.</p>	

	<p>NHS Protect define physical assaults as:-</p> <p><i>“The intentional application of force against the person of another without lawful justification resulting in physical injury or personal discomfort”.</i></p> <p>It was noted that the report is positive and contrary to national trend we have reduced assaults against members of staff. Some of this reduction has been caused by a 63% reduction in relation to the closure of Chebsey Bungalows.</p> <p>Members of the Board noted the contents. Mr Dinwiddy commended the work of the Safety team and stressed that the Trust is not complacent in this area and there is still ongoing learning.</p> <p><i>Received</i></p>	
422/2015	<p>Emotional Labour – Supporting Compassionate Care through provision of emotional support to staff</p> <p>Mr Draycott, Director of Leadership and Workforce, presented this report which 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 organization. The proposal is to work with University of Birmingham.</p> <p>Board members supported the proposal but felt that currently there were several initiatives ongoing throughout the Trust and that the timing of this maybe seen as overloading the team and therefore consideration perhaps should be given on how we can embed this going forward, in order to have a greater impact.</p> <p>The Chair summarised and requested this may be reviewed in line with Listening into Action or as part of clinical supervision and reported back through to the relevant committee in the first instance.</p> <p><i>Not approved</i></p>	
423/2015	<p>Any other business</p> <p>There was no other business to be discussed.</p> <p>UNISON update</p> <p>Ms Harvey, UNISON, updated the Board on the outcome with pay negotiations; some organisations had accepted the pay offer for 2014/16 but others were still considering their position.</p>	

	<p>Adult Mental Health Community Team merge – briefing note (Quality Committee summary)</p> <p>Mrs H Johnson commented on Enclosure 5; Quality Committee Summary – Enclosure 23 -was this in relation to further changes? Mr Sullivan commented that this was in relation to changes which had already taken place to ensure that they have not had a negative impact on service provision.</p> <p>Admission on under 18 to an acute adult bed</p> <p>Under the Performance report; Mrs H Johnson commented regarding the above and to ensure process is confirmed for future reference.</p>	
424/2015	<p>Date and time of next meeting</p> <p>The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday, 26 March 2015 at 10:00am, in the Boardroom, Lawton House, Trust HQ.</p>	
425/2015	<p>* Motion to Exclude the Public</p> <p>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.</p>	

The meeting closed at 1.15pm.

Signed: _____
Chairman

Date _____

Board Action Monitoring Schedule (Open Section)

Trust Board - Action monitoring schedule (Open)					
Meeting Date	Minute No	Action Description	Responsible Officer	Target Date	Progress / Comment
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	Mr Dinwiddy confirmed the Quality Dashboard is being developed and that the Board to ward visits had now been scheduled. The Chair noted that he welcomed the reintroduction of these visits. Report back in March 2015
26-Feb-15	408/15	Chief Executive's Report - Patient safety campaign - A report will be presented to the Quality Committee and the Trust Board in March 2015	Mr Dinwiddy	26-Mar-15	On agenda
26-Feb-15	408/15	Chief Executive's Report - Compliments Corner (Weekly Newsletter) - Mrs Donovan further suggested adding a link to her BLOG and Mrs Roberts agreed to action this	Mrs Donovan/Mrs Roberts	26-Mar-15	Completed
26-Feb-15	417/15	Performance and Quality Management Framework (PQMF) Month 10 - Mr Sullivan drew attention to Admission on under 18 to an acute adult bed - from his understanding he thought the Trust could admit someone under 18 (days away from going into ward) and are we actually breaching guidance? Secondly, is nursing someone on Ward 1 at Harplands but still nursed by Darwin staff a breach ? Mr Rogers confirmed that this was the best clinical option at the time and he would look into this in respect of Mr Sullivan's comments.	Mr Roger	26-Mar-15	Verbal update at meeting
26-Feb-15	417/15	Performance and Quality Management Framework (PQMF) Month 10 - The Chair noted that the Trust needs to be aware of the new Mental Health targets for next year. Mrs Donovan confirmed that this will be in the next performance report for next month's Trust Board.	Ms Harrison	26-Mar-15	

REPORT TO: Open Trust Board

Date of Meeting:	Thursday 26 March 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 March 2015 Caroline.donovan@northstaffs.nhs.uk
Purpose / Intent of Report:	<ul style="list-style-type: none"> • For Information
Executive Summary:	This report updates the Board on activities undertaken since the last meeting and draws the Board's attention to any other issues of significance or interest.
Which Strategy Priority does this relate to: How does this impact on patients or the public?	<ul style="list-style-type: none"> • Customer Focus Strategy • Clinical Strategy • IM and T Strategy • Governance Strategy • Innovation Strategy • Workforce Strategy • Financial Strategy • Estates Strategy
Relationship with Annual Objectives:	To ensure safe provision of clinical services
Risk / Legal Implications:	N/A
Resource Implications:	N/A
Equality and Diversity Implications:	N/A
Relationship with Assurance Framework [Risk, Control and Assurance]	N/A
Recommendations:	To receive this report for information

North Staffordshire Combined Healthcare Trust

Chief Executive's Report to the Board of Directors 26 March 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 CHANGE DAY

On March 11, we took part in a national NHS campaign that flies the flag for the small changes that can make big differences to patient care.

Trust staff joined thousands of colleagues across the NHS by taking part in NHS Change Day; a nationwide movement that shines a light on the positive changes made across the NHS to improve both services and the workplace and encourages staff to 'do something better together'.

We held our monthly Board development day at Harplands Hospital to support NHS Change Day as we wanted to support the event at Harplands, which showcased some of our great services, Health and Wellbeing and was also supported by some of our partners. The Trust Board visited a range of wards and clinical areas to hear at first-hand how our staff are constantly reviewing best practice and working hard to deliver high quality, safe services.

NHS Change Day provides a fantastic opportunity for colleagues to shout from the rooftops about the excellent progress they have made to deliver enhanced services for our patients, services users, staff and the wider community.

Change isn't truly effective in any organisation without staff being fully on board, which is why we are committed to fully engaging our staff and empowering them to make the sort of changes that can have a big impact.

All in all we had a great day, with plenty of examples of how staff have taken steps to make the patient's experience more fulfilling or implemented a change which has made their team work more efficiently.

3. QUALITY ASSURANCE PROGRAMME BOARD

The Trust has set up a Quality Assurance Programme Board to help ensure the organisation is as well prepared for its upcoming Care Quality Commission (CQC) inspection as it can be.

The Programme Board will meet monthly, with its overall aim to ensure good quality, well led, effective and safe services are delivered by the Trust, in line with CQC standards.

A Quality Assurance Operational Group has also been established to support the Programme Board, to identify key areas for the Trust's six Directorates and corporate areas to work on where there are gaps in assurance and service delivery could be improved.

To support the Programme Board and Operational Group, a number of sub groups have been set up to facilitate the project including a Data and Intelligence work stream and a Communications and Stakeholder Management Group. The latter will support communications with staff and review the way in which the Trust engages with stakeholders (including service users and carers). The Group will also review the process followed by senior staff for sharing information when attending meetings, particularly those external to the Trust.

4. ONGOING CONTRACT NEGOTIATIONS AND PARITY OF ESTEEM

The trust is pleased that parity of esteem for Mental Health is being recognised in NHS England CEO Simon Stevens' Five year Forward View, extra funding has been allocated for spending on mental health services with associated new targets. We are currently in negotiations with Stoke and North Staffordshire Clinical Commissioning Groups over mental health funding for our 15/16 contract.

5. PARTNERSHIP WITH NEW GROUP SUPPORTING MENTAL HEALTH NEEDS OF ARMED FORCES VETERANS

Former Armed Forces personnel suffering post-traumatic stress disorder (PTSD) and other mental health issues are being urged to seek help following the launch of a new veterans group being supported by Trust clinical services.

The Trust has joined forces with the newly formed North Staffs Veterans, whose mission is to support the recovery of ex-service personnel affected by PTSD, depression, stress, anxiety or other conditions related to their service history and provide help to their families.

NSCHT and the group will work in tandem to ensure veterans who get in touch are offered peer support through the group's weekly meetings at the Greenfields Centre, Tunstall, while also receiving the appropriate help and treatment through the Trust.

North Staffs Veterans has been co-founded by Martyn Donlon, Psychiatric Nurse and Care Coordinator at the Trust's Greenfields Centre, and Steve Clews, who was diagnosed with PTSD after serving with the Army in the Gulf War and in Northern Ireland.

6. APPOINTMENTS

I'm pleased to report that Dr Dennis Okolo has been appointed as the Associate Medical Director for the Trust.

We have also appointed Jane Munton-Davies to the Head of Neuro and Old Age Psychiatry Directorate. Jane is currently a Senior Manager in Social Care with Stoke-on-Trent City Council, which will really help with continuing our partnership working.

This will enable Kath Clark, who is currently Head of Directorate for Neuro and Old Age Psychiatry, to take up her new role as Head of Directorate for Children and Young People's Directorate in the next three months.

7. DEAR CAROLINE

As I reported in my last CEO Report to Trust Board, in February I launched the Dear Caroline website. This is a totally anonymous entirely separate, secure website that allows staff to raise concerns they may have about quality or any other related issue in our Trust, and which supports the Sir Robert Francis report 'Freedom to Speak Up'.

The website supports other mechanisms in place in the Trust for staff to speak up, underpinning 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.

To date I have had around 13 emails which have been about a variety of subjects including staffing, workload/demand, communication (within teams and across teams) and leadership/support.

I will be sharing the themes on a regular basis with staff and the Trust Board, in the interest of openness and transparency, and will update you on actions taken as a result of feedback as the site develops.

8. BRAIN AND BEHAVIOUR CONFERENCE

Ensuring that patients who are affected by acquired brain injury receive the best possible care was the focus of a major neuropsychiatry conference hosted by North Staffordshire Combined Healthcare NHS Trust.

NSCHT's The Brain and Behaviour conference took place on 12th March and explored how various brain disorders can bring about changes to a patient's behaviour, memory and emotional state.

The conference heard from a number of nationally respected speakers, who shared their academic and clinical experience and expertise on the challenges related to brain disease and injury.

Dr George El-Nimr, Clinical Lead for Neuropsychiatry services organised the event. Research tells us that behavioural changes, resulting from brain damage, is one of the most significant factors in compromising the treatment a service user can receive in the community.

The talks and workshops focused on sharing best practice and learning to further improve the care provided to service users with a brain injury or disorder, while also paying special attention to ensuring that patients and families are always empowered to act when individual care plans and service delivery are considered.

I was delighted to open the Conference which attracted delegates from all over the UK. Well done to Dr George El-Nimr and his team who organised the conference, enabling our Trust to be recognised for excellence in Neuropsychiatry and enabling many of our staff to learn from others, resulting in the continual improvement of our services.

9. STAFF SURVEY

The Staff Survey is a key measure of staff engagement across the NHS and results are benchmarked against similar organisation types – i.e. other mental health and learning disability trusts in our case.

The results nationally demonstrate that it has been a challenging year for the NHS and participation rates in the survey were lower than in previous years.

Overall, our results were quite disappointing. Whilst we know the survey was done before we started Listening in Action (LiA) programme; the results indicate that our staff do not feel listened to enough or engaged with enough. For our culture to improve, all our teams need to encourage people to give their views, encourage innovation and respond to concerns.

The Trust has demonstrated excellent performance on health and safety training; staff development; and in avoiding harmful situations (discrimination; harassment, bullying or abuse of staff; potentially harmful errors, near misses or incidents). Scores relating to team management appear to be slightly improved – an indication that our Aston Effective Team Programme may be starting to have an impact.

We also seem to be seeing some improvement in perceptions of fairness and effectiveness of incident reporting procedures and a slight improvement in violence and aggression from patients to staff. These are encouraging signs that we hope to see further strengthened in the 2015 survey.

We have implemented a range of staff engagement programmes over the course of the past 12 months, including Listening into Action (LiA) and the Aston Team Leaders Programme, both of which aim to improve staff engagement, which in turn is proven to enhance patient experience and clinical outcomes.

The Trust's results can be viewed on the Staff Survey Coordination Centre webpages [here](#). The Staff Survey results will be discussed in more detail as part of the agenda.

10. LISTENING INTO ACTION

Our Listening in Action (LiA) programme continues to go from strength to strength. One of the biggest vehicles for change at NSCHT has been through Listening into Action, a national programme that works with participating NHS trusts to remove the barriers that can get in the way of providing the best care to people who use services and their families/carers and emboldens staff to use their knowledge, ideas and enthusiasm to help make real change.

The Trust is holding an event later this month celebrating the achievements made to improve service by its LiA action teams, which were set up following staff consultation to identify where change was needed.

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. 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.

11. STOKE HEALTH AND WELLBEING BOARD

Health and Wellbeing Boards are an integral part of the Government's reforms to NHS, Public Health and Social Care. The board includes partners from health, social care and children's services, city councillors and health watch, who work in partnership to address issues of health, wellbeing and health inequalities across the local area.

The Board's key functions are:

- To undertake a Joint Strategic Needs Assessment (JSNA)
- To develop a Joint Health and Wellbeing Strategy
- To ensure that the commissioning plans and activities of Clinical Commissioning Groups and the City Council are consistent with JSNA and the Health and Wellbeing Strategy
- To support development of Joint Commissioning, Integrated Delivery and Pooled Budgets
- To assess needs for pharmaceutical services in its area, and publish a statement of its first assessment and of any revised assessment
- To encourage integrated working under the Health and Social Care Act

I'm delighted to report that provider partners have now been invited to sit on the Health and Wellbeing Board for Stoke for the first time and strongly believe that providers and Commissioners need to work together in support of the continual improvement of the health of local residents we collectively serve.

12. LOCAL MEDICAL COMMITTEE (LMC)

I'm pleased to share with you that our Medical Director regularly attends the North Staffordshire LMC, to share with Primary Care colleagues developments in our services.

The LMC is a statutory body, recognised by successive NHS Acts as the professional organisation representing individual GPs and GP practices as a whole to the Primary Care Organisation. The NHS Act 1999 extended the LMC role to include representation of all GPs whatever their contractual status. This includes sessional GPs and GP speciality registrars. The LMC represents the views of GPs to any other appropriate organisation or agency.

At the March LMC meeting, Dr Adeyemo shared with GP colleagues that, in response to feedback from GPs regarding the ease of contacting the Access Team, the Trust has introduced a dedicated telephone number specific to GPs.

This number has been shared directly with GPs and is a direct priority line for primary care colleagues. GPs are encouraged to use the number for advice and referral support for all mental health queries. The number is available 24/7.

This development was well-received by the LMC.

NATIONAL UPDATES

- [Care Act](#) launch
- The [Report of the work of the Children and Young People's Mental Health Taskforce](#) published.
- [Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile](#) published
- [Parity in progress? The All Party Parliamentary Group on Mental Health's inquiry into parity of esteem for mental health](#) published
- [New Mental Health Act code of practice](#) publication
- Monitor has published the [NHS National Tariff](#) for 2014/15

Caroline Donovan
Chief Executive
Thursday 26 March 2015

REPORT TO: **Open Trust Board**

Date of Meeting:	26 March 2015
Title of Report:	Summary of the Quality Committee meeting held on the 17 March 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 March 2015 sandraj.storey@northstaffs.nhs.uk
Purpose / Intent of Report:	<ul style="list-style-type: none"> For decision / assurance
Executive Summary:	<p>This report provides a high level summary of the key headlines from the Quality Committee meeting held on the 17 March 2015.</p> <p>The full papers are available as required to Trust Board members</p>
Which Strategy Priority does this relate to: How does this impact on patients or the public?	<ul style="list-style-type: none"> Customer Focus Strategy Clinical Strategy - Governance Strategy
Relationship with Annual Objectives:	Ensure provision of safe clinical services
Risk / Legal Implications:	N/A
Resource Implications:	N/A
Equality and Diversity Implications:	N/A
Relationship with Assurance Framework [Risk, Control and Assurance]	The Quality Committee has an integral relationship with Improving Quality/ Registration.
Recommendations:	<ul style="list-style-type: none"> To note the contents of the report Ratify the policies highlighted in the report

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

1. Introduction

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

2. Director of Quality Report

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

- **Mental Health Code of Practice.** The latest edition of the Code of Practice will come into force on 1 April 2015 and has 31 chapters and reflects significant legislative, common law and policy changes since it was first published in 2008. Locally, individuals and service areas have been asked to comment on particular chapters of the Code to identify key changes and implications for Practice. A policy tool will be circulated to identify which Trust policies need to be updated or developed in response to the guidance.
- **Recommendations relating to Themes and Lessons Learnt from NHS Investigations into matters relating to J Savile.** A number of considerations and implications were set out by the Department of Health which are currently being addressed in terms of policy change and practice, such as revision of safeguarding policies and introduction of new policy relating to agreeing and managing visits from VIPs and other official visitors.
- **Healthy Services and Safer Patients** – national confidential inquiry into suicide and homicide by people with mental illness, University of Manchester February 2015. This report attempted to make the link between patient suicide and features of mental health providers. It attempts to identify organisational factors which may impact on suicide rates in each organisation. The report noted the action the Trust has taken in response to these findings and work that is in progress. For example, patient complaints and staff turnover may be markers of patient suicide risk; high or rising rates for these factors should act as a safety alert to these services and commissioners. In order to understand this and to support staff, a piece of work to capture emotional impact upon staff has been commissioned and the learning from this will be shared in due course.

3. Policy Review

The committee received a policy progress report noting the status of policies that require review by the committee. Members discussed the position and noted the action being taken to address the situation. There was also a forward view of policies up to January 2016 which highlighted a number of policies requiring review in the autumn. A further report will be made to the April meeting to give assurance on progress being made.

The committee also received information on policies that had been reviewed and proposals for withdrawal, extension or approval. 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 or withdrawn as follows:

- **Procedure for the assessment of qualified nurse competence in the administration of medicine 1.48 – incorporate in the Medicines Management Policy 1.03**
- **Medication monitoring clinical guidance notes 1.49 – incorporate in the Medicines Management Policy 1.03**

- **Guidelines for the management of patients who require a hospital setting 1.66 – append to the Admission, Discharge & Transfer policy 1.17**
- **Solo working policy 5.34 – policy superseded by new Lone Worker Policy 5.41**
- **Research & Development policy and strategy 1.52 & 1.52a – extend to end of April 2015, review nearing completion**
- **Policy on policies – approve for 3 years**
- **Health & Safety audit procedure 5.20 – approve for 3 years**
- **Health Records Management & Standards - extend until end of March 2016 (new code of Practice being introduced in September 2015)**

4. Directorate Performance Reports

The Committee received the monthly performance reports from each of the Directorates including information on key risks, serious incidents and complaints.

5. Quality Metrics from the Performance Quality Management Framework Report (PQMF) month 10

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.

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

The committee received further information 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.

Mr Dinwiddy provided an update on the 2015/16 schemes, which will be presented to the Finance & Performance Committee in due course. The Chair sought further information to seek assurance retrospectively and a paper will be presented to the April meeting of the committee to provide assurance to the committee in this regard.

7. Risks to Quality of Services – to 12.03.2015

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 monitored by the committee.

8. Nurse Staffing Performance monthly report

The committee received the nursing staff performance on a shift by shift basis for the month of February 2015, including exception reports by area. From next month the exception report will include the Substance Misuse Service.

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.

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 reported that during April/May 2015 this review will be extended to community staff.

9. Safer Staffing Methodology and Indicators from the Trust Development Agency (TDA)

Jane Cummings, Chief Nursing officer for England wrote to Chief Executives and Directors of Nursing in February 2015 outlining the development of nurse safer staffing indicators. The development of nurse safer staffing performance indicators support a range of actions that have been put in place to demonstrate NHS organisations are delivering safe and effective care. This was a requirement outlined by the Secretary of State in “Hard Truths”.

The TDA have asked the Trust to review information related to the composite indicators held in our systems to ensure that records accurately reflect the current position of the Trust using key metrics including sickness absence, appraisal review, mandatory training and turnover rate. The data and performance ratings will subsequently be published on My NHS – NHS Choices in the spring of 2015. At this time, the Trust has been given an overall rating of blue, which is within the expected range. The Director of Nursing will lead on this area of work.

10. Adult Mental Health – Proposed Ward Redesign

The committee received information on proposals for redesign noting that early discussions with service users and commissioners had been positive. The committee agreed in principle with the proposals and made specific recommendations to be addressed points prior to formal consultation.

11. CQC Quality Assurance Programme Update

The paper summarised the new Quality Assurance Programme that has been undertaken within the month including achievements to date and key quality priority areas. The paper also included an update in terms of the Trust’s registration with the CQC and information around recent inspections.

12. CQC Inspection December 2014 – progress update

The committee received a progress update following the CQC inspection of community services in December 2014. Improvements can be demonstrated with a few outstanding actions that will be monitored to be assured of effectiveness and sustainability.

13. Domain Updates

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 the April meeting.

14. Leadership & Workforce update – Raising Concerns

The committee received an update on the two concerns that had been noted at the previous meeting and action that had been taken to address the points raised.

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

Committee members received this report in February 2015 and revisited this in order to undertake a more detailed analysis. The report summarised trend detail for patient assaults against staff and the strategies implemented by the Trust to improve workforce safety and reduce incidents. This showed an improving position.

16. Board to Team Visits 2015/16

A report on visits undertaken during 2014/15 was presented which noted the teams that had been visited by the Board and the highlights from these visits. The programme of visits for 2015/16 was received alongside the revised process for sharing the learning outcomes.

17. Restraint Report Q3 2014/15 and Position Statement regarding Positive and Proactive Care

The report evidences the use of all physical restraint in all clinical areas in order to provide the committee with opportunity to understand the levels of restraint and reasons for use. The Positive and Proactive Care document describes the use of physical restraint as a last resort after all other means of managing a situation have failed and the risk is so immediate that physical restraint is the least restrictive way of reducing and/or managing risk.

The report provided assurance of the scrutiny underpinning this area of practice while demonstrating progress towards a reduction in the number of incidents of the use of physical intervention. The report noted 168 incidents during the reporting period, which involved nine patients across the service, thus demonstrating the impact a small number of patients can have on the overall figures.

It was noted that the Trust is participating in Department of Health data collection exercise where there are scheduled networking events to ensure a standardised approach to interpretation and data collection.

18. Sign up to Safety Campaign – Listen, Learn, Act

Sign up to Safety is a new national patient safety campaign that was announced by the Secretary of State in 2014 which sets an ambition of reducing avoidable harm in the NHS over the next three years.

Following the Trust Board giving their commitment to this campaign in February 2015, the committee received information on how the Trust will take action in response to the five campaign pledges and how these will be turned into a Safety Improvement Plan.

- Putting safety first
- Continually learning

- Being honest
- Collaborating
- Being supportive

Further reports will provide progress on this important piece of work.

Next meeting: 21 April 2015

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

Sandra Storey

Trust Secretary / Head of Corporate and Legal Affairs

18 March 2015

REPORT TO: **TRUST BOARD**

Date of Meeting:	26 th March 2015
Title of Report:	Safer Staffing Performance Indicator Development from the TDA with summary
Presented by:	Mark Dinwiddy, Interim Executive Director of Nursing & Quality.
Author of Report: Name: Date: Email:	Carol Sylvester, Interim Deputy Director of Nursing & Quality 10 March 2015 Carol.Sylvester@northstaffs.nhs.uk
Purpose / Intent of Report:	For Information
Executive Summary:	As per summary
Which Strategy Priority does this relate to: How does this impact on patients or the public?	<ul style="list-style-type: none"> • Customer Focus Strategy • Clinical Strategy • IM and T Strategy • Governance Strategy • Innovation Strategy • Workforce Strategy • Financial Strategy • Estates Strategy
Relationship with Annual Objectives:	
Risk / Legal Implications:	
Resource Implications:	
Equality and Diversity Implications:	
Relationship with Assurance Framework [Risk, Control and Assurance]	
Recommendations:	Receive the report and summary for information.

Report to: Trust Board

Date of Meeting:	26 th March 2015
Title of Report:	Nurse Staffing Performance on a shift-by-shift basis
Presented by:	Mark Dinwiddy; Interim Director of Nursing & Quality
Author of Report: Date: E-mail:	Jackie Wilshaw, Senior Nurse, 9 th March 2015
Purpose / Intent of Report:	<ul style="list-style-type: none"> For Assurance
Executive Summary:	<p>This paper outlines the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during the data collection period (1st – 28th February 2015) in line with the National Quality Board expectation that:</p> <p><i>“The Board:</i></p> <ul style="list-style-type: none"> <i>Receives an update containing details and summary of planned and actual staffing on a shift-by-shift basis</i> <i>Is advised about those wards where staffing falls short of what is required to provide quality care, the reasons for the gap, the impact and the actions being taken to address the gap</i> <i>Evaluates risks associated with staffing issues</i> <i>Seeks assurances regarding contingency planning, mitigating actions and incident reporting</i> <i>Ensures that the Executive Team is supported to take decisive action to protect patient safety and experience</i> <i>Publishes the report in a form accessible to patients and the public on their Trust website (which could be supplemented by a dedicated patient friendly ‘safe staffing’ area on a Trust website)”.</i> <ul style="list-style-type: none"> The performance relating to the fill rate (actual numbers of staff deployed vs numbers planned) on the wards for January was 101.15%: being a total fill rate of 93.8% for registered nurses and 108.5% 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 – 28th February 2015: 284 shifts were not able to be filled as planned Actions underway to recruit to vacant and fixed term posts <p>The Board is asked to: Receive the monthly nurse staffing report</p>
Which Strategy Priority does this relate to? How does this impact on patients or the public?	<ul style="list-style-type: none"> Customer Focus Strategy Clinical Strategy Governance Strategy Workforce Strategy Financial Strategy

Relationship with Annual Objectives	Supports the delivery of the Trust's Annual Objectives and the delivery of high quality care
Risk / Legal Implications:	Delivery of safe nurse staffing levels is a key requirement to ensuring that the Trust complies with National Policy direction
Resource Implications:	Further assessment of the use of bank and agency staff is planned to inform a review of baseline establishments against the current level of acuity

NURSE STAFFING LEVELS ON A SHIFT BY SHIFT BASIS REPORT FOR TRUST BOARD

Purpose

This paper provides the monthly ward nurse staffing data which details the Trust's performance for February 2015.

Current Performance

During the current data collection period (1st-28th February 2015), 500/784 of shifts have been staffed as planned*. It should be noted that where shifts have not been filled as planned, the variance can sometimes be minimal (i.e. less than 1-2 hours per shift) and where the figure is higher than this staffing levels have remained at safe levels by short-term adjustments in the ward grade mix.

*in some cases planned hours have been calculated using the team leader's professional judgement, therefore this may be a higher figure than allowed for in the staffing establishments however this is being addressed and ward/inpatient managers have clear instructions to use the establishment figures for the planned hours and to demonstrate adjustments for professional judgement within the actual hours report

The performance relating to the fill rate (actual numbers of staff deployed vs numbers planned) on the wards in February was 101%, this being a total fill rate of 93.8% for registered nurses and 108.5% for HCSWs. NB: The fill rate for qualified nurses fell from 96% to 93.8% from the previous month

This demonstrates that the wards are continuing to utilise additional nursing resources via the use of excess hours and the bank staff to meet fluctuating patient acuity by deploying additional staff where appropriate.

Within the overall picture there are a number of variances from previously recorded data for individual ward areas that will require further investigation and analysis.

It will be necessary to refine staffing data and activity recording to gain a more dynamic and informed perspective of nursing activity within inpatient areas. Clearer performance indicators to capture activity that accurately reflect acuity, vacancy and other factors will be brought forward to the Board as they are developed.

To accomplish this a further deep dive will occur as part of the ward establishment on a ward-by-ward basis. This will give ward nurse managers, matrons and senior managers the opportunity to shape future reporting processes and provide the Board with more detailed analysis of activity.

Reports by area

Within the overall picture there continues to be a number of variances within the recorded data for individual ward areas that require longitudinal investigation and analysis.

Ward 1

Has had intermittent periods of high (L3) observations, which have required an increase in staffing levels to 7,7, 5. This was achieved through the use of bank staff; night shifts took priority for bank staff cover in order to ensure that the ward provided safe staffing levels at night

There has been a higher than usual percentage of HCSW annual leave and it has not always been possible to cover this with bank staff (daytime fill rate of 73%). There has been some overfill of qualified staff to compensate for the shortfall of HCWs

It should also be noted that there were a number of bank staff cancellations during this month

Ward 2.

There were 60 admissions and 53 discharges in February. This equates to approximately 3 admissions and 2 discharges per day against a monthly average of 1 admission and 1 discharge per day this is a significant increase on the monthly average.

14 shifts have been under the 5,5, 3 staffing levels (the established level) – despite all attempts to cover

13 shifts have been run with only 1 qualified nurse in charge. This is in addition to times when there was only one qualified nurse on duty and the Ward Manager provided cover as the second qualified nurse on duty

The Ward Manager reports that staff have not been able to achieve all patients having their care plans reviewed in timely manner, patient activities have not been provided as regularly due to activity worker sickness and shortfalls in staffing have prevent staff from provided activities for patients.

Planned patient escorts have not taken place at times; with priority given to essential escorts i.e. hospital appointments

Staff caseload management (supervision) has not taken place this month due to short staffing levels.

In addition there has been minimal attendance at staff training due to not been able to grant time out.

Ward 2 currently has

1 x band 3 vacancy

1 x band 5 vacancy

1 x band 3 – long term sick – started stage return this week

1 x part time band 5 out on ward 4

1 x mat leave band 5

1x activity worker on long term sick

1 x band 5 – covering ward 4 back filled by bank

1x band 3 covering ward 4 back filled by bank

1 x band 6 permanently out in the nursing office

We have 6 shifts requiring covering due to sickness

Observation levels have been managed with our staffing levels of 5/5/3.

Both band 6 and band 7 cover the nursing office for 6 shifts over the month

Action: Ward 2 : apply to agencies to identify 2 qualified staff to support the ward full time

WARD 3

There was an increase in high (L3) observations as the month progresses, hence the increased need for more staff on duty: the shortfall in qualified staff was made up by an increase in the number of HCSWs on duty. There was also an increase in the number of HCSWs on nights in order to meet the needs of several women with challenging behaviours occurring at night-time.

The ward was closed for one week due to a norovirus outbreak which also affected staffing levels and lead to the increased use of HCSWs

WARD 4

Staffing for ward 4 remains problematic as there is no defined staffing establishment for this temporarily opening ward.

There are currently 4 staff permanently allocated to this ward; the rest of the establishment remains bank and agency staff supported by staff seconded from Royal Stoke Hospital

Consequently the ward has been unable to achieve its agreed staffing levels of 7, 7,5 on occasions throughout the month. It had previously been agreed that the number of qualified nurses on duty would be 2 per shift but this has not always been possible to achieve.

Registered and non-registered Agency staff have been block booked to ensure that a consistent workforce are provided as far as availability will allow and similarly with the nurse bank.

WARD 5

Ward 5 continues to have increased staffing levels on the night shift due to increasing one person's observations levels to level 3 during the night time only.

The number of qualified staff on duty has not always been achieved due to the secondment of a qualified nurse to ward 4; however the team are confident that this has not impacted on the quality of the care provided due to the team response to this temporary arrangement. The shifts have been covered through the use of bank HCSWs in order to ensure that all physical health-care continues to be delivered.

A full time HCSW has been redeployed through the Management of Change process and will be commencing duty on April 11th

One substantive staff nurse has been appointed will be commencing duties in mid April on ward 5

WARD 6

Is currently working on 6/6/4 which has largely been accomplished through the use of bank staff however there have been occasions when no bank staff were available to cover

The planned skill mix has not been achieved on occasions due to staff sickness.

Acuity is high due to the mix of functional and organic patients; with a complex and demanding mix of physical and emotional support required.

The ward are fully established for staff nurses and HCSW's but have experienced a level of sickness requiring the use of bank shifts.

One Staff Nurse has returned from long term sickness this week

WARD 7

The ward was unable to achieve its agreed level of 2 qualified nurses on duty during the day shifts due to staff nurse vacancies and annual leave.

The issue of the vacancies will be discussed with the Head of Directorate and Modern Matron

The Matron has agreed the recruitment of 1 nurse for ward 7 – currently awaiting employment clearance and suitable references.

The ward have appointed to a WTE Band 5 vacancy commencing March 23rd

One Staff Nurse vacancy remains and plans are underway as detailed below to recruit to this post

Edward Myers Unit

Edward Myers Centre currently have no vacancies on the ward however have 1 band 7 seconded to a band 8a in the community, 1 band 6 seconded to the band 7 role and 1 band 5 seconded to the band 6 role. As a result there have been some shortfalls to cover

The IOU continues to see some movement of the staff allocated to those shifts due to demands from other clinical areas that are assessed to require additional resource. Given that the IOU does not have recurrently funded posts, there is a reliance on utilising bank staff to cover those shifts and, in the month of February, 16 shifts were unable to be covered due to bank staff unavailability. the qualified staff on the ward have picked up these shortfalls up on the bank. A review of this position has been undertaken and it is likely that a number of bank staff working in the area will become substantive posts.

A+T/TELFORD

Increased staffing required to maintain high level observations

Throughout February, the Assessment and Treatment and Telford units have worked shifts with only 1 qualified nurse per shift.

There have also been occasions whereby a qualified staff member has needed to cover both areas.

A&T have an establishment which provides for six full time staff and a part time nurse who works 22.5 hours. The unit leader is on long term sickness and a staff nurse is on maternity leave.

On the Telford Unit, there is an establishment which provides for three full time staff, a 30 hour post and a 35.25 hour post. The unit leader is currently absent due to bereavement.

Bank staff are requested to fill the gaps in shifts but are not always available.

Action: to discuss use of agency staff with Clinical Director and Service Line Manager

DARWIN CENTRE

The planned skill mix has not been achieved on occasions due to qualified staff sickness. Shortfall has been backfilled using HCSWs

DRAGON SQUARE

The figures for Dragon Square reflect the closure of the service for one week; during this time the qualified nurses spend time engaged in community activities, working with schools and families and the HCSWs are given annual leave. Therefore the apparent under fill of HCSWs on days is not a shortages but simply an adjustment for the week when the unit was closed.

SUMMER'S VIEW

The unit is currently operating with several staff working the long day system; this results in a shortage of up to 2 hours per shift against regular "early + late" shifts.

Staffing the unit has been challenging in February due to long term and short term sickness: Basic care has been achieved but there has been less than planned community activities which is a fundamental part of the care pathway

FLORENCE HOUSE

There was higher than expected sickness levels: 4 full time HCSW off sick for most of February, 2 are now doing their phased return so are doing a few shifts per week which is now almost completed for both. There is also a part time HCSW (16 hours) on maternity leave until November.

Therefore from March there should be only have one full time HCSW off sick and one on maternity leave.

The staffing of the unit to its level of 2 qualified nurses on the daytime shifts was not always achieved. It was not possible to back fill all of the gaps in staffing with bank staff due to bank staff unavailability

Update on recruitment to vacant posts and Ward 4.

A national advertisement for NOAP and Adult Acute inpatient areas for Band 5 Staff Nurses and Band 3 Health Care Support Workers was submitted 19th March 2015

Interview dates for applicants have been set for 9th and 10th April.

Posts to recruit to include substantive posts for NOAP and Adult Acute inpatient areas and six month fixed term positions for ward 4,

Recruitment will include backfill arrangements for staff transferred, for the purposes of consistency, to ward 4.

Recommendations to the Board

The Board is asked to:

- Receive and accept the actions in relation to ward areas
- Receive the monthly report on nurse staffing levels
- Note the actions to respond to vacancies/ temporary staffing
- Agree to the recommendations outlined in the national quality board staffing review

Appendix A

February 2015 (inc last 3 months for comparison)

Ward	Performance (% planned vs actual) staffing numbers (February 2015)		Performance (% planned vs actual) staffing numbers (January 2015)		Performance (% planned vs actual) staffing numbers (December 2014)	
	Registered Nurses (%)	Healthcare Support Workers (%)	Registered Nurses (%)	Healthcare Support Workers (%)	Registered Nurses (%)	Healthcare Support Workers (%)
Ward 1	107.3	99	105.95	161.2	126.7	144.09
Ward 2	87.5	136.3	90.55	100	90.06	98.48
Ward 3	98.7	143.75	95.1	127.2	94	139.47
Ward 4	91.6	119.5	74.9	106.8	90.5	101.5
Ward 5	96.75	155	94.5	177.65	93.78	93.41
Ward 6	101.8	93.5	107.5	93.5	95	93.03
Ward 7	88.8	100	100.5	111.4	102.32	118.70
Assessment & Treatment	77.5	112	101.35	110.8	101.5	140
Telford Unit	80	87.5	98.45	110.15	100.91	100.74
Edward Myers	100.5	82.5	102.5	98.25	102.8	86.4
Darwin Centre	92	123	94.15	114.9	89.65	91.25
Summers View	96	87	86.15	113.8	126.7	98.02
Florence House	91.5	89	100.5	92.85	102.5	94.56
Dragon Square	103.5	91.5	104.85	92.2	106	96.5
TRUST AVERAGE/ TOTAL	93.8%	108.5%	96.92%	107.9%	101.60%	106.68%

Enclosure 7

REPORT TO TRUST BOARD

Date of Meeting:	26 March 2015
Title of Report:	Report from the Risk Management Committee held on 11 March 2015
Presented by:	Mrs Bridget Johnson, Non-Executive Director
Author of Report: Name: Date: Email:	Laurie Wrench, Head of Clinical Audit and Research and Development 19 March 2015 Laurie.wrench@northstaffs.nhs.uk
Purpose / Intent of Report:	For assurance
Executive Summary:	This report provides a summary of the Risk Management Committee meeting held on 11 March 2015
Which Strategy Priority does this relate to: How does this impact on patients or the public?	<ul style="list-style-type: none"> • Customer focus strategy • Clinical strategy • Governance strategy
Relationship with Annual Objectives:	Ensure provision of safe clinical services
Risk / Legal Implications:	N/A
Resource Implications:	N/A
Equality and Diversity Implications:	N/A
Relationship with Assurance Framework [Risk, Control and Assurance]	The Risk Management Framework is a key control within the Assurance Framework and informs the Annual Governance Statement.
Recommendations:	To note the report and approve extended Terms of Reference.

Risk Management Committee Summary Business Report to the Trust Board of the meeting held 11th March 2014

1. Welcome and Introductions

The Chair noted that no apologies had been received.

2. Terms of Reference

Mrs Storey presented the current Terms of Reference for the Risk Management Committee. In view of the ongoing work with the Good Governance Institute, the Committee agreed that these be extended for a further 4 months.

3. Risk Review Group Assurance Report

The Committee received the report presented by Mrs Donovan which comprised a summary report of the Risk Review Group meetings held in January and February 2015.

The Committee noted that Mrs Donovan has now taken on responsibility as the Executive Lead for risk and Mrs Wrench is the Lead Manager.

The Committee were informed that risk is currently being strengthened with the support from the Good Governance Institute and the Risk Review Group membership has been moving through transition from divisions to directorates.

The committee were assured that members of the Risk Review Group reviewed the Operational Risk Register, Directorate and Corporate Risk Registers for risks scoring 12 and above.

4. Risk Planning

The Committee received an overview of current risk planning provided by Mrs Donovan and noted the work ongoing with Mr Hughes leading on the 5 year plan. The Trust has now agreed its strategic goals and from that there is alignment with the 1 year plan.

The Committee also noted that work has been progressed to map risks against the 1 year plan. The Committee was provided with further assurance of a piece of additional work to map our Internal Audit Programme for next year against the Strategic Objectives and principal risks.

The Chair commented on the good progress made to date.

5. Principal Risk Register

Mrs Donovan presented the Principal Risk Register and highlighted the following:

- narrative in red under the mitigations has been changed for next year with column for 'date of update'
- A new risk **358 Loss of income due to failure to fully deliver 2014/15 CQUINs** had been added.

Mrs Wrench made the committee aware that we are now in a good position to close down Q4 and plan for Q1. There are further enhancements to be made. Some review of the language of mitigations will be changed to help reduce residual risk scoring and there are plans for regular meetings with risk leads to review the Principal Risk Register.

The Committee were made aware of 2 risks with a new residual score of lower than 12 that would come off the Principal Risk Register as follows:

- **131 Significant financial impact in 2014/15 as a result of future model of LD Services**
- **130 Work undertaken in the roof spaces at Harplands may lead to potential disruption in clinical areas and or harm to patients and staff**

Mr Jarrold queried several aspects;

- **330 The Trust has significantly higher than average level of staff off sick reporting anxiety/stress/depression and other psychiatric illness. Indicating potential concerns around work pressures.** Mr Jarrold noted that there needs to be actions put in place to prevent some of the stress occurring. The best way of prevention in terms of stress, is improving line management.
- Mr Jarrold noted that there was nothing about the staff survey and this needed to be added to the PRR. Mr Draycott agreed and this could be linked into 287, however the scoring feels a little low at present.
- **10 Failure to develop and implement fit for purpose information systems that provide real time information for patients and fully support mobile working and efficiency** - Mr Jarrold queried whether the mitigations fully reflect all the work we are doing within this area. Mr O'Hagan also commented that perhaps we need to add links to enable us to have assurance of when work is finished,

Mr Sullivan raised some general concerns regarding safety issues within directorates and whether these issues are escalated accordingly and dealt with. Mr Sullivan also noted the improvements with the Risk Review Group, however he asked members to consider the CQC framework and whether risks are sitting at the right level with the right controls in place. Mr Sullivan proposed to discuss this at Quality Committee.

Mrs Donovan recognised Mr Sullivan's concerns and stated that we are continuing to strengthen processes and culture throughout all levels within the Trust. It was further noted that a paper has been developed by Ms Holmes, Interim CQC Programme Leader, to improve 6 key quality and safety areas within the Trust over a 6 month period that could deliver high impact changes in line with the CQC fundamental standards.

The Committee had a discussion about an incident that had occurred over the weekend. Mrs Donovan explained that a service user living in South London was bought in by Police into our place of safety. Unfortunately, his behaviour could not be managed and due to not being able to find a suitable PICU bed, he had to go back to a police cell with our staff supporting and undertaking regular assessments. Eventually, a bed was found in Bradford in the private sector, however, when he was being transported, Bradford then stated they could not accept him and he continued to be managed by our staff. The Committee noted that there was learning from this event and that a business case for a local PICU was in development as we are not commissioned locally to provide this service.

Dr Adeyemo gave further assurance and clarified that this had been discussed during the consultants' academic session this morning and that over the weekend all on call staff were fully engaged.

On behalf of the Committee Chair, Bridget Johnson

Laurie Wrench

Head of Clinical Audit and Research and Development

19th March 2015

Enclosure 8

REPORT TO THE TRUST BOARD

Date of Meeting:	26 March 2015
Title of Report:	Sign up to Safety campaign
Presented by:	Mr Mark Dinwiddy
Author of Report: Name: Date: Email:	Carol Sylvester, Deputy Director of Nursing March 2015 carol.sylvester@northstaffs.nhs.uk
Purpose / Intent of Report:	<ul style="list-style-type: none"> • For Decision • Performance monitoring • For Information
Executive Summary:	<p>The Trust have committed to the Sign up to Safety campaign to support the trust quality agenda in reducing avoidable harm and to pledge our strategy to deliver high quality, safe care.</p> <p>Sign up to Safety is a new national patient safety campaign that was announced in March by the Secretary of State for Health. It launched on 24 June 2014 with the mission to strengthen patient safety in the NHS and make it the safest healthcare system in the world.</p> <p>The Secretary of State for Health set out the ambition of halving avoidable harm in the NHS over the next three years, and saving 6,000 lives as a result. This is supported by a campaign that aims to listen to patients, carers and staff, learn from what they say when things go wrong and take action to improve patient's safety helping to ensure patients get harm free care every time, everywhere.</p> <p>This campaign and its mission are bigger and much more important than any of our individual organisations' programmes or activities. We want to establish and deliver a single vision for the whole NHS to become the safest healthcare system in the world. This means taking all the activities and programmes that each of our organisations currently own and aligning them with this single common</p>

	<p>purpose. NHS England will provide expert clinical patient safety input to the development of improvement plans and framework for plan assessment. They will also play a key leadership role in the campaign and will ensure all their programmes of work described above are actively working to support the campaign.</p> <p>•Monitor and the NHS Trust Development Authority will offer leadership and advice to trusts and foundation trusts who participate in Sign up to Safety and who will develop and own locally their improvement plans. They will also sign post to partner organisations for specific expertise where required.</p> <p>•NHS Litigation Authority which indemnifies NHS organisations against the cost of claims, will review those plans submitted to the campaign before 16th January 2015 and, if robust and will reduce claims, a financial incentive to support implementation will be awarded. Any savings made in this way will be redirected into frontline care. This is just one way that we can tackle some of the financial costs of poor care.</p> <ul style="list-style-type: none"> • Setting out the actions they will undertake in response to the five Sign up to Safety pledges and agree to publish this on their website for staff, patients and the public to see. • Committing to turn their actions into a safety improvement plan (including a driver diagram) which will show how organisations intend to save lives and reduce harm for patients over the next 3 years.
--	---

Which Strategy Priority does this relate to:	<ul style="list-style-type: none"> • Clinical Strategy ✓ • Governance Strategy ✓
How does this impact on patients or the public?	To provide assurance that the Trust commit to providing high quality, safe care

Relationship with Annual Objectives:	Provide safe care for people who access our service.
Risk / Legal Implications:	Not directly as a result of this report
Resource Implications:	Not directly as a result of this report
Equality and Diversity Implications:	Not directly as a result of this report
Relationship with Assurance Framework [Risk, Control and Assurance]	
Recommendations:	That the Trust Board receive the report for information



SIGN UP PACK

Welcome to Sign up to Safety

Listen, Learn, Act

Listening to patients, carers and staff, **learning** from what they say when things go wrong and take **action** to improve patients' safety.

Our vision is for the whole NHS to become the safest healthcare system in the world, aiming to deliver harm free care for every patient every time. This means taking all the activities and programmes that each of our organisations undertake and aligning them with this single common purpose.

Sign up to Safety has an ambition of halving avoidable harm in the NHS over the next three years and saving 6,000 lives as a result.

As Chief Executive or leader of your organisation, we invite you sign up to the campaign by setting out what your organisation will do to deliver safer care

- Describing the actions your organisation will undertake in response to the five Sign up to Safety pledges (see page 3 to 5) and agree to publish this on your organisation's website for staff, patients and the public to see. You may like to share and compare your ideas before you publish – this support will be available to you.
- Committing to turn your proposed actions into a **Safety Improvement Plan** which will show how your organisation intends to save lives and reduce harm for patients over the next 3 years. Again, support will be available, if you wish to access it, to assist in the description of these plans.
- Within your Safety Improvement Plan you will be asked to identify the patient safety improvement areas you will focus on.

To officially sign up your organisation to the campaign, please complete the following sign up form and return via email to england.signuptosafety@nhs.net



SIGN UP FORM

Organisation name:

North Staffordshire Combined Healthcare Trust

In signing up, we commit to strengthening our patient safety by:

- Describing the actions (on the following pages) we will undertake in response to the five campaign pledges
- Committing to turn these actions into a Safety Improvement Plan which will show how our organisation intends to save lives and reduce harm for patients over the next three years.
- Identify the patient safety improvement areas we will focus on within the safety plans.
- Engage our local community, patients and staff to ensure that the focus of our plan reflects what is important to our community
- Make public our plan and update regularly on our progress against it.

Chief Executive or organisation leadership sponsor:

Caroline Donovan

March 5th 2015

Name

Signature

Date

Please tell who will be the key contact in your organisation for Sign up to Safety:

Title:	Mr	First name:	Mark	Last name:	Dinwiddy
Email:	Mark.Dinwiddy@northstaffs.nhs.uk			Job title:	Executive Director of Nursing



The five Sign up to Safety pledges

1. Putting safety first. Commit to reduce avoidable harm in the NHS by half and make public our locally developed goals and plans

We will

- We will use the National Reporting and Learning System to profile our harm incidents and raise trust wide awareness and understanding of our organisational reporting trends.
- We will use the data to develop greater understanding and target reduction in self-harm, harm falls and assaults.
- Develop strategies to improve our understanding of ligature related incidents from a clinical management and environmental perspective
- Improve availability and quality of team specific incident trend reports to assist in analysis and action.

2. Continually learning. Make our organisation more resilient to risks, by acting on the feedback from patients and staff and by constantly measuring and monitoring how safe our services are

We will

- Use Listening into Action methodology to further develop further our established bi -monthly learning lessons briefing by developing a learned lessons blog, identify learning lessons champion in each team and use feedback from teams to strengthen the initiative.
- Establish a standing agenda item on all directorate meetings to discuss incident profile , reporter and team feedback and learning.
- Establish a patient safety council to develop stronger links between safety issues and service user advice and involvement
- Continue to develop our scheduled learning events to profile case studies and learning

Sign up to
.....
SAFETY
LISTEN LEARN ACT

3. Being honest. Be transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong

We will

- Ensure that our Being Open Policy is embedded into daily practice by with additional training and support to teams to ensure that we are providing a meaningful apology where things have gone wrong
- Encourage service users and carers to participate in incident/serious incident reviews to agree learning outcomes and actions.
- Use case studies to demonstrate openness in practice

4. Collaborating. Take a lead role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use

We will

- Continue to work closely with commissioner colleagues to share the learning from serious incident investigations
- Work collaboratively with the local serious incident network for staff and to share learning across the health economy
- Ensure the identification of a named consultant in all CMHT's for GP practices
- Review all GP reported incidents relating to the service provide by the Trust at the Clinical Quality Review Meeting



5. Being supportive. Help our people understand why things go wrong and how to put them right. Give them the time and support to improve and celebrate progress

We will

- We will ensure that all staff have access to report incidents and are supported to do so and we will provide feedback to teams and individuals affected by incident investigation.
- We will support individuals and teams to reflect on their incident trends and themes by improved access to data
- Invest further in root cause analysis investigation methodology for the staff to ensure that we have highly skilled staff undertake investigations and identifying improvement

REPORT TO THE TRUST BOARD (OPEN)

Date of Meeting:	26 March 2015
Title of Report:	Financial Performance – Month 11
Presented by:	Ann Harrison, Interim Director of Finance
Author of Report: Name: Date: Email:	Andy Turnock 18 March 2015 andrew.turnock@northstaffs.nhs.uk
Purpose / Intent of Report:	Financial Performance monitoring for information
Executive Summary:	<p>The attached report summarises financial performance for the period to the end of February 2015.</p> <p>Headline performance is:</p> <ul style="list-style-type: none"> • A retained surplus of £0.078m, giving a favourable variance against plan of £0.01m. • 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 £0.124m to date and a forecast net negative capital expenditure of £0.055m • A cash balance of £7.96m at the end of February 2015.
Which Strategy Priority does this relate to: How does this impact on patients or the public?	<p>Financial Strategy</p> <p>Not directly as a result of this report</p>
Relationship with Annual Objectives:	Delivery of financial plan
Risk / Legal Implications:	Not directly as a result of this report

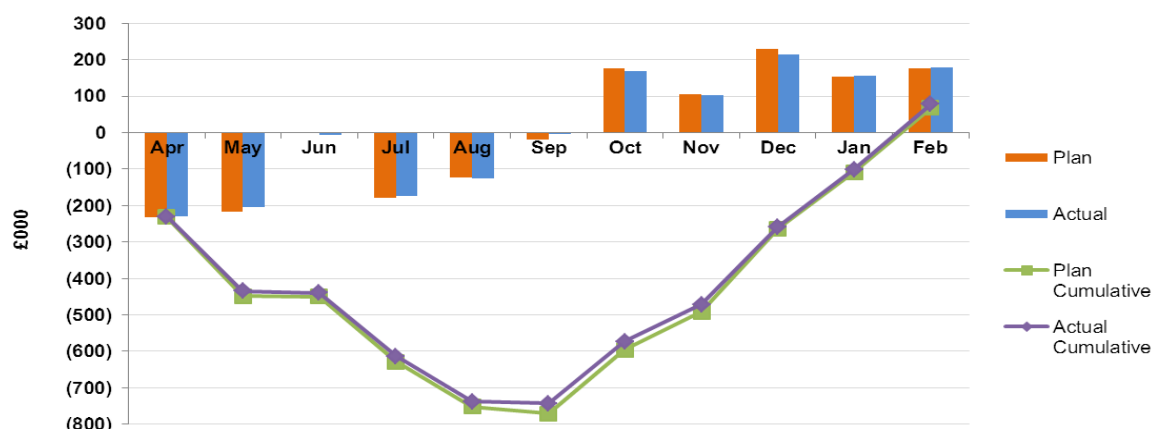
Resource Implications:	Not directly as a result of this report
Equality and Diversity Implications:	Not directly as a result of this report
Relationship with Assurance Framework [Risk, Control and Assurance]	Monitoring delivery of the financial plan
Recommendations:	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • <i>note that financial performance to date is on plan, with a favourable variance reported of £0.01m</i> • <i>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</i> • <i>note the cash position as at 28 February 2015 of £7.96m</i> • <i>note the capital expenditure position as at 28 February 2015 is currently behind plan and the forecast outturn is a net negative capital expenditure of £0.055m</i> • <i>note the year to date Continuity of Service Risk Rating of 3 and also the forecast rating of 3, both in line with Plan.</i>

FINANCIAL OVERVIEW as at 28 February 2015

Income & Expenditure - Retained Surplus / (Deficit)					
£000	Plan	Actual	Var	%	RAG
YTD Surplus / (Deficit)	68	78	10	(14.7)	G
FOT Surplus / (Deficit)	268	268	0	0.0	G

Net Capital Expenditure					
£000	Plan	Actual	Var	%	RAG
YTD Exp	550	(754)	(1,304)	237	R
FOT Exp	1,500	-55	(1,555)	(103.7)	R

Retained Surplus / (Deficit) Run Rate 2014/15



Cost Improvement					
£m	Plan	Actual	Var	%	RAG
YTD - Rec	3.38	2.77	(0.6)	(18.0)	
YTD - Non-rec	0.25	0.47	0.2	90.4	
YTD - Total	3.63	3.24	-0.38	(10.6)	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	4.5	8.0	3.5	78.6	G
FOT Balance	4.5	6.2	1.6	36.1	G

Continuity of Service Risk Rating				
	Plan YTD	YTD	Plan Forecast	Forecast
Overall Risk Rating	3	3	3	3
<u>Metrics:</u>	Plan YTD	YTD	Plan Forecast	Forecast
Liquidity Ratio	4	4	3	4
Capital Servicing Capacity	2	2	2	2

Notes	
Risks:	<p>Achievement of income targets and CQUIN.</p> <p>Delivery of the CIP requirement.</p> <p>Managing cost pressures.</p> <p>Charges against provisions provided for last year exceed the value provided.</p>
Assumptions:	<p>Clinical income targets are predominately achieved.</p> <p>Charges against provisions provided for last year which exceed the value provided can be mitigated by other reductions in expenditure.</p>

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 28 February 2015.

1.2 Income & Expenditure (I&E) Performance at Month 11

At the end of Month 11, the Trusts budgeted plan was a retained surplus of £0.068m. The reported retained position is a surplus of £0.078m, giving a favourable variance of £0.01m 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	75,650	6,577	6,680	103	67,252	67,864	612
Pay	-55,483	-4,862	-4,452	410	-50,854	-49,218	1,636
Non pay	-16,844	-1,333	-1,844	-511	-13,548	-15,791	-2,243
EBITDA	3,323	382	384	2	2,849	2,855	5
Other Costs	-2,589	-167	-167	0	-2,357	-2,353	4
Adjusted Financial Performance	734	215	217	2	492	502	10
IFRIC 12 Expenditure	-466	-38	-38	0	-424	-424	0
Retained Surplus / (Deficit) prior to Impairment	268	177	179	2	68	78	10
Fixed Asset Impairment	0	0	0	0	0	0	0
Retained Surplus / (Deficit)	268	177	179	2	68	78	10

Contained within non-pay are the CIP targets for divisions and directorates. As at month 11, 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 £1.366m, against which the Trust is forecasting expenditure of £1.139m. 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 £0.227m.

Table 2: Reserves Held Centrally

Description	Forecast Annual Budget (£)	Committed within FOT (£)
Contingency	193,700	193,000
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 **	150,000	150,000
Other Earmarked reserves	500,009	415,918
Total	1,365,517	1,138,918

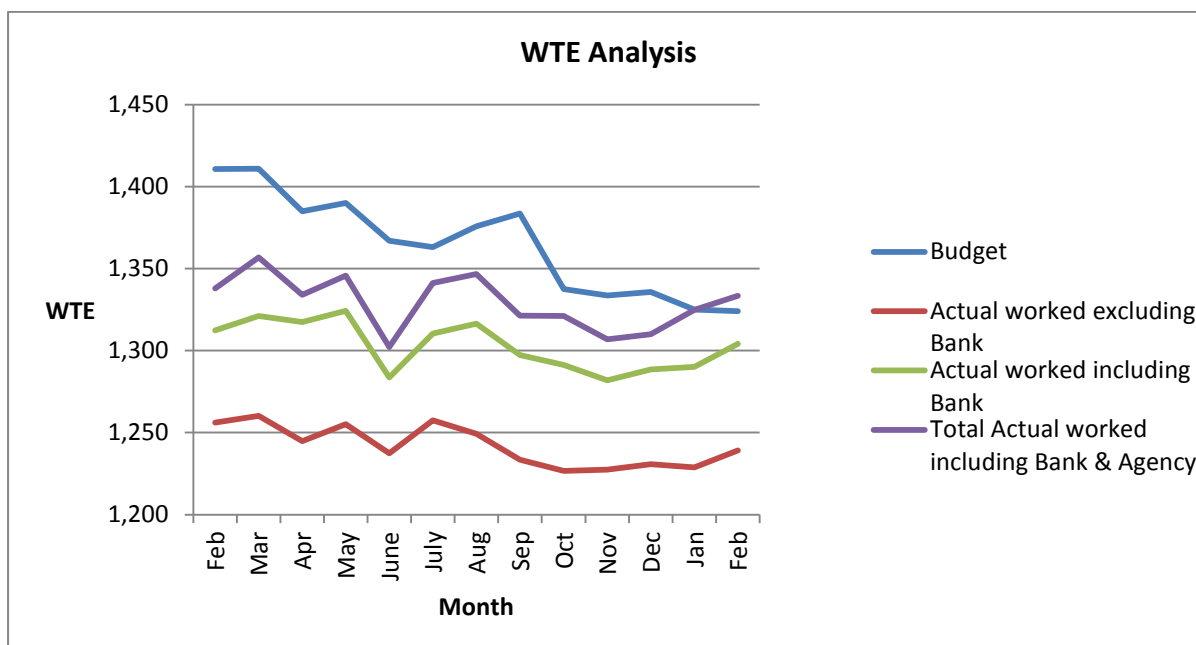
* Support from local CCGs on a non-recurring basis.

** 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 usage¹. 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 Analysis



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

Graph 2: WTE Analysis

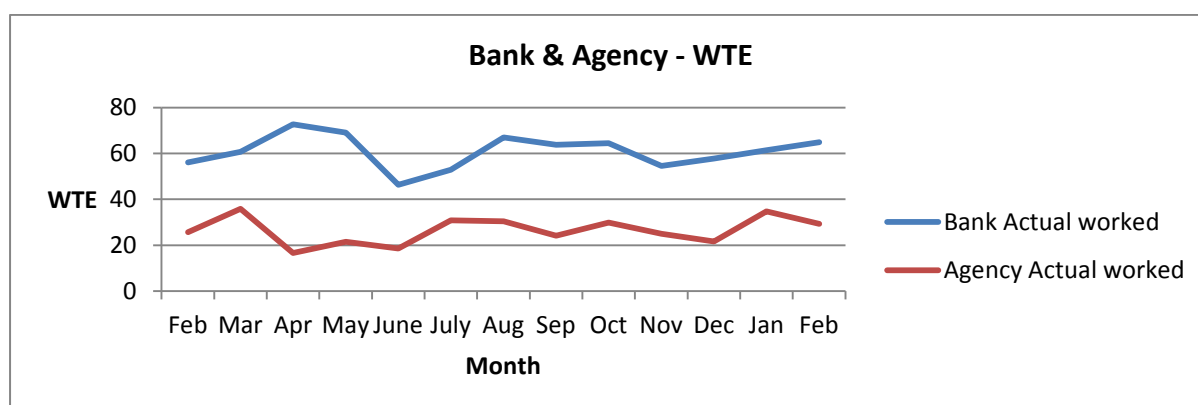


Table 3: WTE Analysis

	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Bank Actual worked	60.74	72.68	69.09	46.28	52.86	66.99	63.72	64.51	54.59	57.71	61.35	64.91
Actual worked excluding Bank	1260.30	1244.73	1255.17	1237.35	1257.55	1249.38	1233.55	1226.74	1227.37	1230.73	1228.82	1239.22
Actual worked including Bank	1321.04	1317.41	1324.26	1283.63	1310.41	1316.37	1297.27	1291.25	1281.96	1288.44	1290.17	1304.13
Agency	35.87	16.64	21.51	18.56	30.79	30.35	24.12	29.85	24.93	21.58	34.74	29.25
Total Actual worked inc Bank & Agency	1356.91	1334.05	1345.77	1302.19	1341.20	1346.72	1321.39	1321.10	1306.89	1310.02	1324.91	1333.38
Budget	1410.90	1384.91	1390.09	1367.02	1363.04	1375.82	1383.61	1337.46	1333.66	1335.72	1325.06	1324.08

Bank usage has increased since November 2014 due to usage on Ward 4 for the Shared Care service with UHNM.

1.4 Forecast Year End Performance

Following the finalisation of the month 11 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 £0.3m. This is a result of an over performance against budgeted Out of Area Treatments (OATs) and Non Contract Activity (NCA). Non-clinical income is forecast to over achieve by circa £0.2m due to an increase in services provided and recharges to other NHS bodies, including property and pay recharges.

At the previous Board meeting it was reported that there was a risk of a non-achievement of CQUIN equating to £0.3m associated with AIMS for rehab. This risk has now been mitigated.

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 11, the Trust is reporting a position of £3.24m CIP delivery against a plan of £3.63m. 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 to February 2015.

2.2 Cash

As at 28 February 2015, the Trust's cash position was £8.0m which represents an increase during the month of £0.1m. A monthly cash flow forecast is shown in Appendix A page 3.

2.3 Debtors

Trade & Other Receivables balances have increased during the month by £1.3m. The majority of this increase relates to NHS debtors.

Within the overall value, £2.8m 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 an increase in the month of creditors totalling £1m. This is predominately due to the increase in provisions of £0.6m associated with probable dilapidation costs and a potential asbestos claim.

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 28 February 2015 is £0.124m which represents an under spend against the profiled gross capital expenditure (excluding envisage proceeds from sales) shown in the Plan submitted to the NTDA.

The forecast net capital expenditure for the year has been revised to a negative net expenditure of £0.055m (£0.745m expenditure less £0.8m capital receipts). This represents an under shoot of £1.555m against the CRL for the year, which is allowed. This under shoot will continue to be reported to the NTDA as part of their month 11 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 11 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	-1,027.6
Non-pay	-54.3
Total expenditure	-1,081.9
Net Position Surplus / (Deficit)	204.5

6. Recommendations

The Board is asked to:

- *note that financial performance to date is largely on plan, with a small favourable variance of £0.01m reported*
- *note the cash position of the Trust as at 28th February 2015 of £7.960m*
- *note the gross capital expenditure position as at 28th February 2015 is an under spend against plan and there is a forecast undershoot of £1.555m against the CRL for the year of £1.5m*
- *note the year to date Continuity of Service Risk Rating of 3 and also the forecast rating of 3, both in line with Plan.*

Appendix A – Page: 1

Statement of Comprehensive Income including Forecast Outturn – Trust Wide

	Full Year	< < < Current Month > > >			< < < Year to Date > > >			< < < Forecast Outturn > > >		
	Budget	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Income:										
Revenue from Patient Care Activities	66,358	5,876	5,854	22	59,813	59,382	431	66,793	66,484	309
Other Operating Revenue	9,292	804	723	81	8,051	7,869	182	9,491	9,292	199
	75,650	6,680	6,577	103	67,864	67,252	612	76,284	75,776	508
Expenses:										
<i>Pay</i>										
Medical	-6,772	-477	-603	126	-5,547	-6,207	660	-6,084	-6,751	667
Nursing	-25,752	-2,066	-2,191	124	-23,249	-23,685	435	-25,381	-25,850	469
Other clinical	-13,413	-1,066	-1,208	142	-11,184	-12,232	1,049	-12,322	-13,432	1,110
Non-clinical	-9,099	-694	-760	66	-7,673	-8,308	635	-8,372	-9,099	727
Non-NHS	-470	-149	-102	-47	-1,565	-442	-1,122	-1,729	-505	-1,224
Cost Improvement	22	0	1	-1	0	21	-21	0	22	-22
	-55,483	-4,452	-4,862	410	-49,218	-50,854	1,636	-53,887	-55,615	1,727
<i>Non Pay</i>										
Drugs & clinical supplies	-1,903	-180	-166	-13	-1,757	-1,737	-20	-1,939	-1,903	-36
Establishment costs	-1,976	-105	-169	64	-1,282	-1,803	521	-1,425	-1,976	551
Premises costs	-2,333	-376	-182	-194	-2,733	-2,152	-581	-3,050	-2,332	-717
Private Finance Initiative	-3,823	-320	-319	-2	-3,542	-3,504	-38	-3,866	-3,823	-43
Other (including unallocated CIP)	-5,443	-863	-498	-366	-6,478	-4,353	-2,125	-7,660	-5,438	-2,222
Central Funds	-1,366	0	0	0	0	0	0	-1,139	-1,366	227
	-16,844	-1,844	-1,333	-511	-15,791	-13,548	-2,243	-19,079	-16,837	-2,241
EBITDA *	3,323	384	382	2	2,855	2,849	6	3,318	3,324	-6
Depreciation (excludes IFRIC 12 impact and donated income)	-884	-75	-75	0	-814	-814	-1	-884	-884	0
Investment Revenue	11	2	1	1	15	10	5	17	11	6
Other Gains & (Losses)	231	69	69	0	231	231	0	231	231	0
Local Government Pension Scheme	0	0	0	0	0	0	0	0	0	0
Finance Costs	-1,400	-117	-117	0	-1,283	-1,283	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	-501	-501	0	-547	-547	0
Adjusted Financial Performance - Surplus / (Deficit) for the Financial Year **	734	217	215	2	502	492	10	734	734	0
IFRIC 12 Expenditure ***	-466	-38	-38	0	-424	-424	0	-466	-466	0
Retained Surplus / (Deficit) for the Year	268	179	177	2	78	68	10	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.

Appendix A – Page: 2

Statement of Financial Position – including forecast

Detail	Period End Date				FOT 31/03/2015 £000
	31/03/2014 £000	31/12/2014 £000	31/01/2015	28/02/2015	
NON-CURRENT ASSETS:					
Property, Plant and Equipment	33,834	32,971	32,862	32,137	30,397
Intangible Assets	109	66	66	66	66
Trade and Other Receivables	52	52	52	52	52
TOTAL NON-CURRENT ASSETS	33,995	33,089	32,980	32,255	30,515
CURRENT ASSETS:					
Inventories	98	97	96	104	84
Trade and Other Receivables	3,525	5,118	4,369	5,659	3,627
Cash and cash equivalents	5,445	6,772	7,825	7,960	6,161
SUB TOTAL CURRENT ASSETS	9,068	11,988	12,290	13,723	9,872
Non-current assets held for sale	1,148	683	488	270	2,520
TOTAL ASSETS	44,211	45,760	45,759	46,248	42,907
CURRENT LIABILITIES:					
NHS Trade Payables	-929	-798	-678	-449	-754
Non-NHS Trade Payables	-4,880	-8,148	-8,181	-8,782	-5,962
Borrowings	-360	-360	-360	-360	-351
Provisions for Liabilities and Charges	-2,502	-1,442	-1,402	-1,995	-1,008
TOTAL CURRENT LIABILITIES	-8,671	-10,749	-10,621	-11,586	-8,075
NET CURRENT ASSETS/(LIABILITIES)	1,545	1,922	2,157	2,407	4,317
TOTAL ASSETS LESS CURRENT LIABILITIES	35,540	35,011	35,138	34,662	34,832
NON-CURRENT LIABILITIES					
Borrowings	-13,343	-13,073	-13,043	-13,013	-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	-13,473	-13,443	-13,413	-13,393
TOTAL ASSETS EMPLOYED	21,796	21,538	21,695	21,249	21,439
FINANCED BY TAXPAYERS EQUITY:					
Public Dividend Capital	7,998	7,998	7,998	7,998	7,998
Retained Earnings	150	-108	49	228	616
Revaluation Reserve	13,596	13,596	13,596	12,971	12,773
Other reserves	52	52	52	52	52
TOTAL TAXPAYERS EQUITY	21,796	21,538	21,695	21,249	21,439

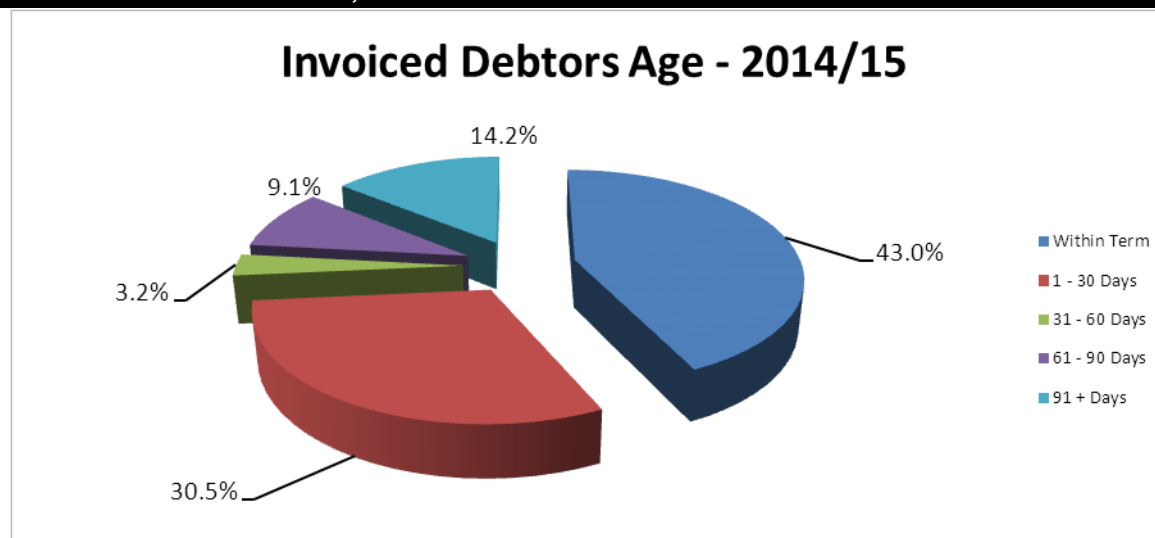
Appendix A – Page: 3

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	Actual 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	271	352	1,968
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	266	96	1,371
(Increase) / Decrease in Inventories	13	-7	0	11	-7	-7	3	-4	-1	1	-8	20	14
(Increase) / Decrease in Trade and Other Receivables	-754	239	-370	-632	-41	-3,955	4,560	-310	-331	749	-1,290	2,237	102
Increase / (Decrease) in Trade and Other Payables	599	778	-555	924	243	4,627	-4,757	428	820	-131	327	-2,486	817
Provisions (Utilised) / Arising	-23	-13	-66	-35	11	-60	-683	-109	-82	-40	593	-991	-1,498
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	-378	-1,220	-565
Net Cash Inflow / (Outflow) from Operating Activities	-221	967	-861	220	241	457	-531	272	613	885	-112	-1,124	806
Cash Flows from Investing Activities													
Interest Received	1	2	1	1	1	2	1	1	2	1	2	2	17
(Payments) for Property, Plant and Equipment	-11	0	-5	0	-1	0	-5	-6	-59	-25	-12	-648	-772
Proceeds of disposal of assets held for sale (PPE)	0	0	0	310	0	0	0	0	205	222	287	0	1,024
Net Cash Inflow / (Outflow) from Investing Activities	-10	2	-4	311	0	2	-4	-5	148	198	277	-646	269
NET CASH INFLOW / (OUTFLOW) BEFORE FINANCING	-231	969	-865	531	241	459	-535	267	761	1,083	165	-1,770	1,075
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	135	-1,799	716
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	7,960	6,161	

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	845	391	43	260	239	1,778
Local Authorities	194	285	26	0	0	505
Other Debtors	202	203	24	2	170	601
Total	1,241	879	93	262	409	2,884



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	1,241	879	93	262	39	2,514
Routine credit control processes activated	0	0	0	0	240	240
Resolved - Awaiting Credit Note to be issued	0	0	0	0	0	0
Escalated to Management / Solicitors	0	0	0	0	130	130
Total	1,241	879	93	262	409	2,884

Appendix A – Page: 5

Capital Programme and Expenditure

Site	Detail	2014/15 Original Scheme Value £000	Year to Date £000	Forecast Outturn £000
<u>Schemes Committed</u>				
<u>Developments</u>				
Ward 4 Upgrade		750	8	50
Acquired Brain Injury		150	1	10
Ward Upgrade		400	12	50
AT & T and Telford Unit		250	5	5
Tackling Green Issues		100	0	10
Victoria Surgery & other minor schemes		190	41	50
Total for Service Redesign schemes		1,840	67	175
<u>Maintenance of Infrastructure</u>				
Other	Other	200	19	20
Total for Maintenance of Infrastructure schemes		200	19	20
<u>Other Schemes</u>				
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	15	40
Parking		0	2	10
Harplands feasibility scheme		0	0	15
Electronic Patient Status Display		0	0	80
Total for Other Schemes		500	38	500
<u>Not Yet Committed</u>				
Harplands	Lifecycle	100	0	50
Total Expenditure		2,640	124	745
<u>Disposals</u>				
Sale of former Learning Disability properties		-1,140	-878	-800
Net Expenditure		1,500	-754	-55
Capital Allocations				£000
Initial CRL (per NTDA Plan submission)				1,500
<u>Revisions to Plan:</u>				
None				-
Final CRL				1,500
Value of Schemes Outturn as at 28/02/15				-55
Potential (Over) / Undershoot against CRL				1,555

Appendix A – Page: 6

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	71	2,033	1,962	-90	1,713	1,803
Annual Operating Expenses	63,803	65,011	1,208	69,514	72,967	3,453
Liquidity Ratio Days	0.37	10.32	9.95	-0.47	8.45	8.92
Liquidity Ratio Metric	4	4	0	3	4	1
Capital Servicing Capacity (times)						
Revenue Available for Debt Service	3,232	2,868	-364	3,715	3,334	-381
Annual Debt Service	2,196	2,114	-82	2,389	2,305	-84
Capital Servicing Capacity (times)	1.5	1.4	-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

Enclosure 10

REPORT TO TRUST BOARD

Date of Meeting:	26 March 2015
Title of Report:	Finance and Performance Committee Report – Committee meeting – 19 March 2015
Presented by:	Tony Gadsby – Committee Chairman/Non-Executive Director
Author of Report: Name: Date: Email:	Steve Blaise 20 March 2015 Steve.blaise@northstaffs.nhs.uk
Purpose / Intent of Report:	<ul style="list-style-type: none"> • For Decision • Performance Monitoring • For information
Executive Summary:	The attached report provides a summary of the Committee meeting held on 19 March 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?	<ul style="list-style-type: none"> • Customer Focus strategy • IM and T Strategy • Governance Strategy • Workforce Strategy • Financial Strategy <p>Helps ensure appropriate resources are directed to and protected for appropriate patient care services.</p>
Relationship with Annual Objectives:	Supports achievement of financial targets, the monitoring of CQUIN requirements and the delivery of efficiency programmes.
Risk / Legal Implications:	
Resource Implications:	
Equality and Diversity Implications:	None
Relationship with Assurance Framework [Risk, Control and Assurance]	Provides assurance over the Trust's arrangements for sound financial stewardship and risk management.
Recommendations:	<p>The Trust Board are asked to ;</p> <ul style="list-style-type: none"> • Note the contents of the report and take assurance from the review and challenge evidenced in the Committee

Assurance Report to the Trust Board – Thursday, 26 March 2015

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

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

The meeting was quorate, approved the minutes from the meeting on the 19 February 2015 and reviewed the progress and actions taken from previous meetings.

The Committee received the financial update for month 11 (February 2015) 2014/15.

The income and expenditure position to Month 11 was slightly ahead of plan at a surplus of £0.078m against a plan surplus of £0.068m, a favourable variance of £0.01m. The paper also reported that the year-end forecast of £0.268m equating to a £0.734m surplus at adjusted financial performance level is in line with budget.

The Trust's cash balance at the end of February was £7.96m, 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 £1.555m in 2014/15. The Trust continues to monitor its year end capital spend forecast.

The Trusts Continuity of Service Risk Rating at month 11 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 surplus at 28 February results in the Capital Servicing Capacity remaining at level 2. The year end forecast overall rating of level 3.

The Committee received the Month 11 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 £3.2m delivery against the plan of £3.6m although it was noted that a significant element of that year to date delivery was on non-recurring schemes.

Other Reports and Updates

The Committee received additional reports and verbal updates as follows:

- **Contract Negotiations.** The Committee received an update from the Director of Finance on the 2015/16 offer received from the local health economy CCG's and the issues arising as a consequence of that offer.

In addition the Committee received an update regarding the Section 75 Contract with Staffordshire County Council. The Council is now seeking to agree a three year contract for this agreement at a rolled over financial value. **The Committee recommends this contract offer to the Trust Board for acceptance and subsequent affixation of the Trust Seal at its meeting on 26th March 2015.**

- **Annual Objectives Review.** The Committee received a report providing a projected year-end statement against each of the Trusts 2014/15 Annual Objectives. It was noted that each of the 6 objectives are on track to be achieved in the year.
- **Performance Management Framework.** This report provided the Month 11 (February) 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.
- **Quarter 3 Workforce Report.** This report provided the Committee with an update regarding the 2014/15 CIP, growth, and disinvestment workforce schemes and the progress against plan.
- 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, in particular the current issues regarding the Estates Shared Service SLA.
- **Budget Setting 2015/16.** This report provided the Committee with the Trusts proposed opening revenue budgets for 2015/16. Additionally the paper reported the progress on the 2015/16 capital programme development. **The Committee approved the opening revenue budgets and noted the capital programme progress.**
- **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, made amendments where appropriate and noted those risks to be carried forward to the first quarter of 2015/16.
- **Bucknall Hospital.** A paper was received updating the Committee on the progress made in respect of the proposed sale of Bucknall Hospital. This paper will be debated further during the closed session of the Board at its meeting on 26 March 2015.

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

The Board is also asked to approval the Section 75 contract with Staffordshire County Council and apply the official seal to the contract at the meeting on 26th March 2015.

Tony Gadsby – Chair of Finance and Performance Committee

19 March 2015

REPORT TO TRUST BOARD

Date of Meeting:	26 th March 2015
Title of Report:	Performance Report – Month 11 2014/15
Presented by:	Ann Harrison, Interim Director of Finance
Author of Report: Name:	Kevin Daley, Performance Development Manager
Date:	20 th March 2015
Email:	Kevin.Daley@northstaffs.nhs.uk
Purpose / Intent of Report:	Performance Monitoring
Executive Summary:	<p>This report provides the Board with a summary of performance to the end of Month 11 (February 2015)</p> <p>Performance against the Monitor compliance framework and key National Targets is included within the report, all indicators are on target.</p> <p>A range of 96 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.</p> <p>At month 11 of the 96 metrics 60 metrics were rated as Green, 3 rated as Amber, 5 rated as Red and 28 Unrated due to the absence of targets which are monitored to identify and respond to trends.</p> <p>The attached summary by exception expands on the areas that are underperforming and Executive leads will provide a verbal update at the meeting, where appropriate.</p>
Which Strategy Priority does this relate to:	Governance Strategy
How does this impact on patients or the public?	The Performance & Quality management Framework measures performance across National and local indicators, presented against the Trust's enabling strategies, commissioning contract and Monitor's compliance framework.
Relationship with Annual Objectives:	The Performance & Quality Management Framework measures performance across all annual objectives
Risk / Legal Implications:	All areas of underperformance are separately risk assessed and added to the risk register dependent on the outcome of the risk assessments.
Resource Implications:	Not directly as a result of this report
Equality and Diversity Implications:	Not directly as a result of this report
Relationship with Assurance Framework	The Performance & Quality Management Framework is a key control within the Assurance Framework
Recommendations:	<p>The Board is asked to</p> <ul style="list-style-type: none"> consider and discuss reported performance with particular

	<p>emphasis on areas of underperformance</p> <ul style="list-style-type: none">• note the considerable number of metrics reported on target (green)• to confirm sufficient detail and assurance is provided
--	--

PERFORMANCE MANAGEMENT REPORT TO TRUST BOARD

Date of meeting:	26 th March 2015
Report title:	Performance & Quality Management Framework Performance Report – Month 11 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 11 there are 96 metrics with 5 rated as Red, 3 rated as Amber, 60 metrics rated as Green and 28 Unrated due to the absence of targets which are monitored to identify and respond to trends. It should be noted that month 11 is a shorter than normal month which can impact on our ability to achieve activity targets.

Month 11			
Red	Amber	Green	Unrated
5	3	60	28

3 Exception Reports

Metric	Exec/Op Lead	Target	M11 Perf	YTD Perf	Forecast Outturn	Trend	Commentary
<u>IAPT:</u>							
- Min data set	Dir of Ops Op Lead S Woodall	90%	RED 83% (@M8)	RED 83% (@M8)	RED	↘	NB/ Latest available data from HSCIC for this metric is 83% @ M8, down from 84% @ M7 The Trust is above the national average (72%) however and is in the top cohort of Trusts in terms of data completeness, rated 'Green' using HSCIC data validity measures.
- No. entering psychological therapies		385 M11 (3,876 YTD)	RED 313	RED 3,007	RED	↘	313 @ M11, down from 349 @ M10 NB/ Although this number has dropped in M11 it is still considerably higher than the internal forecast target of 270. Action plan in place including the following: <ul style="list-style-type: none"> • Service performance reports implemented • DNA procedure streamlined • Admin booking treatment appointments to free therapists capacity • Healthy living workshops to increase access to therapy
- Proportion receiving psychological therapies		1.4% M11 (13.6% YTD)	RED 1.1%	RED 10.6%	RED	↘	1.1% @ M11, down from 1.2% @ M10 Action plan as above
- No. moving to recovery		50%	RED 41%	RED 41%	RED	↘	From 43% @ M10 Action Plan in place, including the following: <ul style="list-style-type: none"> • Increased educational workshops • Service performance reports monitoring recovery • DNA / Cancellation procedure streamlined • Healthy living workshops to increase access to therapy

Metric	Exec/Op Lead	Target	M11 Perf	YTD Perf	Forecast Outturn	Trend	Commentary
IAPT: - % of people referred treated within 6 weeks - % of people referred treated within 18 weeks		75% 95%	RED 40.5%	RED 51.8%	RED	 	NB/ Not formally monitored until 2015/16; metrics are live from 2016/17. From 37.9% @ M10 From 89.6% @ M10
CQUIN: Physical Health (National)	Medical Director Op Lead L Wrench	-	AMBER	AMBER	AMBER		Part A - Cardiometabolic risk factors. Due to the high % targets set for this CQUIN, there is some concern around full achievement at Q4 – total value is £42,250. (Potential risk based on internal figures is around £10,500 but this has not yet been confirmed by commissioners.) 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 – total value is £22,750. (Potential risk based on internal figures is around £6,500 but this has not yet been confirmed by commissioners.)
TRAINING: % staff compliant with mandatory training	WF Dir Op Lead B Dawson	95%	AMBER 87%	AMBER 87%	AMBER		87% @ M11 no change from M10 Month 11 breakdown: Corporate Services = 87% AMH Community = 91% AMH In Patient = 81% Substance Misuse = 89% CAMHS = 87% Learning Disabilities = 87% NOAP = 84%

Metric	Exec/Op Lead	Target	M11 Perf	YTD Perf	Forecast Outturn	Trend	Commentary
RAID: - % A&E referrals assessed within 1 hour - % Referrals in FEAU, other emergency portals and urgent ward referrals assessed within 4 Hours - % Other referrals assessed the same day or within 24 hours	Dir of Ops Op Lead D Waite	100%	RED 66%	RED 66%	RED	↘	From 75% @ M10 New Clinical Director is currently reviewing the data / performance for this service.
		100%	RED 88%	RED 88%	RED	↘	From 100% @ M10 New Clinical Director is currently reviewing the data / performance for this service.
		100%	RED 83%	RED 83%	RED	↗	From 78% @ M10 New Clinical Director is currently reviewing the data / performance for this service.
MH Tribunal process: - % compliant returns within 3 weeks	Medical Director Op Lead S Dawson	100%	RED 50%	RED 19%	RED	↘	(6 of 12) = 50% @ M10 from (4 of 4) =100% @ M9 NB/ This data is only available a month in arrears and due to the very low numbers involved the percentage fluctuations are significantly magnified. Operational Lead has an action plan in place to address the gap.

Metric	Exec/Op Lead	Target	M11 Perf	YTD Perf	Forecast Outturn	Trend	Commentary
Early Intervention: More than 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks.	Dir of Ops Op Lead S Wilson	50%	RED 28%	RED 28%	RED	↘	NB/ Not formally monitored until 2015/16; metric is live from 2016/17. From 30% @ M10 These figures relate to current working practice, where allocations onto caseload are through the weekly team meeting – the Operational Lead is reviewing processes and an action plan is in place to close the gap.
CQC Compliance - % compliance with the CQC essential standards	Dir of Nursing Op Lead C Holmes	100%	AMBER 94%	AMBER 94%	AMBER	↔	No change from M10 Trust is currently compliant with 15 of the 16 CQC standards Not currently compliant with Outcome 13 – Staffing. Action plan in place.

4 Risk Ratings

The TDA measures Trust performance in five categories:

At month 11 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 March 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 13 March 2015 glen.sargeant@northstaffs.nhs.uk
Purpose / Intent of Report:	Information and approval
Executive Summary:	<p>This paper confirms that the monthly NTDA self-certification documents have been reviewed by the executive team and are ready to be submitted, with one change from last month's position of compliance to report.</p> <p>Declarations include:</p> <ul style="list-style-type: none"> • 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 <p>In all there are 26 self-certification declarations and these form part of the NTDA Oversight and Escalation Process.</p> <p>Based on February 2015 data, the Trust is declaring compliance with all but one of these conditions – “Ensuring ongoing compliance with the Care Quality Commission’s registration requirements”. This reflects the fact that the Trust is currently non-compliant with one of the 16 Outcomes (Outcome 13 – Staffing) for 2 teams at its ‘Trust Headquarters’ registered location, following a recent inspection by the CQC.</p> <p>An action plan to address this has been developed and submitted to the CQC and is being actively</p>

	implemented by the Trust. Full compliance is anticipated to be achieved in May 2015 as a result of these actions.
Which Strategy Priority does this relate to:	Clinical, Finance and Governance.
How does this impact on patients or the public?	There is no direct impact on patients or the public.
Relationship with Annual Objectives:	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:	<p>The Board is asked to :</p> <ul style="list-style-type: none"> • Approve the submission for February 2015 data declaring compliance with all requirements apart from one, as detailed above. This is to be sent to the NTDA on or before the last working day of March 2015.

REPORT TO TRUST BOARD

Date of Meeting:	26 March 2015
Title of Report:	Opening Budgets 2015-16
Presented by:	Ann Harrison, Interim Director of Finance
Author of Report: Name: Date: Email:	Andy Turnock 19/03/15 Andrew.Turnock@northstaffs.nhs.uk
Purpose / Intent of Report:	<ul style="list-style-type: none"> For Information
Executive Summary:	The purpose of this report is to provide the Board with the Trusts opening revenue budgets as well as a progress report on the capital programme for 2015-16.
Which Strategy Priority does this relate to: How does this impact on patients or the public?	<ul style="list-style-type: none"> Financial Strategy <p>Not directly as a result of this report</p>
Relationship with Annual Objectives:	Financial Strategy & Reporting
Risk / Legal Implications:	Not directly as a result of this report
Resource Implications:	Not directly as a result of this report
Equality and Diversity Implications:	Not directly as a result of this report
Relationship with Assurance Framework [Risk, Control and Assurance]	Information to inform financial strategy
Recommendations:	<p>The Board is asked to:</p> <ul style="list-style-type: none"> Approve the opening revenue budget and note the progress report on the capital programme for 2015-16.

Opening Budgets 2015-16

1. Introduction

This paper summarises the draft opening budget for the 2015-16 financial year, including details on the basis of preparation to supplement the briefing note previously submitted to the Finance & Performance Committee.

2. Summary Position – Revenue

2.1 Income & Expenditure

Table 1 below summarises the opening budgets (both recurring and non-recurring) for 2015-16 which indicates a breakeven position and an EBITDA of £3.3m. This is consistent with the financial plan submitted to the NTDA in January 2015.

Table 1: 2015-16 Opening Revenue Budget

Detail	£m
Clinical Income	67,976
Other Income	6,763
Total Income	74,739
Pay	-54,595
Non-pay	-16,841
EBITDA	3,303
Depreciation / Financing	-2,780
Adjusted Financial Performance	523
IFRIC12 Expenditure	-523
Retained Surplus	0

2.2 Income

An analysis of clinical income is shown in table 2 below. The key elements included in the specified values are as follows:

- Tariff inflation added at 2.3%
- Tariff CIP reduction of 3.5%
- CQUIN remaining at 2.5% of baseline contract values

These percentages are in line with the Trusts decision to opt for the Enhanced Tariff Option (ETO) rather than the Default Tariff Rollover (DTR) following the veto of the original tariff previously issued by NHS England.

Table 2: Clinical Income Analysis

Commissioner	Recurring (£m)	Non-recurring (£m)	Total (£m)
Stoke CCG	32.047	0.257	32.304
North Staffs CCG	22.521	0.040	22.561
Specialised Services	2.618	0.000	2.618
Staffordshire CCG's	0.588	0.235	0.823
Other CCG's	0.163	0.000	0.163
Section 75 - City	3.566	0.255	3.821
Section 75 - County	1.112	0.000	1.112
ADS / One Recovery	2.949	0.000	2.949
Public Health	1.300	0.000	1.300
Out of Area Treatments / NCA's	0.225	0.100	0.325
Total Clinical Income	67.088	0.888	67.976

The above represents the current contract negotiations with our commissioners¹. Developments which have been assumed are shown below, however, these have yet to be formally agreed. It should be noted that the expenditure budgets associated with these developments have been held centrally and will be released only when the income has been secured.

- Access 24/7 re winter funding
- Extension of RAID to cover community hospitals
- RAID 24/7 cover
- Additional CAMHS capacity
- IAPT new national minimum waiting time / target activity
- Safer staffing
- Mental Health assessments

Non clinical income budgets have been set based on identified Service Level Agreements (SLA's) and relevant Education, Training and Research agreements. Income budgets for SLA's delivered to NHS organisations have been reduced in line with the ETO (-1.2% deflator). Income streams outside of these two material areas have predominately been rolled forward at 2014-15 levels.

2.3 Expenditure

Expenditure budgets have been set using the following summary process communicated to the Finance & Performance Committee;

- Detailed calculation of pay budgets based on agreed establishment
- Cost of living pay rise as per latest pay circular issued on 13 March 2015

¹ Deadline for agreeing contracts for 2015-16 is 31 March 2015.

- Uplift of PFI agreement by RPI (1.1%) as per the terms of the contract – no other material non-pay related inflation has been included within the base budgets.
- Relevant additions and/or reductions relating to the Depreciation and Financing budgets in line with the recent Plan submission.

2.4 Cost Improvement

As previously identified, the Cost Improvement Programme (CIP) assumed within the plan and therefore reflected in base budgets is £2.6m. This has been transacted against the budgets of clinical and non-clinical areas based on recurring budgets.

Work remains ongoing to determine specific budgets to which the CIP allocation is transacted against in line with the schemes identified to date for 2015-16. This is a priority for the first quarter of the new financial year.

It is imperative that CIP's are delivered in full to ensure the achievement of the financial targets.

2.5 Central Budgets

Opening budgets held centrally are shown on the summary budget at Appendix 1, the majority of which will be allocated to divisions/ directorates once the detailed budgets are determined. These comprise of the following material budgets:

- £2.1m recurringly of developments assumed but yet to be agreed with local commissioners
- £0.48m associated with increases to clinical income contracts due to performance levels in 2014-15 but yet to be agreed
- £0.26m non-recurringly of potential S75 income re DOLs Best Interest Assessors (£0.26m)
- £1.48m earmarked for specific expenditure items including Learning disability nursing, Cleanliness in Hospitals, Family & Friends, etc.
- £0.36m for the required Contingency budget stipulated in the planning process
- £1m earmarked for historic cost pressures that will be devolved to operational areas following the approval by the Executive team
- £0.1m non-recurring Out of Area treatments target.

2.6 In Year Changes

It should be noted that the above budgets are the base position proposed for 2015-16. These will be subject to change as a result of the finalisation of contract negotiations and also any in year variations that may arise from service developments or other agreed changes.

3. Capital Expenditure Plan

The Capital Investment Group continues to develop the capital programme for 2015-16. Table 3 below represents the programme submitted in the Plan to the NTDA in January 2015.

Table 3: Indicative Capital Programme 2015-16

Scheme Description	Estimated Scheme Cost £000's
Other (IT, Lifecycle, Equipment, Statutory)	650
Dragon Square - Upgrade	250
<u>Capital Developments</u>	
PICU Development	400
Locked Rehab	750
Ward 4 - either or: EMI Shared Care	750
Assessment & Treatment/Telford Unit - Purchase	605
Assessment & Treatment/Telford Unit - Upgrade	250
Environmental Improvements - Harplands	500
Total Programme Expenditure	4,155
<u>Disposals</u>	
Bucknall Hospital - staged disposal	-500
Learning Disability properties	-270
Total Potential Programme	3,385
Funded By	£000's
Depreciation	-1,350
Disposals	-770
Prior year underspends	-2,035
Total Funding	-4,155

Note: The Capital Resource Limit (CRL) will be £3.385m.

4. Conclusion & Recommendations

The attached summary table (Appendix 1) shows the recurring and non-recurring opening budgets for 2015-16, resulting in a breakeven position. This is consistent with the current iteration of the financial plan, submitted to the NTDA during January 2015. It also reflects the updated inflator and deflator percentages contained within the ETO, as well as changes associated with contract negotiations with commissioners.

The Board is asked to:

- ***Approve the opening revenue budget and note the progress on the capital programme for 2015-16.***

Summary Budget Position 2015-16

Detail	Recurring Budget £'000	Recurring Developments £'000	Revised Recurring Budget £'000	Non-recurring Budget £'000	Non-recurring Developments £'000	Non-recurring Budget £'000	Total Budget £'000
Clinical Income	65,150,804	1,937,000	67,087,804	478,090	409,624	887,714	67,975,518
Directorate Budgets							
Adult Mental Health - Inpatient	-6,941,299	0	-6,941,299	-8,446	0	-8,446	-6,949,745
Adult Mental Health - Community	-15,075,979	0	-15,075,979	-55,336	0	-55,336	-15,131,315
Substance Misuse	-3,763,002	0	-3,763,002	53,864	-154,304	-100,440	-3,863,442
Childrens Services	-4,604,219	0	-4,604,219	-77,930	0	-77,930	-4,682,149
Learning Disabilities	-4,362,681	0	-4,362,681	-83,844	0	-83,844	-4,446,525
NOAP	-8,414,423	0	-8,414,423	-107,902	0	-107,902	-8,522,325
Corporate	-15,232,600	0	-15,232,600	-13,780	0	-13,780	-15,246,380
Centrally Held Budgets	-3,453,601	-1,937,000	-5,390,601	-184,716	-255,320	-440,036	-5,830,637
EBITDA	3,303,000	0	3,303,000	0	0	0	3,303,000
Depreciation, Interest and Dividend	-2,780,000		-2,780,000	0	0	0	-2,780,000
Adjusted Financial Performance - Surplus / (Deficit) for the Financial Year	523,000	0	523,000	0	0	0	523,000
IFRIC12 Expenditure	-523,000	0	-523,000	0	0	0	-523,000
TOTAL TRUST BUDGETED POSITION SURPLUS / (DEFICIT)	0	0	0	0	0	0	0

Note: Directorate budgets are net of non-clinical income

REPORT TO: TRUST BOARD

Date of Meeting:	26 th March 2015
Title of Report:	Staff Survey 2014 – Detailed Analysis and Action Proposal
Presented by:	Paul Draycott, Director of Leadership & Workforce
Author of Report: Name: Date: Email:	Lesley Faux & Dawn Thompson March 2015 lesley.faux@northstaffs.nhs.uk / dawn.thompson@northstaffs.nhs.uk
Purpose / Intent of Report:	<ul style="list-style-type: none"> For information
Executive Summary:	<p>This paper outlines the findings from the 2014 Staff Survey in some detail. A briefer report on initial findings went to the Closed Session of Trust Board in February (due to the national embargo on sharing data being in place at the time papers were submitted for that meeting).</p> <p>The survey results contained some positive findings in relation to health and safety training; staff development; and in avoiding harmful situations such as discrimination, harassment, bullying or abuse of staff, and potentially harmful errors, near misses or incidents. However, it is disappointing that our lower ranking findings relate to matters around quality and patient service related measures.</p>
Which Strategy Priority does this relate to:	<ul style="list-style-type: none"> To deliver high quality, person-centred models of care Staff Involvement and Engagement Strategy
How does this impact on patients or the public?	Staff engagement is key to delivering effective services. The staff survey provides an important measure of our progress against this.
Relationship with Annual Objectives:	<ul style="list-style-type: none"> Delivery of high quality evidence based services, with full CQC compliance achieved at year end with mid-year review against baseline, and 10% improvement of patient satisfaction rates. Robust plans delivering quality and sustainable services delivery of balanced financial plan, rolling CIP programme and maintaining a TDA risk rating of 2. Improve culture of staff engagement evidenced by improvements in family and friends score to above average for mental health trusts and improved team survey results for 75% of teams.

Risk / Legal Implications:	The organisation will not function as effectively as possible if staff are not engaged, working effectively in teams, receiving effective appraisals (PDR) and working in a safe environment. The annual Staff Survey provides an opportunity to review these factors.
Resource Implications:	None
Equality and Diversity Implications:	The staff survey contains measures on the provision of E&D training; in relation to the provision of equal opportunities in career progression / promotion, and in relation to the incidence (or otherwise) of discrimination in the Trust as a workplace. The Trust fairs well on the first and third of these measures, but saw its rank position worsening in relation to staff perceptions of equal opportunities in career progression/promotion since the 2013 survey.
Relationship with Assurance Framework [Risk, Control and Assurance]	Engagement of staff through transaction process.
Recommendations:	<p>Members of the Trust Board are asked to:-</p> <ol style="list-style-type: none"> 1. Note the detailed NSCHT results of the 2014 NHS Staff Survey 2. Note and agree the conclusions and recommendations set out in this report. 3. Note that PCD will identify and plan key areas for action across or within the Directorates and at Trust Level arising from the Staff Survey data and these will be presented at April Board

RESULTS OF NHS NATIONAL STAFF SURVEY 2014

1. BACKGROUND

The annual NHS Staff Survey is co-ordinated by NHS England and provides the most reliable source of national and local data on how staff feel about working in the NHS. The principal aim of this survey is to gather information that will help individual NHS organisations to improve the working lives of their staff and so help to provide better care for patients. The annual NHS Staff Survey is a major source of data for a range of long term studies of performance in the NHS, including the work of Aston Business School in relation to effective team working. Evidence from the Staff Survey combined with other data sources, suggests that there is significant correlation between Trusts performing well on a range of key measures in the staff survey and NHS performance as measures by a range of patient and staff outcome measures (Aston 2011 ¹).

The NHS staff survey is key in supporting NHS organisations to assess how they are delivering the staff elements of the NHS Constitution, as well as providing staff with the opportunity to provide their views on working in the NHS and the areas they would like to see improved. This report highlights some of the key findings.

As in previous years, the detailed content of the actual survey questionnaire has been summarised and presented in the form of 'Key Findings' in the individual Trust benchmark Reports (spreadsheet data on individual survey questions is available at: <http://www.nhsstaffsurveys.com/Page/1006/Latest-Results/2014-Results/> together with benchmark reports for all Trusts. These Key Findings are further structured around the four pledges to staff in the NHS Constitution, which was first published in January 2009 and updated post-Francis in 2013. This year there are 29 Key Findings and these are structured around 4 of the seven pledges to staff in the NHS Constitution which was published in March 2013 (<http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution>), plus three additional themes:

- Staff Pledge 1:** To provide all staff with **clear roles and responsibilities** and **rewarding jobs** for teams and individuals that make a difference to patients, their families and carers and communities.
- Staff Pledge 2:** To provide all staff with **personal development**, access to appropriate **education and training** for their jobs, and **line management support** to enable them to fulfil their potential.
- Staff Pledge 3:** To provide support and opportunities for staff to maintain their **health, well-being and safety**.
- Staff Pledge 4:** To **engage staff in decisions that affect them** and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.

Additional theme: **Staff satisfaction**

Additional theme: **Equality and diversity**

Additional theme: **Patient experience measures**

As in previous years there are two types of Key Findings scoring methods:

1. **percentage scores**, i.e. percentage of staff giving a particular response to one, or a series of, survey questions
2. **scale summary scores**, calculated by converting staff responses to particular questions into scores. For these scale summary scores, the minimum score is always 1 and the maximum score is 5.

Please note that the number of Key findings has risen from 28 to 29 this year, and the numbering of some Key Findings has changed since the previous year. In 2014 survey questions Q13 and Q19 were replaced with new questions, because of this the Key Finding on the 'Percentage of staff saying hand washing materials are always available' was changed. Two new Key Findings were introduced based on the new survey questions, these are:-

- '% of staff agreeing that they would feel secure raising concerns about unsafe clinical practice' and
- '% of staff agreeing that feedback from patients/service users is used to make informed decisions in their directorate / department'

These scores now feature as Key Findings 15 and 29 respectively.

Administration of the Survey

The Trust has been required to follow a standard methodology and to fulfil the following minimum requirements:

- A self-completed questionnaire with a random sample of staff
- The questionnaire must contain a set of core questions (set nationally)
- Questionnaires must be distributed to randomly selected staff with at least two reminders sent to non responding staff
- An external organisation must be appointed to act as a survey contractor (the Trust used "Quality Health" for the 3rd consecutive year).

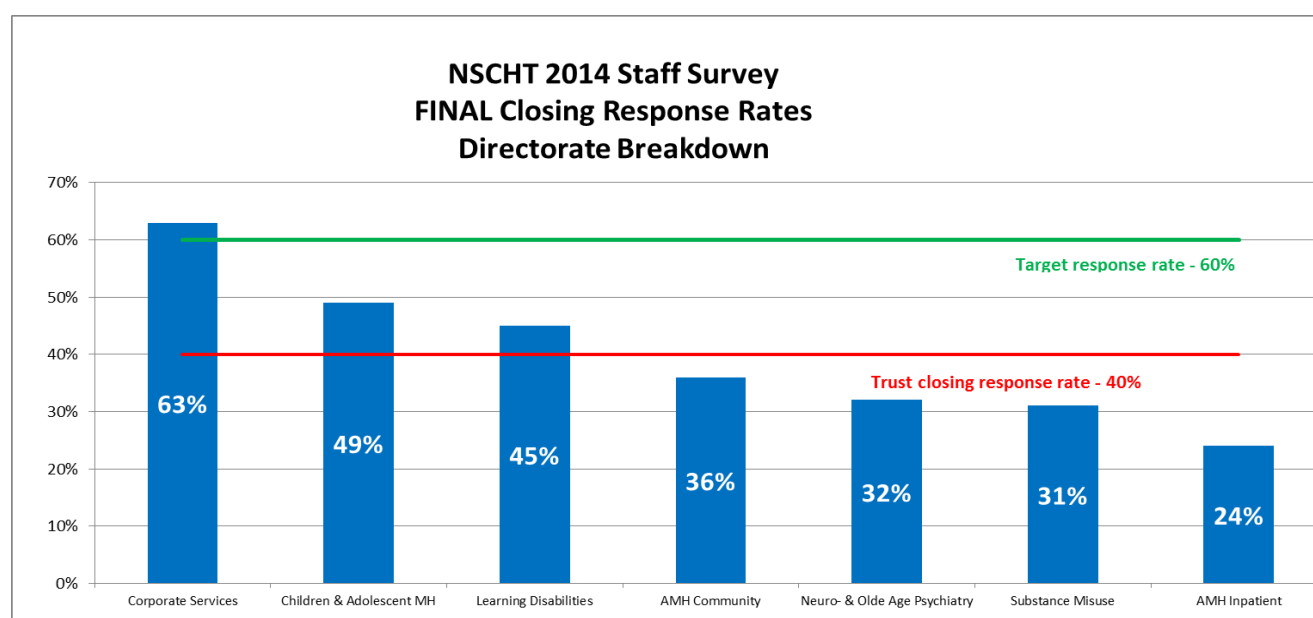
Trusts have a range of options around how they conduct the survey, providing the above minimum requirements are observed.

- The Trust chose not to add any additional questions to the core set of questions.
- As has been our practice in recent years, the Trust again undertook a **census survey**, inviting all staff to take part in the survey rather than only the random sample group.
- The Trust opted for all of our results to be used to inform the data in our benchmarked and nationally published data (rather than data only from those falling into the random sample).
- In 2014 for the first time the Trust was able to take the option of a partially online survey (60% online and 40% paper surveys). All estates and ancillary workers plus all clinical staff in bands 1-4 received a paper survey. All other staff received the survey via an email containing a link to the online survey.

A communication plan was implemented over the survey period, which included the displaying of posters in key staff areas, global e-mails to all Trust staff, regular items in Newsround and Team Brief, and the support of survey champions each supporting the different directorates. Response rates

were regularly checked on-line from October 2014 enabling areas reflecting poorer response rates to be targeted.

At the time of distribution the Trust had 1,280 staff who were eligible to receive the survey. The survey was issued via our Survey Contractor, Quality Health, and 512 completed questionnaires were received, made up of 347 online responses and 159 paper responses. This resulted in a total Trust response rate of **40%**. This is just below the average for MH Trusts in England (42%), and compares with response rates of 56% in the Trust in 2013, 51% in 2012 and 58% in 2011. Each year, the Trust strives for a notional 60% target rate. It is noted that there was a significant reduction in the national response rate to the survey in 2014. There was considerable variation in response rates across Trust services, as illustrated below in Box 1. It is noted that the higher response rate in some services, most notably in Corporate Services, means that the survey results will be inevitably skewed slightly towards the views of corporate staff.



Box 1: Directorate Response Rates 2014 Staff Survey

Staff Survey data is an important source informing performance monitoring nationally across the NHS and, as such, forms a key component of many different assessments. A key objective for the Trust is to see year-on-year improvement across the Trust in its staff survey performance.

This report addresses the Trust's 2014 Staff Survey performance under the following headings:-

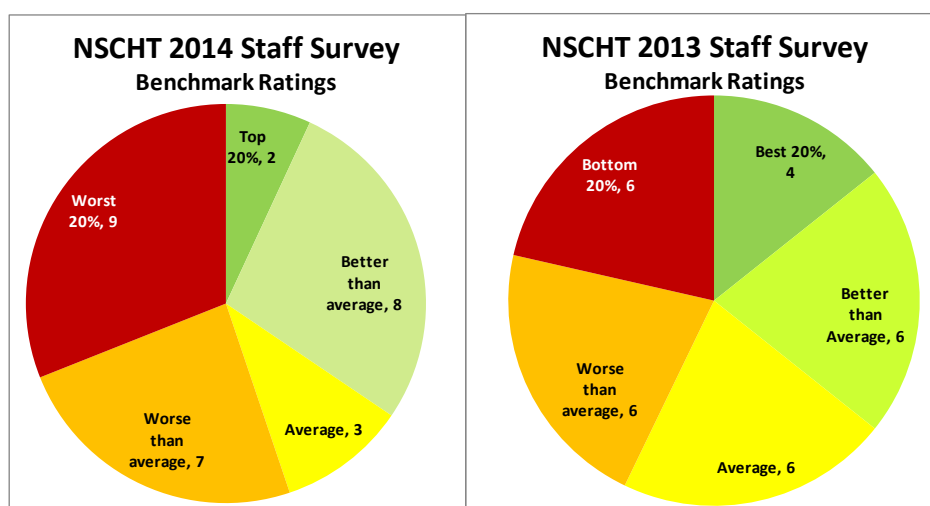
- NSCHT Benchmark Categories 2014
- NSHCT Highest and Lowest Scores
- Largest Local Changes since the 2013 Survey
- NSCHT 2014 Staff Survey Results by Category
- Directorate Staff Survey Results
- Staff Survey Results by other categories

2. NSCHT BENCHMARK CATEGORIES 2014

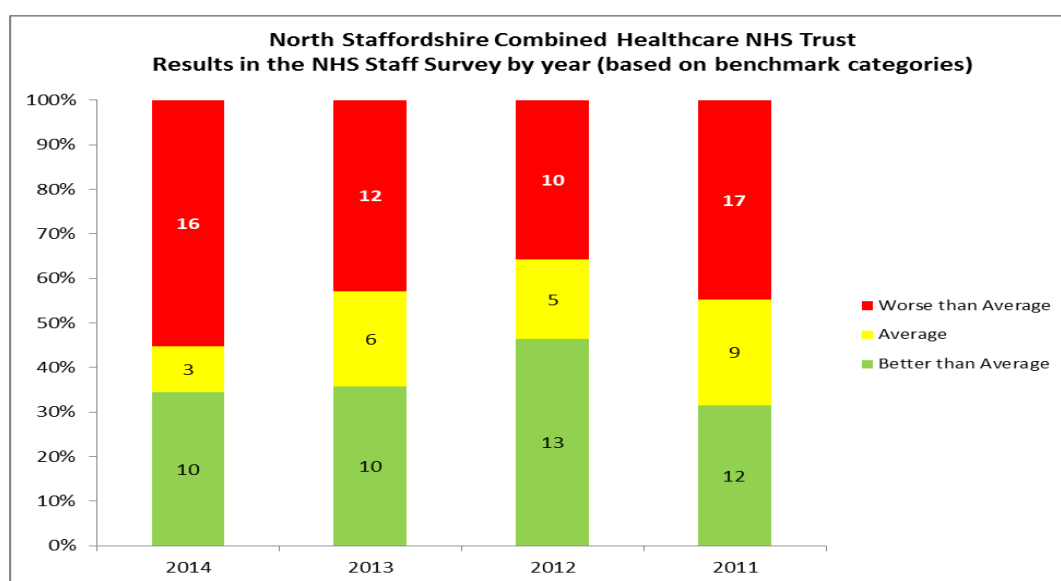
Each year our survey data is rated in comparison to other similar trusts (in our case, other mental health and learning disability trusts). Each Key Finding is rated according to the following ranking categories:-

- Best 20%
- Better than Average
- Average
- Worse than Average
- Worst 20%

The distribution of the different benchmarking categories is illustrated in Box 2 below, compared with the categories from the 2013 survey, and with results since 2011 in Box 3.



Box 2: Benchmark categories for NSCHT Staff Survey 2014 compared with 2013



Box 3: Benchmark categories for NSCHT Staff Survey 2011-4

3. NSCHT HIGHEST AND LOWEST SCORES

The information below highlights the key findings against which the Trust compares most and least favourably with other mental health/learning disability trusts in England.

This year the Trust's top five ranking scores were:

- **✓ KF10.** Percentage of staff receiving health and safety training in last 12 months
- **✓ KF6.** Percentage of staff receiving job-relevant training, learning or development in last 12 months
- **KF28.** Percentage of staff experiencing discrimination at work in last 12 months
- **KF19.** Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
- **KF12.** Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month

The Trust fell into the **Best 20%** of mental health trusts on 2 of these 5 measures (indicated by the '✓') – others 'better than average'..

It is reassuring to know that the Trust has a positive culture of health and safety, a learning culture and a culture where discrimination, harassment, bullying or abuse is rare. Key Factors 6, 28 and 19 as above also featured in the Trust's Top Five results in the 2013 survey. Aston (2011; see Footnote) found that KF6 as above had a particularly strong (negative) correlation with patient mortality.

The Trust's lowest five ranking scores were:

- **! KF1.** Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver
- **! KF22.** Percentage of staff able to contribute towards improvements at work
- **! KF15.** Percentage of staff agreeing that they would feel secure raising concerns about unsafe clinical practice
- **! KF25.** Staff motivation at work
- **! KF2.** Percentage of staff agreeing that their role makes a difference to patients

The Trust fell into the 'Worst 20%' of mental health trusts on these 5 measures (indicated by the '!').

It is disappointing that the Key Findings areas in the Trust's bottom five scores relate to patient service connected matters around staff satisfaction with the quality of work/patient care they are able to deliver, being able to contribute to improvements, feeling safe to raise concerns about unsafe clinical practice and staff making a difference to patients/service users. To have staff motivation as our fourth lowest score is also unsatisfactory given the well-established positive correlation between staff motivation and service delivery outcomes. These areas must be key to our improvement action planning as a Trust.

Footnote:

¹ NHS Staff Survey Scores as Predictors of Trust Outcomes: A Multi-Method Longitudinal Analysis, Aston Business School, Aston University 2011 <https://www.gov.uk/government/publications/nhs-staff-management-and-health-service-quality>

3. LARGEST LOCAL CHANGES SINCE THE 2013 SURVEY

Each year the benchmarked survey report identifies the areas where the Trust has experienced the greatest degree of change – whether positive or negative – since the previous year's survey. This change calculated in comparison to the variation in scores for each question nationally.

It is likely that minor changes in Key Findings scores will be experienced between surveys, simply due to sample differences between the one year's survey and another. Therefore, only changes which reflect a statistically significant change from the previous year are identified by NHS England. These are highlighted in the table setting out the Trust's 2014 survey data at **Appendix One**.

The 2014 survey report identifies that the Trust did not experience any improvement (statistically significant improvement) in any of the key findings measures. It experienced deterioration (statistically significant) in five measures. It is noted that in the 2013 survey the Trust experienced an improvement in two key findings measures and only saw a deterioration in one measure.

Where staff experience at the Trust has deteriorated:

The five Key Findings where staff experiences have deteriorated since the 2013 survey are as below. The Trust fell into the Worst 20% of mental health trusts on these 5 measures (indicated by the '!'):-

- **! KF22.** Percentage of staff able to contribute towards improvements at work
- **! KF7.** Percentage of staff appraised in last 12 months
- **! KF1.** Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver
- **! KF27.** Percentage of staff believing the trust provides equal opportunities for career progression or promotion
- **! KF8.** Percentage of staff having well structured appraisals in last 12 months

NHS England suggest that these areas might be seen as a starting point for local action to improve as an employer.

Being able to contribute towards improvements at work is a key area correlated with strong NHS organisation performance (Aston Business School, 2011 as previous). Aston found that this Key Finding had a very strong negative correlation with patient mortality and a weaker positive correlation with quality of service. That this measure experienced the biggest reduction in 2014 is a concern and is entirely at odds with the philosophies behind the Aston Effective Team Leadership Programme and Listening into Action, programmes that the Trust has invested significantly in during 2014-15. It is likely that the timing of the Staff Survey was too early in the roll-out of these programmes of work for the Trust's investment in these approaches to have made a measurable positive impact at that time (indeed the Aston Programme would suggest just that). However, these approaches must be reinforced going forward, and staff at every level must feel confident that they can change service delivery for the better through their observations and ideas.

Similarly, having the Key Finding on the percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver as our third most worsened result is concerning. Aston (as previous) found this measure to correlate with staff attendance levels (better satisfaction with quality of care staff are able to deliver → better staff attendance).

It is also disappointing that the Trust fell into the bottom 20% on staff completed appraisals, having been in the top 20% on this measure in 2013. This can be accounted for by the delayed PDR cascade during 2014 and this matter is now back to a level of over 90% (report with PDR recommendations separately being considered at PCD this month). Equally that the trust was in the bottom 20% of trusts for staff having 'well-structured' appraisals (having been 'average' in 2013). Further development of our PDR approach as an organisation will be an important element of our staff survey response.

It is interesting to note that Aston¹ (2011) concluded their executive summary by stating:-

Key implications for trusts, therefore, are that focussing on HR practices, particularly training, and supporting staff to be able to report errors and incidents as they occur, are most likely to help improve outcomes for patients.

From this research, it appears then that a clear focus on key HR practices around appraisal and supporting staff to report concerns and make suggestions for improving service safety and quality must be key to the Trust's response to the 2014 Staff Survey. The Aston research also suggested correlations with the following Staff Survey measures and a range of performance measures (including patient satisfaction, staff turnover, financial management, quality of services, absenteeism and infection rates):-

- Staff recommendation of the Trust as a place to work or receive treatment
- Staff able to contribute towards improvements at work
- Staff receiving job-relevant training, learning or development in the previous 12 months
- Staff receiving health and safety training in the last 12 months

It is noted that the Trust fell into the 'Best 20%' on the latter two of these measures but the 'Worst 20%' on the first two of the above in 2014. Improving staff perceptions of the Trust as a place to work or receive treatment and perceptions of staff's ability to contribute towards improvements at work will therefore be key areas for inclusion in the Trust's Staff Survey development planning actions.

4. NSCHT 2014 STAFF SURVEY RESULTS BY CATEGORY

The table at **Appendix One** shows the benchmark category and key finding score for each of the 29 key findings (“KF”) measures, together with the scores for 2012 and 2013. For most of the scores, the higher the score the better the performance. However, there are some scores for which a high score would represent a negative finding. For these scores, which are asterisked*, the lower the score the better. The average performance for other mental health trusts (and best score in brackets) is also detailed in this table.

The findings are arranged under seven headings – the four staff pledges from the NHS Constitution, and the three additional themes of staff satisfaction; equality and diversity, and patient experience measures.

4.1 STAFF PLEDGE 1: To provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.

Key Factor	Question Area	Benchmark* Position 2014 (*against other MH/LD Trusts)	Benchmark* Position 2013 (*against other MH/LD Trusts)	change in benchmark position 2013-14		2014 score	2013 score	2012 Trust Score	Average MH Trust score 2014 (best in brackets)	Statistically significant change in Trust score since 2013?
Staff Pledge 1: To provide all staff with clear roles, responsibilities and rewarding jobs										
KF1	% feeling satisfied with the quality of work and patient care they are able to deliver	Worst 20%	Worse than Average	↓		64%	73%	75%	76% (89%)	↓ stat sig
KF2	% agreeing that their role makes a difference to patients	Worst 20%	Worst 20%	↔		86%	88%	90%	89% (94%)	↔
* KF3	Work pressure felt by staff	Worst 20%	Worst 20%	↔		3.19	3.17	3.14	3.07 (2.79)	↔
KF4	Effective team working	Worse than Average	Worst 20%	↑		3.77	3.72	3.77	3.84 (4.06)	↔
* KF5	% working extra hours	Better than Average	Better than Average	↔		70%	69%	61%	71% (57%)	↔

The survey asked a series of questions about the perceptions of staff and their contribution to the care of patients and service users. Sixty four percent (64%) of Trust staff felt that they were satisfied with the quality of care they were able to deliver to patients (76% average for MH trusts); 86% (average 89%) agreed that their role made a difference to patients/service users. The Trust was in the worst 20% of MH trusts on these measures, as for the level of work pressure reported to be felt by staff. It is noted that there was a statistically significant worsening in the score on KF1 (satisfaction with the quality of work and patient care staff are able to deliver).

The Trust's score on effective team working improved slightly (though not statistically significantly) from 3.72 to 3.77 (compared to an average of 3.07 and best of 2.79). The Trust moved up a category from 'worst 20%' to 'worse than average' on this measure. This may be related to the Aston Effective Team Leadership Programme, but it is too early to say. Data from the Aston CQUIN work being gathered March 2015 should give further information to support this. The Trust remained 'better than average' in relation to the percentage of staff working extra hours (70% compared to average of 71%).

4.2 STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate training for their jobs and line management support to enable them to fulfil their potential.

Key Facto	Question Area	Benchmark* Position 2014 (*against other MHL/D Trusts)	Benchmark* Position 2013 (*against other MHL/D Trusts)	change in benchmark position 2013-14		2014 score	2013 score	2012 Trust Score	Average MH Trust score 2014 (best in brackets)	Statistically significant change in Trust score since 2013?
Staff Pledge 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential										
KF6	% receiving job-relevant training, learning or development in last 12 months	Best 20%	Average	↑		84%	82%	84%	82% (87%)	↔
KF7	% appraised in last 12 months	Worse than Average	Best 20%	↓		84%	94%	90%	88% (96%)	↓ stat sig
KF8	% having well structured appraisals in last 12 months	Worst 20%	Average	↓		36%	43%	40%	41% (58%)	↓ stat sig
KF9	Support from immediate managers	Average	Worse than Average	↑		3.80	3.79	3.8	3.81 (4.07)	↔

The percentage of staff reporting that they had received job-relevant training, learning or development in the last 12 months was the Trust's second best rated measure at 84% (average 82%, best 87%) and was one of our two 'Best 20%' Key Findings in 2014. As mentioned above, this bodes well in relation to known correlation with a range of NHS performance outcome measures.

The two measures on appraisal (KF7 and KF8) have already been discussed in section 3 as key areas for improvement in 2015. It is noted that there was a statistically significant worsening in both of these measures between 2013 and 2014.

Support from immediate line managers moved up a category from 'worse than average' to 'average' with a score of 3.80 compared to 3.79 in 2013 and an average of 3.81 (and best of 4.07). As with KF4 (Effective Team Working), this may link to the Trust's investment in the Aston Effective Team approach, but further analysis of emerging data is required to begin to formulate any clear link or trend in this regard. This is an area for continued focus for line managers at all levels across the Trust.

4.3 STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.

This Staff Pledge area is further divided into 4 aspects:-

- (i) Occupational Health and Safety
- (ii) Errors & Incidents
- (iii) Violence & Aggression
- (iv) Health & Wellbeing

(i) Occupational Health & Safety:-

Key Factor	Question Area	Benchmark* Position 2014 (*against other MH/LD Trusts)	Benchmark* Position 2013 (*against other MH/LD Trusts)	change in benchmark position 2013-14		2014 score	2013 score	2012 Trust Score	Average MH Trust score 2014 (best in brackets)	Statistically significant change in Trust score since 2013?
Staff Pledge 3: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential										
Occupational Health & Safety										
KF10	% receiving health and safety training in last 12 months	Best 20%	Best 20%	↔		83%	82%	78%	73% (90%)	↔
KF11	% suffering work-related stress in last 12 months	Worse than Average	Worse than Average	↔		46%	45%	41%	42% (33%)	↔

The Trust's top scoring measure (**Top 20%**) was KF10 – percentage of staff receiving health and safety training in the last 12 months. Our score improved from 78% to 83% in 2013, though this was not statistically significant. The average for all MH trusts was 73% and best 90%. This is a pleasing indication of the culture of safety and concern for employee wellbeing established across the organisation.

Conversely, the Trust saw its percentage score on staff suffering work-related stress worsen (though not statistically significantly) from 41% to 46% in the latest staff survey, keeping us in the 'worse than average' category, against an average of 42% and best of 33%. Put alongside KF3 (Work Pressure felt by Staff), it is clear that the Trust's Stress Less programme of work will be key to addressing and relieving some deep-seated issues for staff around the physical and psychological burden experienced by our staff in these challenging times.

(ii) Errors & Incidents:-

Key Facto	Question Area	Benchmark* Position 2014 (*against other MH/LD Trusts)	Benchmark* Position 2013 (*against other MH/LD Trusts)	change in benchmark position 2013-14	2014 score	2013 score	2012 Trust Score	Average MH Trust score 2014 (best in brackets)	Statistically significant change in Trust score since 2013?
Staff Pledge 3: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential									
Errors & Incidents									
KF12*	% witnessing potentially harmful errors, near misses or incidents in last month	Better than Average	Better than Average	↔	24%	24%	27%	26% (13%)	↔
KF13	% reporting errors, near misses or incidents witnessed in the last month	Better than Average	Better than Average	↔	93%	93%	94%	92% (97%)	↔
KF14	Fairness and effectiveness of incident reporting procedures	Better than Average	Average	↑	3.55	3.51	3.48	3.52 (3.75)	↔
KF15	% agreeing that they would feel secure raising concerns about unsafe clinical practices	Worst 20%	n/a - NEW measure	n/a	58%	n/a - NEW measure	n/a - NEW measure	69% (78%)	n/a - NEW measure

The Trust performed strongly in 3 measures in this section (all 'better than average'), demonstrating a positive safety culture, a culture in which staff feel confident to report incidents and near misses when these arise, and a confidence from staff in the Trust's ability to respond fairly and effectively to incidents. 24% of staff said they had witnessed potentially harmful errors and, of these, 93% said they had reported the matter. The Trust scored 3.55 in relation to the fairness and effectiveness of its incident reporting procedures (average of 3.52 and best of 3.75).

Unfortunately, the Trust fell into the 'worst 20%' of MH trusts on the new Key Finding (KF15) on staff feeling secure in raising concerns about unsafe clinical practices, with just 58% of staff saying that they would feel secure in raising such concerns (compared to an average of 69% for MH trusts). As discussed above, this is a concerning statistic in these post-Francis times and will be a major focus of attention as an area requiring rapid improvement for the Trust.

(iii) Violence & Aggression:-

Key Facto	Question Area	Benchmark* Position 2014 (*against other MH/LD Trusts)	Benchmark* Position 2013 (*against other MH/LD Trusts)	change in benchmark position 2013-14	2014 score	2013 score	2012 Trust Score	Average MH Trust score 2014 (best in brackets)	Statistically significant change in Trust score since 2013?
Staff Pledge 3: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential									
Violence & Aggression									
KF16	% experiencing physical violence from patients/relatives/public in last 12 months	Worse than Average	Worst 20%	↑	21%	25%	29%	18% (8%)	↔
KF17	% experiencing physical violence from staff in last 12 months	Better than Average	Better than Average	↔	3%	3%	6%	3% (0%)	↔
KF18*	% experiencing harassment, bullying or abuse from patients/relatives/public in last 12 months	Better than Average	Better than Average	↔	29%	27%	28%	29% (16%)	↔
KF19*	% experiencing harassment, bullying or abuse from staff in last 12 months	Better than Average	Best 20%	↓	18%	17%	19%	21% (14%)	↔

Violence and Agression was an area where the Trust performed well across the board in 2014. Three of the 4 measures here were in the 'better than average' category. These were KF17 (physical violence from staff in the last 12 months), KF18 (harassment, bullying or abuse from patients/service users in the last 12 months) and KF19 (harassment, bullying or abuse from staff in the last 12 months).

Unfortunately, the Trust fell into the 'worse than average' category for KF16 (staff experiencing physical violence from patients/public), although this was improved from being in the 'worst 20% category in 2013. It is worth noting that there was considerable difference in the scores on this measure between the different directorates and this matter is considered further in section 6 (below) of this report.

(iv) Health & Wellbeing:-

Key Factor	Question Area	Benchmark* Position 2014 (*against other MH/LD Trusts)	Benchmark* Position 2013 (*against other MH/LD Trusts)	change in benchmark position 2013-14		2014 score	2013 score	2012 Trust Score	Average MH Trust score 2014 (best in brackets)	Statistically significant change in Trust score since 2013?
<i>Staff Pledge 3: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential</i>										
Health & Wellbeing										
KF20	% feeling pressure in last 3 months to attend work when feeling unwell	Average	Average	↔		21%	21%	17%	20% (12%)	↔

The staff survey reports put a single measure – KF20, percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell – in this category. However, it is worth noting the link with the work pressure and stress Key Findings (KF3 and KF11) in relation to staff health and wellbeing also (discussed above).

Twenty one percent (21%) of Trust staff said they had felt pressure to come to work when they felt unwell (in the 3 months before the survey). This was average for MH trusts and compared to a 2012 Trust rate of 17% (21% in 2013). The best MH trust score on this measure in 2014 was 12%.

When combined with the work pressure (worst 20%) and work-related stress (worse than average) measures, it is clear that all work pressure linked to the interplay of staffing/absence levels, workload and workload complexity need to remain as clear priorities for the Trust as part of both our staff experience and patient/service user experience improvement work programmes. These aspects remain key elements of our Trust staff Health and Wellbeing activities and our **Stress Less** programme throughout 2015.

4.4 STAFF PLEDGE 4: To engage staff in decisions that affect them and the services they provide and empower them to put forward ways to deliver better and safer services for patients and their families.

Key Factor	Question Area	Benchmark* Position 2014 (*against other MH/LD Trusts)	Benchmark* Position 2013 (*against other MH/LD Trusts)	change in benchmark position 2013-14		2014 score	2013 score	2012 Trust Score	Average MH Trust score 2014 (best in brackets)	Statistically significant change in score since 2013?
<i>Staff Pledge 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services</i>										
KF21	% reporting good communication between senior management and staff	Worst 20%	Worse than Average	↓		26%	27%	23%	30% (51%)	↔
KF22	% able to contribute towards improvements at work	Worst 20%	Worse than Average	↓		65%	71%	69%	72% (83%)	↓ stat sig

This NHS Constituion Staff Pledge also relates to Key Findings covered below in the 3 additional themes of staff satisfaction, equality and diversity and patient service measures.

Unfortunately, the Trust moved from being 'worse than average' to being in the '**worst 20%**' for the 2 measures on good communications between senior management and staff and being able to contribute towards improvements at work.

Twenty six percent (26%) said that there were good communications between senior management and staff, compared to an average of 30% for MH trusts and a best of 51%. This area of work remains a key strand within our Staff Involvement and Engagement Strategy and it is important to maintain energy put into key communication processes like Board to Ward visits, open Trust Board, Team Brief, CEO Blog, Junction magazine, etc, alongside seeking new ways to better engage with staff across the Trust based on staff feedback as to what type of communication is most effective and most valued.

Sixty five percent (65%) of staff said that they felt able to contribute towards improvements at work, a statistically significant reduction since 2013. This compares to an average of 72% and best of 83%. This % is discouraging given the major focus of Listening into Action (LiA). However, as with the Aston work, LiA was only in the early stages of its roll-out when the 2014 staff survey was underway. More time is required – and continued investment in the approach – to establish a trend of improvement in this area. Key to this will be continued regular communication to staff of improvements resulting from staff suggestions through this approach. In addition to LiA, team meetings, PDRs and one-to-one discussions are key opportunities for staff to make suggestions about how services and work processes can be improved and a key role for line managers is inspiring, encouraging and harnessing such energy and enthusiasm and in helping staff to bring their change suggestions to fruition for themselves and their colleagues. Also important is fostering a culture of sharing the application of new ideas and practices with other teams across the Trust and outside.

4.5 ADDITIONAL THEME: Staff Satisfaction

Key Factor	Question Area	Benchmark* Position 2014 (*against other MH/LD Trusts)	Benchmark* Position 2013 (*against other MH/LD Trusts)	change in benchmark position 2013-14		2014 score	2013 score	2012 Trust Score	Average MH Trust score 2014 (best in brackets)	Statistically significant change in score since 2013?
KF23	Staff job satisfaction	Worse than Average	Worse than Average	↔		3.62	3.64	3.66	3.67 (3.93)	↔
KF24	Staff recommendation of the trust as a place to work or receive treatment	Worst 20%	Worst 20%	↔		3.28	3.33	3.28	3.57 (4.15)	↔
KF25	Staff motivation at work	Worst 20%	Worst 20%	↔		3.71	3.77	3.78	3.84 (4.09)	↔
Additional measure	Overall Staff Engagement (combination score derived from KFs 22, 24 & 25)	Worst 20%	Worst 20%	↔		3.55	3.60	3.58	3.71	↓

The concept of job satisfaction has several facets and the Staff Survey asks about a number of these. Much management and OD research in recent years has focussed on job satisfaction, staff motivation and staff engagement as key factors in organisational performance in industries across the sectors, including in health (see Aston research, amongst many others; NHS Employers host considerable information on the case for staff engagement on their employer resource webpages).

The Trust scored 3.62 on the survey measure (KF23) on staff job satisfaction. This was 'worse than average' (average = 3.67; best = 3.93), but still represents a clearly positive rate of job satisfaction across the Trust (a score of 3.00 would indicate neither satisfied nor dissatisfied).

KF24 (staff recommendation of the Trust as a place to work or receive treatment) is made up through a combination of the following survey questions:-

- Care of patients / service users is my trust's top priority.
- I would recommend my trust as a place to work.
- If a friend or relative needed treatment, I would be happy with the standard of care provided by this trust.

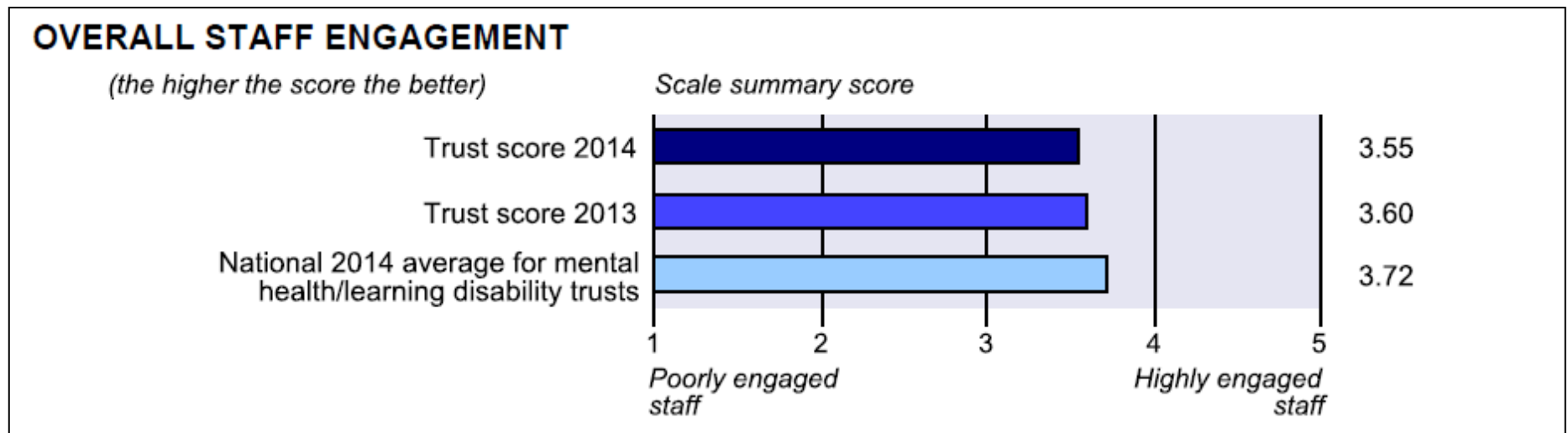
The Trust remained in the '**Worst 20%**' of MH trusts on this Key Finding measure, as with KF25 (Staff motivation at work) and the additional measure of 'Overall Staff Engagement'. It is noteworthy that Key Findings 23, 24 and 25 (and the additional Overall Staff Engagement measure) all experienced slight reduction in scores in the 2014 survey (though not statistically significant in any of the cases). That this small reduction was seen in all 4 of these measures is a sign that further attention is required to ensure that any potential downward trend is reversed as soon as possible.

However, as with job satisfaction, the Trust's staff motivation score was also clearly on the positive side of the pendulum at 3.71 (average 3.84). Similarly with the Overall Staff Engagement score of 3.55 (average of 3.71).

Overall Staff Engagement

The **Overall Staff Engagement** measure (see Box 4 below) is formulated by combining 3 key factor measure (noting that these Key Findings are themselves aggregated from a combination of survey questions as set out in Box 5:-

- KF22. Staff ability to contribute towards improvements at work (the extent to which staff are able to make suggestions to improve the work of their team, have frequent opportunities to show initiative in their role, and are able to make improvements at work). **! Decrease (worse than 13) ! Lowest (worst) 20%**
- KF24. Staff recommendation of the trust as a place to work or receive treatment (the extent to which staff think care of patients/service users is the Trust's top priority, would recommend their Trust to others as a place to work, and would be happy with the standard of care provided by the Trust if a friend or relative needed treatment). **No change ! Lowest (worst) 20%**
- KF25. Staff motivation at work (the extent to which they look forward to going to work, and are enthusiastic about and absorbed in their jobs). **No change ! Lowest (worst) 20%**



Box 4: Overall Staff Engagement additional measure

KF22: Staff ability to contribute towards improvement at work

- I am able to make suggestions to improve the work of my team/department.
- There are frequent opportunities for me to show initiative in my role.
- I am able to make improvements happen in my area of work.
-

KF24: Staff recommendation of the trust as a place to work or receive treatment

- Care of patients / service users is my trust's top priority.
- I would recommend my trust as a place to work.
- If a friend or relative needed treatment, I would be happy with the standard of care provided by this trust.

KF25: Staff motivation at work

- I look forward to going to work.
- I am enthusiastic when I am working.
- Time passes quickly when I am working.

Box 5: Constituent survey questions for Overall Staff Engagement additional measure

Unfortunately, the Trust again fell into the bottom 20% of mental health trusts in this 'Overall Staff Engagement' measure. This is very unfortunate given the considerable investment in staff engagement over recent year led by the PCD. As discussed above, some of this investment in 2014 (in the form of the Aston Effective Team Leadership Programme and Listening into Action) was just coming on stream at around the time the 2014 survey was issued, meaning that the impact of this work was not likely to have filtered down to staff in terms of improved experiences yet. Sustained effort is required throughout 2015 in this important area which is frequently associated with quality of patient experience and patient outcomes, as well as other indicators of performance such as financial performance, attendance rates and even patient mortality rates.

Continued/

4.6 ADDITIONAL THEME: Equality and diversity

Key Factor	Question Area	Benchmark* Position 2014 (*against other MH/LD Trusts)	Benchmark* Position 2013 (*against other MH/LD Trusts)	change in benchmark position 2013-14		2014 score	2013 score	2012 Trust Score	Average MH Trust score 2014 (best in brackets)	Statistically significant change in score since 2013?
<i>Staff Pledge 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services</i>										
KF26	% having equality and diversity training in last 12 months	Better than Average	Average	↑		69%	70%	66%	67% (92%)	↔
KF27	% believing trust provides equal opportunities for career progression or promotion	Worse than Average	Average	↓		82%	89%	89%	86% (93%)	↓ stat sig
KF28*	% experiencing discrimination at work in last 12 months	Better than Average	Best 20%	↓		10%	8%	8%	12% (7%)	↔

Equality and diversity are at the heart of the NHS workforce strategy and key to being an inclusive employer (and inclusive service provider). Overall, 69% of staff have had equality and diversity training in the last 12 months (70% in 2013; average of 67%). This is **‘better than average’** for MH trusts. Also **‘better than average’** is the percentage of staff experiencing discrimination at work in the last 12 months (10%, compared to 8% in 2013 and an average in 2014 of 12%).

Unfortunately, the Trust fell into the ‘worse than average’ category (down from ‘average’) for KF27 – percentage of staff believing that the Trust provides equal opportunities for career progression or promotion. 82% of staff felt there were equal opportunities for promotion/career progression, comparing to an average of 86% and best of 93%. The 2013 score was 89% and this represented a statistically significant reduction. This will be an important area for consideration as the Trust reviews its recruitment processes further in response to staff feedback through both the LiA and the (quarterly) Staff Friends and Family Test.

4.7 ADDITIONAL THEME: Patient Experience Measures: Patient/Service User Experience Feedback

Key Factor	Question Area	Benchmark* Position 2014 (*against other MH/LD Trusts)	Benchmark* Position 2013 (*against other MH/LD Trusts)	change in benchmark position 2013-14		2014 score	2013 score	2012 Trust Score	Average MH Trust score 2014 (best in brackets)	Statistically significant change in score since 2013?
KF29	% agreeing feedback from patients/service users is used to make informed decisions in their directorate/ dept	Worse than Average	n/a - NEW measure	n/a		51%	n/a - NEW measure	n/a - NEW measure	53% (77%)	n/a - NEW measure

Finally, the for the Trust an unacceptable result in the Patient Experience Feedback section of the Key Findings. This new question (KF29: percentage of staff agreeing that feedback from patients/service users is used to make informed decisions in their directorate or department) came

out 'worse than average' for the Trust compared to other MH trusts (although the margins were relatively slim at 51% compared to an average of 53%).

This measure should be read alongside the other patient service-related survey measures considered above, namely:-

- KF1 % feeling satisfied with the quality of work and patient care they are able to deliver (**worst 20%**)
- KF2 % agreeing that their role makes a difference to patients (**worst 20%**)
- KF15 % agreeing that they would feel secure raising concerns about unsafe clinical practices (**worst 20%**), and
- KF22 % able to contribute towards improvements at work (**worst 20%**)

Collectively, this represents a critical area for significant improvement for the Trust in the year ahead.

Continued/

5. DIRECTORATE STAFF SURVEY RESULTS

The above analysis is of Trust-level Staff Survey data. However, the Trust also receives a breakdown by Directorate (covered in this section) and a number of other categories (considered in the next section).

Each Directorate has received a set of its own 2014 survey data and a tool for analysing its performance in comparison to other Trust Directorates. Box 5 below provides an example of the data available to each Directorate. Each area is expected to engage with its workforce in seeking to understand this local data more fully and in generating its response to the survey findings. It is noted that there is similar data provided on the survey results for the majority of the Corporate Directorates. This information is being shared with Executive leads for discussion and action within each Corporate area.

Table 5.2: Key Findings for different directorates

	Adult Mental Health Community	Adult Mental Health Inpatient Area	Children & Young People	Corporate Services	Learning Disabilities	Neuro & Old Age Psychiatry	Substance Misuse
STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.							
KF1. % feeling satisfied with the quality of work and patient care they are able to deliver	60	69	64	70	62	70	59
KF2. % agreeing that their role makes a difference to patients	89	86	92	73	83	88	83
* KF3. Work pressure felt by staff	3.26	3.02	3.29	2.86	3.59	3.33	3.30
KF4. Effective team working	3.75	3.62	3.76	3.84	3.64	3.92	3.44
* KF5. % working extra hours	71	71	74	56	71	72	95
STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.							
KF6. % receiving job-relevant training, learning or development in last 12 mths	83	86	87	79	80	92	82
KF7. % appraised in last 12 mths	78	77	94	84	90	83	83
KF8. % having well structured appraisals in last 12 mths	31	36	45	43	29	26	33
KF9. Support from immediate managers	3.70	3.59	3.85	3.98	3.71	3.93	3.28

Box 5: example Directorate-level survey data

It is important to note that the overall Trust results do mask considerable variation in survey scores across the Directorates. This is illustrated, for example, in KF5 (% working extra hours). It can be seen that 95% of staff in Substance Misuse said they were working extra hours, compared to a median range of 71%-74% for the other clinical directorates and 56% for corporate services. (It should be noted that, whilst reported extra hours were lower in corporate services, it is likely that more of these hours were unpaid compared to paid additional hours for many extra hours worked - though certainly not all - in clinical services). Another example illustrated above is in relation to KF8

(well structured appraisals), which ranged from 45% of appraisals in Children and Young People's Services Directorate to just 26% of appraisals in Neuro & Old Age Psychiatry.

Themes / areas of significant variance are noted below:-

- Substance Misuse Directorate appears to have been one of the lower scoring Directorates across the range of survey Key Findings, particularly those questions relating to Pledge 1 (satisfaction with quality of work and patient care; making a difference to patients; effective team working and working extra hours (95% saying they were working extra hours). This Directorate also scored worst for staff job satisfaction and work-related stress, and felt the least secure about raising concerns about unsafe clinical practice. This is a service which has experienced a considerable level of change through 2014-15.
- Adult Mental Health Inpatient Directorate also scored worst in a number of Key Findings measures, particularly those relating witnessing to incidents and errors; physical violence (from patients and staff); harassment, bullying or abuse from patients and the public, and equality/discrimination.
- On the other hand, Children's Services and Learning Disabilities frequently scored as the best performing NSCHT Directorates (although Learning Disabilities scored worst for agreeing their role make a difference to patients and staff being able to contribute towards improvements at work).

Key to the Trust's response to the 2014 Staff Survey will be assurance that all Directorates have taken appropriate action to work with their staff on identifying, implementing and communicating improvement plans based on the feedback of their staff.

6. STAFF SURVEY RESULTS BY OTHER CATEGORIES

Finally, survey data is available split by a range of other variables. These include age, gender, disability, ethnicity, offending background

Table 6.2: Key Findings for other demographic groups

	Gender		Disability		Ethnic background	
	Men	Women	Disabled	Not disabled	White	Black and minority ethnic
STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.						
KF1. % feeling satisfied with the quality of work and patient care they are able to deliver	62	67	60	66	63	86
KF2. % agreeing that their role makes a difference to patients	86	86	81	87	85	90
* KF3. Work pressure felt by staff	3.22	3.17	3.21	3.17	3.20	2.84
KF4. Effective team working	3.74	3.79	3.72	3.81	3.78	3.74
* KF5. % working extra hours	78	65	70	69	69	54

Box 6: example Key Findings for different demographic groups

The Workforce Team will take the lead on analysing and responding to any issues of concern highlighted by review of this data. There are no issues of immediate concern from an initial review of this data – for example BME staff seem to be generally reporting more positive experience than white staff (part-illustrated in box 6 above), similarly with disabled staff v non-disabled staff, supporting the view that the Trust is an inclusive employer and that instances of alleged discrimination and unfair treatment linked to protected characteristics are rare.

In addition to reviewing the survey data by these categories, subject experts across the Trust will be supported to review questions relating to their area of expertise and analyse the available data in as much detail as possible (making use of the spreadsheet data available). Subject experts relate to areas like (for example) health and safety, training, infection prevention and control, violence and aggression etc.

7. CONCLUSIONS

The Trust was able to maintain its Staff Survey scores on the whole in the 2014 survey and improved its benchmark position in relation to a number of Key Findings measures. Unfortunately however, the Trust saw a reduction in its overall benchmark position in comparison with other Mental Health and Learning Disability trusts. It also saw some statistically significant deterioration in survey scores without any statistically significant improvements being made.

Key priorities for action emerging from the 2014 Staff Survey are as follows and are being considered by the People and Culture Development Committee with a view to developing an Action Plan:-

- a. To improve the **response rate** the Trust and see significant improvement in the response rate in lower responding areas (Adult inpatient, Substance Misuse, NOAP).
- b. Directorates and Corporate teams to develop plans with a view to improving our **comparative position** in terms of increasing the proportion of measures in the 'Best 20%' and 'Better than Average' categories and reducing the proportion of measures in the 'Worse than Average' or 'Worst 20%' categories.
- c. Maintain and continue to develop and build upon our **positive culture of health and safety**, a learning culture and a culture where discrimination, harassment, bullying or abuse is rare.
- d. Continue to invest in further development of **strong patient service culture** whereby staff have **confidence in the quality of care/service** they are able to deliver and in which they feel **able to contribute to improvements** at work. This needs to be at every level of the employment relationship, from Trust level programmes such as Listening into Action, and Aston, to individual staff having a voice in shaping practice (in big or small ways) in their own teams and Directorates. This links closely with the need to improve staff perceptions about the organisation in order to improve staff advocacy rates of the **Trust as a place to work and as a place to receive treatment**.
- e. Understanding and addressing issues around **staff motivation and staff engagement** across the Trust. Tackling root causes and sharing information openly and honestly where the Trust

has limited capacity to make changes (such as around service funding issues) will be important here.

- f. Have a strong campaign highlighting the importance of staff feeling **secure to raise concerns** and clear communication about how to report unsafe or inappropriate care or behaviour should they observe or have reason to suspect it.
- g. Turnaround the Trust's performance in relation to **appraisal (PDR) quality** of the appraisal discussion.
- h. Seek to understand the reasons for a reduction in perceptions about equal opportunities in career progression and address these through the Trust recruitment approach in all Directorates. All Trust recruiting managers will need to share responsibility for addressing this matter.
- i. Continue to implement and further develop the Trust's Stress Less approach to tackle the causes and symptoms of excessive **work pressure and work-related stress**.
- j. Continue to seek to understand staff perceptions and preferences about what they consider to be effective **communications between senior managers and staff** and continually develop our processes in respect of this based on this feedback and understanding.
- k. Explore the issues of **effective leadership** across the Trust to support all of the above.

8. RECOMMENDATIONS

On the basis of the above analysis, the following recommendations for action are made:-

The Trust Board are asked to :-

1. **Note** the detailed NSCHT results of the 2014 NHS Staff Survey
2. **Note and agree** the conclusions and recommendations set out in this report.
3. **Note that PCD will identify and plan** key areas for action across or within the Directorates and at Trust Level arising from the Staff Survey data and these will be presented at April Board

9. NEXT STEPS

This report and the planning process will commence at the People and Culture development Committee on 23rd March 2015 (the first available committee following the release of the results). Directorate Management Teams and Corporate Teams will also use their results to formulate local improvement plans in conjunction with their staff and facilitated through PCD. These action plans will be monitored by the Workforce and Leadership Directorate. These will be communicated to and assured by the PCD.

In addition, 'subject experts' will analyse data relevant to their area of expertise and take relevant remedial action where required.

Finally, Trust level action plans will be formulated in response to the recommendations in this report and will also be monitored by the PCD and presented to Board in April.

Queries to:

Lesley Faux
Organisation Development
Lesley.Faux@northstaffs.nhs.uk

Footnote:

- ¹ NHS Staff Survey Scores as Predictors of Trust Outcomes: A MultiMethod Longitudinal Analysis, Aston Business School, Aston University 2011
<https://www.gov.uk/government/publications/nhs-staff-management-and-health-service-quality>

Key Factor	Question Area	Benchmark Position 2014 (against other MH/LD Trusts)	Change in bench-mark position 2013-14	NSCHT 2012 score	NSCHT 2013 score	NSCHT 2014 score	All MH Trusts Average score (best MH Trust score in brackets)	Statistically significant change in Trust score since 2013?
Staff Pledge 1: To provide all staff with clear roles, responsibilities and rewarding jobs								
KF1	% feeling satisfied with the quality of work and patient care they are able to deliver	Worst 20%	↓	75%	73%	64%	76% (89%)	↓ stat sig
KF2	% agreeing that their role makes a difference to patients	Worst 20%	↔	90%	88%	86%	89% (94%)	↔
* KF3	Work pressure felt by staff	Worst 20%	↔	3.14	3.17	3.19	3.07 (2.79)	↔
KF4	Effective team working	Worse than Average	↑	3.77	3.72	3.77	3.84 (4.06)	↔
KF5	% working extra hours	Better than Average	↔	61%	69%	70%	71% (57%)	↔
Staff Pledge 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential								
KF6	% receiving job-relevant training, learning or development in last 12 months	Best 20%	↑	84%	82%	84%	82% (87%)	↔
KF7	% appraised in last 12 months	Worse than Average	↓	90%	94%	84%	88% (96%)	↓ stat sig
KF8	% having well structured appraisals in last 12 months	Worst 20%	↓	40%	43%	36%	41% (58%)	↓ stat sig
KF9	Support from immediate managers	Average	↑	3.8	3.79	3.80	3.81 (4.07)	↔

Key Factor	Question Area	Benchmark * Position 2014	change in benchmark position 2013-14	2012 Trust Score	2013 Trust score	2014 Trust score	Average MH Trust score 2014 (best in brackets)	Statistically significant change in score since 2013?
Staff Pledge 3: To provide support and opportunities for staff to maintain their health, well-being and safety								
Occupational Health & Safety								
	KF10	% receiving health and safety training in last 12 months	Best 20%	↔	78%	82%	83%	73% (90%) ↔
*	KF11	% suffering work-related stress in last 12 months	Worse than Average	↔	41%	45%	46%	42% (33%) ↔
Errors & Incidents								
*	KF12	% witnessing potentially harmful errors, near misses or incidents in last month	Better than Average	↔	27%	24%	24%	26% (13%) ↔
	KF13	% reporting errors, near misses or incidents witnessed in the last month	Better than Average	↔	94%	93%	93%	92% (97%) ↔
	KF14	Fairness and effectiveness of incident reporting procedures	Better than Average	↑	3.48	3.51	3.55	3.52 (3.75) ↔
	KF15	% agreeing that they would feel secure raising concerns about unsafe clinical practices	Worst 20%	n/a	n/a - NEW measure	n/a - NEW measure	58%	69% (78%) n/a - NEW measure
Violence & Harassment								
	KF16	% experiencing physical violence from patients/relatives/public in last 12 mths	Worse than Average	↑	29%	25%	21%	18% (8%) ↔
	KF17	% experiencing physical violence from staff in last 12 months	Better than Average	↔	6%	3%	3%	3% (0%) ↔
*	KF18	% experiencing harassment, bullying or abuse from patients/relatives/public in last 12 months	Better than Average	↔	28%	27%	29%	29% (16%) ↔
*	KF19	% experiencing harassment, bullying or abuse from staff in last 12 months	Better than Average	↓	19%	17%	18%	21% (14%) ↔

Key Factor	Question Area	Benchmark Position 2014	Change in benchmark position 2013-14	2012 Trust Score	2013 Trust score	2014 Trust Score	Average MH Trust score 2014 (best in brackets)	Statistically significant change in score since 2013?
Health & Wellbeing								
KF20	% feeling pressure in last 3 months to attend work when feeling unwell	Average	↔	17%	21%	21%	20% (12%)	↔
Staff Pledge 4: To engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.								
KF21	% reporting good communication between senior management and staff	Worst 20%	↓	23%	27%	26%	30% (51%)	↔
KF22	% able to contribute towards improvements at work	Worst 20%	↓	69%	71%	65%	72% (83%)	↓ stat sig
Additional Theme: Staff Satisfaction								
KF23	Staff job satisfaction	Worse than Average	↔	3.66	3.64	3.62	3.67 (3.93)	↔
KF24	Staff recommendation of the trust as a place to work or receive treatment	Worst 20%	↔	3.28	3.33	3.28	3.57 (4.15)	↔
KF25	Staff motivation at work	Worst 20%	↔	3.78	3.77	3.71	3.84 (4.09)	↔
Additional Theme: Equality & Diversity								
KF26	% having equality and diversity training in last 12 months	Better than Average	↑	66%	70%	69%	67% (92%)	↔
KF27	% believing trust provides equal opportunities for career progression or promotion	Worse than Average	↓	89%	89%	82%	86% (93%)	↓ stat sig
* KF28	% experiencing discrimination at work in last 12 months	Better than Average	↓	8%	8%	10%	12% (7%)	↔
KF29	% agreeing feedback from patients/ service users is used to make informed decisions in their directorate/ dept	Worse than Average	n/a	n/a - NEW measure	n/a - NEW measure	51%	53% (77%)	n/a - NEW measure

Key Factor	Question Area	Benchmark Position 2014	Change in benchmark position 2013-14	2012 Trust Score	2013 Trust score	2014 Trust Score	Average MH Trust score 2014 (best in brackets)	Statistically significant change in score since 2013?
Additional measure	Overall Staff Engagement (combination score derived from KFs 22, 24 & 25)	Worst 20%	↔	3.58	3.60	3.55	3.71	n/a
RESPONSE RATE				51%	56%	40%	48%	

* denotes low score better